North Carolina Onsite Wastewater Contractor Inspector Certification Board
Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems
Notice of Intent (NOI) to Construct

_X_New ____ Expansion ____Repair ____ Relocation ____Relocation of Repair Area

Owner or Legal Representative Information:

Name: _____

* Mailing address: _____City: _____State: ____ Zip: _____

Phone: _____ Email: _____

Authorized Onsite Wastewater Evaluator Information:

Name: Stephen Bernard Chambers Certification #: 10046E

Mailing address: 54 Pine Bluff Road City: Hendersonville State: NC Zip: 28792

Phone: 828-699-5915 Email: stevebsoils@gmail.com

Site Location Information:

Site address: Rugged Top Road

Tax parcel identification number or subdivision lot, block number of property: 9681-25-7605

_____ County: HENDERSON

System Information:

Wastewater System Type: Type IIIf: Ten Inch Large Diameter Pipe Drainfield System

Daily Design Flow: 480

Saprolite System: _____Yes __X__No Subsurface Operator Required: _____ Yes __X__No

Water Supply Type: _X__Private Well ____Public Water Supply ____ Spring _____Other: _____

Facility Type:

__X__Residential __4__# Bedrooms __8__ Maximum # of Occupants

____Business Type of Business and Basis for Flow: _____

____Public Assembly Type of Public Assembly and Basis for Flow: _____

Required Attachments:

__X__ Plat or Site Plan

__X__ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 31 day of August, 2023 by signature below I hereby attest that the information required to be included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest that I have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina.
This NOI shall expire on 1 day of JANUARY, 2029.

Signature of Authorized Onsite Wastewater Evaluator: _____

* Signature of Owner or Legal Representative: _____

Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee required (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater evaluator shall be transferable to a new owner with the consent of the authorized onsite wastewater evaluator.

Local Health Department Receipt Acknowledgement:
Signature of Local Health Department Representative: _____Date: _____