



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

___ 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: _____ Certification #: _____
 Mailing address: _____ City: _____ State: ___ Zip: _____
 Phone: _____ Email: _____

Site Location Information:
 Site address: _____
 Tax parcel identification number or subdivision lot, block number of property: _____
 _____ County: _____

System Information:
 Wastewater System Type: _____
 Daily Design Flow: _____
 Saprolite System: ___ Yes ___ No Subsurface Operator Required: ___ Yes ___ No
 Water Supply Type: ___ Private Well ___ Public Water Supply ___ Spring ___ Other: _____

Facility Type:
 ___ Residential # Bedrooms _____ Maximum # of Occupants _____
 ___ Business Type of Business and Basis for Flow: _____
 ___ Public Assembly Type of Public Assembly and Basis for Flow: _____

Required Attachments:
 ___ Plat or Site Plan
 ___ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the ___ day of _____, _____ 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 ___ day of _____, _____.

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: _____