



**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: \_\_\_\_\_