



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 Acknowledgment:

Signature of Local Health Department Representative: \_\_\_\_\_ Date: \_\_\_\_\_