



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK BENTON • Chief Deputy Secretary for Health

SUSAN KANSAGRA • Assistant Secretary for Public Health

Division of Public Health

**COMMON FORM FOR ENGINEERED OPTION PERMIT**

LHD USE ONLY: Initial submittal of this NOI received: \_\_\_\_\_ by \_\_\_\_\_  
Date Initials

**PART 1: Notice of Intent to Construct (NOI) - Please check all that apply.**

☒ Single System or ☐ Multiple Systems

AND

☒ New ☐ Expansion ☐ Relocation of all or part of the Existing System ☐ Relocation of Repair Area

☐ Repair – LHD Permit Number \_\_\_\_\_ ☐ Repair – EOP/LSS COVID 19/AOWE Permit Number \_\_\_\_\_

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): \_\_\_\_\_  
William Henry Banks, Jr.

Mailing address: 240 Classic Cove Ct. City: Fuquay-Varina State: NC Zip: 27526

Telephone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

2. Professional Engineer (PE) name: Jamie Guerrero, PE, CPSWQ License number: 034417

Mailing address: 34 Castlewood Drive City: Clayton State: NC Zip: 27520

Telephone number: (919) 624-8825 E-mail Address: jamieguerrero@gmail.com

3. Licensed Soil Scientist (LSS) name: Joseph Britt Wilson License number: 1351

Mailing address: P.O. Box 400 City: Lillington State: NC Zip: 27546

Telephone number: (910) 893-8743 E-mail Address: britt@halowensoil.com

4. Licensed Geologist (LG) (if applicable) name: \_\_\_\_\_ License number: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

5. On-Site Wastewater Contractor name: Pro Septic Tanks License number: 11274

Mailing address: 136 Sugartree Ln City: Mount Olive State: NC Zip: 28365

Telephone number: (919) 273-1784 E-mail Address: proseptictanks@gmail.com

6. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

☒ PE ☐ LSS ☐ LG ☐ On-site Wastewater Contractor

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 836 Bunnlevel Erwin Road, Bunnlevel, NC 28334 (PIN# 0566-99-7229)

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH**

LOCATION: 5605 SIX FORKS RD, RALEIGH NC 27609

MAILING ADDRESS: 1642 MAIL SERVICE CENTER, RALEIGH NC 27699-1642

www.ncdhhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

County Name: Harnett

8. Type of facility: ☒ Place of residence No. Bedrooms: 4 No. Occupants: 6  
☐ Place of business Basis for flow calculation: \_\_\_\_\_  
☐ Place of public assembly Basis for flow calculation: \_\_\_\_\_
9. Factors that would affect the wastewater load: Standard four bedroom single family home with low flow plumbing fixtures
10. Type and location of proposed wastewater system: On-site mound septic system (Lat. 35.314157, Long. -78.768153) located approximately 250 ft. east of proposed home site.
11. Design wastewater flow: 480 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)  
Design wastewater strength: ☒ domestic ☐ high strength ☐ industrial process
12. A plat as defined in G.S. 130A-334(7a) is attached: ☒ Yes ☐ No
13. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18E .0601: ☒ Yes ☐ No  
This is a saprolite system. ☐ Yes ☒ No
14. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: ☒ Yes ☐ No
15. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached ☐ Yes ☒ NA
16. Proposed landscape, site, drainage, or soil modifications are attached: ☒ Yes ☐ NA

**Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C**

I, Jamie B. Guerrero, PE, CPSEQ hereby attest that the information required to be included with  
*Registered Professional Engineer (Print Name)*  
this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with G.S. 130A-336-.1(e)(6).

  
Signature of Licensed Professional Engineer

11/18/2025  
Date

**Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:**

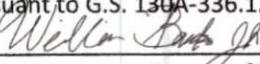
I, \_\_\_\_\_ hereby designate \_\_\_\_\_  
*Print Name of Owner* *Print Name of Registered Professional Engineer*  
as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**Owner self-submittal of NOI:**

I, William Henry Banks, Jr. hereby submit this NOI prepared by Jamie B. Guerrero, PE, CPSEQ  
*Print Name of Owner* *Print Name of Licensed PE*  
pursuant to G.S. 130A-336.1.

  
Signature of Owner

11/18/25  
Date



**PART 3: Authorization to Operate (ATO)**

LHD USE ONLY: Initial submittal of this ATO received: \_\_\_\_\_ by \_\_\_\_\_  
Date Initials

The following items are included in this Authorization to Operate for an EOP:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Signed and sealed copy of the Engineer's report that includes the information in G.S. 130A-336.1(k)(1) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Operation and management program and ORC contract, if applicable                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Letter documenting Owner's acceptance of the system from the PE  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Owner meets requirements control of the system per 15A NCAC 18E .0301(b)                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Easement, right of way, or encroachment agreement required per 15A NCAC 18E .0301(c)                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Multi-party agreements required, as applicable, per 15A NCAC 18E .0204(g)                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If yes, agreements filed in \_\_\_\_\_ County Register of Deeds in Deed Book \_\_\_\_\_ Page \_\_\_\_\_

**Attestation by the Owner or the PE for Authorization to Operate**

I, \_\_\_\_\_ hereby attest that all items indicated above have been provided  
*Print name of Owner or Professional Engineer*

and the system meets applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with G.S. 130A-336-.1(e)(6).

\_\_\_\_\_  
*Signature of Owner or Professional Engineer*

\_\_\_\_\_  
*Date*

**NOTES:**

**LIABILITY:** The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an Engineer Option Permit [G.S. 130A-336.1(f)]



30 September 2025

William Banks

Reference: Preliminary Soil Investigation  
Bunnlevel Erwin Road  
Harnett Co., NC  
PIN: 0566-99-7229

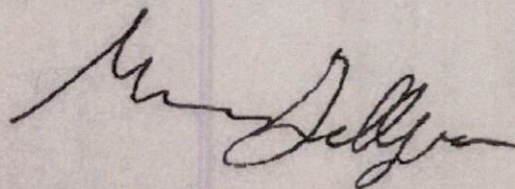
Dear Mr. Banks,

A site investigation has been conducted for the above referenced property, located on the eastern side of Bunnlevel Erwin Road in Harnett County, North Carolina. The purpose of this investigation was to determine the site's ability to support subsurface wastewater dispersal systems. All sewage disposal ratings and determinations were made in accordance with the Rules for "Wastewater Treatment and Dispersal Systems", 15A NCAC 18E. This report represents my professional opinion as a Licensed Soil Scientist.

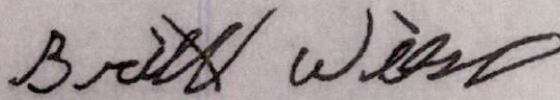
The soils were evaluated under moist soil conditions through the advancing of auger borings. This property was observed to be underlain by soils that are rated as unsuitable for subsurface wastewater dispersal systems (see attached map). These soils are so rated due to inadequate soil depth to excessive soil wetness conditions. Current regulations will not permit subsurface wastewater systems to be installed in areas rated as unsuitable.

I appreciate the opportunity to provide this service and regret that more favorable findings could not be reported. If you have any questions or need additional information, please contact me at your convenience.

Sincerely,



Marissa Dellinger  
Soil Associate II



Britt Wilson  
Licensed Soil Scientist

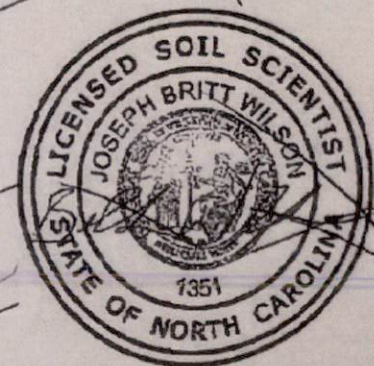


# Legend

Site Boundary

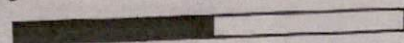
Soil Units

Unsuitable



Hal Owen & Associates Inc.  
PO Box 400, Lillington, NC 27546  
[www.halowensoil.com](http://www.halowensoil.com)  
919-893-8743

0 300 600 ft



For reference only. Not a survey.

Bunnlevel Erwin Road  
Harnett Co., NC  
PIN: 0566-99-7229

30 September 2025

Soil Map for Septic Suitability





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/6/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Foundation Risk Partners, Corp. 8936 N Pointe Executive Park Dr, Suite 180 Suite 180 Huntersville NC 28078-4809		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 704-799-1600 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> CertsProRisk@FoundationRP.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A:</b> Property and Casualty Insurance Company of Hartford	34690
		<b>INSURER B:</b> XL Specialty Insurance Company	37885
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 1287781456 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			22SBWB6KAE	8/15/2025	8/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			22SBWB6KAE	8/15/2025	8/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional Liability			DPS5033170	8/15/2025	8/15/2026	Per Claim Aggregate 1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  Clayton Homes 2001 W. Cumberland Street Dunn NC 28334	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

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I, CALEB TROY CLAYTON SR., CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION, FROM AN ACTUAL GROUND SURVEY MADE UNDER MY SUPERVISION (DEED & PLAT DESCRIPTION AS SHOWN HEREON); THAT SURVEYED PROPERTY LINES SHOWN HEREON ARE BASED UPON THE DEEDS AND PLATS REPORTED HEREON; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS SUCH AND ARE BASED UPON THE DEEDS AND PLATS REPORTED HEREON; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, LICENSE NUMBER AND SEAL THIS 27th DAY OF AUGUST, 2025.

8/27/2025

Signed by:

Caleb Troy Clayton Sr.

24A5AD0206F84D2...

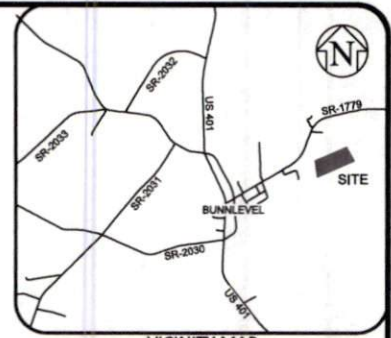
CALEB TROY CLAYTON SR., PLS

NC LICENSE NO.: L-5306



#### ABBREVIATIONS

AC ACRES  
AG ABOVE GROUND  
BG BELOW GROUND  
BM BOOK OF MAPS  
DB DEED BOOK  
EX EXISTING  
IPF IRON PIPE FOUND  
IRF IRON REBAR FOUND  
PG PAGE  
R/W RIGHT-OF-WAY  
SF SQUARE FEET  
WI WITH



VICINITY MAP  
(NOT TO SCALE)

#### LEGEND

- PROPERTY CORNER SET
- PROPERTY CORNER FOUND
- △ COMPUTED POINT

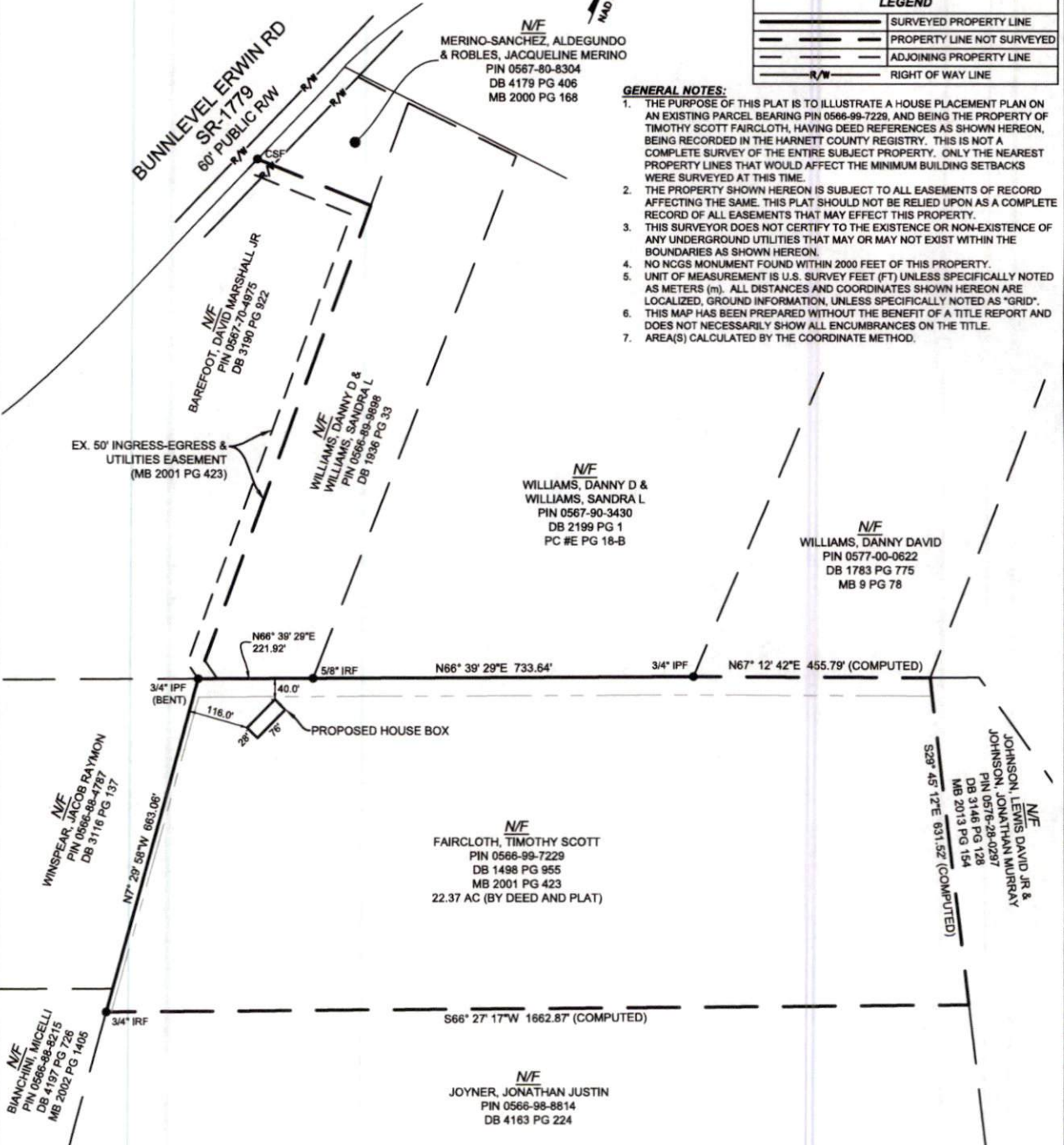
#### LEGEND

- SURVEYED PROPERTY LINE
- - - PROPERTY LINE NOT SURVEYED
- - - ADJOINING PROPERTY LINE
- R/W RIGHT OF WAY LINE

#### MINIMUM BUILDING SETBACKS

FRONT: 35'  
REAR: 25'  
SIDE: 10'  
CORNER LOT: 20'

0' 200' 400'  
SCALE: 1" = 200'



#### GENERAL NOTES:

- THE PURPOSE OF THIS PLAT IS TO ILLUSTRATE A HOUSE PLACEMENT PLAN ON AN EXISTING PARCEL BEARING PIN 0566-99-7229, AND BEING THE PROPERTY OF TIMOTHY SCOTT FAIRCLOTH, HAVING DEED REFERENCES AS SHOWN HEREON, BEING RECORDED IN THE HARNETT COUNTY REGISTRY. THIS IS NOT A COMPLETE SURVEY OF THE ENTIRE SUBJECT PROPERTY. ONLY THE NEAREST PROPERTY LINES THAT WOULD AFFECT THE MINIMUM BUILDING SETBACKS WERE SURVEYED AT THIS TIME.
- THE PROPERTY SHOWN HEREON IS SUBJECT TO ALL EASEMENTS OF RECORD AFFECTING THE SAME. THIS PLAT SHOULD NOT BE RELIED UPON AS A COMPLETE RECORD OF ALL EASEMENTS THAT MAY EFFECT THIS PROPERTY.
- THIS SURVEYOR DOES NOT CERTIFY TO THE EXISTENCE OR NON-EXISTENCE OF ANY UNDERGROUND UTILITIES THAT MAY OR MAY NOT EXIST WITHIN THE BOUNDARIES AS SHOWN HEREON.
- NO NCGS MONUMENT FOUND WITHIN 2000 FEET OF THIS PROPERTY.
- UNIT OF MEASUREMENT IS U.S. SURVEY FEET (FT) UNLESS SPECIFICALLY NOTED AS METERS (m). ALL DISTANCES AND COORDINATES SHOWN HEREON ARE LOCALIZED, GROUND INFORMATION, UNLESS SPECIFICALLY NOTED AS "GRID".
- THIS MAP HAS BEEN PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT AND DOES NOT NECESSARILY SHOW ALL ENCUMBRANCES ON THE TITLE.
- AREA(S) CALCULATED BY THE COORDINATE METHOD.

Caleb Troy Clayton, Sr. PLS  
Land Surveying

483 McLamb Road, Coats NC 27521  
(910) 985-0301 / ctclandsurveying@gmail.com

**PLOT PLAN**  
PROPERTY OF: TIMOTHY SCOTT FAIRCLOTH  
FOR: KRISTINA BANKS  
BUNNLEVEL ERWIN RD, BUNNLEVEL NORTH CAROLINA  
STEWARTS CREEK TOWNSHIP - HARNETT COUNTY

PROJECT: 25024  
DRAWN: CTC Sr  
CHECKED: CTC Sr  
DATE: 08/27/2025

THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS