



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

COMMON FORM FOR LICENSED SOIL SCIENTIST COVID-19 PERMIT OPTION FOR NON-ENGINEERED SYSTEMS
See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the LSS in accordance with S.L. 2020-3, Section 4.18 and G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: 6/27/22 by OT
Date Initials

PART 1: Notice of Intent to Construct (NOI)

New Expansion
 Repair – LHD Permit Number N/A Repair – EOP/LSS Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): _____
Joseph Fancher

Mailing address: P.O. Box 865 City: West End State: NC Zip: 27376
Telephone number: 9103086124 E-mail Address: joseph.fancher@gmail.com

2. Licensed Soil Scientist (LSS) name: Thomas Boyce LSS License number: 1241
Mailing address: PO Box 81 City: Pittsboro State: NC Zip: 27312
Telephone number: 9102951899 E-mail Address: info@marlinw.com

3. Licensed Geologist (LG) (if applicable) name: N/A License Number: N/A
Mailing address: N/A City: N/A State: N/A Zip: N/A
Telephone number: N/A E-mail Address: N/A

4. 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:

LSS LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 623 Gainsborough Ln. Cameron NC 28326
County Name: Moore

6. Type of facility: Place of residence No. Bedrooms: 3 No. Occupants: Max 6
 Place of business Basis for flow calculation: _____
 Place of public assembly Basis for flow calculation: _____

This section for Local Health Department use only.

PART 2: LHD Completeness Review of the Notice of Intent to Construct

"(c) Completeness Review for Notice of Intent to Construct. -The local health department shall determine whether the notice of intent to construct required pursuant to subsection (b) of this section is complete within five business days after receiving the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the local health department shall notify the owner and list the information needed to complete the notice. The owner may then submit additional information to the local health department to cure the deficiencies in the initial notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within five business days after the department receives the additional information. If the local health department fails to act within any time period set out in this subsection, the owner may treat the failure to act as a determination of completeness. The owner shall be able to apply for the building permit for the project upon the decision of completeness of the notice of intent by the local health department or if the local health department fails to act within the five business day time period."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: ITEM 5 - COUNTY LISTED AS MOORE - EITHER CHANGE TO HARNETT OR SEND TO MOORE COUNTY

Copies of this form listing missing items were sent to the LSS and the Owner on 7/1/22

via EMAIL with directions to re-submit missing items using Page 5 of this form.
Email, FAX, USPS, hand-delivered

OLIVER TOLKSDORF
Print Name of Authorized Agent of the LHD

[Signature] REHS
Signature of Authorized Agent of the LHD

7/1/22
Date

COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the LSS and the Owner on _____ via _____
Date Email, FAX, USPS, hand-delivered

A copy of this NOI and tracking information was sent to the State on _____ via _____
Date Email, FAX, USPS, hand-delivered

Print Name of Authorized Agent of the LHD

Signature of Authorized Agent of the LHD

Date