

HARNETT-DEVELOPMENT
108 E. Front St
Lillington, NC 27546
910-893-7525

CC SALE

MID: xxx9684
TID: xxxx2853
Ref #: 223423289
Batch #: 1298063
Date/Time: 01/04/19 10:23:34 AM
Inv/Tkt #: 190104102312897
Appr Code: 00018G
Visa
4XXXXXXXXXXXX9214
Keyed
Address: No Match & 5 Digit Zip: No Matc
h

Amount USD\$ 1420.00

Approved

Mode: Card

CUSTOMER COPY



Cash Register Receipt

Harnett County

Receipt Number
R1900

DESCRIPTION	QTY	PAID
PermitTRAK		\$1,420.00
SFD1810-0049 Address: 391 WILSON LUCAS RD APN: 1507-67-9005.000		\$660.00
LAND USE FEES		\$25.00
LAND USE PERMIT FEE	0	\$25.00
MISCELLANEOUS FEES		\$10.00
HOMEOWNER RECOVERY FUND FEE	0	\$10.00
PLAN REVIEW FEES		\$25.00
PLAN REVIEW FEE RESIDENTIAL	0	\$25.00
RESIDENTIAL BUILDING FEES		\$600.00
RESIDENTIAL BUILDING PERMIT FEE	0	\$600.00
SFD1810-0050 Address: 429 WILSON LUCAS RD APN: 1507-76-0716.000		\$760.00
LAND USE FEES		\$25.00
LAND USE PERMIT FEE	0	\$25.00
MISCELLANEOUS FEES		\$10.00
HOMEOWNER RECOVERY FUND FEE	0	\$10.00
PLAN REVIEW FEES		\$25.00
PLAN REVIEW FEE RESIDENTIAL	0	\$25.00
RESIDENTIAL BUILDING FEES		\$700.00
RESIDENTIAL BUILDING PERMIT FEE	0	\$700.00
TOTAL FEES PAID BY RECEIPT: R1900		\$1,420.00

Date Paid: Friday, January 04, 2019
 Paid By: Johnson Building Company, Inc.
 Cashier: CMK
 Pay Method: EMV 00018G | 223423289



Enter Permit Number

1 of 1 100% Find | Next

 <p>Harnett COUNTY NORTH CAROLINA</p>	<p>SINGLE FAMILY DWELLING</p> <p>910-893-7525</p> <p>www.harnett.org</p>	<p><u>PERMIT NUMBER</u></p> <p>SFD1810-0049</p>
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JOB ADDRESS: 391 WILSON LUCAS RD	PERMIT SUBTYPE: SFD MONO	PARCEL NO: 1507-67-9005.000
DESCRIPTION: 42x30 3BD 2BA MONO SLAB	DATE ISSUED:	DATE EXPIRED:
PLAN NAME:	ZONING DISTRICT: Rural District - 0.76 acres (100.0%)	

APPLICANT: Johnson Building Company, Inc. 546 Dogeye Rd. Benson, NC 27504	PHONE: (919)796-7739 EMAIL: johnsonbuildingcompany@gmail.com
CONTRACTOR: Johnson Building Company, Inc. 546 Dogeye Rd. Benson, NC 27504	PHONE: (919)796-7739 EMAIL: johnsonbuildingcompany@gmail.com
OWNER: DENNING MICHAEL E 391 WILSON LUCAS RD DUNN, NC 28334 BENSON, NC 27504	PHONE: EMAIL:

REQUIRED INSPECTIONS			
INSPECTION TYPE	APPROVAL	DATE	COMMENTS
ADDRESS			
FINAL**			
FOUNDATION SURVEY			
INSULATION			
LATH			
MONO SLAB			
ROUGH IN			
SEWER CONNECTION			
TAX INSPECTION			
TEMP POWER CERTIFICATION			
T-POLE			
UNDER SLAB TRADES			
WATER CONNECTION			

Harnett County Development Services
 P.O. Box 65, 108 E Front St
 Lillington NC 27546



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

COMMON FORM FOR ENGINEERED OPTION PERMIT
See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the Professional Engineer licensed in accordance with G.S. 89C

LHD USE ONLY: Initial submittal of this NOI received: 12-5-18 by JN
Date Initials

PART 1: Notice of Intent to Construct (NOI)

New Expansion

Repair - LHD Permit Number _____ Repair - EOP Permit Number _____

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

Mailing address: 1316 NC 242 S City: BENSON State: NC Zip: 27504

Telephone number: 919-796-7739 E-mail Address: JOHNSONBUILDINGCOMPANY@GMAIL.COM

2. Professional Engineer (PE) name: ATHAN M PARKER, PE License number: 43250

Mailing address: PO BOX 4580 City: EMERALD ISLE State: NC Zip: 28594

Telephone number: 919-795-9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.COM

3. Licensed Soil Scientist (LSS) name: HAYWOOD PITTMAN, LLS License number: 1262

Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574

Telephone number: 910-324-2892 E-mail Address: PITTMANSOIL@YAHOO.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: HAYWOOD PITTMAN, LLS License number: 3825

Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574

Telephone number: 910-324-2892 E-mail Address: PITTMANSOIL@YAHOO.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): WILSON-LUCAS RD, PIN 1507-67-9005.0000, LOT 1 ASHE TRAIL
County Name: HARNETT
- 8. Type of facility: Place of residence No. Bedrooms: 3 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: NO KNOWN FACTORS TO AFFECT LOADING
- 10. Type, location, and classification (per Rule .1961) of wastewater system: 5-80' LOW PROFILE CHAMBER LINES, TYPE III, 8-10" TB; LOCATED 15' FROM RIGHT OF WAY WILSON-LUCAS AND 15' FROM THE SOUTH PROPERTY LINE (LOCATED SOUTH OF PROPOSED HOME)
- 11. Design wastewater flow: 360 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. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): Yes No
- 14. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): Yes No
If yes, documentation filed in _____ County Register of Deeds in Deed book _____ Page _____
- 15. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h): Yes No
If yes, agreements filed in _____ County Register of Deeds in Deed book _____ Page _____
- 16. 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 18A .1950: Yes No
This is a saporlite system. Yes No
- 17. Evaluation(s) of soil conditions and site features signed and sealed by a LSS, a LG, as applicable, is attached: Yes No
- 18. 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, ATHAN M PARKER, PE hereby attest that the information required to be included with 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

Digitally signed by Athan M Parker, PE
DN: cn=Athan M Parker, PE, ou=IAMP
Engineering, PLLC,
email=Athan.Parker@comcast.net
Reason: I signed to the document and integrity
of the document
Date: 2018.10.15 09:56:53 -0400

Date



This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.

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

I, Mike E. Denning hereby designate ATHAN M PARKER, PE
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.

Mike Denning 7-30-18
Signature of Owner *Date*

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____
Print Name of Owner *Print Name of Licensed PE*
pursuant to G.S. 130A-336.1.

Signature of Owner *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 Engineered Option Permit. *[(NC General Statute 130A-336.1(f))*

RIGHT OF ENTRY: The submittal of this Notice of Intent to Construct grants right of entry to the Local Health Department and the State to the referenced property.

ISSUANCE OF BUILDING PERMIT: Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section above, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

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 a notice of intent to construct, as required pursuant subsection (b) of this section, is complete within 15 business days after the local health department receives 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 department shall notify the owner or the professional engineer of the components needed to complete the notice. The owner or professional engineer may submit additional information to the department to cure the deficiencies in the notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within 10 business days after the department receives the additional information from the owner or professional engineer. If the department fails to act within any time period set out in this subsection, the owner or professional engineer may treat the failure to act as a determination of completeness.”

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

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

Based upon review of information submitted by the PE in Part 1, the following items are missing: _____

Copies of this form listing missing items were sent to the design PE and the Owner on _____

via _____ with directions to re-submit missing items using Page 5 of this form.

Email, FAX, USPS, hand-delivered

Print Name of Authorized Agent of the LHD

Signature of Authorized Agent of the LHD

Date

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

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

Copies of this signed form were sent to the design PE and the Owner on 12-6-18 via Email.

Date Email, FAX, USPS, hand-delivered

A copy of this NOI and tracking information was sent to the State on 12-6-18 via Email.

Date Email, FAX, USPS, hand-delivered

James E. Manhart ^{REMS}
Print Name of Authorized Agent of the LHD

James E. Manhart ^{REMS}
Signature of Authorized Agent of the LHD

12-6-18
Date

EOP Tracking information

The LHD completes this form for each NOI/ATO submitted to their offices. The LHD updates this information and re-sends it throughout the process as appropriate. The Department will use this data to draft required legislative reports on implementation of the EOP.

Tracking information for Engineered Option Permits (Required)

County	HARNETT
LHD Reference Number	SFD 1810-0049
Permitting backlog as of date of NOI submittal (# days)	7-12 DAY WORKING
Number of days to process the NOI (# days)	2 DAYS
Number of days to process re-submitted NOI (# days or "NA")	NA
Facility type	SFD
Domestic, High Strength or IPWW	DOMESTIC
Design Daily Flow	3600
Residential or Commercial	Residential
System type (per Rule .1961)	III
Date of Post-construction conference	
Date Authorization to Operate issued	
Fee charged for EOP	
Is fee sufficient to cover LHD costs?	
Date LHD notified of EOP malfunction	
Date LHD notified of Owner complaint	

Enter Permit Number

[View Report](#)

1 of 1 100% Find | Next

 <p>Harnett COUNTY NORTH CAROLINA</p>	<p>SINGLE FAMILY DWELLING</p> <p>910-893-7525</p> <p>www.harnett.org</p>	<p><u>PERMIT NUMBER</u></p> <p>SFD1810-0050</p>
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JOB ADDRESS: 429 WILSON LUCAS RD	PERMIT SUBTYPE: SFD MONO	PARCEL NO: 1507-76-0716.000
DESCRIPTION: 42x30 3BD 2BA MONO SLAB	DATE ISSUED:	DATE EXPIRED:
PLAN NAME: The Pine	ZONING DISTRICT: Rural District - 0.84 acres (100.0%)	

APPLICANT: Johnson Building Company, Inc. 546 Dogeye Rd. Benson, NC 27504	PHONE: (919)796-7739 EMAIL: johnsonbuildingcompany@gmail.com
CONTRACTOR: Johnson Building Company, Inc. 546 Dogeye Rd. Benson, NC 27504	PHONE: (919)796-7739 EMAIL: johnsonbuildingcompany@gmail.com
OWNER: DENNING MICHAEL E 429 WILSON LUCAS RD DUNN, NC 28334 BENSON, NC 27504	PHONE: EMAIL:

REQUIRED INSPECTIONS			
INSPECTION TYPE	APPROVAL	DATE	COMMENTS
ADDRESS			
FINAL**			
FOUNDATION SURVEY			
INSULATION			
LATH			
MONO SLAB			
ROUGH IN			
SEWER CONNECTION			
TAX INSPECTION			
TEMP POWER CERTIFICATION			
T-POLE			
UNDER SLAB TRADES			
WATER CONNECTION			

Harnett County Development Services
 P.O. Box 65, 108 E Front St
 Lillington NC 27546



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

COMMON FORM FOR ENGINEERED OPTION PERMIT

See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the Professional Engineer licensed in accordance with G.S. 89C

LHD USE ONLY: Initial submittal of this NOI received: 12-5-18 by Jm
Date Initials

PART 1: Notice of Intent to Construct (NOI)

New Expansion

Repair - LHD Permit Number _____ Repair - EOP Permit Number _____

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

Mailing address: 1316 NC 242 S City: BENSON State: NC Zip: 27504

Telephone number: 919-796-7739 E-mail Address: JOHNSONBUILDINGCOMPANY@GMAIL.COM

2. Professional Engineer (PE) name: ATHAN M PARKER, PE License number: 43250

Mailing address: PO BOX 4580 City: EMERALD ISLE State: NC Zip: 28594

Telephone number: 919-795-9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.COM

3. Licensed Soil Scientist (LSS) name: HAYWOOD PITTMAN, LLS License number: 1262

Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574

Telephone number: 910-324-2892 E-mail Address: PITTMANSOIL@YAHOO.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: HAYWOOD PITTMAN, LLS License number: 3825

Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574

Telephone number: 910-324-2892 E-mail Address: PITTMANSOIL@YAHOO.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

WWW.NCDHHS.GOV

TEL 919-707-5874 • FAX 919-845-3972

LOCATION: 5605 SIX FORKS RD • RALEIGH, NC 27609

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- 7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): WILSON-LUCAS RD, PIN 1507-79-0716.000, LOT 2 ASHE TRAIL
County Name: HARNETT
- 8. Type of facility: Place of residence No. Bedrooms: 3 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: NO KNOWN FACTORS TO AFFECT LOADING
- 10. Type, location, and classification (per Rule .1961) of wastewater system: 5-80' LOW PROFILE CHAMBER LINES, TYPE III, 8-10" TB; LOCATED 26' FROM RIGHT OF WAY WILSON-LUCAS AND 124' FROM THE NORTHWEST PROPERTY CORNER (LOCATED NORTH OF PROPOSED HOME)
- 11. Design wastewater flow: 360 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. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): Yes No
- 14. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): Yes No
If yes, documentation filed in _____ County Register of Deeds in Deed book _____ Page _____
- 15. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h): Yes No
If yes, agreements filed in _____ County Register of Deeds in Deed book _____ Page _____
- 16. 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 18A .1950: Yes No
This is a saporlite system. Yes No
- 17. Evaluation(s) of soil conditions and site features signed and sealed by a LSS, a LG, as applicable, is attached: Yes No
- 18. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

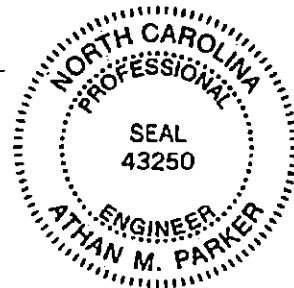
Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, ATHAN M PARKER, PE hereby attest that the information required to be included with 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

Digitally signed by Athan M Parker, PE
DN: cn=Athan M Parker, PE, ou=US, o=AMEC
Engineering, PLLC,
email=Athan.Parker@amecengineering.com
Reason I signed is the economy and integrity
of the document
Date: 2018.06.22 15:55:13 -0400

Date



This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.

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

I, Mike E. Denning hereby designate ATHAN M PARKER, PE
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.

Mike E. Denning 7-30-18
Signature of Owner Date

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____
Print Name of Owner Print Name of Licensed PE
pursuant to G.S. 130A-336.1.

Signature of Owner 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 Engineered Option Permit. ((NC General Statute 130A-336.1(f))*

RIGHT OF ENTRY: *The submittal of this Notice of Intent to Construct grants right of entry to the Local Health Department and the State to the referenced property.*

ISSUANCE OF BUILDING PERMIT: *Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section above, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.*

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 a notice of intent to construct, as required pursuant subsection (b) of this section, is complete within 15 business days after the local health department receives 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 department shall notify the owner or the professional engineer of the components needed to complete the notice. The owner or professional engineer may submit additional information to the department to cure the deficiencies in the notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within 10 business days after the department receives the additional information from the owner or professional engineer. If the department fails to act within any time period set out in this subsection, the owner or professional engineer may treat the failure to act as a determination of completeness."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

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

Based upon review of information submitted by the PE in Part 1, the following items are missing: _____

Copies of this form listing missing items were sent to the design PE and the Owner on _____

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

Print Name of Authorized Agent of the LHD

Signature of Authorized Agent of the LHD

Date

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

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

Copies of this signed form were sent to the design PE and the Owner on 12-6-18 via Email, FAX, Etc.
Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on 12-6-18 via Email, Fax, Etc.
Date *Email, FAX, USPS, hand-delivered*

JAMES E. Marshant
Print Name of Authorized Agent of the LHD

JAMES E. Marshant
Signature of Authorized Agent of the LHD

12-6-18
Date

EOP Tracking information

The LHD completes this form for each NOI/ATO submitted to their offices. The LHD updates this information and re-sends it throughout the process as appropriate. The Department will use this data to draft required legislative reports on implementation of the EOP.

Tracking information for Engineered Option Permits (Required)

County	HARVETT
LHD Reference Number	SFD 1816-0050
Permitting backlog as of date of NOI submittal (# days)	7-12 DAYS WORKING
Number of days to process the NOI (# days)	3 DAYS
Number of days to process re-submitted NOI (# days or "NA")	NA
Facility type	SFD
Domestic, High Strength or IPWW	DOMESTIC
Design Daily Flow	360
Residential or Commercial	Residential
System type (per Rule .1961)	III
Date of Post-construction conference	
Date Authorization to Operate issued	
Fee charged for EOP	
Is fee sufficient to cover LHD costs?	
Date LHD notified of EOP malfunction	
Date LHD notified of Owner complaint	