



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. 2020-97, Section 3.19 and G.S. 130A-336.2

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

PART 1: Notice of Intent to Construct (NOI)

- New Expansion
 Repair – LHD Permit Number _____ Repair – EOP/LSS Permit Number _____

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

Deana Manning Realty Profit Sharing Plan LLC

Mailing address: 2200 Premier Resort Blvd Unit B Ste 18 City: N Myrtle Beach State: SC Zip: 29582-9209

Telephone number: _____ E-mail Address: lcc.harnett.newhomes@gmail.com

2. Licensed Soil Scientist (LSS) name: Thomas J. Boyce LSS License number: 1241

Mailing address: PO Box 81 City: Pittsboro State: NC Zip: 27312

Telephone number: 919-868-8135 E-mail Address: nclss1241@gmail.com

3. Licensed Geologist (LG) (if applicable) name: _____ License Number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

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): Carolina Seasons lot A27

County Name: Harnett

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

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

LOCATION: 5605 Six Forks Road, Raleigh, NC 27609
MAILING ADDRESS: 1642 Mail Service Center, Raleigh, NC 27699-1642
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

7. Factors that would affect the wastewater load: none

8. Type, location, and classification (per Rule .1961) of wastewater system: _____

9. Design wastewater flow: 360 gpd

Design wastewater strength: domestic high strength industrial process (For industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)

10. A plat as defined in G.S. 130A-334(7a) is attached: Yes No

A site plan as defined in G.S. 130A-334(13a) is attached: Yes No

In accordance with G.S. 130A-335(f), an LSS COVID-19 Permit with a plat is valid without expiration and an LSS COVID-19 Permit with a site plan is valid for five years.

11. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): Yes No

12. 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 _____

13. 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 _____

14. 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 saprolite system. Yes No

15. 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

16. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA

17. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

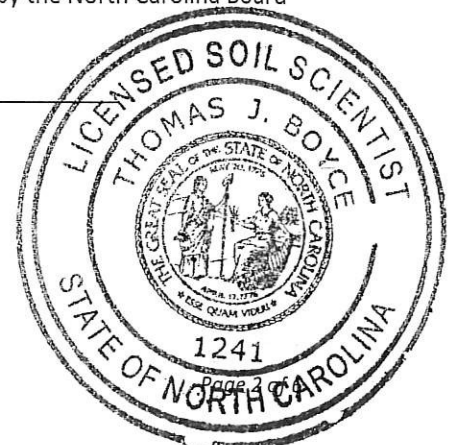
Attestation by LSS pursuant to S.L. 2020-97, Section 3.19 and G.S. 130A-336.2

I, Thomas J. Boyce hereby attest that the information required to be included with
Licensed Soil Scientist (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, and that the proposed system does not require a Professional Engineer, licensed in accordance with G.S. 89C, and in accordance with 15A NCAC 18A .1938 and activities determined to be engineering as determined by the North Carolina Board of Examiners for Engineers and Surveyors."

Thomas J. Boyce
Signature of Licensed Soil Scientist

7-8-21
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 LSS COVID-19 Permit Option [S.L. 2020-97, Section 3.19(d) and G.S. 130A-336.2]

*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 below, 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 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: _____

Copies of this form listing missing items were sent to the LSS 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 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

Re-submittal of NOI with missing items included

*This Section is for use by owner to submit items noted as missing during LHD Completeness Review above.
Resubmittals must be accompanied by a cover letter from the LSS.*

LHD USE ONLY: This NOI resubmittal received: _____ by _____
Date Initials

Item # from initial NOI	Resubmittal description

Attestation by LSS pursuant to S.L. 2020-97, Section 3.19

I, _____ hereby attest that the information required to be included with
Licensed Soil Scientist (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.

Signature of Licensed Soil Scientist Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

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

INCOMPLETE
Based upon review of information in the RESUBMITTAL above, this Notice of Intent remains INCOMPLETE because the following items from Part 1 of this form remain missing: _____

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

Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

COMPLETE
Based upon review of information submitted in the RESUBMITTAL above in addition to information provided 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 complete copy of this form with tracking information was sent to the State: _____ via _____
Date Email, FAX, USPS, hand-delivered

Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner.

<p>LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____ <small style="margin-left: 100px;">Date</small> <small style="margin-left: 100px;">Initials</small></p> <p>Date of Post-construction Conference: _____</p>
--

The following items are included in this submittal for an Authorization to Operate under an LSS COVID-19 permit:

1. Signed and sealed copy of the LSS's report that includes:

a. Signed and sealed evaluation of soil conditions and site features	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Drawings, specifications, plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Reports on special inspections and final inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Management Program manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. On-site Wastewater Contractor's signed statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Fee (as applicable) Yes No
3. Notarized letter documenting Owner's acceptance of the system from the LSS Yes No
4. On-site Wastewater Contractor name: _____ License number: _____
 Mailing address: _____ City: _____ State: _____ Zip: _____
 Telephone number: _____ E-mail Address: _____
5. Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
 Yes No

Attestation by the Owner for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner
 _____ County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances.

Signature of Owner Date

This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE
 Based upon review of information submitted by the Owner in the Section above, the following items are missing from the information required for an Authorization to Operate for an LSS COVID-19 permit: _____

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

Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

COMPLETE
 Based upon review of information submitted by the Owner in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

A copy of this complete NOI/ATO with 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

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.



PROFESSIONAL LIABILITY INSURANCE DECLARATIONS

Claims Made and Reported Coverage: The coverage afforded by this policy is limited to liability for only those Claims that are first made against the Insured during the Policy Period or the Extended Reporting Period, if exercised, and reported to Markel Insurance Company during the Policy Period or the Extended Reporting Period, if exercised, or within 60 days after the expiration of the Policy Period or the Extended Reporting Period, if exercised.

Notice: This policy contains provisions that reduce the Limits of Liability stated in the policy by the costs of legal defense and permit legal defense costs to be applied against the deductible, unless the policy is amended by endorsement. Please read the policy carefully.

POLICY NUMBER: MEO1522-02

RENEWAL OF POLICY: MEO1522-01

NAMED INSURED: Thomas Boyce

BUSINESS ADDRESS: 2560 Silk Oak Rd Siler City, NC 27344

POLICY PERIOD: From 10/15/2020 to 10/15/2021
12:01 A.M. Standard Time at address of Insured stated above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES WITH THE NAMED INSURED TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

1. PROFESSIONAL SERVICES: soil scientist

2. LIMITS OF LIABILITY

Professional Liability Coverage

- A. Each Claim: \$1,000,000
B. Policy Aggregate: \$1,000,000

Additional Payments

- A. Contingent Bodily Injury And Property Damage \$0
B. Pollution \$10,000
C. Pre-Claim Assistance Expenses \$20,000
D. Sexual Abuse \$10,000
E. Third Party Discrimination \$25,000

Supplementary Payments

- A. Disciplinary Proceeding \$25,000 per Policy Period
B. Loss Of Earnings And Expense Reimbursement \$10,000
C. Public Relations Expenses \$5,000
D. Subpoena And Record Request Assistance \$5,000

Producer Number, Name and Mailing Address

98496
Wade Associates, LLC. - New Bern
301 S Front St, Suite 3
New Bern, NC, 28560

3. DEDUCTIBLE

A. Each Claim: \$1,000
B. Aggregate: \$3,000

4. RETROACTIVE DATE: 10/15/2020

5. PREMIUM RATE: Flat

PREMIUM BASE: \$15,000

6. PREMIUM FOR POLICY PERIOD

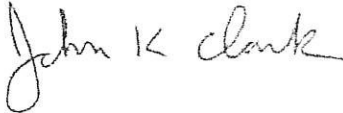
Minimum: \$400.00
Deposit: \$400.00
Adjusted Annual Premium: \$400.00

7. PREMIUM PERCENTAGE FOR EXTENDED REPORTING PERIOD: 200%; 225%; 250%; 275%; 300% or 350%, of the total annual premium, respectively
ADDITIONAL PERIOD: 12 months; 24 months; 36 months;
48 months; 60 months; 72 months

8. FORMS AND ENDORSEMENTS ATTACHED AT POLICY INCEPTION:

See MDIL 1001 attached.

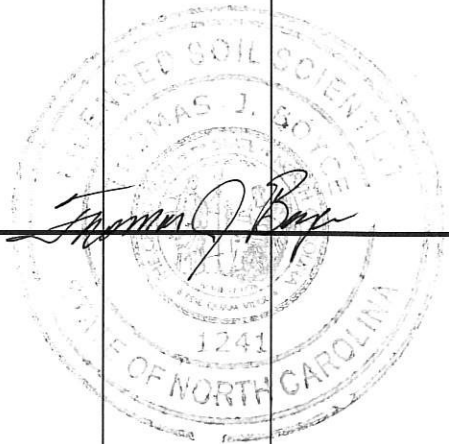
These declarations, together with the Coverage Form and any Endorsement(s), complete the above numbered policy.

Countersigned: 07/22/2020	By: 
(Date)	

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
 (Complete all fields in full)

OWNER: Deane Manning Realty Profit Sharing Plan APPLICATION DATE _____
 ADDRESS: 2200 Premier Resort Blvd Unit B Ste 1B N Myrtle Beach SC 29582 DATE EVALUATED: 7-3-21
 PROPOSED FACILITY: 300 DRN PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: .54ac
 LOCATION OF SITE: Caroline Seasons lot A27 PROPERTY RECORDED: _____
 WATER SUPPLY: Private Public Well Spring Other _____
 EVALUATION METHOD: Auger Boring Pit Cut TYPE OF WASTEWATER: Sewage Industrial Process Mixed

P R O F I L E #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR O CLASS	.1944 RESTR HORIZ	
1, 2 3,4	L3 2-6%	0-48	gr h5	l exp	-	-	-	-	5 .8
2									
3									
4									



DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): <u>PS</u>
Available Space (.1945)	<u>PS</u>	<u>PS</u>	SITE CLASSIFICATION (.1948): <u>PS</u>
System Type(s)	<u>IIIg</u>	<u>IIIg</u>	EVALUATED BY: <u>TJB</u>
Site LTAR	<u>.B</u>	<u>.B</u>	OTHER(S) PRESENT: _____

COMMENTS: 1000 gal SI 112.5' x 3' x 30" Accepted

