

# DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH

ROY COOPER GOVERNOR

Mailing address:

Telephone number:

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 7/21 LHD USE ONLY: Initial submittal of this NOI received: PART 1: Notice of Intent to Construct (NOI) Expansion Repair – LHD Permit Number Repair – EOP Permit Number 1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): XCESSIVE RISK DEVELOPMENT Mailing address: PO BOX 4580 City: EMERALD ISLE State: NC Zip: 28594 Telephone number: 919-795-9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.COM 2. Professional Engineer (PE) name: ATHAN M PARKER, PE License number: 43250 City: \_\_EMERALD ISLE State: NC \_ Zip: 28594 Mailing address: PO BOX 4580 Telephone number: 919-795-9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.COM 3. Licensed Soil Scientist (LSS) name: HAYWOOD PITTMAN, LSS License number: 1262 Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574

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:

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

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

E-mail Address:

5. On-site Wastewater Contractor name: HAYWOOD PITTMAN, LSS License number: 3825

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

City: State: Zip: \_\_\_\_

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

LHD Reference: 5FD 2109 - 0015

1.	Property location (physical address, tax parcel identification number or subdivision lot, block number of the PIN: 9597-39-9034.000			
	property to be permitted): PORTION OF FARCEL: 9597 49 3461.000; LOT 10			
	County Name: HARNETT			
8.	Type of facility: X Place of residence No. Bedrooms: 4 No. Occupants: 8			
	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: 4-100' 25% REDUCTION, TYPE IIIG, 12-18" TB; LOCATED 92' FROM EAST BOUNDARY LINE AND 10' FROM THE SOUTH BOUNDARY LINE (LOCATED WEST OF PROPOSED HOME)			
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: X Yes No			
13.	Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): X Yes No			
14.	Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): Yes 🗵 No			
	If yes, documentation filed inCounty Register of Deeds in Deed book Page			
15.	Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h): Yes X No			
	If yes, agreements filed inCounty Register of Deeds in Deed bookPage			
16. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitor				
	sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and			
	complies with 15A NCAC 18A .1950: X Yes No			
	This is a saprolite system. Yes X No			
17.	Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a			
	LSS is attached: X Yes No			
18.	Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes X NA			
19.	Proposed landscape, site, drainage, or soil modifications are attached: Yes X NA			
Att	estation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C			
l, _	ATHAN M PARKER, PE hereby attest that the information required to be included with			
+h:-	Registered Professional Engineer (Print Name)			
	Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed sem shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with			
	. 130A-3361(e)(6).			
	HAMPHAN PARENDA NAMERIA AND END HERRIO CON DIMERRO CON			
	Signature of Licensed Professional Engineer  Date  SEAL 43250			
	NGINEER LETTER			

LHD Reference: <u>SFD 2109 -0015</u>

## 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:

, ATHAN PARKER FOR XCESSIVE RISK DEVELO	OPMENT 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.  Dec grantman of Parket, P.E. CHUS, Or AMPTO BOOK AND AND THE STREET OF TH
Signature of Owner	Date
Owner self-submittal of NOI:	
l,h	nereby submit this NOI prepared by
Print Name of Owner pursuant to G.S. 130A-336.1.	Print Name of Licensed PE
Signature of Owner	

#### **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.

LHD Reference: 570 2109 - 0015

### 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, Info	rmation 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 we	ere sent to the design PE and the Owner on			
		Date		
via with direction	ons to re-submit missing items using Page 5 of t	his 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, inform	ation in this section is required.)			
Based upon review of information submitte	ed by the PE in Part 1 of this form, this NOI is de	emed COMPLETE.		
Copies of this signed form were sent to the	e design PE and the Owner on $9/3/21$ via En	mail, FAX, USPS, hand-delivered		
A copy of this NOI and tracking information	n was sent to the State on 9 13 21 via En	EMA)		
OLIVER TOLKSDORE	P6115	9/13/21		
Print Name of Authorized Agent of the LHD	Signature of Authorized Agent of the LHD	Date		