



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: 9/7/21 by DT
Date Initials

PART 1: Notice of Intent to Construct (NOI)

- [X] New [ ] 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
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, LSS 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, LSS 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:
[X] PE [X] LSS [ ] LG [X] On-site Wastewater Contractor



*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, ATHAN PARKER FOR XCESSIVE RISK DEVELOPMENT 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.

\_\_\_\_\_  
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 9/15/21 via EMAIL.  
*Date*                      *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on 9/13/21 via EMAIL.  
*Date*                      *Email, FAX, USPS, hand-delivered*

OLIVER TOLKSDORF                                            9/13/21  
*Print Name of Authorized Agent of the LHD*                      *Signature of Authorized Agent of the LHD*                      *Date*