



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor  
**KODY H. KINSLEY** • Secretary  
**HELEN WOLSTENHOLME** • Interim Deputy Secretary for Health  
**MARK T. BENTON** • Assistant Secretary for Public Health  
Division of Public Health

**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: 9/7/22 by OT  
Date Initials

**PART 1: Notice of Intent to Construct (NOI) - Please check all that apply**

Single System or  Multiple Systems

AND

New  Expansion  Relocation of all or part of the Existing System  Relocation of Repair Area

Repair – LHD Permit Number \_\_\_\_\_  Repair – EOP/LSS COVID 19/AOWE Permit Number \_\_\_\_\_

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

XCESSIVE RISK DEVELOPMENT

Mailing address: 8754 REED DR STE 14 City: EMERALD ISLE State: NC Zip: 28594

Telephone number: 252-777-0141 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:

PE  LSS  LG  On-site Wastewater Contractor

**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.ncdhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972

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): 64 FALLS RIVER CT; HAVEN LOT 37  
County Name: HARNETT
- 8. Type of facility:  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 and location of proposed wastewater system: 4-100' 25% REDUCTION LINES, TYPE IIIg, 12-16" TB; LOCATED 84' FROM THE NORTH PROPERTY BOUNDARY AND 12' FROM THE EAST PROPERTY BOUNDARY (LOCATED SOUTH 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:  Yes  No
- 13. 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
- 14. 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
- 15. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached  Yes  NA
- 16. 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

DN: c=ATHAN M PARKER, PE, e=HUS, o=AMPD ENGINEERING, PLLC, email=ATHAN.PARKER@AMPDENGINEERING.COM, Date: 2022.09.07 12:29:37 -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:**

ATHAN M PARKER FOR  
I, 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*  DN: o=ATHAN M PARKER PE, o=US, o=AMPD  
ENGINEERING, LLC,  
email=ATHAN.PARKER@AMPDENGINEERING.COM  
DATE: 2022.09.12 23:50:40Z \_\_\_\_\_  
*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 Engineer Option Permit [G.S. 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 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 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 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 \_\_\_\_\_  
Date  
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 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 9/12/22 via EMAIL.  
Date                      Email, FAX, USPS, hand-delivered  
A copy of this NOI and tracking information was sent to the State on 9/12/22 via EMAIL.  
Date                      Email, FAX, USPS, hand-delivered

OLIVER TOLKSOOF                      REYS                      9/12/22  
Print Name of Authorized Agent of the LHD                      Signature of Authorized Agent of the LHD                      Date