

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 32 by 57 Initials		
PART 1: Notice of Intent to Construct (NOI) - Please check all that apply		
AND		
X 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		
Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.):		
JENNY MCPHAIL ALLEN		
Mailing address: 5801 OLD US 421 City: LILLINGTON State: NC Zip: 275		
Telephone number: 919-525-5856 E-mail Address: PATRICK@MYPOPHOMES.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.		
3. Licensed Soil Scientist (LSS) name: HAYWOOD PITTMAN, LSS License number: 1262		
Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 285		
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.ncdhhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972

7.	Property location (physical address, tax parcel identification number or subdivision lot, block number of the
	property to be permitted): PIN: 0620-64-5530.000; OLD US 421 LOT 3
	County Name: HARNETT
8.	Type of facility: X Place of residence No. Bedrooms: 5 No. Occupants: 10
	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: 5-100' 25% REDUCTION LINES, TYPE IIIg, 18-20" TB; LOCATED 114' FROM THE NORTH PROPERTY BOUNDARY AND 25' FROM THE EAST PROPERTY BOUNDARY (LOCATED SOUTH OF PROPOSED HOME)
11.	Design wastewater flow: 600 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)
	Design wastewater strength: X domestic high strength industrial process
12.	A plat as defined in G.S. 130A-334(7a) is attached: X 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: X Yes No
	This is a saprolite system. Yes X 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: X Yes No
15.	Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes X NA
16.	Proposed landscape, site, drainage, or soil modifications are attached: Yes NA
	the state of the s
Att	estation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C
thi	ATHAN M PARKER, PE hereby attest that the information required to be included with Registered Professional Engineer (Print Name) s Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed tem shall meet applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with 5. 130A-3361(e)(6).
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	Signature of Licensed Professional Engineer SEAL 43250

Engineer Option Permit Common Form

LHD Reference: SFP 2209 - OOH5

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: Jenny McPhail Allen ATHAN M. PARKER, PE hereby designate 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. 8/18/2022 92D3C1ADA32A4B9 Signature of Owner Date Owner self-submittal of NOI: 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.

LHD Reference: SFD2209-0045

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 with directions to re-submit missing items using Page 5 of this form. via 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 9/16/22 via A copy of this NOI and tracking information was sent to the State on Print Name of Authorized Agent of the LHD Signature of Authorized Agent of the LHD