

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: 128-72 by 1000 Initials										
PART 1: Notice of Intent to Construct (NOI) - Please check all that apply										
☒ Single System or										
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.):										
RANDY MELLOTT										
Mailing address: 298 TANNING RIDGE DR. City: DUNN State: NC Zip:28334										
Telephone number: 919-369-7509 E-mail Address: RMELLOTT82@GMAIL.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:										
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										

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): 1986 NEIGHBORS RD; PIN: 1529-41-5379.000
	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, 18-24" TB; LOCATED 27' FROM THE SOUTH PROPERTY BOUNDARY AND 148' FROM THE WEST PROPERTY BOUNDARY (LOCATED EAST 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 X NA
At	testation 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 stem shall meet applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with 5. 130A-3361(e)(6).
	De investable de Marie II et unit production de Marie II et unit production de Marie II et unit de Marie I
_	Signature of Licensed Professional Engineer Date SEAL 43250

LHD Reference: SFO 2211 (D28

RANCY MOLLOTT	hereby designate	ATHAN M. PARKER, PE
Prost Name of Owner		Print Name of Registered Professional Engineer
my legal representative for purposes of t	his Notice of Intent pursuan	nt to G.S. 130A-336.1.
Marely a Mello	at	11/15/22
Trust of the same	Andrew and the second	- Mayes
signature of Corner		Date
wner self-submittal of NOI:		
here	by submit this NOI prepare	d by
Print Name of Owner		Print Nume of Licensed PE
ursuant to G.S. 130A-336.1.		
Signature of Owner		Date

RIGHT OF ENTRY: The submittel 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, incotion, or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

LHD Reference: SFO 2211	8500

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. 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 12-1-27 via Email, FAX, USPS, hand-delivered A copy of this NOI and tracking information was sent to the State on 12-1-22 Signature of Authorized Agent of the LHD

PITTMAN SOIL CONSULTING

PO BOX 1387

RICHLANDS, NC 28574

910-330-2784

pittmansoil@yahoo.com

Owner: POP HOMES

Address: LOT 2

Location: NEIGHBORS ROAD

PROPERTY INFORMATION OBTAINED VIA PRELIMINARY PLAT BY RESIDENTIAL LAND SERVICES, PLLC., DATED AUGUST 5, 2022. ORTH CARO OFESSION 557.78 NAM M. PARY 100 100 25% REDUCTION REPAIR AREA 9'00 9'00 9'00 9.00 1250 GALLON SEPTIC TANK INITIAL 5 BEDROOM LTAR .3 PROPOSED 5-100' 25% REDUCTION LINES 5 BEDROOM 18-24" TB >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM REPAIR AREA 5 BEDROOM LTAR .3 WATER 5-100' 25% REDUCTION LINES DRIVE 18-24" TB >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM 126.00

Pittman Soil Consulting

1003 Gregory Fork Road Richlands, NC 28574 Phone (910)330-2784 pittmansoil@yahoo.com

August 16, 2022

Ref: POP HOMES LOT 2 NEIGHBORS ROAD, HARNETT COUNTY

A soil evaluation was conducted on the above referenced tract to determine the sites suitability for septic. The current laws and rules of NC was used as guide for this evaluation.

Hand Auger borings were conducted across the site and on the site were used to characterize the soil texture, and depth to the soil wetness condition. The attached plot plan shows the location of the septic system in the most ideal location. The soil wetness condition was found to be 36-48" from the surface with a clay loam texture. I have assigned an LTAR of 0.3 gpd/sqft for a 600 gpd 5 bedroom residence. This will require the installation of 5-100' 25% reduction lines that shall be installed in accordance with the current rules. The depth to soil wetness of 36-48" would constitute a 18-24" trench bottom. The system will require 6" soil cover that shall extend 5' from the edge of the system. The system will require a 1250 gallon septic tank.

The repair area will require 5-100' 25% reduction lines installed at 18-24" from the surface (LTAR 0.3gpd).

After installation the site should be landscaped to shed surface water. Any alterations to the site may impact soil conditions.

If you have any questions please feel free to contact me at 910-330-2784. Thank You.

Sincerely,

R. Haywood Pittman II NC Licensed Soil Scientist

A HACKUDOD ASTIMAN AN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/17/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If	MPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to	the to	erms	and conditions of the pol	licy, cer	tain policies	DITIONAL IN may require	SURED provisions or be an endorsement. A state	endors ement o	ed. n
th	his certificate does not confer rights to	the c	ertific	cate holder in lieu of such						-
PRODUCER				CONTACT NAME: Kira Gibson, AINS, SBCS						
The Sewell Insurance Agency					PHONE (010) 226 5754 FAX (010) 226 5210					
785-1 W Corbett Ave					(A/C, No, Ext): (910) 326-5/54 (A/C, No): (910) 326-5/54 E-MAIL ADDRESS: kira@thesewellagency.com					
PO Box 835					INSURER(S) AFFORDING COVERAGE NAIC #					
Swansboro NC 28584					INSURE	Dankers	Insurance Gro			33162
INSURED					INSURER	Drograss	ive Southeast	ern		38784
AMP'D Engineering PLLC					INSURER C: NorGUARD Insurance Company					31470
PO Box 4580					INSURER D : Berkshire Hathaway GUARD Insurance Company					
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Emerald Isle NC 28594					INSURE					
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	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 300,	000
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A				32 0040007108 0 02		03/02/2022	03/02/2023	PERSONAL & ADV INJURY	s 1,00	0,000
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	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG		0,000
	POLICY JECT LOC							Add'l for policy minimum	\$	-
-	OTHER: AUTOMOBILE LIABILITY	-			-			COMBINED SINGLE LIMIT	\$ 1.00	0.000
								(Ea accident) BODILY INJURY (Per person)	\$	0,000
_	ANY AUTO OWNED SCHEDULED			01225404	44/05/0004	11/05/2021	11/05/2022		\$	
В	AUTOS ONLY AUTOS			01335494		11/05/2021		BODILY INJURY (Per accident) PROPERTY DAMAGE		
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	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							1	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				The second secon				➤ PER STATUTE OTH-		
С	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		AMWC357500		03/01/2022	03/01/2023	E.L. EACH ACCIDENT	\$ 500,	000
OFFICER/MEMBER EXCLUDED? (Mandatory In NH)		14/1		744110007000			00.0	E.L. DISEASE - EA EMPLOYEE	\$ 500,	000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,	000
D	Professional Liability			AMPL339476		03/01/2022	03/01/2023	Per Claim	\$1,0	00,000
								Aggregate	\$2,0	00,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more s	pace is required)			
CE	RTIFICATE HOLDER				CANC	FLLATION				
AMP'D Engineering PLLC PO Box 4580					CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					BEFORE
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NC 28594

Emerald Isle



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