



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: 11-28-22 by mo  
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.): \_\_\_\_\_  
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: \_\_\_\_\_ 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

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): 1938 NEIGHBORS RD; PIN: 1529-41-4200.000  
County Name: HARNETT
- 8. Type of facility:  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 30' FROM THE SOUTH PROPERTY BOUNDARY AND 141' 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:  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*

*Handwritten signature of Athan M. Parker*

DR ATHAN M. PARKER, PE, INC. #28670  
ENGINEERING, PLLC  
c/o ATHAN M. PARKER ENGINEERING, PLLC  
Date: 2022.11.18 11:51 AM -0500

\_\_\_\_\_  
*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:**

I, RANDY MELLOTT 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.

\* Randy A. Mellott 11/15/22  
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 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 12-1-22 via Email.  
Date Email, FAX, USPS, hand-delivered

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

Mark Osborne REHS  
Print Name of Authorized Agent of the LHD

Mah A REHS  
Signature of Authorized Agent of the LHD

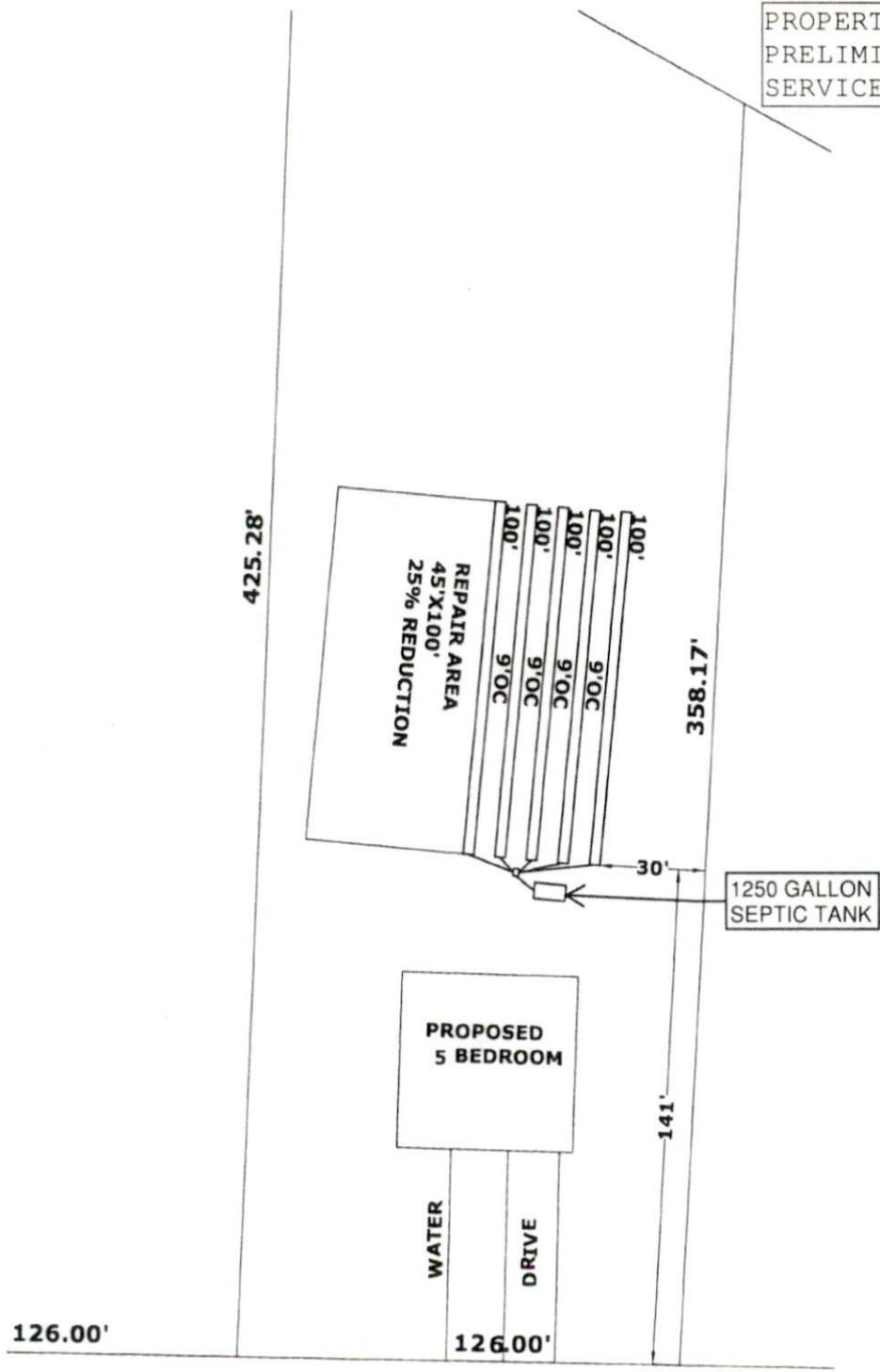
12-1-22  
Date

Owner: POP HOMES  
 Address: LOT 4  
 Location: NEIGHBORS ROAD

**PITTMAN SOIL CONSULTING**

**PO BOX 1387**  
**RICHLANDS, NC 28574**  
**910-330-2784**  
**pittmansoil@yahoo.com**

PROPERTY INFORMATION OBTAINED VIA  
 PRELIMINARY PLAT BY RESIDENTIAL LAND  
 SERVICES, PLLC., DATED AUGUST 5, 2022.



**INITIAL**

- 5 BEDROOM
- LTAR .3
- 5-100' 25% REDUCTION LINES
- 18-24" TB
- >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

**REPAIR AREA**

- 5 BEDROOM
- LTAR .3
- 5-100' 25% REDUCTION LINES
- 18-24" TB
- >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

**NEIGHBORS RD.**

**SCALE 1"=50'**

# *Pittman Soil Consulting*

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

August 16, 2022

Ref: POP HOMES LOT 4 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



# 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.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Sewell Insurance Agency 785-1 W Corbett Ave PO Box 835 Swansboro NC 28584	<b>CONTACT NAME:</b> Kira Gibson, AINS, SBOS <b>PHONE (A/C, No, Ext):</b> (910) 326-5754 <b>E-MAIL ADDRESS:</b> kira@thesewellagency.com	<b>FAX (A/C, No):</b> (910) 326-6310
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> AMP'D Engineering PLLC PO Box 4580 Emerald Isle NC 28594	<b>INSURER A:</b> Bankers Insurance Group	NAIC # 33162
	<b>INSURER B:</b> Progressive Southeastern	38784
	<b>INSURER C:</b> NorGUARD Insurance Company	31470
	<b>INSURER D:</b> Berkshire Hathaway GUARD Insurance Company	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: CL2221703839

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			32 0040007108 0 02	03/02/2022	03/02/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Add'l for policy minimum \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> AUTOS ONLY HIRED <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			01335494	11/05/2021	11/05/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AMWC357500	03/01/2022	03/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Professional Liability			AMPL339476	03/01/2022	03/01/2023	Per Claim \$1,000,000 Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

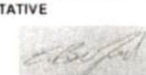
**CERTIFICATE HOLDER**

AMP'D Engineering PLLC  
 PO Box 4580  
 Emerald Isle NC 28594

**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



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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/27/2022

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.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> N.C. Farm Bureau Ins. Agency 5301 Glenwood Avenue (27612) P.O. Box 27427 Raleigh NC 27611		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Ronald H. Pittman, II DBA Pittman Soil Consulting 1003 Gregory Fork Rd Richlands NC 28574		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Capitol Specialty Insurance Corporation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL2272123407                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability			EV20182381-05	07/19/2022	07/19/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Occ/Agg \$ 1M/2M
	GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED:      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractors Pollution Liability - Occurrence Form			EV20182381-05	07/19/2022	07/19/2023	Each Incident \$1,000,000 Aggregate Limit \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
NC 28540	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 