



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 MD
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@AMPENGINEERING.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

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.

PITTMAN SOIL CONSULTING

PO BOX 1387

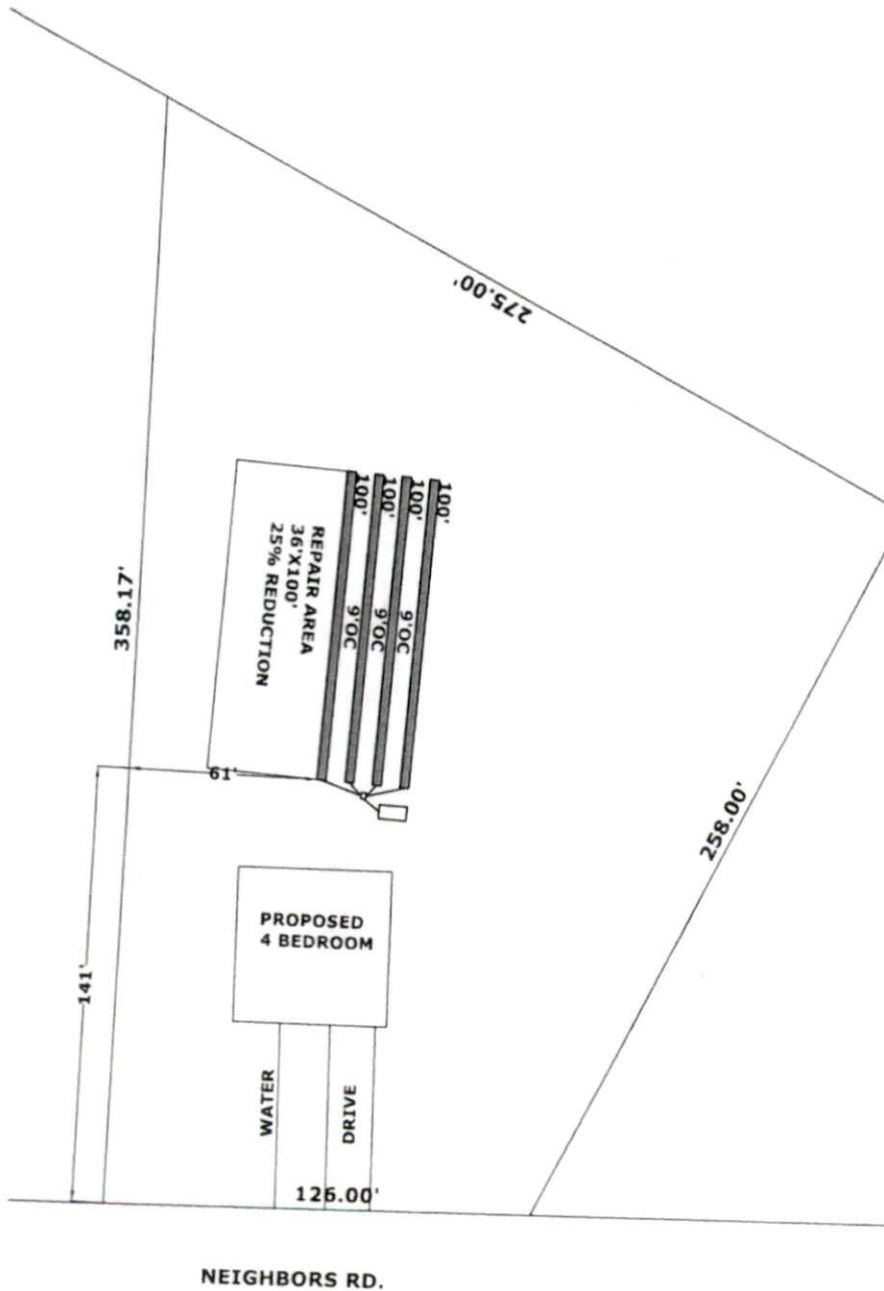
RICHLANDS, NC 28574

910-330-2784

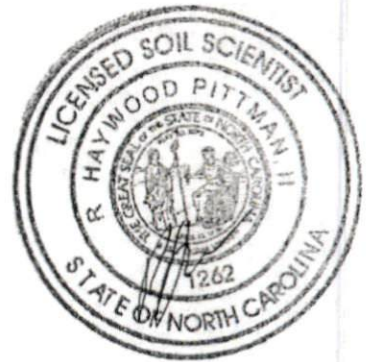
pittmansoil@yahoo.com

Owner: POP HOMES
Address: LOT 5
Location: NEIGHBORS ROAD

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



Handwritten initials



INITIAL

4 BEDROOM

LTAR .3

4-100' 25% REDUCTION LINES

18-24" TB

>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA

4 BEDROOM

LTAR .3

4-100' 25% REDUCTION LINES

18-24" TB

>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM

SCALE 1"=60'

Pittman Soil Consulting

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

August 11, 2022

Ref: POP HOMES LOT 5 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 480 gpd 4 bedroom residence. This will require the installation of 4-100' 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 1000 gallon septic tank.

The repair area will require 4-100' 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

R. Haywood Pittman II
NC Licensed Soil Scientist



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).

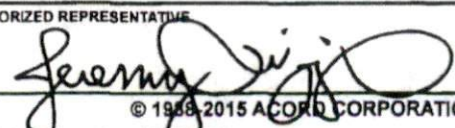
PRODUCER N.C. Farm Bureau Ins. Agency 5301 Glenwood Avenue (27612) P.O. Box 27427 Raleigh NC 27611		CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
INSURED Ronald H. Pittman, II DBA Pittman Soil Consulting 1003 Gregory Fork Rd Richlands NC 28574		INSURER(S) AFFORDING COVERAGE 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 GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER NC 28540	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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