

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: 1-28-22 by note by 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: 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:									
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): 1914 NEIGHBORS RD; PIN: 1529-41-3008.000
	County Name: HARNETT
8.	Type of facility: X 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, 18-24" TB; LOCATED 61' FROM THE NORTH PROPERTY BOUNDARY AND 141' FROM THE WEST PROPERTY BOUNDARY (LOCATED EAST 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: 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
Att	estation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C
this	ATHAN M PARKER, PE hereby attest that the information required to be included with Registered Professional Engineer (Print Name) 6 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 130A-3361(e)(6). 6 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 130A-3361(e)(6).
	Signature of Licensed Professional Engineer SEAL 43250 AN M. PARILLAN M. PAR

Engineer Option Permit Common Form

LHD Reference: Stp 2211-0081

RANCY MELLOTT	hereby designate	ATHAN M. PARKER, PE			
Print Name of Owner	and the same of th	Print Name of Registered Professional Enginee			
s my legal representative for purposes of	this Notice of Intent pursu	ant to G.S. 130A-336.1.			
Marely a Mells	est	11/15/22			
Sampling of Owner	The state of the s	Date			
Signature of Owner	Hall fill to the state of the s	Date			
signature of Owner	Till at the state of the state	Date			
wner self-submittal of NOI:		Date			
signature of Owner		Date			
hwner self-submittal of NOI:		ed by			

LIABILITY: The Department, the Department's authorized agents, or local health departments shall have no Rability 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 canditioning or other construction, location, or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

LHD Reference: SFD 7211-003)

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."

Owner: POP HOMES

Address: LOT 5

Location: NEIGHBORS ROAD

PITTMAN SOIL CONSULTING

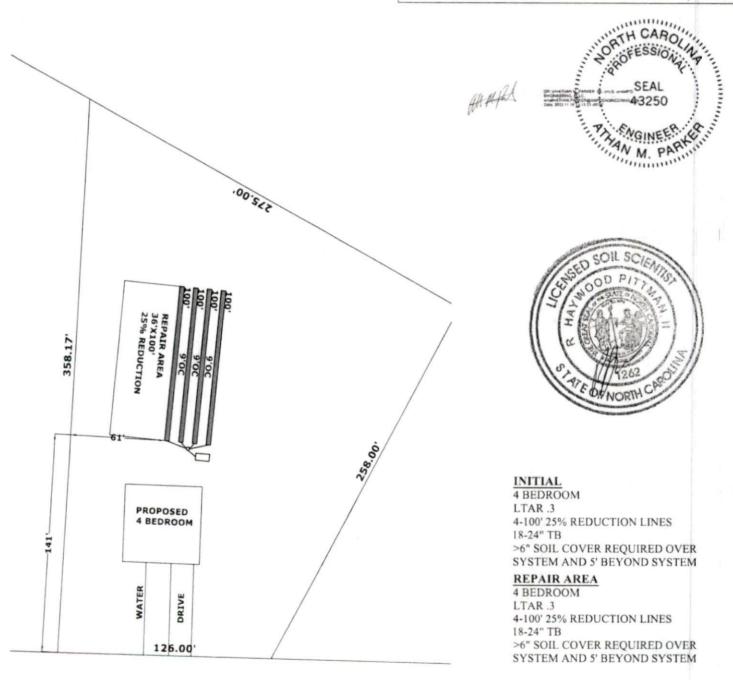
PO BOX 1387

RICHLANDS, NC 28574

910-330-2784

pittmansoil@yahoo.com

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



NEIGHBORS RD.

Pittman Soil Consulting

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

NC Licensed Soil Scientist

R HACKWOOD 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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

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The Sewell Insurance Agency						(010) 20		FAX	(910) 3	26-6310	
785-1 W Corbett Ave						kira@thec	ewellagency.c	(A/C, No):	(0.0) 0	20 0010	
					ADDRES	SS: Kilder Lifes					
PO Box 835 Swansboro NC 28584							The second second second	DING COVERAGE	-	NAIC#	
						na.	Insurance Gro			33162	
INSURED						ND.	ive Southeaste			38784 31470	
AMP'D Engineering PLLC						INSURER C : NorGUARD Insurance Company					
	PO Box 4580		INSURER D: Berkshire Hathaway GUARD Insurance Company								
			INSURER E :								
	Emerald Isle			NC 28594	INSURE	RF:					
				NUMBER: CL222170383				REVISION NUMBER:			
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									\$ 2,000		
	POLICY PROJECT LOC							GENERAL AGGREGATE	\$ 2,000		
	POLICY PRO-							Add'l for policy minimum	\$ 2,000	7,000	
_	OTHER:	-						GOMBINED SINGLE LIMIT		0.000	
	AUTOMOBILE LIABILITY							(Ea accident)	\$ 1,00	0,000	
_	ANY AUTO							BODILY INJURY (Per person)	\$		
В	OWNED SCHEDULED AUTOS			01335494		11/05/2021	11/05/2022	BODILY INJURY (Per accident)	\$		
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	If yes, describe under								\$ 500,		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	5	-	
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CE	RTIFICATE HOLDER				CANC	ELLATION				-	
AMP'D Engineering PLLC PO Box 4580						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						
Emerald Isle NC 28594						- Beflet					

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DDYYYY) 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 endo

If S this	UBROGATION IS WAIVED, subject to certificate does not confer rights to	the t	terms certifi	s and conditions of the po icate holder in lieu of such	licy, ce	rtain policies rsement(s).	may require	an endorsement. A stat	ement	on	
PRODU	CER				CONTA NAME:	cf					
N.C. Farm Bureau Ins. Agency						PHONE (A/C, No, Ext): E-MAIL (A/C, No):					
5301 Glenwood Avenue (27612)								(AC, NO):		-	
P.O. B	lox 27427			A.	ADDRE		CIIDED/CI ACEO	RDING COVERAGE		NAICA	
Raleigh NC 27611					INSURE	01-16		ance Corporation		NAIC #	
INSURED						inn.	poolally made	arioe corporation			
Ronald H. Pittman, II DBA						INSURER B: INSURER C:					
	Pittman Soil Consulting					-					
	1003 Gregory Fork Rd			INSURER D:							
	Richlands	NC 28574	INSURER E:								
001/5		TIF10		NUMBER: CL227212340	INSURE	ERF:					
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^ 2	Professional Liability			EV20182381-05		07/19/2022	07/19/2023	PERSONAL & ADV INJURY	\$ 1,00		
	EN LAGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	\$ 2,00	0,000	
2	POLICY PRO LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
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	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	5		
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	ID EMPLOYERS' LIABILITY IY PROPRIETOR/PARTNER/EXECUTIVE									-	
10	FFICER/MEMBER EXCLUDED?	N/A						EL EACH ACCIDENT	\$		
lf.	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$		
D								E.L. DISEASE - POLICY LIMIT Each Incident	\$1.0	00,000	
	Contractors Pollution Liability - Occurence Form			EV20182381-05		07/19/2022	07/19/2023	Aggregate Limit		00,000	
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CERT	IFICATE HOLDER				CANC	ELLATION					
		***************************************			THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER F PROVISIONS.		BEFORE	
				NC 28540	AUTHORIZED REPRESENTATIVE						

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