

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: by	-
PART 1: Notice of Intent to Construct (NOI) - Please check all that apply	
AND	
X New	of Repair Area
Repair – LHD Permit Number Repair – EOP/LSS COVID 19/AOWE Permit	
Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.):	
XCESSIVE RISK DEVELOPMENT	
Mailing address: 8754 REED DR STE 14 City: EMERALD ISLE State:	NC Zip: 28594
Telephone number: 252-777-0141 E-mail Address: ATHAN.PARKER@AMPD	ENGINEERING.COM
2. Professional Engineer (PE) name: ATHAN M PARKER, PE License number:	43250
Mailing address: PO BOX 4580 City: EMERALD ISLE State: N	C Zip: 28594
Telephone number: 919-795-9594 E-mail Address: ATHAN, PARKER@AMPDE	ENGINEERING.COM
3. Licensed Soil Scientist (LSS) name: <u>HAYWOOD PITTMAN</u> , <u>LSS</u> 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@YAHC	DO.COM
4. Licensed Geologist (LG) (if applicable) name: License numb	er:
Mailing address: City: State	e: Zip:
Telephone number: E-mail Address:	
5. On-Site Wastewater Contractor name: <u>HAYWOOD PITTMAN</u> , LSS License number	er: _3825
Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State	e: <u>NC</u> Zip: <u>28574</u>
Telephone number: 910-324-2892 E-mail Address: PITTMANSOIL@YAHOO	O.COM
6. Proof of Errors and Omissions or other appropriate liability insurance for the following per	rsons is attached
that includes the name of the insurer, name of the insured and the effective dates of cove	erage:
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

	property to be permitted): 153 HARMONY TRL; HAVEN LOT 54
	County Name: _HARNETT
8.	Type of facility: X Place of residence No. Bedrooms: 3 No. Occupants: 6
	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: 4-38' PANEL BLOCK LINES, TYPE III, 14-22" TB; LOCATED 15' FROM THE EAST PROPERTY BOUNDARY AND 58' FROM THE SOUTH PROPERTY BOUNDARY (LOCATED SOUTH OF PROPOSED HOME)
11.	Design wastewater flow: 360 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
Att	estation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C
Ι, _	ATHAN M PARKER, PE hereby attest that the information required to be included with Registered Professional Engineer (Print Name)
	Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed
	ten shall meet applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with
G.S	Digitally agried by ATHAN M. PARKEH PE DN. cni-ATHAN M. PARKER, PE, c- U.S. o-AMPD E Nigin EERING, PLLC, email-ATHAN PARKER@ AMPDENGINEERING, CM Dale: 2023 04.10 140409 -04700'
-	Signature of Licensed Professional Engineer Date
	43250

eer Optior	Permit Common Form			L	HD Reference:	
	This section is for Owner use to	o either design	ate PE as their legal	represent	ative or to self-s	ubmit the NOI.
Design A	ation of Registered Profession THAN M PARKER FOR	nal Engineer (as legal represento	itive of O	wner for this N	lotice of Inte <mark>nt:</mark>
l, x	CESSIVE RISK DEVELOP	MENT	hereby designate	ATHAN	M PARKER,	PE
10	Print Name of Owner		, ,			rofessional Eng <mark>i</mark> neer
as my le	egal representative for purpos	ses of this Not	Digitally signed by ATHAN PE DN: on-ATHAN M. PARKE US, o-AMPD ENGINEERI	M. PARKER	S. 130A-336.1.	
	Signature of Owner	Mr. 1	AMPDENGINEERING.COM Date 2023.04.10 14:05:07	M -04'00'	Date	
Ι,	Print Name of Owner	_ hereby sub	mit this NOI prepa	red by	Print Name of Li	icensed PE
pursuar	nt to G.S. 130A-336.1.					
	Signature of Owner				Date	
NOTES:						
	Y: The Department, the Department	artment's aut	horized agents or	local heal	th denartment	s shall have no lial
200	tewater systems designed, co					
336.1(f		notracted, an	a matanea paraam	to an Er	igineer option	7 cmm [0.5. 1507]
RIGHT	OF ENTRY: The submittal of th	is Notice of I	ntent to Construct	grants ric	ght of entry to	the Local Health
Departi	ment and the State to the refe	renced prope	rty.			
ISSUAN	CE OF BUILDING PERMIT: One	ce the LHD de	ems that the Notic	e of Inten	t to Construct i	is complete via
	re in the section below, the ov					
	ng, heating, air conditioning o		uction, location, or	r relocatio	on activity unde	er any provision of
general	or special law pursuant to G	S. 130A-338.				

PART 2: LHD Completeness Review of the Notice of Intent to Construct "(c) Completeness Review for Notice of Intent to Construct. — The local health of intent to construct, as required pursuant subsection (b) of this section, is completeness review the notice of intent to construct. A determination of completeness review the notice of intent to construct. A determination of complete the incomplete, the department shall notify the owner or the profession complete the notice. The owner or professional engineer may submit additional deficiencies in the notice. The local health department shall make a final determination in the construct is complete within 10 business days after the department receives the professional engineer. If the department fails to act within any time period set engineer may treat the failure to act as a determination of completeness." The review for completeness of this Notice of Intent was conducted in NOI is determined to be: INCOMPLETE (If box is checked, Information in this section is received by the completeness of the sound of the Information in the design PE and the completeness of the sound of the Information in the section is received by the completeness of the Information in this section is received by the completeness of the Information in this section is received by the completeness of the Information in this section is required by the Information in the Information in this section is required by the Information in the Information in this section is required by the Information in the Information in this section is required by the Information in the Information	department shall determine whether a notice of lete within 15 business days after the local health pleteness means that the notice of intent to ent determines that the notice of intent to an information to the department to cure the rmination as to whether the notice of intent to be additional information from the owner or to out in this subsection, the owner or professional accordance with G.S. 130A-336.1(c). This quired.)
"(c) Completeness Review for Notice of Intent to Construct. — The local health of intent to construct, as required pursuant subsection (b) of this section, is completenest to construct to construct. A determination of completenest includes all of the required components. If the local health department construct is incomplete, the department shall notify the owner or the profession complete the notice. The owner or professional engineer may submit additional deficiencies in the notice. The local health department shall make a final determined in the construct is complete within 10 business days after the department receives the professional engineer. If the department fails to act within any time period set engineer may treat the failure to act as a determination of completeness." The review for completeness of this Notice of Intent was conducted in NOI is determined to be: INCOMPLETE (If box is checked, Information in this section is received in the following its section is review of this form listing missing items were sent to the design PE and with the following its section is form listing missing items were sent to the design PE and the following its section is received in the following its section is required. COMPLETE (If box is checked, information in this section is required for the following its section is required for the following its section is required.	department shall determine whether a notice of lete within 15 business days after the local health pleteness means that the notice of intent to ent determines that the notice of intent to and engineer of the components needed to all information to the department to cure the rmination as to whether the notice of intent to be additional information from the owner or thout in this subsection, the owner or professional accordance with G.S. 130A-336.1(c). This quired.)
NOI is determined to be: INCOMPLETE (If box is checked, Information in this section is recommendated upon review of information submitted in Part 1, the following its Copies of this form listing missing items were sent to the design PE and via with directions to re-submit missing items	quired.)
Based upon review of information submitted in Part 1, the following its Copies of this form listing missing items were sent to the design PE and via with directions to re-submit missing items with directions with directions with directions with directions with directions	* 00000 C-04 (0000) * _
with directions to re-submit missing iter Email, FAX, USPS, hand-delivered Print Name of Authorized Agent of the LHD Signature of Authorized COMPLETE (If box is checked, information in this section is required)	
COMPLETE (If box is checked, information in this section is require	Date
	ed Agent of the LHD Date
Copies of this signed form were sent to the design PE and the Owner o	Date Email, FAX, USPS, hand-delivere
A copy of this NOI and tracking information was sent to the State on	Date Email, FAX, USPS, hand-delivere
Print Name of Authorized Agent of the LHD Signature of Authoriz	bute Email, PAX, USPS, Hama-delivere

		Re-submitt	al of NOI with miss	ing items include	Reference:	
		Ne Submitte	ar or wor with miss	ing items include	u .	
	This Section	n is for use by the owner or I Resubmittals	PE to submit items noted as must be accompanied by a			
LHD	JSE ONLY: This N	IOI resubmittal rece	ived:	by	tials	
ltem # fi	om initial NOI	Resubmitt	al description			
Attest	ition by Professio	nal Engineer license	ed in North Carolina	nursuant to G S	890	
1	, , , , , , , , , , , , , , , , , , , ,	Ingmeer neense		CO. Windows School Services and American Services (Services Services Services Services)		hia Natio
9	Licensed Professiona	al Engineer (Print Name)	nereby attest	that the informat	ion re-submitted for t	.nis Notice
					at the proposed syste	
		State, and local law	s, regulations, rules	and ordinances in	n accordance with G.S	S. 130A-3
.1(e)(6						
-	Signature of Lic	censed Professional Engin	eer		Date	
		censed Professional Engir section below is for Local He	20074594	submittal of items noted		
LHD Fo	The s		alth Department use after s	•		
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PART 3:			
	Authorization to Operate (ATO)		
	Except for date received, the Section below is t	o be completed by the Owner or the	e PE.
LHD USE ONLY:	: Initial submittal of request for ATO receive	ed: b	oy
	Date of Post-construction Conference:		midais
	Post-construction Conference waived in a	accordance with G.S. 130A-33	6.1(j):
	ns are included in this submittal for an Autho		EOP:
	sealed copy of the Engineer's report that inc 36.1(k)(1) and 15A NCAC 18A .1971(f)	ludes the information in	□ vos
	and management program and ORC contract,	if applicable	Yes
3. Fee (as app		Паррпеавіс	Yes
	etter documenting Owner's acceptance of the	e system from the PE	Yes
Annual Control	ts requirements of ownership or control of t		_
per 15A NC/	AC 18A .1938(j)		Yes
6. Easement, r	ight of way, or encroachment agreement red	quired per 15A NCAC 18A .19	38(j) Yes
	agreements required, as applicable, pursuar		
If yes, agree	ements filed in County Re	egister of Deeds in Deed Book	(Page
regulations, rule	hereby attest the ror Professional Engineer County LHD and the system shall me s and ordinances in accordance with G.S. 130		, and local laws,
	County LHD and the system shall ms and ordinances in accordance with G.S. 13	0A-3361(e)(6).	and local laws,
	County LHD and the system shall m		, and local laws,
Signature of	County LHD and the system shall me shal	Date	, and local laws,
Signature of LHD Review of re INCOMPLET Based upon review	County LHD and the system shall me so and ordinances in accordance with G.S. 130 Owner or Professional Engineer This section for LH equired information for the ATO	Date Duse Only. Above, the following items are	e missing from the
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Signature of LHD Review of recommendation requirements of this signature of authors are completed upon reviews of the complete points accordance with the complete points of the complete points accordance with the complete points of the complete points	County LHD and the system shall me is and ordinances in accordance with G.S. 130 Owner or Professional Engineer This section for LH equired information for the ATO E ew of information submitted in the Section a paired for an Authorization to Operate for an an accordance where sent to the design PE and the contract of the LHD Signature of the LHD Signature of the Section and the Section are submitted in the Section and the section are submitted in the Section and the Section are submitted in the Se	Date Date Duse Only. Above, the following items are EOP: E Owner onvia Date En Date LHD Above, this Authorization to O	e missing from the a nail, FAX, USPS, Hand-a Date Operate is hereby is

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.