	_	_
	SFD 2304-0015	
LHD Reference:	110001	

## 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: NCOMPLETE (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 4-27-23 via A copy of this NOI and tracking information was sent to the State on\_ Email, FAX, USPS, hand-delivered Signature of Authorized Agent of the LHD

DHHS/EHS/OSWP - EOP COMMON FORM Updated April 2022



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 receive	red: 4-27-23	by M40
PART 1: Notice of Intent to Construct (NOI) - Pleas	se check all that apply	
X Single System	n or Multiple Sy	ystems
	AND	
X New Expansion Relocation of all or p	part of the Existing Syste	m Relocation of Repair Area
Repair – LHD Permit Number		
Facility Owner's name: (Owner, Company Nam	ne, Utility, Partnership, Ir	ndividual, etc.):
CARROLL CONSTRUCTION HOMES, INC	С	
Mailing address: 63 VERON COURT		
Telephone number: 919-410-5704	E-mail Address: _CAM	ERON.ADAMS1087@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: ATHAI	N.PARKER@AMPDENGINEERING.COM
3. Licensed Soil Scientist (LSS) name: HAYWOOD	PITTMAN, LSS	License number: 1262
Mailing address: 1073-1 GREGORY FORK RD	City: RICHLA	ANDS State: NC Zip: 28574
Telephone number: 910-324-2892	E-mail Address: PIT	TTMANSOIL@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: <u>HAYW</u>	OOD PITTMAN, LSS	License number: 3825
Mailing address: 1073-1 GREGORY FORK RD	City: RICHLA	NDS State: NC Zip: 28574
Telephone number: 910-324-2892	E-mail Address: PIT	TMANSOIL@YAHOO.COM
6. Proof of Errors and Omissions or other appropri	riate liability insurance f	for the following persons is attached
that includes the name of the insurer, name of	the insured and the eff	ective dates of coverage:
	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

7.	Property location (physical address, tax parcel identification number or subdivision lot, block number of the
	property to be permitted): 156 HARMONY TRL; HAVEN LOT 56
	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: 4-100' 25% REDUCTION LINES WITH INTERCEPTOR DRAIN, TYPE IIIq, 12-18" TB; LOCATED 103' FROM THE WEST PROPERTY BOUNDARY AND 22' FROM THE NORTH PROPERTY BOUNDARY (LOCATED EAST 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: 🗵 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
	camplies 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
Atte	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)  Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed em shall meet applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with 130A-3361(e)(6).  Digitally signed by ATHAN M PARKER PE CONSUMPTION PA
	Signature of Licensed Professional Engineer  SEAL 43250  VGINEE  N. M. PARK

State of NC EOP

LHD Reference: SFD2304-0015

		representative or to self-submit the NOI.
Designation of Registered Professional Engi	neer as legal representa	tive of Owner for this Notice of Intent:
, lony carroll	hereby designate _	ATHAN M PARKER, PE
Print Name of Owner		Print Name of Registered Professional Engineer
as my legal representative for purposes of th	is Notice of Intent pursu	ant to G.S. 130A-336.1.
1-1-1	10/4	1 2021
Signature of Owner		Date
Owner self-submittal of NOI:		
l, hereb	y submit this NOI prepa	red by
Print Name of Owner pursuant to G.S. 130A-336.1.	Print Name of Licen	sed PE
Signature of Owner		ate
NOTES:  LIABILITY: The Department, the Department for wastewater systems designed, constructed Statute 130A-336.1(f)	's authorized agents or lo	ocal health departments shall have no liabilit
NOTES: UABIUTY: The Department, the Department for wastewater systems designed, constructe	's authorized agents or ic ed and installed pursuant se of Intent to Construct	ocal health departments shall have no liabilit to an Engineered Option Permit. [(NC Gener

Owner: HAVEN S/D

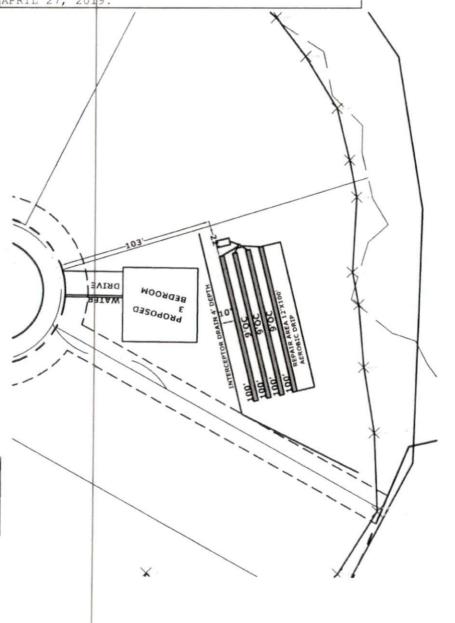
Address: LQT 56

Location: HARMONY TRAIL

LOT INFORMATION OBTAINED VIA PLAT BY STANCIL AND ASSOCIATES FOR XCESSIVE RISK DEVELOPMENT, DATED APRIL 27, 2019.

PITTMAN SOIL CONSULTING
PO BOX 1387
RICHLANDS, NC 28574
910-330-2784

pittmansoil@yahoo.com



INITIAL
3 BEDROOM
LTAR .225
4-100' 25% REDUCTION LINES
12-18" TB
INTERCEPTOR DRAIN
>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM

## REPAIR AREA

3 BEDROOM LTAR .3 12'X100' AEROBIC DRIP 6" TB >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM



ORTH CAROL

Pittman Soil Consulting

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

MARCH 29, 2023

Ref: HAVEN Lot 56, 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 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 on the site. The soil wetness condition was found to be 24-36" from the surface with a clay loam texture. I have assigned an LTAR of 0.225 gpd/sqft for a 360 gpd 3 bedroom residence. This will require the installation of 4-100' 25% REDUCTION lines that shall be installed in accordance with the current rules. An interceptor drain as shown on the plot plan will be required. The depth to soil wetness of 24-36" would constitute a 12-18" 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 a 12'x100' aerobic drip lines installed at a depth of 6" from the surface (LTAR 0.3).

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

HACHWOOD PATTMAN AN