



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: 4-27-22 by DWF
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.): _____
Davidson Homes, LLC

Mailing address: 336 James Record Road SW City: Huntsville State: AL Zip: 35824

Telephone number: (919) 376-6869 E-mail Address: BNelson@DavidsonHomesLLC.com

2. Professional Engineer (PE) name: Scott Mitchell License number: 27458

Mailing address: 1501 Lakestone Village Ln, #205 City: Fuquay-Varina State: NC Zip: 27526

Telephone number: 919-669-0329 E-mail Address: Scott@MitchellEnvironmental.com

3. Licensed Soil Scientist (LSS) name: Scott Mitchell License number: 1237

Mailing address: 1501 Lakestone Village Ln, #205 City: Fuquay-Varina State: NC Zip: 27526

Telephone number: 919-669-0329 E-mail Address: Scott@MitchellEnvironmental.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: Zachary Woody License number: 6095
Full Circle Environmental, LLC

Mailing address: 107 Lee Court City: Clayton State: NC Zip: 27520

Telephone number: (919) 359-9984 E-mail Address: Zach@FullCircleEnv.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): Weatherford Lot 46; 205 Morningside Lane; PIN: 069400-75-5193
County Name: Johnston
- 8. Type of facility: Place of residence No. Bedrooms: 4 No. Occupants: 8 or less
 Place of business Basis for flow calculation: _____
 Place of public assembly Basis for flow calculation: _____
- 9. Factors that would affect the wastewater load: Wastewater will be domestic strength as this is a residence.
- 10. Type and location of proposed wastewater system: Initial system will be a gravity conventional using EZ Flow. System will be located in the rear of the lot. Type Ila.
- 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: 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, Scott Mitchell 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



April 26, 2022
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, Brad Nelson hereby designate Scott Mitchell
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.

Brad Nelson 4/11/22
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 _____

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 5-2-22 via Scott Mitchell Davidson
Date Email, FAX, USPS, hand-delivered
A copy of this NOI and tracking information was sent to the State on 5-2-22 via Scott Greene
Date Email, FAX, USPS, hand-delivered

David W. Fulcher David W. Fulcher 5-2-22
Print Name of Authorized Agent of the LHD Signature of Authorized Agent of the LHD Date

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner or the PE.

LHD USE ONLY: Initial submittal of request for ATO received: <u>1-17-23</u> by <u>DWT</u>
Date of Post-construction Conference: <u>N/A</u>
Post-construction Conference waived in accordance with G.S. 130A-336.1(j): <u>DWT</u>

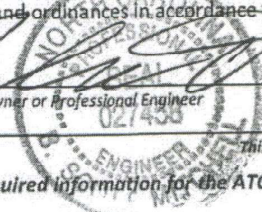
The following items are included in this submittal for an Authorization to Operate under an EOP:

- Signed and sealed copy of the Engineer's report that includes the information in G.S. 130A-336.1(k)(1) and 15A NCAC 18A .1971(f) Yes No
 - Operation and management program and ORC contract, if applicable Yes No
 - Fee (as applicable) Yes No
 - Notarized letter documenting Owner's acceptance of the system from the PE Yes No
 - Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j) Yes No
 - Easement, right of way, or encroachment agreement required per 15A NCAC 18A .1938(i) Yes No
 - Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h) Yes No
- If yes, agreements filed in _____ County Register of Deeds in Deed Book _____ Page _____

Attestation by the Owner or the PE for Authorization to Operate

I, Scott Mitchell hereby attest that all items indicated above have been provided to the
Print name of Owner or Professional Engineer
Johnston County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336.1(e)(6).

[Signature] 1-17-2023
Signature of Owner or Professional Engineer Date



This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE
Based upon review of information submitted in the Section above, the following items are missing from the information required for an Authorization to Operate for an EOP: _____

Copies of this signed form were sent to the design PE and the Owner on _____ Date via _____
Email, FAX, USPS, Hand-delivered

Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

COMPLETE
Based upon review of information submitted in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.1(m).

A copy of this complete NOI (ATO) with tracking information was sent to the State on 1-17-23 via Scott Greene
Date Email, FAX, USPS, Hand-delivered
David W. Fulcher David W. Fulcher 1-17-23
Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

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.