



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

COMMON FORM FOR LICENSED SOIL SCIENTIST COVID-19 PERMIT OPTION FOR NON-ENGINEERED SYSTEMS
See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the LSS in accordance with S.L. 2020-97, Section 3.19 and G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: _____ by _____
Date Initials

PART 1: Notice of Intent to Construct (NOI)

- New Expansion
 Repair -- LHD Permit Number _____ Repair -- EOP/LSS Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): _____
ACE Needham LLC.

Mailing address: 516 Peebles Street City: Raleigh State: NC Zip: 27608

Telephone number: 919-610-6873 E-mail Address: alexivey88@gmail.com

2. Licensed Soil Scientist (LSS) name: Daniel J. Bliley LSS License number: 1050

Mailing address: 614 South Second Street City: Smithfield State: NC Zip: 27577

Telephone number: 919-612-3539 E-mail Address: dbliley1@nc.rr.com

3. Licensed Geologist (LG) (if applicable) name: _____ License Number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

4. 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:

- LSS LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): Lot 31 Whitley Farm Subdivision

County Name: Johnston

6. Type of facility: Place of residence No. Bedrooms: 3 No. Occupants: 4

Place of business Basis for flow calculation: _____

Place of public assembly Basis for flow calculation: _____

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: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- 7. Factors that would affect the wastewater load: additional occupants
- 8. Type, location, and classification (per Rule .1961) of wastewater system: II
- 9. Design wastewater flow: 360 gpd
 Design wastewater strength: domestic high strength industrial process *(For industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)*
- 10. A plat as defined in G.S. 130A-334(7a) is attached: Yes No
 A site plan as defined in G.S. 130A-334(13a) is attached: Yes No
In accordance with G.S. 130A-335(f), an LSS COVID-19 Permit with a plat is valid without expiration and an LSS COVID-19 Permit with a site plan is valid for five years.
- 11. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): Yes No
- 12. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): Yes No
 If yes, documentation filed in _____ County Register of Deeds in Deed book _____ Page _____
- 13. 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 _____
- 14. 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
- 15. 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
- 16. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA
- 17. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

Attestation by LSS pursuant to S.L. 2020-97, Section 3.19 and G.S. 130A-336.2

I, Daniel J. Bliley hereby attest that the information required to be included with
Licensed Soil Scientist (Print Name)

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, and that the proposed system does not require a Professional Engineer, licensed in accordance with G.S. 89C, and in accordance with 15A NCAC 18A .1938 and activities determined to be engineering as determined by the North Carolina Board of Examiners for Engineers and Surveyors.

Daniel J. Bliley
Signature of Licensed Soil Scientist



09/24/2022
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 LSS COVID-19 Permit Option [S.L. 2020-97, Section 3.19(d) and G.S. 130A-336.2]

*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 the notice of intent to construct required pursuant to subsection (b) of this section is complete within five business days after receiving 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 local health department shall notify the owner and list the information needed to complete the notice. The owner may then submit additional information to the local health department to cure the deficiencies in the initial notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within five business days after the department receives the additional information. If the local health department fails to act within any time period set out in this subsection, the owner may treat the failure to act as a determination of completeness. The owner shall be able to apply for the building permit for the project upon the decision of completeness of the notice of intent by the local health department or if the local health department fails to act within the five business day time period."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.2(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 LSS and the Owner on _____

via _____ with directions to re-submit missing items using Page 5 of this form.
Date
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 LSS and the Owner on 10-4-22 via Email
Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on 10-4-22 via Email
Date *Email, FAX, USPS, hand-delivered*

ERIC CUTHWELL, REHS Eric Cuthwell, REHS 10-4-22
Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

Re-submittal of NOI with missing items included

This Section is for use by owner to submit items noted as missing during LHD Completeness Review above. Resubmittals must be accompanied by a cover letter from the LSS.

LHD USE ONLY: This NOI resubmittal received: _____ by _____
Date Initials

Table with 2 columns: Item # from initial NOI, Resubmittal description

Attestation by LSS pursuant to S.L. 2020-97, Section 3.19

I, _____ 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.

Signature of Licensed Soil Scientist Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

INCOMPLETE

Based upon review of information in the RESUBMITTAL above, this Notice of Intent remains INCOMPLETE because the following items from Part 1 of this form remain missing:

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

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

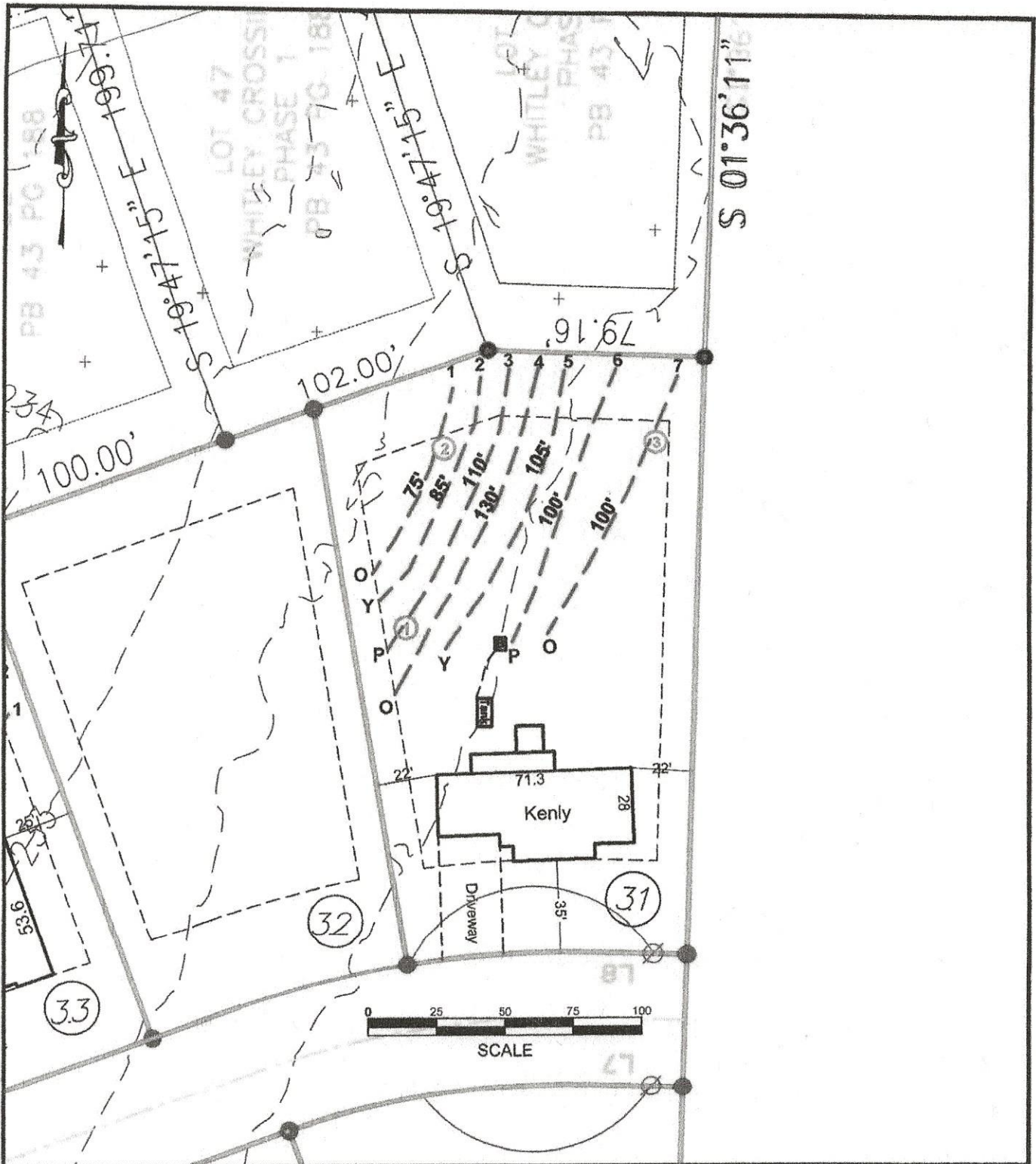
COMPLETE

Based upon review of information submitted in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

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

A complete copy of this form with tracking information was sent to the State: _____ via _____
Date Email, FAX, USPS, hand-delivered

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




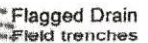

Project:
 Lot 31 Whitley Farm
 Client:
 ACE Needham LLC.
 CAD File:
 Ogilvie
 Scale:
 1" = 50'
 Date:
 September 24, 2022

Daniel J. Bliley

Soils and Land Use Consultant

614 South Second Street - Smithfield NC 27577
 Phone/Fax: (919) 934-8610 - Email: dbliley1@nc.rr.com

Legend

-  Flagged Drain
-  Field trenches
-  Soil Description Locations

DRAIN FIELD SPECIFICATIONS

LOT 31 – WHITLEY FARM SUBDIVISION

NEEDHAM ROAD

- Dwelling** - Three bedroom constructed home (see attached site plan)
- Initial System** - 200 linear ft. of conventional drain field (accepted) trenches. Use trenches 6 & 7 with a distribution box for effluent distribution. Site LTAR = +0.45 gal./sq. ft. of trench bottom. Use proprietary measures (Easy Flow) for the 25 percent reduction in drain field trench requirements.
- Repair System** - 200 linear ft. of conventional (accepted) drain field trenches. Use trenches 4 & 5 (shorten to 100 ft. each) use a distribution box for effluent distribution. Use proprietary measures (Easy Flow) for the 25 percent reduction in trench requirements. Site LTAR = +0.50 gal./sq. ft. of trench bottom
- System Design - Waste Water Flow** - 360 gal./day
- Septic Tank** - Volume = 1000 gallons
Setback – 10 ft. from house
30 ft. from property line.
- Drain Field** Trench Depth = 24 inches. May install deeper if necessary to achieve gravity flow but not to exceed 30 inches.
Setbacks - 30 ft. from house
40+ ft. from property lines
- Water Supply** - Public Water

