

Lot # 68 RV



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 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 8.19 and 6.S. 280A-36.2

LHD USE ONLY: Initial submittal of this NOI received: 3/25/22 by: LJK
Date Initials

PART 4: Notice of Intent to Construct (NOI) - Please check all that apply

[X] Single System or [ ] Multiple Systems

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

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Indiv/dual, etc.): CEDAR POINT DEVELOPERS LLC

Mailing address: 106 Center Street City: SADDONSVILLE State: NC Zip: 28890

Telephone number: 910-388-2684 E-mail Address: danny.wheeler@eshenc.com

2. Licensed Soil Scientist (LSS) name: R. HARWOOD PATMANSKI License number: 1267

Mailing address: P.O. Box 1387 City: ROCKLETS State: NC Zip: 28074

Telephone number: 910-330-2784 E-mail Address: patmanski@roynet.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:

[X] LSS [ ] LG

5. Property location (physical address, tax parcel identification number, subdivision, lot, block number of the property to be permitted): BRIDGEVIEW LOT 68, 209 COASTLINE CIRCLE

County Name: CALDWELL

6. 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:

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF PUBLIC HEALTH

LOCATION: 6805 Six Forks Road, Raleigh, NC 27609
Mailing Address: 1642 Mail Services Center, Raleigh, NC 27689-1642
www.ncdhhs.gov TEL: 919-707-8874 FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

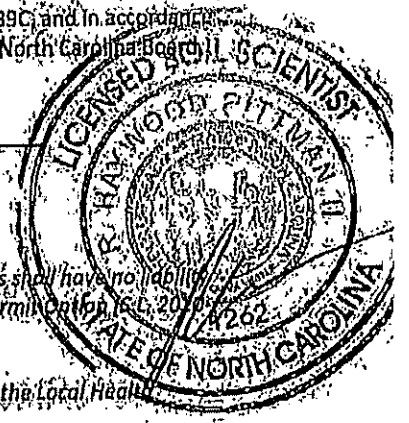
7. Factors that would affect the wastewater loads: none
8. Type and location of proposed wastewater system: UFG
9. Design wastewater flow: 4,800 gpd.  
 Design wastewater strength:  domestic,  high strength,  industrial process (For industrial process wastewater, a Professional Engineer licensed in accordance 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. 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 septic system:  Yes,  No.
12. 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.
13. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached:  Yes,  NA.
14. Proposed landscape, site, drainage, or soil modifications are attached:  Yes,  NA.

Attestation by LSS pursuant to S.L. 2020-97, Section 3.10 and G.S. 130A-336.2

I, R. HAYWOOD PITTMAN II 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, 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.

R. Haywood Pittman II  
Signature of Licensed Soil Scientist

3-23-22  
Date



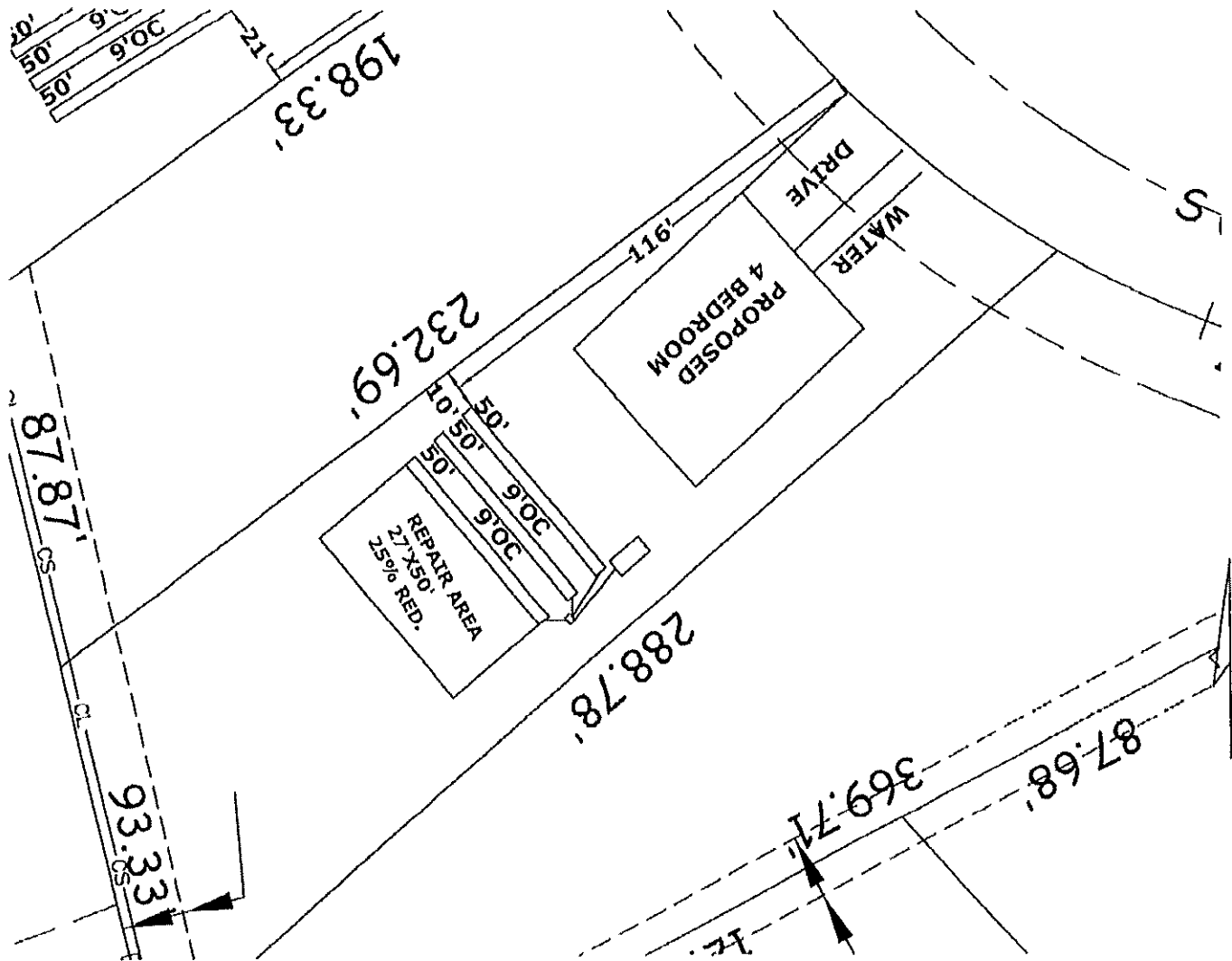
**NOTES:**  
**LIABILITY:** The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an LSS COVID-19 Permit Option (S.L. 2020-97, Section 3.19(d) and G.S. 130A-336.2(f)).

**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.

Owner: BRIDGEVIEW  
 Address: LOT 68 SECTION I  
 Location: COASTLINE CIRCLE

**PITTMAN SOIL CONSULTING**  
PO BOX 1387  
RICHLANDS, NC 28574  
910-330-2784  
pittmansoil@yahoo.com



INITIAL  
 4 BEDROOM  
 LTAR .8  
 3-50' 25% REDUCTION  
 12-24" TB  
 >6" SOIL COVER REQUIRED OVER  
 SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA  
 4 BEDROOM  
 LTAR .8  
 3-50' 25% REDUCTION  
 12-24" TB  
 >6" SOIL COVER REQUIRED OVER  
 SYSTEM AND 5' BEYOND SYSTEM

APPROX SCALE 1"=40'

*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 4/1/22 via email.  
*Date*      *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on 4/1/22 via email.  
*Date*      *Email, FAX, USPS, hand-delivered*

Wendy Kelly      Wendy Kelly RCHS      4/1/22  
*Print Name of Authorized Agent of the LHD*      *Signature of Authorized Agent of the LHD*      *Date*

**LSS COVID-19 Permit Option Tracking Information**

The LHD completes this form for each NOI/ATO submitted to their offices. The LHD updates this information and re-sends it throughout the process as appropriate. The Department will use this data to answer any questions on the implementation of the LSS COVID-19 permitting process.

**Tracking Information for LSS COVID-19 permits (Required)**

County	Carteret
LHD Reference Number	LSS COVID-19-22-372843
Permitting backlog as of date of NOI submittal (# days)	
Number of days to process the NOI (# days)	4
Number of days to process re-submitted NOI (# days or "NA")	
Facility type	Single Family
Domestic, High Strength or IPWW	Domestic
Design Daily Flow	400
Residential or Commercial	Residential
System type (per Rule .1961)	ITG
Date of Post-construction conference	
Date Authorization to Operate Issued	
Fee charged for LSS COVID-19	90.00
Is fee sufficient to cover LHD costs?	
Date LHD notified of LSS COVID-19 malfunction	
Date LHD notified of Owner complaint	

**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 _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Date</span> <span>Initials</span> </div>
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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  
*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.

\_\_\_\_\_  
*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 submitted 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*