

No pump



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

COMMON FORM FOR ENGINEERED OPTION PERMIT

LHD USE ONLY: Initial submittal of this NOI received: 7-15-2024 by [initials]
EOP 2024-100070

PART 1: 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, Individual, etc.): H&S LAND, LLC

Mailing address: 3204 NASH ST SUITE C City: WILSON State: NC Zip: 27896

Telephone number: (252) 230-9068 E-mail Address: HUNTER@GATORWOODINC.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: ATHAN.PARKER@AMPENGINEERING.COM

3. Licensed Soil Scientist (LSS) name: HAYWOOD PITTMAN, LSS 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@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: HAYWOOD PITTMAN, LSS License number: 3825

Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574

Telephone number: 910-324-2892 E-mail Address: PITTMANSOIL@YAHOO.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:

[X] PE [X] LSS [] LG [X] On-site Wastewater Contractor

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 178 POKER HOUSE ROAD GRIMESLAND, NC 27837; PARCEL 91390 Lot 5

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

LOCATION: 5605 SIX FORKS RD, 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

County Name: PITT

8. Type of facility: Place of residence No. Bedrooms: 4 No. Occupants: 8
 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: 4-67' CONVENTIONAL LINES, TYPE II 12-14" TB; LOCATED 16' FROM THE SOUTHEAST PROPERTY BOUNDARY AND 12' FROM THE NORTHEAST PROPERTY BOUNDARY (LOCATED NORTHEAST OF PROPOSED HOME)
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 18E .0601: 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, ATHAN M PARKER, PE 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).

Digitally signed by Athan M. Parker, PE
DN: cn=Athan M. Parker, PE, c=US,
o=AMPO Engineering, PLLC,
email=athan.parker@ampoenr.com
Date: 2024.07.09 15:45:14 -0400

Signature of Licensed Professional Engineer

JULY 9, 2024

Date

Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Int

I, HUNTER STONE hereby designate ATHAN M. PARKER, PE

Print Name of Owner

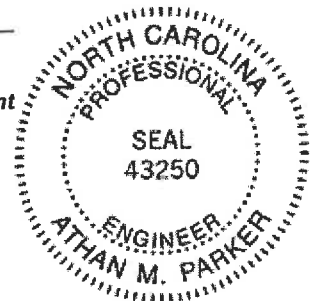
Print Name of Registered Professional Engineer

as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

Signature of Owner

6/26/24

Date



I, _____ hereby submit this NOI prepared by _____ pursuant to G.S. 130A-336.1.

Print Name of Owner

Print Name of Licensed PE

Signature of Owner

Date

PART 3: Authorization to Operate (ATO)

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

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

- 1. Signed and sealed copy of the Engineer’s report that includes the information in G.S. 130A-336.1(k)(1) Yes No
 - 2. Operation and management program and ORC contract, if applicable Yes No
 - 3. Letter documenting Owner’s acceptance of the system from the PE Yes No
 - 4. Owner meets requirements control of the system per 15A NCAC 18E .0301(b) Yes No
 - 5. Easement, right of way, or encroachment agreement required per 15A NCAC 18E .0301(c) Yes No
 - 6. Multi-party agreements required, as applicable, per 15A NCAC 18E .0204(g) 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, _____ hereby attest that all items indicated above have been provided
Print name of Owner or Professional Engineer
and the system meets applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with G.S. 130A-336-.1(e)(6).

Signature of Owner or Professional Engineer _____
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)]

AMP'd Engineering, PLLC
Civil Engineer – Consulting Engineer – Land Development

PO Box 4580
Emerald Isle, NC 28594
(252) 777-0141 ✦ athan.parker@ampdengineering.com
Firm License Number P-1532

Ref: AMP'D Engineering, PLLC Septic Standards

To Whom It May Concern,

Due to unforeseen negligence by previous owners and contractors regarding the Engineered Option Permit ("EOP") process and installation, the following standards have been adopted by AMP'D Engineering, PLLC and are to be strictly followed. If these standards are not followed, AMP'D Engineering, PLLC has the right to void all warranties related to engineering work involved with these EOPs.

- Engineer shall approve septic installer prior to installation.
- Engineer shall be notified at a minimum of 48 hours prior to septic installation.
- No vehicles, equipment, structures, debris, or any other items that may compact the soils or damage the septic lines allowed on the septic location before or after installation. Equipment only allowed over the septic area by a certified septic installer to backfill and grade the septic area after installation.
- All systems are to have a minimum of 6" cover over the system and five feet beyond the system. Only approved soil to be used as cover.
- After installation, the area should be graded to shed water. All drainage should be diverted away from septic area and tanks.
- All drip systems to have a minimum of 6" cover over the system and five feet beyond the system. Only group I soil allowed over system with a cap of topsoil to promote growth of groundcover.
- Groundcover is to be established over every system within 14 days after installation.
- Orange safety fencing with T-Posts to be used to surround the system after installation to prevent any unqualified individuals from entering septic area.
- Refer to online resources for proper management and maintenance of a septic system.

Refer to the websites listed:

- o <https://content.ces.ncsu.edu/septic-system-owners-guide>
- o <https://content.ces.ncsu.edu/septic-systems-and-their-maintenance>

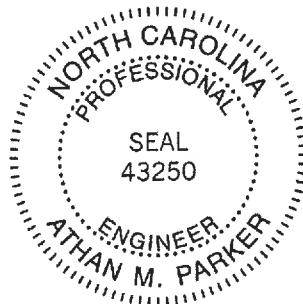
If you have any questions, please feel free to give me a call (252) 777-0141 or email me (athan.parker@ampdengineering.com).

Sincerely,



Digitally signed by Athan M. Parker, PE
DN: cn=Athan M. Parker, PE, c=US,
o=AMP'D Engineering, PLLC,
email=athan.parker@ampdengineering.com
Date: 2024.07.09 13:43:41 -0400

Athan M Parker, PE
President
AMP'd Engineering, PLLC
Firm License No. P-1532

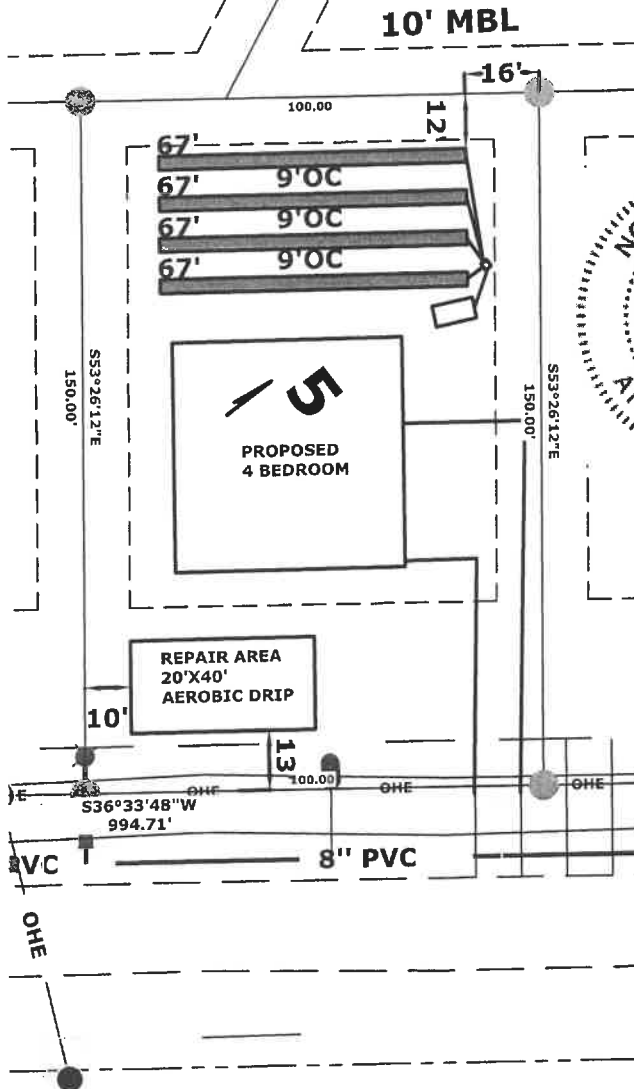


PITTMAN SOIL CONSULTING

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

Owner: WINDFIELD
 Address: LOT 5
 Location: POKER HOUSE ROAD

PROPERTY INFORMATION OBTAINED FINAL PLAT FOR WINDFIELD SUBDIVISION DATED MAY 2024 AS RECORDED IN MAP BOOK 92, PAGE 52, PITT COUNTY REGISTER OF DEEDS.



Digitally signed by Athan M. Parker, PE
 DN: cn=Athan M. Parker, PE, c=US,
 o=AMPD Engineering, PLLC,
 email=athan.parker@ampdengineering.com
 Date: 2024.07.09 13:43:54 -0400

INITIAL
 4 BEDROOMS
 LTAR 0.6
 4-67' CONVENTIONAL LINES
 12-14" TRENCH BOTTOMS
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
 4 BEDROOMS
 LTAR 0.6
 20'X40' AEROBIC DRIP
 6" TRENCH BOTTOMS
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

SCALE 1"=40'

Pittman Soil Consulting

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

JUNE 24, 2024

Ref: WINDFIELD LOT 5, POKER HOUSE ROAD

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, structure, physical and chemical properties, 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 24-26" from the surface with a sandy loam texture. I have assigned an LTAR of 0.6 gpd/sqft for a 480 gpd 4 bedroom residence. This will require the installation of 4-67' conventional lines that shall be installed in accordance with the current rules. The depth to soil wetness of 24-26" would constitute a 12-14" trench bottom. The system will require 6" of Group II or III soil cover that shall extend 5' from the edge of the system. The system will require a 1000 gallon septic tank.

Soils in the repair area showed soil wetness at depths of 18" from the surface with a sandy loam texture. The repair area will require 20'X40' aerobic drip installed at 6" from the surface with an LTAR of 0.6 gpd/sqft.

After installation the site should be landscaped to shed surface water. Any alterations to the site may impact soil conditions. System shall not be installed in wet 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/04/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER The Sewell Insurance Agency 785-1 W Corbett Ave PO Box 835 Swansboro NC 28584	CONTACT NAME: Kira Gibson, AINS, SBCS PHONE (A/C, No, Ext): (910) 326-5754 E-MAIL ADDRESS: kira@thesewellagency.com	FAX (A/C, No): (910) 326-6310	
	INSURER(S) AFFORDING COVERAGE		NAIC # 32700
INSURED Amp'D Engineering Llc PO Box 4580 Emerald Isle NC 28594-4580	INSURER A: Owners Insurance Company		
	INSURER B: AMGUARD Insurance Company		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CL243404601 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			35586944	01/03/2024	01/03/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			5186247401	05/02/2023	05/02/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		R2WC538025	03/01/2024	03/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
		Y	N/A				E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
B	Professional Liability			AMPL562323	03/01/2024	03/01/2025	Professional Liability	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER P & P Land Development Inc PO Box 4580 Emerald Isle NC 28594	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/21/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER N.C. Farm Bureau Ins. Agency 5301 Glenwood Avenue (27612) P.O. Box 27427 Raleigh NC 27811		CONTACT NAME: PHONE (A/C, H/D, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED Ronald H. Pittman, II DBA Pittman Soil Consulting 1003 Gregory Fork Rd. Richlands NC 28574		INSURER(S) AFFORDING COVERAGE INSURER A: Capitol Specialty Insurance Corporation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL2372128003 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	AUTO (INS)	SUBR (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			EV20182381-06	07/19/2023	07/19/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OPAGG \$ 2,000,000 Professional Occ/Agg \$ 1M/2M COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR \$ EXCESS LIAB CLAIMS-MADE \$ DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB OCCUR \$ <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE \$ <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> CONTRACTOR'S POLLUTION LIABILITY - Occurrence Form			EV20182381-06	07/19/2023	07/19/2024	EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Each Incident \$1,000,000 Aggregate Limit \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 