COMMON FORM FOR ENGINEERED OPTION PERMIT

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.): ____________________
   _________________________________________________________________________________________

Mailing address: ___________________________________________ City: __________________ State: ______ Zip: ______

Telephone number: ________________________   E-mail Address: ______________________________________

2. Professional Engineer (PE) name: __________________________ License number: __________________
   _________________________________________________________________________________________

Mailing address: ___________________________________________ City: __________________ State: _____ Zip: ______

Telephone number: ________________________   E-mail Address: ______________________________________

3. Licensed Soil Scientist (LSS) name: ________________________ License number: __________________
   _________________________________________________________________________________________

Mailing address: ___________________________________________ City: __________________ State: _____ Zip: ______

Telephone number: ________________________   E-mail Address: ______________________________________

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: ______________________ License number: ________________
   _________________________________________________________________________________________

Mailing address: ___________________________________________ City: __________________ State: _____ Zip: ______

Telephone number: ________________________   E-mail Address: ______________________________________

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

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the
   property to be permitted): ____________________________________________________________________
County Name: ________________

8. Type of facility:
   - Place of residence     No. Bedrooms: _______  No. Occupants:______
   - Place of business       Basis for flow calculation:_________________________________
   - Place of public assembly    Basis for flow calculation:_____________________________

9. Factors that would affect the wastewater load: ___________________________________________________
   _______________________________________________________________________________________

10. Type and location of proposed wastewater system: _______________________________________________
    _______________________________________________________________________________________

11. Design wastewater flow: _________ 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, ____________________________ hereby attest that the information required to be included with
Registered Professional Engineer (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 in accordance with
G.S. 130A-336-.1(e)(6).

_______________________________________________     _______________________
Signature of Licensed Professional Engineer              Date

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

I, ____________________________ hereby designate __________________________
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                                      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

PART 3: Authorization to Operate (ATO)
The following items are included in this Authorization to Operate for an EOP:

<table>
<thead>
<tr>
<th>LHD USE ONLY: Initial submittal of request for ATO received: __________________ by ___________</th>
<th>Date</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 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)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Operation and management program and ORC contract, if applicable</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Letter documenting Owner’s acceptance of the system from the PE</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Easement, right of way, or encroachment agreement required per 15A NCAC 18A .1938(j)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, agreements filed in ________________ County Register of Deeds in Deed Book ______ Page _____</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Attestation by the Owner or the PE for Authorization to Operate**

I, ___________________________ hereby attest that all items indicated above have been provided 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)]