

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 receiv	ed:	by 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 R	epair Area				
Repair – LHD Permit Number [Repair – EOP/LSS COVID	19/AOWE Permit Nu	umber				
1. Facility Owner's name: (Owner, Company Nan	ne, Utility, Partnership, Inc	lividual, 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 approp	priate liability insurance for	r the following perso	ns is attached				
that includes the name of the insurer, name o	of the insured and the effect	tive dates of coverag	ge:				
🗌 PE 🔄 LSS 📄 LG 🗌 On-site	Wastewater Contractor						
 Property location (physical address, tax parcel identification number or subdivision lot, block number of the 							
property to be permitted):							
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH							
MAILING ADDRESS: 1642 MAIL	IX FORKS RD, RALEIGH NC . SERVICE CENTER, RALEIG EL: 919-707-5874 • FAX: 919-84	H NC 27699-1642					

(County Name:					
8	Type of facility:	Place of residenc	ce No. Bedrooms:	No. Occupants:		
		Place of busines	s Basis for flow calculat	tion:		
		Place of public a		alculation:		
9. I	Factors that would affect the wastewater load:					
- 10. ⁻	Type and location of proposed wastewater system:					
-						
	. Design wastewater flow: gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the Sta					
[Design wastewat	stewater strength: 🗌 domestic 🔲 high strength 🗌 industrial process				
12. /	A plat as defined	in G.S. 130A-334(7a)	is attached: Yes	No		
13. I	Location of propo	osed or existing wells	(drinking water, irrigation	, geothermal, groundwater monitoring,		
\$	sampling, etc.) ar	id any potable and no	on-potable water conveya	nce lines is indicated on attached plans and		
(complies with 15	A NCAC 18E .0601:	Yes No			
-	This is a saprolite	system. Yes	No			
14. I	Evaluation(s) of s	oil conditions and site	e features in accordance w	ith G.S. 130A-335(a1) signed and sealed by		
r						
i	LSS is attached:	YesNo				
	-		gic conditions signed and	sealed by a LG is attached 🛛 Yes 🗌 I		
15. I	Evaluation of geo	logic and hydrogeolo	gic conditions signed and soil modifications are atta			
15. 16.	Evaluation of geo Proposed landsca	ape, site, drainage, or	soil modifications are atta	ached: Yes NA		
15. 16.	Evaluation of geo Proposed landsca	ape, site, drainage, or		ached: Yes NA		
15. 16.	Evaluation of geo Proposed landsca station by Profes	plogic and hydrogeolo ape, site, drainage, or sional Engineer licens	soil modifications are atta sed in North Carolina purs	ached: Yes NA		
15. 16. Attes ,	Evaluation of geo Proposed landsca station by Profes Registered Profe	ape, site, drainage, or sional Engineer licens	soil modifications are atta sed in North Carolina purs hereby attest that me)	ached: Yes NA Suant to G.S. 89C t the information required to be included wit		
15. 1 16. 1 <i>Attes</i> 1, this N syste	Evaluation of geo Proposed landsca station by Profes Registered Profe Notice of Intent t em shall meet app	essional Engineer (Print Nar o Construct is accurat plogic and hydrogeolo ape, site, drainage, or sional Engineer (Print Nar o Construct is accurat plicable federal, State	soil modifications are atta sed in North Carolina purs hereby attest that te and complete to the bes	ached: Yes NA		
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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 t	

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

1.	Signed and sealed copy of the Engineer's repo	rt that includes the information in		
	G.S. 130A-336.1(k)(1)		Yes	🗌 No
2.	Operation and management program and ORC	C contract, if applicable	Yes	🗌 No
3.	Letter documenting Owner's acceptance of the	e system from the PE	Yes	🗌 No
4.	Owner meets requirements control of the syst	em per 15A NCAC 18E .0301(b)	Yes	🗌 No
5.	Easement, right of way, or encroachment agre	ement 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

Print name of Owner or Professional Engineer ١, _

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)]