



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: _____ by _____
Date 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 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): _____

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: _____

- 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 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, _____ 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)

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)]