



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

COMMON FORM FOR ENGINEERED OPTION PERMIT
See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the Professional Engineer licensed in accordance with G.S. 89C

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

PART 1: Notice of Intent to Construct (NOI)

- Expansion
Repair - LHD Permit Number
Repair - EOP 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, location, and classification (per Rule .1961) of 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. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): Yes No
14. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): Yes No
 If yes, documentation filed in _____ County Register of Deeds in Deed book _____ Page _____
15. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h): Yes No
 If yes, agreements filed in _____ County Register of Deeds in Deed book _____ Page _____
16. 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
17. Evaluation(s) of soil conditions and site features signed and sealed by a LSS, a LG, as applicable, is attached: Yes No
18. 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

This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.

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*

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 Engineered Option Permit. [(NC General Statute 130A-336.1(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 above, 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.

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 a notice of intent to construct, as required pursuant subsection (b) of this section, is complete within 15 business days after the local health department receives 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 department shall notify the owner or the professional engineer of the components needed to complete the notice. The owner or professional engineer may submit additional information to the department to cure the deficiencies in the notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within 10 business days after the department receives the additional information from the owner or professional engineer. If the department fails to act within any time period set out in this subsection, the owner or professional engineer may treat the failure to act as a determination of completeness.”

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted by the PE in Part 1, the following items are missing: _____

Copies of this form listing missing items were sent to the design PE and the Owner on _____

via _____ with directions to re-submit missing items using Page 5 of this form.

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 by the PE in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the design PE and the Owner on _____ via _____.

A copy of this NOI and tracking information was sent to the State on _____ via _____.

Print Name of Authorized Agent of the LHD

Signature of Authorized Agent of the LHD

Date

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner or by the PE designated to act as their legal representative for the EOP.

LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> Date Initials </div>
Date of Post-construction Conference: _____

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

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Signed and sealed copy of the Engineer’s report that includes: | | |
| | a. Signed and sealed evaluation of soil conditions and site features | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | b. Drawings, specifications, plans | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | c. Reports on special inspections and final inspection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | d. Management Program manual | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | e. On-site Wastewater Contractor’s signed statement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Fee (as applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Notarized letter documenting Owner’s acceptance of the system from the PE | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Attestation by the Owner or the PE for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner or Professional Engineer

_____ County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).

<i>Signature of Owner or Professional Engineer</i>	<i>Date</i>
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This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE
Based upon review of information submitted by the Owner or PE in the Section above, the following items are missing from the information required for an Authorization to Operate for an EOP: _____

Copies of this signed form were sent to the design PE and the Owner on _____ via _____

Date
Email, FAX, USPS, Hand-delivered

<i>Print name of authorized Agent of the LHD</i>	<i>Signature of authorized Agent of the LHD</i>	<i>Date</i>
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COMPLETE
Based upon review of information submitted by the Owner or PE in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.1(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on _____ via _____

Date
Email, FAX, USPS, Hand-delivered

<i>Print name of authorized Agent of the LHD</i>	<i>Signature of authorized Agent of the LHD</i>	<i>Date</i>
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ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the PE submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.