CHECKLIST FOR APPLICATION FOR ENGINEERED OPTION PERMIT

___ New Hanover County Public Health (NHCPH), Environmental Health Services (EHS) application form completely filled out and signed.

___ Owner’s consent to filing of this application, in writing, if applicant is not owner (Documentation to Authorize an Owner’s Legal Representative).

___ Survey or Site plan, drawn to scale, between 1 in. = 10 ft. and 1 in. = 60 ft., showing property dimensions, boundaries, all easements, all existing and proposed development.

___ Written documentation from the nearest provider of sewer that public sewer is NOT available to the property.

___ Professional Engineered signed and sealed drawings, specifications, plans, and reports for the design, construction, operation, and maintenance of the wastewater system.

___ Site Evaluation by a Licensed Soil Scientist or Licensed Geologist.

___ Notice of intent to Construct per 15A NCAC 18A .1971 (Engineered Option Permit)

I, __________________________ (print name) certify that I have fulfilled the above-referenced application requirements and the property is prepared for a site visit if necessary __________________________

Signature of applicant/owner

“Healthy People, Safe Environment, Strong Community”
Checklist for Application for Engineered Option Permit
12-2019
APPLICATION FOR ENVIRONMENTAL HEALTH SERVICES - NHC

PLEASE PRINT

Name: __________________________ Mailing Address: __________________________ City/State/Zip __________________________

Home Phone: ____________________ Business/Mobile Phone: ____________________ E-mail Address: __________________________

Street Address for Site: __________________________ Zip: __________________________ Subdivision: __________________________ Lot/Section: __________________________

Directions to Property: __________________________

Installation for: __________________________ Residence: __________________________

Industrial / Commercial _______ (Type) __________________________

Duplex: __________________________

County Sewer: (YES) (NO) Tax Parcel #: __________________________

Lot Size: __________________________ Industry or Business: __________________________

Number of Bedrooms: __________________________ Number of Employees: __________________________

Number of Occupants: __________________________ Number/Type of water using fixtures: __________________________

Private Well: (YES) (NO) __________________________

Public System Name: __________________________

TO MAKE APPLICATION FOR ENVIRONMENTAL HEALTH SERVICES
YOU MUST SUBMIT A PLAT OR SITE PLAN DRAWN TO SCALE OF YOUR PROPERTY WITH THIS APPLICATION for EOP and Soil Wetness Monitoring.

Please show the location of the residence or building, including driveways, and any other improvements/additions (pools, decks, etc.)

Please submit storm water plans for Subdivisions and Commercial Developments.

Permits issued pursuant to this application shall not be affected by change in ownership provided the site plan remains unchanged.

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. It is understood that any permit issued hereafter is subject to suspension or revocation if the site plans or the intended use change or if the information submitted on this application is falsified.

Engineered Option Permit (EOP) __________________________

Soil Wetness Monitoring __________________________

Water Sample (Bacteriological) __________________________

Water Sample (Inorganic) __________________________

Water Sample (Organic) __________________________

OFFICE USE ONLY:

Amount Received: $ _______ Receipt #: _______

Cash _____ Check # _______ Credit Card _____

Property owner's or owner's legal representative** signature (required).

**Must provide documentation to support claim as owner's legal representative.

Date __________

12/4/2019
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)

☐ New       ☐ 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

WWW.NCDHHS.GOV
TEL 919-707-5874 • FAX 919-845-3972
LOCATION: 5605 SIX FORKS RD • RALEIGH, NC 27609
MAILING ADDRESS: 1642 MAIL SERVICE CENTER • RALEIGH, NC 27699-1642
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER
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 .161) 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 in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: [ ] Yes  [ ] No

18. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached  [ ] Yes  [ ] NA

19. 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 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-submit 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 __________________________.

Email, FAX, USPS, hand-delivered

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

Email, FAX, USPS, hand-delivered

Print Name of Authorized Agent of the LHD __________________________

Signature of Authorized Agent of the LHD __________________________

Date __________________________
Re-submittal of NOI with missing items included

This Section is for use by PE to submit items noted as missing during LHD Completeness Review above. Resubmittals must be accompanied by a cover letter from the PE.

LHD USE ONLY: This NOI resubmittal received: ________________ by ________________

Date Initials

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<th>Item # from initial NOI</th>
<th>Resubmittal description</th>
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Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, ____________, hereby attest that the information re-submitted for 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 ____________

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

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

☐ INCOMPLETE
   Based upon review of information submitted by the PE in the RESUBMITTAL above, this Notice of Intent remains INCOMPLETE because the following items from Part 1 of this form remain missing: ____________________________.

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

Date Email, FAX, USPS, Hand-delivered

Print name of authorized Agent of the LHD ____________________________ Signature of authorized Agent of the LHD ____________________________ Date ____________

☐ COMPLETE
   Based upon review of information submitted by the PE in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

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

Date Email, FAX, USPS, Hand-delivered

A complete copy of this form with tracking information was sent to the State: ________________ via ________________.

Date Email, FAX, USPS, hand-delivered
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 __________ Date __________ Initials __________

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   □ Yes □ No
   b. Drawings, specifications, plans   □ Yes □ No
   c. Reports on special inspections and final inspection   □ Yes □ No
   d. Management Program manual   □ Yes □ No
   e. On-site Wastewater Contractor’s signed statement   □ Yes □ No
   f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h)   □ Yes □ No
2. Fee (as applicable)   □ Yes □ No
3. Notarized letter documenting Owner’s acceptance of the system from the PE   □ Yes □ 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).

Signature of Owner or Professional Engineer __________ Date __________

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 Email, FAX, USPS, Hand-delivered

Date __________

□ 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 Email, FAX, USPS, Hand-delivered

Date __________

Print name of authorized Agent of the LHD __________ Signature of authorized Agent of the LHD __________ Date __________

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.
DOCUMENTATION TO AUTHORIZE AN OWNER’S LEGAL REPRESENTATIVE

Applications for permits require the “signature of the owner or owner’s legal representative” (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

1. Complete this form to document his or her legal representative, or
2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

6. By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, ________________________________, am the legal owner(s) of the property located at ________________________________, identified as PIN (Parcel Identification Number) ________________________________, located in New Hanover County, North Carolina.

I do hereby authorize (print legal representative/company name) ________________________________, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the ____________ County Department of Public Health, Environmental Health Division.

______________________________    __________________________  ________________________________    __________________________
Signature of Owner(s)            Date                        Signature of Witness                  Date

EHS129
7/2016
DOCUMENTACION PARA AUTORIZAR A UN REPRESENTANTE LEGAL DEL PROPIETARIO

Las aplicaciones para los permisos requieren “firma del representante legal del propietario o propietarios” (15A NCAC 18A.1937). Si el propietario no firma la aplicación el mismo o ella misma, ellos pueden enviar cualquiera de los siguientes documentos para designar su representante legal.

1. Poder Legal
2. Contrato de Bienes y Raíces
3. Albacea de Propiedad
4. Fideicomiso de Insolvencia
5. Orden de la Corte de la tutela

En ausencia de la documentación mencionada arriba, el propietario puede proporcionar al departamento de salud local con la documentación que designa a un representante legal. Un propietario puede

1. Completar esta forma para documentar a su representante legal, o
2. Proporcionar su propia forma que contiene la información en esta forma

Si hay múltiples propietarios, entonces todos los propietarios deben firmar la forma que designa a un representante legal.

6. Firmando la forma que designa a un representante legal para propósitos de 15A NCAC 18A. 1937, el propietario autoriza a ese representante a actuar sobre su beneficio en los asuntos que pertenecen a la aplicación y permitir el proceso, inclusive firmar o recibir cualquier aplicación, el documento o el permiso. El propietario retiene la responsabilidad completa para encontrar todas condiciones del permiso especificados por el departamento de salud local.

_______________________________, soy el propietario legal (propietarios) de la propiedad localizada en _______________________________ , identificado como NIP (el número de identificación del paquete) _______________________________ , localizado en el Condado de New Hanover ________________, Carolina de Norte.

Yo por la presente autorizo (imprimir el nombre legal del representante/nombre de la compañía) ________________________________, Para actuar como un representante en mi beneficio al solicitar/firmar/obteniendo cualquiera de la documentación descrita abajo.

- Aplicación de mejora (IP)/autorización para construir (C.A.)
- Permiso de mejora (IP)/autorización para construir(C.A.)
- Aplicación para la evaluación del terreno (nuevo/ reparación)
- Aplicación/permiso para el poso de agua potable/abandono del pozo
- Aplicación para la inspección de cumplimiento

Estoy de acuerdo en acatar todas las decisiones y/o las condiciones entre el representante legal que está actuando sobre mi beneficio y el __________________________ El Departamento del condado de la salud pública del medio ambiente.

______________________________  ______________________________  ______________________________
Firma del Propietario (Propietarios)  Fecha  Firma del Testigo  Fecha

EHS129
7/2016