



NEW HANOVER COUNTY

PUBLIC HEALTH

ENVIRONMENTAL HEALTH SERVICES

230 Government Center Drive, Suite 140, Wilmington, NC 28403

P: (910) 798-6667 | F: (910) 798-7815 | NHCgov.com

Phillip E. Tarte, MHA, Director

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

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICES - NHC

PERMIT NO _____

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)

Lot Size: _____

Number of Bedrooms: _____

Number of Occupants: _____

Private Well: (YES) (NO)

Public System Name: _____

Tax Parcel # _____

Industry or Business: _____

Number of Employees: _____

Number/Type of water using fixtures: _____

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



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 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
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 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 _____.
Date Email, FAX, USPS, hand-delivered

A copy of this NOI and tracking information was sent to the State on _____ via _____.
Date Email, FAX, USPS, hand-delivered

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; 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.

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

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 Raices
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.

I _____, 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 la decisiones y/o las condiciones entre el representate 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