



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

HELEN WOLSTENHOLME • Interim Deputy Secretary for Health

MARK T. BENTON • Assistant Secretary for Public Health

Division of Public Health

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) - 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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Raleigh, NC 27609

MAILING ADDRESS: 1642 Mail Service Center, Raleigh, NC 27699-1642

www.ncdhhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972

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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 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 18A .1950: 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

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 Engineer Option Permit [G.S. 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 below, 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 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 _____
Date

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 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*

Re-submittal of NOI with missing items included

*This Section is for use by the owner or 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*

Item # from initial NOI	Resubmittal description

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).
Licensed Professional Engineer (Print Name)

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 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 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*

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 the PE.

<p>LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____ <small style="margin-left: 100px;">Date</small> <small style="margin-left: 100px;">Initials</small></p> <p>Date of Post-construction Conference: _____</p> <p>Post-construction Conference waived in accordance with G.S. 130A-336.1(j): _____</p>
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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 the information in G.S. 130A-336.1(k)(1) and 15A NCAC 18A .1971(f) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Operation and management program and ORC contract, if applicable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Fee (as applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Notarized letter documenting Owner’s acceptance of the system from the PE | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Easement, right of way, or encroachment agreement required per 15A NCAC 18A .1938(j) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 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 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

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

COMPLETE
Based upon review of information submitted 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

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 ATO 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.

**STATE OF NC ENGINEERED OPTION PERMIT
APPENDIX A: INSTRUCTIONS FOR USE OF THE COMMON FORM**

GENERAL INFORMATION

This State form is required for submittal of documentation of an Engineered Option Permit (EOP) pursuant to G. S. 130A-336.1.

Three separate actions are addressed in this form:

1. Notice of Intent to Construct (NOI) (and resubmittal of missing information);
2. Local Health Department (LHD) completeness review of the NOI as submitted by the Professional Engineer (PE) or owner and written confirmation of same; and,
3. Review of information submitted for the Authorization to Operate (ATO) and written confirmation of same.

PART 1: Notice of Intent to Construct

Content as submitted by the Registered PE for the NOI

The PE completes Part 1 of the form through item 16 and signs and dates it to confirm that the information provided meets the requirements of 130A-336.1 and 15A NCAC 18A .1971.

Form received by LHD

The form may be submitted to the LHD by either the Owner or the PE, provided the Owner designates the PE as their legal representative. The LHD enters the date that the initial NOI is received. The LHD enters the reference number for the EOP at the top of each page.

The LHD verifies that the PE attested to the content submitted by signing and dating as appropriate. If not signed by the PE, the NOI is INCOMPLETE.

Designation of PE as Owner's Representative

If the Owner wishes, they may designate the PE to act as their legal representative for purposes of the EOP. The Owner may use this part of the form for designation. Other means of such designation are acceptable if the documentation clearly indicates the same information shown in this section and the Owner signs and dates the documentation.

PART 2: LHD Completeness Review of the Notice of Intent

This section is designed for the LHD to document receipt of the required items. The LHD has no liability for the site evaluation, design plans and specifications and the construction of the system. Thus, the completeness review is based upon information that the PE provides and attests to on the NOI, not based on review of the submitted items.

Items 1 through 5: The LHD verifies that the PE provided contact information for the Owner as well as for professionals who will participate in the design, permitting, installation and inspection process. Without contact information for the owner, a PE, licensed soil scientist (LSS) and an Onsite System Contractor (at a minimum), the NOI is INCOMPLETE.

Item 6 through 16: LHD verifies that the PE:

6. States on the form that "proof of errors and omissions or other liability Insurance" is attached for each professional and that the submitted information includes the name of the insurer, the name of the insured individual and the effective dates of coverage. *[At a minimum, the PE must check boxes for "PE", "LSS" and "Onsite Wastewater Contractor" and attach Proof of Insurance in accordance with G.S. 130A-336.1(b)(3)].*

7. Provides a physical location of the property. If a 911 address is not yet assigned, other identifying information must be provided such as a PIN or Subdivision name/Phase or Section/Lot number.
8. Provides a facility description (e.g., "Single family residence", "Office space" or "Dog kennel") and the basis for the flow projection required in Number 11. For residences, number of occupants is required. For businesses and places of public assembly, the PE must indicate the specific basis for flow projection (number of seats, occupancy load, etc.).
9. Describes any factors that "would affect the wastewater load" on the form.
10. Designates a system type and rough system location ("Right rear of property as viewed from the road" or similar).
11. States the projected wastewater flow and the projected wastewater strength. *(Duplicate plans for EOPs addressing flows greater than 3,000 gpd or industrial process wastewater (IPWW) are required to be sent to the state by the PE or owner.)*
12. States that a Plat as defined in 130A-334 (7a) is included in the submittal.
13. States that any proposed setbacks to all water supplies and appurtenances are compliant with 15A NCAC 18A .1950.
14. States that a soils and site evaluation [G.S. 130A-335(a1)] signed and sealed by an LSS is attached.
15. States that a geologic and hydrogeologic evaluation, as applicable, signed and sealed by an LG is attached.
16. States whether plans for proposed landscape, site, drainage or soil modifications are included.

Documentation of Completeness Review

The LHD must complete the initial review and respond to the PE and Owner within 15 business days of receipt of the initial submittal. If the LHD fails to respond, the Owner or PE may treat the failure to act as a determination of completeness.

- The LHD verifies that the PE signed and dated this section to attest to the integrity of the information.
- If the PE is acting on the owner's behalf for ANY part of this process, the LHD verifies that the Owner signed the section for designation of the PE as their legal representative.
- INCOMPLETE: Check this box if appropriate.
 - LHD enters the item number(s) in the space provided.
 - LHD indicates the date and method by which notification was conveyed to the Owner and the PE.

NOTE: The Owner or PE may re-submit missing information using Page 5 of the common form.
- COMPLETE – Check this box if appropriate.
 - LHD indicates that notification was sent to the Owner and PE. *The LHD retains the original document.*
- LHD shall note the date a copy of the final NOI and tracking documentation is sent to the Department as required.

Resubmittals

The LHD must review and respond within 10 days of re-submittal of missing information. If the LHD fails to respond, the owner or PE may treat the failure to act as a determination of completeness.

- The LHD enters the date the resubmitted information is received and verifies that the PE signed and dated this section to attest to the nature of the resubmitted information.
- Proceed as described in the previous section depending upon whether the NOI is INCOMPLETE or COMPLETE.

Once the NOI is deemed complete, please refer interested parties to the text included below the LHD signature line regarding the issuance of building permits pursuant to 130A-338.

PART 3: Authorization to Operate

Documentation required for the ATO and attestation by the PE

When construction of the system is complete, the owner (or the PE, if designated as the Owners legal representative) shall submit documentation to the LHD as required in 130A-336.1(l) and as further specified in 130A-336.1(k) and 15A NCAC 18A .1938(h).

- The LHD enters the date the information was received.
- The Owner or PE indicates on this form what information they have submitted to the LHD by indicating “Yes” or “No” next to each required item.
- The Owner or PE signs and dates this section to attest that the listed information is attached.
- The LHD verifies that the Owner or the PE signed this section attesting to the integrity of the information.

LHD Review of information submitted by the Owner or PE

The LHD shall respond to the PE and Owner within 15 days of receipt the information for the ATO. Again, the LHD shall not conduct a qualitative review of submitted information but will simply document that the PE or Owner attests that the information required by Statute and Rule has been provided.

- INCOMPLETE: Check this box if any of the boxes in this section are checked “No”.
 - LHD enters the item number(s) in the space provided.
 - LHD indicates the date and method by which notification was conveyed to the Owner and the PE.
 - The Owner or PE may re-submit missing information.
- COMPLETE – Check this box if appropriate.
 - The LHD indicates that notification was sent to the Owner and PE. *The LHD retains the original document.*
 - LHD notes when and how a copy of the complete NOI, ATO and tracking documentation is sent to the Department as required.

Once the ATO information is deemed complete, please refer interested parties to the text included below the LHD signature line regarding the statutory language allowing issuance of permanent power and certificate of occupancy pursuant to 130A-339.

G.S. 130A-336.1 states that:

“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.”

The PE is fully responsible for the siting, design, construction of the system as well as for development of an appropriate management plan. Thus, the PE or Owner attests that the information required by Statute and Rule has been provided. LHD review is limited to a review of information provided by the PE on the form.

EOP Tracking information

The LHD completes this form for each NOI/ATO submitted to their offices. The LHD updates this information and re-sends it throughout the process as appropriate. The Department will use this data to draft required legislative reports on implementation of the EOP.

Tracking information for Engineered Option Permits (Required)

County	
LHD Reference Number	
Permitting backlog as of date of NOI submittal (# days)	
Number of days to process the NOI (# days)	
Number of days to process re-submitted NOI (# days or "NA")	
Facility type	
Domestic, High Strength or IPWW	
Design Daily Flow	
Residential or Commercial	
System type (per Rule .1961)	
Date of Post-construction conference	
Date Authorization to Operate issued	
Fee charged for EOP	
Is fee sufficient to cover LHD costs?	
Date LHD notified of EOP malfunction	
Date LHD notified of Owner complaint	