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: 8/20/2019 (Date) by SDR (Initials)

PART 1: Notice of Intent to Construct (NOI)

☐ New ☐ Expansion ☒ Relocation of System LHD Permit No. 125089

☐ Repair – LHD Permit Number _____ ☐ Repair – EOP Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): Steven and Cami Palmese

Mailing address: 112 Tuscany Trail City: Mooresville State: NC Zip: 28117

Telephone number: 631-235-3328 E-mail Address: steven.palmese@gmail.com

2. Professional Engineer (PE) name: Donald L. Munday, PE License number: 17327

Mailing address: 125 East Plaza Drive, Suite 101 City: Mooresville State: NC Zip: 28115

Telephone number: 704-664-7888 E-mail Address: dmunday@pdapa.com

3. Licensed Soil Scientist (LSS) name: Michael Athanas License number: 1252

Mailing address: 561 Ennis Road City: Weddington State: NC Zip: 28173

Telephone number: 704-576-3887 E-mail Address: mike@michaelathanas.com

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: Lentz Wastewater Mgmt., Inc. License number: 3360

Mailing address: 459 Lentz Road City: Statesville State: NC Zip: 28625

Telephone number: ~~704-876-1834~~ 980-829-3278 E-mail Address: office@lentzwastewater.com

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

LHD Reference: 241608

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 112 Tuscany Trail, Mooresville, NC 28117

   County Name: Iredell

8. Type of facility: [X] Place of residence No. Bedrooms: 3 No. Occupants: 4

   [ ] Place of business Basis for flow calculation:

   [ ] Place of public assembly Basis for flow calculation:

9. Factors that would affect the wastewater load: No More than 2 Persons per Bedroom, use of garbarge disposal is not recommended. No backwash of water softening system, no condensate discharge ~~no disposal of cleaning solutions or pharmaceuticals into waste stream.~~

10. Type, location, and classification (per Rule .1961) of wastewater system: Low Pressure PPBPS Location - Rear of Residence System Type - IVa

11. Design wastewater flow: 360 gpd *(For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)*

    Design wastewater strength: [X] domestic [ ] high strength [ ] industrial process

12. A plat as defined in G.S. 130A 334(7a) is attached: [X] Yes [ ] No

13. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): [X] Yes [ ] No

14. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): [ ] Yes [X] 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): [X] Yes [ ] No

    If yes, agreements filed in Iredell County Register of Deeds in Deed book 1838 2381 Page 1776-1784 1581-1591

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: [X] Yes [ ] No

    This is a saprolite system. [ ] Yes [X] 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: [X] Yes [ ] No

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

19. Proposed landscape, site, drainage, or soil modifications are attached: [ ] Yes [X] NA

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, Donald L. Munday, PE 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).

Donald L. Munday
Signature of Licensed Professional Engineer

08/14/2019
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, Steven Palmese & Cami Palmese hereby designate Donald L. Munday, PE

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.

Steven Palmese Cami Palmese 7/31/19

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.

LHD Reference: 271608

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 _____
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 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 8/27/19 via Email.
Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on 8/27/19 via Email.
Date *Email, FAX, USPS, hand-delivered*

Robert H. Snow _____ 08/27/19
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*

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
Licensed Professional Engineer (Print Name)
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 INCOMPETE 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*

_____ _____ _____
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: _____ (Date) by _____ (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, Donald L. Munday, PE hereby attest that all items indicated above have been provided to the

Print name of Owner or Professional Engineer

Iredell 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).

Donald L. Munday — 12/16/2019

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 _____ (Date) via _____ (Email, FAX, USPS, Hand-delivered).

_____ _____ _____

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

☑ COMPLETE

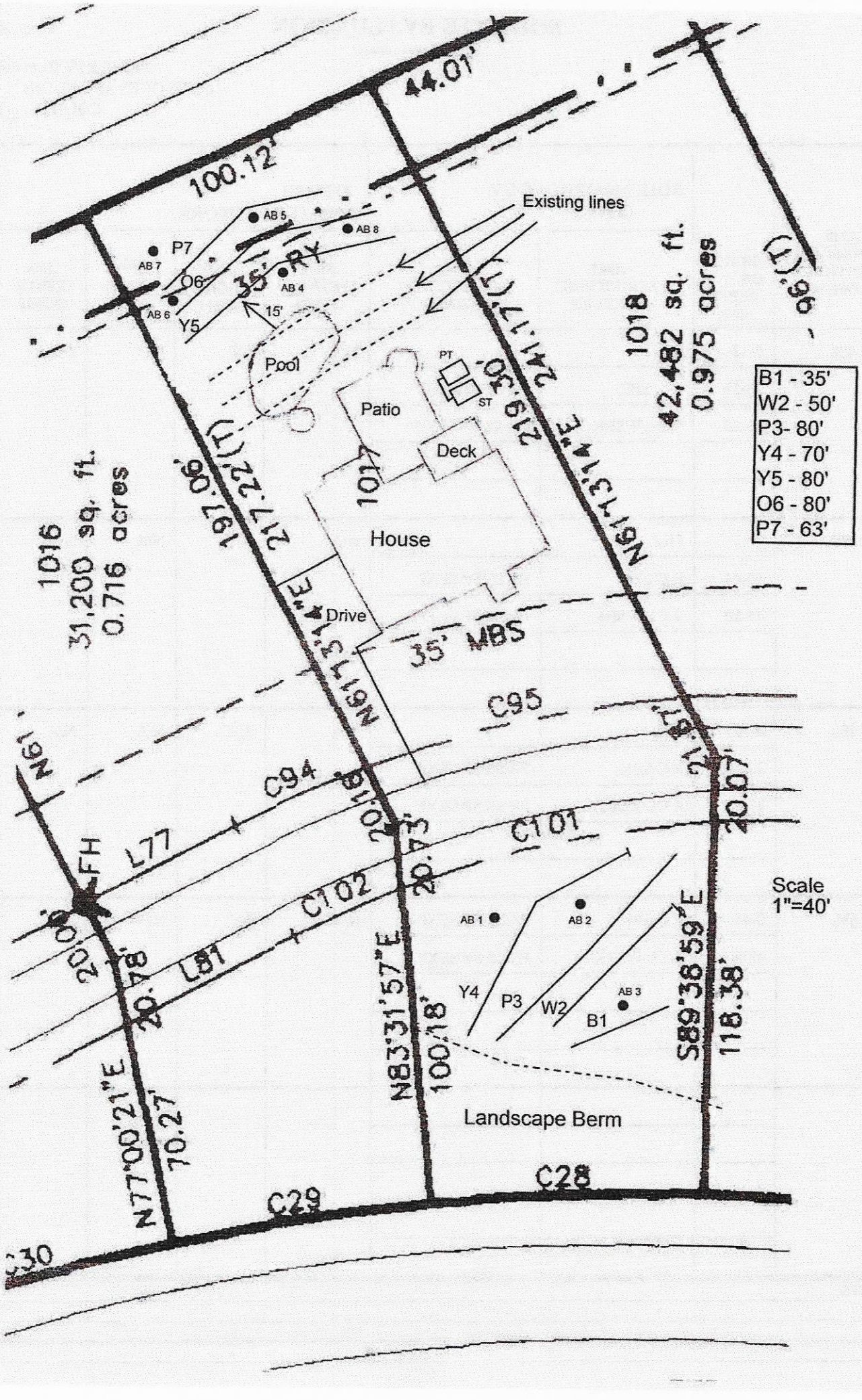
Based upon review of information submitted by the Owner or PE in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.1(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on 12-17-19 (Date) via Email. (Email, FAX, USPS, Hand-delivered).

Benjamin A. Bottoms — Benjamin A Bottoms — 12-17-19

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.


44.01'
100.12'
Existing lines
AB 5
AB 8
P7
AB 7
O6
35' RY
AB 4
AB 6
Y5
15'
Pool
PT
ST
Patio
Deck
House
1017
Drive
1018
42,482 sq. ft.
0.975 acres
1016
31,200 sq. ft.
0.716 acres
167.06'(T)
217.22'(T)
N61°13'14"E
219.30'(T)
241.17'(T)
N61°13'14"E
35' MBS
C95
C94
C101
C102
L77
L81
FH
20.18'
20.73'
20.07'
20.78'
20.00'
N61°
AB 1
AB 2
AB 3
Y4
P3
W2
B1
N83°31'57"E
100.18'
S89°38'59"E
118.38'
Landscape Berm
N77°00'21"E
70.27'
C28
C29
C30
B1 - 35'
W2 - 50'
P3- 80'
Y4 - 70'
Y5 - 80'
O6 - 80'
P7 - 63'
Scale
1"=40'

PIEDMONT DESIGN ASSOCIATES, P.A.
125 East Plaza Drive | Suite #101
Mooresville, NC 28115
Phone: 704-664-7888 | Fax: 704-664-1778
Email: dmunday@pdapa.com

Engineering
Surveying
Planning

December 13, 2019

Steven and Cami Palmese
112 Tuscany Trail
Mooresville, NC 28117

RE: LP PPBPS Subsurface Effluent Disposal System
112 Tuscany Trail, Mooresville, Iredell County, North Carolina

Dear Mr. Palmese:

OWNER'S ACCEPTANCE OF SYSTEM

The following is a list of documents that are required for the submittal to the Owner or their Representative by the Engineer.

- Engineer to Owner package Notarized Receipt
- EOP Engineer's Certification for ATO (Authorization to Operate)
- As Built Plans
- Engineer's Report Which Includes:
  - Soils Report
  - Operation and Maintenance Manual
  - Project Installation Notes
  - Installer Certification Form

The Owner or his/her Representative shall, by their notarized signature below, document their acceptance of the wastewater system from the Engineer.

State of North Carolina
County of Iredell
The foregoing instrument was acknowledged before me this 16 day of December 2019,
By _____ Signature of owner or representative.
Owner Company & Title.
In witness whereof, I have hereunto set my official signature and affixed my seal the day and year above written
My commission expires:

12-15-23
Date

Joyce Rietman
Notary Public

JOYCE RIETMAN
NOTARY PUBLIC
IREDELL COUNTY, N.C.

Sincerely,

PIEDMONT DESIGN ASSOCIATES, P.A.

Donald L. Munday

Donald L. Munday, P.E.
N.C. Registration No. 17327