RECEIVED FEB 14 2020
AP-301648.00
$360.00

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: 2/14/20 (Date) by DAS (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.): Anne E Sommerville Revocable Living Trust

Mailing address: 1360 Wood Duck Trail City: Naples State: FL Zip: 34108

Telephone number: (518) 366-2208 E-mail Address: ken@thermalproducts.com

2. Professional Engineer (PE) name: Donald L. Munday 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: Russell Williams License number: 3137

Mailing address: 4711 Rocking Horse Drive City: Maiden State: NC Zip: 28650

Telephone number: (980) 429-1580 E-mail Address: rwilliams9534@bellsouth.net

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: AP-3016478

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 214 West Paces Road, Mooresville, NC 28117 4644.37.7592
   County Name: Iredell
   West Paces, lot #7

8. Type of facility: [X] Place of residence No. Bedrooms: 4 No. Occupants: 2
   [ ] 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 - Front of Residence System Type - IVa

11. Design wastewater flow: 480 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): [ ] Yes [X] 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: [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

02/14/2020
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, Ken Sommerville 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.

Ken Sommerville Feb 5 2020 .

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: AP-301643

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 02/17/20 via Email.
Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on 02/17/20 via Email.
Date *Email, FAX, USPS, hand-delivered*

Robert H Snow _____ 02/17/20
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*

LHD Reference: AP-301648

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 — [X] Yes [ ] No
   b. Drawings, specifications, plans — [X] Yes [ ] No
   c. Reports on special inspections and final inspection — [X] Yes [ ] No
   d. Management Program manual — [X] Yes [ ] No
   e. On-site Wastewater Contractor's signed statement — [X] Yes [ ] No
   f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h) — [X] Yes [ ] No
2. Fee (as applicable) — [ ] Yes [X] No
3. Notarized letter documenting Owner's acceptance of the system from the PE — [X] 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 — 08/19/2020

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 08/26/20 (Date) via Email (Email, FAX, USPS, Hand-delivered)

Robert Heath Snow — Robert Heath Snow — 08/26/20

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.

I:\Engineering\1-Projects\20201\2020 Misc Septic\2020-02-02_Sommerville EOP\dwg\Sommerville Base 020420.dwg, 2/5/2020 12:12:11 PM, ddecaron

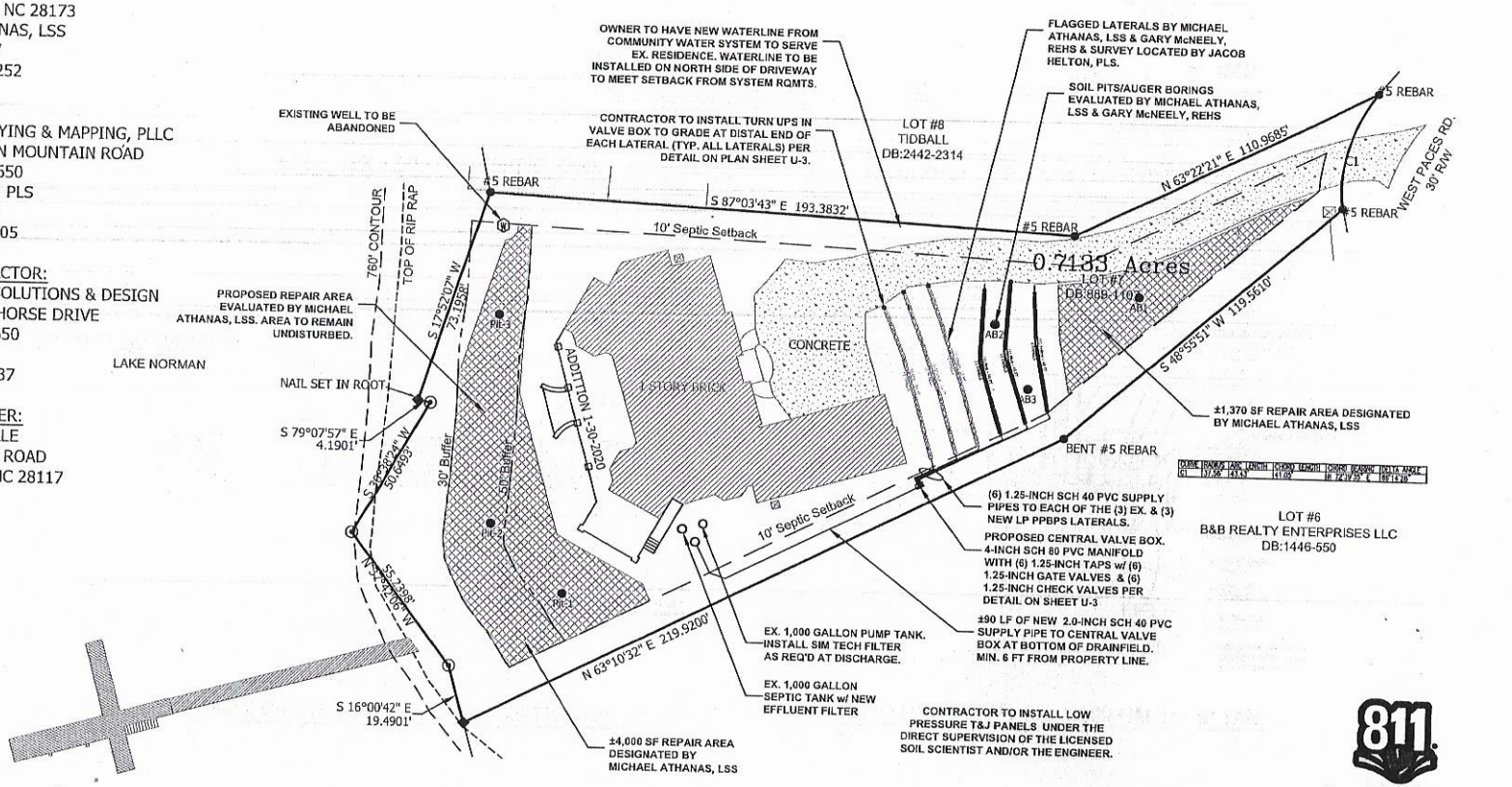
ENGINEER:
PIEDMONT DESIGN ASSOCIATES, PA
125 EAST PLAZA DRIVE, SUITE 101
MOORESVILLE, NC 28115
DONALD L. MUNDAY, PE
(704) 664-7888
LICENSE NO: 17327

SOIL SCIENTIST:
MICHAEL ATHANAS & ASSOCIATES
561 ENNIS ROAD
WEDDINGTON, NC 28173
MICHAEL ATHANAS, LSS
(704) 576-3887
LICENSE NO: 1252

SURVEYOR:
HELTON SURVEYING & MAPPING, PLLC
3579 ANDERSON MOUNTAIN ROAD
MAIDEN, NC 28650
JACOB HELTON, PLS
(704) 634-9354
LICENSE NO: 5105

SEPTIC CONTRACTOR:
WASTEWATER SOLUTIONS & DESIGN
4711 ROCKING HORSE DRIVE
MAIDEN, NC 28650
(980) 429-1580
LICENSE NO: 3137

PROPERTY OWNER:
KEN SOMMERVILLE
214 WESTPACES ROAD
MOORESVILLE, NC 28117
(518) 366-2208



Know what's below. Call before you dig.

GRAPHIC SCALE
0 20 40 80
1 inch = 40 feet

NORTH CAROLINA PROFESSIONAL SEAL 047327 ENGINEER DONALD L. MUNDAY
02-14-20

Date of Issue:

PIEDMONT DESIGN Associates, P.A.
Suite 101 Westside Center, 125 East Plaza Drive, Mooresville, NC 28115 Phone:(704) 664-7888 Fax:(704) 664-7778 www.pdaea.com

PREPARED FOR:
KEN SOMMERVILLE
214 WESTPACES ROAD
MOORESVILLE, NC 28117
(518) 366-2208

SEPTIC SYSTEM SITE PLAN
4 BEDROOM LP PPBPS
214 WESTPACES ROAD
MOORESVILLE, IREDELL COUNTY, NORTH CAROLINA

REVISIONS	BY

Date: 2/6/2020
Scale: 1"= 40 FT
1' CONTOURS
Drawn: DMD
Checked: DLM
Job: 2020-02-02-EC
Sheet: U-1.0
of 4 Sheets

Location:

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

August 6, 2020

Ken Sommerville
1360 Wood Duck Trail
Naples, FL 34108

RE: LP PPBPS Subsurface Effluent Disposal System
214 Westpaces Road, Mooresville, Iredell County, North Carolina

Dear Mr. Sommerville:

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 18 day of August 2020,
By K Sommerville Signature of owner or representative.
_____ 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:
12-15-2023
Date Notary Public

Sincerely,

PIEDMONT DESIGN ASSOCIATES, P.A.

Donald L. Munday

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