BLDR-2023-29854 OSWP-2023-29439
153 Ravenwood

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 AUTHORIZED ON-SITE WASTEWATER EVALUATOR PERMIT OPTION FOR NON-ENGINEERED SYSTEMS

See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the AOWE in accordance with G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: 7/10/23 (Date) by DW (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.): _____

Jason Mitchell Lash

Mailing address: 217 Shepherds Bluff Dr City: Mooresville State: N.C. Zip: 28115

Telephone number: 980-521-9197 E-mail Address: mlash@janleedetectives.com

2. Authorized On-Site Wastewater Evaluator (AOWE) name: Gary C. Easter

LSS License number: 1073 AOWE Certification number: 10014E

Mailing address: 363 Hannah Ferry Rd City: Linwood State: N.C. Zip: 27299

Telephone number: 336-909-9058 E-mail Address: garyleysoils@icloud.com

3. Licensed Geologist (LG) (if applicable) name: _____ License Number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

4. 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:

☑ AOWE ☐ LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 153 Ravenwood Dr Parcel 4723-96-7632.000 ✓

County Name: Iredell ID # 450057

AOWE Common Form

OSWP-

LHD Reference: 2023-29439

6. Type of facility: ☑ Place of residence No. Bedrooms: 4 No. Occupants: 8
☐ Place of business Basis for flow calculation: _____
☐ Place of public assembly Basis for flow calculation: _____

7. Factors that would affect the wastewater load: (domestic sewage)

8. Type and location of proposed wastewater system: Accepted 25% initial & Repair

9. Design wastewater flow: 480 gpd
Design wastewater strength: ☑ domestic ☐ high strength ☐ industrial process *(For high strength and industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)*

10. A plat as defined in G.S. 130A-334(7a) is attached: ☐ Yes ☐ No
A site plan as defined in G.S. 130A-334(13a) is attached: ☑ Yes ☐ No

11. 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

12. 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

13. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached ☐ Yes ☑ NA

14. Proposed landscape, site, drainage, or soil modifications are attached: ☐ Yes ☑ NA

Attestation by AOWE pursuant to G.S. 130A-336.2

I, Gary L. Easter 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, and that the proposed system does not require a Professional Engineer, licensed in accordance with G.S. 89C, and in accordance with 15A NCAC 18A .1938 and activities determined to be engineering as determined by the North Carolina Board of Examiners for Engineers and Surveyors.

Authorized On-Site Wastewater Evaluator (Print Name)

10014E LSS1073 — *Signature of Authorized On-Site Wastewater Evaluator*

6-21-2023 — *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*

NC ONSITE WASTEWATER EVALUATOR Certification Number 10014E

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner.

LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____
Date *Initials*
Date of Post-construction Conference: _____

T

The following items are included in this submittal for an Authorization to Operate under an AOWE permit:

1. Signed and sealed copy of the AOWE's report that includes the information in G.S. 130A-336.2(k) ☐ Yes ☐ No
2. Operation and management program ☐ Yes ☐ No
3. Fee (as applicable) ☐ Yes ☐ No
4. Notarized letter documenting Owner's acceptance of the system from the AOWE ☐ Yes ☐ No
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 On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
   ☐ Yes ☐ No

Attestation by the Owner for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner
_____County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Owner *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 AOWE permit: _____
_____.

Copies of this signed form were sent to the AOWE 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-336.2(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.

LHD Reference: OSWP-2023-29439

Re-submittal of NOI with missing items included

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

LHD USE ONLY: This NOI resubmittal received: 7/10/23 (Date) by DW (Initials)

Item # from initial NOI	Resubmittal description
5	Address Changed from 119 to 153 Ravenwood
6	4BR, 8 occupants
9	480 gpd
13	N/A

Attestation by AOWE certified in North Carolina pursuant to G.S. 130A-336.2

I, Gary L. Easter (Authorized On-Site Wastewater Evaluator (Print Name)) 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.

10014E (Signature of Authorized On-Site Wastewater Evaluator) 7-10-2023 (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-336.2(c). This NOI is determined to be:

☐ INCOMPLETE

Based upon review of information submitted 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 AOWE 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)

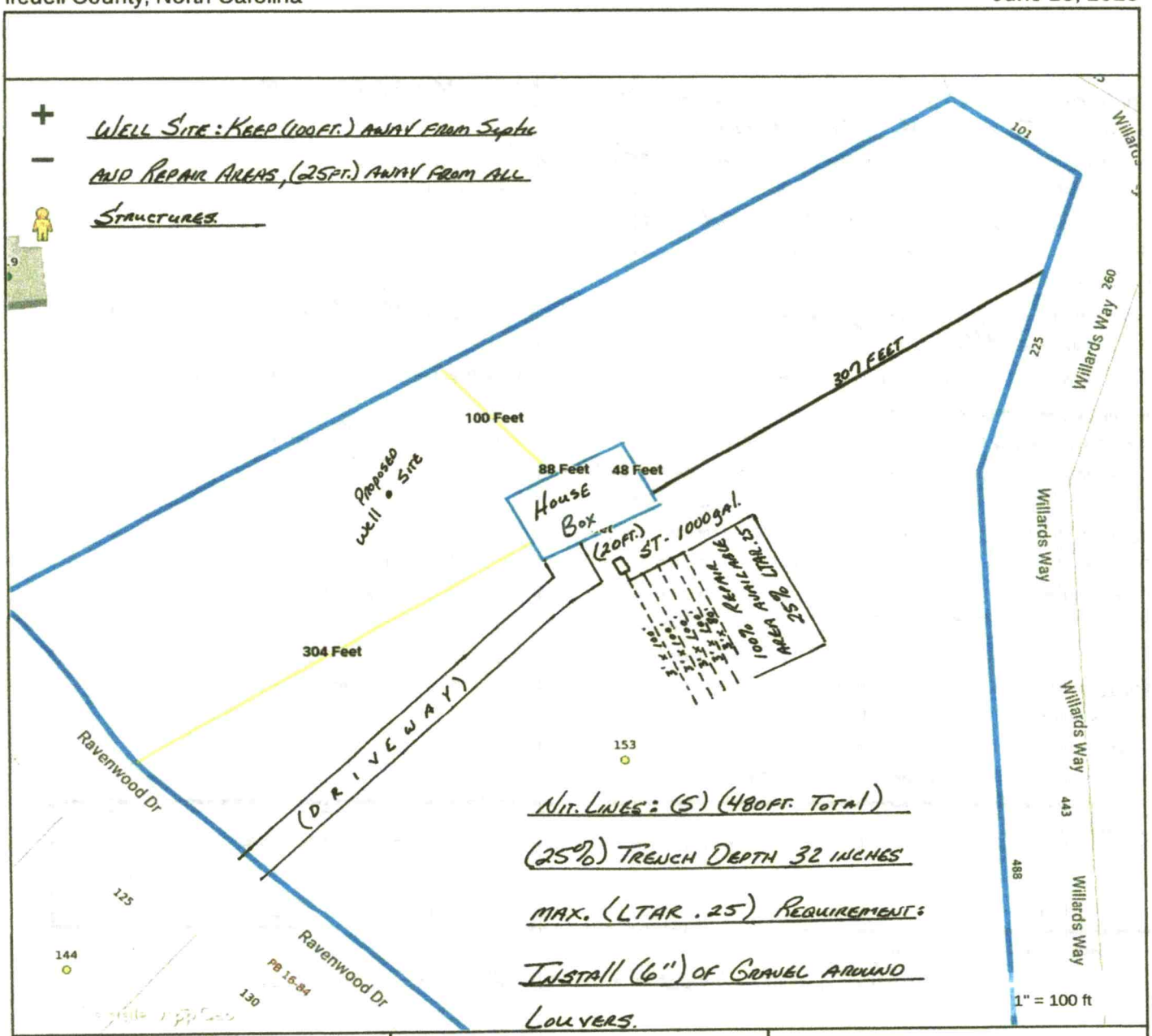
☒ COMPLETE

Based upon review of information submitted 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 AOWE and the Owner on _____ (Date) via _____ (Email, FAX, USPS, Hand-delivered).

A complete copy of this form with tracking information was sent to the State: _____ (Date) via _____ (Email, FAX, USPS, hand-delivered).

Danielle Wieberg (Print name of authorized Agent of the LHD) Danielle Wieberg (Signature of authorized Agent of the LHD) 7/10/23 (Date)



Tax Map Information

• PIN	4723967632.000
• Address	153 RAVENWOOD DR
• Account #	Acct 80098949
• Tax Owner	LASH JASON M
• Mailing Address	217 SHEPHERDS BLUFF DR
•	MOORESVILLE, NC 28115
• GIS Owner	LASH JASON M+PAMELA P
• Deed Info	2969 / 1832 - WD - 20230112
• Tax Acres	21.43 AC
• Lot #	
• Description	SR1004 GIBSON
• Zoning	R20
• Old Parcel #	
• Bldg Value	$0
• OBXF Value	$0
• Land Value	$289,400
• Total Value	$289,400
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 06/05/2023
Data updated 06/05/2023

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

County: Iredell

CONSTRUCTION AUTHORIZATION
AOWE

PIN/Lot Identifier: 450057 Parcel # 4723-96-7632-000

Issued To: Jason Mitchell Lash

Property Location: 119 Ravenwood Dr Statesville

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: _____

Facility Type: single family residence

☑ New ☐ Expansion ☐ Repair ☐ System Relocation

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☐ No

Type of Wastewater System** Accepted 25% (Initial) Accepted 25% (Repair)

Design Daily Flow: 480 GPD Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ ~~No~~

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 480 feet Trench/Bed Spacing: 9 feet on center

Drainfield square footage: 1920 Trench/Bed Width: 36 inches LTAR: .25 gpd/ft²

Soil Cover: 20 inches Slope Adjusted Maximum Trench/Bed Depth: 32 inches

Aggregate Depth: _____inches above pipe _____inches below pipe _____inches total

Pump Tank Size (if applicable): _____ gallons Requires more than 1 pump? ☐ Yes ☐ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☑ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details: _____

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: ☐ Yes ☑ ~~No~~

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: ☐ Yes ☑ ~~No~~

Declaration of Restrictive Covenants: ☐ Yes ☑ No

****If applicable:**
I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Print Name: _____

Owner/Legal Representative Signature: _____ Date: _____

Pre-Construction Conference Required: Yes ☑ No ☐

Conditions: see attached install information sheet

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: Gary L Egster 10014E

AOWE/PE Signature: [signature] LSS1075 Date: 6-21-2023

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

NC ONSITE WASTEWATER EVALUATOR
Certification Number
10014E

Installer Information

Be sure to read the permit very carefully before submitting bid.

The following details must be considered along with all other considerations:

Preconstruction Conference required with the installer, contractor, and AOWE before installation

- **Installation inspections by the AOWE (designer) must be scheduled 5 weekdays in advance**
- Concrete Septic Tank shall be approved by NC DHHS, (HPPP 1000-gallon STB 760 septic tank recommended)
- All tanks shall be properly back filled and compacted to prevent slump in the future
- The installer is responsible for final grades and returning that grade to original, with the exception of added structural features
- **The supply trench shall be compacted to eliminate any cavities left during initial fill placement continuous fall of 1/8 inches per foot required or sewage effluent pump will be required**
- Installation of the system shall be completed during dry conditions in order to protect the soil structure
- All fittings shall be pressure rated fitting
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints
- Trenches shall be carefully excavated so the bottom has no more than ¼" fall in 10 feet, with no high or low areas within. **Do not over excavate trenches!** Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the rise.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to ensure accuracy
- If septic tank risers are used, they should be a minimum of 6" above finished grade or within 6" of final grade if buried
- See Design Specification Sheet for Onsite Wastewater System information
- All Onsite Wastewater System components shall be 25' upslope, 15' side slope, and 10' downslope from any foundation drain
- **Seed and landscape the onsite wastewater system area**

All surface water must be diverted away from the onsite wastewater system area

- **System is specified as an Accepted 25% Reduction Gravity Chamber installation with #4, #5, or #6 gravel to be installed 6 inches deep on each side of the chambers**
- **Repair is specified as an Accepted 25% Reduction Gravity Chamber installation with #4, #5, or #6 gravel to be installed 6 inches deep on each side of the chambers.**

MARKEL®

Markel Insurance Company

PROFESSIONAL LIABILITY INSURANCE DECLARATIONS

Claims Made and Reported Coverage: The coverage afforded by this policy is limited to liability for only those **Claims** that are first made against the **Insured** during the **Policy Period** or the Extended Reporting Period, if exercised, and reported to Markel Insurance Company during the **Policy Period** or the Extended Reporting Period, if exercised, or within 60 days after the expiration of the **Policy Period** or the Extended Reporting Period, if exercised.

Notice: This policy contains provisions that reduce the Limits of Liability stated in the policy by the costs of legal defense and permit legal defense costs to be applied against the deductible, unless the policy is amended by endorsement. Please read the policy carefully.

POLICY NUMBER: MEO1174-05 RENEWAL OF POLICY: MEO1174-04

NAMED INSURED: Ley Soil & Onsite Wastewater Consulting PLLC

BUSINESS ADDRESS: 127 CREEK RIDGE DR
Lexington, NC 27295

POLICY PERIOD: From 04/05/2023 to 04/05/2024
12:01 A.M. Standard Time at address of Insured stated above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES WITH THE NAMED INSURED TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

1. **PROFESSIONAL SERVICES:** SOIL SCIENCE
2. **LIMITS OF LIABILITY**

Professional Liability Coverage	
A. Each Claim:	$2,000,000
B. Policy Aggregate:	$2,000,000
Additional Payments	
A. Contingent Bodily Injury And Property Damage	$0
B. Pollution	$10,000
C. Pre-Claim Assistance Expenses	$20,000
D. Sexual Abuse	$10,000
E. Third Party Discrimination	$25,000
Supplementary Payments	
A. Disciplinary Proceeding	$25,000 per Policy Period
B. Loss Of Earnings And Expense Reimbursement	$10,000
C. Public Relations Expenses	$5,000
D. Subpoena And Record Request Assistance	$5,000

Producer Number, Name and Mailing Address
98496
Wade Associates, LLC. - New Bern
PO Box 1209
Davidson, NC, 28036

DocuSign Envelope ID: A429F1BF-AF5A-42E3-B105-3C21E4F2E6F4

LEY
SOIL & Onsite Wastewater CONSULTING PLLC

(336)-608-9206 younggene1956@icloud.com
(336)-909-9058 garyleysoils@icloud.com
(336)-909-8624 jeffleysoils@icloud.com
AOWE, NC Licensed Soil Scientist, NC Environmental Health Specialist

Date: 11/29/2022

Application For Professional Services

Jason Mitchell Lash

Applicant 217 Shepherds Bluff Dr Address Mooresville, NC 28115 Phone 980-521-9197

Email mlash@janleedetectives.com

Parcel: 4723-96-7632 . 000	119 RAVENWOOD DR		24.11
Site Address	Tax Map	Lot Number	Lot Size

Directions to Site: ☐ PLAT: /☐ UNIQ ID 450057

Soil Science Services Requested:

Water Supply: Are there any existing wells, springs, or existing waterlines on this property? ☐ yes ☒ no

☒ New well ☐ Existing Well ☐ Community Well ☐ Public Water ☐ Spring

Please attach a site plan or tax map plat

I have read this application and certify that the information provided is true, complete, and correct. LEY Soils are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. All payment for professional services is due 30 days from receipt of invoice.

Docusigned by:

11/29/2022

Signature Date

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

980-521-9191

OWNER: JASON Mitchell LASH mlash@janleedetectives.com APPLICATION DATE 11/29/22

ADDRESS: 217 Shepherds Bluffs DRIVE Mooresville N.C. 28115 DATE EVALUATED: 12/12/22

PROPOSED FACILITY: 4BR/HSE PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 24.11

LOCATION OF SITE: 119 RAVENWOOD DRIVE 4923-96-7632.000 PROPERTY RECORDED: ____

WATER SUPPLY: (Private) Public (Well) Spring . Other ____

EVALUATION METHOD: (Auger Boring) Pit . TYPE OF WASTEWATER: (Sewage) Industrial Process . Mixed

	1	2	3	4	5	6	7	8		
Landscape Position (1940)	L	L	L	L	L	L	L	L		
Slpoe%	<4%	<4%	<4%	<4%	<4%	<6%	<6%	<6%		
H 1 Depth (1943)	0-8	0-8	0-12	0-10	0-8	0-12	0-6	0-8		
H1 texture 1941	cl	cl	cl	cl	cl	cl	cl	cl		
H1 Structure 1941	GR	GR	GR	GR	GR	GR	GR	GR		
H1 Consistance 1941	FR SSSP	FR SSSP	FR SS SP	FR SSSP	FR SS SP	FR SSSP	FR SSSP	FR SS SP		
H1 Mineralogy 1941	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP		
H 2 Depth (1943)	8-48	8-44	12-38	10-48	8-36	12-40	6-36	8-36		
H2 texture 1941	C	C	C	C	C	C	C	C		
H2 Structure 1941	Blky	Blky	Blky	Blky	Blky	Blky	Blky	Blky		
H2 Consistance 1941	FI SP	FI SP	FI SP	FI SP	FI SP	FI SP	FI SP	FI SP		
H2 Mineralogy 1941	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP	SEXP		
H 3 Depth (1943)		44-48	38-48		36-48	40-48	36-48	36-48		
H3 texture 1941		C/BC	C/BC		C/BC	C/BC	C/BC	C/BC		
H3 Structure 1941		Blky	Blky		Blky	Blky	Blky	Blky		
H3 Consistance 1941		FI SP	FI SP		FI SP	FI SP	FI SP	FI SP		
H3 Mineralogy 1941		SEXP	SEXP		SEXP	SEXP	SEXP	SEXP		
H 4 Depth (1943)										
H4 texture 1941										
H4 Structure 1941										
H4 Consistance 1941										
H4 Mineralogy 1941										
LTAR	.25	.25	.25	.25	.25	.25	.25			

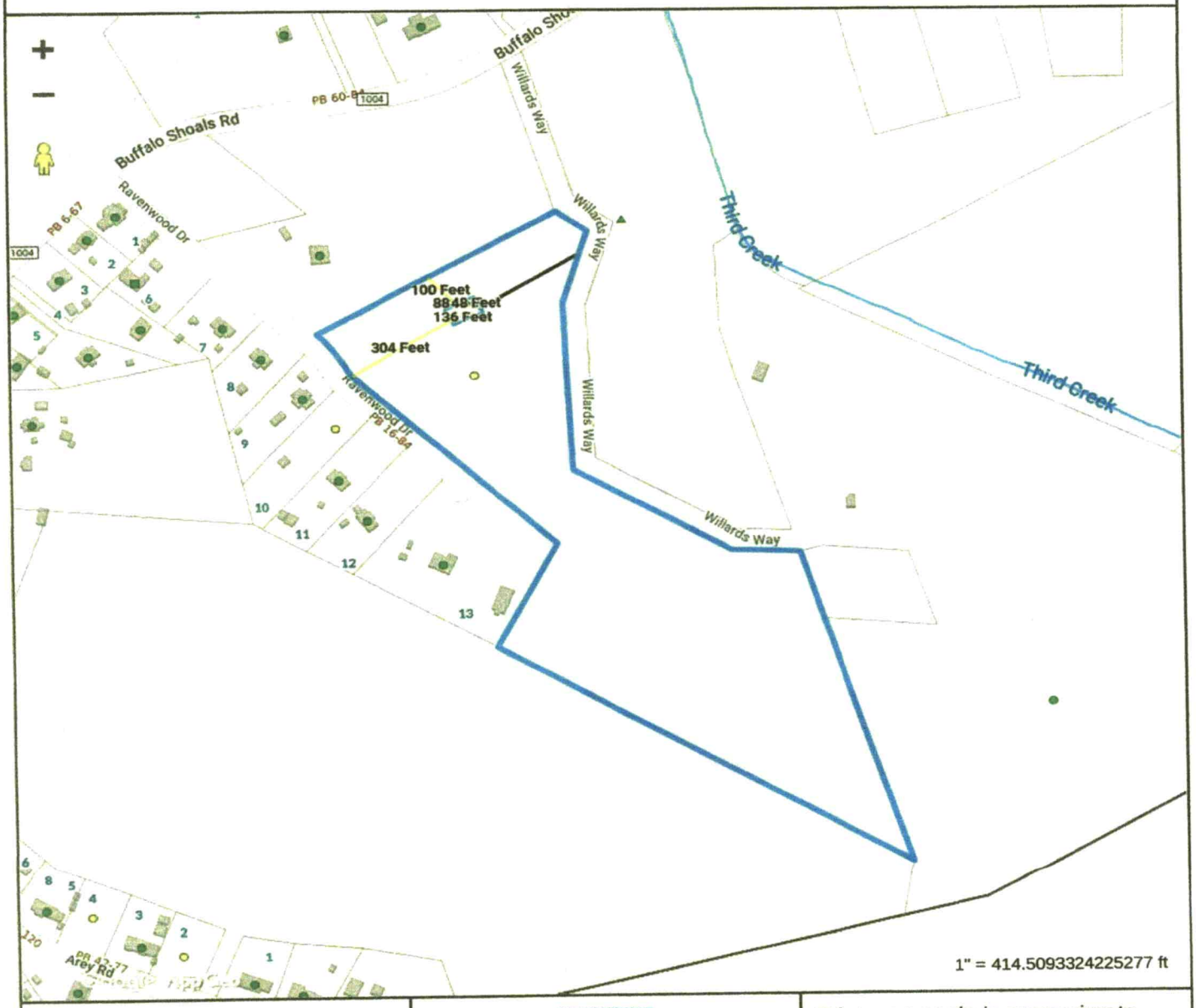
Description	Initial System	Repair	Other Factors 1946
System Type	25%	25%	Site Classification PS
LTAR	.25	.25	TRENCH DEPTH 32 INCHES MAX

LICENSED SOIL SCIENTIST GARY L. EASTER 1073 STATE OF NORTH CAROLINA

Evaluated by GENE Young GARY EASTER JEFF Link 1073

Iredell County, North Carolina

June 23, 2023



Tax Map Information

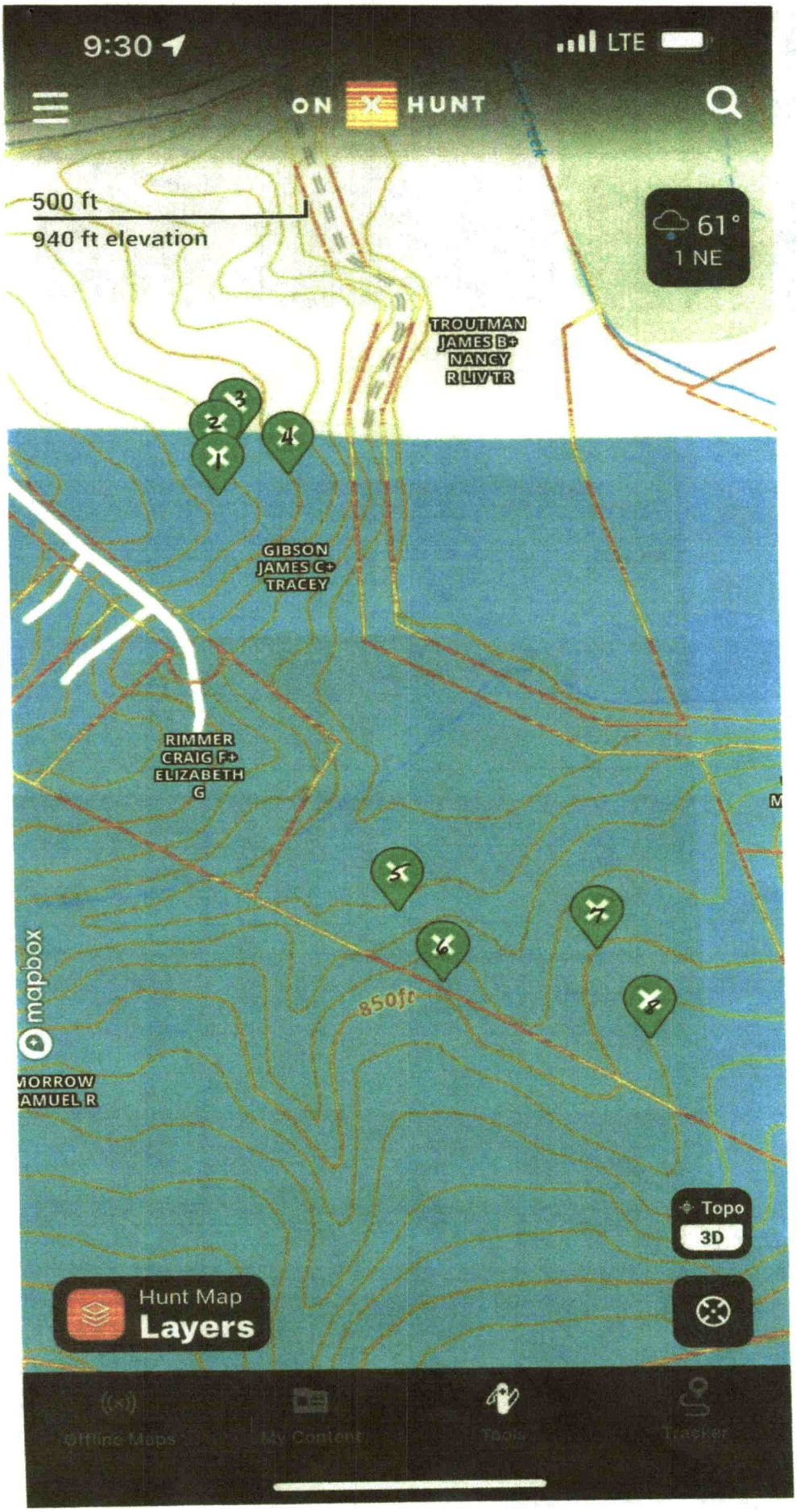
• PIN	4723967632.000
• Address	153 RAVENWOOD DR
• Account #	Acct 80098949
• Tax Owner	LASH JASON M
• Mailing Address	217 SHEPHERDS BLUFF DR
•	MOORESVILLE, NC 28115
• GIS Owner	LASH JASON M+PAMELA P
• Deed Info	2969 / 1832 - WD - 20230112
• Tax Acres	21.43 AC
• Lot #	
• Description	SR1004 GIBSON
• Zoning	R20
• Old Parcel #	
• Bldg Value	$0
• OBXF Value	$0
• Land Value	$289,400
• Total Value	$289,400
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

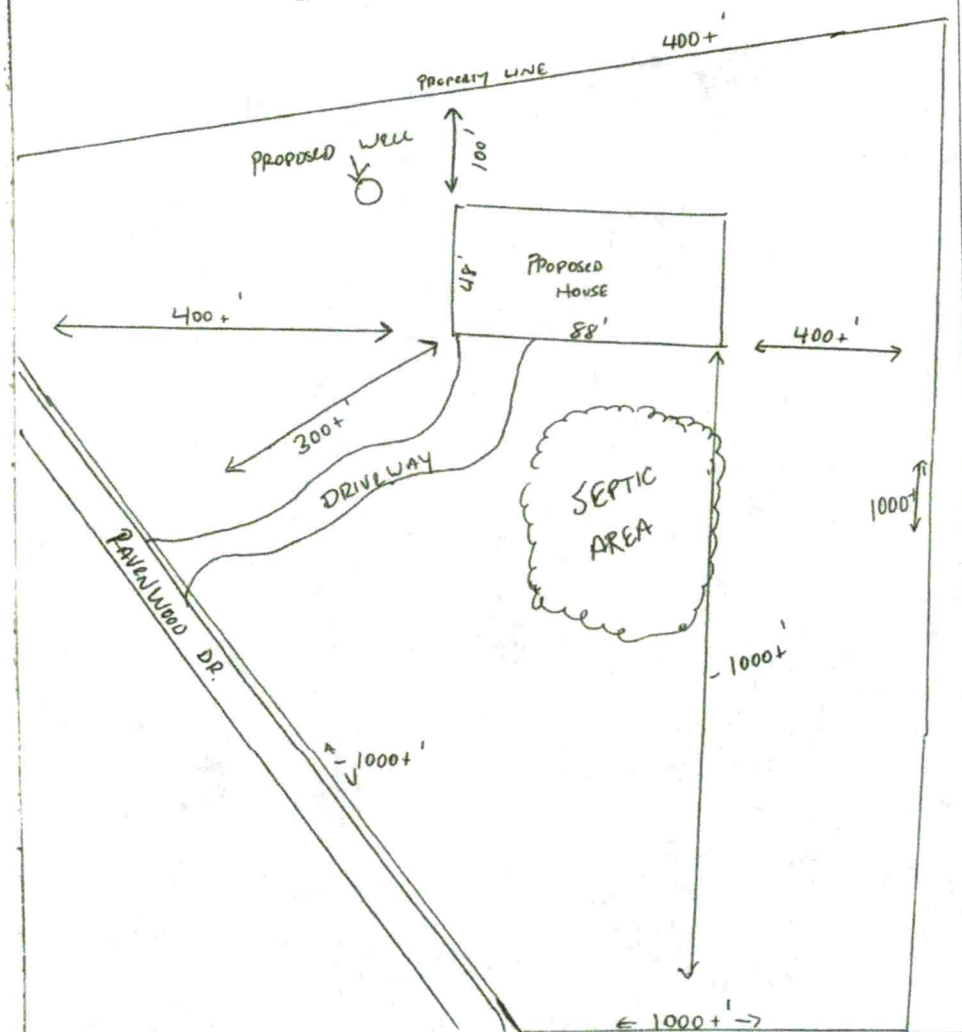
Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 06/05/2023
Data updated 06/05/2023

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.


9:30
LTE
ON X HUNT
500 ft
940 ft elevation
61°
1 NE
TROUTMAN
JAMES B+
NANCY
R LIV TR
GIBSON
JAMES C+
TRACEY
RIMMER
CRAIG F+
ELIZABETH
G
mapbox
850ft
Topo
3D
Hunt Map
Layers
Offline Maps
My Content
Tools
Tracker

SITE PLAN


400+'
PROPERTY LINE
PROPOSED WELL
100'
48'
PROPOSED HOUSE
88'
400+'
400+'
300+'
DRIVEWAY
SEPTIC AREA
1000+'
1000+'
RAVENWOOD DR.
1000+'
1000+'

STATE OF NC AUTHORIZED ON-SITE WASTEWATER EVALUATOR PERMIT OPTION
APPENDIX A: INSTRUCTIONS FOR USE OF THE COMMON FORM FOR NON-ENGINEERED SYSTEMS

GENERAL INFORMATION

This State form is required for submittal of documentation of an Authorized On-Site Wastewater Evaluator (AOWE) Permit pursuant to G.S. 130A-336.2.

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 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 Owner and AOWE for the NOI

The Owner or AOWE completes Part 1 of the form through item 14 and signs and dates it to confirm that the information provided meets the requirements of G.S. 130A-336.2.

Form received by LHD

The form shall be submitted to the LHD by the Owner or the Owner's legal representative. The LHD enters the date that the initial NOI is received. The LHD enters the reference number for the AOWE permit at the top of each page.

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

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 AOWE provides and attests to on the NOI, not based on review of the submitted items.

Items 1 through 3: The LHD verifies that the AOWE 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 and AOWE (at a minimum), the NOI is INCOMPLETE.

Item 4 through 14: LHD verifies that the AOWE:

4. 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 AOWE must check the box for "AOWE" and attach Proof of Insurance in accordance with G.S. 130A-336.2(b)(4)].*
5. 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.
6. Provides a facility description (e.g., "Single family residence" or "Office space") 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 AOWE must indicate the specific basis for flow projection (number of seats, occupancy load, etc.).
7. Describes any factors that "would affect the wastewater load" on the form.

8. Designates a system type and rough system location ("Right rear of property as viewed from the road" or similar).
9. States the projected wastewater flow and the projected wastewater strength. *(For industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)*
10. States that a Plat as defined in G.S. 130A-334(7a) or a Site Plan as defined in G.S. 130A-334(13a) is included in the submittal.
11. States that any proposed setbacks to any water supplies and appurtenances are compliant with 15A NCAC 18A .1950.
12. States that a soils and site evaluation in accordance with G.S. 130A-335(a1) is attached. Either the soils and site evaluation signed and sealed by the LSS or a signature and seal on a page that references the soils and site evaluation is acceptable.
13. States that an evaluation of geologic and hydrogeologic conditions in accordance with G.S. 130A-335(a1) signed and sealed by a LG is attached, if applicable.
14. 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 AOWE and Owner within five business days of receipt of the initial submittal. If the LHD fails to respond, the Owner or AOWE may treat the failure to act as a determination of completeness.

- The LHD verifies that the AOWE signed and dated page two of this section to attest to the integrity of the information.
- 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 AOWE. *NOTE: The Owner or AOWE 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 AOWE. *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 five days of re-submittal of missing information. If the LHD fails to respond, the owner or AOWE 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 AOWE 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 G.S. 130A-338.

PART 3: Authorization to Operate

Documentation required for the ATO and attestation by the AOWE

When construction of the system is complete, the owner shall submit documentation to the LHD as required in G.S. 130A-336.2(l).

- The LHD enters the date the information was received.
- The Owner indicates on this form what information they have submitted to the LHD by indicating "Yes" or "No" next to each required item.

- The Owner signs and dates this section to attest that the listed information is attached.
- The LHD verifies that the Owner signed this section attesting to the integrity of the information.

LHD Review of information submitted by the Owner

The LHD shall respond to the AOWE and Owner within five 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 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 AOWE.
  - The Owner or AOWE shall re-submit missing information.
- COMPLETE – Check this box if appropriate.
  - The LHD indicates that notification was sent to the Owner and AOWE. *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 G.S. 130A-339.

G.S. 130A-336.2(f) states that:
"The Department, the Department's authorized agents, and local health departments shall have no liability for wastewater systems developed by the Authorized On-Site Wastewater Evaluator; however, nothing in this section shall relieve the Department, the Department's authorized agents, and local health departments from any of their other obligations under State law or administrative rule."

The AOWE is fully responsible for the on-site wastewater system siting, design, and construction, as well as for development of an appropriate management plan. Thus, the 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 Owner and AOWE on the form.