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: 4/3/23 (*Date*) by TS (*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.): Timothy Edward Haynes

Mailing address: 40 Roberts Street City: Asheville State: NC Zip: 28801

Telephone number: 828-450-5114 E-mail Address: _____

2. Authorized On-Site Wastewater Evaluator (AOWE) name: Walker Ferguson, Land Resource Mgmt

LSS License number: 1289 AOWE Certification number: 10001E

Mailing address: PO Box 9251 City: Asheville State: NC Zip: 28815

Telephone number: 828-900-8700 E-mail Address: walker@landrm.com

3. Licensed Geologist (LG) (if applicable) name: N/A License Number: N/A

Mailing address: N/A City: N/A State: N/A Zip: N/A

Telephone number: N/A E-mail Address: N/A

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): 99999 Badger Trail, Lot 2 Haynes Property, 9746-80-7265

County Name: Buncombe

6. Type of facility: ☑ Place of residence No. Bedrooms: 5 No. Occupants: 10
   ☐ Place of business Basis for flow calculation: N/A
   ☐ Place of public assembly Basis for flow calculation: N/A
7. Factors that would affect the wastewater load: None
8. Type and location of proposed wastewater system: Type IIIG 25% Reduction located downslope and to the south of the house site, in the central eastern portion of the property
9. Design wastewater flow: 600 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, Walker Ferguson, Land Resource Mgmt 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)

Signature of Authorized On-Site Wastewater Evaluator — *Date*: 3/31/2023

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 AOWE Permit Option [G.S. 130A-336.2(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 the notice of intent to construct required pursuant to subsection (b) of this section is complete within five business days after receiving 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 local health department shall notify the owner and list the information needed to complete the notice. The owner may then submit additional information to the local health department to cure the deficiencies in the initial notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within five business days after the department receives the additional information. If the local health department fails to act within any time period set out in this subsection, the owner may treat the failure to act as a determination of completeness. The owner shall be able to apply for the building permit for the project upon the decision of completeness of the notice of intent by the local health department or if the local health department fails to act within the five business day time period."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.2(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 AOWE 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 AOWE and the Owner on 4/11/23 via Email.
Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on 4/11/23 via Email.
Date *Email, FAX, USPS, hand-delivered*

Tracy Shinn Tracy Shinn 4/11/23
Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*