



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: 3-1-2022 by MP  
Date 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.): \_\_\_\_\_  
Jimmie L. Rash & Bonnie F. Rash

Mailing address: P.O. Box 14 City: Flat Rock State: NC Zip: 28731

Telephone number: 828-674-9417 (Byron Osteen) E-mail Address: byronosteen@yahoo.com (Byron Osteen)

2. Professional Engineer (PE) name: Robert Paul Patterson License number: NC 023131

Mailing address: P.O. Box 6114 City: Hendersonville State: NC Zip: 28793

Telephone number: 828-692-6629 or 828-699-3362 E-mail Address: pattpatt555@bellsouth.net

3. Licensed Soil Scientist (LSS) name: Steve J. Melin License number: 1254

Mailing address: 15 Lone Coyote Ridge City: Fletcher State: NC Zip: 28732

Telephone number: 828-551-9903 E-mail Address: sjmelin@gmail.com

4. Licensed Geologist (LG) (if applicable) name: N/A License Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

5. On-site Wastewater Contractor name: Kevin Garren License number: 2970

Mailing address: 576 Dream View Drive City: Mills River State: NC Zip: 28759

Telephone number: 828-891-1022 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

- 7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 0 S. Greenbriar Woods Rd., Hendersonville, NC 28739 (Pin # 9536120461) PC C @ Slide 363 - Lot 1  
County Name: Henderson
- 8. Type of facility:  Place of residence No. Bedrooms: 2 No. Occupants: 4 Max.  
 Place of business Basis for flow calculation: \_\_\_\_\_  
 Place of public assembly Basis for flow calculation: \_\_\_\_\_
- 9. Factors that would affect the wastewater load: N/A

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- 10. Type, location, and classification (per Rule .1961) of wastewater system: 10" LDP System @ depth 18" low side  
See Attached Soils Report

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- 11. Design wastewater flow: 240 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. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j):  Yes  No
- 14. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j):  Yes  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  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:  Yes  No Proposed Well  
This is a saprolite system.  Yes  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:  Yes  No
- 18. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached  Yes  NA
- 19. 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, Robert Paul Patterson 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 in accordance with G.S. 130A-336-.1(e)(6).

Robert Paul Patterson  
Signature of Licensed Professional Engineer

February 25, 2022  
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, Jimmie L. Rash & Bonnie F. Rash hereby designate Robert Paul Patterson, 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.

✓ Byron C. A. FOR OWNERS ✓ February 25, 2022  
*Signature of Owner* (Byron Osteen) *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.*

***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 \_\_\_\_\_

via \_\_\_\_\_ <sup>Date</sup> 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 3-1-22 via EMAIL.  
Date Email, FAX, USPS, hand-delivered

A copy of this NOI and tracking information was sent to the State on 3-1-22 via EMAIL.  
Date Email, FAX, USPS, hand-delivered

Mandi Pearson  
*Print Name of Authorized Agent of the LHD*

Mandi Pearson  
*Signature of Authorized Agent of the LHD*

3-1-2022  
*Date*