

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
MARK BENTON • Deputy Secretary for Health  
SUSAN KANSAGRA • Assistant Secretary for Public Health  
Division of Public Health

**COMMON FORM FOR ENGINEERED OPTION PERMIT**

LHD USE ONLY: Initial submittal of this NOI received: 01/11/2021 by JWB  
Date 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.): \_\_\_\_\_

High Hampton Resort, LLC

Mailing address: 572 Highway 107 South, P.O. Box 189 City: Cashlers State: NC Zip: 28717

Telephone number: 828-506-0880 E-mail Address: owen@highhampton.co

2. Professional Engineer (PE) name: Robert G. Burgin, Jr. License number: NC 10184

Mailing address: PO Box 1804 City: Irmo State: SC Zip: 29063

Telephone number: 803-730-1175 E-mail Address: rgb@burginengineeringinc.com

3. Licensed Soil Scientist (LSS) name: Edwin E. Andrews License number: 1228

Mailing address: PO Box 30653 City: Raleigh State: NC Zip: 27622

Telephone number: 919-306-3069 E-mail Address: edwinandrewspc@gmail.com

4. Licensed Geologist (LG) (if applicable) name: Edwin E. Andrews License number: C-224

Mailing address: PO Box 30653 City: Raleigh State: NC Zip: 27622

Telephone number: 919-306-3069 E-mail Address: edwinandrewspc@gmail.com

5. On-Site Wastewater Contractor name: Ed Jones, Jr. License number: \_\_\_\_\_

Mailing address: 133 Batting Cage Trail City: Jacksonville State: NC Zip: 28540

Telephone number: 910-347-9010 E-mail Address: edwlnandrewspc@gmail.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

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): Pin 7571-37-6088 TR B,C ZEB ALLEY RD

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH**

LOCATION: 5605 SIX FORKS RD, RALEIGH NC 27609  
MAILING ADDRESS: 1642 MAIL SERVICE CENTER, RALEIGH NC 27699-1642  
www.ncdhhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972

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County Name: Jackson

- 8. Type of facility:  Place of residence No. Bedrooms: 542 No. Occupants: \_\_\_\_\_  
 Place of business Basis for flow calculation: \_\_\_\_\_  
 Place of public assembly Basis for flow calculation: \_\_\_\_\_

9. Factors that would affect the wastewater load: \_\_\_\_\_  
The Cashiers area is of a resort nature and the flows tend to be lower than normal.

10. Type and location of proposed wastewater system: \_\_\_\_\_  
MBR Wastewater Treatment and Drip Disposal

11. Design wastewater flow: 65,000 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. 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


14. 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

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

16. Proposed landscape, site, drainage, or soil modifications are attached:  Yes  NA

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

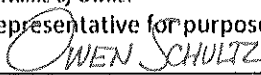
I, Robert G. Burgin, Jr. hereby attest that the information required to be included with  
*Registered Professional Engineer (Print Name)*  
this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with G.S. 130A-336.1(e)(6).

  
*Signature of Licensed Professional Engineer*

December 19, 2023  
*Date*

**Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:**

I, Owen Schultz hereby designate Robert G. Burgin, Jr.  
*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.

  
*Signature of Owner*

December 19, 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*

**PART 3: Authorization to Operate (ATO)**

The following items are included in this Authorization to Operate for an EOP:

LHD USE ONLY: Initial submittal of request for ATO received: \_\_\_\_\_ by \_\_\_\_\_  
Date Initials

- 1. Signed and sealed copy of the Engineer's report that includes the information in G.S. 130A-336.1(k)(1) and 15A NCAC 18A .1971(f)  Yes  No
- 2. Operation and management program and ORC contract, if applicable  Yes  No
- 3. Letter documenting Owner's acceptance of the system from the PE  Yes  No
- 4. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j)  Yes  No
- 6. Easement, right of way, or encroachment agreement required per 15A NCAC 18A .1938(j)  Yes  No
- 7. 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 \_\_\_\_\_

**Attestation by the Owner or the PE for Authorization to Operate**

I, \_\_\_\_\_ hereby attest that all items indicated above have been provided  
*Print name of Owner or Professional Engineer*  
and the system meets applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with G.S. 130A-336-.1(e)(6).

\_\_\_\_\_  
*Signature of Owner or Professional Engineer* *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 Engineer Option Permit [G.S. 130A-336.1(f)]