

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

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

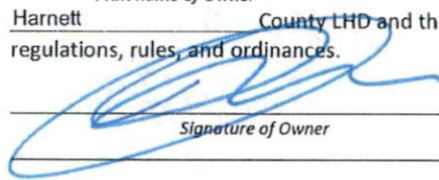
LHD USE ONLY: Initial submittal of request for ATO received: <u>10/20/22</u> by <u>OT</u> <small>Date Initials</small>
Date of Post-construction Conference: _____

The following items are included in this submittal for an Authorization to Operate under an LSS COVID-19 permit:

- Signed and sealed copy of the LSS's report that includes the information in G.S. 130A-336.2(k)  Yes  No
- Operation and management program  Yes  No
- Fee (as applicable)  Yes  No
- Notarized letter documenting Owner's acceptance of the system from the LSS  Yes  No
- On-site Wastewater Contractor name: A&M Contracting - Jason Mabe License number: #2737  
Mailing address: PO Box 1020 City: Ellerbe State: NC Zip: 28338  
Telephone number: 910-652-6230 E-mail Address: amc1@rsnet.org
- 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, Pioneer Companies, LLC \_\_\_\_\_ hereby attest that all items indicated above have been provided to the  
Print name of Owner  
Harnett County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

 \_\_\_\_\_  
Signature of Owner 10/13/22  
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 LSS COVID-19 permit: \_\_\_\_\_

Copies of this signed form were sent to the LSS 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 10/24/22 via EMAIL  
Date Email, FAX, USPS, Hand-delivered

OLIVER TOLKSDORF \_\_\_\_\_  
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.