



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: _____ by _____
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.): _____

Davis Don Trustee & Antioch Pentecostal Free Will

Mailing address: PO Box 2005 City: Dunn State: NC Zip: 28335

Telephone number: 910-890-4774 E-mail Address: chamilton1970@gmail.com

2. Authorized On-Site Wastewater Evaluator (AOWE) name: Walter D. Giese

LSS License number: 1274 AOWE Certification number: 10000E

Mailing address: 257 Transfer Station Rd City: Hampstead State: NC Zip: 28443

Telephone number: 910-270-2919 E-mail Address: wdgiese@gmail.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): 494 Antioch Church Rd; PIN # 1506-06-1569.000

County Name: Harnett

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

LOCATION: 5605 Six Forks Road, 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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- 6. Type of facility: Place of residence No. Bedrooms: _____ No. Occupants: _____
 Place of business Basis for flow calculation: _____
 Place of public assembly Basis for flow calculation: Existing; as referenced by permit # 03-5-5765 (20213)
- 7. Factors that would affect the wastewater load: None known
- 8. Type and location of proposed wastewater system: New 1000 gallon septic tank and new 1000 gallon pump tank connecting to existing system; Type IIIb, rear of building
- 9. Design wastewater flow: 450 gpd (no increase in Daily Design Flow)
 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, Walter D. Giese 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.

Walter D. Giese, LSS, AOWE Signature of Authorized On-Site Wastewater Evaluator
8 May 2023 Date
 Certification Number 10000E

Permit valid for 5 years after date of issuance.

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

A wastewater system authorized pursuant to this section shall not be affected by change of ownership of the site for the wastewater system, provided both the site for the wastewater system and the type of facility the system services are unchanged.

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 _____

via _____ with directions to re-submit missing items using Page 5 of this form.
Date
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 _____ via _____
Date *Date* *Email, FAX, USPS, hand-delivered*

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

Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

PART 3: Authorization to Operate (ATO)

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

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|--|
| <p>LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____ <small style="margin-left: 100px;">Date</small> <small style="margin-left: 100px;">Initials</small></p> <p>Date of Post-construction Conference: _____</p> |
|--|

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.