ARM Project # 230062

Authorization to Operate (ATO)

LHD USE ONLY: Initial submittal of request for ATO received: _____ (Date) by _____ (Initials)

The following items are included in this Authorization to Operate for an AOWE permit option:

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 and ORC contract, if applicable. ☒ Yes ☐ No
3. Notarized letter documenting Owner's acceptance of the system from the AOWE. ☒ Yes ☐ No
4. Owner meets requirements of ownership or control of the system per 15A NCAC 18E .0301 or 15A NCAC 18A .1938(j). ☒ Yes ☐ No
5. Letter from the On-site Wastewater Contractor stating that the system was installed according to the AOWE permit and in accordance with 15A NCAC 18E or 18A .1900 regulations. ☒ Yes ☐ No
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 Authorization to Operate

I, Clarke Denning (Print name of Owner) hereby attest that all items indicated above have been provided to the Harnett County LHD, and the system meets applicable federal, State, and local laws, regulations, rules, and ordinances.

Clarke Denning for Antioch Church (Signature of Owner) 8/11/26 (Date)

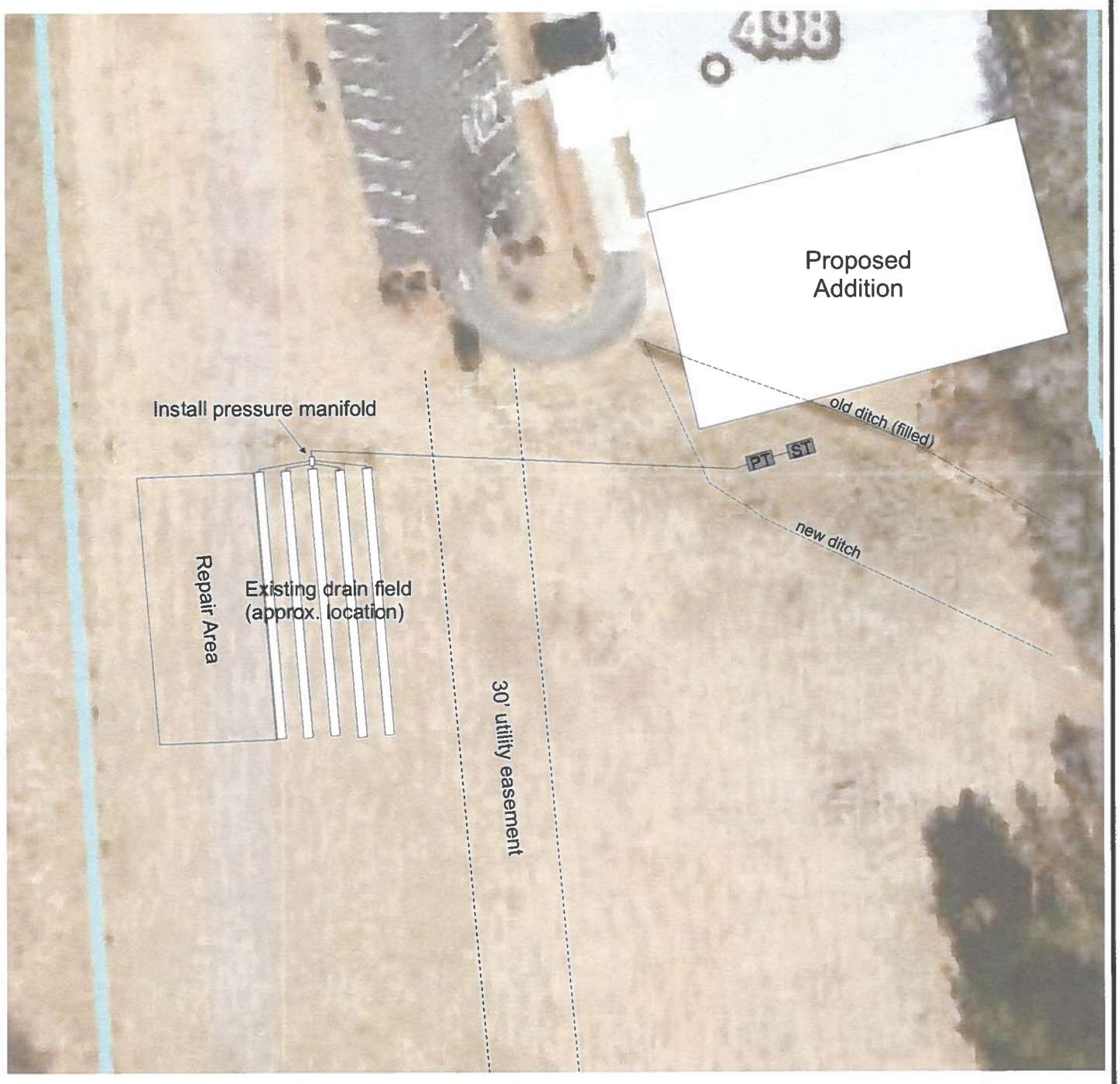
Owner or Legal Representative Information:
Name: Antioch Pentecostal Free Will
Mailing address: PO Box 2005 City: Dunn State: NC Zip: 28335
Phone: 910-890-4774 Email: chamilton1970@gmail.com

Authorized Onsite Wastewater Evaluator Information:
Name: Walter D. Giese Certification #: 10000E
Mailing address: 257 Transfer Station Rd City: Hampstead State: NC Zip: 28443
Phone: 910-270-2919 Email: wdgiese@gmail.com

Site Location Information:
Site address: 494 Antioch Church Road, Dunn, NC
Tax parcel identification number or subdivision lot, block number of property: 1506-06-1569-0000
County: Harnett

System Information:
Wastewater System Type: pump to conventional system, Type III b
Daily Design Flow: 450
Saprolite System: ____ Yes ☒ No Subsurface Operator Required: ____ Yes ☒ No
Water Supply Type: ____ Private Well ☒ Public Water Supply ____ Spring ____ Other: _____

Facility Type:
____ Residential n/a # Bedrooms n/a Maximum # of Occupants
____ Business Type of Business and Basis for Flow: n/a
☒ Public Assembly Type of Public Assembly and Basis for Flow: Church with 450 gal/day flow



ON SITE WASTEWATER EVALUATOR
Certification Number 10000E

LICENSED SOIL SCIENTIST
WALTER D. GIESE
1274
STATE OF NORTH CAROLINA

14 August 2026

NOTE: Tank locations shown have not been surveyed and are to be considered approximate.

System Specifications

Existing church facility with no increase in daily flow
450 GPD (Gallons Per Day)
LTAR 0.35

Initial: New 1000 gallon septic tank (ST)
New 1000 gallon pump tank (PT)
Connect to existing drain field and install new pressure manifold if not present:
(5) 3' x 90' nitrification lines,
18" trench bottoms according to Harnett County Improvement Permit # 03-5-5756 (20213) dated 8/13/03.

Abandon existing ST. Have tank pumped by and approved septage hauler, crushed, and backfilled.

Supply shall pass at least 30' below utility easement or any other area subject to vehicular traffic.

Existing system, repair area, and utility easement shown on IP # 03-5-5756 (20213).

Existing ditch shall be filled in or relocated to maintain required setbacks to system components.

Notes:

1. Site was Evaluated using hand augers in accordance with 15A NCAC 18A .1900 regulations and is submitted in accordance with G.S 130A-336.2 .
2. Pre-construction conference shall be held between the Licensed, Installer and the Licensed Soil Scientist of record to ensure proper location and installation depth. Additional permit conditions may be added during pre-construction conference.
3. Inspection by Licensed Soil Scientist to be done prior to covering any part of system.
4. Domestic strength wastewater only.
5. **Wastewater system and repair areas shall be protected from traffic and/or any other disturbance during all phases of construction. No removal of mineral soil**
6. Surface water shall be directed away from system area through landscaping and use of gutters on home.
7. Benchmark elevations should be set prior to construction of home to ensure gravity flow to system area.
8. Site may qualify for other system types.
9. **Issuance of this permit does not supercede authorizations or permits from other permitting agencies. It is the responsibility of the owner to conform to all other applicable permitting authority.**
10. **Permit does not constitute a guarantee of performance or warranty of any kind.**
11. **Additional costs will be incurred for pre-construction meeting, system inspections, and post-construction meeting, all of which are billed on a time and materials basis.**
12. Usage of greater than 80% of designed daily flow shall be considered excessive.
13. Innovative/Accepted products shall be installed according to manufacturer's specifications and the Innovative Approval.

Map adapted from Harnett County GIS tax map.

Applied Resource Management, P. C.
Hampstead, NC 28443

TITLE: 494 Antioch Church Rd. Harnett County, NC				FIGURE: 2
JOB: 230062	SCALE: 1"= 50'	DATE: 8/14/26	DRAWN BY: DM/GY	

Applied Resource Management System Installation Schedule

Name: Davis Don Trustee & Antioch Free Will
Address:

Project #: 230062
Location: 494 Antioch Church Rd
Harnett County

System Type: New 1000 gal ST and new 1000 gal PT

Initial System Off-Site Yes / No
Repair Area Off-Site Yes / No

Inspection Schedule	Inspector	Date
Pre-Construction Conference:	N/A	N/A
Site Modification (as needed):		
Vacuum Test/ Leak Test (as needed):	GY	8/12/26
System Installation:	GY	8/5/26
Tank installed in 2024 without any prior notice by installer or owner		
System Start-Up (as needed):	GY	8/12/26
Post Construction Conference:	GY	8/12/26
Other Inspections as needed:		

NOTES:

1. Please call to schedule inspections 48 hours prior to preferred inspection date/time. See below contact information.
2. All system components noted on Inspection Checklist shall be inspected and approved prior to covering.
3. All site planning considerations/conditions determined at pre-construction conference shall be inspected and approved.

Contacts: Walter D. Giese, NCLSS: (910) 389-4410; wdgiese@gmail.com
Davis McIver, REHS: (910) 616-1826; davis@armnc.com
Gene Young, REHS: (910)617-4914; gene@armnc.com

Comments:
Pre-construction conference was not requested by installer or owner

MCP 1000; STB 814
MCP 1000; PT 58
leak test passed 8/12/26

Walter D. Giese, LSS, AOWE

Walter D. Giese, NCLSS, AOWE
Licensed Soil Scientist

NC ONSITE WASTEWATER EVALUATOR
Certification Number 10000E


US LISTED
INDUSTRIAL CONTROL PANEL

Date: 6/11/26

To Whom It May Concern:

RE: Owner Acceptance Letter

I, as owner of the residence located at: 494 Antioch Church RD, Dunn, NC understand that a wastewater system (detailed below) was installed in accordance with General Statute GS 130A-336.2 and meets all conditions of the LSS or AOWE permit. As such, I hereby acknowledge acceptance of said system.

Septic Tank: 1,000 gallons
Pump Tank: 1,000 gallons
Nitrification Field: Existing nitrification trenches and new pressure manifold
Facility information:
Existing Church with 450 gallons per day design flow

Please let me know if you have any questions

Sincerely,

Property Owner: for Antioch Church
Please Print Name: Blake Denning

Notary as needed:

This instrument was signed and sworn before me on this 11 day of August, 2026 by Blake Denning.

OLGA GARCIA NOTARY PUBLIC HARNETT COUNTY, NC

Notary Signature:

Notary printed Name: Olga Garcia
My commission expires 01-18-, 2031

I Bobby Thomas with State Mobile Home Movers and Septic Tanks, Lic # 4815 Grade IV, Installed Septic & Pump Tanks along with all other Components to the required 15A NCAC 18A 1900 Regulations and the AOWE permit Issued by Walter D Giese with ARM, PL.

Owner/Installer: BJ W. Jr

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/6/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
John Hackney Agency
3700 Nash Street N
PO Box 998
Wilson NC 27894-0998

CONTACT NAME: Ann Burnette
PHONE (A/C, No, Ext): (252) 291-3111 **FAX (A/C, No):** (252) 291-6306
E-MAIL ADDRESS: aburnette@johnhackneyagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Atlantic Casualty Insurance Company	42846
INSURER B: Progressive Southeastern Ins.	38784
INSURER C: LM Insurance Corporation	33600
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
State Mobile Home Movers, LLC
124 Adams Farm Road
Dunn NC 28334-1215

COVERAGES **CERTIFICATE NUMBER:** 25-26 COI **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			L001051073-1 AC001000430-0	5/20/2025 5/20/2026	5/20/2026 5/20/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS			997388505 997388505	5/20/2025 5/20/2026	5/20/2026 5/20/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC5-398-374650-014 WC5-398-374650-015	8/18/2024 8/18/2025	8/18/2025 8/18/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
B	Motor Truck Cargo			997388505 997388505	5/20/2025 5/20/2026	5/20/2026 5/20/2027	Limit Deductible	$200,000 $1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER
blake@denningcontracting.com
Antioch Church PFWB
494 Antioch Church Rd
Dunn, NC 28334

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Ann Burnette/DPW
Ann Burnette