Agent Authorization Form

Date: 5-4->3
authorize Walter Giese, Gene Young, or any employee of Applied Resource Management, PC to act as an agent on my behalf to submit an Authorized Onsite Wastewater Evaluator Permit in accordance with GS 130A-366.2 for the referenced properties.
I acknowledge that the Pre-Construction Conference, System Installation Inspections, and required Post Construction Conference / ATO Preparations will be billed on a time and materials basis.
System installation inspections will be required prior to covering any portion of the system regardless of system installer certification level issued by the North Carolina Onsite Wastewater Contractors and Inspectors Certification board.
Property Owner Signature: White for Antiech Church Property Owner Printed: Clay Ham the for Antiech Church Property Address/Location: 494 Antiech Church Rd Jun NC 28334
This instrument was signed and sworn before me on this 4th day of May, 2023 by Soutamah P. Druggers Notary Signature: Soutamah P. Druggers Notary printed Name: Soutamah P. Druggers My commission expires April 30, 2025
SAVANNAH P DRIGGERS Notary Public, North Carolina Robeson County My Commission Expires

NCLSS: #1274 AWOE: #10000E

Walter Giese, LSS, REHS, AOWE Applied Resource Management, P.C



910-270-2919 www.armnc.com PO Box 882, Hampstead NC 28443

AOWE Permit Requirements

- Pre-construction conference with septic contractor required before beginning installation.
 The system must be installed/repaired by a septic system contractor approved by AWOE/ Applied Resource Management, P.C (A.R.M)
- It is the responsibility of the contractor to call A.R.M to schedule the installation inspection at least 2 days prior to installation. System shall not be installed in wet conditions or the AOWE permit may be revoked.
- Any changes to the proposed plans must be approved by the AOWE.
- Do not allow any traffic, construction, excavation, utilities, material storage, or any other disturbance to take
 place on the designated septic area or repair area. These activities may void your permit.
- The client/owner is responsible for marking any property lines and corners.
- The contractor is responsible for ensuring that the septic system is installed in the proper location and that all setbacks are met. See NCAC 18A. 1950 for setback requirements. The contactor is responsible for enduring that the septic system is installed in accordance with local rules in counties where applicable.
- The system installation must be inspected by the AOWE at certain stages during the installation.
- For systems with pumps, the contractor is responsible for insuring the proper installation of the electrical
 components. An electrical permit must be obtained and a person with a valid NC Electrical license must provide
 electrical services to the controller and alarm.
- This NOI/AOWE Permit shall become invalid and/or may be revoked if the site is altered. There shall be no
 grading, cutting, logging, or other soil disturbance in the septic area. Design does not guarantee functionality or
 future performance.
- The contractor is responsible for back filling the system components so that no areas are subject to the
 retention or ponding of surface water. After the installation is completed, some settling of the backfill material
 may take place. The system owner is responsible for eliminating settled or sunken areas, stabilization, and final
 landscaping of the ground surface. No heavy equipment or vehicular traffic over the leach field.
- Preconstruction meetings as well as system installation inspections will be billed on a time and materials basis.
- Owners or their representatives are responsible for all applicable county fees.
- Issuance of permit does not constitute a guarantee or warranty that the system will function properly.

Additional Requirements	
	•
Maintenance Requirements:	
System shall be maintained in accordance with NCAC 18A.1961 -	

The contents shall be pumped whenever solids level is found to be more than 1/3 of the liquid depth in any compartment

Owner/Client Acknowledgment of Permit Requirements	
Chy Hand to Anhois Church	5-4-23
Owner Signature	Date

Applied Resource Management, PC ON-SITE WASTEWATER SYSTEM APPLICATION FOR AOWE PERMIT

TAX PARCEL I.D NUMBER: 06-1506-01-9002
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?:
CLIENT / OWNER NAME:
Antioch Church
CLIENT / OWNER ADDRESS:
494 Antioch Church Rd Dum NC 28334
CLIENT/OWNER DAY TIME PHONE:
910-890-4774
CLIENT/OWNER EMAIL ADDRESS:
Chamilton 1970 pgmail.com
REPRESENTATIVES COMPLETE ADDRESSS:
2238 NX 82 Junn NX 28334
REPRESENTATIVES EMAIL:
Chamilton 1970 p) gmailition
REPRESENTATIVE PHONE NUMBER:
910-890-4774
DIRECTIONS TO PROPERTY
From I 95 take 421 N, Bea Left on Averasbors road which
Turns in Anton Church Road, Antonia Church Will be on left.

PROCEDURES FOR OBTAINING PERMITS

APPLICATION

- The application must be accompanied by a plat prepared by a Registered Land Surveyor (RLS) that will serve as a base map for the owner or his representative to show to scale the proposed building location, driveway, water supply location (well or water lines), and other pertinent features proposed for the property. If a plat prepared by a RLS is impractical, a site plan must be submitted with the application. If possible, the site plan should be drawn to scale (1" = 40"), but not required. The property must be accurately staked in the field and all property lines readily identifiable.
- Identify any ditches, drains, french drains, sock tiles, farm drainage, or any other similar
 drainage devices or structures within the proposed lot. Identify any wells located on he lot or
 within 100ft of the proposed lot.
- Identify any wells within 100ft on adjacent properties.

I ACKNOWLEDGE that the lots associated with the AOWE Permit will be billed on a time and materials basis to include but not limited to;

- · Permit Package Preparation
- Onsite Pre-Construction Conferences
- Onsite System Inspections
- Post Construction Conferences and ATO preparations.

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Clay H	amilto-	. h	Mhach	Charch		
Print Name						
UK	hi	Ampah	thuch			
Signature					Date	



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 re	eceived:	by
PART 1: Notice of Intent to Construct (NOI) - F	Please check all that apply	
Single System or	Multiple Systems	
AND		
☐ New ☐ Expansion ☒ Relocation of all or	r part of the Existing System Re	elocation of Repair Area
Repair – LHD Permit Number	Repair - EOP/LSS COVID 19/	AOWE Permit Number
Facility Owner's name: (Owner, Company Davis Don Trustee & Antioch Pentecos		ual, etc.):
Mailing address: PO Box 2005	City: Dunn	State: NC Zip: 28335
Telephone number: 910-890-4774	E-mail Address: chamilto	n1970@gmail.com
2. Authorized On-Site Wastewater Evaluator		
LSS License number: 1274	AOWE Certification number: 100	
Mailing address: 257 Transfer Station Rd		
Telephone number: 910-270-2919		
3. Licensed Geologist (LG) (if applicable) nam		License Number: N/A
Mailing address: N/A	City: N/A	
Telephone number: N/A		
Proof of Errors and Omissions or other app	TO A CONTRACT OF THE PARTY OF T	e following persons is attached
that includes the name of the insurer, name		
⊠ AOWE ☐ LG		
5. Property location (physical address, tax pa	rcel identification number or sub-	division lot, black number of the
property to be permitted): 494 Antioc		
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

	non Form			LHD Reference:
6.	Type of facility:	Place of residence	No. Bedrooms:	No. Occupants:
		Place of business	Basis for flow calculation:	
		Place of public asse	embly Basis for flow calculat	Existing; as referenced by permit # 03-5-5
7.	Factors that wou	uld affect the wastewate	None known	(20213)
8.	Type and locatio	on of proposed wastewa		on septic tank and new 1000 gallon pump t existing system; Type IIIb, rear of building
9.	Design wastewa	ater flow: 450 gpc	(no increase in Daily De	esign Flow)
	Design wastewa	iter strength: 🛛 dome	stic high strength ind	dustrial process (For high strength and
	Industrial process we	astewater, a Professional Engl	neer licensed in accordance with G.S.	89C shall design the on-site wastewater system.)
10.	A plat as defined	d in G.S. 130A-334(7a) is	attached: Yes No	
	A site plan as de	efined in G.S. 130A-334(1	.3a) is attached: 🛛 Yes 🗌	No
11.	Location of prop	posed or existing wells (d	rinking water, irrigation, geot	hermal, groundwater monitoring,
	sampling, etc.) a	and any potable and non	-potable water conveyance lir	nes is indicated on attached plans and
	complies with 15	5A NCAC 18A .1950: 🔀	Yes No	
	This is a saprolit	te system. Yes	⊠ No	
12.	Evaluation(s) of	soil conditions and site f	eatures in accordance with G	.S. 130A-335(a1) signed and sealed by a
	LSS is attached:			,
13.			c conditions signed and sealed	d by a LG is attached Yes NA
			oil modifications are attached	
14.	Proposed landso	cape, site, uraniage, or si		
14.	Proposed landso	cape, site, uralinge, or si		
		/E pursuant to G.S. 130A		
		/E pursuant to G.S. 130A	-336.2	nformation required to be included with
Atte	Walter D. Authorized On-Site	/E pursuant to G.S. 130A Giese Wastewater Evaluator (Print)	-336.2 hereby attest that the invame)	nformation required to be included with
Atte	Walter D. Authorized On-Site Notice of Intent	/E pursuant to G.S. 130A Giese Wastewater Evaluator (Print to Construct is accurate	-336.2 hereby attest that the invame) and complete to the best of n	ny knowledge and that the proposed
I, this syst	Walter D. Authorized On-Site Notice of Intent	Giese Wastewater Evaluator (Print in the Construct is accurate pplicable federal, State, as post require a Professions	hereby attest that the invame) and complete to the best of nand local laws, regulations, rul	ny knowledge and that the proposed es and ordinances and that the
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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.

ACMAIC	Common	Form
ACMAP	1 ammon	Form

LHD Reference:

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.

ACMATE	Common	Form
ACIVIE	Common	rorm

LHD Reference:_	

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 i NOI is determined to be:	in accorda	nce with	G.S. 130A-336.2(c). This
INCOMPLETE (If box is checked, Information in this section is re	equired.)		
Based upon review of information submitted in Part 1, the following	items are i	missing:	
Copies of this form listing missing items were sent to the AOWE and t	the Owner	on	
via with directions to re-submit missing it Email, FAX, USPS, hand-delivered	ems using	Page 5 o	Date of this form.
Print Name of Authorized Agent of the LHD Signature of Author	rized Agent o	f the LHD	Date
COMPLETE (If box is checked, information in this section is requ	uired.)		
Based upon review of information submitted in Part 1 of this form, the	nis NOI is d	eemed (COMPLETE.
Copies of this signed form were sent to the AOWE and the Owner on		via	Email, FAX, USPS, hand-delivered
A copy of this NOI and tracking information was sent to the State on_	Date	via	Email, FAX, USPS, hand-delivered
Print Name of Authorized Agent of the LHD Signature of Author	rized Agent o	f the LHD	Date

	Re-submittal of NC	I with missing items in	cluded
This Section	n is for use by owner to submit Iter Resubmittals must be acco	ms noted as missing during LHD Companied by a cover letter from the	
LHD USE ONLY: This NOI	resubmittal received:	Date	by
Item # from initial NOI	Resubmittal descri	ption	
			A STATE OF THE STA
Attactation by ADIA/E conti	fied in North Carolina nu	muant to 6 5 120A 226	
Attestation by AOWE certif	теа ін могіл сагонна ра	ISUAIN 10 G.S. 130A-330	
i,	h	ereby attest that the ini	formation required to be included with
Authorized On-Site Wastewa			
			knowledge and that the proposed
system shall meet applicabl	e rederal, State, and loca	ariaws, regulations, rule	s, and brumances.
			Page 1
Signature of Authorized On-Site W	astewater Evaluator	Date	e
			e noted as mission above
The secti	ion below is for Local Health Depar	tment use ofter submittal of Item	s noted as missing above.
			S NOTED AS MISSING ADDRES.
The section The se			s notes as missing above.
LHD Follow-up Completene	ess Review of Notice of Ir	ntent to Construct	
LHD Follow-up Completene	ess Review of Notice of Ir	ntent to Construct	cted in accordance with G.S. 130A-
This follow-up review for co 336.2(c). This NOI is determ	ess Review of Notice of Ir	ntent to Construct	
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This follow-up Completene This follow-up review for co 336.2(c). This NOI is determ INCOMPLETE Based upon review of information because the following items Copies of this signed form was print name of authorized Agent	ess Review of Notice of Incompleteness of this Notice on Incompleteness of this Notice on Incompleteness of this Notice of Incompleteness of Incomplet	RESUBMITTAL above, the remain missing:	via Email, FAX, USPS, Hand-delivered
This follow-up Completenee This follow-up review for co 336.2(c). This NOI is determ INCOMPLETE Based upon review of information because the following items Copies of this signed form was a complete to the complete the compl	ess Review of Notice of Incompleteness of this Notice on Incompleteness of this Notice on Incompleteness of the Submitted in the strom Part 1 of this form of the LHD Signature of the LHD Signature of Incomplete Incomplet	RESUBMITTAL above, the remain missing: Indicate of authorized Agent of authorized Age	via Email, FAX, USPS, Hand-delivered
This follow-up Completenee This follow-up review for co 336.2(c). This NOI is determ INCOMPLETE Based upon review of information because the following items Copies of this signed form was a complete to the complete the compl	ess Review of Notice of Incompleteness of this Notice on Incompleteness of the Incomplete of the LHD Signation submitted in the Incomplete Inco	RESUBMITTAL above, the remain missing: Indicate of authorized Agent of authorized Age	via Email, FAX, USPS, Hand-delivered
This follow-up Completene This follow-up review for co 336.2(c). This NOI is determ INCOMPLETE Based upon review of inform because the following items Copies of this signed form was a complete of authorized Agent of COMPLETE Based upon review of inform	prompleteness of this Notice of Incompleteness of this Notice on the Notice of the Not	RESUBMITTAL above, the remain missing: Indition of authorized Agent of RESUBMITTAL above in	via Email, FAX, USPS, Hand-delivered addition to information provided in

Date

Email, FAX, USPS, hand-delivered

Date

Signature of authorized Agent of the LHD

Print name of authorized Agent of the LHD

PART 3:	Authorization to Operate (ATO)		
	Except for date received	d, the Section below is to be complete	ed by the Owner.	
LHD USE ON	ILY: Initial submittal of request for	ATO received:	by	
	Date of Post-construction Co	onference:	Initials	
 Signed a G.S. 130 Operation Fee (as a) 	g items are included in this subm and sealed copy of the AOWE's re A-336.2(k) on and management program applicable) ad letter documenting Owner's ac	port that includes the informa	tion in	VE permit: Yes No Yes No Yes No
	Wastewater Contractor name:			
	address:			
Telepho	ne number:	E-mail Address:		
l,Print	name of Owner	ereby attest that all items indicable system shall meet applicable		
	Signature of Owner	Date		
		This section for LHD Use Only.	***************************************	
INCOMP Based upon r information r	of required information for the A PLETE review of information submitted required for an Authorization to a signed form were sent to the A	in the Section above, the follo Operate for an AOWE permit: OWE and the Owner on	via	
		Date	Email, FAX, US	PS, Hand-delivered
	authorized Agent of the LHD	Signature of authorized Agent of	f the LHD	Date
	TE review of information submitted e with G.S. 130A-336.2(m).	in the Section above, this Auth	norization to Operate	e is hereby issued
A copy of this	s complete NOI/ATO with trackin	g information was sent to the		ia , FAX, USPS, Hand-delivered
Print name of	authorized Agent of the LHD	Signature of authorized Agent of	f 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.





cifications

I facility with no increase in daily flow ons Per Day)

000 gallon septic tank (ST)
000 gallon pump tank (PT)
ct to existing drain field and install new pressure manifold t present:
90' nitrification lines,
nch bottoms according to Harnett County
overnent Permit # 03-5-5756 (20213) dated 8/13/03.

lon existing ST. Have tank pumped by and approved septage hauler, shed, and backfilled.

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

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

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

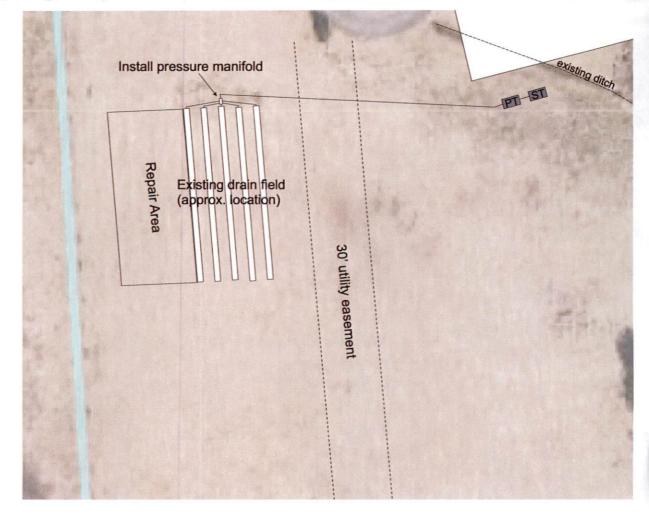
valuated using hand augers in accordance with 15A NCAC 18A .1900 regulations and is submitted in with G.S 130A-336.2 .

action conference shall be held between the Licensed, Installer and the Licensed Soil Scientist of record to per location and installation depth. Additional permit conditions may be added during pre-construction conference. by Licensed Soil Scientist to be done prior to covering any part of system. trength wastewater only.

Proposed Addition







ecifications

ch facility with no increase in daily flow illons Per Day)

1000 gallon septic tank (ST)
1000 gallon pump tank (PT)
ect to existing drain field and install new pressure manifold interpresent:
x 90' nitrification lines,
ench bottoms according to Harnett County
provement Permit # 03-5-5756 (20213) dated 8/13/03.

don existing ST. Have tank pumped by and approved septage hauler, ushed, and backfilled.

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

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

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

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actigut wastewater only.

Harnett GIS





