

Agent Authorization Form

Date: 5-4-23

I, Clay Hamilton 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.

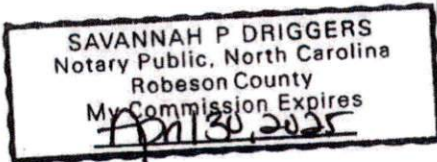
System installation inspections will be required prior to covering any portion of the system regardless of system installer certification level issued by the North Carolina On-site Wastewater Contractors and Inspectors Certification board.

Property Owner Signature: Clay Hamilton for Antioch Church
Property Owner Printed: Clay Hamilton for Antioch Church
Property Address/Location: 494 Antioch Church Rd Dean NC 28334

This instrument was signed and sworn before me on this 4th day of May, 2023 by Savannah P. Driggers

Notary Signature: Savannah P. Driggers

Notary printed Name: Savannah P. Driggers
My commission expires April 30, 2025



Applied Resource Management, P.C.

P.O. Box 882, 257 Transfer Station Road, Hampstead, NC 28443 910.270.2919 Fax 910.270.2988

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/repared 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 contractor is responsible for ensuring 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 Hunt for Ambiah Church

Owner Signature

5-4-23

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? :
~~3/22/77~~ Spt 7, 1977

CLIENT / OWNER NAME:

Antioch Church

CLIENT / OWNER ADDRESS:

494 Antioch Church Rd Dunn NC 28334

CLIENT/OWNER DAY TIME PHONE:

910-890-4774

CLIENT/OWNER EMAIL ADDRESS:

Chamilton 1970@gmail.com

REPRESENTATIVES COMPLETE ADDRESS:

2238 NC 82 Dunn NC 28334

REPRESENTATIVES EMAIL:

Chamilton 1970@gmail.com

REPRESENTATIVE PHONE NUMBER:

910-890-4774

DIRECTIONS TO PROPERTY:

From I95 take 421 N, Bear Left on Aucasboro road which
Turns in Antioch Church Road, Antioch Church will be on left.

Applied Resource Management, P.C.

P.O. Box 882, 257 Transfer Station Road, Hampstead, NC 28443 910.270.2919 Fax 910.270.2988

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.

Clay Hamilton for Antioch Church

Print Name

[Signature] for Antioch Church

Signature

_____ Date



**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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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

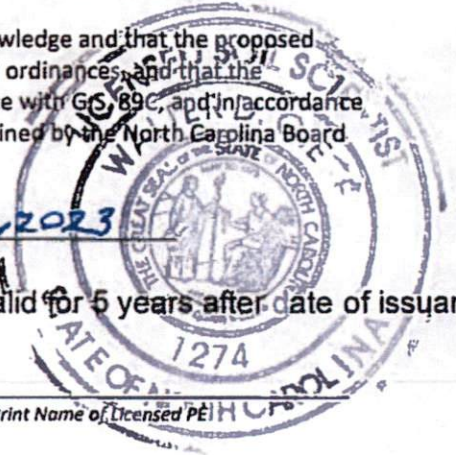
13. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA

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 Number 10000E Date 8 May 2023



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

 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.*

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: _____ by _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <i>Date</i> <i>Initials</i> </div> Date of Post-construction Conference: _____
--

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*

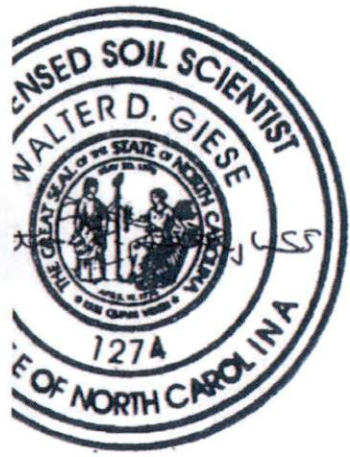
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

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.



4 May 2023

Specifications

1 facility with no increase in daily flow (Gallons Per Day)

1000 gallon septic tank (ST)
1000 gallon pump tank (PT)
Connect to existing drain field and install new pressure manifold
What is present:
100' nitrification lines,
18 inch bottoms according to Harnett County
Improvement Permit # 03-5-5756 (20213) dated 8/13/03.

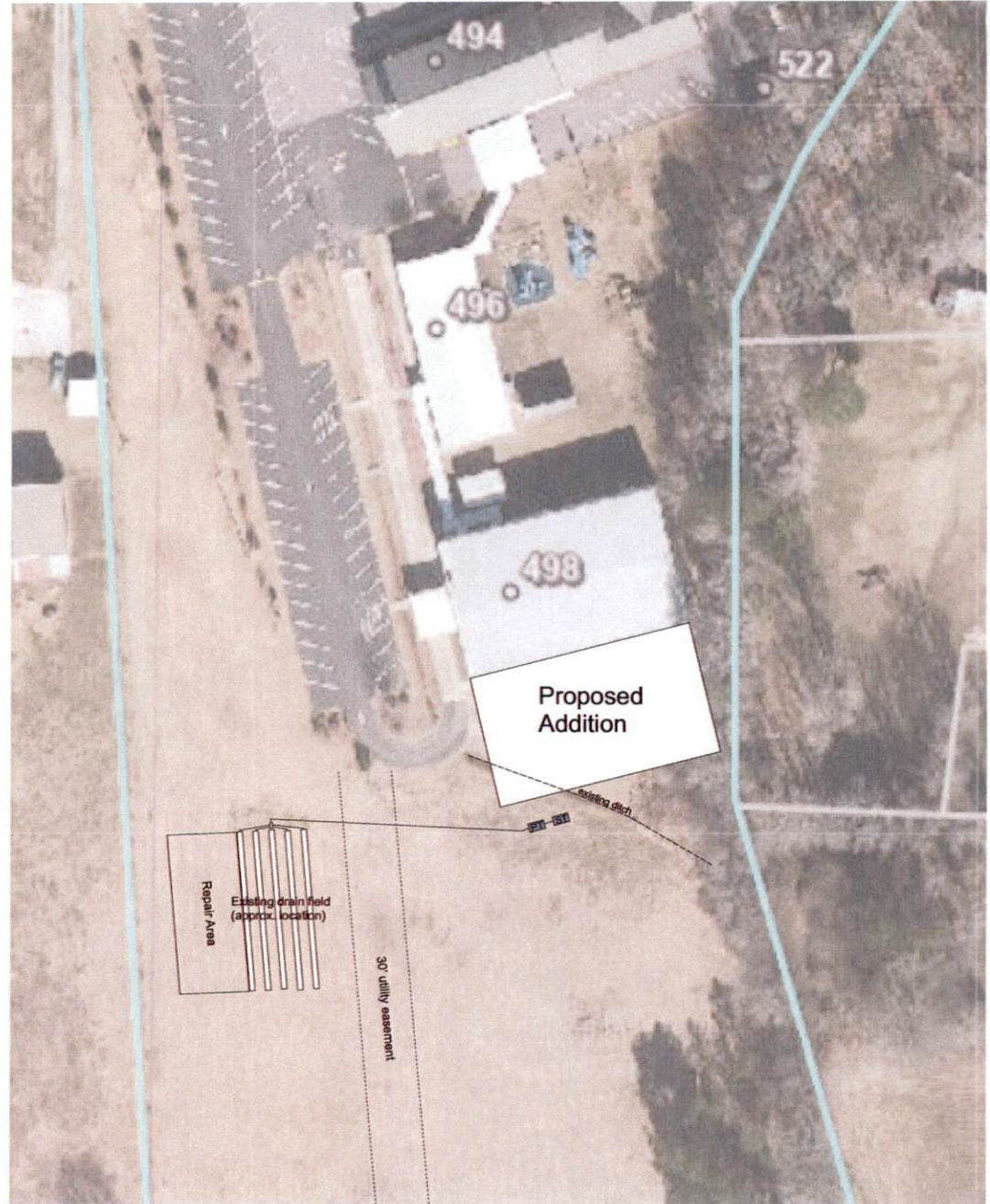
Remove existing ST. Have tank pumped by and approved septage hauler, covered, and backfilled.

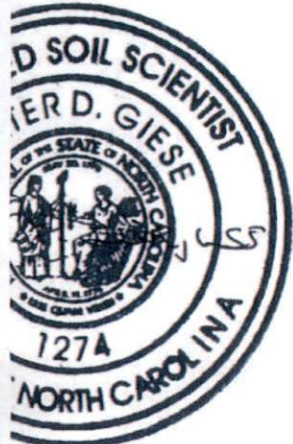
System shall pass at least 30' below utility easement or any other area subject to vehicular traffic.

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

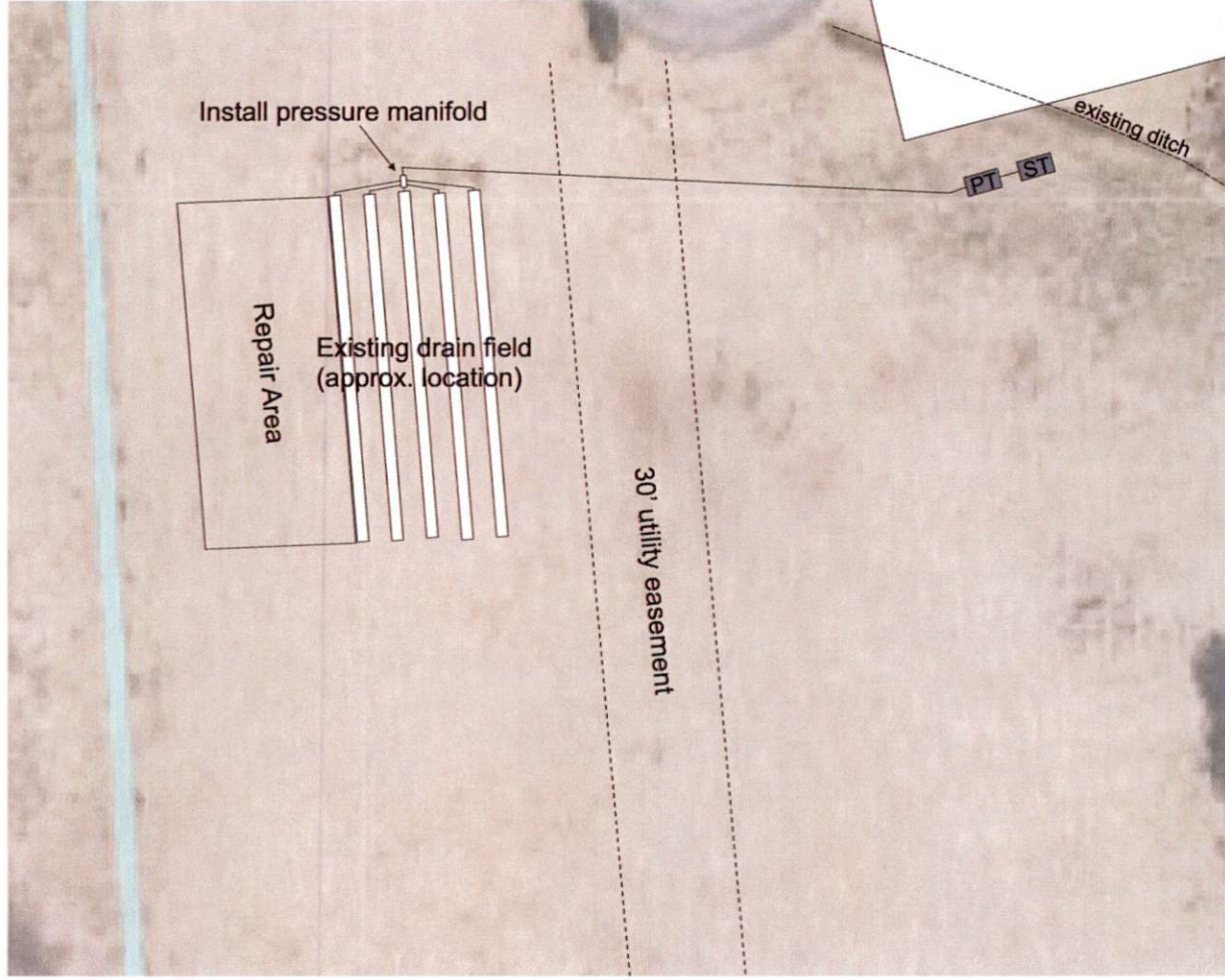
Existing ditch shall be filled in or relocated to maintain required setbacks to system components.

System evaluated using hand augers in accordance with 15A NCAC 18A .1900 regulations and is submitted in accordance with G.S 130A-336.2 .
A pre-construction conference shall be held between the Licensed, Installer and the Licensed Soil Scientist of record to determine proper location and installation depth. Additional permit conditions may be added during pre-construction conference.
All work shall be approved by Licensed Soil Scientist to be done prior to covering any part of system.
System for strength wastewater only.





May 2023



Specifications

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

- 1000 gallon septic tank (ST)
- 1000 gallon pump tank (PT)
- ect to existing drain field and install new pressure manifold
- ot present:
- x 90' nitrification lines,
- ench bottoms according to Harnett County
- rovement 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
bject 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.

valuated using hand augers in accordance with 15A NCAC 18A .1900 regulations and is submitted in
e with G.S 130A-336.2 .
ction 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.
t strength wastewater only.

Harnett GIS

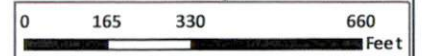
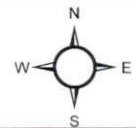
NOT FOR LEGAL USE .



Source: Esri, Maxar, Earthstar Geographics, and the GIS User Community

GIS/E-911 Addressing

May 3, 2023



1 inch = 376 feet