



North Carolina Onsite Wastewater Contractor Inspector Certification Board  
Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems  
Notice of Intent (NOI) to Construct

Change of Use ☐ New ☐ Expansion ☐ Repair ☐ Relocation ☐ Relocation of Repair Area

Owner or Legal Representative Information:

Name: Brandon Gaster, Rawls Baptist Church

Mailing address: 10665 US 401 N City: Fuquay Varina State: NC Zip: 27526

Phone: 919-924-1140 Email: pastorbrandongaster@gmail.com

Authorized Onsite Wastewater Evaluator Information:

Name: Hal Owen Certification #: 10036E

Mailing address: PO Box 400 City: Lillington State: NC Zip: 27546

Phone: 910-893-8743 Email: hal@halowensoil.com

Site Location Information:

Site address: 10709 US 401 N, Fuquay Varina

Tax parcel identification number or subdivision lot, block number of property: PIN 0655-40-7686

County: Harnett

System Information:

Wastewater System Type: Ve - Flow Equalization

Daily Design Flow: 639 gpd equalized flow

Saprolite System: ☐ Yes ☒ No Subsurface Operator Required: ☒ Yes ☐ No

Water Supply Type: ☐ Private Well ☒ Public Water Supply ☐ Spring ☐ Other: \_\_\_\_\_

Facility Type:

☒ Residential 3 # Bedrooms \_\_\_\_\_ Maximum # of Occupants \_\_\_\_\_

☒ Business Type of Business and Basis for Flow: school, 20 students (max)

☒ Public Assembly Type of Public Assembly and Basis for Flow: Church, 180 seats

Required Attachments:

☒ Plat or Site Plan

☒ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 14 day of August, 2025 by signature below I hereby attest that the information required to be included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest that I have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina.

This NOI shall expire on 14 day of August, 2030.

Signature of Authorized Onsite Wastewater Evaluator: Hal Owen

Signature of Owner or Legal Representative: Brandon M. Gaster

Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee required (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater evaluator shall be transferable to a new owner with the consent of the authorized onsite wastewater evaluator.

Local Health Department Receipt Acknowledgement:

Signature of Local Health Department Representative: \_\_\_\_\_ Date: \_\_\_\_\_



HALOWE1

OP ID: TOT

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/14/2025

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> INSURANCE SERVICE CTR -LILLING LILLINGTON BRANCH OFFICE PO Box 1565 LILLINGTON, NC 27546 DANIEL L. BABB		910-893-5707		<b>CONTACT NAME:</b> SHARON WOODY <b>PHONE (A/C, No, Ext):</b> 910-893-5707 <b>FAX (A/C, No):</b> 910-893-2077 <b>E-MAIL ADDRESS:</b> swoody@iscfay.com	
<b>INSURED</b> HAL OWEN & ASSOCIATES, INC. PO BOX 400 LILLINGTON, NC 27546				<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> STARSTONE NATIONAL <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

## COVERAGES

## CERTIFICATE NUMBER:

## 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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROFESSIONAL LIAB.</b>			42ESP00143901	01/27/2025	01/27/2026	PER OCC. 1,000,000 AGGREGATE 2,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

<b>RAWLS BAPTIST CHURCH</b> <b>BRANDON GASTER</b> 10665 US 401 N FUQUAY VARINA, NC 27526	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 <i>Taylor Wallace</i>

**AOWE EVALUATION**HAL OWEN ASSOCIATES  
www.halowensoil.com# **HOA-AOWE-2508-1****Issue date** 8/14/2025**Expiration** 8/14/2030**APPLICANT INFORMATION**

Name	Brandon Gaster, Rawls Baptist Church		
Mailing Address	10665 US 401 N, Fuquay-Varina NC 27526		
E-mail Address	<a href="mailto:pastorbrandongaster@gmail.com">pastorbrandongaster@gmail.com</a>	Telephone Number	919-924-1140

**PROPERTY IDENTIFIERS**

County	Harnett	PIN	0655-40-7686
Size (Acre)	2.73	County PID	080655 9002
Site Address	10709 US 401 N, Fuquay Varina		
S/D Name and Lot#			

**PROJECT INFORMATION**

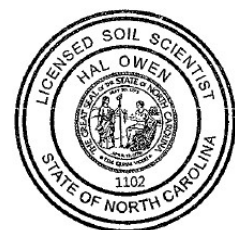
Wastewater System	Change of Use	.0403 Eng Low Flow	No
Wastewater Strength	Domestic	Effluent Standard	DSE
Facility Type	Mixed Use	Water Supply	Public Water
Equalized Daily Flow	639 gpd	see Flow Equalization calculations	
Basis for Flow	3 bedrooms	gal/unit	120
	180 seats	gal/unit	3
	20 students	gal/unit	6

**CONSULTANT INFORMATION**

Company Name	Hal Owen & Associates, Inc.		
Mailing Address	PO Box 400, Lillington, NC 27546		
E-mail Address	<a href="mailto:hal@halowensoil.com">hal@halowensoil.com</a>	Telephone Number	910-893-8743
Licensed Soil Scientist	Hal Owen, LSS#1102	AOWE	Hal Owen, #10036E

A soil and site evaluation has been conducted for the referenced property for the purpose of permitting a subsurface wastewater system. This evaluation was prepared based on information provided by the applicant to include the basis for design flow, proposed structure location(s), and property boundaries. Any false, inaccurate, or incomplete information provided by the applicant, owner, or legal representatives may result in denial or revocation of applications, approvals, or permits.

This AOWE Evaluation is being submitted pursuant to and meets the requirements of G.S.130A-336.2. This evaluation includes a soil and site evaluation, specifications, plans, and reports for the site layout and construction of a proposed onsite wastewater system by an Authorized On-Site Wastewater Evaluator (AOWE). The evaluation of soil conditions and site features is provided in accordance with G.S. 130A-335(e), the Rules for "Wastewater Treatment and Dispersal Systems", 15A NCAC 18E, and local septic regulations (if any). This report represents my professional opinion as a Licensed Soil Scientist and Authorized Onsite Wastewater Evaluator.



# AOWE EVALUATION

HAL OWEN ASSOCIATES  
www.halowensoil.com

## WASTEWATER SYSTEM DESIGN SPECIFICATIONS

Permit # HOA-AOWE-2508-1

Proposed Design Daily Flow	<u>639</u>	gpd
Septic Tank Size (minimum)	<u>1553</u>	gallons
Pump Tank Size (minimum)	<u>2969</u>	gallons

Drainfield Meets Requirements:

.0508 Available Space	<u>Yes</u>
.0601 Setbacks	<u>Yes</u>

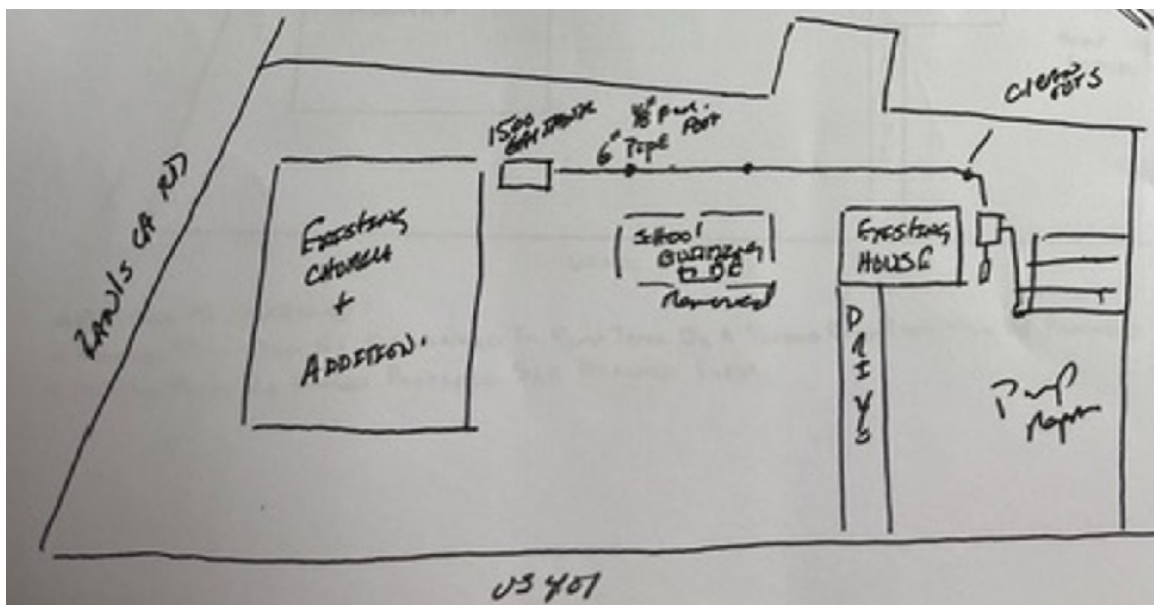
### Initial System **EXISTING**

System Type	Ve - Flow equalization			
Pump Required	<u>Yes</u>	<u>6.4</u>	ft TDH at	<u>23</u> GPM
Trenches:	<u>Conventional</u>			
Design LTAR	<u>0.47</u>	gal/day/ft <sup>2</sup>	Saprolite System	<u>No</u>
Total Trench/ Bed Length	<u>480</u>	feet	Fill System	<u>No</u>
Trench Spacing	<u>9</u>	ft on center		
Usable soil depth to LC		inches		
Maximum Trench Depth	<u>24</u>	inches, measured on downhill side of trench		
Minimum Soil Cover	<u>6</u>	inches		
Artificial Drainage Required	<u>No</u>			

### Repair System

System Type:	<u>Ve - Flow equalization</u>			
Pump Required	<u>Yes</u>			
Trenches:				
Design LTAR		gal/day/ft <sup>2</sup>	Saprolite System	<u>No</u>
Total Trench/ Bed Length		feet	Fill System	<u>No</u>
Trench Spacing		ft on center		
Usable soil depth to LC		inches		
Maximum Trench Depth of		inches, measured on downhill side of trench		
Minimum Soil Cover		inches		

(From Harnett County Operations Permit 21214)



# AOWE EVALUATION

HAL OWEN ASSOCIATES  
www.halowensoil.com

## WASTEWATER SYSTEM DESIGN SPECIFICATIONS

Permit # **HOA-AOWE-2508-1**

### FLOW EQUALIZATION CALCULATIONS

#### Basis for Flow

church	180	# seats	3	gal/seat
school	20	# students	6	gal/student
house	3	#bedrooms	120	gal/bedroom

#### Flow Events

Churches typically operate at full capacity 1-2 days per week (Sunday + another day)  
and at half capacity one day per week (ie evening bible study)

The school will operate 5 days per week

The SFR home operates 7 days a week

#### Flow Balance:

Day	DDF			Flow (gallons)		
	House	Church	School	Input	Output	Residual
Saturday	360	540		900	639	261
Sunday	360	540		900	639	523
Monday	360		120	480	639	364
Tuesday	360		120	480	639	206
Wednesday	360	270	120	750	639	317
Thursday	360		120	480	639	159
Friday	360		120	480	639	0
Total	2520	1350	600	4470	4470	0

Max projected inflow/day (Q)	900	gallons	(max daily input)
Equalization Volume	523	gallons	(max residual ST volume)
Flow Equalization cycle	7	days	
Total Flow per cycle	4470	gallons	(total input for the week)
Equalized Daily Flow (EQ)	639	gpd	(Total Flow/ Flow Equalization cycle)

480 Linear Feet existing conventional drainline

#### Tank Sizing

Septic Tank =  $1.17Q+500$  = 1553 gallons

Pump Tank Volume will be the sum of the following

Dose Volume	223	+	71 % pipe volume
Equalization Volume	523	+	(maximum residual volume)
Emergency Storage Vol	450	+	(highest daily flow per day/24hr/12hr)
Pump submergence Vol	923		(~18" * tank GPI [51.3])
Pump Tank Volume	2969	gallons	at minimum

#### Dosing Regime:

Dose Volume:	223	gallons
Pump Rate:	23	gpm
Cycles:	2.9	per day

Set Cycle timer 10 minutes "on" and 8.4 hours "off"

# **HOA-AOWE-2508-1****PERMIT CONDITIONS**

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met.

System shall be installed in accordance with the attached Wastewater System Design Specifications.  
See attached SYSTEM LAYOUT for wastewater system design and location.

Any changes to the site plan or intended use must be approved by Hal Owen & Associates. Permit modification and resubmittal to the LHD may be necessary to ensure regulatory compliance.

Conformance to ALL regulatory setbacks shall be maintained. Local regulations (such as County, well, or riparian ordinances) may require more stringent setbacks than specified in the State septic regulations.

Minimum soil cover of six inches shall be established over dispersal field. Soil cover above the original grade shall be placed at a uniform depth over the entire dispersal field and shall extend laterally five feet beyond the dispersal trench. Site shall be graded to shed water away from field and a vegetative cover established to prevent erosion.

The dispersal field and repair area shall not be subject to vehicular traffic. Vehicular traffic can damage soils, pipes, and valve boxes. Do not use septic areas for parking.

Do not allow underground utilities, water lines, or sprinkler systems to be installed in the septic areas. Damage to the septic areas could result in the septic permit being revoked.

The wastewater system shall not be covered until inspected by Hal Owen & Associates and shall not be placed into use until an Authorization to Operate is issued.

**SPECIFIC REQUIREMENTS**

The wastewater system shall meet the requirements of Innovative Wastewater System Approval IWWS-2004-01 for Flow Equalization System.

A septic inspection by Hal Owen & Assoc. staff is required prior to issuance of the Authorization to Operate.

The septic tanks shall be pumped out by a septic contractor during the inspection.

The existing septic tanks and pump tank may remain in use if tanks are in good repair; otherwise the faulty tank(s) shall be properly abandoned and a new tank meeting regulations shall be installed.

System operations will be reviewed by Hal Owen & Assoc. staff and the Operator in Responsible Charge (ORC)  
A contract for operation and maintenance shall be executed between the system owner and an ORC prior to issuance of the Authorization to Operate.

Inspection/maintenance and reporting frequency requirements shall be:

- i. LHD compliance inspection frequency every 3 years
- ii. Certified Operator maintenance inspection frequency twice per year

**TERMS AND CONDITIONS**

This AOWE Evaluation is intended to file a Notice of Intent to construct a wastewater system with the Local Health Department and shall expire in five years. This evaluation is not a permit to develop. The owner and subcontractors will need to abide by all state and local rules and regulations pertaining to planning, zoning, and land use development.

Notice of Intent to Construct – Prior to commencing or assisting in the construction, siting, relocation, or repair of a wastewater system, a complete Notice of Intent (NOI) to Construct a wastewater system using an AOWE must be submitted to the Local Health Department (LHD). The owner may apply for a building permit for the project upon submitting a complete NOI and the required fee.

Plan Alterations – If there are any changes in the site plan that can impact the wastewater system, such as moving the house or driveway, site alterations, or if the applicant chooses to change the design daily flow prior to wastewater system construction, a new NOI shall be submitted to the LHD. The applicant shall request in writing that the PE or AOWE invalidate the prior NOI with a signed and sealed letter sent to the applicant and LHD.

Site Alterations – The applicant shall be responsible for preventing modifications or alterations of the site for the wastewater system and the system repair area before, during, and after any construction activities for the facility, unless approved by the AOWE.

On-Site Wastewater System Contractor – The AOWE shall assist the owner in the selection of a certified on-site wastewater system contractor who shall be under contractual obligation to the owner and have sufficient errors and omissions, liability, or other insurance for the system constructed.

Inspections, Construction Observations, and Reports – The AOWE shall make periodic visits to the site to observe the progress and quality of the construction of the wastewater system.

Authorization to Operate (ATO) – Upon determining that the wastewater system has been properly installed and is capable of being operated in accordance with the conditions of the permit, the AOWE shall provide the owner with a report that includes inspection reports, a written operation and management program, any special reports, and an Authorization to Operate. The owner shall sign confirming acceptance and receipt of the report, and then provide a copy to the LHD who will issue the certificate of occupancy for the facility.

Operation and Management – The owner shall be responsible for continued adherence to the operations and management program established by the AOWE. This permit shall in no way be taken as a guarantee or implied warranty that the septic system will function satisfactorily for any given period of time.

Change in System Ownership – An authorized wastewater system shall be transferrable to a new owner with the consent of the AOWE. The new owner and the AOWE shall enter a contract for the wastewater system.

Revocation – The AOWE permit is subject to revocation if the site plan, plat, or the intended use changes. This permit is subject to compliance with the provisions of the laws and Rules for Wastewater Treatment and Dispersal Systems and to the conditions of this permit.

Repair of Malfunctioning Systems – The owner may apply for an Improvement Permit and a Construction Authorization from the LHD or obtain a NOI from an AOWE to repair a malfunctioning wastewater system.