

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 _____ <small style="margin-left: 150px;">Date</small> <small>Initials</small>
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: Kirby Johnson License number: 4340
Mailing address: 12232 US Highway 70W City: Clayton State: NC Zip: 27520
Telephone number: 919-550-2023 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, Michael Lee Smith hereby attest that all items indicated above have been provided to the
Print name of Owner
Harnett County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

[Signature] 10-21-2023
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 10/23/23 via email.
James E. Manhart James E. Manhart 10-23-23
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.

HAL OWEN & ASSOCIATES, INC.

SOIL & ENVIRONMENTAL SCIENTISTS

P.O. Box 400, Lillington, NC 27546-0400

Phone (910) 893-8743 / Fax (910) 893-3594

www.halowensoil.com

Project Name: 4311 Cokesbury Road

County: Harnett **LHD Reference:** EH2306-0007

Provided to:

Name: Michael Lee Smith

Address: 540 Farabow Drive, Holly Springs, NC 27540

I, Michael Lee Smith, acknowledge receipt of the

Licensed Soil Scientist Report which includes:

- Signed and sealed copy of the AOWE's report that includes the information in G.S. 130A-336.2(k)
- Operation and Management Program
- Authorization to Operate

I accept the septic system installation and understand that I will be responsible for continued adherence to the Operations and Management program established by the AOWE.


Signature

10-15-2023
Date

HAL OWEN & ASSOCIATES, INC.

SOIL & ENVIRONMENTAL SCIENTISTS

P.O. Box 400, Lillington, NC 27546-0400
Phone (910) 893-8743 / Fax (910) 893-3594
www.halowensoil.com

5 October 2023

Michael Lee Smith
540 Farabow Drive
Holly Springs, NC 27540

Reference: LSS Report for Authorization to Operate (ATO)
4311 Cokesbury Rd, Harnett Co., NC
PIN 0625-72-7138

Dear Mr. Smith,

This LSS Report is being provided pursuant to and meets the requirements of G.S. 130A-336. This report is based on information provided by the property owner or their representative. Hal Owen & Associates, Inc. is not responsible for false or misleading information that may have been provided to us in pursuit of this permit, nor for concealed conditions on the property. Hal Owen & Associates Inc. does not warrant that the septic system will continue to function satisfactorily in the future.

The septic system for the above referenced property has been installed and was inspected by Hal Owen & Associates staff on 22 September 2023. The system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the AOWE Permit. The system was installed within the design parameters of the Permit with some minor changes, which included adjustments to the tank location and drainline lengths. Enclosed with this report are the *Septic System Final Inspection Report*, *As-Built map* (Figure 1), and *Operation and Management Program*.

Your next step is to sign a document confirming receipt of this report and acceptance of the installed system. Also sign and date the ATO form attached. You will need to submit these to the Local Health Department (LHD) along with this report and its attachments and pay the LHD fee. The LHD will issue the certificate of occupancy after receiving a complete ATO.

I appreciate the opportunity to provide this service. If you have any questions or need additional information, please contact me at your convenience.



Sincerely,

A handwritten signature in black ink that reads "Hal Owen".

Hal Owen
Licensed Soil Scientist
Authorized Onsite Wastewater Evaluator

LSS Report for Authorization to Operate (ATO)
4311 Cokesbury Rd, Harnett Co., NC
LHD# EH2306-0007

5 October 2023

Contacts

SOIL SCIENTIST

Company Name	Hal Owen & Associates, Inc.
Mailing Address	PO Box 400, Lillington, NC 27546
Telephone Number	910-893-8743 Fax: 910-893-3594
E-mail Address	hal@halowensoil.com
Licensed Soil Scientist	Hal Owen, LSS#1102 and AOWE# 10036E
System Designer	Jocelyn Proulx
System Inspector	Jocelyn Proulx

INSTALLER

Company Name	Johnson Farms & Septic
Mailing Address	12232 US Highway 70W, Clayton, NC 27520
Telephone Number	(919) 550-2023
Installer & Certification #	Kirby Johnson #4340

LOCAL HEALTH DEPARTMENT

Agency Name	Harnett County Health Department Environmental Health Division
Mailing Address	307 W Cornelius Harnett Blvd, Lillington, NC 27546
Telephone Number	910-893-7547
LHD Application #	EH2306-0007

Septic System Final Inspection Report

Facility Type	Business
Wastewater Type	Domestic
Water Supply	Well
Design Wastewater Flow	100 gpd
Soil LTAR	0.3

Installation

Date	22 September 2023
System Inspector	Jocelyn Proulx
Installer	Kirby Johnson #4340

Septic Tank:

Volume (gallons)	1250
Brand and Tank ID#	MCP STB 381
Date of Manufacture	7/20/2023
Certified watertight	Yes, see attached certification
Distance to Structure	180'
Elevation of tank inlet	4'10"
Elevation of tank outlet	5"

Effluent Filter:

Make and Model	PL-68
----------------	-------

Distribution:

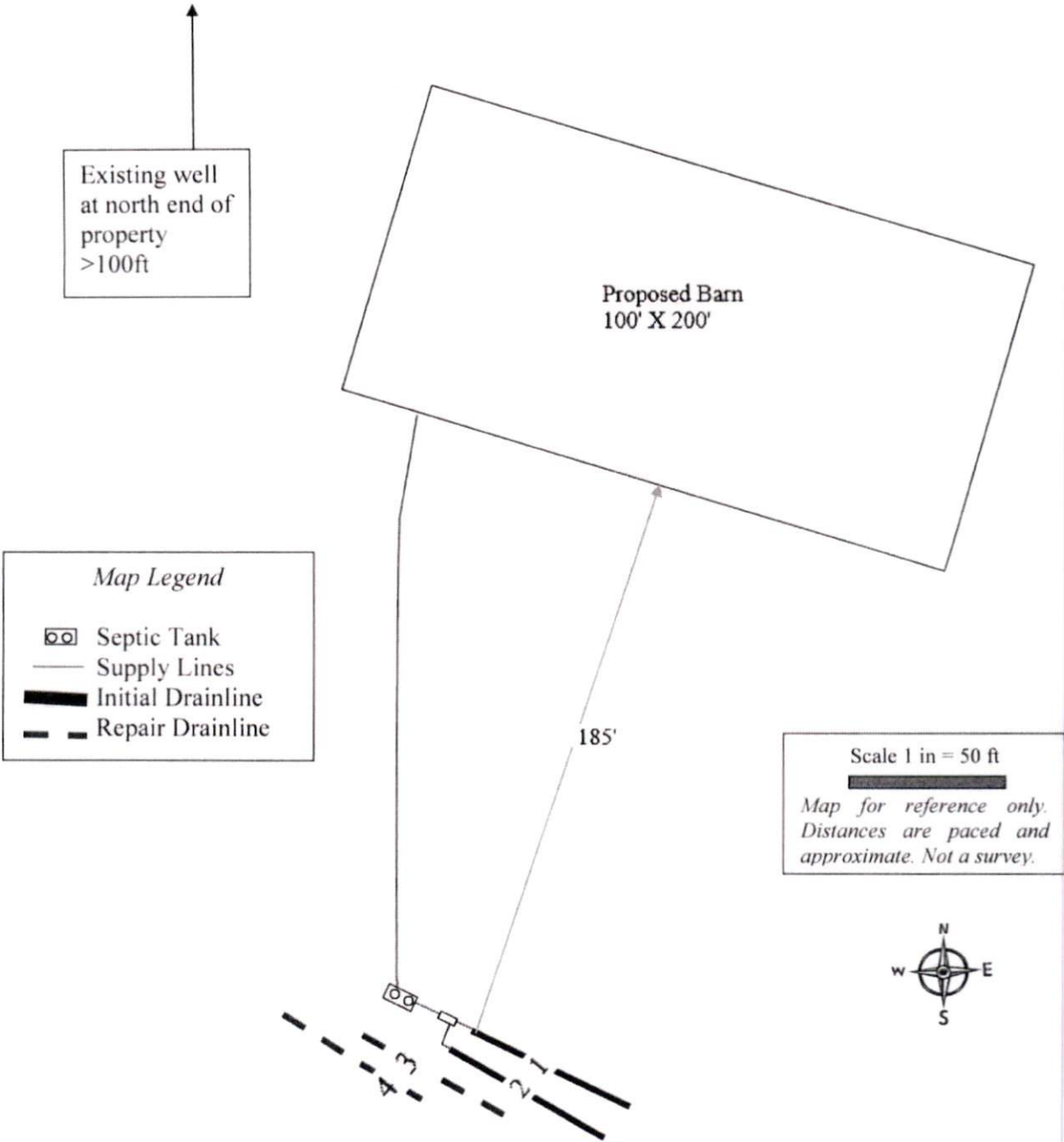
Supply Line Length to Distribution	9'
Supply Line Diameter	3"
Distribution Device:	Distribution Box
Number of outlets (laterals)	2

Drainfield:

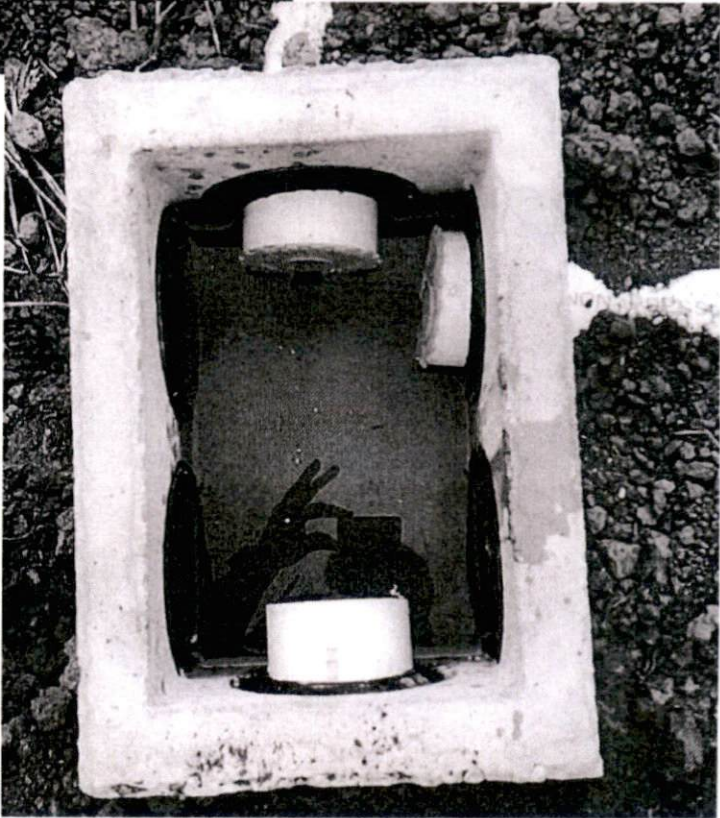
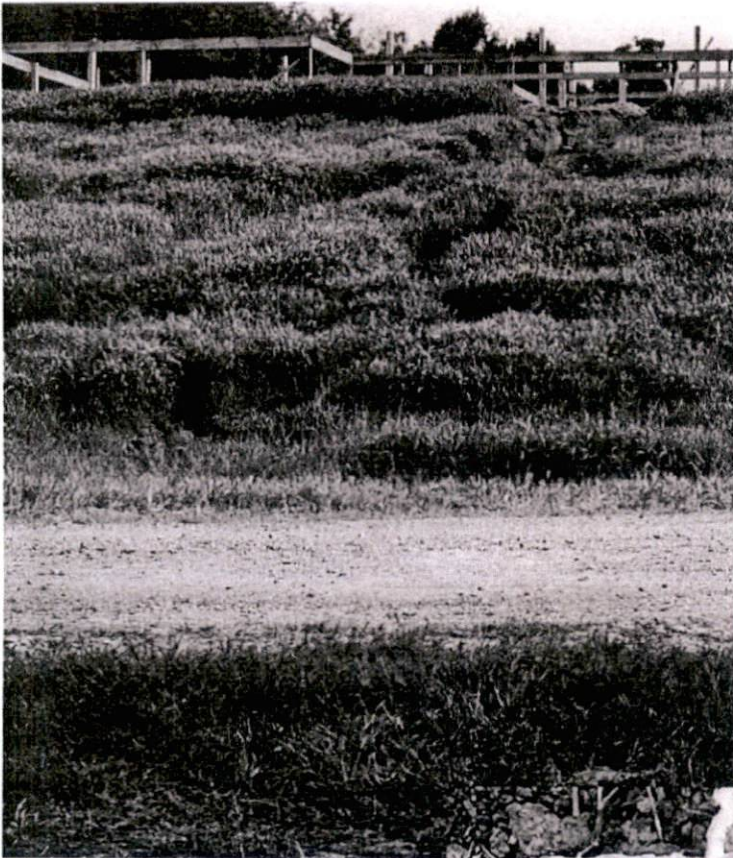
Type	Conventional gravel		
Distance to Structure	185'		
Distance to Well	>100'		

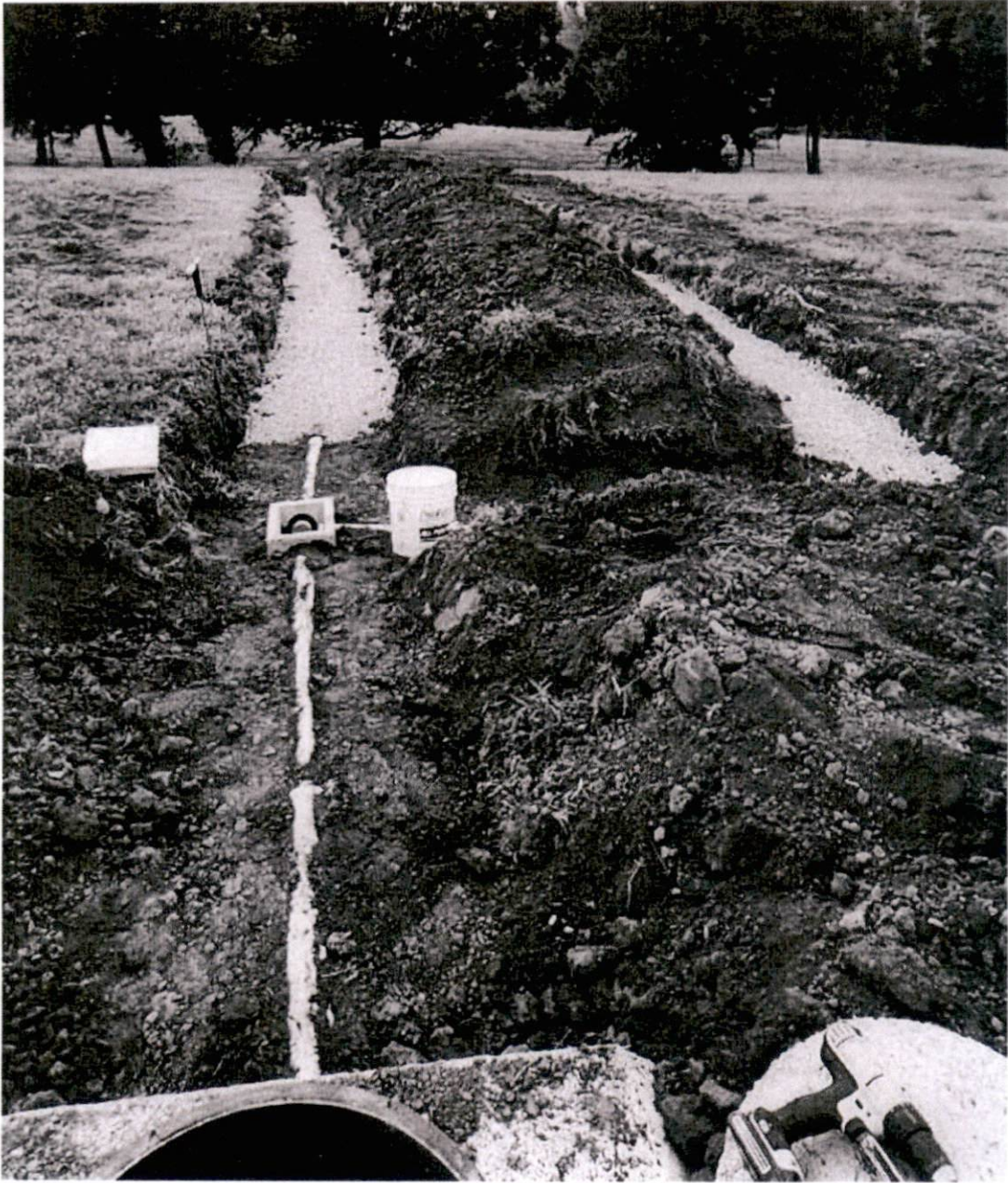
Trench Depth	18"-24"	Trench width	3'
Trench Spacing	9'	Aggregate	Gravel 12"
		Elevation taken at	Top of line
		<u>Middle</u>	<u>End</u>
Line 1	<u>Length (ft)</u> 60	<u>Start</u>	5'8"
Line 2	60	6'6"	5'8"
		6'6"	6'6"
Total	120		

Figure 1. As-built Septic System Installation











Operation and Management Program

In accordance with G.S. § 130A-336.2, the owner is responsible for continued adherence to the operations and management program. Septic systems safely treat and dispose of wastewaters produced in the bathroom, kitchen, and laundry. These wastewaters may contain disease-causing germs and pollutants that must be treated to protect human health and the environment. Septic systems must be properly used, operated, and maintained by the homeowner to assure the long-term performance of the system.

PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
Other: _____
Subsurface system operator required? Yes _____ No X _____
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

KNOW WHERE YOUR SEPTIC SYSTEM IS LOCATED

Your property has an onsite subsurface sewage waste disposal system. Familiarize yourself with the location of the system including the tanks, distribution devices, and disposal fields (including repair area). These areas shall be protected from excavation, building additions, outbuildings, pool construction, and soil disturbing activities. Prohibit vehicular traffic over the ground absorption field.

DAY-TO-DAY MANAGEMENT

Don't use too much water.

- ◆ The drainfield does not have unlimited capacity.
- ◆ Typical daily water use is 25 gallons per person/employee.
- ◆ The soil drainfield usually has a maximum daily design capacity of 25 gallons per employee, even for short periods of time.
- ◆ Overloads can occur seasonally, daily, or on the weekend.
- ◆ Water conservation will extend the life of your system.
- ◆ Repair dripping faucets and toilets.

Limit disposal to sewage.

- ◆ Don't use your septic tank as a trash can for cigarette butts, tissues, sanitary napkins, cotton swabs, cat box litter, coffee grounds, or disposable diapers.
- ◆ Restrict the use of your garbage disposal. These add quite a lot of extra solids.
- ◆ Don't pour grease or cooking oil down the drain.
- ◆ Don't poison your system with harmful chemicals such as solvents, oils, paints, thinners, discarded medications, disinfectants, pesticides, poisons, and other substances.
- ◆ Save money. Commercial septic tank additives are usually not necessary.

Protect the system from physical damage (site maintenance).

- ◆ Keep the soil over the drainfield covered with vegetation to prevent soil erosion.
- ◆ Don't drive vehicles over the system.
- ◆ Avoid construction over the system and repair area.
- ◆ Don't cover the tank or drainfield with asphalt or concrete.
- ◆ Do not install irrigation systems over your drainfield as these could damage the system and/or hydraulically overload the soils.

Dispose of all wastewater in an approved system.

- ◆ Don't put in a separate pipe to carry wash waters to a side ditch or the woods. This is illegal.
- ◆ Don't connect pipes from air conditioners or ice makers to the septic system.

PERIODIC MAINTENANCE AND REPAIR

Home and yard (site maintenance):

- ◆ Protect and maintain the site of your septic tank and drainfield.
- ◆ In the drainfield area, cut down and remove trees that like wet conditions. This includes willows, elms, sweetgums, and some maples.
- ◆ Landscape the yard to divert surface waters away from the tank and drainfield. Eliminate depressional areas within the drainfield.
- ◆ Be sure that the water from the roof, gutters, and foundation drains does not flow over the system.
- ◆ Maintain drainage ditches, subsurface tiles, and drainage outlets so that water can flow freely from them.

Septic tank:

- ◆ Ensure tank risers remain accessible for measuring and pumping solids as well as cleaning the effluent filter.
- ◆ Measure how quickly sludge and scum accumulate in the tank. Pump septage when solids occupy 1/3 to 1/4 of the liquid capacity of the tank (frequency 1 to 3 years).
- ◆ Don't wait until your drainfield fails to have your tank pumped. By then, the drainfield may be ruined. With septic systems, an ounce of prevention is worth a ton of cure!

Table 1. Estimated septic tank inspection and pumping frequency (in years). Tank Size (gallons)

Tank Size (gallons)	Number of People Using the System				
	1	2	4	6	8
900	11	5	2	1	<1
1000	12	6	3	2	1
1250	16	8	3	2	1
1500	19	9	4	3	2

SIGNS OF POSSIBLE SEPTIC SYSTEM PROBLEMS

- ◆ Sewage backing up into your toilets, tubs, or sinks.
- ◆ Slowly draining fixtures, particularly after it has rained.
- ◆ The smell of raw sewage accompanied by soggy soil or sewage discharged over the ground or in nearby ditches or woods.
- ◆ Don't attempt to repair a failing system yourself. Get a repair permit and hire an experienced contractor.

REGULATIONS AND PRECAUTIONS:

- ◆ Sewage contains germs that can cause diseases. Never enter a septic tank. Toxic and explosive gases in the tank present a hazard. Old tanks may collapse. Electrical controls present a shock and spark hazard. Secure the septic tank lid so that children cannot open it.

For more information about septic systems, contact your county Extension agent or local health department. <https://content.ces.ncsu.edu/septic-system-owners-guide>

PREVENTIVE MAINTENANCE RECORD

Your Septic System Pumper

Name: _____

Address: _____

Phone: _____ Email: _____

Date System Installed:

<u>Date</u>	<u>Work Done</u>	<u>Firm</u>	<u>Cost</u>
-------------	------------------	-------------	-------------



CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 9/27/23

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY BLINSON INSURANCE AGENCY 708 UMSTEAD LN GARNER, NC 27529-3099	AGENT'S NO. JJ1019	COMPANY(IES) AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-in-Fact in NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
---	-----------------------	--

NAME AND ADDRESS OF NAMED INSURED Johnson Farms & Septic Kirby Johnson D/B/A 12232 US Highway 70W Clayton, NC 27520-0000	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.
--	---

This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO Add'l LTR Ins'd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
E	<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q35 2120601	11/21/22	11/21/23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any One Fire)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any One Person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV. INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any One Fire)	\$ 1,000,000	MED EXP (Any One Person)	\$ 5,000	PERSONAL & ADV. INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS-COMP/OP AGG	\$ 2,000,000
EACH OCCURRENCE	\$ 1,000,000																
FIRE DAMAGE (Any One Fire)	\$ 1,000,000																
MED EXP (Any One Person)	\$ 5,000																
PERSONAL & ADV. INJURY	\$ 1,000,000																
GENERAL AGGREGATE	\$ 2,000,000																
PRODUCTS-COMP/OP AGG	\$ 2,000,000																
E	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE	Q11 2130543	11/21/22	11/21/23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BODILY INJURY (EACH PERSON)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (EACH ACCIDENT)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td style="text-align: right;">\$ 750,000</td></tr> </table>	BODILY INJURY (EACH PERSON)	\$	BODILY INJURY (EACH ACCIDENT)	\$	PROPERTY DAMAGE	\$	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 750,000				
BODILY INJURY (EACH PERSON)	\$																
BODILY INJURY (EACH ACCIDENT)	\$																
PROPERTY DAMAGE	\$																
BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 750,000																
E	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$				
EACH OCCURRENCE	\$																
AGGREGATE	\$																
	\$																
	\$																
E	WORKERS COMPENSATION & EMPLOYERS LIABILITY	Q90 1200846	6/12/23	6/12/24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="3" style="text-align: center;">STATUTORY</th></tr> <tr><td rowspan="3" style="text-align: center; vertical-align: middle;">BODILY INJURY BY</td><td>ACCIDENT</td><td style="text-align: right;">\$ 100,000 EACH ACCIDENT</td></tr> <tr><td>DISEASE</td><td style="text-align: right;">\$ 100,000 POLICY LIMIT</td></tr> <tr><td>DISEASE</td><td style="text-align: right;">\$ 500,000 EACH EMPLOYEE</td></tr> </table>	STATUTORY			BODILY INJURY BY	ACCIDENT	\$ 100,000 EACH ACCIDENT	DISEASE	\$ 100,000 POLICY LIMIT	DISEASE	\$ 500,000 EACH EMPLOYEE		
STATUTORY																	
BODILY INJURY BY	ACCIDENT	\$ 100,000 EACH ACCIDENT															
	DISEASE	\$ 100,000 POLICY LIMIT															
	DISEASE	\$ 500,000 EACH EMPLOYEE															
E	OTHER Leased Equipment	Q35 2120601	11/21/21	11/21/23	\$100,000												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

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.

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).

NAME AND ADDRESS OF CERTIFICATE HOLDER Hal Owen & Associates, Inc. PO Box 400 Lillington, NC 27546	AUTHORIZED REPRESENTATIVE
--	-----------------------------------

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 _____ <small style="margin-left: 150px;">Date</small> <small style="margin-left: 100px;">Initials</small>
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: Kirby Johnson License number: 4340
Mailing address: 12232 US Highway 70W City: Clayton State: NC Zip: 27520
Telephone number: 919-550-2023 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, Michael Lee Smith hereby attest that all items indicated above have been provided to the
Print name of Owner
Cumberland County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

[Signature] 10-15-2023
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.