

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

2780 Norrington Road

Provided to:

David Gietz

9 Cedarview Ct

Palm Coast, FL 32137

I, Dave Gietz, acknowledge receipt of the Licensed Soil Scientist Report and accept the septic system installation.

Donna J. Johnson
Signature

owner
Title

NOV 21, 2022
Date

NORTH CAROLINA NOTARY ACKNOWLEDGMENT

THE STATE OF NORTH CAROLINA, COUNTY OF Harnett

I, Donna J. Johnson, Notary Public, do hereby certify

that Dave Gietz (name of individual(s) whose acknowledgment is

being taken) personally appeared before me this day and acknowledged the due execution of the

foregoing instrument. Witness my hand and official seal this 14 day of 11, 2022.

Donna J. Johnson

Notary Public Signature

Print Donna F. Johnson

My commission expires:

(Seal)

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="text-align: center;"><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 LSS COVID-19 permit:

1. Signed and sealed copy of the LSS'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 LSS Yes No
5. On-site Wastewater Contractor name: Larry Sharpe License number: 1165
 Mailing address: 1195 Pickett Road City: Sanford State: NC Zip: 27332
 Telephone number: 919-499-6160 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 LSS COVID-19 permit: _____

Copies of this signed form were sent to the LSS 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.

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11 November 2022

David Gietz
9 Cedarview Ct
Palm Coast, FL 32137

Reference: LSS Report for Authorization to Operation (ATO)
2780 Norrington Road; PIN 0537-02-565.000

Dear Mr. Gietz,

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 8 November 2022. The system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. The system was installed within the design parameters of the construction authorization with some minor changes, which included center fed distribution and adjustments to drainline length. Enclosed with this report are the *Septic System Final Inspection Report*, As-Built map (Figure 1), and *Operation and Management Program*. The well location has not been finalized and will need to be approved by the appropriate regulatory authority.

Your next step is to sign and notarize a document confirming receipt of this report and acceptance of the installed system. You will need to submit to the Local Health Department (LHD) the notarized letter, this report with attachments, the LHD fee, the On-site Wastewater Contractor name and their proof of errors and omissions. The LHD will issue the Authorization to Operation (ATO) after reviewing the application and finding it complete.

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

Sincerely,



Hal Owen
Licensed Soil Scientist

LSS Report for Authorization to Operation (ATO)

2780 Norrington Road; PIN 0537-02-5655.000

LHD# SFD2201-0045

11 November 2022

1

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, License #1102
System Designer	Jocelyn Proulx

INSTALLER

Company Name	Larry Sharpe Septic Tank Company
Mailing Address	1195 Pickett Road, Sanford, NC 27332
Telephone Number	(919) 499-6160
Installer & Certification #	1165

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
E-mail Address	
LHD Application #	SFD2201-0045

Septic System Final Inspection Report

Facility Type	Single Family Residence
Wastewater Type	Domestic
Water Supply	Individual Well
Design Wastewater Flow	360 gpd
Soil LTAR	0.3

Installation

Date	8 November 2022
System Inspector	Jocelyn Proulx
Installer	Larry Sharpe

Septic Tank:

Volume (gallons)	1000
Tank ID#	MCP 1000
Date of Manufacture	8/12/2022
Certified watertight	Yes
Elevation of tank inlet	4' 10"
Elevation of tank outlet	5'

Effluent Filter:

Make and Model	Polylok
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Distribution:

Supply Line Length to Distribution	25'
Distribution Device:	Distribution Box
Number of outlets (laterals)	2


Drainfield:

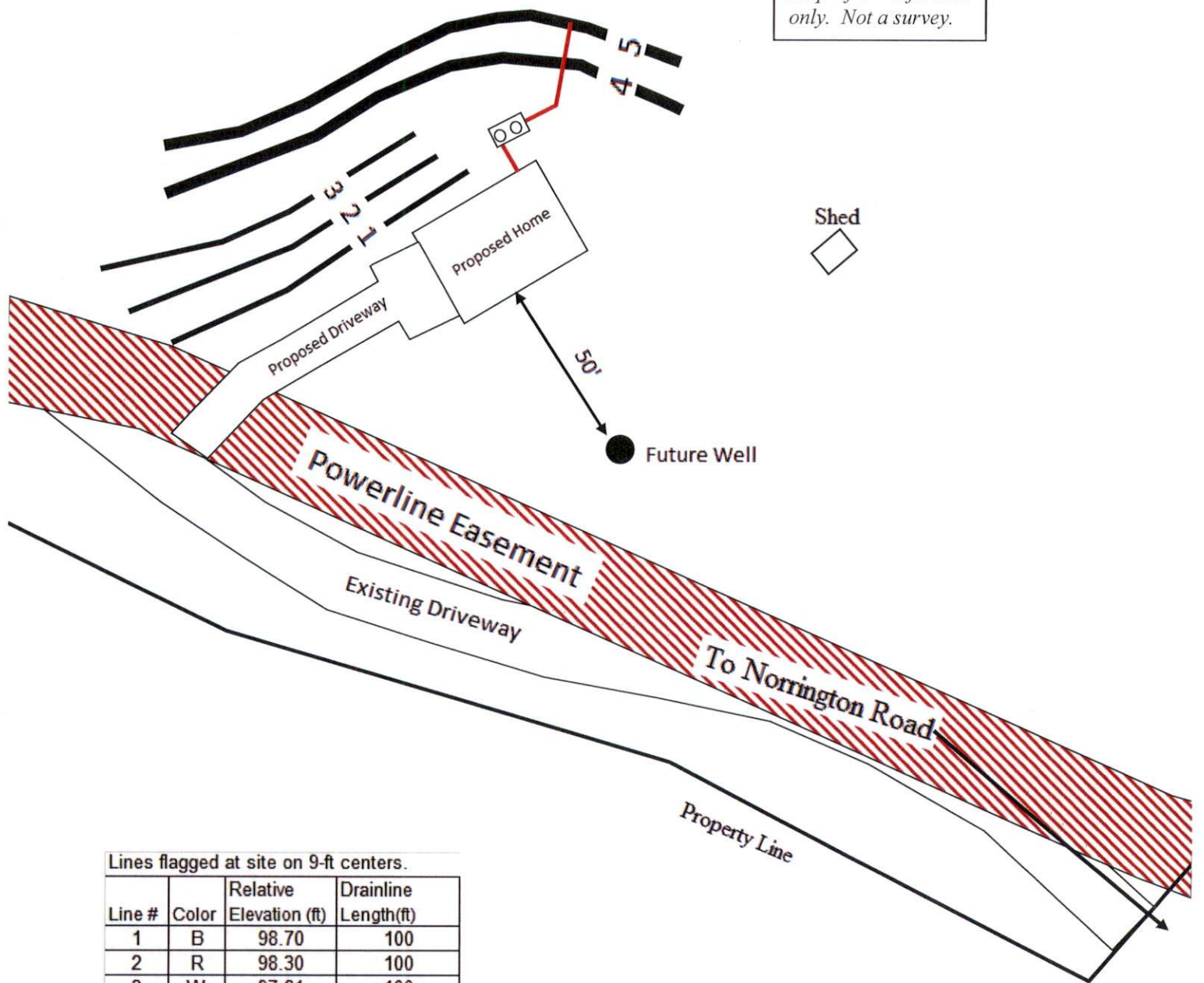
Type	Gravity to Quick4 Plus Chamber		
Distance to Structure	10'		
Distance to Well	Not installed		

Trench Depth	15"	Trench width	36"
Trench Spacing	9"		
	<u>Length (ft)</u>	<u>Start</u>	<u>Middle</u>
Line 4	150	5' 5"	5' 5"
Line 5	150	6' 9"	6' 9"
Total	300		

Notes:

Figure 1. As-built Septic System Installation

Scale 1 in = 40 ft

 Distances are paced and approximate.
 Map for reference only. Not a survey.



Lines flagged at site on 9-ft centers.

Line #	Color	Relative Elevation (ft)	Drainline Length(ft)
1	B	98.70	100
2	R	98.30	100
3	W	97.61	100
4	Y	96.58	150
5	B	95.48	150
Septic Tank:		98.82	
Pump Tank:		97.59	
Relative Elev:		100.00	







Curtis Maroschak <maroschakpipe@gmail.com>

WATER-TESTED TANK NOTICE

1 message

Jamie Mitchell <mcpconcrete1970@gmail.com>

Mon, Nov 7, 2022 at 10:03 AM

To: "Curtis (Vander)" <Maroschakpipe@gmail.com>

This 1000 gallon septic tank has been water-tested by Mitchell Concrete Products. It will meet or exceed any and all water-testing specifications designed by the state of North Carolina.

Thanks,
Jamie Mitchell
Mitchell Concrete Products

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 50 gallons per person.
- ◆ The soil drainfield usually has a maximum daily design capacity of 120 gallons per bedroom, 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:

- ◆ Please visit the North Carolina Wastewater Operator Certification Program for a complete listing of Certified Subsurface Wastewater Operators. <https://deq.nc.gov/about/divisions/water-resources/operator-certification/wastewater-operator-certification>
- ◆ 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>



LARRSHA

OP ID: SLF

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/29/2022

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).

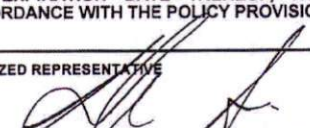
PRODUCER INSURANCE SERV CTR -SANFORD SANFORD BRANCH PO Box 1440 SANFORD, NC 27331	919-775-5618	CONTACT NAME: SAVANNAH FRANZKE PHONE (A/C, No, Ext): 919-775-5618 E-MAIL ADDRESS: sfrazke@iscfay.com	FAX (A/C, No): 919-775-5856
	INSURER(S) AFFORDING COVERAGE INSURER A : NGM INSURANCE COMPANY INSURER B : GUARD INS GROUP INSURER C : INSURER D : INSURER E : INSURER F :		NAIC # 14788
INSURED LARRY SHARPE SEPTIC TANK LARRY SHARPE, DBA 1195 PICKETT RD. SANFORD, NC 27332			

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MPO46468	02/10/2022	02/10/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	R2WC326534	02/11/2022	02/11/2023	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER HALOWE1 HAL OWEN & ASSOCIATES INC 827 S 8TH ST LILLINGTON, NC 27546	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 
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