

**PART 3: Authorization to Operate (ATO)**

*Except for date received, the Section below is to be completed by the Owner or by the PE designated to act as their legal representative for the EOP.*

LHD USE ONLY: Initial submittal of request for ATO received: <u>3-14-24</u> by <u>MD</u>
Date Initials
Date of Post-construction Conference: <u>                    </u>

The following items are included in this submittal for an Authorization to Operate under an EOP:


1. Signed and sealed copy of the Engineer's report that includes:
  - a. Signed and sealed evaluation of soil conditions and site features  Yes  No
  - b. Drawings, specifications, plans  Yes  No
  - c. Reports on special inspections and final inspection  Yes  No
  - d. Management Program manual  Yes  No
  - e. On-site Wastewater Contractor's signed statement  Yes  No
  - f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h)  Yes  No
2. Fee (as applicable)  Yes  No
3. Notarized letter documenting Owner's acceptance of the system from the PE  Yes  No

**Attestation by the Owner or the PE for Authorization to Operate**

I, ATHAN M. PARKER, PE hereby attest that all items indicated above have been provided to the

*Print name of Owner or Professional Engineer*

HARNETT County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).


Digitally signed by Athan M. Parker, PE  
DN: cn=Athan M. Parker, PE, o=US,  
ou=AMPD Engineering, PLLC,  
email=athan.parker@ampdenengineering.com  
Date: 2024.03.14.19:09:06 -0500

\_\_\_\_\_  
*Signature of Owner or Professional Engineer* *Date*

**This section for LHD Use Only.**

**LHD Review of required information for the ATO**

INCOMPLETE  
Based upon review of information submitted by the Owner or PE in the Section above, the following items are missing from the information required for an Authorization to Operate for an EOP: \_\_\_\_\_

Copies of this signed form were sent to the design PE 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 by the Owner or PE in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.1(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on \_\_\_\_\_ via \_\_\_\_\_.

Made Osborne RETT Made Osborne RETT 3-15-24  
*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 PE 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.