



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

New Expansion Repair Relocation Relocation of Repair Area

Owner or Legal Representative Information:
 Name: Beth Stephenson
 Mailing address: 13429 Old Stage Rd City: Willow Spring State: NC Zip: 27592
 Phone: 252-333-2047 Email: twomorehomesllc@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: 8461 Old US 421, Lillington, NC 27546
 Tax parcel identification number or subdivision lot, block number of property: _____
PIN 0610-15-8515, Lot 2 County: Harnett

System Information:
 Wastewater System Type: IIIbg (Pump to Accepted Status 25% reduction)
 Daily Design Flow: 360 gpd
 Sapro-lite System: Yes No Subsurface Operator Required: Yes No
 Water Supply Type: Private Well Public Water Supply Spring Other: _____

Facility Type:
 Residential 3 # Bedrooms 6 Maximum # of Occupants _____
 Business Type of Business and Basis for Flow: _____
 Public Assembly Type of Public Assembly and Basis for Flow: _____



Required Attachments:
 Plat or Site Plan
 Evaluation of Soil and Site Features by Licensed Soil Scientist

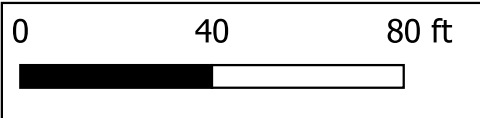
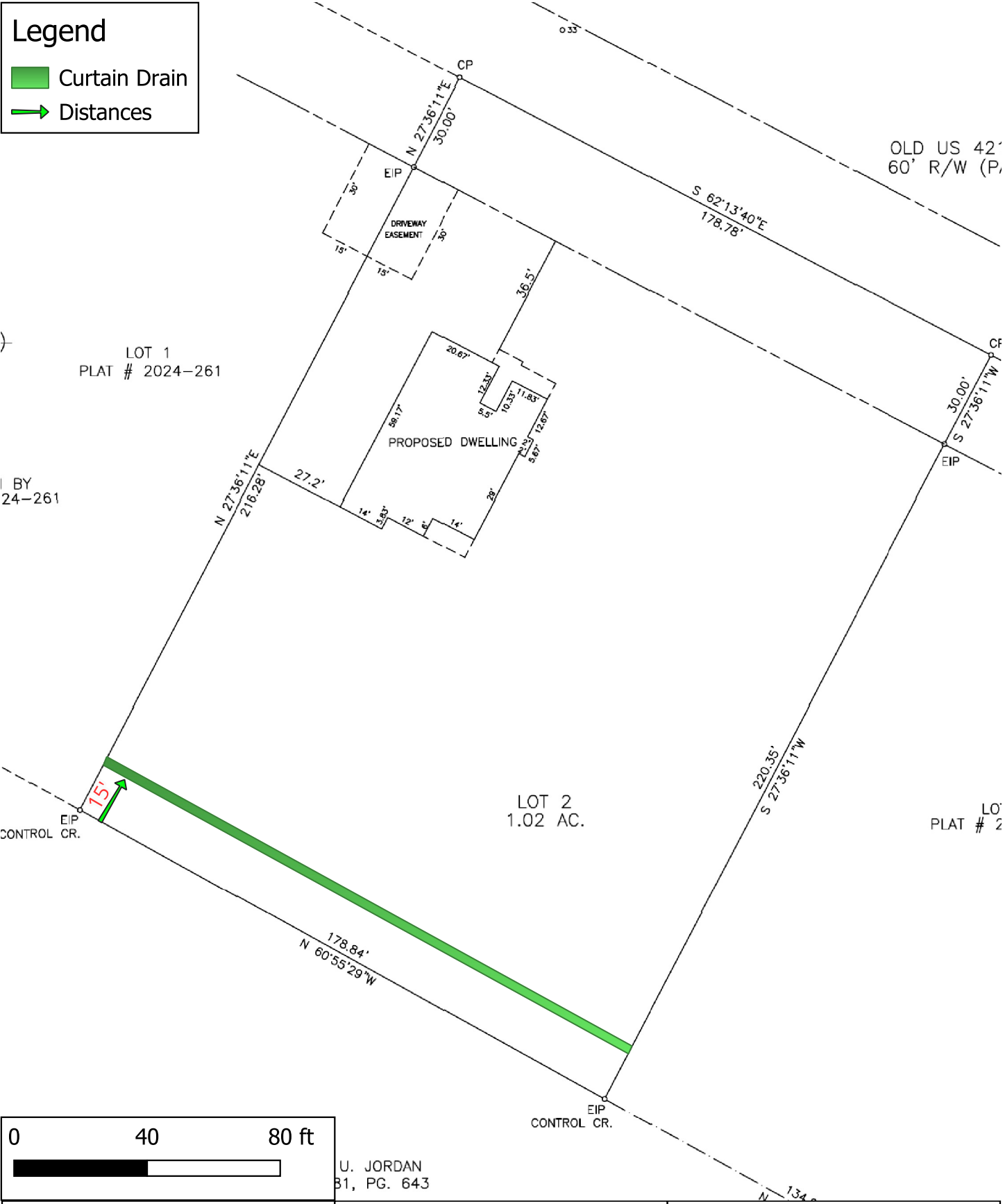
Attest: On this the 18 day of November, 2024 by signature below I hereby attest that the information required to be included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest that I have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina.
 This NOI shall expire on 18 day of November, 2029.
 Signature of Authorized Onsite Wastewater Evaluator: Hal Owen
 Signature of Owner or Legal Representative: _____

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: _____

Legend


-  Curtain Drain
-  Distances



U. JORDAN
B1, PG. 643

Hal Owen & Associates Inc.
PO Box 400, Lillington, NC 27546
www.halowensoil.com
919-893-8743

8461 Old US 421
Harnett County NC
18 November 2024

 Site Plan

For reference only. Not a survey.

AOWE EVALUATION

HAL OWEN ASSOCIATES
www.halowensoil.com

HOA-A2-2409-03

Issue date 11/18/2024

Expiration 11/18/2029

APPLICANT INFORMATION

| | | | |
|-----------------|--|------------------|------------|
| Name | Beth Stephenson | | |
| Mailing Address | 13429 Old Stage Road Willow Spring NC | | |
| E-mail Address | twomorehomesllc@gmail.com | Telephone Number | 2523332047 |

PROPERTY IDENTIFIERS

| | | | |
|-------------------|-------------------------------------|------------|----------------|
| County | Harnett | PIN | 0610-15-8515 |
| Size (Acre) | 1.02 | County PID | 130610 9000 03 |
| Site Address | 8461 Old US 421 Lillington NC 27546 | | |
| S/D Name and Lot# | Larry Taylor Subdivision Lot 2 | | |

PROJECT INFORMATION

| | | | |
|------------------------|-------------|-----------------------|--------------|
| Wastewater System | New | .0403 Eng Low Flow | No |
| Wastewater Strength | Domestic | Effluent Standard | DSE |
| Facility Type | Residential | Water Supply | Public Water |
| Design Wastewater Flow | 360 gpd | gal/unit | 120 |
| Basis for Flow | 3 bedrooms | max occupancy | 6 |
| Basement | No | Fixtures in basement? | No |
| Crawl Space | No | Slab Foundation | Yes |

CONSULTANT INFORMATION

| | | | |
|-------------------------|--|------------------|-------------------|
| Company Name | Hal Owen & Associates, Inc. | | |
| Mailing Address | PO Box 400, Lillington, NC 27546 | | |
| E-mail Address | hal@halowensoil.com | Telephone Number | 910-893-8743 |
| Licensed Soil Scientist | Britt Wilson, LSS#1351 | 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.



WASTEWATER SYSTEM DESIGN SPECIFICATIONS

| | | | |
|----------------------------|------|----------------------|----------------------------------|
| Proposed Design Daily Flow | 360 | gpd | Drainfield Meets Requirements: |
| Septic Tank Size (minimum) | 1000 | gallons | .0508 Available Space <u>Yes</u> |
| Pump Tank Size (minimum) | 1000 | gallons, if required | .0601 Setbacks <u>Yes</u> |

Initial System

| | | | |
|------------------------------|--|---|----------------------------|
| System Type | IIIbg – Pump to Other non-conventional systems | | |
| Pump Required | Yes | 11.61 | ft TDH at <u>23.0</u> GPM |
| Trenches: | Accepted (25% reduction) System | | |
| Design LTAR | 0.60 | gal/day/ft ² | Saprolite System <u>No</u> |
| Total Trench/ Bed Length | 150 | feet | Fill System <u>No</u> |
| Trench Spacing | 9 | ft on center | |
| Usable soil depth to LC | 36 | inches | |
| Maximum Trench Depth | 20 | inches, measured on downhill side of trench | |
| Minimum Soil Cover | 6 | inches | |
| Artificial Drainage Required | No | | |

Repair System

| | | | |
|--------------------------|------------------------------|---|----------------------------|
| System Type: | IIIbe – Pump to PPBPS system | | |
| Pump Required | Yes | | |
| Trenches: | PPBPS, horizontal | | |
| Design LTAR | 0.80 | gal/day/ft ² | Saprolite System <u>No</u> |
| Total Trench/ Bed Length | 75 | feet | Fill System <u>No</u> |
| Trench Spacing | 9 | ft on center | |
| Usable soil depth to LC | 48 | inches | |
| Maximum Trench Depth of | 24 | inches, measured on downhill side of trench | |
| Minimum Soil Cover | 6 | inches | |

Potential Drainlines flagged at site on 9-ft centers.

| Line # | Color | Relative Elevation (ft) | | Drainline Length(ft) | Field Length(ft) |
|--------|-------|-------------------------|-------|----------------------|------------------|
| | | North | South | | |
| 2 | R | 97.31 | 97.06 | 30 | 35 |
| 3 | Y | 97.06 | 96.81 | 30 | 35 |
| 4 | W | 97.06 | 96.49 | 30 | 34 |
| 5 | B | 96.66 | 96.36 | 30 | 34 |
| 6 | R | 96.13 | 96.15 | 30 | 32 |

Initial

| | | East | West | | |
|------------------------|---|---------------|-------|----|----|
| 1 | B | 96.51 | 97.51 | 75 | 80 |
| Septic Tank: | | 95.11 | | | |
| Pump Tank: | | 95.11 | | | |
| Reference Elev: | | 100.00 | | | |

Repair

*Property lines per owner
*Trench bottoms shall be level to +/- 1/4" in 10ft
*All parts of septic system must meet minimum setbacks

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 well or riparian buffer ordinances) may require more stringent setbacks than specified in the 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

A pre-construction conference with the septic contractor is required prior to installation.

Call Hal Owen & Associates at least five days in advance to schedule 910-893-8743

The inlet and outlet of all tanks shall be equipped with an approved pipe penetration boot.

The pump tank may be eliminated if gravity distribution can be demonstrated.

No additional grading in the septic area is permitted.

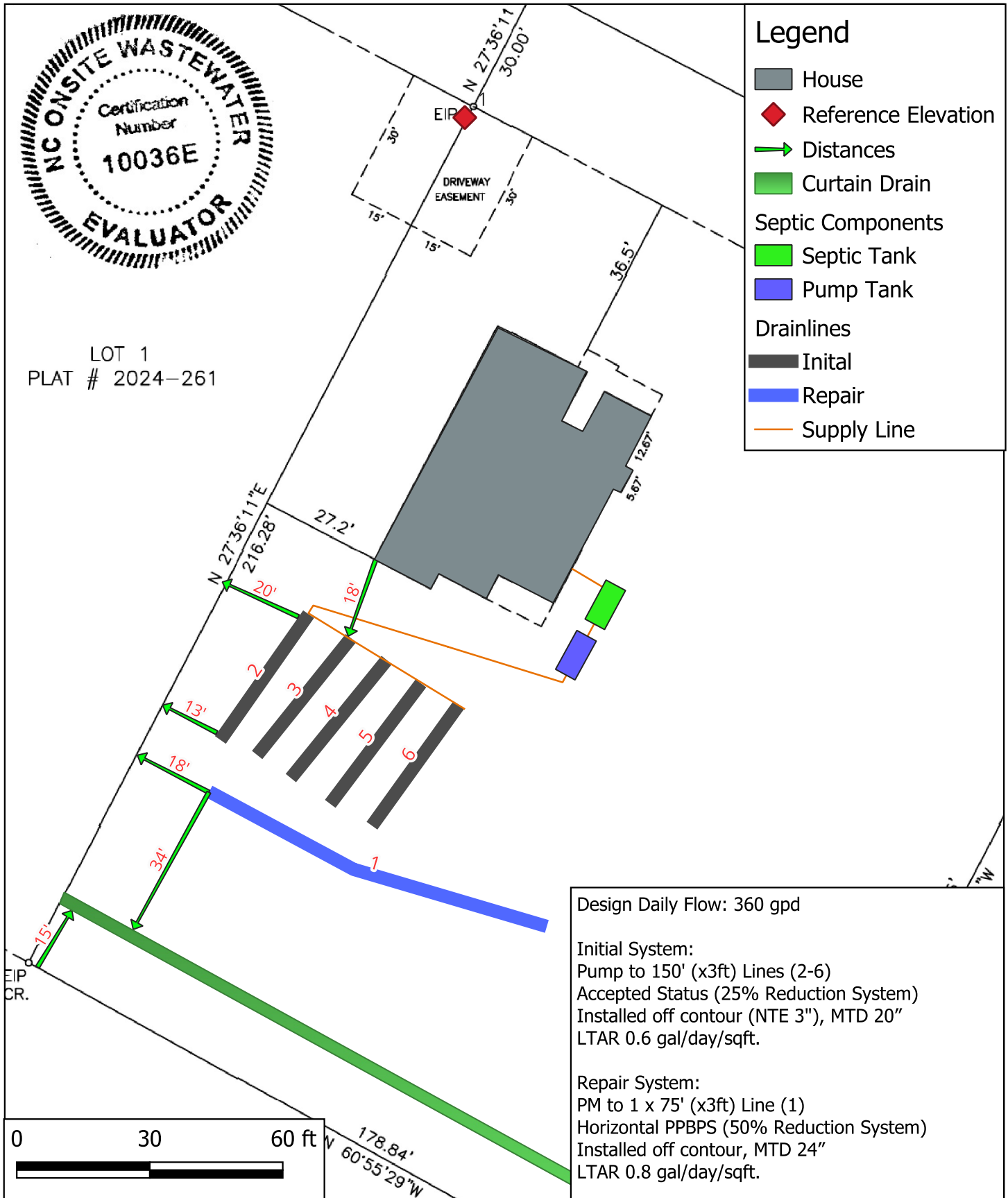
Initial system to be installed no more than 3" off contour.



Legend

- House
- Reference Elevation
- Distances
- Curtain Drain
- Septic Components
- Septic Tank
- Pump Tank
- Drainlines
- Initial
- Repair
- Supply Line

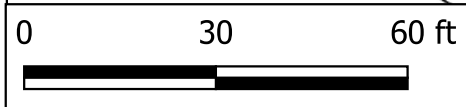
LOT 1
PLAT # 2024-261



Design Daily Flow: 360 gpd

Initial System:
 Pump to 150' (x3ft) Lines (2-6)
 Accepted Status (25% Reduction System)
 Installed off contour (NTE 3"), MTD 20"
 LTAR 0.6 gal/day/sqft.

Repair System:
 PM to 1 x 75' (x3ft) Line (1)
 Horizontal PPBPS (50% Reduction System)
 Installed off contour, MTD 24"
 LTAR 0.8 gal/day/sqft.



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Lot 2
 Old US 421
 18 November 2024

Septic Map
 For reference only. Not a survey.

INITIAL WASTEWATER SYSTEM

Pump System Design Criteria

DESIGN DAILY FLOW 360 gallons **SOIL LTAR:** 0.60 gpd/ft²

TANKS (min) Septic Tank: 1000 gallons Pump Tank: 1000 gallons

SUPPLY LINE Length (ft): 60 Diameter: 2 " sch 40 pvc
Min total flow (gpm) to maintain 2fps scour velocity = 20.9 gpm
Supply Pipe Volume 10 gallons

TRENCHES Drainline Type: Accepted (25% reduction) System
Maximum Trench Depth 20 inches, measured on low side
Trench height: 12 inches Trench width: 3 ft
Trench Length Factor: 75 % Effective Trench Width: 4 ft
Absorption Area: 450 ft² Minimum Linear Length: 150 ft
Actual Trench Length: 1 X 150 ft = 150 ft

PUMP CALCULATIONS:

Total Flow: 23 gpm
Daily Pump Run Time 15.65 minutes (Daily Flow/Total Flow)
Dose Volume (gal): 73 gallons, with Pipe Volume at 75 % *65.3gal/100ft pipe
Dose Pump Run Time 3.19 minutes (Dose Volume/Total Flow)
Drawdown (in.): 73 gallons ÷ 20.25 gal/ inch = 3.63 inches
Pump Tank Elevation (ft): 95.11 Pump Elevation (ft): 90.11
Top Line Elevation: 97.31 feet
Friction Head: 1.41 *Hazen Williams Formula (use supply line length+70' for fittings in pump tank)
Elevation Head: 8.2
Design Head: 2.0 Total Dynamic Head (TDH): 11.61 feet

Pump to Deliver: 23.00 gpm @ 11.61 ft TDH

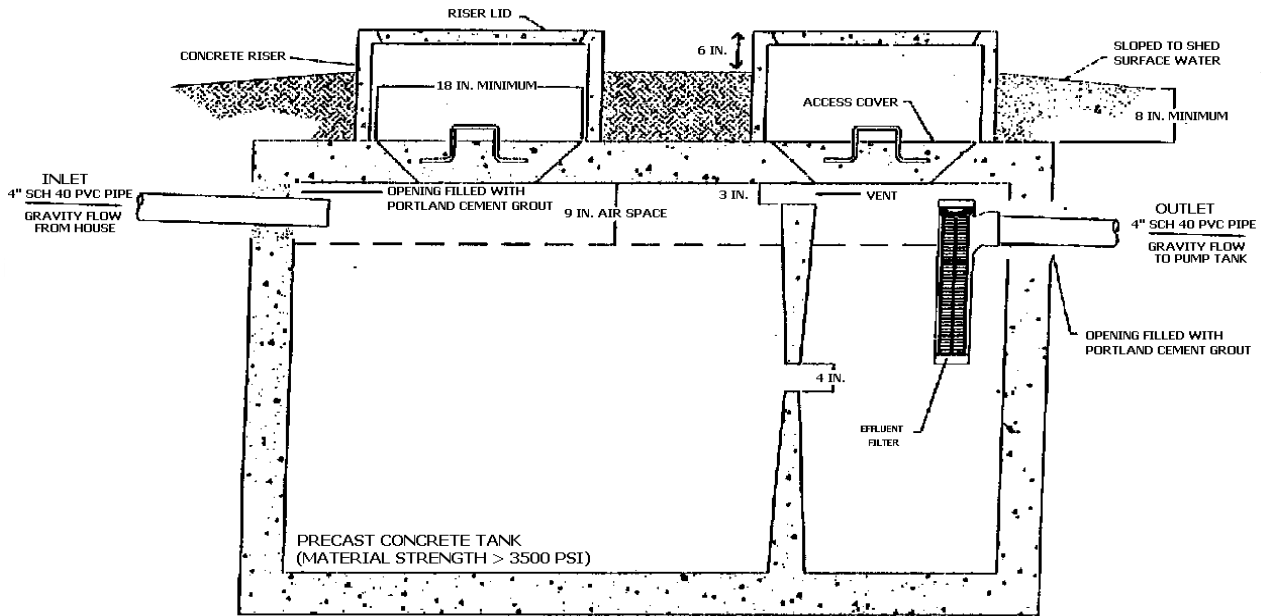
NEMA 4X Simplex Control Panel with elapsed time meter, event counter, audible and visible alarm (w/ silence button), hand-off-automatic (HOA) switch, pump run light, and pump on separate circuits required. Control panel bottom shall be mounted a minimum of 24 in. above finished grade within 50 ft of pump tank. A septic tank filter is required. Floats to be determined by type of pump tank used.

Possible Septic Tank: Brantley 1000 STB-499 Septic Filter: _____
Possible Pump Tank: Brantley 1000_PT-237 Vol(gal): 1000 GPI: 20.25
Possible Pump: _____ pump height (in) = 14
Possible Control Panel: _____

INITIAL WASTEWATER SYSTEM

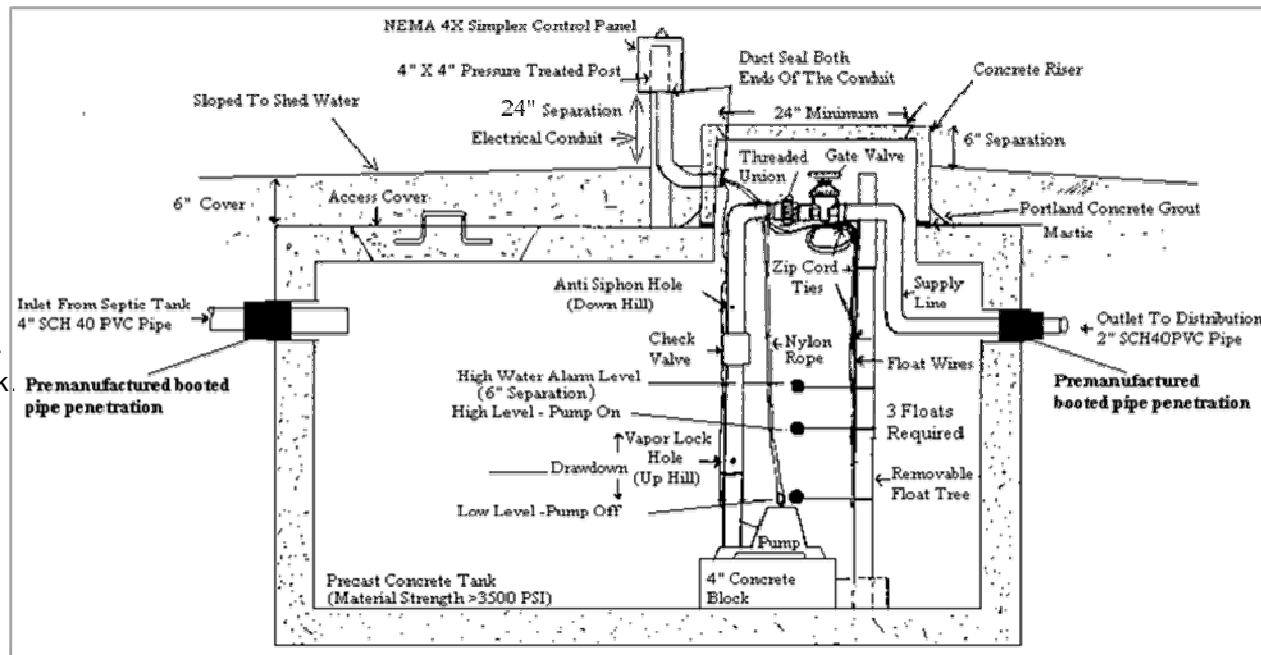
Typical Septic Tank

1000 GALLON SEPTIC TANK, minimum



Typical Pump Tank

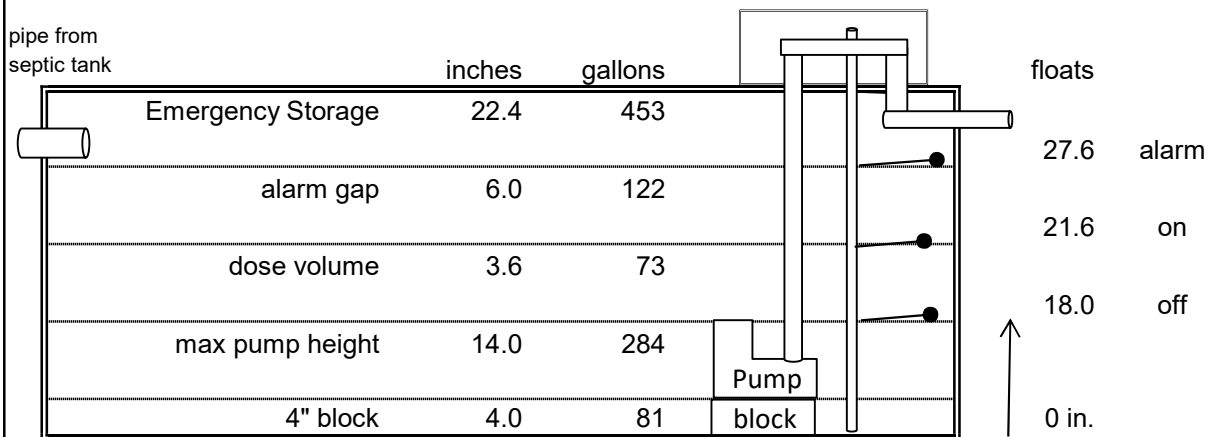
1000 GALLON PUMP TANK, minimum



INITIAL WASTEWATER SYSTEM

Pump Tank Calculations:

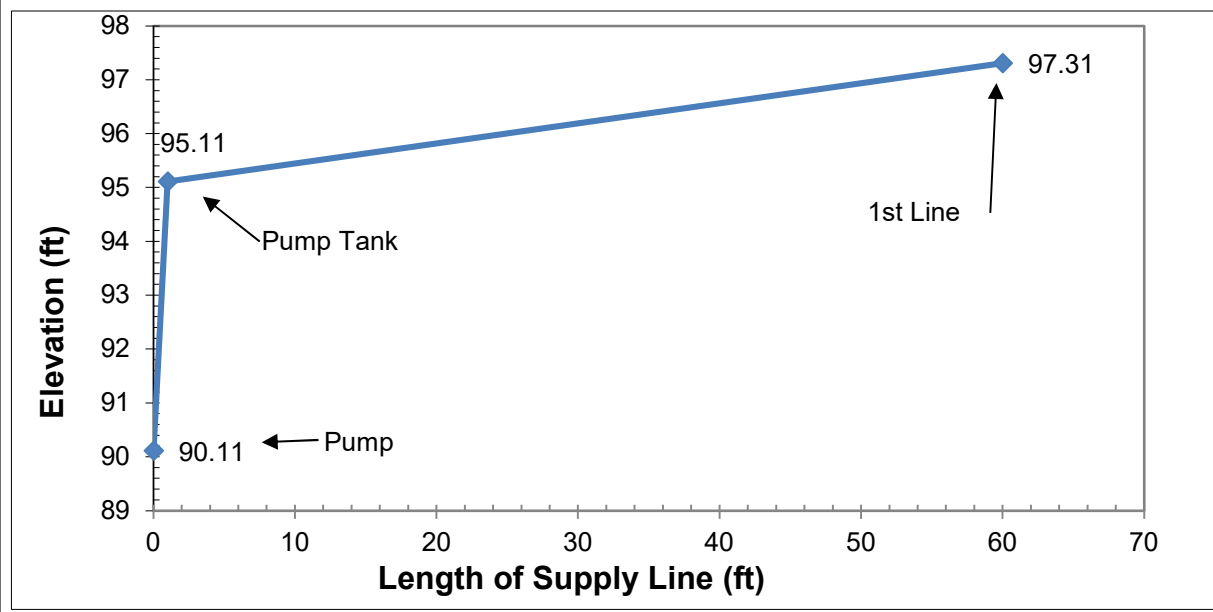
Possible pump tank: Brantley 1000_PT-237 Possible Pump: 0
 tank GPI (gal/in): 20.25 calculated height (in): 14
 tank volume (gal): 1000 per manufacturer
 tank height (in): 50.0 per manufacturer minimum emergency storage: 360



Drawing N.T.S.

Supply Line Profile:

| | Distance | Elevation |
|---------------------|----------|-----------|
| Pump | 0 | 90.11 |
| pump tank | 1 | 95.11 |
| Top Line Elevation: | 60 | 97.31 |



AOWE EVALUATION

REPAIR WASTEWATER SYSTEM

Pump System Design Criteria

DESIGN DAILY FLOW 360 gallons **SOIL LTAR:** 0.80 gpd/ft²

TANKS (min) Septic Tank: 1000 gallons Pump Tank: 1000 gallons

SUPPLY LINE Length (ft): 94 Diameter: 2 " sch 40 pvc
Min total flow (gpm) to maintain 2fps scour velocity = 20.9 gpm

TRENCHES Drainline Type: PPBPS, horizontal
Maximum Trench Depth of 24 inches, measured on low side
Trench height: 16 inches Trench width: 3 ft
Trench Length Factor: 50 % Effective Trench Width: 6 ft
Absorption Area: 225 ft² Minimum Linear Length: 75 ft
Actual Trench Length: 1 X 75 ft = 75 ft
÷ 4.33 ft per panel : 17 panels

PUMP CALCULATIONS:

Total Flow: 23 gpm

Daily Pump Run Time 15.65 minutes (Daily Flow/Total Flow)

Dose Volume: 122.4 gallons = 17 # of panels X 7.2 gallons/ panel

Dose Pump Run Time 5.32 minutes (Dose Volume/Total Flow)

Drawdown (in.): 122 gallons ÷ 20.25 gal/ inch = 6.04 inches

Pump Tank Elevation (ft): 95.11 Pump Elevation (ft): 90.11

Top Line Elevation: 97.51 feet

Friction Head: 1.78 *Hazen Williams Formula (use supply line length+70' for fittings in pump tank)

Elevation Head: 8.4

Design Head: 2.0 Total Dynamic Head (TDH): 12.18 feet

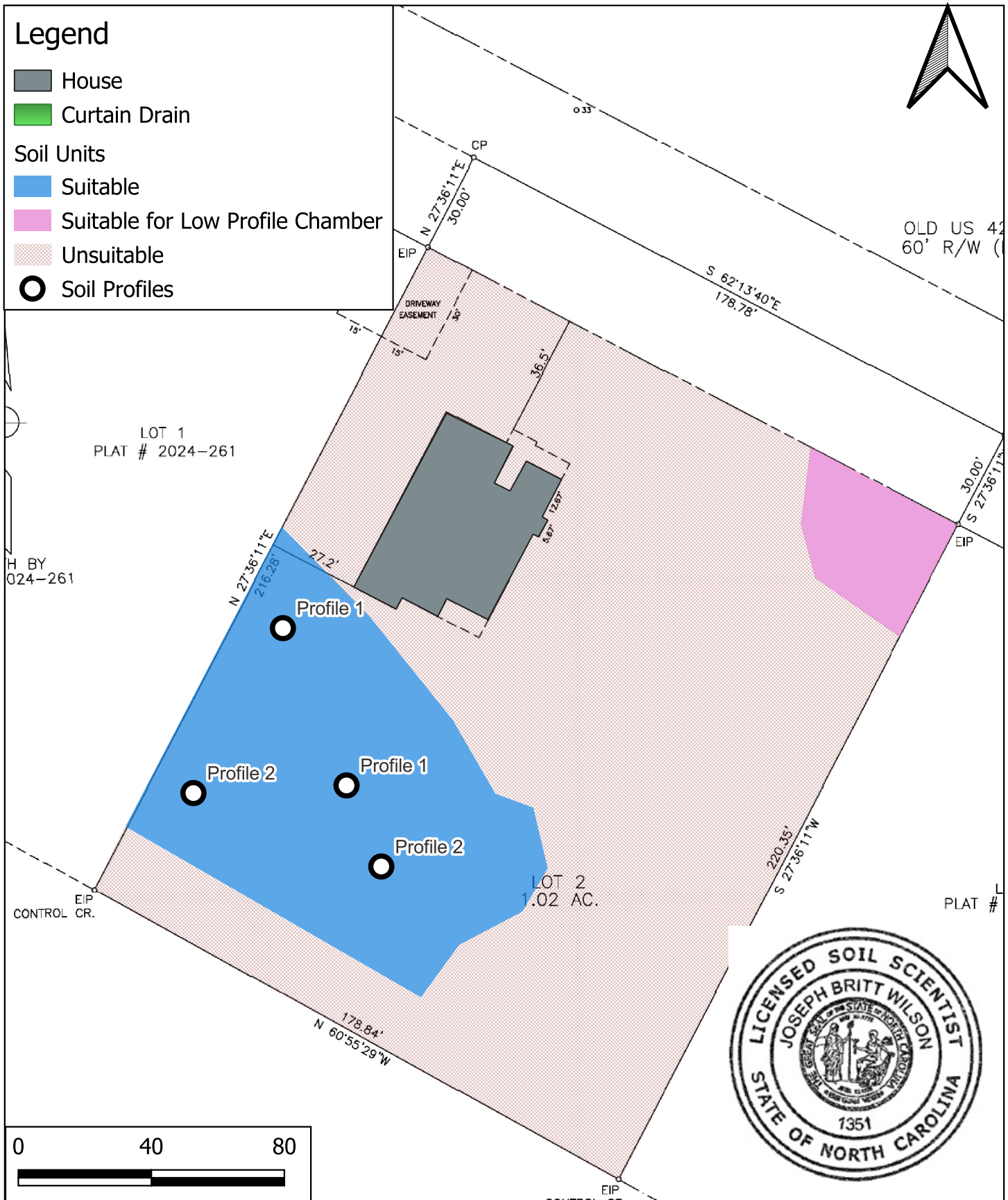
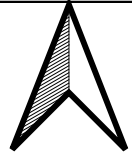
Pump to Deliver: **23.00** gpm @ **12.18** ft TDH

NEMA 4X Simplex Control Panel with elapsed time meter, event counter, audible and visible alarm (w/ silence button), hand-off-automatic (HOA) switch, pump run light, and pump on separate circuits is required. Control panel bottom shall be mounted a minimum of 24 in. above finished grade within 50 ft of pump tank. A septic tank filter is required. Floats to be determined by type of pump tank used.

Possible Septic Tank: Brantley 1000 STB-499 Septic Filter: _____
Possible Pump Tank: Brantley 1000_PT-237 Vol(gal): 1000 GPI: 20.25
Possible Pump: _____ pump height (in) = 14
Possible Control Panel: _____

Legend

- House
- Curtain Drain
- Soil Units
- Suitable
- Suitable for Low Profile Chamber
- Unsuitable
- Soil Profiles



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 919-893-8743

Old US 421 Lot 2
 Harnett County, NC
 18 November 2024

Soil Map for Septic Suitability
 For reference only. Not a survey.

AOWE EVALUATION

HAL OWEN ASSOCIATES
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Soil/Site Evaluation Form for On-Site Wastewater System

OWNER NAME: Beth Stephenson
 PROPOSED FACILITY: Residential DESIGN DAILY FLOW: 360 WATER SUPPLY Public Water
 LOCATION OF SITE: 8461 Old US 421 Lillington NC 27546 PIN: 0610-15-8515
 WASTEWATER TYPE: Domestic COUNTY: Harnett
 EVALUATION METHOD: AUGER BORING PIT CUT
 EVALUATED BY: Britt Wilson, LSS#1351 DATE EVALUATED: 9/2/24

| | INITIAL SYSTEM | REPAIR SYSTEM |
|---------------------|---------------------------------------|---------------------------------------|
| AVAILABLE SPACE | 450 ft ² trench bottom | 225 ft ² trench bottom |
| SYSTEM TYPE | Accepted (25% reduction) System | PPBPS, horizontal |
| SITE LTAR | 0.60 gpd/ft ² | 0.80 gpd/ft ² |
| MAX TRENCH DEPTH | 20 inches (measured on downhill side) | 24 inches (measured on downhill side) |
| SITE CLASSIFICATION | <u>Suitable</u> | OTHER FACTORS _____ |

COMMENTS:

Heavy Mechanical Disturbance

PROFILE 1

| HORIZON DEPTH | COLOR | CONSISTENCE | TEXTURE | STRUCTURE | MINERALOGY | OTHER PROFILE FACTORS | |
|------------------------|----------|-------------|-----------------|--------------------------|------------|-----------------------|------|
| 0-8 | 2.5Y 6/3 | FR | SL | GR | SEXP | LANDSCAPE POSITION | L |
| 8-30 | 2.5Y 7/3 | FR | LS | GR | SEXP | SOIL WETNESS DEPTH | >36" |
| 30-36+ | 10YR 5/8 | FR | SL | GR | SEXP | SOIL WETNESS COLOR | N/A |
| | | | | | | SOIL DEPTH | 36" |
| | | | | | | SAPROLITE CLASS | N/A |
| | | | | | | RESTRICTIVE HORIZON | N/A |
| | | | | | | SLOPE % | 2 |
| PROFILE CLASSIFICATION | | | Suitable | LTAR gpd/ft ² | 0.6 | SLOPE CORRECTION (IN) | 0.7 |
| COMMENT | | | | | | | |

PROFILE 2

| HORIZON DEPTH | COLOR | CONSISTENCE | TEXTURE | STRUCTURE | MINERALOGY | OTHER PROFILE FACTORS | |
|------------------------|----------|-------------|-----------------|--------------------------|------------|-----------------------|------|
| 0-6 | 2.5Y 6/3 | FR | SL | GR | SEXP | LANDSCAPE POSITION | L |
| 6-40 | 2.5Y 7/3 | FR | LS | GR | SEXP | SOIL WETNESS DEPTH | >48" |
| 40-48+ | 10YR 8/4 | FR | LS | GR | SEXP | SOIL WETNESS COLOR | N/A |
| | | | | | | SOIL DEPTH | 48" |
| | | | | | | SAPROLITE CLASS | N/A |
| | | | | | | RESTRICTIVE HORIZON | N/A |
| | | | | | | SLOPE % | 15 |
| PROFILE CLASSIFICATION | | | Suitable | LTAR gpd/ft ² | 0.8 | SLOPE CORRECTION (IN) | 5.4 |
| COMMENT | | | | | | | |

Soil/Site Evaluation Form for On-Site Wastewater System

LEGEND OF ABBREVIATIONS

| LANDSCAPE POSITION | TEXTURE GROUP | TEXTURE CLASS | LTAR (gal/day/sqft) |
|---------------------------|----------------------|-----------------------|----------------------------|
| CC - Concave Slope | I | S - Sand | 1.2-0.8 |
| CV - Convex Slope | | LS - Loamy Sand | |
| DS - Debris Slump | II | SL - Sandy Loam | 0.8 – 0.6 |
| D - Depression | | L - Loam | |
| DW - Drainage Way | | | |
| FP - Flood Plain | III | SCL - Sandy Clay Loam | 0.6 – 0.3 |
| FS - Foot Slope | | CL - Clay Loam | |
| H - Head Slope | | SiL - Silt Loam | |
| L - Linear Slope | | Si - Silt | |
| N - Nose Slope | | SiCL - Silt Clay Loam | |
| R - Ridge | IV | SC - Sandy Clay | 0.4 – 0.1 |
| S - Shoulder Slope | | C - Clay | |
| T - Terrace | | SiC - Silty Clay | |
| TS - Toe Slope | | O - Organic | |

| STRUCTURE | MOIST CONSISTENCE | WET CONSISTENCE |
|-------------------------|---------------------------|-------------------------|
| G - Single Grain | VFR - Very Friable | NS - Non Stick |
| M - Massive | FR - Friable | SS - Slightly Sticky |
| CR - Crumb | FI - Firm | MS - Moderately Stick |
| GR - Granular | VFI - Very Firm | VS - Very Sticky |
| SBK - Subangular Blocky | EFI - Extremely Firm | NP - Non Plastic |
| ABK - Angular Blocky | | SP - Slightly Plastic |
| PL - Platy | MINERALOGY | MP - Moderately Plastic |
| PR - Prismatic | SEXP - Slightly Expansive | VP - Very Plastic |
| | EXP - Expansive | |

| MOTTLES | | | |
|----------------|------------|---------------|--|
| f – few | 1 - fine | F - Faint | |
| c – common | 2 - medium | D - Distinct | |
| m – many | 3 - coarse | P - Prominent | |

Give Horizon Depth in inches below natural soil surface and Fill Depth in inches above land surface.

Depth to Soil Wetness: inches below land surface to free water or to soil colors with chroma 2 or less.

Classification: S – Suitable U – Unsuitable

All soil characteristics were described in accordance with the USDA Field Book for Describing and Sampling Soils. The soils were evaluated under moist soil conditions. This evaluation included observations of topography and landscape position, soil morphology (texture, structure, clay mineralogy, organics), soil wetness, soil depth, and restrictive horizons.

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.