

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 ExpansionRepair RelocationRelocation of Repair Area
Owner or Legal Representative Information: Name: BVA Builders Inc.
Mailing address: 1300 Benson Rd. Ste 110 City: Garner State: NC Zip: 27529
Phone: 919-779-1890 Email: vford@vfgreality.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: 0 Chartres Street, Fuquay Varina, NC 27526 Tax parcel identification number or subdivision lot, block number of property: PIN:0613-86-3256
Block 12 Lot 45 Captian's Landing Subdivision County: Harnett
County.
System Information: Wastewater System Type:IIIbg (Pump to Accepted Status 25% reduction) Daily Design Flow:240 gpd Saprolite System:Yes xNoSubsurface Operator Required:Yes xNo Water Supply Type:Private Well xPublic Water SupplySpringOther:
Facility Type:
X Residential 2 # Bedrooms 4 Maximum # of Occupants
Business Type of Business and Basis for Flow:
Public Assembly Type of Public Assembly and Basis for Flow:
Required Attachments: V Plat or Site Plan V Evaluation of Soil and Site Features by Licensed Soil Scientist
Attest: On this the 4th day of Octoberber 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 4th day of October , 2029
Signature of Authorized Onsite Wastewater Evaluator:
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:



OP ID: TOW

ACORD

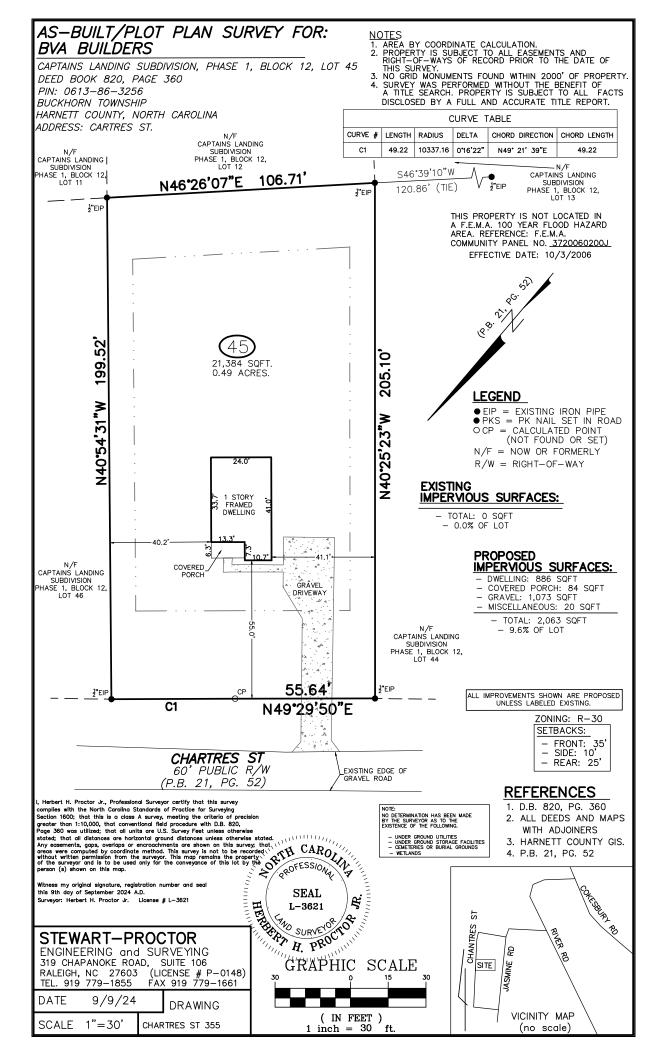
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/16/2024

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.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsement	. A st	atement on
INS LIL PO	PRODUCER 910-893-5707 INSURANCE SERVICE CTR -LILLING LILLINGTON BRANCH OFFICE PO Box 1565 LILLINGTON, NC 27546				CONTACT SHARON WOODY PHONE (A/C, No, Ext): 910-893-5707 FAX (A/C, No): 910-893-2077 E-MAIL ADDRESS: SWOODY@ISCFAY.COM					
	NIEL L. BABB					INS	JRER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE	RA:STARS	TONE NAT	ONAL		
INS HA	URED LOWEN & ASSOCIATES, INC.				INSURE	RB:				
PO	BOX 400 LINGTON, NC 27546				INSURE	RC:				
	EING 1 GIV, IVG 27 G-40				INSURE	RD:				
					INSURE					
	OVERAGES CER	TIF1/		- NUMBER.	INSURE	RF:		DEVICION NUMBER		
T II	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF QUIF PERT POLI	INSUF REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY ED BY BEEN F	CONTRACT THE POLICIE EDUCED BY	THE INSURE OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPEC	TO TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ \$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
Α	DÉSCRIPTION OF OPERATIONS below PROFESSIONAL LIAB.			42ESP00143901		01/27/2024	01/27/2025	PFR OCC	\$	1,000,000
_				12201 001 1000 1		01/2//2024	01/21/2020	AGGREGATE		2,000,000
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	ACORE	O 101, Additional Remarks Schedu	ule, may b	attached if mor	e space is requir	ed)		
CE	RTIFICATE HOLDER				CANC	ELLATION				
BVA BUILDERS 1300 BENSON RD STE 110					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	GARNER, NC 27529				AUTHORIZED REPRESENTATIVE Taylor, Wallace					



HOA-AOWE-2409-08

Issue date 10/4/2024 **Expiration** 10/4/2029

APPLICANT INFORMATION

Name	BVA Builders, Inc.		
Mailing Address	1300 Benson Road, Ste. 110		
E-mail Address	vford@vfgreality.com	Telephone Number	919-779-1890

PROPERTY IDENTIFIERS

County	Harnett	PIN	0613-86-3256		
Size (Acre)	.49	County PID	050613 1055		
Site Address	0 Chartres Street, Fuquay Varina, NC 27526				
S/D Name and Lot#	Captian's Landing Block 12 Lot 45				

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	240	gpd	gal/unit	120
Basis for Flow	2	bedrooms	max occupancy	4
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	240	gpd	Drainfield Meeets Req	uirements:
Septic Tank Size (minimum)	1000	gallons	.0508 Available Space	Yes
Pump Tank Size (minimum)	1000	gallons, if required	.0601 Setbacks	Yes

Initial System

IIIbg –Pump to	Other non	-convention	ıal syste	ems		
Yes			21.3	ft TDH at	15.3	GPM
Quick4 Low Pr	ofile Cham	nber (LPC)				
	0.35	gal/day/ft ²		Sapro	lite System	No
Total Trench/ Bed Length		feet			Fill System	No
Trench Spacing		ft on center	-			
to LC	28	inches				
Maximum Trench Depth		inches, measured on downhill side of trench				
ver	6	inches				
Required	No					
	Yes Quick4 Low Pr d Length to LC Depth ver	Yes Quick4 Low Profile Cham 0.35 1 Length 231 9 to LC 28 Depth 10 ver 6	Yes Quick4 Low Profile Chamber (LPC) 0.35 gal/day/ft² d Length 231 feet 9 ft on center to LC 28 inches Depth 10 inches, me ver 6 inches	Yes 21.3 Quick4 Low Profile Chamber (LPC) 0.35 gal/day/ft² d Length 231 feet 9 ft on center ft on center to LC 28 inches Depth 10 inches, measured ver 6 inches	Quick4 Low Profile Chamber (LPC) 0.35 gal/day/ft² Saprofile Chamber (LPC) d Length 231 feet 9 ft on center to LC 28 inches Depth 10 inches, measured on downhill inches ver 6 inches	Yes 21.3 ft TDH at 15.3 Quick4 Low Profile Chamber (LPC) 0.35 gal/day/ft² Saprolite System d Length 231 feet Fill System 9 ft on center to LC 28 inches Depth 10 inches, measured on downhill side of treatment ver 6 inches

Repair System

System Type:		Repair Exempt per 15A NCAC 18E .0508			
Pump Required					
Trenches:					
Design LTAR			gal/day/ft²	Saprolite System	
Total Trench/ Bed	d Length		feet	Fill System	
Trench Spacing			ft on center		
Usable soil depth	to LC		inches		
Maximum Trench	n Depth of		inches, measured	on downhill side of trench	
Minimum Soil Co	ver		inches		

Potential Drainlines flagged at site on 9-ft centers.

	· otoritical Examinate maggett at one on one official								
		Relative	Drainline	Field					
Line #	Color	Elevation (ft)	Length(ft)	Length(ft)					
1	W	94.85	77	85					
2	Υ	93.69	77	83					
3	R	91.92	77	95					
Septic Tank:		89.64							
Pump Tank:		89.07							
Reference Elev:		100.00							

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 Specificaitons. 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 retained 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

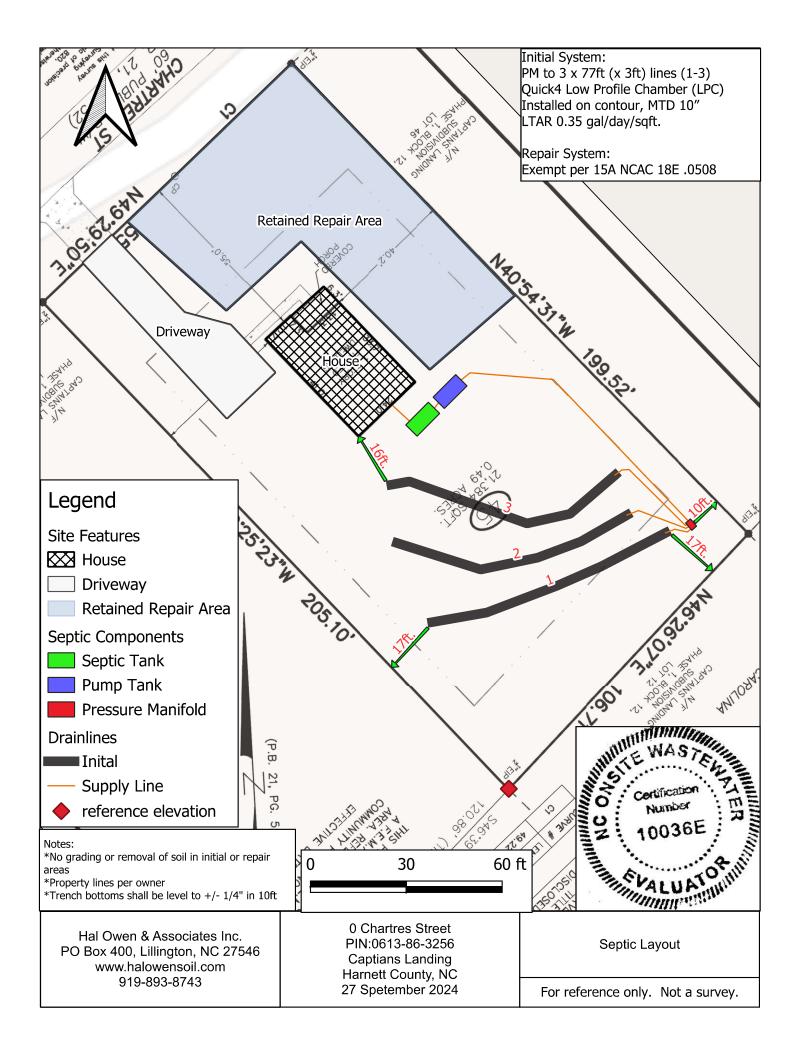
A pre-construction conference with the septic contractor is required prior to installation. Call Hal Owen & Associates at least five days in advance to schedule 910-893-8743

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

This property is exempt from a repair area per 15A NCAC 18E .0508

The septic and pump tanks must be watertight.

prepared to run leak testing (hydrostatic or vacuum testing in the ready- to-use-state) at the site.



INITIAL WASTEWATER SYSTEM

Pressure Manifold Design Criteria								
DESIGN DAILY FLOW			240	gallons/day	SOIL LTAR:	0.35	gpd/ft ²	
TAN	(S (min)	Septic Tank:	1000	gallons		1000	gallons	
	PLY LINE	Length:	91	- ft	Diameter:	2	" SCH 40 I	PVC
		Minimu	m flow (gpm) to	- maintain 2fps s	cour velocity:	20.9	gpm	
TREN	ICHES [Orainline Type:	Quick4 Low Pro	ofile Chamber (l	_PC)			
		Maximum	Trench Depth of	10	inches, meas	ured on lo	- ow side of t	rench
	-	Trench width:	3	feet	Effective Trend	ch Width:	3	ft
	Abs	orption Area:	686	_ft²	Minimum Line	ar Length:	229	_ft
MAN	FOLD	Length (ft):		_ Diameter:	4" sch 80 pvc	;	Elevation:	95.85
		# Taps	3	_Tap Configura	tion: 6in. spac	ing, 1 sid	e of manifo	ld
TAP	CHART		I				1	7
		Relative		Tap Size/	flow/tap		LTAR	
Line	Color	Elevation	Length(ft)	Schedule	gpm	gpd/ft	(gpd/ft ²)	_
1	W	94.85	77	1/2"sch 40	7.11	1.039	0.346	_
2	Y	93.69	77	1/2"sch 40	7.11	1.039	0.346	_
3	R	91.92	77	1/2"sch 40	7.11	1.039	0.346	_
	To	otal Drainline:	231	Total Flow:	21.33			
					Tar	get LTAR*:	0.35	_
	P CALCULA					TAR + 5%:		_
	Volume:		gallons, with Pip				*65.3gal/100	ft pipe
	Pump Run	` ,	5.30	-	Pump Run Tir	, ,		_
	` ,	113	=	20.25			inches	
•	Tank Eleva	` '	89.07	- Pump	Elevation (ft):	84.07	-	
	on Head:	1.52	.*Hazen Williams Fo	ormula (use supply	line length+70' fo	r fittings in p	oump tank)	
	tion Head:	11.8						
Desig	ın Head:	2.0	-	Total	Dynamic Hea	id (TDH):	15.30	_ft
_	. =							
Pump	to Deliver:	15.3	ft TDH @	21.3	gpm			
	·-		el with elapsed					•
	•		natic (HOA) swite			•		
			nounted a minim				in 50 ft of p	ump tank
A septic tank filter is required. F								
		· ·	Brantley 1000 S		. Possible Se			
		•	Brantley 1000_	P1-237	. Vol(gal): . :		-	20.25
		ssible Pump:			. pump hei	ght (in) =	14	_
Possible Control Panel:						_		

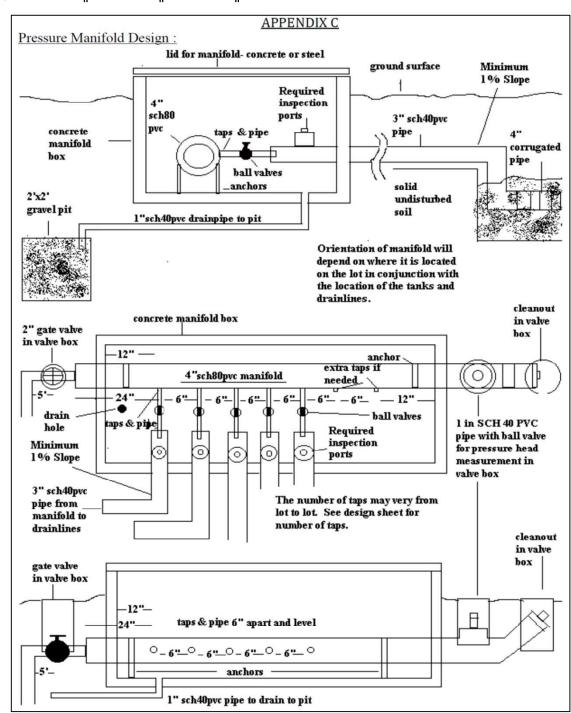
INITIAL WASTEWATER SYSTEM

Pressure Manifold Diagram

Tap #	1	2	3	
	Manifo l d 4"	SCH 80 PVC		
tap size	1/2"sch 40	1/2"sch 40	1/2"sch 40	
flow (gpm)	7.11	7.11	7.11	
length (ft)	77	77	77	

Typical

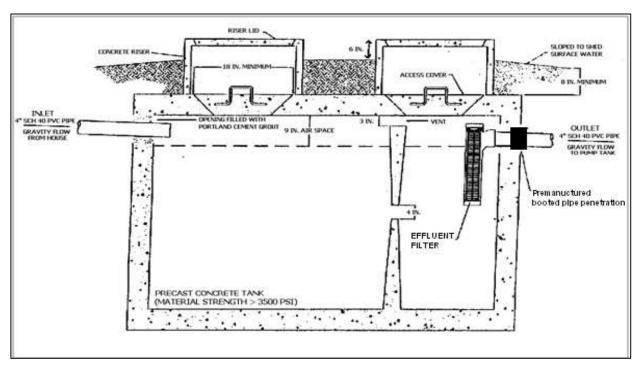
1.



INITIAL WASTEWATER SYSTEM

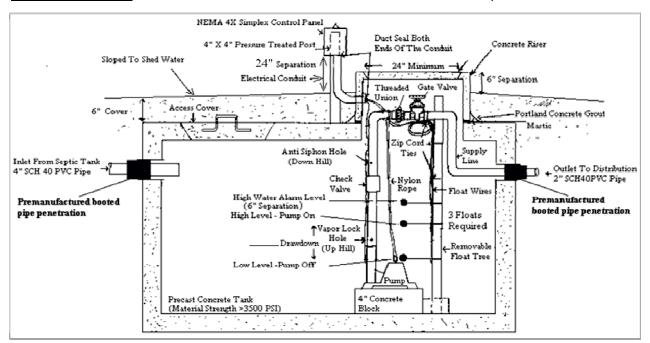
Typical Septic Tank

1000 GALLON SEPTIC TANK, minimum

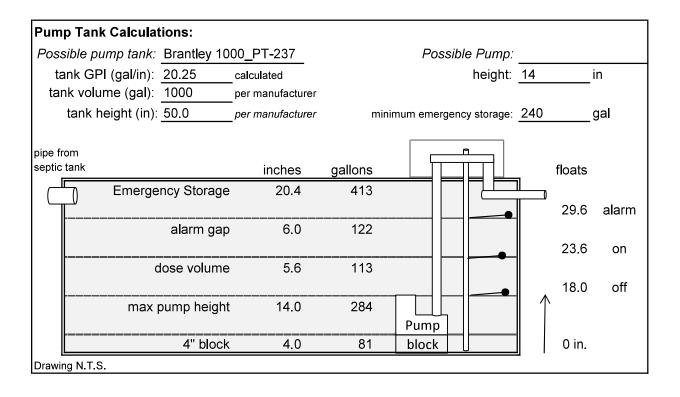


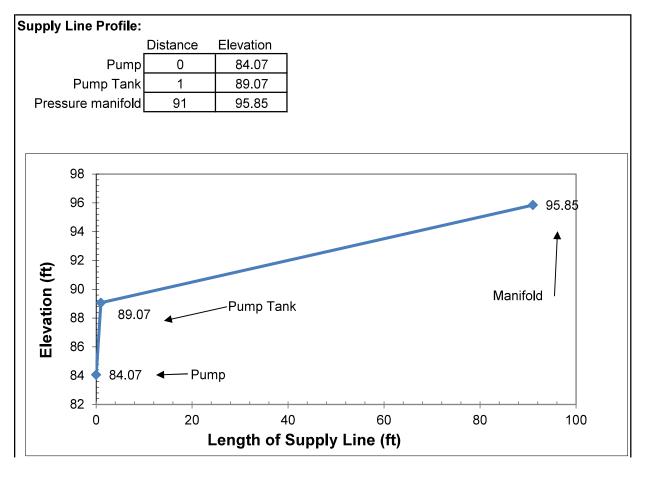
Typical Pump Tank

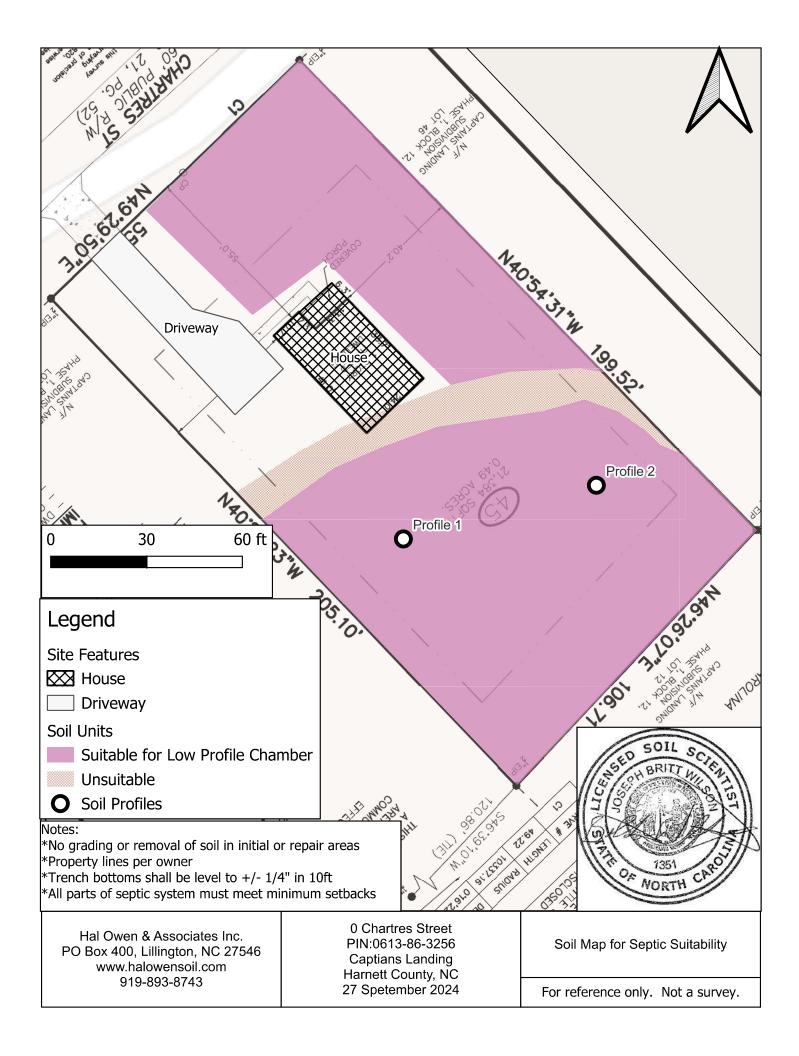
1000 GALLON PUMP TANK, minimum



INITIAL WASTEWATER SYSTEM







Soil/Site Evaluation Form for On-Site Wastewater System

OWNER NAME:	BVA Builders, Inc.			
PROPOSED FACILITY:	Residential	DESIGN DAILY FLO	W: 240	WATER SUPPLY Public Water
LOCATION OF SITE:	0 Chartres Street, Fuquay	Varina, NC 27526	PIN:	0613-86-3256
WASTEWATER TYPE:	Domestic		COUNTY:	Harnett
EVALUATION METHOD	: AUGER BORING x] P	PIT	CUT
EVALUATED BY:	Britt Wilson, LSS#1351		D <i>i</i>	ATE EVALUATED: <u>9/26/2024</u>
	INITIAL SYSTE	ΞM		REPAIR SYSTEM
AVAILABLE SPACE	686 ft ² trench botto	om		This property is exempt
SYSTEM TYPE	Quick4 Low Profile	Chamber (LPC)		from a repair area per
SITE LTAR	0.35 gpd/ft ²			15A NCAC 18E .0508
MAX TRENCH DEPTH	10 inches (measu	red on downhill side)		
SITE CLASSIFICATION	Suitable for Low Profile Ch	namber OTH	HER FACTORS	

PROFILE 1

COMMENTS:

HORIZON	COLOR	CONSIS	TEXTURE	STRUCTURE	MINERA	OTHER PROFILE FACTORS	
DEPTH		TENCE			LOGY		
0-4	2.5Y 4/2	FR	SL	GR	SEXP	LANDSCAPE POSITION	L
4-11	2.5Y 6/3	FR	SL	GR	SEXP	SOIL WETNESS DEPTH	28"
11-21	7.5YR 6/3	FR	SCL	SBK	SEXP	SOIL WETNESS COLOR	7.5YR 6/1
21-28	7.5YR 5/6	FI	SCL	SBK	SEXP	SOIL DEPTH	48"
28-48+	7.5YR 5/7	FI	SCL	SBK	SEXP	SAPROLITE CLASS	N/A
						RESTRICTIVE HORIZON	N/A
						SLOPE %	15
PROFILE CLASSIFICATION Suitable		Suitable	LTAR gpd/ft ²	0.35	SLOPE CORRECTION (IN)	5.4	
COMMENT For Low Profile Chamber Systems							

PROFILE 2

HORIZON	COLOR	CONSIS	TEXTURE	STRUCTURE	MINERA	OTHER PROFILE FACTORS	
DEPTH		TENCE		GR	LOGY		
0-3	2.5Y 4/2	FR	SL	SBK	SEXP	LANDSCAPE POSITION	L
3-22	2.5Y 6/3	FR	SCL	SBK	SEXP	SOIL WETNESS DEPTH	32"
22-32	7.5Y 5/6	FI	SCL	SBL	SEXP	SOIL WETNESS COLOR	7.5YR 6/1
32-48+	7.5Y 5/7	FI	SCL	SBK	SEXP	SOIL DEPTH	48"
						SAPROLITE CLASS	N/A
						RESTRICTIVE HORIZON	N/A
						SLOPE %	15
PROFILE CLASSIFICATION Su		Suitable	LTAR gpd/ft ²	0.35	SLOPE CORRECTION (IN)	5.4	
COMMENT For Low Profile Chamber Systems		Systems					

Soil/Site Evaluation Form for On-Site Wastewater System

LEGEND OF ABBREVIATIONS

LANDSCAPE	TEXTURE	TEXTURE			<u>LTAR</u>	
<u>POSITION</u>	<u>GROUP</u>	GROUP CLASS			(gal/day/sqft)	
CC - Concave Slope	l I	I S - Sand			1.2-0.8	
CV - Convex Slope		LS - Loamy		Sand		
DS - Debris Slump						
D - Depression	ll II		SL - Sandy L	.oam	0.8 – 0.6	
DW - Drainage Way			L - Loam			
FP - Flood Plain						
FS - Foot Slope	III		SCL - Sandy	Clay Loam	0.6 - 0.3	
H - Head Slope			CL - Clay Lo	am		
L - Linear Slope			SiL - Silt Loa	m		
N - Nose Slope			Si - Silt			
R - Ridge			SiCL - Silt Cl	ay Loam		
S - Shoulder Slope						
T - Terrace	IV		SC - Sandy Clay		0.4 - 0.1	
TS - Toe Slope			C - Clay			
			SiC - Silty Clay			
			O. Ourania			
			O - Organic		none	
STRUCTURE	MOIST CON	MOIST CONSISTENCE		WET CONSISTENCE		
G - Single Grain	VFR - Very F	VFR - Very Friable		NS - Non Stick		
M - Massive	FR - Friable	FR - Friable		SS - Slightly Sticky		
CR - Crumb	FI - Firm	FI - Firm		MS - Moderately Stick		
GR - Granular	VFI - Very Fir	VFI - Very Firm		VS - Very Sticky		
SBK - Subangular Blocky	EFI - Extreme	ely Firm				
ABK - Angular Blocky				NP - Non Plastic		
PL - Platy	MINERALOG	MINERALOGY		SP - Slightly Plastic		
PR - Prismatic	SEXP - Sligh	SEXP - Slightly Expansive		MP - Moderately Plastic		
	EXP - Expans	sive	VP - Very Plast			
MOTTLES	f – few	1 - fine		F - Faint		
	c – common	2 - medium	m 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.

<u>Notice of Intent to Construct</u> – 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.

<u>Plan Alterations</u> – 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.

<u>Site Alterations</u> – 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.

<u>On-Site Wastewater System Contractor</u> – 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.

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

<u>Authorization to Operate (ATO)</u> – 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.

<u>Operation and Management</u> – 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.

<u>Change in System Ownership</u> – 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.

<u>Revocation</u> – 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.