PART 3:	Authorization to Operat	Authorization to Operate (ATO)				
110-110-110-110-110-110-110-110-110-110	Except for date rece	eived, the Section below	is to be completed b	y the Owner.		
LHD USE O	ONLY: Initial submittal of request	for ATO received:		by		
	Date of Post-construction		Date	Initials		
The following	ng itama ana isala da da da da					
1. Signed	ng items are included in this sul and sealed copy of the AOWE's 0A-336.2(k)	bmittal for an Autho s report that include	orization to Operation	ate under an AOV n in		
 Operat Fee (as 	ion and management program applicable)				Yes N Yes N Yes YN	
4. Notariz	ed letter documenting Owner's	s acceptance of the	system from the	AOWE	Tyes Th	
5. On-site	Wastewater Contractor name:	DAVIA BRANTU	eh & zonz	License numbe	er: 4608	
Mailing	address: 37 Pine Pidge 1	DA	City: Zebylan	State:	Zip: 2759	
Telepho	address: <u>37 Pinc Page 1</u> one number: <u>919 673 21</u>	60 E-mail Add	ress: cory	Dran flagses +	· Cook	
Proof o	f Errors and Omissions or other and includes the name of the	r appropriate liabilit	v insurance for th	ne On-site Waster	vator Contractor	
Attestation	by the Owner for Authorizatio	n to Operate				
	n Shortradio	hereby attest that	all items indicate	ed above have be	en provided to the	
	County LHD and t rules, and ordinances.	the system shall me	et applicable fed	eral, State, and lo	cal laws,	
St	SPC -		9/10/			
-	Signature of Owner		9/12/8	1025		
			Date			
I HD Review	of required information for th	This section for LHD	Use Only.			
□ INCOME		e ATO				
	review of information submitte	ad in the Section of	oue the full			
Information	required for an Authorization t	to Operate for an AC	OWE permit:	g items are missin	g from the –	
Copies of thi	is signed form were sent to the	AOWE and the Own	ner on	via		
		00000 000000 0000 00000 0000 0000 0000 0000	Date		S, Hand-delivered	
Print name of	f authorized Agent of the LHD	Signature of out	horized Agent of the	LHD	Date	
COMPLE						
Based upon In accordanc	review of Information submitte te with G.S. 130A-336.2(m).	ed in the Section abo	ove, this Authoriz	ation to Operate	is hereby issued	
A copy of thi	s complete NOI/ATO with track	ing information was	s sent to the Stat	e onvia		
MARL	Aborna REUS	MI	11 15		AX, USPS, Hand-delivered	
Print name of	authorized Agent of the LHD	Signature of out	horized Agent of the	LHD	9- 29-25 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.