LHD Reference: SFD 2507-0105

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 _____
Date *Initials*
Date of Post-construction Conference: _____

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

1. Signed and sealed copy of the AOWE'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 AOWE ☐ Yes ☑ No
5. On-site Wastewater Contractor name: David Brantley & Sons License number: 4608
   Mailing address: 37 Pine Ridge Rd City: Zebulon State: NC Zip: 27597
   Telephone number: 919 673 2160 E-mail Address: cory@brantleysept.com
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, Kevin Shortridge hereby attest that all items indicated above have been provided to the
Print name of Owner
Harnett County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

Signature of Owner 9/25/2025 *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 AOWE permit: _____

Copies of this signed form were sent to the AOWE 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*

Mark Osborne REHS Mark Osborne REHS 9-29-25
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.