



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: Mattamy Homes, LLC

Mailing address: 11000 Regency Parkway, Suite 110 City: Cary State: NC Zip: 27518

Phone: (704) 616-6107 Email: Lawrence.Mcalister@mattamycorp.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: Scarlet Sage Dr

Tax parcel identification number or subdivision lot, block number of property: _____

Bloom Subdivision- North, Lot 13 County: Harnett

System Information:

Wastewater System Type: Ilb (Accepted wastewater gravity system)

Daily Design Flow: 480 gpd

Saprolite System: ☐ Yes ☒ No Subsurface Operator Required: ☐ Yes ☒ No

Water Supply Type: ☐ Private Well ☒ Public Water Supply ☐ Spring ☐ Other: _____

Facility Type:

☒ Residential 4 # Bedrooms 8 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 16 day of June, 2025 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 16 day of June, 2030.

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: _____



HALOWE1

OP ID: TOW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/02/2025

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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE SERVICE CTR -LILLING LILLINGTON BRANCH OFFICE PO Box 1565 LILLINGTON, NC 27546 DANIEL L. BABB		910-893-5707		CONTACT NAME: TAYLOR TURLINGTON	
				PHONE (A/C, No, Ext): 910-893-5707	FAX (A/C, No): 910-893-2077
				E-MAIL ADDRESS: TTURLINGTON@ISCFAY.COM	
				INSURER(S) AFFORDING COVERAGE	
				INSURER A : STARSTONE NATIONAL	
				INSURER B :	
				INSURER C :	
				INSURER D :	
				INSURER E :	
				INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIAB.			42ESP00143901	01/27/2025	01/27/2026	PER OCC. 1,000,000 AGGREGATE 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

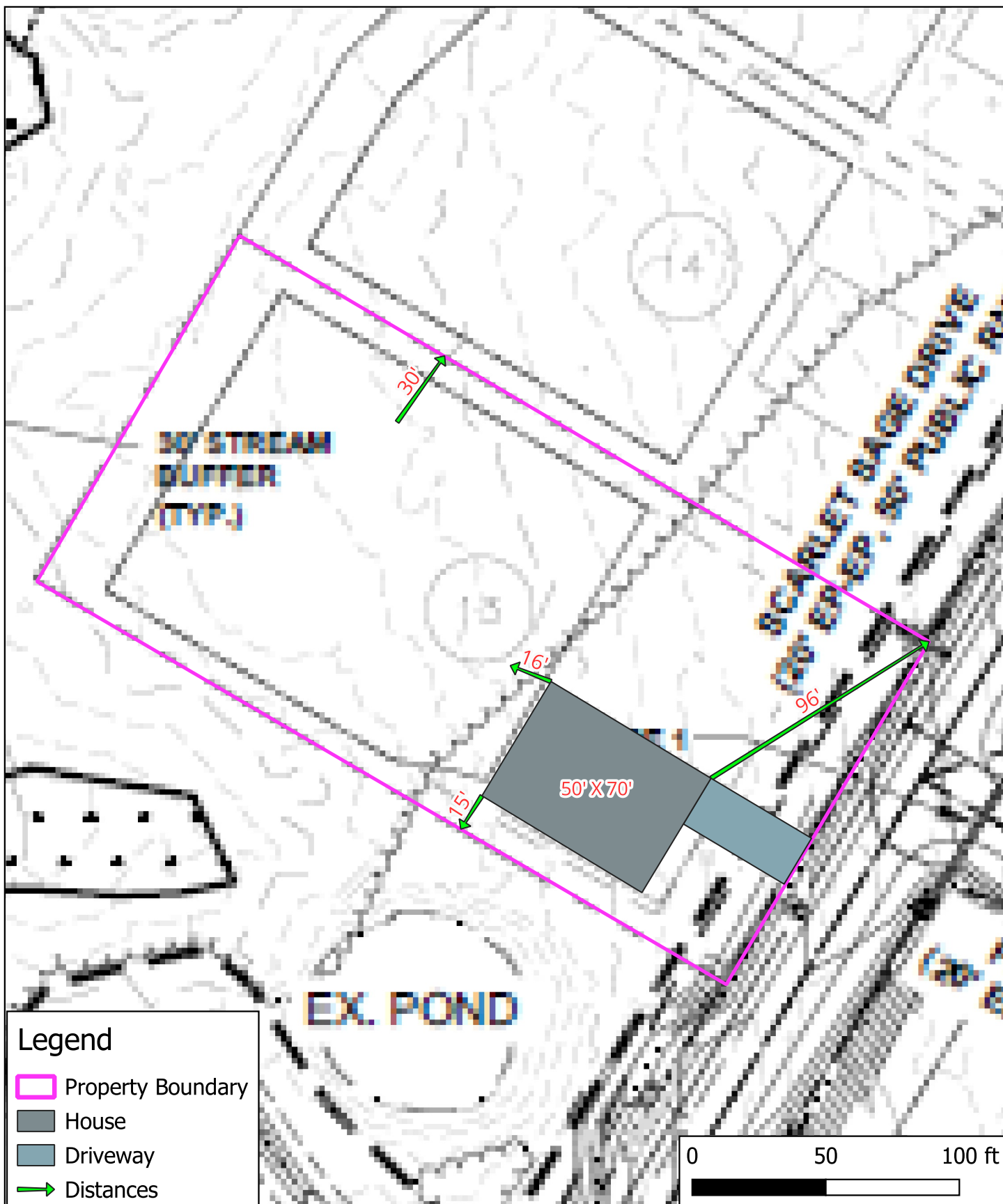
CANCELLATION

MATTAMY HOMES LLC
11000 REGENCY PARKWAY STE 110
CARY, NC 27518

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Taylor Wallace



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

Bloom Subdivision- North
Lot 13
Harnett Co., NC



Site Plan

For reference only. Not a survey.

AOWE EVALUATIONHAL OWEN ASSOCIATES
www.halowensoil.com

HOA-AOWE-2504-7

Issue date 6/16/2025

Expiration 6/16/2030

APPLICANT INFORMATION

Name	Mattamy Homes LLC		
Mailing Address	11000 Regency Parkway, Suite 110, Cary, NC 27518		
E-mail Address	Lawrence.Mcalister@mattamycorp.co	Telephone Number	704-616-6107

PROPERTY IDENTIFIERS

County	Harnett	PIN	
Size (Acre)		County PID	
Site Address	Scarlet Sage Dr		
S/D Name and Lot#	Bloom Subdivision- North, Lot 13		

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	480 gpd	gal/unit	120
Basis for Flow	4 bedrooms	max occupancy	8
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.



AOWE EVALUATION

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WASTEWATER SYSTEM DESIGN SPECIFICATIONS

Permit # **HOA-AOWE-2504-7**

Proposed Design Daily Flow	<u>480</u>	gpd	Drainfield Meets Requirements:
Septic Tank Size (minimum)	<u>1000</u>	gallons	.0508 Available Space <u>Yes</u>
Pump Tank Size (minimum)	<u>1000</u>	gallons, if required	.0601 Setbacks <u>Yes</u>

Initial System

System Type	IIb – Accepted wastewater gravity system		
Pump Required	<u>No</u>	ft TDH at	<u> </u> GPM
Trenches:	Accepted (25% reduction) System		
Design LTAR	<u>0.40</u>	gal/day/ft ²	Saprolite System <u>No</u>
Total Trench/ Bed Length	<u>300</u>	feet	Fill System <u>No</u>
Trench Spacing	<u>9</u>	ft on center	
Usable soil depth to LC	<u>37</u>	inches	
Maximum Trench Depth	<u>23</u>	inches, measured on downhill side of trench	
Minimum Soil Cover	<u>6</u>	inches	
Artificial Drainage Required	<u>No</u>		

Repair System

System Type:	IIb – Accepted wastewater gravity system		
Pump Required	<u>No</u>		
Trenches:	Accepted (25% reduction) System		
Design LTAR	<u>0.40</u>	gal/day/ft ²	Saprolite System <u>No</u>
Total Trench/ Bed Length	<u>300</u>	feet	Fill System <u>No</u>
Trench Spacing	<u>9</u>	ft on center	
Usable soil depth to LC	<u>37</u>	inches	
Maximum Trench Depth of	<u>23</u>	inches, measured on downhill side of trench	
Minimum Soil Cover	<u>6</u>	inches	

Potential Drainlines flagged at site on 9-ft centers.

Line #	Color	Relative Elevation (ft)	Drainline Length(ft)	Field Length(ft)	
1	W	94.06	100	160	Initial
2	B	93.64	100	168	
3	Y	93.05	100	173	
4	R	92.53	100	180	
5	W	92.13	100	202	Repair
6	B	91.64	100	160	
Septic Tank:		94.90			
Reference Elev:		100.00			

Notes:

*No grading or removal of soil in initial or repair areas

*Property lines per owner

*Trench bottoms shall be level to +/- 1/4" in 10ft

*All parts of septic system must meet minimum setbacks

HOA-AOWE-2504-7**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 County, well, or riparian ordinances) may require more stringent setbacks than specified in the State 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.

A pump tank should be added if gravity distribution cannot be demonstrated.

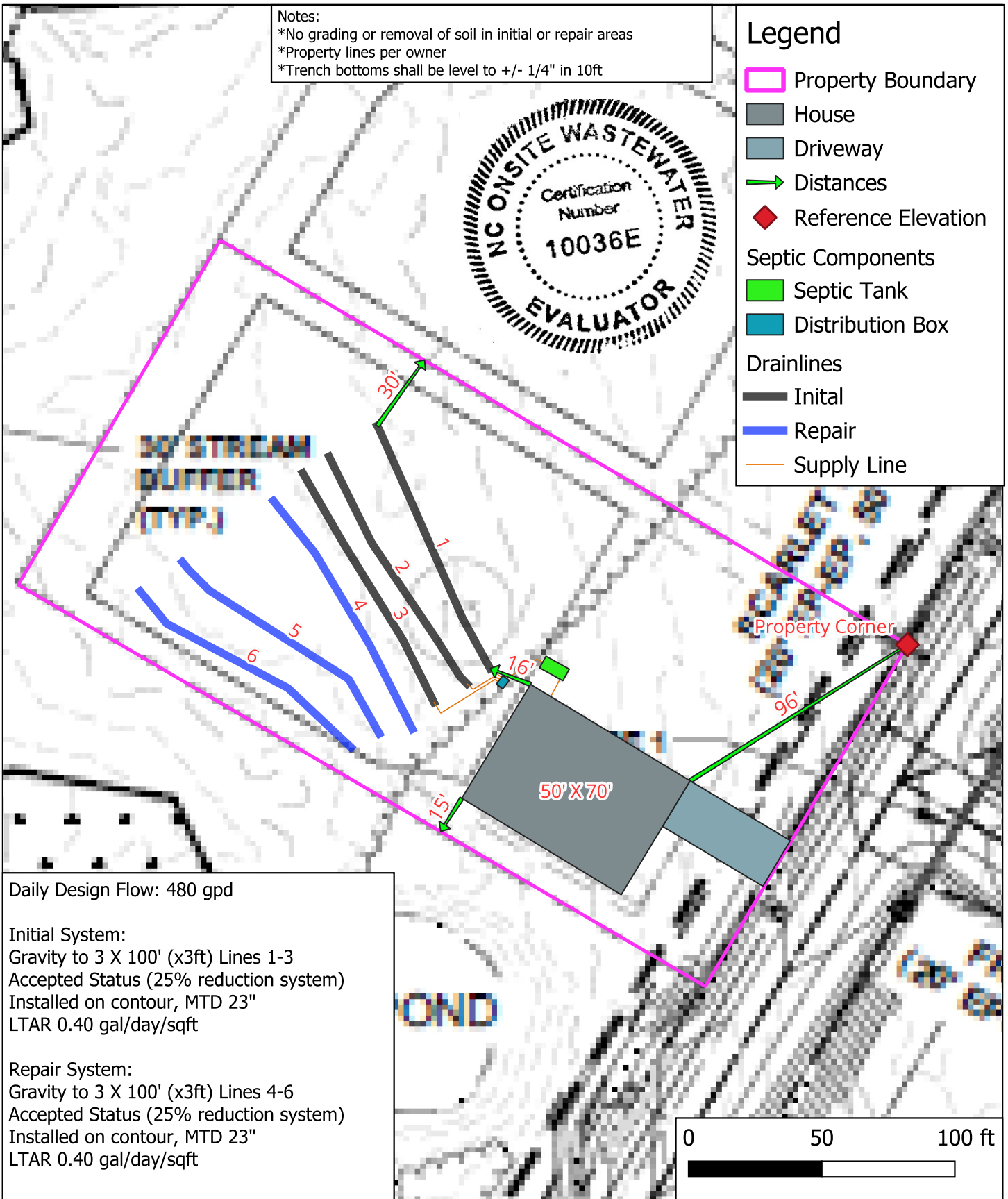
Gutter drains must be diverted away from the drainfield.

Notes:

- *No grading or removal of soil in initial or repair areas
- *Property lines per owner
- *Trench bottoms shall be level to +/- 1/4" in 10ft

Legend

- Property Boundary
- House
- Driveway
- Distances
- Reference Elevation
- Septic Components
 - Septic Tank
 - Distribution Box
- Drainlines
 - Initial
 - Repair
 - Supply Line



Daily Design Flow: 480 gpd

Initial System:

Gravity to 3 X 100' (x3ft) Lines 1-3
Accepted Status (25% reduction system)
Installed on contour, MTD 23"
LTAR 0.40 gal/day/sqft

Repair System:

Gravity to 3 X 100' (x3ft) Lines 4-6
Accepted Status (25% reduction system)
Installed on contour, MTD 23"
LTAR 0.40 gal/day/sqft

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919-893-8743

Bloom Subdivision- North
Lot 13
Harnett Co., NC



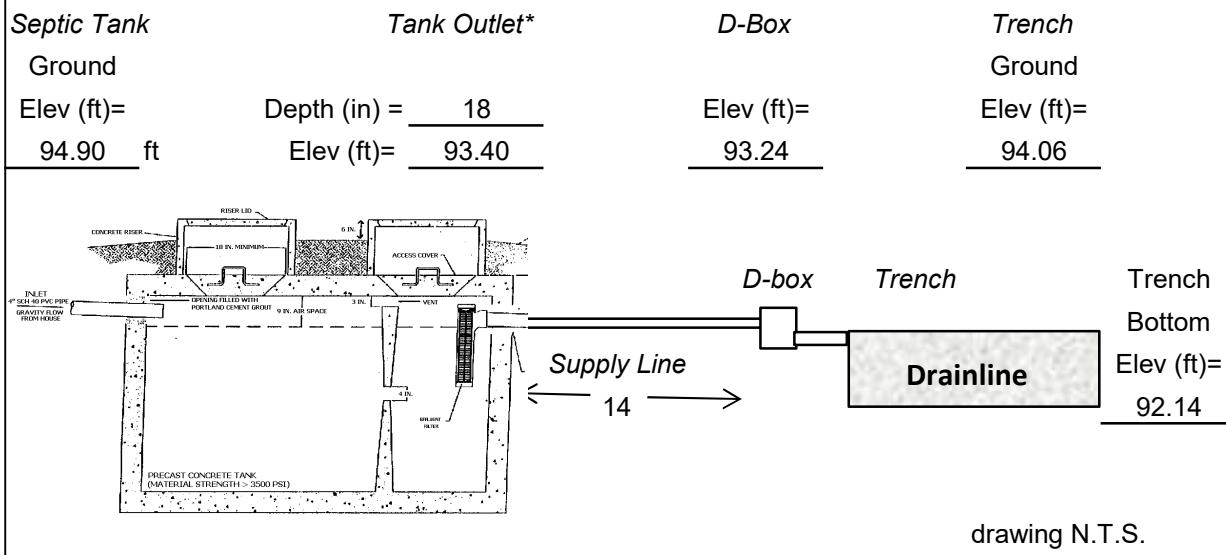
Septic Layout

For reference only. Not a survey.

INITIAL WASTEWATER SYSTEM

Permit # HOA-AOWE-2504-7Gravity System Design CriteriaDESIGN DAILY FLOW 480 gallonsSOIL LTAR: 0.40 gpd/ft²TANK (minimum) Septic Tank: 1000 gallonsSUPPLY LINE Length (ft): 14 Diameter: 3 " sch 40 pvc
slope = 1.12% *minimum slope of supply line is 1/8" per foot (%1.04)

TRENCHES Drainline Type: Accepted (25% reduction) System
 Maximum Trench Depth of 23 inches, measured on downhill side
 Trench height: 12 inches Trench width: 3 ft
 Trench Length Factor: 75 % Effective Trench Width: 4 ft
 Absorption Area: 900 ft² Minimum Linear Length: 300 ft
 Actual Trench Length: 3 X 100 ft = 300 ft

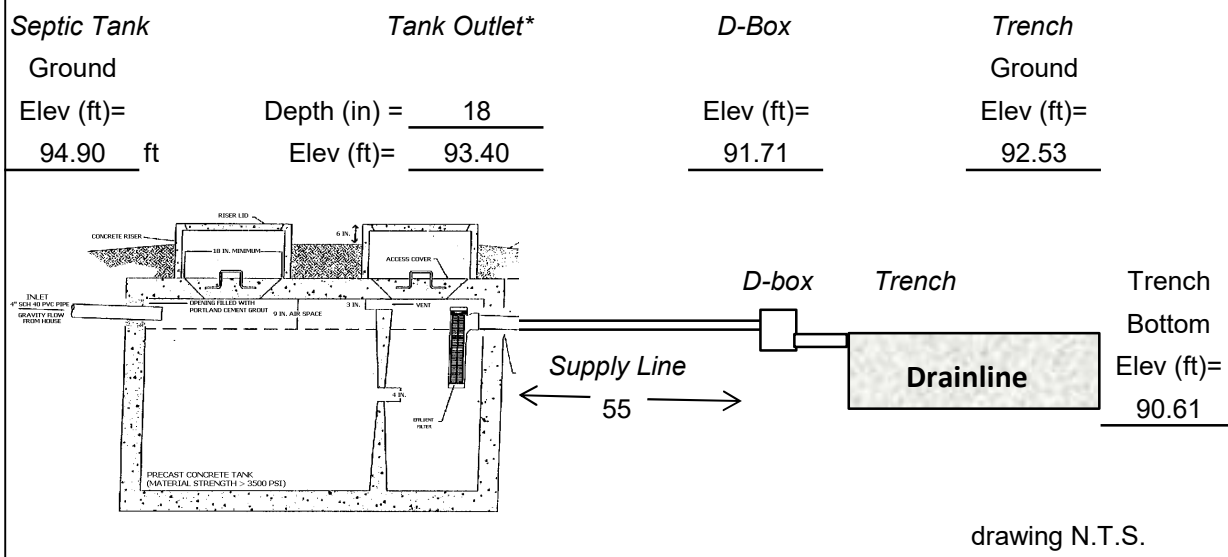
Gravity Distribution Schematic

*Outlet depth of septic tank is dependant upon the depth of the plumbing stub out from the home.
 A pump tank should be added if gravity distribution cannot be demonstrated.

REPAIR AREA

Permit # HOA-AOWE-2504-7Gravity System Design CriteriaDESIGN DAILY FLOW 480 gallonsSOIL LTAR: 0.40 gpd/ft²TANK (min) Septic Tank: 1000 gallonsSUPPLY LINE Length (ft): 55 Diameter: 3 " sch 40 pvc
slope = 3.07% *minimum slope of supply line is 1/8" per foot (%1.04)

TRENCHES Drainline Type: Accepted (25% reduction) System
 Maximum Trench Depth of 23 inches, measured on downhill side
 Trench height: 12 inches Trench width: 3 ft
 Trench Length Factor: 75 % Effective Trench Width: 4 ft
 Absorption Area: 900 ft² Minimum Linear Length: 300 ft
 Actual Trench Length: 3 X 100 ft = 300 ft

Gravity Distribution Schematic

*Outlet depth of septic tank is dependant upon the depth of the plumbing stub out from the home.
 A pump tank should be added if gravity distribution cannot be demonstrated.

Legend

 Property Boundary

 House

 Driveway

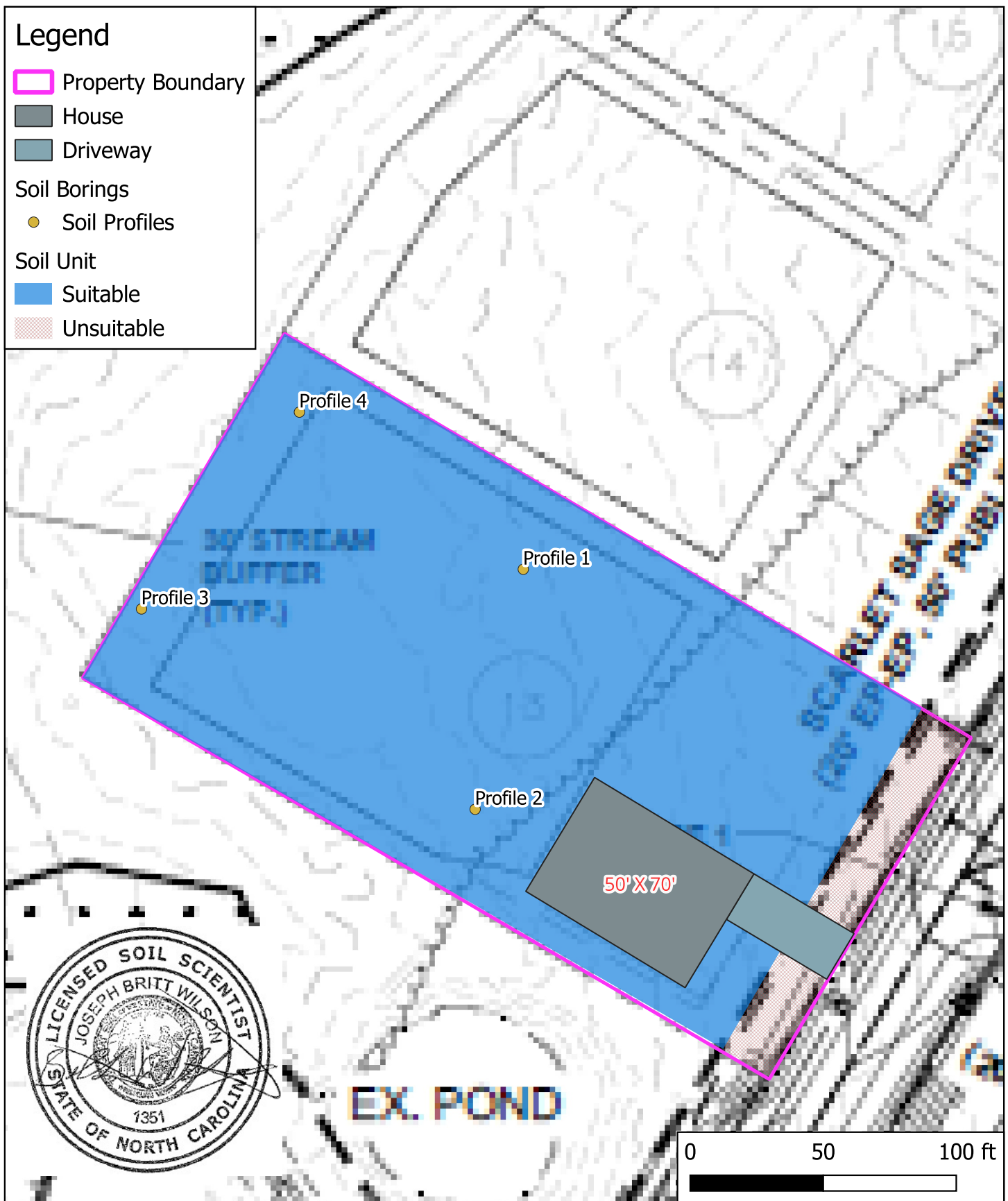
Soil Borings

 Soil Profiles

Soil Unit

 Suitable

 Unsuitable



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Bloom Subdivision- North
Lot 13
Harnett Co., NC

Soil Map for Septic Suitability

For reference only. Not a survey.

AOWE EVALUATION

HAL OWEN ASSOCIATES
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Permit # HOA-AOWE-2504-7

SOIL/SITE EVALUATION FORM FOR ON-SITE WASTEWATER SYSTEM

OWNER NAME:	Mattamy Homes LLC		
PROPOSED FACILITY:	Residential	DESIGN DAILY FLOW: 480	WATER SUPPLY Public Water
LOCATION OF SITE:	Scarlet Sage Dr	PIN: 0	
WASTEWATER TYPE:	Domestic	COUNTY: Harnett	
EVALUATION METHOD:	AUGER BORING <input checked="" type="checkbox"/>	PIT <input type="checkbox"/>	CUT <input type="checkbox"/>
EVALUATED BY:	Britt Wilson, LSS#1351		DATE EVALUATED: 4/8/25

	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE	900 ft ² trench bottom	900 ft ² trench bottom
SYSTEM TYPE	Accepted (25% reduction) System	Accepted (25% reduction) System
SITE LTAR	0.40 gpd/ft ²	0.40 gpd/ft ²
MAX TRENCH DEPTH	23 inches (measured on downhill side)	23 inches (measured on downhill side)
SITE CLASSIFICATION	Suitable	OTHER FACTORS

COMMENTS:

PROFILE 1

HORIZON DEPTH	COLOR	CONSISTENCE	TEXTURE	STRUCTURE	MINERALOGY	OTHER PROFILE FACTORS	
0-4	10YR 4/2	VFR	LS	GR	SEXP	LANDSCAPE POSITION	L
4-7	10YR 5/3	VFR	LS	GR	SEXP	SOIL WETNESS DEPTH	>48"
7-19	10YR 6/4	VFR	LS	GR	SEXP	SOIL WETNESS COLOR	
19-48+	10YR 6/6	FR	SCL	SBK	SEXP	SOIL DEPTH	48"
						SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						SLOPE %	6
PROFILE CLASSIFICATION			Suitable	LTAR gpd/ft ²	0.55	SLOPE CORRECTION (IN)	2.2
COMMENT							

PROFILE 2

HORIZON DEPTH	COLOR	CONSISTENCE	TEXTURE	STRUCTURE	MINERALOGY	OTHER PROFILE FACTORS	
0-3	10YR 4/2	VFR	LS	GR	SEXP	LANDSCAPE POSITION	L
3-9	10YR 5/3	VFR	LS	GR	SEXP	SOIL WETNESS DEPTH	39"
9-17	10YR 6/4	VFR	LS	GR	SEXP	SOIL WETNESS COLOR	10YR 7/2
17-22	10YR 5/6	FR	SCL	SBK	SEXP	SOIL DEPTH	48"
22-48+	10YR 6/6	FR	SCL	SBK	SEXP	SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						SLOPE %	6
PROFILE CLASSIFICATION			Suitable	LTAR gpd/ft ²	0.45	SLOPE CORRECTION (IN)	2.2
COMMENT							

AOWE EVALUATION

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PROFILE 3

HORIZON DEPTH	COLOR	CONSISTENCE	TEXTURE	STRUCTURE	MINERALOGY	OTHER PROFILE FACTORS	
0-6	10YR 4/2	VFR	LS	GR	SEXP	LANDSCAPE POSITION	L
6-14	10YR 5/3	VFR	LS	GR	SEXP	SOIL WETNESS DEPTH	45"
14-30	2.5Y 6/3	VFR	LS	GR	SEXP	SOIL WETNESS COLOR	10YR 7/2
30-40	10YR 6/6	FR	SCL	SBK	SEXP	SOIL DEPTH	48"
40-48+	10YR 6/8	FR	SCL	SBK	SEXP	SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						SLOPE %	6
PROFILE CLASSIFICATION			Suitable	LTAR gpd/ft ²	0.45	SLOPE CORRECTION (IN)	2.2
COMMENT							

PROFILE 4

HORIZON DEPTH	COLOR	CONSISTENCE	TEXTURE	STRUCTURE	MINERALOGY	OTHER PROFILE FACTORS	
0-4	10YR 4/2	VFR	LS	GR	SEXP	LANDSCAPE POSITION	L
4-8	10YR 5/3	VFR	LS	GR	SEXP	SOIL WETNESS DEPTH	37"
8-22	12.5Y 6/3	VFR	LS	GR	SEXP	SOIL WETNESS COLOR	10YR 7/2
22-37	10YR 6/6	FI	SCL	SBK	SEXP	SOIL DEPTH	48"
37-48+	10YR 6/6	FI	SC	SBK	SEXP	SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						SLOPE %	6
PROFILE CLASSIFICATION			Suitable	LTAR gpd/ft ²	0.4	SLOPE CORRECTION (IN)	2.2
COMMENT							

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.