LHD Reference: SFD2509-0049

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) — [X] Yes [ ] No
2. Operation and management program — [X] Yes [ ] No
3. Fee (as applicable) — [ ] Yes [ ] No
4. Notarized letter documenting Owner's acceptance of the system from the AOWE — [X] Yes [ ] No
5. On-site Wastewater Contractor name: Paul Brantley & Sons License number: 1076-I
   Mailing address: 45 Green House Drive City: Zebulon State: NC Zip: 27597
   Telephone number: (252) 478-3721 E-mail Address: brantleyoffice@gmail.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.
   [X] Yes [ ] No

Attestation by the Owner for Authorization to Operate

I, Mattamy Homes LLC, Drew Brody hereby attest that all items indicated above have been provided to the Harnett County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

Print name of Owner

Drew Brody 11/5/2025
Signature of Owner *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).

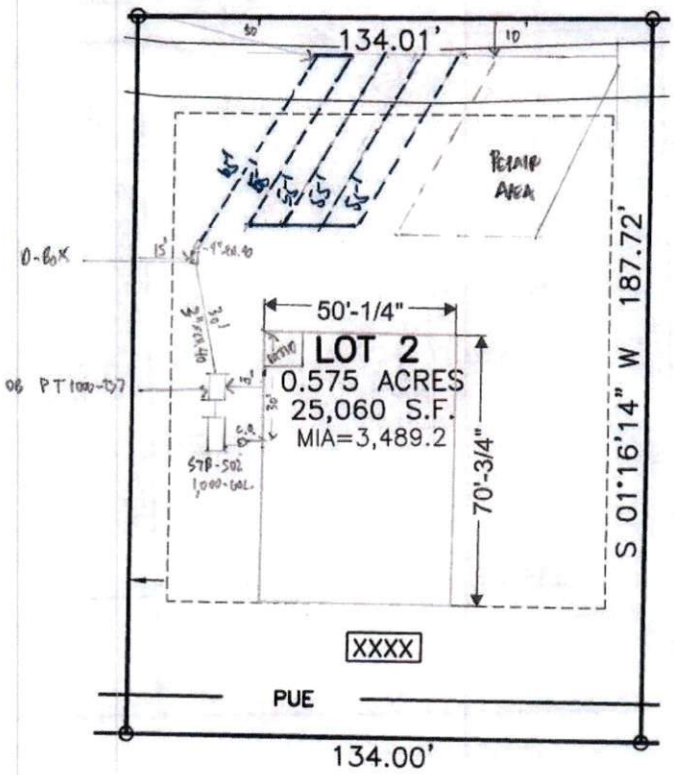
A copy of this complete NOI/ATO with tracking information was sent to the State on _____ via _____.
Date *Email, FAX, USPS, Hand-delivered*

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.

As-Built 10/23-24/2025

285' LINE 185 GALS x .67 = 124 GAL/ DOSE 124/30 GPM = 4.13 PUMP TIME



Scale 1" = 50'

GRAL .425

Protocol Sampling Service, Inc.
55 Clarabella Drive (Lot 2)
Fuquay Varina
Harnett County, NC
PIN#0635-97-8928

Operation Permit Inspection Checklist

The following items are on file and part of this permitting process:

☐	GPS/GIS	☐	IP/CA	☒	Map	☐	Engineer's Plans & Specs
☐	Application	☐	Soil Sheet	☒	Plat Map	☐	O & M Manual

1. LOCATIONS AND SEPARATION DISTANCES	Satisfactory	N/A	Problem
System meets Rule .1950 setback requirements	☒	☐	☐
Distance from system to any wells	☐	☒	☐
Distance from septic tank to foundation	☒	☐	☐
Distance from system to all property lines	☒	☐	☐

2. BUILDING SANITARY SEWER	Satisfactory	N/A	Problem
Wastewater pipes connected to system per approved plans	☒	☐	☐
Wastewater piping materials and ratings meet Rule .1955	☒	☐	☐
Cleanouts provided and located per approved plans	☒	☐	☐
Backfill material clean	☒	☐	☐

3. SEPTIC TANKS

	Tank #1	Tank #2	Tank #3	Tank #4
Tank serial number *(i.e., PT-XXXX per manufacturer imprint)*	STB-502			
Tank manufacture date *(per manufacturer imprint)*	9/9/25			
Approved tank liquid capacity, gallons *(per manufacturer's imprint)*	1000			
Gallons per inch, gpi *(based on approved tank liquid capacity)*	7			
Concrete compressive strength, psi *(per manufacturer)*	3500+			

Leak test date _____ Test start time _____ Test end time _____

Static Test		Vacuum Test *(Minimum Hold Time = 2 mins)*	
Starting water level	_____ inches	Starting negative pressure	_____ inches of Hg
Ending water level	_____ inches	Ending negative pressure	_____ inches of Hg
Water level difference	_____ inches	Negative pressure difference	_____ inches of Hg
1% of tank liquid capacity	_____ inches	10% of starting negative pressure	
Difference ≤ 0.5" or 1% of tank capacity	☐ Yes ☐ No	Difference ≤ 10% of starting pressure	☐ Yes ☐ No

Operation Permit Inspection Checklist

SEPTIC TANKS *(continued)*

Septic Tank Conditions	Satisfactory	N/A	Problem
Tanks are required size/loading per approved plans and specifications	☒	☐	☐
Condition of the exterior walls and top of the tanks	☒	☐	☐
Air vents present and open	☒	☐	☐
Condition of risers and access lids	☒	☐	☐
Condition of the interior walls (inlet, outlet, baffle, and bottom)	☒	☐	☐
Tanks are watertight *(no evidence of infiltration)*	☒	☐	☐
Inlets and outlets are at proper location	☒	☐	☐
Inlet and outlet tees on center line	☒	☐	☐
Approved filter devices placed at outlets	☒	☐	☐

Inlet elevation _____ feet

Outlet elevation _____ feet *(must be 2" lower than inlet w/ 9" freeboard present)*

4. SYSTEM TYPE

Distribution Type ☐ Gravity ☒ Pump ☐ Siphon

Controls Type ☒ Control Panel ☐ Piggyback

5. PUMP TANKS

	Tank #1	Tank #2	Tank #3	Tank #4
Tank serial number *(i.e., PT-XXXX per manufacturer imprint)*	PT-1000-237			
Tank manufacture date *(per manufacturer imprint)*	8/12/25			
Approved tank liquid capacity, gallons *(per manufacturer's imprint)*	1000			
Gallons per inch, gpi (based on approved tank liquid capacity)	24			
Concrete compressive strength, psi *(per manufacturer)*	3500+			
Design pump rates, gallons per minute (gpm)	30			

Leak test date _____ Test start time _____ Test end time _____

Static Test	Vacuum Test *(Minimum Hold Time = 2 mins)*
Starting water level _____ inches	Starting negative pressure _____ inches of Hg
Ending water level _____ inches	Ending negative pressure _____ inches of Hg
Water level difference _____ inches	Negative pressure difference _____ inches of Hg
1% of tank liquid capacity _____ inches	10% of starting negative pressure
Difference ≤ 0.5" or 1% of tank capacity ☐ Yes ☐ No	Difference ≤ 10% of starting pressure ☐ Yes ☐ No

PUMP TANKS *(continued)*

Pump Tank Conditions	Satisfactory	N/A	Problem
Tank is required size/loading per plan	☑	☐	☐
Condition of the exterior walls and top of the tank	☑	☐	☐
Air vent present and open	☑	☐	☐
Condition of risers and access lids	☑	☐	☐
Pump access is lockable or secured to prevent unauthorized entry	☑	☐	☐
Pump access riser extends to at least 6" above finished grade	☒	☐	☐
Condition of the interior walls (inlet, outlet, baffle, and bottom)	☒	☐	☐
Inlet and outlet are at proper location	☒	☐	☐
Pump assembly is reachable from the surface without tank entry			
Pump removal rope, chain, or lifting device	☒	☐	☐
Independent float support system	☒	☐	☐
Valves (check and shut-off) and vent installed /properly functioning	☒	☐	☐
Pump disconnects (unions) are accessible without tank entry	☒	☐	☐
Bollards or other protective devices	☐	☒	☐

6. SIPHONS

	Satisfactory	N/A	Problem
Siphons are operable	☐	☐	☐
Siphons are installed under access opening	☐	☐	☐
Siphons are removable from the surface without tank entry	☐	☐	☐
Siphon cycle counters are operable	☐	☐	☐
Siphon access is lockable or secured to prevent unauthorized entry	☐	☐	☐

7. CONTROL PANELS

	Panel #1	Panel #2
Manufacturer	Zoeller	
Model Number	51354-0002 PENA	
Location	@ PUMP TANK	

	Panel #3	Panel #4
Manufacturer		
Model Number		
Location		

CONTROL PANELS *(continued)*

Control Panel Conditions	Satisfactory	N/A	Problem
Enclosure watertight	☒	☐	☐
NEMA 4X rated enclosure	☒	☐	☐
Installed a minimum of 12" above finished grade	☒	☐	☐
HAND-OFF-AUTO (H-O-A) switch operable	☒	☐	☐
Pump and alarm on separate circuits	☒	☐	☐
Water/gas/corrosion-proof conduit	☒	☐	☐
No internal splices	☒	☐	☐
Alarm (visual and audible) functioning properly	☒	☐	☐
Manual disconnect present and accessible	☒	☐	☐
Electrical inspection conducted	☐	☒	☐
Timer operable	☒	☐	☐
Elapsed time meter operable	☒	☐	☐
Cycle counter operable	☒	☐	☐
Telemetry operable	☐	☒	☐

Control Panel - Dispersal Field Pump/Dosing Tank

H-O-A switch set at: ☒ Auto ☐ Hand/Manual ☐ Off

Why:

Timer Setting: On Mode setting _____ minutes

Off Mode setting _____ ☐ minutes ☐ hours

Elapsed Time Meter Reading: _____ ☐ N/A

Cycle Counter Reading: _____ ☐ N/A

8. PUMPS

Electrical Considerations	Satisfactory	N/A	Problem
Power supply available	☒	☐	☐
Amps measured [_____ amps]	☐	☐	☐
Voltage measured [_____ volts]	☐	☐	☐

Electrical service ☒ Single-phase 120V ☐ Single-phase 240V ☐ 3-phase 240/120V ☐ 3-phase 208/120V

Tank & Pump #			
Manufacturer(s)	ASHLAND		
Model(s)	EP 40		
Type of pump*	EFFLUENT		

** For example, multi-stage, single-stage, sewage, effluent, or grinder.*

Design flow rate	30	gpm		gpm	gpm
Design TDH	15	feet		feet	feet
Horsepower	4/10	hp		hp	hp

Operation Permit Inspection Checklist

PUMPS *(continued-1)*

Tank & Pump #			
Manufacturer(s)			
Model(s)			
Type of pump*			

** For example, multi-stage, single-stage, sewage, effluent, or grinder.*

Design flow rate		gpm		gpm	gpm
Design TDH		feet		feet	feet
Horsepower		hp		hp	hp

Pump Conditions	Satisfactory	N/A	Problem
Pumps are operable	☒	☐	☐
Pump access is a minimum of 6" above finished grade	☒	☐	☐
Pump assembly is reachable from the surface without tank entry	☒	☐	☐
Quick disconnects are operable	☒	☐	☐
Isolation valves are operable	☒	☐	☐
Anti-siphon/air release devices are operable	☒	☐	☐
Backflow prevention (check valves) are operable	☒	☐	☐
Air releases located below check valves are operable	☒	☐	☐
Drainback devices are operable	☒	☐	☐
Inline filters are operable	☒	☐	☐
Pressure gauges/ports are operable	☒	☐	☐
Sampling ports are operable	☐	☒	☐
Pump removal system installed/in place	☐	☐	☐

☐ Stainless steel pull-chain ☒ Pull rope ☐ Pump rails

☐ Other _____

Water Level Sensors

Type of water level sensor ☒ Floats ☐ Pressure transducers ☐ Ohm probe ☐ Other

Sensor attachment ☒ Tethered to float trees ☐ Weighted tethers from risers ☐ Attached to float brackets/racks ☐ Attached to risers

Water Level Sensor Conditions	Satisfactory	N/A	Problem
Float trees/assemblies are removable	☒	☐	☐
Alarm floats/sensors operate audible alarm	☒	☐	☐
Alarm floats/sensors operate visible alarm	☒	☐	☐
Pumps are submerged at OFF elevations/levels	☒	☐	☐

Operation Permit Inspection Checklist

PUMPS ***(continued-2)***

Dosing Design Parameters

Tank & Pump #	Demand Dosing	Timed Dosing	Dosing Volume
_____	☐	☐	_____ gals
_____	☐	☐	_____ gals
_____	☐	☐	_____ gals
_____	☐	☐	_____ gals
_____	☐	☐	_____ gals
_____	☐	☐	_____ gals

Pump Rate Measurements

Ending Depth – Beginning Depth = Drawdown, inches

Drawdown, inches X Tank gpi = Drawdown, gallons

Drawdown, gallons ÷ Pump Run, minutes = Pump, gpm

Pump #	Beginning Depth	Ending Depth	Drawdown, inches	Tank gpi	Drawdown, gallons	Pump Run, minutes	Pump, gpm

9. SUPPLY LINES TO DISPERSAL AREAS

	Line #1	Line #2	Line #3	Line #4
Grade, foot/foot *(1/8 inch per foot minimum)*				
Material *(e.g., Schedule 40 PVC, ductile iron, etc.)*	Sch 40 3"			
Diameter, inches	3"			
Length, feet	30'			
Distance from tank to dispersal area/distribution device	30'			
Pressure head at discharge point, feet	2'			

10. DISPERSAL METHOD

Dispersal Type ☒ Gravity via D-Box ☐ LPP ☐ Drip

☐ Other *(please specify)* _____

Operation Permit Inspection Checklist

11. DISTRIBUTION DEVICES

Number of distribution devices [1]

	Device #1	Device #2	Device #3	Device #4
Type *(e.g., d-box, pressure manifold, other)*	D-Box			
Number of outlets/laterals per distribution device	1 - Serial			
Device serves which dispersal areas?	Main			

Distribution Device Conditions	Satisfactory	N/A	Problem
Distribution devices are watertight	☒	☐	☐
Minimum of 2 feet undisturbed soil to trench	☒	☐	☐
Proper center to center trench spacing maintained	☒	☐	☐
Devices installed on solid foundations	☒	☐	☐
All outlet inverts properly adjusted	☒	☐	☐
Turnups/cleanouts/valves are accessible	☒	☐	☐
Devices perform according to design specifications	☒	☐	☐

Lateral Elevations

		Device #1		Device #2		Device #3		Device #4	
Lateral #	Lateral Length, feet	Inlet	Outlet	Inlet	Outlet	Inlet	Outlet	Inlet	Outlet
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

12. DISPERSAL AREAS/FIELDS

Trench depth 1.5 feet Trench width 3 feet Trench spacing 7 feet

Aggregate depth 12" inches

Aggregate material ☐ Rock ☒ Polystyrene ☐ Tire chip

☒ Other *(please specify)* Chamber 12"

Operation Permit Inspection Checklist

DISPERSAL AREAS/FIELDS ***(continued)***

Trench Product

Manufacturer name: INFILTRATOR

Product name and model: STANDARD QUICK 4 PLUS

Trench Conditions	Satisfactory	N/A	Problem
Installation depth per approved plans and specifications	☒	☐	☐
Soil cover adequate and per approved plans and specifications	☒	☐	☐
Trench spacing per approved plans and specifications	☒	☐	☐
Proper effluent distribution	☒	☐	☐
Pressure head meets parameters in approved specifications	☒	☐	☐
Product installation meets manufacturers specifications	☒	☐	☐

Stepdown Conditions	Satisfactory	N/A	Problem
Constructed of minimum 2 linear feet of undisturbed soil	☐	☒	☐
Proper rise over stepdowns	☐	☒	☐
Constructed height fully utilizes the upstream trench	☐	☒	☐
Backfilled with compacted soil	☐	☒	☐
Solid (non-perforated) pipe used between stepdowns	☐	☒	☐
Supply pipe inlet invert 1" above supply pipe outlet invert	☐	☒	☐
Top of trench outlet 2" below supply pipe outlet invert	☐	☒	☐

Stepdown #	Elevation		Dispersal Field ID	Connected Lateral #
		feet		
		feet		
		feet		
		feet		
		feet		
		feet		
		feet		
		feet		
		feet		
		feet		