



JS CONSULTING & DESIGN

STRUCTURAL ENGINEERING

11703 DURANT RD
RALEIGH, NC 27614

P (919) 675-1680

F (919) 321-3681

Certificate Number: P-1513

February 27, 2019

Foundation Solutions, dba Ram Jack
4122 Bennett Memorial Rd, Suite 304
Durham, NC 27705
Tel: (919) 309-9727 / Fax: (919) 313-0102

Re: Engineering Recommendation
Edward Anderson, 639 Adcock Rd, Lillington, NC
Project Number: 1901-250

To Whom It May Concern:

JS Consulting & Design, PLLC (JSCD) has reviewed and analyzed the information provided by Foundation Solutions, dba Ram Jack.

The structure is a one story wood framed residence with brick veneer supported on a CMU crawl space foundation. For the purpose of this document all directions listed are from the perspective of an observer facing the structure from Adcock Rd.

Based on a visual evaluation the structure is exhibiting signs of settlement typically seen with excessive differential settlement within the in-situ soils supporting the structure. The left wall of the structure has a crack in the brick veneer located approximately 0' to 8' from the front left corner. The front wall of the structure has a crack in the brick veneer located approximately 11' from the front left corner. Elevation readings taken on the structure indicate the area between the above referenced cracks slopes to the front left corner.

It is recommended to stabilize the foundation in the form of helical piers. Please see attached pages for layout and additional details.

The resulting hybrid foundation may result in the formation of additional cracks from the differential movement of the two foundation types.

The structure was assumed to have a 16" wide x 10" thick concrete footing with (2) #4 rebar.

JSCD's scope of services was limited to a visual evaluation of the structure and did not include subsurface exploration of exposing concealed elements of the structure. The scope of services did not include exposing any concealed elements of the structure. Please contact JSCD immediately if conditions are different than those indicated or encountered during future observation or implementation of the recommended repairs.

Please contact us if you have any further questions.

Sincerely,

James Sutton, P.E.





JS CONSULTING & DESIGN
 STRUCTURAL ENGINEERING
 11207 DURHAM RD
 LILLINGTON, NC 27314
 P (919) 872-1689
 F (919) 374-7881

CERTIFICATE NUMBER: P-1513

Client:
 Foundation Solutions, dba Ram Jack
 4122 Bennett Memorial Rd, Suite 304
 Durham, NC 27705
 (o) 919-309-9727 (f) 919-313-0102

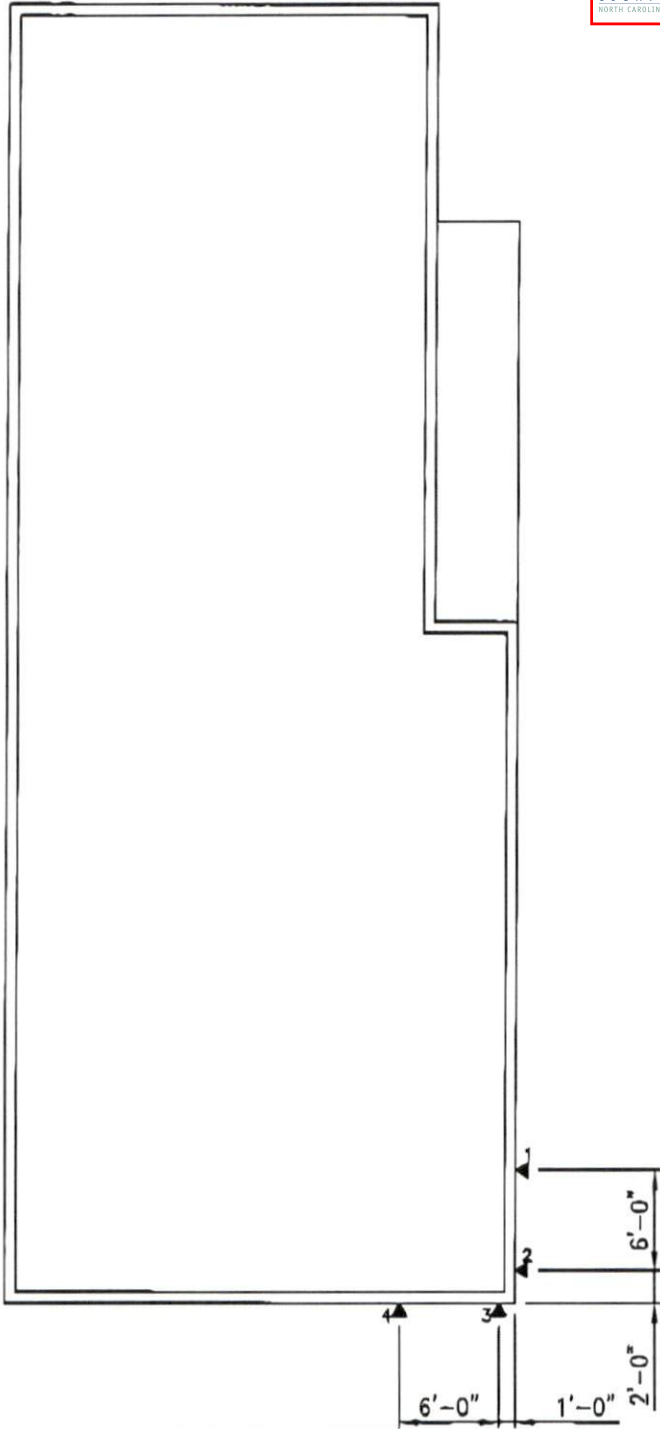
Project:
 Edward Anderson
 839 Adcock Rd
 Lillington, NC 27546

Job No:
 1901-250
Date:
 02/27/19
Sheet:
 S1



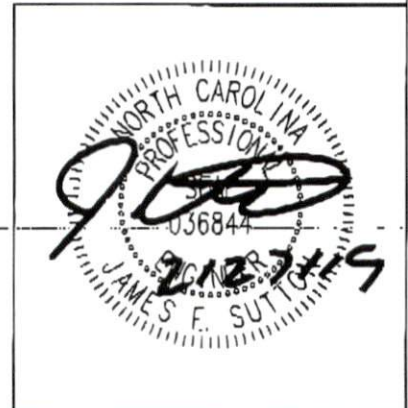
Approved

button 03/27/2019



FOUNDATION PLAN

3/32" = 1'-0"



PILE KEY

SYMBOL	SHAFT SIZE	BRACKET	TORQUE (FT-LBS)	3K (PSI)	5K (PSI)	6K (PSI)	7K (PSI)
▼	2-7/8"	4001	2,800	3,024	1,651	1,088	1,135



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2018

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 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 MARK VAN DORN OPTIMA INSURANCE SERVICES, LLC P.O. BOX 29351 GREENSBORO, NC 27420	CONTACT NAME: SHERRI LAWS PHONE (A/G, No., Ext): 336-373-8444 FAX (A/G, No.): E-MAIL ADDRESS: SHERRI@OPTIMAINS.COM <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: BRIDGEFIELD CASUALTY INSURANCE</td> <td>10335</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: BRIDGEFIELD CASUALTY INSURANCE	10335	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															
INSURED FOUNDATION SOLUTIONS, LLC DBA RAM JACK 4122 BENNETT MEMORIAL RD STE 304 DURHAM, NC 27705-1210															

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.

INBR LTR	TYPE OF INSURANCE	ADDITIONAL	INSURANCE	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"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Per occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Per 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 \$ _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0196-39702	02/02/2017 02/02/2018	02/02/2018 02/02/2019	<input checked="" type="checkbox"/> PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER INFORMATION ONLY	CANCELLATION 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 _____ MARK VAN DORN _____ <i>Mark Van Dorn</i>
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License Year

2019

License No.

81330

North Carolina

Licensing Board for General Contractors

This is to Certify That:

Foundation Solutions, LLC, T/A
Ram Jack
Durham, NC

is duly registered and entitled to practice

General Contracting

Limitation: Limited
Classification: Residential

until

December 31, 2019

when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

January 29, 2019

This certificate may not be altered.



[Signature]
Chairman

C. Frank Wiesner
Secretary-Treasurer