AMP'd Engineering, PLLC Civil Engineer - Consulting Engineer - Land Development

PO Box 4580 Emerald Isle, NC 28594 (919) 795-9594 + athan.parker@ampdengineering.com Firm License Number P-1532

> CERTIFICATION LETTER May 13, 2019

To:

Mr. Oliver Tolksdorf, **REHS-Environmental Health Supervisor** Harnett County Health Department 307 W Cornelius Harnett Blvd Lillington, NC 27546

Ref:

Quail Hollow Lot 5 EOP 367 Deanne Ln

Coats, Harnett County, NC

Dear Mr. Tolksdorf,

As a duly licensed registered Professional Engineer in the State of North Carolina, license number 43250, I have inspected the installation of the Engineered Option Permit of the LHD Referenced project SFD 1810-0034 on May 03, 2019. Thornton Plumbing the on-site wastewater contractor as permitted installed 4-75' Polystyrene Type IIIg lines with 24" TB as designed and permitted, however, a pump tank has been added. The system appeared to be in the location permitted on the site plan by Pittman Soil Consulting.

If you have any questions, please feel free to give me a call (919) 795-9594 or email me (athan.parker@ampdengineering.com).

Sincerely,

Athan M Parker, PE

President

AMP'd Engineering, PLLC

Firm License No. P-1532

AMP

Attch: Owner's acceptance of the system, ATO Sheets and On-site Wastewater Contractors statement

AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

PO Box 4580 Emerald Isle, NC 28594 (919) 795-9594 + athan.parker@ampdengineering.com Firm License Number P-1532

> ACCEPTANCE LETTER May 06, 2019

To: WJH LLC (the "Owner")

3300 Battleground Ave, STE 230

Greensboro, NC 27410

Ref: Quail Hollow Lot 5 EOP

367 Deanne Ln

Coats, Harnett County, NC

Dear WJH.

As a duly licensed registered Professional Engineer in the State of North Carolina, license number 43250, I have inspected the installation of the Engineered Option Permit of the LHD Referenced project SFD 1810-0034 on May 03, 2019. Thornton Plumbing the on-site wastewater contractor as permitted installed 4-75' Polystyrene Type IIIg lines with 24" TB as designed and permitted, however, a pump tank has been added. The system appeared to be in the location permitted on the site plan by Pittman Soil Consulting. This letter states the Owner's acceptance of the system from the Professional Engineer, Licensed Soil Scientist and the On-Site Wastewater Contractor as permitted with the Harnett County Health Department. Please sign this letter and have notarized on page 2 of 2.

If you have any questions, please feel free to give me a call (919) 795-9594 or email me (athan.parker@ampdengineering.com).

Sincerely,

Athan M Parker, PE

President

AMP'd Engineering, PLLC Firm License No. P-1532

AMP

AMP'd Engineering, PSSC Civil Engineer - Consulting Engineer - Land Development

Owner: Name Sign Name Date
North Carolina
Wake County
I, Taxa RabitZ, a Notary Public for said County and State, do hereby
certify that Polycologness personally appeared before me this day and
acknowledged the due execution of the page 1 of 2 "Acceptance Letter" from the
PE.
Whitness my hand and official seal, this the $\underline{\omega}$ day of $\underline{\mathcal{M}_{ay}}$, 2019.
AUBLIC Notary Public
My commission expires

PART 3:	Authorization to Operate	(ATO)			
Except for date	received, the Section below is to be o	completed by the Owner or b the EOP.	y the PE designated to a	act as their legal represe	ntative for
LHD USE ON	Y: Initial submittal of reque	st for ATO received:		by	3(8)
	Date of Post-constructio		Date	Initials	
	Date of Fost Construction				
1. Signed an a. Signe b. Draw c. Repo d. Mana e. On-si f. Signe 2. Fee (as ap 3. Notarized Attestation by I, ATHAN Print name of Ow HARNETT regulations ri	letter documenting Owner's The Owner or the PE for Aut M. PARKER, PE Ther or Professional Engineer	's report that includes: il conditions and site feat final inspection igned statement that to 15A NCAC 18A .1 acceptance of the system the system of the sys	entures 1938(h) In from the PE ems indicated above pplicable federal, St. is1(e)(6). 5/13/2019 Date	X Yes	No N
		This section for LHD Use O	nly.		
INCOMPL Based upo	f required information for the ETE on review of information subnom the information required signed form were sent to the	nitted by the Owner or for an Authorization to	Operate for an EOP		
Drint name of a	uthorized Agent of the LHD	Signature of authorize	ad Agent of the LHD		Data
COMPLET Based upo Operate is	enthorized Agent of the LHD E on review of information subnotes hereby issued in accordance complete NOI/ATO with track	nitted by the Owner or with G.S. 130A-336.1(n	PE in the Section abn). nt to the State on <u>«</u>	*	
Print name of a	uthorized Agent of the LHD	Signature of authorize	ed Agent of the LHD		Date

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the PE 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.

EOP Tracking information

The LHD completes this form for each NOI/ATO submitted to their offices. The LHD updates this information and resends it throughout the process as appropriate. The Department will use this data to draft required legislative reports on implementation of the EOP.

Tracking information for Engineered Option Permits (Required)

County	HARNETT
LHD Reference Number	SPD 1810 -0034
Permitting backlog as of date of NOI submittal (# days)	7-10 DAYS
Number of days to process the NOI (# days)	13 DAYS
Number of days to process re-submitted NOI (# days or "NA")	
Facility type	SED
Domestic, High Strength or IPWW	Dornestic
Design Daily Flow	360
Residential or Commercial	Residential
System type (per Rule .1961)	I
Date of Post-construction conference	5-13-19
Date Authorization to Operate issued	5-15-19
Fee charged for EOP	750.00
Is fee sufficient to cover LHD costs?	Yes
Date LHD notified of EOP malfunction	
Date LHD notified of Owner complaint	

PITTMAN SOIL CONSULTING

Owner: **QUAIL HOLLOW**

Address: LOT 5

Location: 367 DEANNE LANE

PROPERTY INFORMATION OBTAINED VIA HARNETT COUNTY MAP#99-19 DEED BOOK 1910 PG 0783

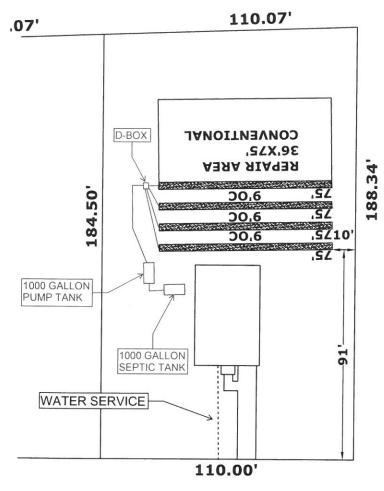
0-12 SL GRL VFRL NEXP, 2.5Y 4/3 12-18 SL, GR, VFR, NEXP, 2.5Y 6/4

18-36 CL, SBK, FI, SS, SP, 10YR 5/6, 10YR 5/8

36-48 CL, SBK, FI, SS, SP, 10YR 5/6, 10YR 5/8, 2.5Y 6/2

SOIL BORE (TYP





NE

DEANNE LANE



INITIAL 3 BEDROOM LTAR .4 4-75' CONVENTIONAL LINES 24"TB >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA

3 BEDROOM LTAR .4 4-75' CONVENTIONAL LINES 24"TB >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM



DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH

ROY COOPER GOVERNOR MANDY COHEN, MD, MPH SECRETARY

DANIEL STALEY
DIRECTOR

COMMON FORM FOR ENGINEERED OPTION PERMIT

See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the Professional Engineer licensed in accordance with G.S. 89C							
LHD USE ONLY: Initial submittal of this NOI received: by							
PART 1: Notice of Intent to Construct (NOI)							
X New Expansion							
Repair – LHD Permit Number Repair – EOP Permit Number							
1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.):							
WADE JURNEY HOMES - WJH LLC							
Mailing address: 3300 BATTLEGROUND AVE, STE 230 City: GREENSBORO State: NC Zip: 27410							
Telephone number: 919-525-5856 E-mail Address: PLAMM@WADEJURNEYHOMES.COM							
2. Professional Engineer (PE) name: ATHAN M PARKER, PE License number: 43250							
Mailing address: PO BOX 4580 City: EMERALD ISLE State: NC Zip: 28594							
Telephone number: 919-795-9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.COM							
3. Licensed Soil Scientist (LSS) name: HAYWOOD PITTMAN, LLS License number: 1262							
Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574							
Telephone number: 910-324-2892 E-mail Address: PITTMANSOIL@YAHOO.COM							
4. Licensed Geologist (LG) (if applicable) name: License Number:							
Mailing address: City: State: Zip:							
Telephone number: E-mail Address: THORNTON PLUMBING, INC 2534							
5. On-site Wastewater Contractor name: <u>HAYWOOD_PITTMAN, LLS</u> License number: 3825							
Mailing address: 1073 1 GREGORY FORK RD CLAYTON 27527 City: RICHLANDS State: NC 7ip:28574							
919-550-4833 TPIPLANNER@GMAIL.COM Telephone number: 910-324-2892 E-mail Address: PITTMANSOIL@YAHOO.COM							
6. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached							
that includes the name of the insurer, name of the insured and the effective dates of coverage:							

WWW.NCDHHS.GOV
TEL 919-707-5874 • FAX 919-845-3972
LOCATION: 5605 SIX FORKS RD • RALEIGH, NC 27609
MAILING ADDRESS: 1642 MAIL SERVICE CENTER • RALEIGH, NC 27699-1642
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Thornton's Plumbing, Inc. Thornton's Footing, Hauling, and Septic, Inc.

May 7, 2019

Amp'd Engineering PO Box 4580 Emerald Isle NC 28594

Re: Septic Install Lot 5 Quail Hollow 367 Deann Lane, Coats Wade Jurney Homes

On May 2, 2019, TFH&S installed a 1000 gal septic and pump system with alarm and 300 ft of drain line.

There were 4 lines in total, 75 foot each of ez lay.

If you have any questions, please call.

Sincerely,

Andy Thornton

License #2534 Grade Level II

Thornton's Footing, Septic and Hauling

tpiplanner@gmail.com

919-550-4833

Fax: 919-550-1637



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/24/2019

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

th	is certificate does not confer rights to	the	certi	ficate holder in lieu of su	ich end	orsement(s)				
PRODUCER			CONTACT Rhonda Fury NAME: PHONE (A/C, No, Ext): (919) 741-5284 (A/C, No):							
Pittman Insurance Group, LLC 4011 Westchase Blvd. Suite 120										
	eigh, NC 27607				E-MAIL ADDRES	ss: rhonda@	pittgroupll	c.com		
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC#
				INSURE	RA: Builder	s Mutual In	surance Comp		10844	
INSURED Thornton's Plumbing, Inc., NC Tub Repair, LLP, Thornton's			INSURER B: Accident Fund Insurance Co of				10166			
			INSURER C :							
Footings, Hauling & Septic, Inc. 3160A Vinson Rd				INSURER D :						
	Clayton 27527				INSURER E :					
					INSURER F:					
co	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PFR	REME	ENT, TERM OR CONDITIC THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CITO	WHICH THIS
INSR LTR		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11130	YVVD			,		EACH OCCURRENCE	S	1,000,000
	CLAIMS-MADE X OCCUR			PPA0000446		5/26/2018	5/26/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	5	100,000
						-		MED EXP (Any one person)	S	5,000
								PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	2,000,000
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	s	2,000,000
								111000010 3011110111100	s	
A	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	5	1,000,000
	X ANY AUTO			PCA0021277		5/26/2018	5/26/2019	BODILY INJURY (Per person)	s	
	X OWNED SCHEDULED AUTOS ONLY				5,25,25			BODILY INJURY (Per accident)	s	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s	
	AUTOS ONLY AUTOS ONLY							7 01 2000011	s	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	s	3,000,000
	EXCESS LIAB CLAIMS-MADE			MUB0006318	5/26	5/26/2018	5/26/2019	AGGREGATE	s	3,000,000
	DED X RETENTIONS 10,000							71001120772	S	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								X PER OTH-		
				WCV6144155		5/26/2018	5/26/2019	E.L. EACH ACCIDENT	S	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	s	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	1,000,000
	DESCRIPTION OF OPERATIONS BEIOW									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Sched	lule, may l	e attached if mo	re space is requi	red)		
CE	RTIFICATE HOLDER				CAN	CELLATION				
Amdp Engineering PO Box 4580 Emerald Isle, NC 28594				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						
					Rfmda Luy					