AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

CERTIFICATION LETTER
April 29, 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 11 EOP

247 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 1810-0041 on April 11, 2019. Thornton Plumbing the on-site wastewater contractor as permitted installed 4-60' Polystyrene Type IIIg lines with 24" TB as designed and permitted. 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** April 18, 2019

To:

WJH LLC (the "Owner")

3300 Battleground Ave, STE 230

Greensboro, NC 27410

Quail Hollow Lot 11 EOP

247 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 1810-0041 on April 11, 2019. Thornton Plumbing the on-site wastewater contractor as permitted installed 4-60' Polystyrene Type Illa lines with 24" TB. as designed and permitted. 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

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

Owner: PATRICK AMM Print Name Sign Name Date
North Carolina
_WakleCounty
I, <u>Tara PabitZ</u> , a Notary Public for said County and State, do hereby
certify that Palnaclamm 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{ZY} day of \underline{May} , 20 \underline{M} .
AUBLIC Notary Public
My commission expires

PART 3:	Authorization to Op	erate (ATO)				
Except for date rece	ived, the Section below is	to be completed by the Ov the EO	vner or by the PE designate P.	ed to act as their	legal represei	ntative for
LHD USE ONLY:	Initial submittal of r	request for ATO receiv	red: 4-17-19	by	2 P	
	Date of Post-constr	uction Conference:	4-24-19 Date	Ir	nitials	
1. Signed and so a. Signed a b. Drawing c. Reports d. Manager e. On-site v f. Signed al 2. Fee (as applie 3. Notarized let: Attestation by the I, ATHAN M Print name of Owner of HARNETT regulations, rules	ms are included in thi ealed copy of the Eng nd sealed evaluation s, specifications, plan on special inspections ment Program manual Vastewater Contracted sealed statement cable) ter documenting Owner Owner or the PE for PARKER The Professional Engineer County LHD a	s submittal for an Aut ineer's report that inc of soil conditions and s s and final inspection al or's signed statement pursuant to 15A NCAC ner's acceptance of th or Authorization to Ope hereby attest th and the system shall m cordance with G.S. 13	horization to Operate cludes: site features 2.18A .1938(h) e system from the PE erate at all items indicated aneet applicable federa	above have be I, State, and I	X Yes	No N
		This	5.115.1			
INCOMPLETE Based upon re		submitted by the Owi	ner or PE in the Sectio		following ite	ems are
TAMES E N Printname of author COMPLETE Based upon re	Archartus IZEHS rized Agent of the LHD eview of information	,	har fill FLAMS Date nuthorized Agent of the LHD)		oate
JAMES E	plete NOI/ATO with the Manhorst Text	5 mg	vas sent to the State o	Date Email,	FAX, USPS, Han	

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	HAZNETT
LHD Reference Number	SAD 1810-0041
Permitting backlog as of date of NOI submittal (# days)	7-10 DAYS
Number of days to process the NOI (# days)	13 DAVE
Number of days to process re-submitted NOI (# days or "NA")	NA
Facility type	560
Domestic, High Strength or IPWW	Domestic
Design Daily Flow	360
Residential or Commercial	Residential
System type (per Rule .1961)	T
Date of Post-construction conference	4-24-1G
Date Authorization to Operate issued	4-25-19
Fee charged for EOP	225.00
Is fee sufficient to cover LHD costs?	No
Date LHD notified of EOP malfunction	
Date LHD notified of Owner complaint	

PITTMAN SOIL CONSULTING

Owner: QUAIL HOLLOW

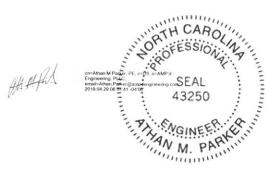
Address: LOT 11

Location: 247 DEANNE LANE

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

114.07 CONVENTIONAL 27'X80' REPAIR AREA ാറ.6 ,09 D-BOX 30,6 56.41 09 30.6 ,09 13' **30,6** 1,000 GAL PT 1,000 GAL ST WATER SERVICE 115.00' **DEANNE LANE**

SOIL BORE (TYP 0-11 SL GR, VFR NEXP, 2.5Y 4/3 11-36 SL, GR, VFR, NEXP, 2.5Y 6/4 36-48 SCL, SBK, FI, SS, SP, 10YR 5/8





INITIAL
3 BEDROOM
LTAR .5
4-60' CONVENTIONAL LINES
24"TB
>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
3 BEDROOM
LTAR .5
3-80' 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.CO							
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: HAYWOOD PITTMAN, LLS License number: 3825							
3160 - A VINSON RD. CLAYTON 27527 Mailing address: 1073 1 GREGORY FORK RD City: RICHLANDS State: NC 27527 Mailing address: 919 - 550 - 4833 Telephone number: 910 - 324 - 2892 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:							
PE LSS LG On-site Wastewater Contractor							

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.

April 18, 2019

Amp'd Engineering PO Box 4580 Emerald Isle NC 28594

Re: Septic Install Lot 11 Quail Hollow 247 Deanne Lane, Coats Wade Jurney Homes

On April 10 2019, TFH&S installed a 1000 gal pump septic system, alarm and 240 foot of drain line.

There were 4 lines in total, 60 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

andy Thornton

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.

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	nis certificate does not confer rights to	the	certi	ficate holder in lieu of su							
PRODUCER Pittman Insurance Group, LLC				CONTACT Rhonda Fury							
				PHONE (A/C, No, Ext): (919) 741-5284 FAX (A/C, No):							
4011 Westchase Blvd. Suite 120 Raleigh, NC 27607			E-MAIL ADDRESS: rhonda@pittgroupllc.com								
rateign, no 27007					7.7.		RDING COVERAGE			NAIC#	
					INSURER A : Builders Mutual Insurance Comp				10844		
INSURED								10166			
	Thornton's Plumbing, Inc., N	IC Tu	ıb Re	pair, LLP, Thornton's						10100	
Footings, Hauling & Septic, Inc. 3160A Vinson Rd				INSURER C : INSURER D :							
					INSURER E :						
Clayton 27527											
00	VEDACES	TIFIC	ATE	NUMPED.	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								LICY BEBIOD		
C	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	DOCUMENT WITH	H RESPE	CT TO	WHICH THIS
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	5	
A	X COMMERCIAL GENERAL LIABILITY	11430	****			THIRD OF LITT	TAINING THE TELES	EACH OCCURRENCE		s	1,000,000
	CLAIMS-MADE X OCCUR			PPA0000446		5/26/2018	5/26/2019	DAMAGE TO RENTED PREMISES (Ea occurr		\$	100,000
								MED EXP (Any one pe		s	5,000
								PERSONAL & ADV IN		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER										2,000,000
	POLICY X PRO- LOC							GENERAL AGGREGATE \$		5	2,000,000
								PRODUCTS - COMP/	OP AGG		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	LIMIT	\$	1,000,000
1	X ANY AUTO			PCA0021277		5/26/2018	5/26/2019	BODILY INJURY (Per	person)	\$	
	X OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X ON-OWNED AUTOS ONLY							BODILY INJURY (Per	ODILY INJURY (Per accident) \$		
								PROPERTY DAMAGE (Per accident)	-	\$	
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A	X UMBRELLA LIAB X OCCUR			MUB0006318		5/26/2018	5/26/2019	EACH OCCURRENCE	E	\$	3,000,000
	EXCESS LIAB CLAIMS-MADE	_						AGGREGATE		S	3,000,000
	DED X RETENTIONS 10,000									\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A		WCV6144155	5/26/2018	5/26/2018	5/26/2019	E.L. EACH ACCIDENT	Т	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					*		E.L. DISEASE - EA EM	MPLOYEE	S	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
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							
					Rhu	da Luy					