

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

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 16 EOP
147 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 1810-0042 on April 11, 2019. Thornton Plumbing the on-site wastewater contractor installed one continuous 240' Serial Distribution Polystyrene Type IIIg line with 18" TB. 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,



©19 ATHAN M. PARKER, PE, C+US, ©AMP'D
ENGINEERING, PLLC
athan.parker@ampdengineering.com
2019/04/29 08:37:18 (GMT)

Athan M Parker, PE
President
AMP'd Engineering, PLLC
Firm License No. P-1532



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

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ACCEPTANCE LETTER
April 18, 2019

**To: WJH LLC (the "Owner")
3300 Battleground Ave, STE 230
Greensboro, NC 27410**

**Ref: Quail Hollow Lot 16 EOP
147 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 1810-0042 on April 11, 2019. Thornton Plumbing the on-site wastewater contractor installed one continuous 240' Polystyrene Type IIIg line with 18" TB. The lines are connected around the ends in a "snake like" manner. 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 (HIS OWNED)
ENGINEERING PLLC
athan.parker@ampdengineering.com
2019 04 18 09:33:40 -04:00

Athan M Parker, PE
President
AMP'd Engineering, PLLC
Firm License No. P-1532



AMP

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

Owner: PATRICK LAMM [Signature] 4/26/19
Print Name Sign Name Date

North Carolina

Wake County

I, Tara Rabitz, a Notary Public for said County and State, do hereby
certify that Patrick Lamm 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 26 day of April, 2019.

Tara Rabitz

Notary Public

My commission expires 6/18, 2020.

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner or by the PE designated to act as their legal representative for the EOP.

LHD USE ONLY: Initial submittal of request for ATO received: <u>4-17-19</u> by <u>AP</u> <small>Date Initials</small>
Date of Post-construction Conference: <u>4-24-19</u>

The following items are included in this submittal for an Authorization to Operate under an EOP:

1. Signed and sealed copy of the Engineer's report that includes:
 - a. Signed and sealed evaluation of soil conditions and site features Yes No
 - b. Drawings, specifications, plans Yes No
 - c. Reports on special inspections and final inspection Yes No
 - d. Management Program manual Yes No
 - e. On-site Wastewater Contractor's signed statement Yes No
 - f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h) Yes No
2. Fee (as applicable) Yes No
3. Notarized letter documenting Owner's acceptance of the system from the PE Yes No

Attestation by the Owner or the PE for Authorization to Operate

I, ATHAN M. PARKER hereby attest that all items indicated above have been provided to the
Print name of Owner or Professional Engineer

HARNETT County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).

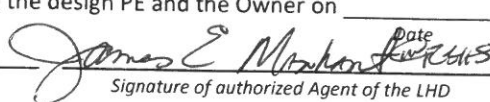
 <small>Signature of Owner or Professional Engineer</small>	<u>4/25/2019</u> <small>Date</small>
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This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE
 Based upon review of information submitted by the Owner or PE in the Section above, the following items are missing from the information required for an Authorization to Operate for an EOP: _____

Copies of this signed form were sent to the design PE and the Owner on _____ via _____
Date Email, FAX, USPS, Hand-delivered

<u>James E. Manhart III</u> <small>Print name of authorized Agent of the LHD</small>	 <small>Signature of authorized Agent of the LHD</small>	<u>4-31-19</u> <small>Date</small>
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COMPLETE
 Based upon review of information submitted by the Owner or PE in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.1(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on 4-26-19 via E mail
Date Email, FAX, USPS, Hand-delivered

<u>James E. Manhart III</u> <small>Print name of authorized Agent of the LHD</small>	 <small>Signature of authorized Agent of the LHD</small>	<u>4-26-19</u> <small>Date</small>
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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 re-sends 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)

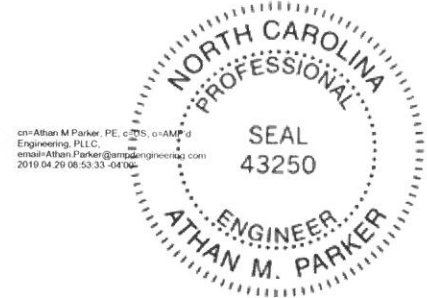
County	HARWELL
LHD Reference Number	SFD 1810-0042
Permitting backlog as of date of NOI submittal (# days)	7-10 Days
Number of days to process the NOI (# days)	13 Days
Number of days to process re-submitted NOI (# days or "NA")	NA
Facility type	SFD
Domestic, High Strength or IPWW	DOMESTIC
Design Daily Flow	360
Residential or Commercial	Residential
System type (per Rule .1961)	III
Date of Post-construction conference	4-24-19
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

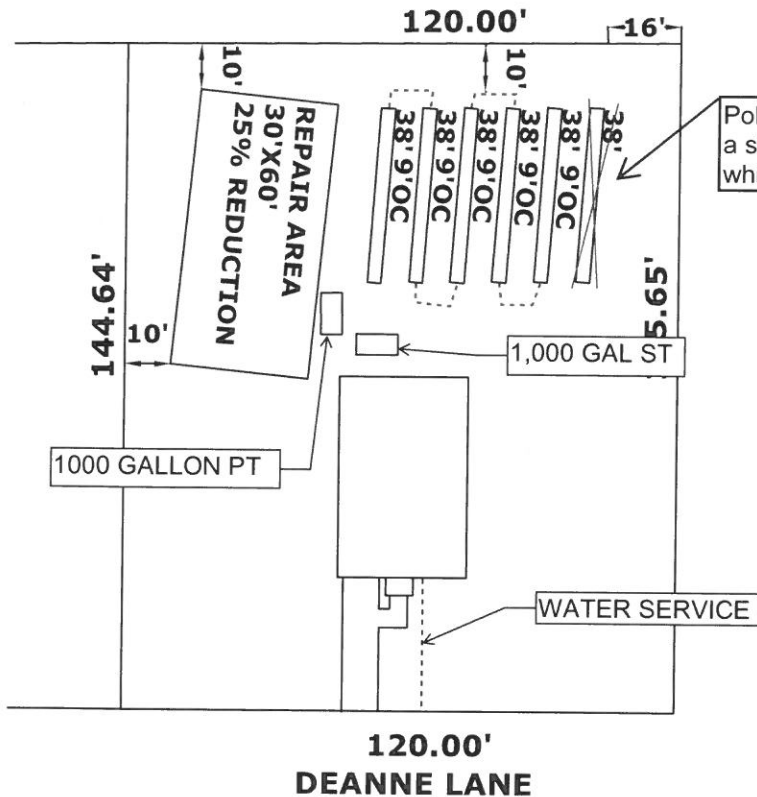
Owner: QUAIL HOLLOW
 Address: LOT 16
 Location: 147 DEANNE LANE

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

SOIL BORE (TYP)
0-12 SL GR VFR NEXP, 2.5Y 4/3
12-18 SL, GR, VFR, NEXP, 2.5Y 6/4
18-30 CL, SBK, FI, SS, SP, 10YR 5/6, 10YR 5/8
30-48 CL, SBK, FI, SS, SP, 10YR 5/6, 7.5YR 5/8, 2.5Y 6/2



Handwritten initials: AMP



Polystyrene lines were bent around each end to create a single connected line. The total linear footage is 240' which is greater than the design.



INITIAL
 3 BEDROOM
 LTAR .4
 6-38' 25% REDUCTION LINES
 18"TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
 3 BEDROOM
 LTAR .4
 4-60' 25% REDUCTION LINES
 12-18"TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM

SCALE 1"=40'



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 _____
Date Initials

PART 1: Notice of Intent to Construct (NOI)

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: _____

5. On-site Wastewater Contractor name: THORNTON PLUMBING, INC License number: 2534

Mailing address: 3160-A VINSON RD. City: CLAYTON State: NC Zip: 27527

Telephone number: 919-550-4833 E-mail Address: TPIPLANNER@GMAIL.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

3160-A Vinson Rd
Clayton, NC 27527
919-550-4833-Office
919-550-1637-Fax

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 16 Quail Hollow
147 Deanne Lane, Coats
Wade Journey Homes

On April 11 2019, TFH&S installed a 1000 gal pump septic system, alarm and 228 foot of drain line.

There were 6 lines in total, 38 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

tpiplanner@gmail.com



THORPLU-01

RFURY

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Pittman Insurance Group, LLC 4011 Westchase Blvd. Suite 120 Raleigh, NC 27607	CONTACT NAME: Rhonda Fury PHONE (A/C, No, Ext): (919) 741-5284 FAX (A/C, No): E-MAIL ADDRESS: rhonda@pittgroupplc.com														
INSURED Thornton's Plumbing, Inc., NC Tub Repair, LLP, Thornton's Footings, Hauling & Septic, Inc. 3160A Vinson Rd Clayton 27527	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Builders Mutual Insurance Comp</td> <td>10844</td> </tr> <tr> <td>INSURER B : Accident Fund Insurance Co of</td> <td>10166</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Builders Mutual Insurance Comp	10844	INSURER B : Accident Fund Insurance Co of	10166	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PPA0000446	5/26/2018	5/26/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PCA0021277	5/26/2018	5/26/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000			MUB0006318	5/26/2018	5/26/2019	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV6144155	5/26/2018	5/26/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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**CANCELLATION**

Amp 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

Rhonda Fury