# 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 17 EOP

127 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 1810-0043 on April 11, 2019. Thornton Plumbing the on-site wastewater contractor as permitted installed 4-75' Polystyrene Type IIIg lines with 18" 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

WJH LLC (the "Owner") To:

3300 Battleground Ave, STE 230

Greensboro, NC 27410

Ref: Quail Hollow Lot 17 EOP

127 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 1810-0043 on April 11, 2019. Thornton Plumbing the on-site wastewater contractor as permitted installed 4-75' Polystyrene Type IIIg lines with 18" 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

AMP

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

Owner: PATRICK LAMM Print Name Sign Name Date
North Carolina
<u>Waxe</u> 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 24 day of April., , 2019.
AUBLIC Sandalla County Augustin Motory Public
My commission expires $6/8$ , $20\overline{20}$

LHD Reference: SFO 180 WUB

PART 3:	Authorization to Operate (ATO)	
Except for date red	received, the Section below is to be completed by the Owner or by the PE designate the EOP.	ted to act as their legal representative for
LHD USE ONLY		
	Date of Post-construction Conference: 4-24-19	Initials
1. Signed and s a. Signed a b. Drawing c. Reports d. Manage e. On-site f. Signed a 2. Fee (as appl 3. Notarized le  Attestation by th I, ATHAN M  Print name of Owner HARNETT  regulations, rules	the Owner or the PE for Authorization to Operate  M. PARKER hereby attest that all items indicated er or Professional Engineer  County LHD and the system shall meet applicable federales and ordinances in accordance with G.S. 130A-3361(e)(6).	X Yes No X Y
Sig. Tucure of	Date Date	
	This section for LHD Use Only.	
INCOMPLETE Based upon	required information for the ATO TE In review of information submitted by the Owner or PE in the Section The information required for an Authorization to Operate for an	
Print name of author  COMPLETE  Based upon r	gned form were sent to the design PE and the Owner on  Date  Date  Signature of authorized Agent of the LH  Date  Oreview of information submitted by the Owner or PE in the Section rereby issued in accordance with G.S. 130A-336.1(m).	
JAMES E	omplete NOI/ATO with tracking information was sent to the State of Manha Figure 1 Signature of authorized Agent of the LHI	Date Email, FAX, USPS, Hand-delivered

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.

SAS 1810.0045

### **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	HARAVII
LHD Reference Number	SPD19110-0043
Permitting backlog as of date of NOI submittal (# days)	7-10 DAIS
Number of days to process the NOI (# days)	13 DAIS
Number of days to process re-submitted NOI (# days or "NA")	NA
Facility type	562
Domestic, High Strength or IPWW	Domestic
Design Daily Flow	3/00
Residential or Commercial	RESIDENTIAL
System type (per Rule .1961)	777
Date of Post-construction conference	4-24-19
Date Authorization to Operate issued	V. 25-18
Fee charged for EOP	275.00
Is fee sufficient to cover LHD costs?	NO
Date LHD notified of EOP malfunction	
Date LHD notified of Owner complaint	

## PITTMAN SOIL CONSULTING

SOIL BORE (TYP

0-12 SL GR, VFR, NEXP, 2.5Y 4/3 12-24 SL, GR, VFR, NEXP, 2.5Y 6/4

Owner: QUAIL HOLLOW

Address: LOT 17

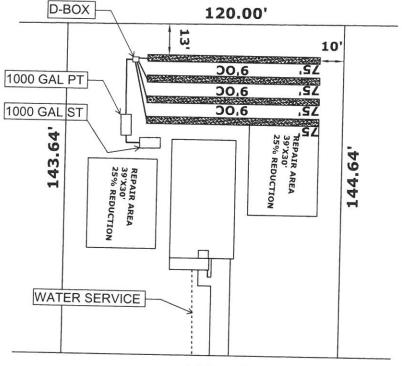
**Location: 127 DEANNE LANE** 

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



24-30 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



120.00' DEANNE LANE



INITIAL
3 BEDROOM
LTAR .3
4-75' 25% REDUCTION LINES
18"TB
>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
3 BEDROOM
LTAR .3
10-30' CONVENTIONAL LINES
18"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: Initials 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: \_\_\_\_\_ \_\_\_\_ City: \_\_ Mailing address: \_\_\_ Telephone number: E-mail Address: THORNTON PLUMBING, INC 5. On-site Wastewater Contractor name: <u>HAYWOOD PITTMAN</u>, LLS License number: 3160-A VINSON RD. CLAYTON 27527 Mailing address: 1073 1 GREGORY FORK RD CHLANDS State: NC TPIPLANNER@GMAIL.COM 919-550-4833 E-mail Address: <u>PITTMANSOIL@YAHOO.COM</u> Telephone number: 910 324 2892 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: X PE X LSS LG

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 17 Quail Hollow 127 Deanne Lane, Coats Wade Jurney Homes

On April 11 2019, TFH&S installed a 1000 gal pump septic system, alarm and 300 foot 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

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PRODUCER							CONTACT Rhonda Fury						
Pittman Insurance Group, LLC 4011 Westchase Blvd. Suite 120					PHONE (A/C, No, Ext): (919) 741-5284 FAX (A/C, No): E-MAIL ADDRESS: rhonda@pittgrouplic.com								
Rale	eigh,	, NC 27607						ADDRE					
						INSURER(S) AFFORDING COVERAGE				NAIC#			
								INSURER A : Builders Mutual Insurance Comp				10844	
Thornton's Plumbing, Inc., NC Tub Repair, LLP, Thornton's						INSURER B : Accident Fund Insurance Co of				10166			
		Footings,	Hauli	ing & Septic,			INS		INSURER C:				
		3160A Vin		Rd					INSURER D :				
		Clayton 27	1521					INSURER E :					
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	-										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIM									GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO	Ť L	roc							PRODUCTS - COMP/OP AGG	S	2,000,000
Α		OTHER:			-	-					COMBINED SINGLE LIMIT	\$	1,000,000
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DES	CRIPT	TION OF OPERATION	S/LO	CATIONS / VEHIC	LES (A	ACORE	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)		
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Amdp Engineering PO Box 4580						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
						ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.	- 50			
Emerald Isle, NC 28594													
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