

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 18 EOP
107 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 1810-0044 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 #105 01AMPD
ENGINEERING, PLLC
#105ATHAN.PARKER@AMPDENGINEERING.COM
2019 04 29 08 46 56 -0400

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 18 EOP
107 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 1810-0044 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, PLS. #AMPD
ENGINEERING, PLLC
ATHAN.PARKER@AMPDENGINEERING.COM
2018 04 18 09:34:54 -04:00

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



AMP

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Civil Engineer – Consulting Engineer – Land Development

Owner: PATRICK LAMM [Signature] 4/24/19
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 24 day of May, 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).

 Signature of Owner or Professional Engineer	<u>4/25/2019</u> Date
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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 _____.

<u>James E. Marshant III</u> Print name of authorized Agent of the LHD	 Signature of authorized Agent of the LHD	<u>4-30-19</u> Date
---	--	------------------------

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 Email.

<u>James E. Marshant III</u> Print name of authorized Agent of the LHD	 Signature of authorized Agent of the LHD	<u>4-26-19</u> 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 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	HARNETT
LHD Reference Number	SFD 1810-0044
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	4-24-15
Date Authorization to Operate issued	4-25-15
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	

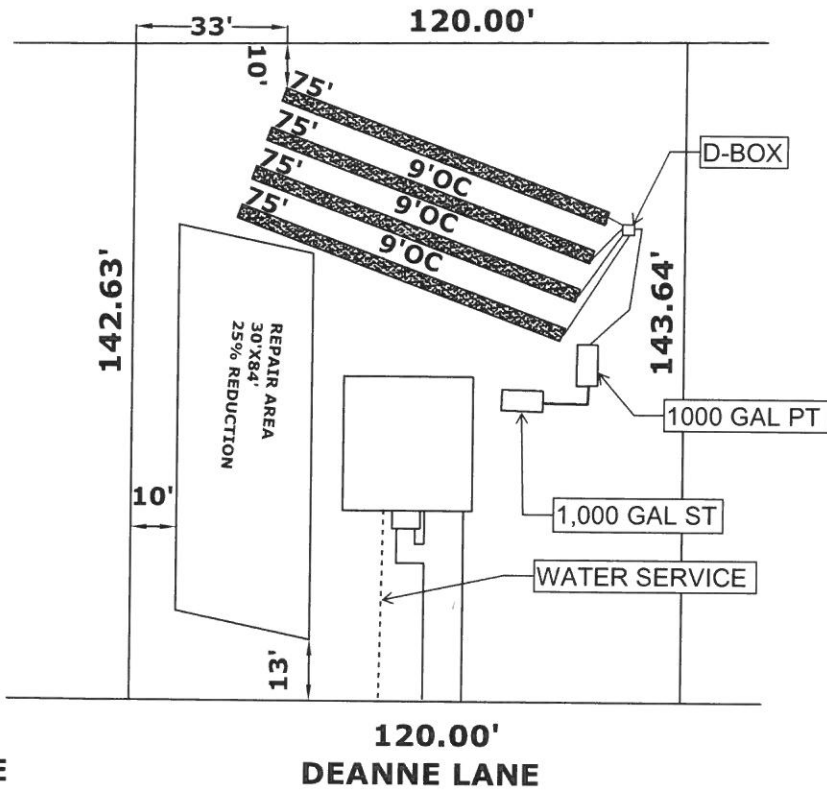
PITTMAN SOIL CONSULTING

Owner: QUAIL HOLLOW
Address: LOT 18
Location: 107 DEANNE LANE

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

SOIL BORE (TYP)
0-12 SL GRL VFRL NEXP, 2.5Y 4/3
12-24 SL, GR, VFR, NEXP, 2.5Y 6/4
24-30 CL, SBK, FI, SS, SP, 10YR 5/6, 10YR 5/8
30-48 CL, SBK, FI, SS, SP, 10YR 5/6, 10YR 5/8, 2.5Y 6/2

Ath M Parker



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' 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@AMPENGINEERING.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: ~~HAYWOOD PITTMAN, LLS~~ License number: ~~3825~~

THORNTON PLUMBING, INC 2534
3160-A VINSON RD. CLAYTON 27527

Mailing address: ~~1073-1 GREGORY FORK RD~~ City: ~~RICHLANDS~~ State: ~~NC~~ Zip: ~~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:

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

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

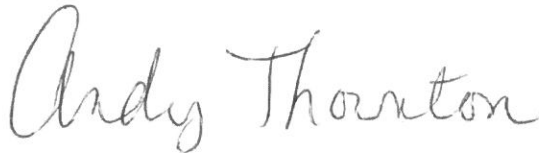
Re: Septic Install
Lot 18 Quail Hollow
107 Deanne Lane, Coats
Wade Journey Homes

On April 10 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
tplaner@gmail.com
919-550-4833
Fax: 919-550-1637

tplaner@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@pittgroupllc.com
INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A: Builders Mutual Insurance Comp NAIC # 10844
Thornton's Plumbing, Inc., NC Tub Repair, LLP, Thornton's Footings, Hauling & Septic, Inc. 3160A Vinson Rd Clayton 27527	INSURER B: Accident Fund Insurance Co of 10166
	INSURER C:
	INSURER D:
	INSURER E:
	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 <input type="checkbox"/> 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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> 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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			MUB0006318	5/26/2018	5/26/2019	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			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**

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