

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

REVOCAION LETTER

February 8, 2019

**To: Mr. Oliver Tolksdorf, REHS
Environmental Health Supervisor
Harnett County Health Department
910-893-7574**

**Ref: Wade Journey Homes EOP
Lot 19 – Quail Hollow – 87 Deanne Ln – SFD 1810-0045
Harnett County, NC**

Dear Mr. Tolksdorf,

As the authorized representative for Wade Jurny Homes we wish to revoke the Engineered Option Permit number SFD1810-0045.

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: New application





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)

- [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: _____

5. On-site Wastewater Contractor name: HAYWOOD PITTMAN, LLS License number: 3825
Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574
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:

- [X] PE [X] LSS [] LG [X] On-site Wastewater Contractor

- 7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 87 DEANNE LN COATS, PIN 1611-44-4384.000
County Name: HARNETT
- 8. Type of facility: Place of residence No. Bedrooms: _____ No. Occupants: _____
 Place of business Basis for flow calculation: _____
 Place of public assembly Basis for flow calculation: _____
- 9. Factors that would affect the wastewater load: NO KNOWN FACTORS TO AFFECT LOADING

- 10. Type, location, and classification (per Rule .1961) of wastewater system: 4-80' 25% REDUCTION LINES TYPE III, 12-24" TB; LOCATED 27' OFF DEANNE LANE RIGHT OF WAY AND 22' FROM THE EAST PROPERTY LINE (LOCATED EAST AND WEST OF PROPOSED HOME - SEE MAP)
- 11. Design wastewater flow: 360 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)
Design wastewater strength: domestic high strength industrial process
- 12. A plat as defined in G.S. 130A 334(7a) is attached: Yes No
- 13. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): Yes No
- 14. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): Yes No
If yes, documentation filed in _____ County Register of Deeds in Deed book _____ Page _____
- 15. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h): Yes No
If yes, agreements filed in _____ County Register of Deeds in Deed book _____ Page _____
- 16. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: Yes No
This is a saprolite system. Yes No
- 17. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: Yes No
- 18. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA
- 19. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, ATHAN M PARKER, PE hereby attest that the information required to be included with this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed 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 Licensed Professional Engineer Date



This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.

Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:

I, WJH, LIC 3300 BATTISGROUND AVENUE 270 hereby designate ATHAN M PARKER, PE
Print Name of Owner GREENSBORO, NC 27410 Print Name of Registered Professional Engineer

as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

Tara Kabitzy 10/1/18
Signature of Owner Date

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____
Print Name of Owner Print Name of Licensed PE
pursuant to G.S. 130A-336.1.

Signature of Owner Date

NOTES:

LIABILITY: *The Department, the Department's authorized agents or local health departments shall have no liability for wastewater systems designed, constructed and installed pursuant to an Engineered Option Permit. [(NC General Statute 130A-336.1(f))]*

RIGHT OF ENTRY: *The submittal of this Notice of Intent to Construct grants right of entry to the Local Health Department and the State to the referenced property.*

ISSUANCE OF BUILDING PERMIT: *Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section above, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.*

This section for Local Health Department use only.

PART 2: LHD Completeness Review of the Notice of Intent to Construct

“(c) Completeness Review for Notice of Intent to Construct. – The local health department shall determine whether a notice of intent to construct, as required pursuant subsection (b) of this section, is complete within 15 business days after the local health department receives the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the department shall notify the owner or the professional engineer of the components needed to complete the notice. The owner or professional engineer may submit additional information to the department to cure the deficiencies in the notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within 10 business days after the department receives the additional information from the owner or professional engineer. If the department fails to act within any time period set out in this subsection, the owner or professional engineer may treat the failure to act as a determination of completeness.”

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted by the PE in Part 1, the following items are missing: _____

Copies of this form listing missing items were sent to the design PE and the Owner on _____

via _____ with directions to re-submit missing items using Page 5 of this form.

Email, FAX, USPS, hand-delivered

Print Name of Authorized Agent of the LHD

Signature of Authorized Agent of the LHD

Date

COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted by the PE in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the design PE and the Owner on _____ via _____.

A copy of this NOI and tracking information was sent to the State on _____ via _____.

Print Name of Authorized Agent of the LHD

Signature of Authorized Agent of the LHD

Date

Re-submittal of NOI with missing items included

*This Section is for use by PE to submit items noted as missing during LHD Completeness Review above.
Resubmittals must be accompanied by a cover letter from the PE.*

LHD USE ONLY: This NOI resubmittal received: _____ by _____
Date Initials

Item # from initial NOI	Resubmittal description

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, _____ hereby attest that the information re-submitted for this Notice of
Licensed Professional Engineer (Print Name)
 Intent to Construct is accurate and complete to the best of my knowledge and that the proposed 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 Licensed Professional Engineer Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

INCOMPLETE
 Based upon review of information submitted by the PE in the RESUBMITTAL above, this Notice of Intent remains INCOMPLETE because the following items from Part 1 of this form remain missing: _____

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

Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

COMPLETE
 Based upon review of information submitted by the PE in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

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

A complete copy of this form with tracking information was sent to the State: _____ via _____
Date Email, FAX, USPS, hand-delivered

Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

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: _____ by _____
Date Initials

Date of Post-construction Conference: _____

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Drawings, specifications, plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Reports on special inspections and final inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Management Program manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. On-site Wastewater Contractor’s signed statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner or Professional Engineer

_____ 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 *Date*

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

Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *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 _____ via _____
Date Email, FAX, USPS, Hand-delivered

Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

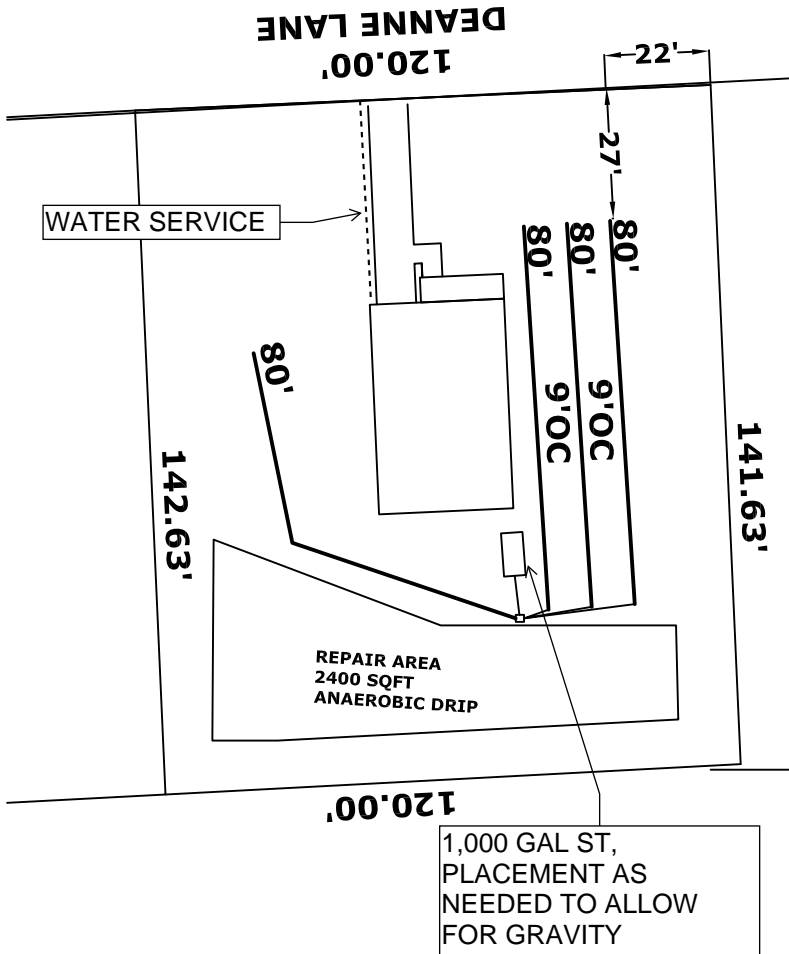
ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the PE submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

PITTMAN SOIL CONSULTING

Owner: QUAIL HOLLOW
Address: LOT 19
Location: 87 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



1,000 GAL ST,
 PLACEMENT AS
 NEEDED TO ALLOW
 FOR GRAVITY

INITIAL
 3 BEDROOM
 LTAR .3
 4-80' 25% REDUCTION LINES
 12-24"TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
 3 BEDROOMS
 LTAR .2
 2400 SQFT ANAEROBIC DRIP
 6" TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM

SCALE 1"=40'

Pittman Soil Consulting

1003 Gregory Fork Road
Richlands, NC 28574
Phone (910)330-2784
pittmansoil@yahoo.com

January 29, 2019

Ref: QUAIL HOLLOW LOT 19, 87 DEANNE LANE

A soil evaluation was conducted on the above referenced tract to determine the sites suitability for septic. The current laws and rules of NC was used as guide for this evaluation.

Hand Auger borings on the site were used to characterize the soil texture, and depth to the soil wetness condition. The attached plot plan shows the location of the septic system in the most ideal location on the site. The soil wetness condition was found to be 30" from the surface with a clay loam texture. I have assigned an LTAR of 0.3 gpd/sqft for a 360 gpd 3 bedroom residence. This will require the installation of a 4-80' 25% reduction lines that shall be installed in accordance with the current rules. The depth to soil wetness of 30" would constitute an 18" trench bottom. The system will require 6" of Group II or III soil cover that shall extend 5' from the edge of the system. The system will require a 1000 gallon septic tank.

Soils in the repair area showed soil wetness at depths of 48" from the surface. The repair area will require a 2400 sqft anaerobic drip installed at 6" from the surface,.

After installation the site should be landscaped to shed surface water. Any alterations to the site may impact soil conditions. System shall not be installed in wet conditions.

If you have any questions please feel free to contact me at 910-330-2784. Thank You.

Sincerely,



**R. Haywood
Pittman II**

Digitally signed by R. Haywood
Pittman II
DN: cn=R. Haywood Pittman II, o,
ou,
email=pittmansoil@yahoo.com,
c=US
Date: 2019.01.29 17:12:01 -05'00'

R. Haywood Pittman II
NC Licensed Soil Scientist



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/30/2018

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 N.C. Farm Bureau Ins. Agency 5301 Glenwood Avenue (27612) P.O. Box 27427 Raleigh NC 27611		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):																						
INSURED Ronald H. Pittman, II DBA Pittman Soil Consulting 1003 Gregory Fork Rd Richlands NC 28574		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Capitol Specialty Insurance Corporation</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Capitol Specialty Insurance Corporation		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	Capitol Specialty Insurance Corporation																							
INSURER B:																								
INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES **CERTIFICATE NUMBER:** CL1821212375 **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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EV20182381-01	07/19/2018	07/19/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 Profess Occ/Agg \$ 1m/2m
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractors Pollution Liability-Occurrence Form			EV20182381-01	07/19/2018	07/19/2019	Each Contractors 1,000,000 Pollution Limit Aggregate Limit 2,000,000

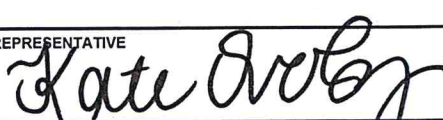
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

AMP'd Engineering, PLLC
 PO Box 4580
 Emerald Isle NC 28594

CANCELLATION

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




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/8/2019

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 SIA Group, Inc. 827 Gum Branch Road Jacksonville NC 28540	CONTACT NAME: Lindsay Lutz PHONE (A/C. No. Ext): 910-478-3373 E-MAIL ADDRESS: certs@siagroup.com		FAX (A/C. No.): 910-455-7481													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : TRAVELERS CAS & SURETY CO</td> <td>19038</td> </tr> <tr> <td>INSURER B : Ohio Security Insurance Company</td> <td>24082</td> </tr> <tr> <td>INSURER C : Auto-Owners Insurance Company</td> <td>18988</td> </tr> <tr> <td>INSURER D : Liberty Insurance Underwriters Inc.</td> <td>19917</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 : TRAVELERS CAS & SURETY CO	19038	INSURER B : Ohio Security Insurance Company	24082	INSURER C : Auto-Owners Insurance Company	18988	INSURER D : Liberty Insurance Underwriters Inc.	19917	INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #															
INSURER A : TRAVELERS CAS & SURETY CO	19038															
INSURER B : Ohio Security Insurance Company	24082															
INSURER C : Auto-Owners Insurance Company	18988															
INSURER D : Liberty Insurance Underwriters Inc.	19917															
INSURER E :																
INSURER F :																
INSURED 30102 AMP'D Engineering PO Box 4580 Emerald Isle, NC 28594 7401 Archers Creek Ct Emerald Isle NC 28594																

COVERAGES

CERTIFICATE NUMBER: 263780212

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		58986993BZS1Q1	7/12/2018	7/12/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input 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			51-862474-00	7/16/2018	7/16/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	58986993XWS1Q1	7/12/2018	7/12/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability			106460474	2/10/2019	2/10/2020	Each Occurrence 1,000,000 Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Office Use Only.

CERTIFICATE HOLDER**CANCELLATION**

Office Use Only
 This certificate is for information purpose only.
 Certificate is not valid unless certificate is issued with certificate holder information filled in from SIA Group.

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

© 1988-2015 ACORD CORPORATION. All rights reserved.