

# AMP'd Engineering, PLLC

Civil Engineer – Consulting Engineer – Land Development

PO Box 4580

Emerald Isle, NC 28594

(919) 795-9594 ✦ [athan.parker@ampdengineering.com](mailto:athan.parker@ampdengineering.com)

Firm License Number P-1532

## CERTIFICATION LETTER

April 25, 2019

**To: Mr. Oliver Tolksdorf,  
REHS-Environmental Health Supervisor  
Harnett County Health Department  
307 W Cornelius Harnett Blvd  
Lillington, NC 27546**

**Ref: Ashe Trail Lot 1 EOP  
391 Wilson Lucas Rd.  
Dunn, 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 SFD1810-0049 on April 8, 2019. Avila Construction, LLC, the on-site wastewater contractor as permitted installed 5-80' LP Chamber Type IIIg lines with 8"-10" 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](mailto:athan.parker@ampdengineering.com)).

Sincerely,



MR. ATHAN M. PARKER, PE ©/US, @AMPD  
ENGINEERING, PLLC  
MR.ATHAN.PARKER@AMPDENGINEERING.COM  
2019 04 25 08 38 04 00

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 15, 2019

**To: Mr. Michael Denning (the "Owner")**  
**1316 NC 242 S**  
**Benson, NC 27504**

**Ref: Ashe Trail Lot 1 EOP**  
**391 Wilson Lucas Rd.**  
**Dunn, Harnett County, NC**

Dear Mr. Denning,

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 SFD1810-0049 on April 8, 2019. Avila Construction, LLC, the on-site wastewater contractor as permitted installed 5-80' LP Chamber Type IIIg lines with 8"-10" 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,



on: Athan M. Parker, PE, c-US, o-AMP'd  
Engineering, PLLC  
email: Athan.Parker@ampdengineering.com  
2019 04 15 07:44:53 -0500



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

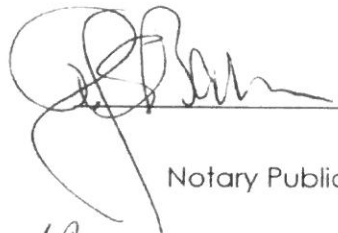
Owner: Michael Denning Mike Denning 4-17-19  
Print Name Sign Name Date

North Carolina

Armstrong County

I, Rick Barves, a Notary Public for said County and State, do hereby  
certify that Michael Denning 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 17 day of April, 2019.

  
Notary Public

My commission expires 7 14, 2019.

**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</small> <span style="margin-left: 150px;"><small>Initials</small></span>
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).

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

**LHD Review of required information for the ATO**

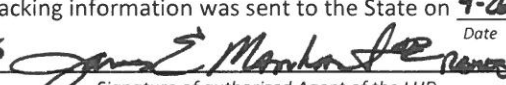
INCOMPLETE  
Based upon review of information submitted by the Owner or PE in the Section above, the following items are missing from the information required for an Authorization to Operate for an EOP: \_\_\_\_\_

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

<i>Print name of authorized Agent of the LHD</i>	<i>Signature of authorized Agent of the LHD</i>	<i>Date</i>
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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 Email.  
*Date* *Email, FAX, USPS, Hand-delivered*

<u>James E. Manhart</u> <i>Print name of authorized Agent of the LHD</i>	 <i>Signature of authorized Agent of the LHD</i>	<u>4-26-19</u> <i>Date</i>
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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	HARNETT
LHD Reference Number	SFD 1810-0049
Permitting backlog as of date of NOI submittal (# days)	7-12 DAY WORKING
Number of days to process the NOI (# days)	2 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	3600
Residential or Commercial	Residential
System type (per Rule .1961)	III
Date of Post-construction conference	4-24-19
Date Authorization to Operate issued	4-26-19
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	



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.): \_\_\_\_\_
MICHAEL DENNING

Mailing address: 1316 NC 242 S City: BENSON State: NC Zip: 27504
Telephone number: 919-796-7739 E-mail Address: JOHNSONBUILDINGCOMPANY@GMAIL.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: AVILA CONSTRUCTION, LLC License number: 1917
PO BOX 2853 SMITHFIELD 27577
Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574
919-320-3507 AVILA CONSTRUCTION 06@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:

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

# PITTMAN SOIL CONSULTING

Owner: ASHE TRAIL  
 Address: LOT 1  
 Location: WILSON-LUCAS ROAD

PROPERTY INFORMATION OBTAINED VIA  
 HARNETT COUNTY MAP#2018-228

Digitally signed by Athan M. Parker  
 DN: cn=Athan M Parker  
 Engineering, P.L.L.C., email=Athan.Parker@pittman-soil.com  
 Reason: I attest to the  
 accuracy and integrity  
 of this document  
 Date: 2018.10.15 10:1

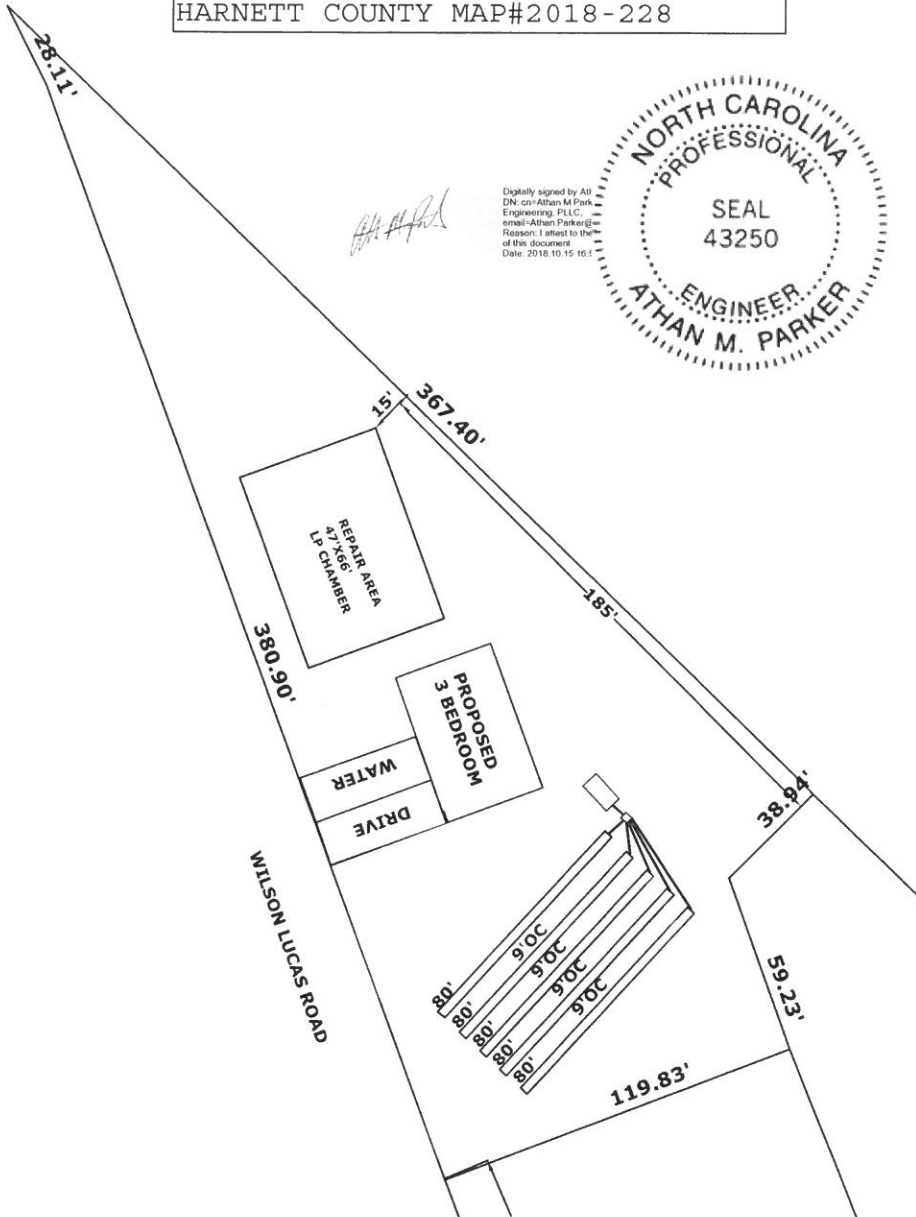


**SOIL BORE(TYP)**

0-12 SL, GR, VFR, NEXP, 2.5Y 4/3  
 12-18 SL, GR, VFR, NEXP, 2.5Y 5/4  
 18-24 CL, SBK, SS, SP, FI 10YR 5/8  
 24-36 CL, SBK, SS, SP, FI, 10YR 5/8, 2.5Y 6/1

**SOIL BORE(TYP)**

0-12 SL, GR, VFR, NEXP, 2.5Y 4/3  
 12-18 SL, GR, VFR, NEXP, 2.5Y 5/4  
 18-22 CL, SBK, SS, SP, FI, 10YR 5/8  
 22-36 CL, SBK, SS, SP, FI, 10YR 5/8, 2.5Y 6/1



**INITIAL**

3 BEDROOM  
 LTAR .3  
 5-80' LOW PROFILE CHAMBER LINES  
 8-10"TB  
 >6" SOIL COVER REQUIRED OVER  
 SYSTEM AND 5' BEYOND SYSTEM

**REPAIR AREA**

3 BEDROOM  
 LTAR .32  
 8-47' LOW PROFILE CHAMBER LINES  
 8-10"TB  
 >6" SOIL COVER REQUIRED OVER  
 SYSTEM AND 5' BEYOND SYSTEM

SCALE 1"=60'







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/29/2019

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 Jackson-Whaley-Vreeland Agency, Inc. 4020 Barrett Dr., Suite 201 P.O. Box 18407 Raleigh NC 27619	CONTACT NAME: Denise Vreeland	PHONE (A/C, No, Ext): (919) 781-6716	FAX (A/C, No): (919) 781-1698
	E-MAIL ADDRESS: denisev@jwvinsurance.com		
INSURED Avila Construction LLC P O Box 2853 Smithfield NC 27577	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Builders Mutual Insurance		10844
	INSURER B: Builders Mutual Insurance Co		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 2018-19 WC 19-20 GL 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			CPP007853201	02/10/2019	02/10/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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
							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WCP105334401	06/23/2018	06/23/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER Johnson Building Company Inc 546 Dogeye Rd Benson NC 27504	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 