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 25, 2019

To: Mr. Oliver Tolksdorf,

REHS-Environmental Health Supervisor Harnett County Health Department 307 W Cornelius Harnett Blvd Lillington, NC 27546

Ref: Ashe T

Ashe Trail Lot 2 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 SFD1810-0050 on April 08, 2019. Avila Construction, LLC, the onsite 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).

Sincerely,

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 2 EOP

429 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 SFD1810-0050 on April 08, 2019. Avila Construction, LLC, the onsite wastewater contractor as permitted installed 5-80' LP Chamber Type Illg 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,

Athan M Parker, PE

President

AMP'd Engineering, PLLC Firm License No. P-1532

AMP

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

Owner: Michael Denning Mill Shing 4-17-19 Print Name Sign Name Date
North Carolina
Johnston County
I, KICK, BANNE — a Notary Public for said County and State, do hereby
certify that Michael Manual 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 $2 day of -20/9$.
Sam
My commission expires $\frac{7.17}{200}$ Notary Public

PART 3:	Authorization to Operate (AT	0)			
Except for date rece	ived, the Section below is to be compl	eted by the Owner of the EOP.	by the PE designated to	act as their legal represei	ntative fo
LHD USE ONLY:	Initial submittal of request for	r ATO received: _	4-17-19	by AP	
	Date of Post-construction Co	nference: 4-	24-19	Initials	
1. Signed and s a. Signed a b. Drawing c. Reports d. Manage e. On-site of Signed a 2. Fee (as appliance) 3. Notarized let Attestation by th I, ATHAN M Print name of Owner of HARNETT regulations, rules	ter documenting Owner's accept BY DYNER BY DYNER	oort that includes additions and site for inspection. If statement to 15A NCAC 18A obtaince of the system ation to Operate by attest that all stem shall meet a	eatures .1938(h) rem from the PE items indicated abo	X Yes	No N
-	This	section for LHD Use	Only.		
INCOMPLETE Based upon r missing from	eview of information for the ATO the information submitted the information required for ar	by the Owner or Authorization to	Operate for an EOF		·
COMPLETE Based upon re Operate is he	eview of information submitted reby issued in accordance with aplete NOI/ATO with tracking in	by the Owner or G.S. 130A-336.1(m).	bove, this Authorization	ail.

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 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	HARNETT
LHD Reference Number	SFD 1810-0050
Permitting backlog as of date of NOI submittal (# days)	7-12 DAYS WORKING
Number of days to process the NOI (# days)	3 DAYS
Number of days to process re-submitted NOI (# days or "NA")	NA
Facility type	560
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: ASHE TRAIL
Address: LOT 2

PRESSURE

MANIFOLD

PROPOSED 3 BEDROOM 1,000 GAL PT

1,000 GAL ST

31.13

32.01

ASHE AVENUE

Location: WILSON-LUCAS ROAD

119.83

REPAIR AREA

ABIAN

DRIVE

15

39.48

PROPERTY INFORMATION OBTAINED VIA HARNETT COUNTY MAP#2018-228

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 .3 5-80' LOW PROFILE CHAMBER LINES 8-10"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 receiv	ed:	by						
PART 1: Notice of Intent to Construct (NOI)								
X New Expansion								
Repair – LHD Permit Number	Repair – EOP Permit Num	ber						
Facility Owner's name: (Owner, Company Nam	ie, Utility, Partnership, Individ	dual, etc.):						
MICHAEL DENNING								
Mailing address: 1316 NC 242 S	City: BENSON	State: <u>NC</u> Zip: <u>27504</u>						
Telephone number: 919-796-7739	E-mail Address:JOHNSON	NBUILDINGCOMPANY@GMAIL.CO						
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.P.	ARKER@AMPDENGINEERING.CO						
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: PITTMAN	SOIL@YAHOO.COM						
4. Licensed Geologist (LG) (if applicable) name: _		License Number:						
Mailing address:	City:	State: Zip:						
Telephone number:AVILA	E-mail Address:							
On-site Wastewater Contractor name: HAYW	OOD PITTMAN, LLS	License number: 3825						
PO BOX 2853 Mailing address: 1073 1 GREGORY FORK RE	SMITHFIELD City: RICHLANDS	27577 State: NC Zip: 28574						
919-320-3507 Telephone number: 910-324-2892	AVILACO E-mail Address: PITTMAN	NSTRUCTION06@GMAIL.COM						
6. Proof of Errors and Omissions or other approp								
that includes the name of the insurer, name of								
Proposition and the Control of the C	Vastewater 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



Tomas Avila
General Manager

Smithfield N.C.

"Specializing in Septic Tanks"

SEPTIC TANK • REPAIR • DRIVEWAYS • FOOTINGS.
PO BOX 2853 SMITHFIELD, NC 27577

www.avilaconstructionllc.com

Mobil 919-320-3507

Ernail Us as:
avilaconstruction06@gmail.com

Mobil 919-320-3507

TO: Athan	Michael	Parker
	Trail	
Lot. 2	Wilson	-Lucas Rd.

DATE	DESCRIPTION	AMOUNT
4-8-		
	Pump System	
	, 3	
*		
	Low profile chamber	
	for 3-Bedroom house wi	rh
	1000 Gal. Septic tank	
	1000 Gal Pump tank	
	Pump, Floats outdoor	
	alarm	
×	Pressure, manifold Box.	
	Tomas Quila	
	Lomas Geila	
REORDER AT QP	\$ 919-989-7101	
	Total You	



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).

PRO	DUCER				CONTA NAME:	CT Denise Vi	eeland				
Jac	kson-Whaley-Vreeland Agency, Inc.				PHONE (919) 781-6716 FAX (919) 781-1698						
402	0 Barrett Dr., Suite 201				E-MAIL deniser/@invincurence.com						
P.0	. Box 18407				ADDRESS:						
Ral	eigh			NC 27619	INCUE	Duildana					NAIC # 10844
INSL					Pullder Marelland C					10011	
	Avila Construction LLC				INSORER B.						
1	P O Box 2853				INSURE						
1	F O BOX 2655				INSURE	RD:					
	C			110 07577	INSURE	RE:					
	Smithfield			NC 27577	INSURE						
				NUMBER: 2018-19 WC 1				REVISION NUM		-310	
C	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT. KCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T	ENT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTR. E POLIC	ACT OR OTHER IES DESCRIBEI	R DOCUMENT I D HEREIN IS S	WITH RESPECT TO	WHICH TI	HIS	
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		T	1.00	0,000
						i		DAMAGE TO RENTE	ED	100	
	CLAIMS-MADE OCCUR							PREMISES (Ea occu	rrence)	\$ 100,	
١,				ODD007050004		00/40/0040	00/40/0000	MED EXP (Any one p	person)	\$ 5,00	
A				CPP007853201		02/10/2019	02/10/2020	PERSONAL & ADV IN	NJURY	Ŷ.	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	*EGATE \$ 2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$ 2,00	0,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Per	r person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per	r accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGI (Per accident)	E	\$	
	A NOTE OF THE PROPERTY OF THE							(i er decident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	-	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		s	
	DED RETENTION \$							AGGREGATE		\$	
	WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER	φ	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N										s 100,0	200
B OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A		WCP105334401		06/23/2018	06/23/2019	E.L. EACH ACCIDEN		100 /	
	If yes, describe under							E.L. DISEASE - EA EI	-	500.4	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CYLIMIT	\$ 500,0	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)				
CER	CERTIFICATE HOLDER CANCELLATION										
Johnson Building Company Inc 546 Dogeye Rd				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				BEFORE			
Benson NC 27504				Amcartin							