

# *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**

**September 19, 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 3 EOP  
3594 Ashe Ave.  
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 SFD1904-0046 on August 9, 2019. Avila Construction, LLC, the on-site wastewater contractor as permitted installed 6-50' 25% Reduction Type IIIg lines (Polystyrene) with 12" TB as designed and permitted; however, a pump tank has been added. 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,



ATHAN M. PARKER, PE, CIVIL, @AMPD  
ENGINEERING, PLLC  
[athan.parker@ampdengineering.com](mailto:athan.parker@ampdengineering.com)  
2019-09-19 10:01:09-04'00'



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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Firm License Number P-1532

**ACCEPTANCE LETTER**  
**August 26, 2019**

**To: Johnson Building Company (the "Owner")**  
**546 Dogeye Road**  
**Benson, NC 27504**

**Ref: Ashe Trail Lot 3 EOP**  
**3594 Ashe Ave.**  
**Dunn, Harnett County, NC**

Dear Johnson Building Company,

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 SFD1904-0046 on August 9, 2019. Avila Construction, LLC, the on-site wastewater contractor as permitted installed 6-50' 25% Reduction Type IIIg lines (Polystyrene) with 12" TB as designed and permitted; however, a pump tank has been added. 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](mailto:athan.parker@ampdengineering.com)).

Sincerely,



ATHAN M. PARKER, PE, #43250 - AMPD  
ENGINEERING, PLLC  
1500-A ATHAN PARKER DRIVE AMPDENGINEERING.COM  
2715 2626 ST. 4013-0420

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



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Civil Engineer – Consulting Engineer – Land Development

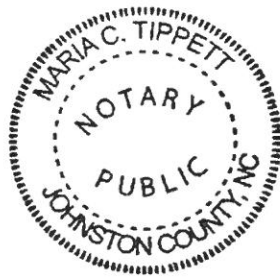
Owner: Thomas L. Johnson T. Johnson 8-28-19  
Print Name Sign Name Date

North Carolina

JOHNSTON County

I, Maria C. Tippet, a Notary Public for said County and State, do hereby certify that Thomas L. Johnson 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 28<sup>th</sup> day of August, 2019.



Maria C. Tippet

Notary Public

My commission expires June 4<sup>th</sup>, 2024.

# PITTMAN SOIL CONSULTING

PROPERTY INFORMATION OBTAINED VIA  
HARNETT COUNTY MAP#2018-228

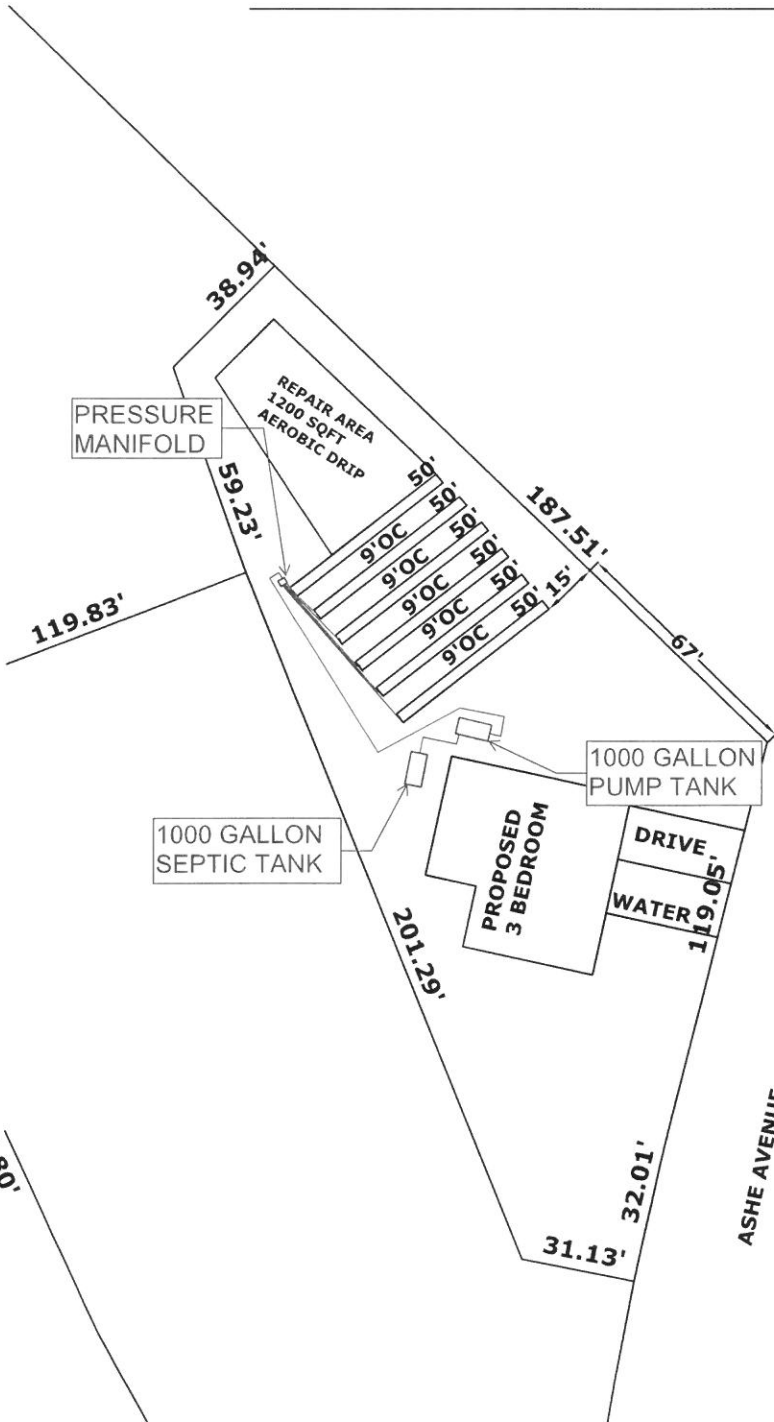
Owner: ASHE TRAIL  
Address: LOT 3  
Location: ASHE AVENUE

### 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  
18-24 CL, SBK, SS, SP, FI, 10YR 5/8  
24-36 CL, SBK, SS, SP, FI, 10YR 5/8, 2.5Y 6/1



### INITIAL

3 BEDROOM  
LTAR .3  
6-50' 25% REDUCTION LINES  
12" TB  
>6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

### REPAIR AREA

3 BEDROOMS  
LTAR .3  
1200 SQ' AEROBIC DRIP  
TS-II PRETREATMENT  
6" TB  
>6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

SCALE 1"=50'

**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>9-18-19</u> by <u>JM</u> <small>Date Initials</small>
Date of Post-construction Conference: <u>9-18-19</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, PE 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).

	<small>ATHAN M. PARKER, PE, C-105, 01/AMPD ENGINEERING, PLLC email: ATHAN.PARKER@AMPENGINEERING.COM 2019 02 10 10:01:45 (UTC)</small>	<u>9/19/2019</u>
<small>Signature of Owner or Professional Engineer</small>		<small>Date</small>

**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

_____	_____	_____
<small>Print name of authorized Agent of the LHD</small>	<small>Signature of authorized Agent of the LHD</small>	<small>Date</small>

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 9-26-19 via F. MAIL  
Date Email, FAX, USPS, Hand-delivered

<u>James Edward Marshall</u>	<u>James Marshall</u>	<u>9-26-19</u>
<small>Print name of authorized Agent of the LHD</small>	<small>Signature of authorized Agent of the LHD</small>	<small>Date</small>

**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.



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 JOHNSON BUILDING COMPANY INC

Mailing address: 546 DOGEYE RD
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
HAYWOOD PITTMAN, LLS License number: 3825

Mailing address: PO BOX 2853 SMITHFIELD 27577
1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574

Telephone number: 919-320-3507 AVILA CONSTRUCTION 06@GMAIL.COM
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





# 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).

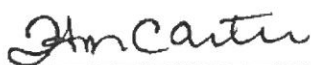
<b>PRODUCER</b> Jackson-Whaley-Vreeland Agency, Inc. 4020 Barrett Dr., Suite 201 P.O. Box 18407 Raleigh NC 27619	<b>CONTACT NAME:</b> Denise Vreeland <b>PHONE (A/C, No, Ext):</b> (919) 781-6716 <b>FAX (A/C, No):</b> (919) 781-1698 <b>E-MAIL ADDRESS:</b> denisev@jwvinsurance.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Builders Mutual Insurance</td> <td>10844</td> </tr> <tr> <td>INSURER B :</td> <td>Builders Mutual Insurance Co</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> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Builders Mutual Insurance	10844	INSURER B :	Builders Mutual Insurance Co		INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					
<b>INSURED</b> Avila Construction LLC P O Box 2853 Smithfield NC 27577																					

**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
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<b>EXCESS LIAB</b>						\$
	<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"/> OTH-ER
	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)

<b>CERTIFICATE HOLDER</b> Johnson Building Company Inc 546 Dogeye Rd Benson NC 27504	<b>CANCELLATION</b> 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 
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