LHD Reference: SFD1909 -0030

<u>PART 3:</u>	Authorization to Operate (A	(10)			
Except for date	received, the Section below is to be com	pleted by the Owner or by the PE the EOP.	designated to a	act as their legal represe	ntative for
LHD USE ONI	LY: Initial submittal of request f	-1 1-5	Date Date	by	
	Date of Post-construction C	Conference: 5/17/2			
 Signed an a. Signe b. Draw c. Repo d. Mana e. On-si f. Signe Fee (as ap 3. Notarized) 	items are included in this submit nd sealed copy of the Engineer's red and sealed evaluation of soil of vings, specifications, plans orts on special inspections and fir agement Program manual ite Wastewater Contractor's sign ed and sealed statement pursuan pplicable) d letter documenting Owner's acc by the Owner or the PE for Author	report that includes: conditions and site features hal inspection hed statement ht to 15A NCAC 18A .1938(F	n)	Yes X Yes	No No No No No
Print name of Ow HARNET regulations, ru	vner or Professional Engineer	DN: CHATHAN M PARKER PE, CHENGREERING, PLC. EMBAST THAN PARKER BASEDENC Des. 2011 55 24 14 07 37 -0400	ole federal, St (6).		
	7	This section for LHD Use Only.			
INCOMPL Based upo missing fr	of required information for the A LETE From review of information submit from the information required for signed form were sent to the de	ted by the Owner or PE in t r an Authorization to Opera			
Print name of a	authorized Agent of the LHD	Signature of authorized Ager	nt of the LHD		Date
COMPLET Based upo Operate is	-	ted by the Owner or PE in tith G.S. 130A-336.1(m).	the Section ab	bove, this Authoriza	ation to
enormone 1771 1171 1171 1171 1171 1171 1171 11			1		

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	Hamett
LHD Reference Number	SFD1909-0030
Permitting backlog as of date of NOI submittal (# days)	7-10 days
Number of days to process the NOI (# days)	9
Number of days to process re-submitted NOI (# days or "NA")	NIA
Facility type	SED-4BR
Domestic, High Strength or IPWW	Domestic
Design Daily Flow	480 GPD .
Residential or Commercial	Residentia
System type (per Rule .1961)	III.a
Date of Post-construction conference	5-17-21
Date Authorization to Operate issued	5.24-21
Fee charged for EOP	\$225
Is fee sufficient to cover LHD costs?	465
Date LHD notified of EOP malfunction	
Date LHD notified of Owner complaint	

AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

> CERTIFICATION LETTER May 24, 2021

To: Mr. Oliver Tolksdorf

REHS-Environmental Health Supervisor Harnett County Health Department 900 S 9th St.

Lillington, NC 27546

Ref: Haven EOP Lot 3 12836 NC 27 W

Broadway, 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 SFD1909-0030 on May 3, 2021. Glen Todd, the on-site wastewater contractor as permitted installed 4-75' 25% Reduction Type IIIg lines (Polystyrene) with 12-18" 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

President

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

AMP

Attch: Owner's acceptance of the system and On-site Wastewater Contractors statement

AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

> ACCEPTANCE LETTER May 10, 2021

Catalyst Dreams LLC (the "Owner")

1631 Midtown PL STE 104 #122

Raleigh, NC 27609

Ref: Haven EOP Lot 3

To:

12836 NC 27 W

Broadway, Harnett County, NC

Dear Catalyst Dreams LLC,

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 SFD1909-0030 on May 3, 2021. Glen Todd, the on-site wastewater contractor as permitted installed 4-75' 25% Reduction Type Illg lines (Polystyrene) with 12-18" 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).

H CAROL

Sincerely,

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: Modupe Congleton Print Name	Mala Cle Sign Name	
North Carolina		
Wake County		
1, William C. Duden III, a Notary Pu	ublic for said County o	and State, do hereby
certify that Modne Congleton	_ personally appeare	d before me this day and
acknowledged the due execution of th	e page 1 of 2 "Accep	otance Letter" from the
PE.		
Witness my hand and official seal, this th	ne 12 day of MA	2071.
AUBLIO COUNTY		William C. DL III Notary Public
	\$T	,
My commission expires 3 hav 14	20_23	e.



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					
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.):					
P & P LAND DEVELOPMENT					
Mailing address: PO BOX 4580 City: EMERALD ISLE State: NC Zip: 2859					
Telephone number: 919-795-9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.					
2. Professional Engineer (PE) name: ATHAN M PARKER, PE License number: 43250					
Mailing address: PO BOX 4580 City: EMERALD ISLE State: NC Zip: 2859					
Telephone number: 919-795-9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.					
3. Licensed Soil Scientist (LSS) name: HAYWOOD PITTMAN, LSS 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: State: Zip:					
Telephone number: E-mail Address:					
5. On-site Wastewater Contractor name: HAYWOOD PITTMAN, LSS License number: 3825					
PO BOX 279 ZEBULON 2759 Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip:2857					
919-269-5517 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					

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

G & T Grading Company, Inc Post Office Box 279 Zebulon, NC 27597 919-269-5517

We worked on Lots 3, 4 and 5 in Haven subdivision. We installed three septic systems

On Lot 3 we installed four lines 80 feet each and a 1000 gallon tank.

On Lot 4 we installed four lines 80 feet each and a 1000 gallon tank.

On Lot 5 we installed four lines 80 feet each and a 1200 gallon tank.

Thank you,

Glenn Todd, President

Denn A. Jodd



CERTIFICATE OF LIABILITY INSURANCE

05/12/2021

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). CONTACT Patty Miller (919) 968-4611 (919) 968-8991 **Business Insurers of Carolinas** (A/C, No, Ext): E-MAIL 800 Eastowne Drive, Suite 208 pmiller@business-insurers.com ADDRESS: PO Box 2536 INSURER(S) AFFORDING COVERAGE NAIC # 14990 Chapel Hill NC 27515-2536 Penn National Mutual Casualty INSURER A: INSURED INSURER B G & T Grading Septic Tank & Hauling Co. INSURER C: PO Box 279 INSURER D INSURER E Zebulon NC 27597-0000 INSURER F CL2143031384 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. ADDLISUBI TYPE OF INSURANCE INSD WVD POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE 100,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) 10.000 MED EXP (Any one person) CL90738283 05/12/2021 05/12/2022 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2.000,000 PRO-JECT POLICY s PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ (Ea accident) ANY AUTO BODILY INJURY (Per person) S OWNED AUTOS ONLY SCHEDULED **BODILY INJURY (Per accident)** AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE S AUTOS ONLY S UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE s RETENTION \$ DED 9 WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER 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. Raise The Roof Builders 1631 Midtown Place AUTHORIZED REPRESENTATIVE Suite 104 #122 Party O. Miller Raleigh NC 27609