

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>5/24/21</u> by <u>OT</u>
<small>Date Initials</small>
Date of Post-construction Conference: <u>5/27/21</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>PE: ATHAN M. PARKER, PE ©US, ©AMPD ENGINEERING, PLLC email:ATHAN.PARKER@AMPDENGINEERING.COM Date: 2021-05-24 14:16:58 -0400</small>
<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 5/28/21 via Email.
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>

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	SFD1909-0032
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")	N/A
Facility type	domestic - SFD - 4BR
Domestic, High Strength or IPWW	domestic
Design Daily Flow	480 GPD
Residential or Commercial	residential
System type (per Rule .1961)	III g
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?	YES
Date LHD notified of EOP malfunction	
Date LHD notified of Owner complaint	

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

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 5
12804 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 SFD1909-0032 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,



DN: c=ATHAN M. PARKER, PE, e=ATHAN.PARKER@AMPDENGINEERING.COM, o=AMP'D ENGINEERING, PLLC, ou=AMP'D ENGINEERING, PLLC, cn=ATHAN M. PARKER, email=ATHAN.PARKER@AMPDENGINEERING.COM, dn: 2021 05-24 14:10:32 -0400

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

PO Box 4580

Emerald Isle, NC 28594

(919) 795-9594 ✦ athan.parker@ampdengineering.com

Firm License Number P-1532

ACCEPTANCE LETTER

May 10, 2021

To: **Catalyst Dreams LLC (the "Owner")**
1631 Midtown PL STE 104 #122
Raleigh, NC 27609

Ref: **Haven EOP Lot 5**
12804 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 SFD1909-0032 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. 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, PLLC
Civil Engineer – Consulting Engineer – Land Development

Owner: Madupe Congleton Madupe R. J. L. 5/12/21
Print Name Sign Name Date

North Carolina

Wake County

I, William C. Darden III, a Notary Public for said County and State, do hereby certify that Madupe Congleton personally appeared before me this day and acknowledged the due execution of the page 1 of 2 "Acceptance Letter" from the PE.

Witness my hand and official seal, this the 12 day of May, 2021.



William C. Darden III

Notary Public

My commission expires June 14, 2023.



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.): _____
P & P LAND DEVELOPMENT

Mailing address: PO BOX 4580 City: EMERALD ISLE State: NC Zip: 28594
Telephone number: 919-795-9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.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, 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: _____ City: _____ State: _____ Zip: _____
Telephone number: _____ E-mail Address: _____

5. On-site Wastewater Contractor name: HAYWOOD PITTMAN, LSS License number: 3825
PO BOX 279 ZEBULON 27597
Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574
919-269-5517 GTGRADING@YAHOO.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

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,

A handwritten signature in cursive script that reads "Glenn A. Todd".

Glenn Todd, President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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).

PRODUCER Business Insurers of Carolinas 800 Eastowne Drive, Suite 208 PO Box 2536 Chapel Hill NC 27515-2536		CONTACT NAME: Patty Miller PHONE (A/C, No, Ext): (919) 968-4611 E-MAIL ADDRESS: pmiller@business-insurers.com		FAX (A/C, No): (919) 968-8991	
INSURED G & T Grading Septic Tank & Hauling Co. PO Box 279 Zebulon NC 27597-0000		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Penn National Mutual Casualty			14990
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** CL2143031384 **REVISION NUMBER:**

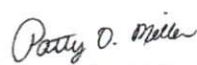
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 <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		CL90738283	05/12/2021	05/12/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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 OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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

Raise The Roof Builders 1631 Midtown Place Suite 104 #122 Raleigh NC 27609	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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