

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner.

LHD USE ONLY: Initial submittal of request for ATO received: <u>8-22-22</u> by <u>MFO</u> <small>Date Initials</small>
Date of Post-construction Conference: _____

The following items are included in this submittal for an Authorization to Operate under an LSS COVID-19 permit:

- Signed and sealed copy of the LSS's report that includes:
 - Signed and sealed evaluation of soil conditions and site features *on file* Yes No
 - Drawings, specifications, plans Yes No
 - Reports on special inspections and final inspection Yes No
 - Management Program manual Yes No
 - On-site Wastewater Contractor's signed statement Yes No
- Fee (as applicable) Yes No
- Notarized letter documenting Owner's acceptance of the system from the LSS Yes No
- On-site Wastewater Contractor name: Elvis Faircloth License number: 2704
 Mailing address: 5104 Cool Springs Rd City: Broadway State: NC Zip: 27505
 Telephone number: 919-499-8190 E-mail Address: elvis.faircloth@yahoo.com
- Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
 Yes No

Attestation by the Owner for Authorization to Operate

I, Lamco Custom Builders LLC hereby attest that all items indicated above have been provided to the Harnett County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances.

[Signature] 8/22/22
Signature of Owner Date

This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE

Based upon review of information submitted by the Owner in the Section above, the following items are missing from the information required for an Authorization to Operate for an LSS COVID-19 permit: _____

Copies of this signed form were sent to the LSS and the Owner on _____ via _____
Date Email, FAX, USPS, Hand-delivered

Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

COMPLETE

Based upon review of information submitted by the Owner in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on 8-23-22 via Email
Mark Osborn REH [Signature] REH
Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date Email, FAX, USPS, Hand-delivered

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO 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.



Lamco Custom Builders, LLC

8/22/2022

To whom it may concern,

We, Lamco Custom Builders, LLC are the owners of A27, 835 Ponderosa Trail, Cameron NC are excepting the septic system designed by Thomas J. Boyce, NCLSS 1241, NC AOWE 10006. Installed by Elvis Faircloth Grading Inc. that included, HPPP 1000 STB 760 septic tank, Polylok PL-68 filters, 112.5+' Infiltrator Quick 4 chambers.

Tony Toro, CEO

Lamco Custom Builders, LLC

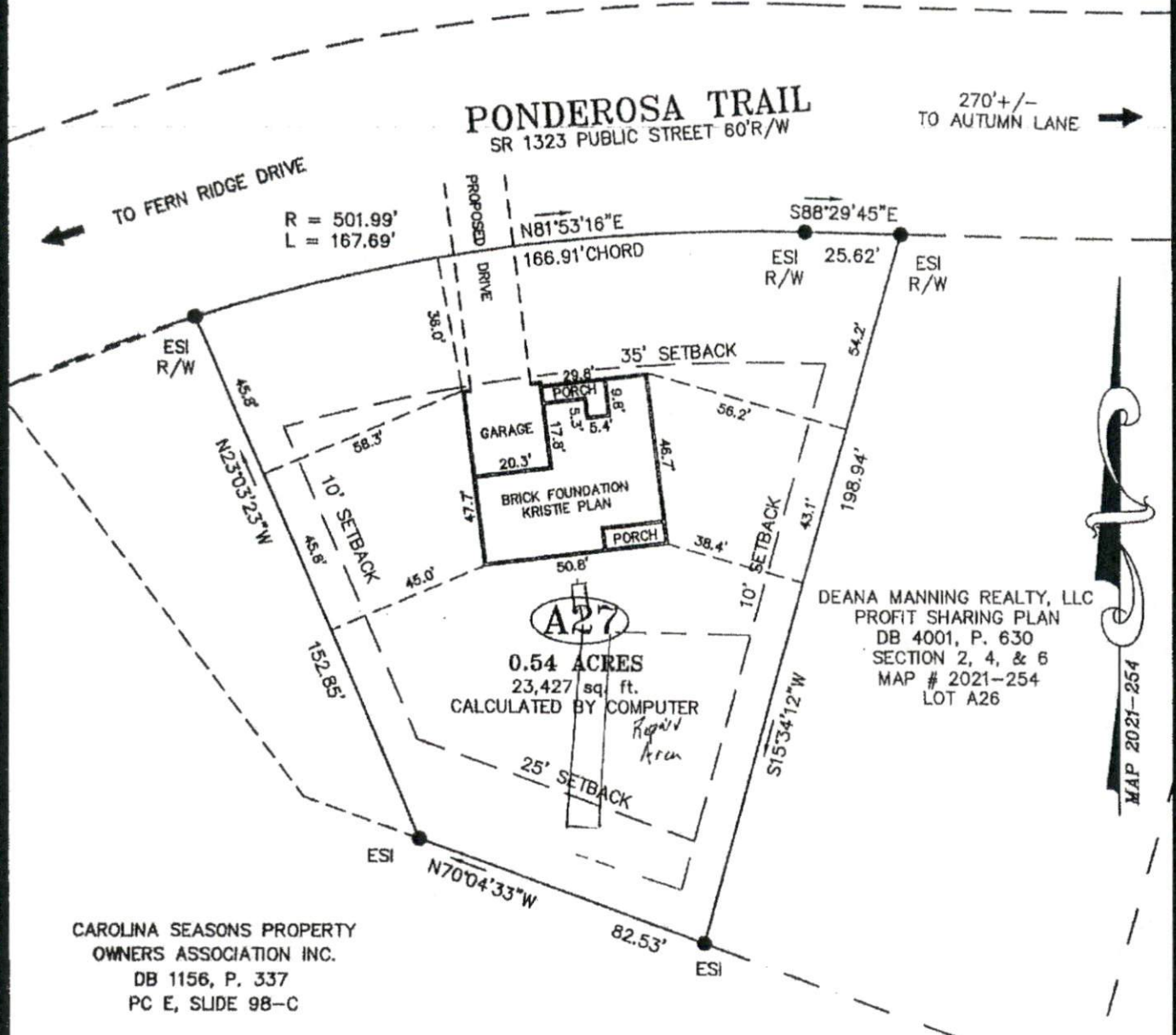
I, Kimberly A Perez, a Notary Public of Wake County, certify that Tony Toro, personally appeared before me this day, and acknowledged the due execution of the foregoing instrument. Witness by my hand and official seal, this 22 day of Aug, 2022.

My Commission Expires 9/24/2023

KIMBERLY A PEREZ
NOTARY PUBLIC
WAKE COUNTY, NC

AC. CAL. BY COMPUTER
 WATER.....PUBLIC
 SEWER.....SEPTIC TANK
 MIN. BUILDING SETBACK LINES
 35' FRONT
 25' REAR
 10' SIDE

LEGEND
 CL - CENTERLINE
 ECM - EXISTING CONCRETE MONUMENT
 EIP - EXISTING IRON PIPE
 ERRS - EXISTING RAILROAD SPIKE
 ESI - EXISTING SOLID IRON
 SIS - SOLID IRON SET
 SRRS - SET RAILROAD SPIKE
 T.D. TOTAL DISTANCE
 PB - POWER BOX



PONDEROSA TRAIL
 SR 1323 PUBLIC STREET 60'R/W

270'+/-
 TO AUTUMN LANE →

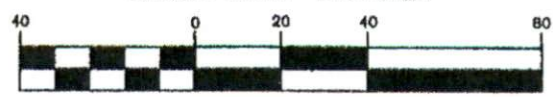
R = 501.99'
 L = 167.69'

← TO FERN RIDGE DRIVE

DEANA MANNING REALTY, LLC
 PROFIT SHARING PLAN
 DB 4001, P. 630
 SECTION 2, 4, & 6
 MAP # 2021-254
 LOT A26

CAROLINA SEASONS PROPERTY
 OWNERS ASSOCIATION INC.
 DB 1156, P. 337
 PC E, SLIDE 98-C

GRAPHIC SCALE



(IN FEET)
 1 inch = 40 ft.

NOTE:
 THIS IS A PHYSICAL SURVEY ONLY:
 DOES NOT MEET GS47-30, NOT FOR RECORDATION.

NOTE:
 THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS.

PHYSICAL ADDRESS:
 835 PONDEROSA TRAIL
 CAMERON, NC 28326

REFERENCE:
 LAMCO CUSTOM BUILDERS, LLC

OWNER:



MAP 2021-254



ELVIFA0

OP ID: LKC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/19/2022

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 INSURANCE SERV CTR -APEX APEX BRANCH 1111 PEMBERTON HILL RD APEX, NC 27502-3958 JOHN M. MULCAHY	919-387-0560	CONTACT NAME: CARRIE SAYERS PHONE (A/C, No, Ext): 919-387-0560 E-MAIL ADDRESS: CSAYERS@iscfay.com FAX (A/C, No): 919-387-0570														
INSURED ELVIS FAIRCLOTH GRADING, INC. 5104 COOL SPRINGS ROAD BROADWAY, NC 27505		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: AUTO-OWNERS</td> <td>18988</td> </tr> <tr> <td>INSURER B: STATE AUTO INSURANCE</td> <td>25127</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: AUTO-OWNERS	18988	INSURER B: STATE AUTO INSURANCE	25127	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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.

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:			35215542	09/02/2021	09/02/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			10092155CA	09/02/2021	09/02/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

LAMCOHO

LAMCO HOMES
 7424 CHAPEL HILL RD STE 203
 RALEIGH, NC 27607

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