# AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

CERTIFICATION LETTER
May 5, 2022

To: Mr. Oliver Tolksdorf, REHS
Environmental Health Supervisor
Harnett County Health Dept
307 W Cornelius Harnett Blvd
Lillington, NC 27546

Ref: Haven- Lot 2 EOP 165 Placid Pond Dr.

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 SFD2019-0007 on March 8, 2022. Gene's Backhoe, the on-site wastewater contractor as permitted installed 4-60' 25% Reduction (Infiltrator EZ Flow), Type Illg, lines 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 also acts as written request to waive the "post-construction conference" requirement as stated in G.S. 130A-336.1(j).

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

ALE

Attch: Owner's acceptance of the system, ATO Sheet, As-Built and On-site Wastewater Contractors statement & Insurance

## AMP'd Engineering, PLLC

Civil Engineer – Consulting Engineer – Land Development

> ACCEPTANCE LETTER March 17, 2022

To: Carroll Construction Homes, Inc (the "Owner")

63 Vernon Ct.

Willow Spring, NC 27592

Ref: Haven-Lot 2 EOP

165 Placid Pond Dr.

Broadway, Harnett County, NC

Dear Carroll Construction Homes, Inc.

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 SFD2019-0007 on March 8, 2022. Gene's Backhoe, the on-site wastewater contractor as permitted installed 4-60' 25% Reduction (Infiltrator EZ Flow), Type Illg, lines 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. This letter also acts as an agreement by the owner to waive the "post-construction conference" requirement as stated in G.S. 130A-336.1(j). 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,

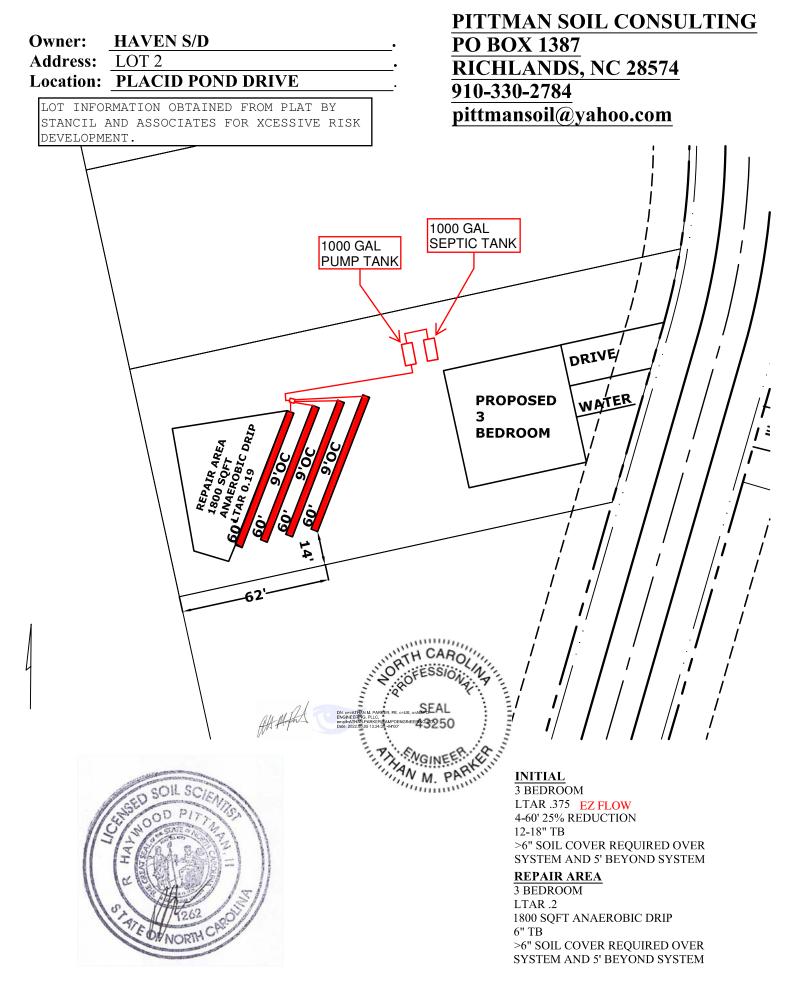
Athan M Parker, PE

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

ALE

# AMP'd Engineering, PLLC Civil Engineer - Consulting Engineer - Land Development

Owner: Harold Gr. Carroll, Je Sign Name Date
North Carolina
Johnston county
I, Stephanie N Baddya Notary Public for said County and State, do hereby certify that Hand G. Cample 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 $17$ day of $12$ , $12$ , $12$ , $12$ , $13$ , $14$
PUBLIC Ochnston College Notary Public
My commission expires



PART 3:	Authorization to Operate (ATO)	
Except for date rec	cceived, the Section below is to be completed by the Owner or by the PE designated to act as their legal representativ the EOP.	e for
LHD USE ONLY:	/: Initial submittal of request for ATO received: by	
	Date Of Post-construction Conference:	
1. Signed and s a. Signed a b. Drawing c. Reports d. Manage e. On-site f. Signed a 2. Fee (as appl 3. Notarized le  Attestation by th I, ATHAN IN Print name of Owner WAYNE regulations, rule	etter documenting Owner's acceptance of the system from the PE  The Owner or the PE for Authorization to Operate  M. PARKER, PE  hereby attest that all items indicated above have been provided to the or or Professional Engineer	No No No No No No the
	This section for LHD Use Only.	
INCOMPLET Based upon missing fron	required information for the ATO  TE In review of information submitted by the Owner or PE in the Section above, the following items of the information required for an Authorization to Operate for an EOP:  In the information required for an Authorization to Operate for an EOP:  In the information required for an Authorization to Operate for an EOP:	are 
, .	Date Email, FAX, USPS, Hand-delive	ered
COMPLETE Based upon	thorized Agent of the LHD  Signature of authorized Agent of the LHD  Date  n review of information submitted by the Owner or PE in the Section above, this Authorization the hereby issued in accordance with G.S. 130A-336.1(m).	
A copy of this co	omplete NOI/ATO with tracking information was sent to the State onvia	 livered
Print name of auth	thorized Agent of the LHD Signature of authorized Agent of the LHD Date	

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: Initials **PART 1: Notice of Intent to Construct (NOI)** X New Expansion Repair – LHD Permit Number Repair – EOP Permit Number Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): \_\_\_\_\_\_ CARROLL CONSTRUCTION HOMES, INC XCESSIVE RISK DEVELOPMENT 63 VERON COURT WILLOW SPRING Mailing address: State: NC 919-410-5704 CAMERON.ADAMS1087@GMAIL.COM E-mail Address: <u>ATHAN.PARKER@AMPDENGINEERING</u> Telephone number: 919 795 9594 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 License Number: 4. Licensed Geologist (LG) (if applicable) name: \_\_\_\_\_\_ \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Mailing address: Telephone number: \_ E-mail Address: \_ GENE'S BACKHOE 5. On-site Wastewater Contractor name: HA License number: WILLOW SPRINGS 1340 TWO CLAUDE RD Mailing address: City: RICHLANDS State: NC 919-625-7051 TANORDAN@GMAIL.COM \_\_ E-mail Address: \_<del>PITTMANSOIL@YAHOO.COM</del> Telephone number: 910 324 2892 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 ☑ On-site Wastewater 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



Lot & Subdivision Lot 2 Haven
SystemType 25%Reduction
Tank Size (000 991 Seffic tonk and Loop got functions.
Trench info #Lines 4
Line Lengths _60 (
Depth 18"
Installation Date 3 - 15-22
Final Inspection Date 3-15-22
Installer Signature 7
Date 4-25-22

OP ID: MA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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)

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AMP'D ENGINEERING  P.O. BOX 4580  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.								DATE INC	DENE MATICE WALL -	E DE	LIVERED IN	

ACORD 25 (2016/03)

**EMERALD ISLE, NC 28594** 

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AUTHORIZED REPRESENTATIVE Tudor's Insurance Agency