

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 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 IIIg, 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).

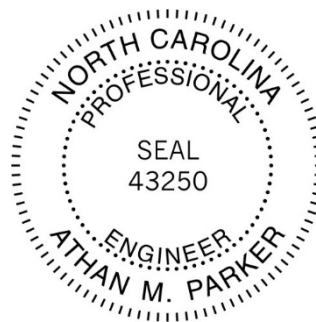
If you have any questions, please feel free to give me a call (919) 795-9594 or email me (athan.parker@ampdengineering.com).

Sincerely,



DN: c=US, o=AMP'D
ENGINEERING, PLLC,
email=ATHAN.PARKER@AMPDENGINERING.COM,
Date: 2022.05.05 13:23:14 -0400

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



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

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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 IIIg, 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.

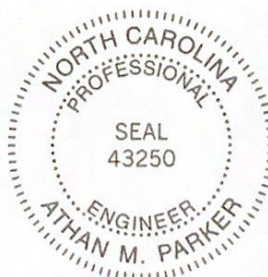
If you have any questions, please feel free to give me a call (919) 795-9594 or email me (athan.parker@ampdengineering.com).

Sincerely,



DR. ATHAN M. PARKER, PE, PLS, CIAMPD
ENGINEERING, PLLC
athan.parker@ampdengineering.com
Date: 2022.03.17 15:12:31 -0500

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



AMP'd Engineering, PLLC

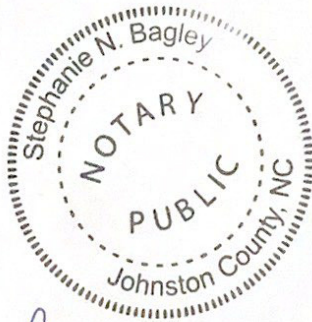
Civil Engineer – Consulting Engineer – Land Development

Owner: Harold G. Carroll, Jr [Signature] 3/17/22
Print Name Sign Name Date

North Carolina

Johnston County

I, Stephanie N Bagley a Notary Public for said County and State, do hereby
certify that Harold G. Carroll, Jr 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 March, 2022.



[Signature]

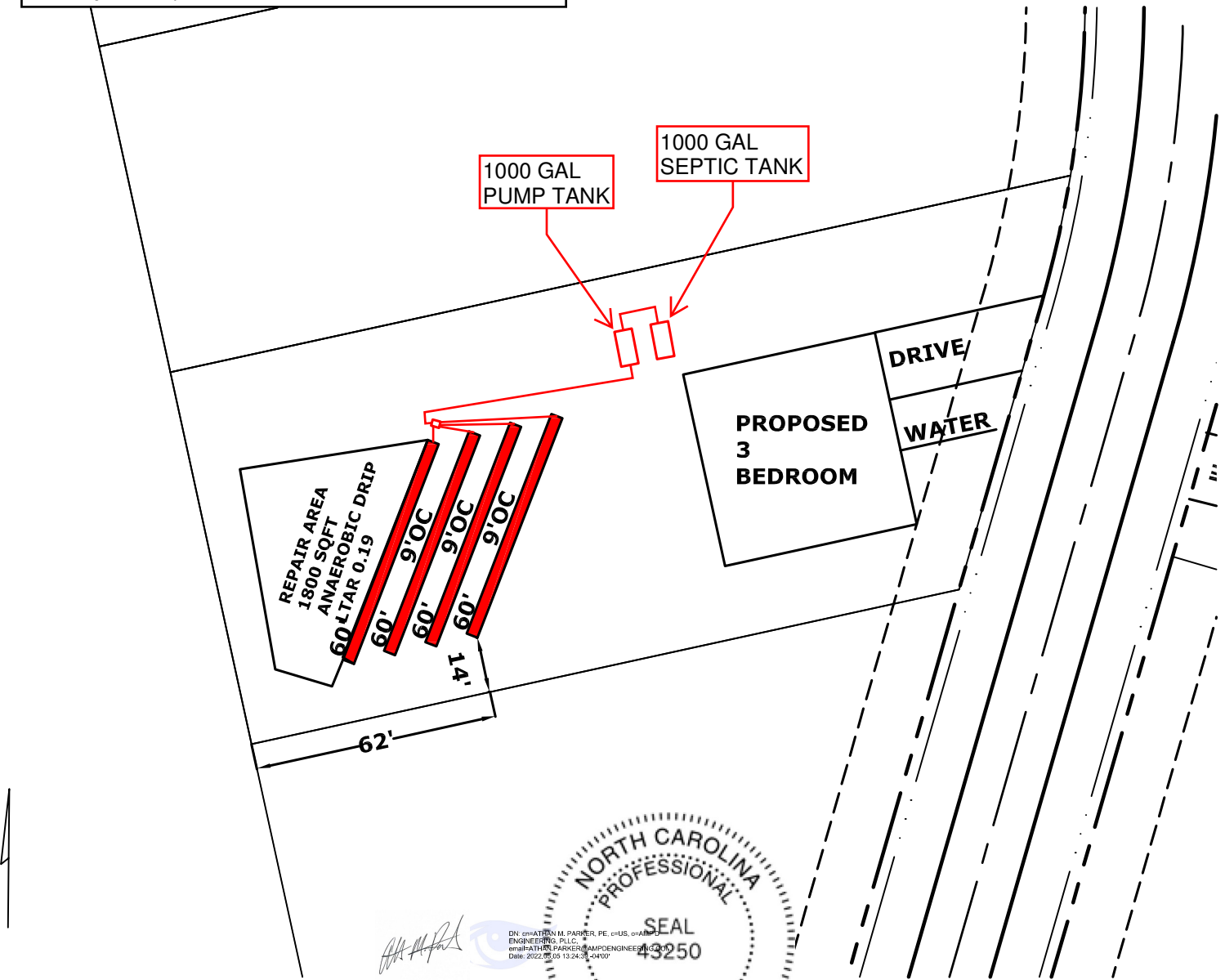
Notary Public

My commission expires 8/25, 2022

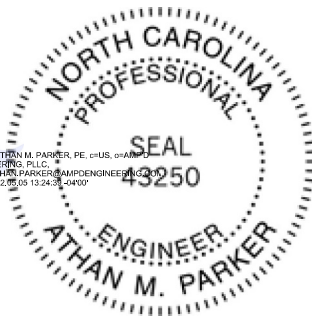
Owner: HAVEN S/D
 Address: LOT 2
 Location: PLACID POND DRIVE

PITTMAN SOIL CONSULTING
PO BOX 1387
RICHLANDS, NC 28574
910-330-2784
pittmansoil@yahoo.com

LOT INFORMATION OBTAINED FROM PLAT BY STANCIL AND ASSOCIATES FOR XCESSIVE RISK DEVELOPMENT.



Ath M. Parker



DN: c=ATLANTA, o=ATHAN M. PARKER, PE, c=US, o=ATHAN M. PARKER ENGINEERING, P.L.L.C., email=ATHAN.M.PARKER@AMPEENGINEERING.COM, Date: 2022.05.05 13:24:33 -0400



- INITIAL**
 3 BEDROOM
 LTAR .375 **EZ FLOW**
 4-60' 25% REDUCTION
 12-18" TB
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM
- REPAIR AREA**
 3 BEDROOM
 LTAR .2
 1800 SQFT ANAEROBIC DRIP
 6" TB
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

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: _____ by _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Date Initials </div>
Date of Post-construction Conference: _____

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 | <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No |
| | b. Drawings, specifications, plans | <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No |
| | c. Reports on special inspections and final inspection | <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No |
| | d. Management Program manual | <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No |
| | e. On-site Wastewater Contractor’s signed statement | <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No |
| | f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h) | <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No |
| 2. | Fee (as applicable) | <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No |
| 3. | Notarized letter documenting Owner’s acceptance of the system from the PE | <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> 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

WAYNE 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).

<i>Signature of Owner or Professional Engineer</i>			<i>Date</i>
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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

<i>Print name of authorized Agent of the LHD</i>	<i>Signature of authorized Agent of the LHD</i>	<i>Date</i>
--	---	-------------

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 _____ via _____
Date Email, FAX, USPS, Hand-delivered

<i>Print name of authorized Agent of the LHD</i>	<i>Signature of authorized Agent of the LHD</i>	<i>Date</i>
--	---	-------------

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.): _____
CARROLL CONSTRUCTION HOMES, INC
EXCESSIVE RISK DEVELOPMENT

Mailing address: 63 VERON COURT WILLOW SPRING 27592
PO BOX 4580 EMERALD ISLE State: NC Zip: 28594
Telephone number: 919-410-5704 E-mail Address: CAMERON.ADAMS1087@GMAIL.COM
919-795-9594 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: GENE'S BACKHOE License number: 3795
HAYWOOD PITTMAN, LSS 3825
Mailing address: 1340 TWO CLAUDE RD WILLOW SPRINGS 27592
1073-1 GREGORY FORK RD RICHLANDS State: NC Zip: 28574
919-625-7051 TANORDAN@GMAIL.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

GENE'S
BACKHOE SERVICE
WILLOW SPRING, NC · 919-625-7051

Lot & Subdivision Lot 2 Haven

System Type 25% Reduction

Tank Size 1000 gal septic tank and 1000 gal pump tank.

Trench info

Lines 4

Line Lengths 60'

Depth 18"

Installation Date 3-15-22

Final Inspection Date 3-15-22

Installer Signature

[Signature]

Date

4-25-22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/23/2022

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
 Tudor's Insurance Agency
 31 N Dunn Street
 P O Drawer 1780
 Angier, NC 27501-1780
 Tudor's Insurance Agency
 919-639-4400

CONTACT NAME: Tudor's Insurance Agency
PHONE (A/C, No, Ext): 919-639-4400
FAX (A/C, No):
E-MAIL ADDRESS:

INSURED
 Gene's Backhoe Service, Inc.
 1340 Two Claude Road
 Willow Spring, NC 27592

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Builders Mutual Insurance Co	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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:			PCP0003947	03/01/2022	03/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
	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 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCP1057498	03/01/2022	03/01/2023	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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)

TYLER NORDAN AND JEAN CARROLL ARE EXCLUDED ON THE WORKER'S COMPENSATION POLICY.

JOB DESCRIPTION: SEPTIC TANK INSTALLATION

CERTIFICATE HOLDER

AMPDENG

AMP'D ENGINEERING
 P.O. BOX 4580
 EMERALD ISLE, NC 28594

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
 Tudor's Insurance Agency