



Initial Application Date: 9/2/2021

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: XCESSIVE RISK DEVELOPMENT Mailing Address: PO BOX 4580

City: EMERALD ISLE State: NC Zip: 28594 Contact No: 919-795-9594 Email: ATHAN.PARKER@AMPENGINEERING.COM

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: HAVEN LOT 3 PIN: 9597-48-0459.000

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

[X] SFD: (Size ___x___) # Bedrooms: 4 # Baths: ___ Basement(w/wo bath): ___ Garage: ___ Deck: ___ Crawl Space: ___ Slab: ___ Slab: ___ Monolithic
TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

[] Modular: (Size ___x___) # Bedrooms ___ # Baths ___ Basement (w/wo bath) ___ Garage: ___ Site Built Deck: ___ On Frame ___ Off Frame ___
TOTAL HTD SQ FT (Is the second floor finished? () yes () no Any other site built additions? () yes () no

[] Manufactured Home: ___ SW ___ DW ___ TW (Size ___x___) # Bedrooms: ___ Garage: ___ (site built? ___) Deck: ___ (site built? ___)

[] Duplex: (Size ___x___) No. Buildings: _____ No. Bedrooms Per Unit: _____ TOTAL HTD SQ FT

[] Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

[] Addition/Accessory/Other: (Size ___x___) Use: _____ Closets in addition? () yes () no
TOTAL HTD SQ FT GARAGE

Water Supply: [X] County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: [X] New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank _____ County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes ([X]) no

Does the property contain any easements whether underground or overhead ([X]) yes () no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent [Signature] Date

DN: c=ATHAN M. PARKER, PE, c=US, o=AMPD ENGINEERING, LLC, email=ATHAN.PARKER@AMPENGINEERING.COM Date: 2021.09.02 12:40:00

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

*This application expires 6 months from the initial date if permits have not been issued**

APPLICATION CONTINUES ON BACK

strong roots • new growth

****This application expires 6 months from the initial date if permits have not been issued****

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**

Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

{__} Accepted {X} Innovative {X} Conventional {__} Any
 {__} Alternative {__} Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- {X} YES {__} NO Does the site contain any Jurisdictional Wetlands?
- {__} YES {X} NO Do you plan to have an irrigation system now or in the future?
- {__} YES {X} NO Does or will the building contain any drains? Please explain. _____
- {__} YES {X} NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- {__} YES {X} NO Is any wastewater going to be generated on the site other than domestic sewage?
- {__} YES {X} NO Is the site subject to approval by any other Public Agency?
- {X} YES {__} NO Are there any Easements or Right of Ways on this property?
- {X} YES {__} NO Does the site contain any existing water, cable, phone or underground electric lines?
 If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.



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.): _____
XCESSIVE RISK 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

Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574
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

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): PIN: 9597-48-0459.000
~~PORTION OF PARCEL: 9597-49-3461.000; LOT 3~~

County Name: HARNETT

8. Type of facility: Place of residence No. Bedrooms: 4 No. Occupants: 8
 Place of business Basis for flow calculation: _____
 Place of public assembly Basis for flow calculation: _____

9. Factors that would affect the wastewater load: NO KNOWN FACTORS TO AFFECT LOADING

10. Type, location, and classification (per Rule .1961) of wastewater system: 5-60' 25% REDUCTION, TYPE IIIG, 12-18" TB; LOCATED 122' FROM THE EAST BOUNDARY LINE AND 15' FROM THE SOUTH BOUNDARY LINE (LOCATED WEST OF PROPOSED HOME)

11. Design wastewater flow: 480 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)

Design wastewater strength: domestic high strength industrial process

12. A plat as defined in G.S. 130A 334(7a) is attached: Yes No

13. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): Yes No

14. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): Yes No
If yes, documentation filed in _____ County Register of Deeds in Deed book _____ Page _____

15. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h): Yes No
If yes, agreements filed in _____ County Register of Deeds in Deed book _____ Page _____

16. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: Yes No

This is a saprolite system. Yes No

17. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: Yes No

18. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA

19. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, ATHAN M PARKER, PE hereby attest that the information required to be included with
Registered Professional Engineer (Print Name)

this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).

DN: cn=ATHAN M. PARKER, PE, c=US, o=AMPD ENGINEERING, PLLC,
email=ATHAN.PARKER@AMPDENGINEERING.COM
Date: 2021.08.31 12:56:28 -0400

Signature of Licensed Professional Engineer

Date



This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.

Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:

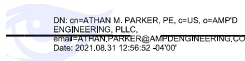
I, ATHAN PARKER FOR XCESSIVE RISK DEVELOPMENT hereby designate ATHAN M PARKER, PE

Print Name of Owner

Print Name of Registered Professional Engineer

as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

Signature of Owner



Date

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____

Print Name of Owner

Print Name of Licensed PE

pursuant to G.S. 130A-336.1.

Signature of Owner

Date

NOTES:

LIABILITY: *The Department, the Department’s authorized agents or local health departments shall have no liability for wastewater systems designed, constructed and installed pursuant to an Engineered Option Permit. [(NC General Statute 130A-336.1(f))]*

RIGHT OF ENTRY: *The submittal of this Notice of Intent to Construct grants right of entry to the Local Health Department and the State to the referenced property.*

ISSUANCE OF BUILDING PERMIT: Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section above, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

This section for Local Health Department use only.

PART 2: LHD Completeness Review of the Notice of Intent to Construct

“(c) Completeness Review for Notice of Intent to Construct. – The local health department shall determine whether a notice of intent to construct, as required pursuant subsection (b) of this section, is complete within 15 business days after the local health department receives the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the department shall notify the owner or the professional engineer of the components needed to complete the notice. The owner or professional engineer may submit additional information to the department to cure the deficiencies in the notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within 10 business days after the department receives the additional information from the owner or professional engineer. If the department fails to act within any time period set out in this subsection, the owner or professional engineer may treat the failure to act as a determination of completeness.”

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted by the PE in Part 1, the following items are missing: _____

Copies of this form listing missing items were sent to the design PE and the Owner on _____

via _____ with directions to re-submit missing items using Page 5 of this form.

Email, FAX, USPS, hand-delivered

Print Name of Authorized Agent of the LHD

Signature of Authorized Agent of the LHD

Date

COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted by the PE in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the design PE and the Owner on _____ via _____.

A copy of this NOI and tracking information was sent to the State on _____ via _____.

Print Name of Authorized Agent of the LHD

Signature of Authorized Agent of the LHD

Date

Re-submittal of NOI with missing items included

*This Section is for use by PE to submit items noted as missing during LHD Completeness Review above.
Resubmittals must be accompanied by a cover letter from the PE.*

LHD USE ONLY: This NOI resubmittal received: _____ by _____
Date Initials

Item # from initial NOI	Resubmittal description

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, _____ hereby attest that the information re-submitted for this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336.1(e)(6).
Licensed Professional Engineer (Print Name)

Signature of Licensed Professional Engineer _____
Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

INCOMPLETE
Based upon review of information submitted by the PE in the RESUBMITTAL above, this Notice of Intent remains INCOMPETE because the following items from Part 1 of this form remain missing: _____

Copies of this signed form were sent to the design PE 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 PE in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

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

A complete copy of this form with tracking information was sent to the State: _____ via _____
Date *Email, FAX, USPS, hand-delivered*

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

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 _____
Date Initials

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 type="checkbox"/> Yes	<input type="checkbox"/> No
b. Drawings, specifications, plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Reports on special inspections and final inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Management Program manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. On-site Wastewater Contractor’s signed statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner or Professional Engineer

_____ 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).

Signature of Owner or Professional Engineer 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 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

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 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

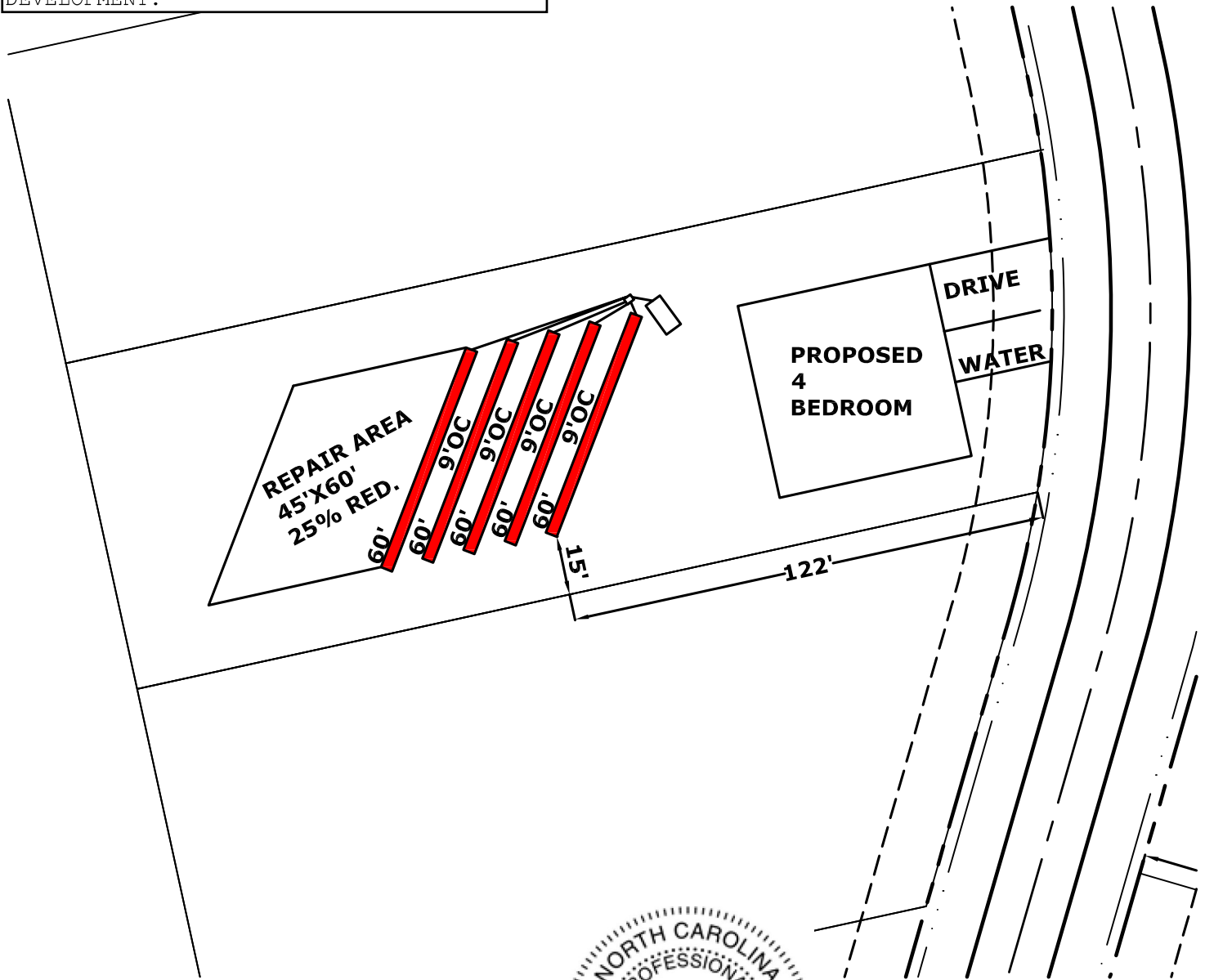
Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

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.

Owner: HAVEN S/D
 Address: LOT 3
 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.



Handwritten signature

DN: o=ATHAN M. PARKER, PE, c=US, o=AMPD ENGINEERING, PLLC
 email=ATHAN.PARKER@AMPDEENGINEERING.COM
 Date: 2021.08.31 12:27:28 -0400



- INITIAL**
- 4 BEDROOM
- LTAR .4
- 5-60' 25% REDUCTION
- 12-18" TB
- >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM
- REPAIR AREA**
- 4 BEDROOM
- LTAR .4
- 5-60' 25% REDUCTION
- 12-18" TB
- >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

SCALE 1"=40'

Pittman Soil Consulting

*1003 Gregory Fork Road
Richlands, NC 28574
Phone (910)330-2784
pittmansoil@yahoo.com*

AUGUST 17, 2021

Ref: HAVEN Lot 3, HARNETT COUNTY

Dear Sir,

A soil evaluation was conducted on the above referenced tract to determine the sites suitability for septic. The current laws and rules of NC was used as guide for this evaluation.

Hand Auger borings on the site were used to characterize the soil texture, and depth to the soil wetness condition. The attached plot plan shows the location of the septic system in the most ideal location on the site. The soil wetness condition was found to be 24-36" from the surface with a clay loam texture. I have assigned an LTAR of 0.4 gpd/sqft for a 480 gpd 4 bedroom residence. This will require the installation of 5-60' 25% reduction lines that shall be installed in accordance with the current rules. The depth to soil wetness of 24-36" would constitute a 12-18" trench bottom. The system will require 6" soil cover that shall extend 5' from the edge of the system. The system will require a 1000 gallon septic tank.

The repair area will require 5-60' 25% reduction lines installed at a depth of 12-18" from the surface (LTAR 0.4).

After installation the site should be landscaped to shed surface water. Any alterations to the site may impact soil conditions.

If you have any questions please feel free to contact me at 910-330-2784. Thank You.

Sincerely,



R.
**HAYWOOD
PITTMAN II**

Digitally signed by R.
HAYWOOD PITTMAN II
DN: cn=R.HAYWOOD
PITTMAN II, o=PITTMAN SOIL
CONSULTING, ou,
email=pittmansoil@yahoo.co
m, c=US
Date: 2021.08.17 22:05:39
-04'00

R. Haywood Pittman II
NC Licensed Soil Scientist



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/02/2021

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 The Sewell Insurance Agency 785-1 W Corbett Ave PO Box 835 Swansboro NC 28584	CONTACT NAME: Kira Gibson, SBCS, CBIA PHONE (A/C, No, Ext): (910) 326-5754 E-MAIL ADDRESS: kira@thesewellagency.com	FAX (A/C, No): (910) 326-6310
	INSURER(S) AFFORDING COVERAGE	
INSURED Ampd Engineering PLLC Po Box 4580 Emerald Isle NC 28594-4580	INSURER A: Bankers Insurance Group	
	INSURER B: Progressive Insurance Company	
	INSURER C: NorGUARD Insurance Company	
	INSURER D: Berkshire Hathaway GUARD Insurance Company	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL213203465

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:			32 0040007108 0 01	03/02/2021	03/02/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			01335494-1	11/05/2020	11/05/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	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 Y	N/A	AMWC226938	03/01/2021	03/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Professional Liability			AMPL201161	03/01/2021	03/01/2022	Per Claim 1,000,000 Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Engineering Firm

CERTIFICATE HOLDER**CANCELLATION**

AMP'D Engineering PLLC PO Box 4580 Emerald Isle NC 28594	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/27/2021

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).

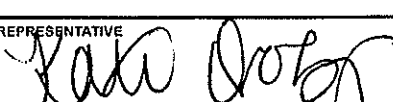
PRODUCER N.C. Farm Bureau Ins. Agency 5301 Glenwood Avenue (27612) P.O. Box 27427 Raleigh NC 27611		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
INSURED Pittman Soil Consulting c/o Ronald H. Pittman, II 1003 Gregory Fork Rd Richlands NC 28574		INSURER(S) AFFORDING COVERAGE INSURER A: Capitol Specially Insurance Corporation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2172120555 **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			EV20182381-04	07/19/2021	07/19/2022	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						PERSONAL & ADV INJURY \$ 1,000,000
	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			GENERAL AGGREGATE \$ 2,000,000
A	Contractors Pollution Liability - Occurrence Form			EV20182381-04	07/19/2021	07/19/2022	PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Occ/Agg \$ 1M/2M COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							Each Incident 1,000,000 Aggregate Limit 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER AMP'd Engineering, PLLC PO 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 
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