# AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

CERTIFICATION LETTER
March 14, 2024

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

Ref: Haven- Lot 22 EOP 477 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 SFD-2109-0018 on February 1, 2024. Gene's Backhoe, the onsite wastewater contractor installed 3-75' 25% reduction lines (EZ Flow, reduction taken), Type Illg, with 12-18" TB. The system was revised to a 3 bedroom (360 GPD) system as shown in as built. 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 (252) 777-0141 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, Septic Standards, As-Built and On-site Wastewater Contractors statement & Insurance

## AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

PO Box 4580 Emerald Isle, NC 28594 (252) 777-0141 + athan.parker@ampdengineering.com Firm License Number P-1532

> OWNER'S ACCEPTANCE LETTER February 8, 2024

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

63 Veron Ct.

Willow Spring, NC 27592

Ref: Haven-Lot 22 EOP

477 Placid Pond Dr.

Broadway, Harnett County, NC

Dear Carroll Construction Homes, Inc.

Please be aware that this letter **does not** act as a certification letter for the above referenced project, but solely acts as the owner's acceptance of the system. The engineer of record will not be held responsible for any Authorization To Operate (ATO) or Certificate of Occupancy (CO) issued without the engineer's certification.

This letter is to inform you that 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 SFD-2109-0018 on February 1, 2024. Gene's Backhoe, the on-site wastewater contractor installed 3-75' 25% reduction lines (EZ Flow, reduction taken), Type Illg, with 12-18" TB. The system was revised to a 3 bedroom (360 GPD) system as shown in as built. 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 (252) 777-0141 or email me (athan.parker@ampdengineering.com).

Sincerely,

Athan M Parker, PE

President

AMP'd Engineering, PLLC

Firm License No. P-1532

ALE

SEAL 43250

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Page 1 of 2

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

Owner: Harold G. Carroll, Jp. 219124  Print Name Sign Name Date
North Carolina
Talanalous
Johnston county
I. Stephanie C Nadana Notary Public for said County and State, do hereby
certify that Harold G Carroll, Ji2 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 <u>9th</u> day of <u>Hornan</u> , 20 <u>84</u>
Stephani Charda
Notary Public
My commission expires August a5 , 20a5

**Owner:** HAVEN S/D

ATEDA

Address: LOT 22

**Location: PLACID POND DRIVE** 

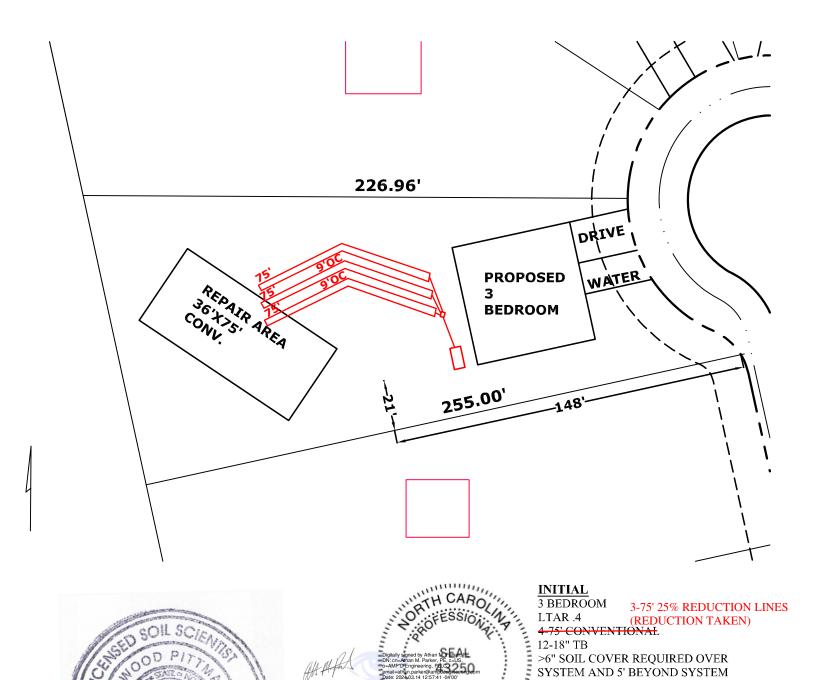
LOT INFORMATION OBTAINED FROM PLAT BY STANCIL AND ASSOCIATES FOR XCESSIVE RISK DEVELOPMENT.

PITTMAN SOIL CONSULTING
PO BOX 1387
PICHEANDS NO 20574

RICHLANDS, NC 28574

910-330-2784

pittmansoil@yahoo.com



AN M. PAR

REPAIR AREA

4-75' CONVENTIONAL

>6" SOIL COVER REQUIRED OVER

SYSTEM AND 5' BEYOND SYSTEM

3 BEDROOM LTAR .4

12-18" TB

# AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

#### Ref: AMP'D Engineering, PLLC Septic Standards

To Whom It May Concern,

Due to unforeseen negligence by previous owners and contractors regarding the Engineered Option Permit ("EOP") process and installation, the following standards have been adopted by AMP'D Engineering, PLLC and are to be strictly followed. If these standards are not followed, AMP'D Engineering, PLLC has the right to void all warranties related to engineering work involved with these EOPs.

- Engineer shall approve septic installer prior to installation.
- Engineer shall be notified at a minimum of 48 hours prior to septic installation.
- No vehicles, equipment, structures, debris, or any other items that may compact the soils
  or damage the septic lines allowed on the septic location before or after installation.
  Equipment only allowed over the septic area by a certified septic installer to backfill and
  grade the septic area after installation.
- All systems are to have a minimum of 6" cover over the system and five feet beyond the system. Only approved soil to be used as cover.
- After installation, the area should be graded to shed water. All drainage should be diverted away from septic area and tanks.
- All drip systems to have a minimum of 6" cover over the system and five feet beyond the system. Only group I soil allowed over system with a cap of topsoil to promote growth of groundcover.
- Groundcover is to be established over every system within 14 days after installation.
- Orange safety fencing with T-Posts to be used to surround the system after installation to prevent any unqualified individuals from entering septic area.
- Refer to online resources for proper management and maintenance of a septic system.
   Refer to the websites listed:
  - o https://content.ces.ncsu.edu/septic-system-owners-guide
  - https://content.ces.ncsu.edu/septic-systems-and-their-maintenance

If you have any questions, please feel free to give me a call (252) 777-0141 or email me (athan.parker@ampdengineering.com).

Sincerely,

Athan M Parker, PE President

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

SEAL 43250

NGINEER HANNING MERITARY M. PARKING

<u>PART 3:</u>	Authorization to Operat	e (ATO)			
Except for date	received, the Section below is to be	completed by the Owner or by the EOP.	the PE designated to	act as their legal represent	tative for
LHD USE ONL	Y: Initial submittal of requ	est for ATO received:		by	
	Date of Post-construction		Date	Initials	
1. Signed an a. Signe b. Draw c. Repo d. Mana e. On-si f. Signe 2. Fee (as ap 3. Notarized  Attestation by I, ATHAN  Print name of Own HARN	letter documenting Owner's  the Owner or the PE for Au  M. PARKER, PE  ner or Professional Engineer	er's report that includes: bil conditions and site feat displayed final inspection signed statement want to 15A NCAC 18A .1 acceptance of the syste thorization to Operate hereby attest that all its the system shall meet ap	938(h) m from the PE ems indicated abo plicable federal, S1(e)(6).		No N
Signature	of Owner or Professional Engineer	email-athan,parker@am Date: 2024.03.14 12:593	pdengineering.com 17 -0400 Date	<del></del>	
		This section for LHD Use Or			
INCOMPLI Based upo	f required information for the ETE on review of information sub om the information required	mitted by the Owner or I		_	ems are
Copies of this	signed form were sent to the	e design PE and the Owne	er on	via via Email, FAX, USPS, Hand-G	 delivered
Print name of a	uthorized Agent of the LHD	Signature of authorize	ed Agent of the LHD		Date
Operate is	E on review of information sub s hereby issued in accordanc complete NOI/ATO with trac	e with G.S. 130A-336.1(m	n).	bove, this Authorizati via	on to
.,		2		Date Email, FAX, USPS, Har	nd-delivered
Print name of a	uthorized Agent of the LHD	Signature of authorize	ed 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.



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

**HELEN WOLSTENHOLME •** Interim Deputy Secretary for Health

MARK T. BENTON • Assistant Secretary for Public Health

Division of Public Health

#### **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) - Please check all that apply							
	AND						
∑ New							
Repair – LHD Permit Number Re	pair – EOP/LSS COVID 19/AOWE Permit Number						
1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): CARROLL CONSTRUCTION HOMES, INC  XCESSIVE RISK DEVELOPMENT							
Walling address. 8/54 KEED DK 51E 14	WILLOW SPRING 27592  City: EMERALD ISLE State: NC Zip: 28594						
Telephone number: $\frac{919 - 410 - 5704}{252 - 777 - 0141}$ E-r	CAMERON.ADAMS1087@GMAIL.COM nail Address: ATHAN.PARKER@AMPDENGINEERING.COM						
2. Professional Engineer (PE) name: ATHAN M PAR	KER, PE License number: 43250						
Mailing address: PO BOX 4580	City: EMERALD ISLEState: NCZip: 28594						
<b>Telephone number:</b> <u>919–795–9594</u> E-r	nail Address: <u>ATHAN.PARKER@AMPDENGINEERING.COM</u>						
3. Licensed Soil Scientist (LSS) name: HAYWOOD PI	TTMAN, LSS License number: 1262						
Mailing address: 1073-1 GREGORY FORK RD	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:						
	City: State: Zip:						
Telephone number: E-r	nail Address: NE'S BACKHOE 3795						
5. On-Site Wastewater Contractor name: <u>HAYWOOL</u>	<del>DEFITIMAN, LSS</del> License number: <u>3825</u>						
Mailing address: 1973 1 GREGORY FORK RD 919-625-7051	WILLOW SPRINGS 27592 City: RICHLANDS State: NC Zip: 28574 TANORDAN@GMAIL.COM						
	nail 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:							
	rewater Contractor						

#### NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH



# 6712 NC Hwy 50 N. Benson, NC 27504

### Tanordan@gmail.com

Lot, Subdivision, Address Lot 22 Haven
System Type 25% Reduction (e7-flow)
Tank Size 1,000 gallon
System Info 3×75 ez-flow @ 12"-18"TB
Installation Date $2-1-2024$
Final Inspection Date 2-1-2024
Installer Signature and Certification #
Date 3-8-2024

OP ID: CP



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/14/2024

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.

	f SUI	BROGATION IS \	NAIVED, subje	ct to t	he te	rms and conditions of the	ne polic	cy, certain p	olicies may		nt. A	statement on
this certificate does not confer rights to the certificate holder in lieu of supproducer 919-639-4400 Tudor's Insurance Agency 31 N Dunn Street					CONTACT Tudor's Insurance Agency PHONE (A/C, No, Ext): 919-639-4400  FAX (A/C, No, Ext): FAX (A/C, No):							
PC	) Dra	wer 1780 NC 27501-1780					E-MAIL ADDRE	SS:				
Tuc	gier, lor's	Insurance Agend	су				INSURER(S) AFFORDING COVERAGE NAIC #					NAIC#
							INSURER A : Builders Mutual Insurance Co					
INS	URED	Baakhaa Camiiaa	lma				INSURER B:					
134	0 Tw	Backhoe Service	, inc.				INSURER C:					
Wil	low S	Spring, NC 27592					INSURE	RD:				
							INSURE	RE:				
							INSURE	RF:				
CC	VEF	RAGES	CI	RTIF	CATE	E NUMBER:				REVISION NUMBER:		
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										MED EXP (Any one person)	\$	5,000
				_						PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO-	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:									\$	
Α	ΑU	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
	X	ANY AUTO				PCA0021090		03/01/2024	03/01/2025	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY								BODILY INJURY (Per accident	) \$	
										PROPERTY DAMAGE (Per accident)	\$	
											\$	
Α	X	UMBRELLA LIAB	X OCCUR							EACH OCCURRENCE	\$	1,000,000
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				_						E.L. DISEASE - EA EMPLOYE	E \$	500,000
	DÉS	s, describe under CRIPTION OF OPERA	TIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
ΤY		<b>NORDAN AND</b>				D 101, Additional Remarks Schedu EXCLUDED ON THE W				red)		
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JO	B DE	ESCRIPTION: S	EPTIC TANK	INST	ALLA	ATION						
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AMP'D ENGINEERING P.O. 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 Tudor's Insurance Agency							