

**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: <u>12/21/22</u> by <u>OT</u> <small>Date Initials</small> Date of Post-construction Conference: _____
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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  Yes  No
  - b. Drawings, specifications, plans  Yes  No
  - c. Reports on special inspections and final inspection  Yes  No
  - d. Management Program manual  Yes  No
  - e. On-site Wastewater Contractor's signed statement  Yes  No
  - f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h)  Yes  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, ATHAN M. PARKER, PE hereby attest that all items indicated above have been provided to the  
Print name of Owner or Professional Engineer

HARNETT 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

DR: ATHAN M. PARKER, PE, CHES, SHAMPD  
ENGINEERING, PLLC  
ath@mtparker.com  
Date: 2022.12.21 11:34:25 -0500

**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 12/22/22 via EMAIL.  
Date Email, FAX, USPS, Hand-delivered

OLIVER TOLKSDORF \_\_\_\_\_ REAS \_\_\_\_\_ 12/23/22  
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.

### EOP Tracking information

The LHD completes this form for each NOI/ATO submitted to their offices. The LHD updates this information and re-sends it throughout the process as appropriate. The Department will use this data to draft required legislative reports on implementation of the EOP.

#### Tracking information for Engineered Option Permits (Required)

County	Harnett
LHD Reference Number	SFD 2109-0021
Permitting backlog as of date of NOI submittal (# days)	7-10 Business Days
Number of days to process the NOI (# days)	6
Number of days to process re-submitted NOI (# days or "NA")	NA
Facility type	SFD
Domestic, High Strength or IPWW	
Design Daily Flow	
Residential or Commercial	Residential
System type (per Rule .1961)	
Date of Post-construction conference	
Date Authorization to Operate issued	12-22-22
Fee charged for EOP	\$225.00
Is fee sufficient to cover LHD costs?	Yes
Date LHD notified of EOP malfunction	
Date LHD notified of Owner complaint	

# AMP'd Engineering, PLLC

Civil Engineer – Consulting Engineer – Land Development

PO Box 4580

Emerald Isle, NC 28594

(252) 777-0141 ✦ [athan.parker@ampdengineering.com](mailto:athan.parker@ampdengineering.com)

Firm License Number P-1532

## CERTIFICATION LETTER

December 21, 2022

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

**Ref: Haven- Lot 46 EOP  
274 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 SFD2109-0021 on October 6, 2022. Gene's Backhoe, the on-site wastewater contractor as permitted installed 4-60' 25% Reduction (EZ Flow, reduction taken), 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 (252) 777-0141 or email me ([athan.parker@ampdengineering.com](mailto:athan.parker@ampdengineering.com)).

Sincerely,



DR: ATHAN M. PARKER, PE ©US, ©AMPD  
ENGINEERING, PLLC  
e-mail: ATHAN.PARKER@AMPDENGINEERING.COM  
Date: 2022.12.21 11:33:26 -0500

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



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

## ACCEPTANCE LETTER

October 11, 2022

To: **Carroll Construction Homes, Inc (the "Owner")**  
~~63 WINDYBROOK VERON CT.~~  
Willow Spring, NC 27592

Ref: **Haven- Lot 46 EOP**  
274 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 SFD2109-0021 on October 6, 2022. Gene's Backhoe, the on-site wastewater contractor as permitted installed 4-60' 25% Reduction (EZ Flow, reduction taken), 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 (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



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

Owner: Harold G. Carroll, JR [Signature] 10/12/22  
Print Name Sign Name Date

North Carolina

Johnston County

I, Stephanie C Nordan 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 12<sup>th</sup> day of October, 2022



Stephanie C Nordan

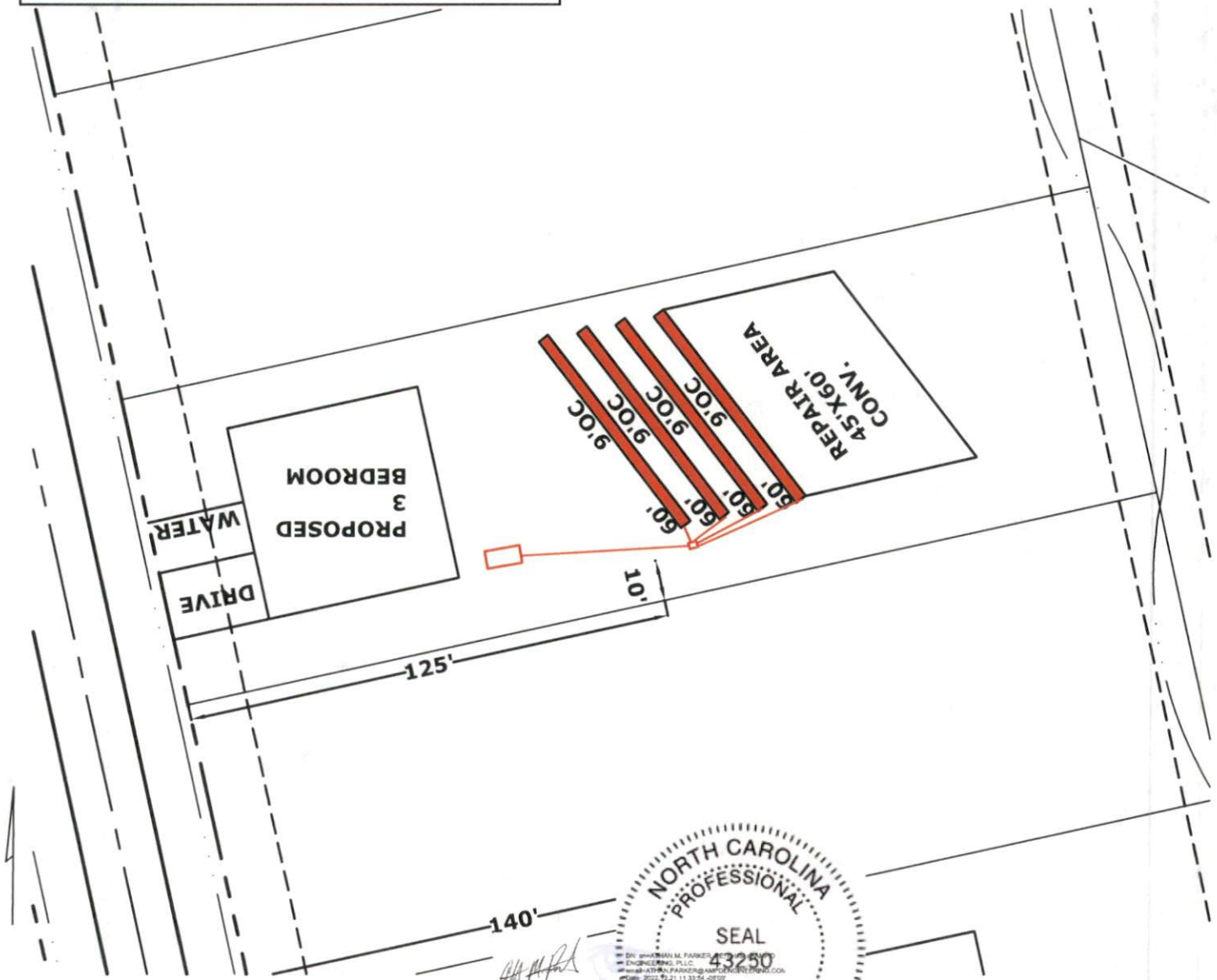
Notary Public

My commission expires August 25, 2025

Owner: HAVEN S/D  
 Address: LOT 46  
 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.



**INITIAL**  
 3 BEDROOM  
 LTAR .4 **25% REDUCTION LINES**  
~~45-60' CONVENTIONAL~~  
 12-18" TB  
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

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

SCALE 1"=40'



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Firm License Number P-1532

## 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 12" 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.

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

Sincerely,



DN: c=ATHAN M. PARKER, PE, PHS, o=AMP'D  
ENGINEERING, PLLC,  
email=ATHAN.PARKER@AMPDENGINERING.COM,  
DN: 2022.12.21 11:34:56 -0500

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





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 NC Zip: 28594
919-410-5704 CAMERON.ADAMS1087@GMAIL.COM
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
1340 TWO CLAUDE RD WILLOW SPRINGS 27592
Mailing address: 1073-1 GREGORY FORK RD City: 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





Lot and Subdivision Lot 46 Haven

System Type 25% Reduction

Tank Size 4,000 gal septic tank.

Trench Info # Lines 4

Line Lengths 60'

Depth 12"-18" TB

Installation Date 10-18-22

Final Inspection Date 10-18-22

Installer Signature [Signature]

Date 11-8-22.



GENES-3

OP ID: MA

# 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).

<b>PRODUCER</b> Tudor's Insurance Agency 31 N Dunn Street P O Drawer 1780 Angier, NC 27501-1780 Tudor's Insurance Agency	919-639-4400	<b>CONTACT NAME:</b> Tudor's Insurance Agency	<b>PHONE (A/C, No, Ext):</b> 919-639-4400	<b>FAX (A/C, No):</b>
<b>INSURED</b> Gene's Backhoe Service, Inc. 1340 Two Claude Road Willow Spring, NC 27592		<b>INSURER(S) AFFORDING COVERAGE</b>		
		<b>INSURER A:</b> Builders Mutual Insurance Co		<b>NAIC #</b>
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

## 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
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO 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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>AMPDENG</b>  <b>AMP'D ENGINEERING</b> <b>P.O. BOX 4580</b> <b>EMERALD ISLE, NC 28594</b>	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 <b>Tudor's Insurance Agency</b>