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 60 EOP 92 Harmony Trl

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-2109-0024 on February 22, 2024. Gene's Backhoe, the onsite wastewater contractor installed 4-60' 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,

ALE

Digital State of Carlot State

Athan M Parker, PE President AMP'd Engineering, PLLC Firm License No. P-1532 SEAL 43250

WINEER WANTER

N. M. PARTITION

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

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 27, 2024

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

63 Veron Ct.

Willow Spring, NC 27592

Ref: Haven-Lot 60 EOP

92 Harmony Trl

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-2109-0024 on February 22, 2024. Gene's Backhoe, the on-site wastewater contractor installed 4-60' 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 "postconstruction 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

Civil Engineer – Consulting Engineer – Land Development

Owner:_	Harold G. Carro	II. Jr.	APR		3/2/23_
owner	Print Name		Sign I	Name	Date
North Ca	raling				
North Ca	roina				
Johnsto	n	County			
I, Stepha	anie C Nordan	, a Notary	Public for said C	County and S	State, do hereby
certify th	at Harold G. Car	roll, Jr.	personally a	ppeared be	efore me this day and
acknowle	edged the due ex	ecution of	the page 1 of 2	"Acceptan	ce Letter" from the PE.
Witness n	ny hand and offic	ial seal, thi	s the <u>2nd</u> day o	of March	, 20 <u>24</u> .

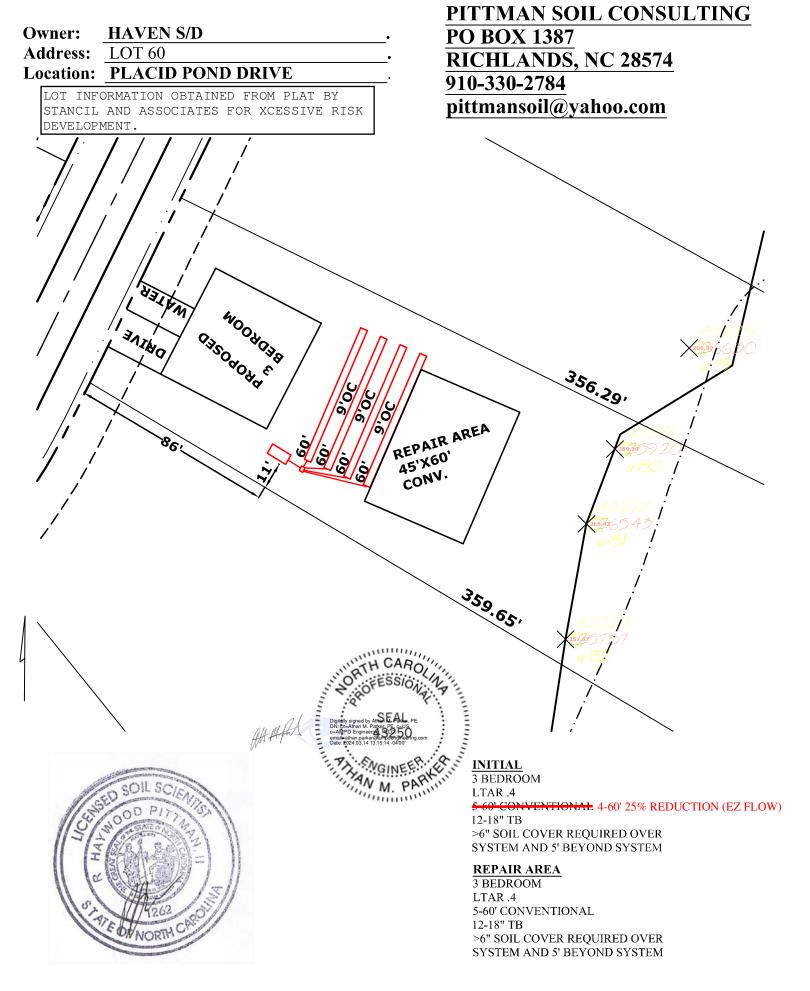
~)C

My commission expires August 25

_, 20 15

Page 2 of 2

Stephanie Chorda



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

WGINEER KATHAN M. PARKITING

<u>PART 3:</u>	Authorization to Opera	ite (ATO)			
Except for date r	received, the Section below is to b	be completed by the Owner or b the EOP.	y the PE designated to	o act as their legal represen	ntative for
LHD USE ONL	Y: Initial submittal of req	uest for ATO received:		by	
	Date of Post-construct		Date	Initials	
1. Signed and a. Signed b. Drawing c. Report d. Mana e. On-sith f. Signed 2. Fee (as ap 3. Notarized attestation by I, ATHAN Print name of Own HARN: regulations, ru	letter documenting Owner The Owner or the PE for A M. PARKER, PE Ther or Professional Engineer	seer's report that includes: soil conditions and site fe and final inspection as signed statement arount to 15A NCAC 18A "'s acceptance of the system that all it around the system shall meet apardance with G.S. 130A-336 "The system shall meet apardance with G.S. 130A-336	atures 1938(h) em from the PE ems indicated abo pplicable federal, S 51(e)(6). Alhan M. Parker, PE, cullS.	X Yes	No N
		This section for LHD Use O	nly.		
INCOMPLI Based upo missing fro	frequired information for a ETE on review of information su om the information require signed form were sent to the	abmitted by the Owner or ed for an Authorization to	Operate for an EC)P:via	·
			Date	Email, FAX, USPS, Hand-	-delivered
Print name of a	uthorized Agent of the LHD	Signature of authoriz	ed Agent of the LHD		Date
Operate is	E on review of information su s hereby issued in accordan complete NOI/ATO with tra	nce with G.S. 130A-336.1(r	n).		ion to
	, , ,	.0 2000		Date Email, FAX, USPS, Ha	nd-delivered
Print name of a	uthorized Agent of the LHD	Signature of authoriz	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										
X New Expansion Relocation of all or part of the Existing System Relocation of Repair Area										
Repair – LHD Permit Number Repair – 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: NC _ Zip: _28594									
Telephone number: 919-795-9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.COM										
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: <u>910-324-2892</u> E-r	nail 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>	DEFITIMAN, LSS 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	e 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, Add	ress Lot 60 Haven
System Type 5	2 FLAN 25 90 REDUCTION
Tank Size 1000	GALLON
System Info	4-60' DRAIN LINES 18" TRENCH DEPTH
	2-15-24
	te 3-15-24
Installer Signature Date 3 -5-	and Certification #

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.

	SUE	BROGATION	IS W	AIVED,	, subject	to th	ne tei	rms and conditions of th	e polic	cy, certain p	olicies may		orsement	. A	statement on
this certificate does not confer rights to the certificate holder in lieu of suppose 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): (A/C, No):								
		wer 1780 NC 27501-17	'80						E-MAIL ADDRE	SS:					
Tuc	lor's	Insurance A	genc	y					INSURER(S) AFFORDING COVERAGE NAIC #						
									INSURE	_{R A :} Builder	s Mutual In	surance Co			
INS	URED	Backhoe Sei	vice	Inc					INSURE	RB:					
134	0 Tw	o Claude Ro	ad ad	iiic.					INSURE	RC:					
Wil	low S	Spring, NC 2	7592						INSURE	RD:					
									INSURER E :						
									INSURE	RF:					
CC	VER	RAGES			CEF	TIFIC	CATE	NUMBER:				REVISION NUI	MBER:		
II C	NDIC/ ERTI	ATED. NOTV IFICATE MAY	ITHS1 BE IS	FANDING SSUED (G ANY RI OR MAY	EQUIF PERT POLI	REME AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SU	H RESPE	CT TO	WHICH THIS
INSF		TYPE O	FINSUF	RANCE		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X	CLAIMS-N	Г		LITY CUR			PCP0003947		03/01/2024	03/01/2025	EACH OCCURREN DAMAGE TO RENT PREMISES (Ea occ	CE ED urrence)	\$	1,000,000 100,000
												MED EXP (Any one person) \$			5,000
												PERSONAL & ADV INJURY \$			1,000,000
	GEN	N'L AGGREGATE	LIMIT	APPLIES F	PER:							GENERAL AGGREGATE		\$	2,000,000
		POLICY	PRO- JECT	LOC								PRODUCTS - COMP/OP AGG \$		\$	2,000,000
		OTHER:												\$	
Α	AUT	TOMOBILE LIAB	LITY									COMBINED SINGLE LIMIT (Ea accident) \$		\$	1,000,000
	X	(ANY AUTO PCAC		PCA0021090		03/01/2024	03/01/2025	BODILY INJURY (Per person) \$							
		OWNED SCHEDULED AUTOS									BODILY INJURY (P	•	\$		
	HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY								PROPERTY DAMA((Per accident)	GE	\$		
		7,0100 01121		7.0100	ONET							, , , , , , , , , , , , , , , , , , , ,		\$	
Α	Х	UMBRELLA LI	ΔВ	X occ	CUR							EACH OCCURREN	CE	\$	1,000,000
		EXCESS LIAB	Ī	CLA	AIMS-MADE			MUB0005864	03/01/2024	03/01/2025					
	DED X RE		TENTION \$ 10000		1								\$		
Α	WOF	VORKERS COMPENSATION IND EMPLOYERS' LIABILITY									PER STATUTE	OTH- ER			
					IVE Y/N		WCP1057498			03/01/2024	03/01/2025	E.L. EACH ACCIDE		\$	500,000
	OFF (Mar	PROPRIETOR/PICER/MEMBER EN INTERNITOR PROPRIETOR PROPRI	XCLUDI	ED?		N/A					E.L. DISEASE - EA			500,000	
	If yes	s, describe under CRIPTION OF O	PERATI	ONS belo	w							E.L. DISEASE - PO		\$	500,000
	1				-										
TY PO	LIC\	NORDAN A	AND .	JEAN (CARRO	LL À	RE I	0 101, Additional Remarks Schedu EXCLUDED ON THE W				red)			
CF	RTIF	ICATE HOL	DER						CANO	CELLATION					
<u> </u>		. 37.1. = 1101						AMPDENG	<u> </u>						
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.								
	EMERALD ISLE, NC 20094						AUTHORIZED REPRESENTATIVE Tudor's Insurance Agency								