

**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>12/22/22</u> by <u>OT</u>
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  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).

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

DR: ATHAN M. PARKER, PE, #US, #AMPD  
 ENGINEERING, PLLC  
 4040 ATHAN PARKER @ AMPDENGINEERING.COM  
 Date: 2022.12.22 09:42:07 -0500

*This section for LHD Use Only.*

**LHD Review of required information for the ATO**

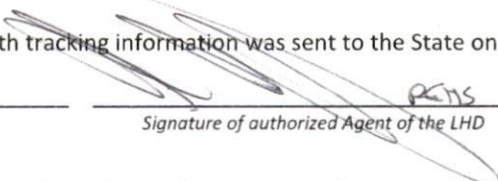
INCOMPLETE  
Based upon review of information submitted by the Owner or PE in the Section above, the following items are missing from the information required for an Authorization to Operate for an EOP: \_\_\_\_\_

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

<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 1/4/23 via Email.

<u>OLIVER TOLKSON</u>		<u>1/3/23</u>
<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)

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

Mailing address: 63 VERON COURT City: WILLOW SPRING State: NC Zip: 27592

Telephone number: 919-410-5704 E-mail Address: CAMERON.ADAMS1087@GMAIL.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 City: RICHLANDS State: NC Zip: 28574

Telephone number: 919-625-7051 E-mail Address: TANORDAN@GMAIL.COM  
910-324-2892 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:

PE  LSS  LG  On-site Wastewater Contractor



Lot and Subdivision Lot 42 Haven

System Type 25% Reduction

Tank Size 4000 gal septic tank

Trench Info # Lines 4

Line Lengths 60'

Depth 18-20" TP

Installation Date 11-16-22

Final Inspection Date 11-16-22

Installer Signature [Signature]

Date 12-20-22



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>E-MAIL ADDRESS:</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>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 SUBR INSD 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 - COM/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/A If yes, describe under DESCRIPTION OF OPERATIONS below		WCP1057498	03/01/2022	03/01/2023	PER STATUTE OTH-ER 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

# 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 22, 2022**

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

**Ref: Haven- Lot 42 EOP  
338 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 SFD2110-0051 on November 28, 2022. Gene's Backhoe, the on-site wastewater contractor as permitted installed 4-60' 25% Reduction (reduction taken, EZ Flow), Type IIIg, lines with 18-20" TB. 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, CHES, #AMPD  
ENGINEERING, PLLC  
[athan.parker@ampdengineering.com](mailto:athan.parker@ampdengineering.com)  
DOB: 2022.12.22, 08.11.21 - 8099

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



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

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Civil Engineer – Consulting Engineer – Land Development

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Firm License Number P-1532

**ACCEPTANCE LETTER**  
**December 8, 2022**

**To: Carroll Construction Homes, Inc (the "Owner")**  
**63 Vernon Ct.**  
**Willow Spring, NC 27592**

**Ref: Haven- Lot 42 EOP**  
**338 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 SFD2110-0051 on November 28, 2022. Gene's Backhoe, the on-site wastewater contractor as permitted installed 4-60' 25% Reduction (reduction taken, EZ Flow), Type IIIg, lines with 18-20" TB. 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](mailto: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] 12/22/22  
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 22<sup>nd</sup> day of December, 2022

[Signature]

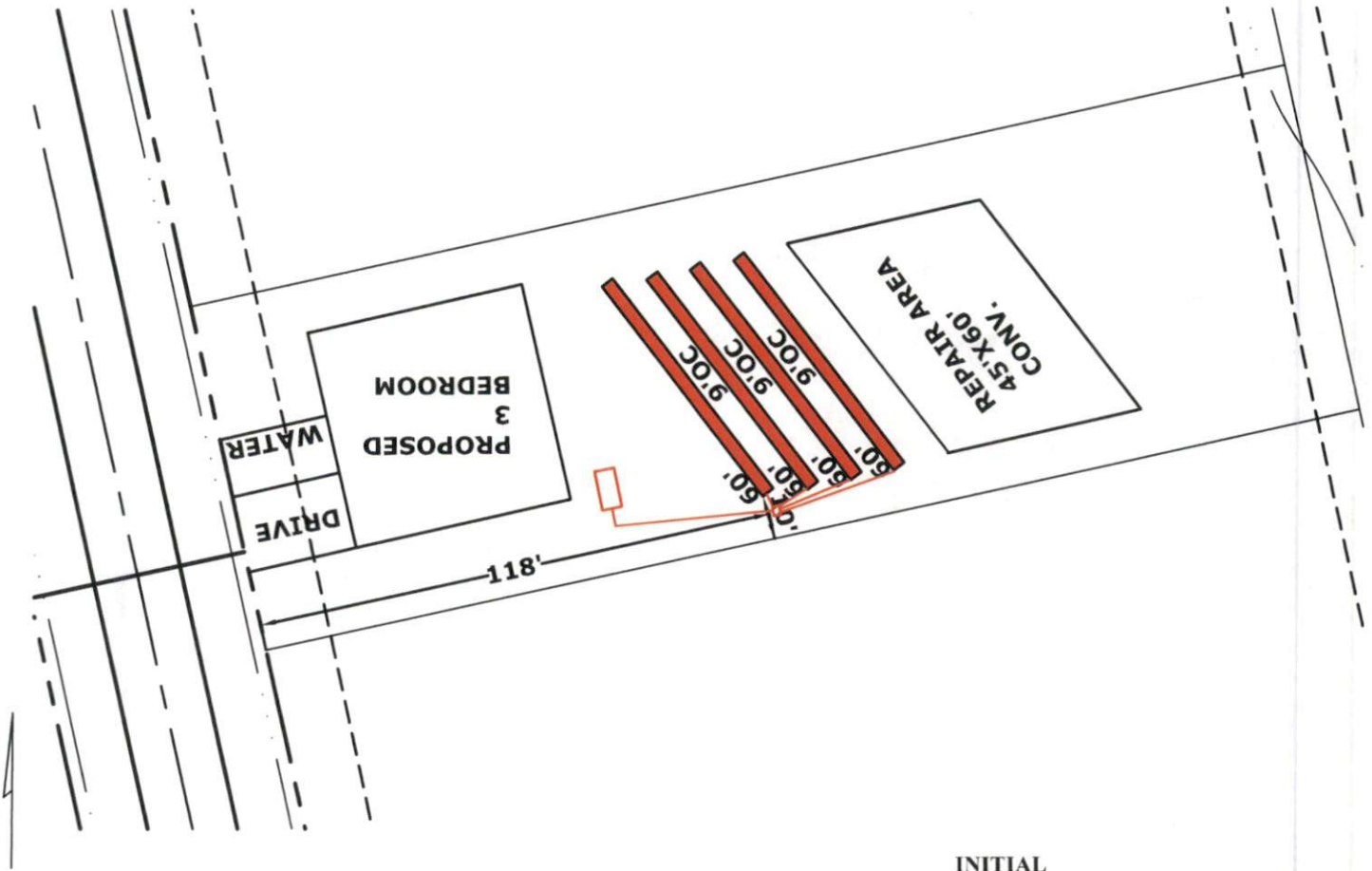
Notary Public

My commission expires August 25, 2025

Owner: HAVEN S/D  
 Address: LOT 42  
 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 4-60' 25% REDUCTION (EZ FLOW)  
~~5-60' CONVENTIONAL~~  
 18-20" TB  
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

**REPAIR AREA**  
 3 BEDROOM  
 LTAR .4  
 5-60' CONVENTIONAL  
 18-20" TB  
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM



*Handwritten signature*



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,



DR: ©ATHAN M. PARKER, PE, ©U.S. ©AMP'D  
ENGINEERING, PLLC.  
✉[ATHAN.PARKER@AMPDENGINEERING.COM](mailto:athan.parker@ampdengineering.com)  
Date: 2022.12.22 09:41:57 -0500

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

