

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>
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).


DR. ATHAN M. PARKER, PE, CHES, CHAMPD ENGINEERING, PLLC. email: ATHAN.PARKER@AMPENGINEERING.COM Date: 2022.12.21 11:24:40 -0500

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 12/22/22 via EMAIL.

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	Maricopa
LHD Reference Number	SFD 2110-CW52
Permitting backlog as of date of NOI submittal (# days)	7-10 Business Days
Number of days to process the NOI (# days)	6 Days
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	



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 License number: 3925

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 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:

PE LSS LG On-site Wastewater Contractor

WWW.NCDHHS.GOV

TEL 919-707-5874 • FAX 919-845-3972

LOCATION: 5605 SIX FORKS RD • RALEIGH, NC 27609

MAILING ADDRESS: 1642 MAIL SERVICE CENTER • RALEIGH, NC 27699-1642

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



Lot and Subdivision Lot 43 Haven

System Type 25% Reduction

Tank Size 1,000 gal septic tanks

Trench Info # Lines 4

Line Lengths 60'

Depth 10-28" TB

Installation Date 10-13-22

Final Inspection Date 10-13-22

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).

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

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
	AUTOMOBILE LIABILITY <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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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

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 43 EOP
322 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 SFD2110-0052 on October 11, 2022. Gene's Backhoe, the on-site wastewater contractor as permitted installed 4-60' 25% Reduction (reduction taken, EZ Flow), Type IIIg, lines with 10-28" TB per Haywood Pittman. 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,



DR. ATHAN M. PARKER, PE, CIVIL, AMP'D
ENGINEERING, PLLC
athan.parker@ampdengineering.com
Date: 2022.12.21 11:02:51 -0500

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

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

ACCEPTANCE LETTER
October 12, 2022

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

Ref: Haven- Lot 43 EOP
322 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 SFD2110-0052 on October 11, 2022. Gene's Backhoe, the on-site wastewater contractor as permitted installed 4-60' 25% Reduction (reduction taken, EZ Flow), Type IIIg, lines with 10-28" TB per Haywood Pittman. 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,



By providing my signature, I warrant to the public that I am a duly licensed Professional Engineer in the State of North Carolina, License No. 43250, and that I am not providing any false or misleading information.

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] 10/14/22
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 14th day of October, 2022.



Stephanie C Nordan

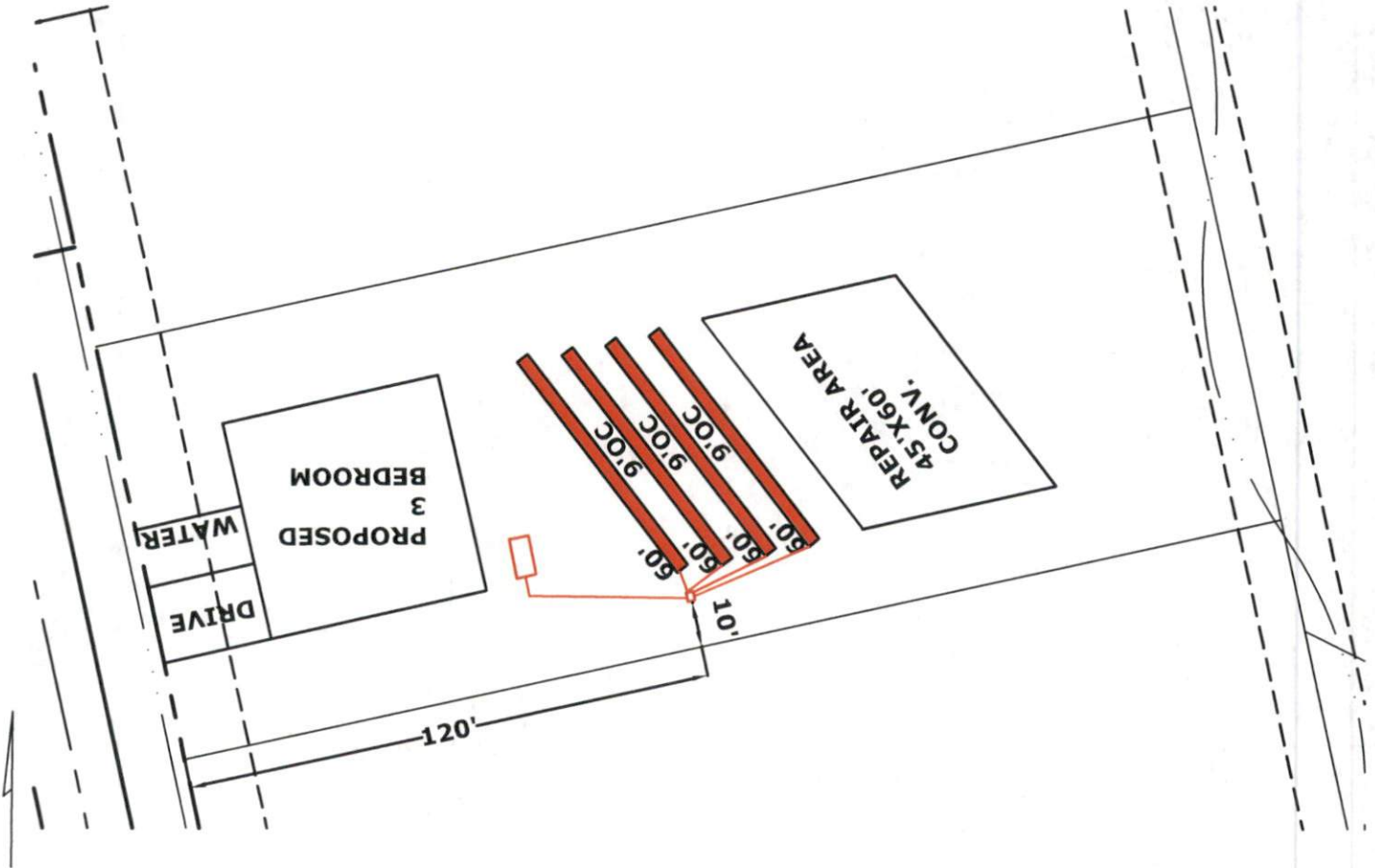
Notary Public

My commission expires August 25, 2025

Owner: HAVEN S/D
 Address: LOT 43
 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~~ 10-28" 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'

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

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).

Sincerely,



DN: o=ATHAN M. PARKER, PE, c=US, ou=AMP'D
ENGINEERING, PLLC,
e=ATHAN.PARKER@AMPDENGINEERING.COM
DN: 2022.12.21 11:23:58 -0500

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

