## AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

CERTIFICATION LETTER May 26, 2022

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

Ref: Pop Homes-RDU LLC EOP

76 Ben Court

Bunn Level, 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 SFD2110-0079 on May 5, 2022. Thornton's Plumbing, the on-site wastewater contractor as permitted installed 5-60' 25% Reduction, Type Illg, lines (EZ Flow) 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 (919) 795-9594 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, 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 (919) 795-9594 💠 athan.parker@ampdengineering.com Firm License Number P-1532

ACCEPTANCE LETTER
May 9, 2022

To: POP HOMES-RDU LLC (the "Owner")

3514 Savannah Way Monroe, NC 28110

Ref: Pop Homes-RDU LLC EOP

76 Ben Court

Bunn Level, Harnett County, NC

Dear Pop Homes-RDU LLC,

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 SFD2110-0079 on May 5, 2022. Thornton's Plumbing, the on-site wastewater contractor as permitted installed 5-60' 25% Reduction, Type Illg, lines (EZ Flow) 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 (919) 795-9594 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: Partice Lamm For Par Homes - RDU, LC 5/10/2027 Print Name Sign Name Date
North Carolina
<u>WAKE</u> County
I, SUZAUNE L. RUMCEY a Notary Public for said County and State, do hereby
certify that PATRICK LAMM 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 $10^{40}$ day of $9000$ $9000$ .
SUZANNE L RUMLEY Notary Public, North Carolina Wake County My Commission Expires November 22, 2025 Notary Public
My commission expires NOVEMPLSP 22 2025

Owner: BENWOODS .
Address: LOT 4 .
Location: 76 BEN COURT .

PITTMAN SOIL CONSULTING

**PO BOX 1387** 

**RICHLANDS, NC 28574** 

910-330-2784

pittmansoil@yahoo.com

PROPERTY INFORMATION OBTAINED VIA FINAL PLAT FOR BEN WOODS SUBDIVISION DATED APRIL 23, 2007.





INITIAL

4 BEDROOM

LTAR .4 EZ FLOW 5-60' 25% REDUCTION LINES

12-18"TB

>6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

#### **REPAIR AREA**

4 BEDROOM

LTAR .2

48'X50' ANAEROBIC DRIP

6"TB

>6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM



PART 3:	Authorization to Operate (ATO)	
Except for date re	received, the Section below is to be completed by the Owner or by the PE designated to act as their legal represental the EOP.	tive for
LHD USE ONLY	Y: Initial submittal of request for ATO received: by	
	Date of Post-construction Conference:	
1. Signed and a. Signed b. Drawir c. Report d. Manag e. On-site f. Signed 2. Fee (as app 3. Notarized I Attestation by St. ATHAN Notation by St. ATHAN Not	letter documenting Owner's acceptance of the system from the PE  **The Owner or the PE for Authorization to Operate**  **M. PARKER, PE hereby attest that all items indicated above have been provided the provided the professional Engineer.**	No to the
	This section for LHD Use Only.	
INCOMPLE Based upor missing fro	on review of information submitted by the Owner or PE in the Section above, the following item om the information required for an Authorization to Operate for an EOP:  signed form were sent to the design PE and the Owner onvia	·
	Date Email, FAX, USPS, Hand-de	livered
COMPLETE Based upor	Signature of authorized Agent of the LHD  Da  E  on review of information submitted by the Owner or PE in the Section above, this Authorization is hereby issued in accordance with G.S. 130A-336.1(m).	
A copy of this co	complete NOI/ATO with tracking information was sent to the State onvia	 delivered
Print name of aut	uthorized Agent of the LHD Signature of authorized Agent of the LHD Da	te

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: 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.): POP HOMES-RDU, LLC 117 CHRISTOPHER DR. CLAYTON 27520 Mailing address: <u>1948 NC 27 W</u> City: <del>LILLINGTON</del> State: NC Zip: 27546 Telephone number: 919-525-5856 E-mail Address: PATRICK@MYPOPHOMES.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 License Number: \_\_\_\_\_ 4. Licensed Geologist (LG) (if applicable) name: \_\_\_\_\_\_ City: Mailing address: Telephone number: E-mail Address: THORTONS PLUMBING 5. On-site Wastewater Contractor name: \_HAYWOOD\_ License number: 3160A VINSON RD CLAYTON Mailing address: 10 State: NC 919-550-4833 TPIPLANNER@GMAIL.COM E-mail Address: <u>PITTMANSOIL@YAHOO.COM</u> Telephone number: <u>910 324 2892</u> 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 

> 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

## Thornton's Plumbing, Inc.

## Thornton's Footing, Hauling, and Septic, Inc.

May 26,2022

Amp'd Engineering PO Box 4580 Emerald Isle NC 28594

Re: Septic Install 76 Bunn Ct Bunnlevel, NC 28323

On May 4 2022, TFH&S installed a 1000 gal septic and pump system with alarm, D box and 900 sq ft of drain line.

If you have any questions, please call.

andy Shonton

Sincerely,

Andy Thornton

License #2534 Grade Level II

Thornton's Footing, Septic and Hauling

tpiplanner@gmail.com

919-550-4833

Fax: 919-550-1637



#### **THORPLU-01**

**RBROOKS** 

DATE (MM/DD/YYYY) 5/26/2022

### CERTIFICATE OF LIABILITY INSURANCE

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		CONTACT Rhonda Brooks					
Pittman Insurance 1011 Westchase I		PHONE (A/C, No, Ext): (919) 741-5284 FAX (A/C, No):					
Suite 120 Raleigh, NC 27607		E-MAIL ADDRESS: rbrooks@oakbridgeinsurance.com					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A : Builders Premier Insurance Company	13036				
INSURED		INSURER B : Builders Mutual Insurance Company	10844				
	nton's Plumbing, Inc., NC Tub Repair, LLP, Thornton's	INSURER C:					
	ings, Hauling & Septic, Inc. A Vinson Rd	INSURER D:					
Clayton 27527		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	INSR TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	_						, <u>-</u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			PPA0000446	5/26/2022	5/26/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO				PCA0021277	5/26/2022	5/26/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE	DE		MUB0006318	5/26/2022	5/26/2023	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000							\$	
A	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N							X PER OTH- STATUTE ER		
			NY PROPRIETOR/PARTNER/EXECUTIVE   I VVOIO 10203   3/20/2020	5/26/2022	022   5/26/2023	E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH)		,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Septic Install 76 Bunn Ct. Bunnlevel, NC 28323

CERTIFICATE HOLDER	CANCELLATION			
Amp'd Engineering PO 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.			
Elliciata Isic, NO 20034	ALMORIZED REPRESENTATIVE  Almora Busku			
	Name Care			