

THOMAS ENGINEERING, PA

www.thomasengineeringpa.com
1316-B Commerce Drive
Post Office Box 1309
New Bern, NC 28563

John G. Thomas, Professional Engineer

johnthomas@thomasengineeringpa.com
P: 252.637.2727
F: 252.636.2448
M: 252.671.5855

Emailed

jmanhart@harnett.org

November 7, 2023

Harnett County Permitting
420 McKinney Parkway
Lillington, NC 27546

Attn: Jennifer Bethune
Senior Permitting Technician

Re: Lot 12 Carolina Seasons
361 Ponderosa Trail, Johnsville, NC
Harnett County, NC

Dear Jennifer;

Please find attached the "Engineering Option Permit Documentation" form for the "Notice of Intent to Construct" for the referenced, including the insurance certificates, recorded plat and site plan, and soils report.

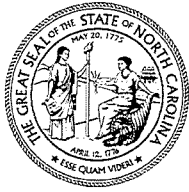
Please email the approved "Notice of Intent to Construct" to me when completed.

If you have any questions or comments, please do not hesitate to call. Feel free to call me on my cell at 910- 581-6610 or email at chrishowe@thomasengineeringpa.com .

Sincerely;

Christopher L Howe
Christopher Howe

Encls



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

Single System or Multiple Systems

AND

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.): Adams Homes AEC, LLC.

Mailing address: 140 US Hwy 70 West City: Garner State: NC Zip: 27529

Telephone number: 919-233-6747 E-mail Address: raleighpermits@adamshomes.com

2. Professional Engineer (PE) name: John G. Thomas License number: 010147

Mailing address: P.O. Box 1309 City: New Bern State: NC Zip: 28563

Telephone number: 252-637-2727 E-mail Address: johnthomas@thomasengineeringpa.com

3. Licensed Soil Scientist (LSS) name: R. Haywood Pittman II License number: 1262

Mailing address: 1073-1 Gregory Fork Road 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: Thornton's Footings, Hauling & Septic, INC. License number: 2534

Mailing address: 3160A Vinson Road City: Clayton State: NC Zip: 27527

Telephone number: 919-550-4833 E-mail Address: thorntonshr@embarqmail.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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Raleigh, NC 27609
MAILING ADDRESS: 1642 Mail Service Center, Raleigh, NC 27699-1642
www.ncdhhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- 7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 361 Ponderosa Trail; PARID: 9567-30-2261; Lot 12; Carolina Seasons Subdivision
County Name: Harnett
- 8. Type of facility: Place of residence No. Bedrooms: 3 No. Occupants: 6
Place of business Basis for flow calculation: _____
 Place of public assembly Basis for flow calculation: _____
- 9. Factors that would affect the wastewater load: N/A
- 10. Type and location of proposed wastewater system: Type III Horizontal Panel Block Septic System, Located left side of lot as viewed from the street.
- 11. Design wastewater flow: 360 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)
 high strength industrial process
- 12. A plat as defined in G.S. 130A-334(7a) is attached: Yes No
- 13. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: Yes No
This is a sapolite system. Yes No
- 14. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: Yes No
- 15. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA
- 16. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, John G. Thomas, PE
Registered Professional Engineer (Print Name)
do hereby attest that the information required to be included with this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed 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 Licensed Professional Engineer 10/27/2023
Date

This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.

Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:

I, Adams Homes AEC, LLC. Shirley Macy G.M. hereby designate John G. Thomas PE
Print Name of Owner *Print Name of Registered Professional Engineer*

as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

Shirley Macy G.M. 10-25-23
Signature of Owner *Date*

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____
Print Name of Owner *Print Name of Licensed PE*

pursuant to G.S. 130A-336.1.

Signature of Owner *Date*

NOTES:

LIABILITY: *The Department, the Department’s authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an Engineer Option Permit [G.S. 130A-336.1(f)]*

RIGHT OF ENTRY: *The submittal of this Notice of Intent to Construct grants right of entry to the Local Health Department and the State to the referenced property.*

ISSUANCE OF BUILDING PERMIT: *Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section below, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location, or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.*

This section for Local Health Department use only.

PART 2: LHD Completeness Review of the Notice of Intent to Construct

“(c) Completeness Review for Notice of Intent to Construct. – The local health department shall determine whether a notice of intent to construct, as required pursuant subsection (b) of this section, is complete within 15 business days after the local health department receives the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the department shall notify the owner or the professional engineer of the components needed to complete the notice. The owner or professional engineer may submit additional information to the department to cure the deficiencies in the notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within 10 business days after the department receives the additional information from the owner or professional engineer. If the department fails to act within any time period set out in this subsection, the owner or professional engineer may treat the failure to act as a determination of completeness.”

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: _____

Copies of this form listing missing items were sent to the design PE and the Owner on _____

Date

via _____ with directions to re-submit missing items using Page 5 of this form.

Email, FAX, USPS, hand-delivered

Print Name of Authorized Agent of the LHD

Signature of Authorized Agent of the LHD

Date

COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the design PE and the Owner on _____ via _____.

Date

Email, FAX, USPS, hand-delivered

A copy of this NOI and tracking information was sent to the State on _____ via _____.

Date

Email, FAX, USPS, hand-delivered

Print Name of Authorized Agent of the LHD

Signature of Authorized Agent of the LHD

Date

Re-submittal of NOI with missing items included

*This Section is for use by the owner or PE to submit items noted as missing during LHD Completeness Review above.
Resubmittals must be accompanied by a cover letter from the PE.*

LHD USE ONLY: This NOI resubmittal received: _____ by _____
Date Initials

| Item # from initial NOI | Resubmittal description |
|-------------------------|-------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, _____ hereby attest that the information re-submitted for this Notice of
Licensed Professional Engineer (Print Name)
Intent to Construct is accurate and complete to the best of my knowledge and that the proposed 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 Licensed Professional Engineer Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

INCOMPLETE

Based upon review of information submitted in the RESUBMITTAL above, this Notice of Intent remains INCOMPLETE because the following items from Part 1 of this form remain missing: _____

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 in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

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

A complete copy of this form with tracking information was sent to the State: _____ via _____
Date Email, FAX, USPS, hand-delivered

Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner or the PE.

| |
|---|
| LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Date Initials </div> |
| 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 the information in G.S. 130A-336.1(k)(1) and 15A NCAC 18A .1971(f) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Operation and management program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Fee (as applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Notarized letter documenting Owner’s acceptance of the system from the PE | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Easement, right of way, or encroachment agreement required per 15A NCAC 18A .1938(j) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If yes, agreements filed in _____ County Register of Deeds in Deed Book _____ Page _____

Attestation by the Owner or the PE for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner or Professional Engineer
 _____ 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*

This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE

Based upon review of information submitted 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 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 _____ via _____

Date
Email, FAX, USPS, Hand-delivered

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 ATO 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.



THOM-11

OP ID: DS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/14/2023

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).

252-633-1174

PRODUCER
Robinson and Stith Insurance
513 Pollock Street
P. O. Box 177
New Bern, NC 28563
Debra Strachan

CONTACT NAME:
PHONE (A/C, No, Ext): 252-633-1174 FAX (A/C, No): 252-633-5429
E-MAIL ADDRESS:

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|-------------------------------|------------------------------|--------|
| INSURER A : | Cincinnati Insurance Company | 10677 |
| INSURER B : | James River Ins Co | |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

INSURED
Thomas Engineering, PA,
PO Box 1309
New Bern, NC 28563-1309

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 | | | ECP0250395 | 05/01/2023 | 05/01/2024 | EACH OCCURRENCE | \$ 2,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 2,000,000 |
| | | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 2,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 4,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 4,000,000 |
| | | | | | | | | \$: |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | EBA0087044 | 05/01/2023 | 05/01/2024 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB EXCESS LIAB | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | EWC0318297 08 | 05/01/2023 | 05/01/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| B | Errors & Omissions | | | 00105540-1 | 07/22/2022 | 07/22/2023 | Per Occur | 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Contract #EFA13429201D - Equipment
Holder is recognized as Loss payee as their interests may appear under property/inland marine per the terms and conditions of their signed agreement.

CERTIFICATE HOLDER

FIRSTW1

First Western Bank & Trust dba
First Wester Equp Finance
100 Prairie Center Dr
Eden Prairie, MN 55344

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
Debra Strachan

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 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).

INSURED NAME AND ADDRESS
 RONALD HAYWOOD PITTMAN II
 DBA PITTMAN'S SOIL CONSULTING
 1003 GREGORY FORK RD
 RICHLANDS NC 28574

CERTIFICATE HOLDER
 THOMAS ENGINEERING PA
 1316-B COMMERCE DR
 NEW BERN NC 28562

COVERAGES

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.

| X | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|-------------------------------------|--|-----------|----------|---------------|-------------------------|-------------------------|---|-------------|
| | | | | | | | | |
| <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY - OCCURRENCE GEN'L AGGREGATE APPLIES PER POLICY | | | | | | GENERAL AGGREGATE | \$ |
| | | | | | | | PRODUCTS - COMP/OPS AGGREGATE | \$ |
| | | | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea Occurrence) | \$ |
| | | | | | | | MED EXP (Any one person) | \$ |
| <input type="checkbox"/> | BUSINESSOWNERS | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| <input checked="" type="checkbox"/> | AUTOMOBILE LIABILITY | | | BAP 2134903 | 7/14/2023 | 1/14/2024 | COMBINED SINGLE LIMIT (Each accident) | \$1,000,000 |
| <input checked="" type="checkbox"/> | SCHEDULED AUTOS | | | | | | BODILY INJURY (Per person) | \$ |
| <input type="checkbox"/> | HIRED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| <input type="checkbox"/> | NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| <input type="checkbox"/> | GARAGE LIABILITY | | | | | | | |
| <input type="checkbox"/> | _____ (Other) | | | | | | | |
| <input type="checkbox"/> | EXCESS LIABILITY - OCCURRENCE | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| <input checked="" type="checkbox"/> | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY POLICY APPLIES TO THE WORKERS COMPENSATION LAW IN THE STATE OF NC | N/A | | WC 0243634 | 10/6/2022 | 10/6/2023 | WC STATUTORY LIMITS | |
| | | | | | | | E.L. EACH ACCIDENT | \$500,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$500,000 |
| <input type="checkbox"/> | OTHER: | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES:

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
 TW
 DATE 7/27/2023

Tracy Woodard



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/22/2023

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 Oakbridge Insurance Agency LLC 4011 Westchase Boulevard, Raleigh, NC 27607 120 Raleigh NC 27607 | CONTACT NAME: Rhonda Brooks, CISR | |
| | PHONE (A/C, No, Ext): 9197415284 | FAX (A/C, No): |
| E-MAIL ADDRESS: rhonda@pittgroupllc.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Firstline Insurance Company | | 40100 |
| INSURER B: Harford Mutual Insurance Company | | 14141 |
| INSURER C: Builders Premier Insurance Company | | 13036 |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** 108832142 **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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER: | | | MP10804025 | 5/26/2023 | 5/26/2024 | 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 \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> | | | CA10803332 | 5/26/2023 | 5/26/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | CU10815458 | 5/26/2023 | 5/26/2024 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N N | PWC1016269 | 5/26/2023 | 5/26/2024 | <input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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) | | | | | | | |

CERTIFICATE HOLDER**CANCELLATION**

Thomas Engineering, PA
 PO Box 1309
 New Bern NC 28563

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

Rhonda Brooks

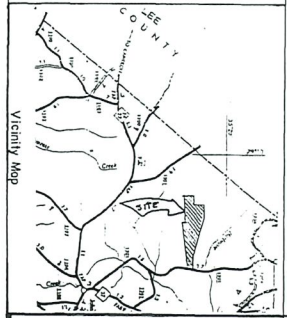
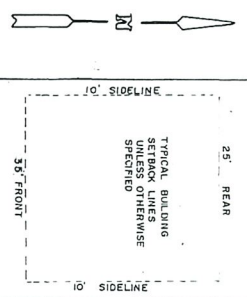
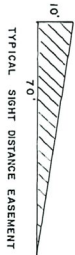
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FINAL PLAT OF
CAROLINA SEASONS

Section One
JOHNSONVILLE TWP,
HARNETT CO., N.C.
SCALE 1" = 200'
October 11, 1990



Woodsdale-nobly lcc
P. Q.
E 85C
23
400
230
Golf Course
By Carolina Seasons



ROBERT J. BRACKEN, CERTIFIED UNDERLYING DIRECTOR AND SURVEYOR, HEREBY CERTIFIES THAT HE HAS REVIEWED THE PLAT AND THAT THE ERROR OF CLOSURE IS WITHIN THE TOLERANCE PERMITTED BY LAW. THE EXECUTION OF THIS PLAT IS A NECESSARY AND OBLIGATORY PART OF THE COMMISSION EXPIRES 12/31/1994

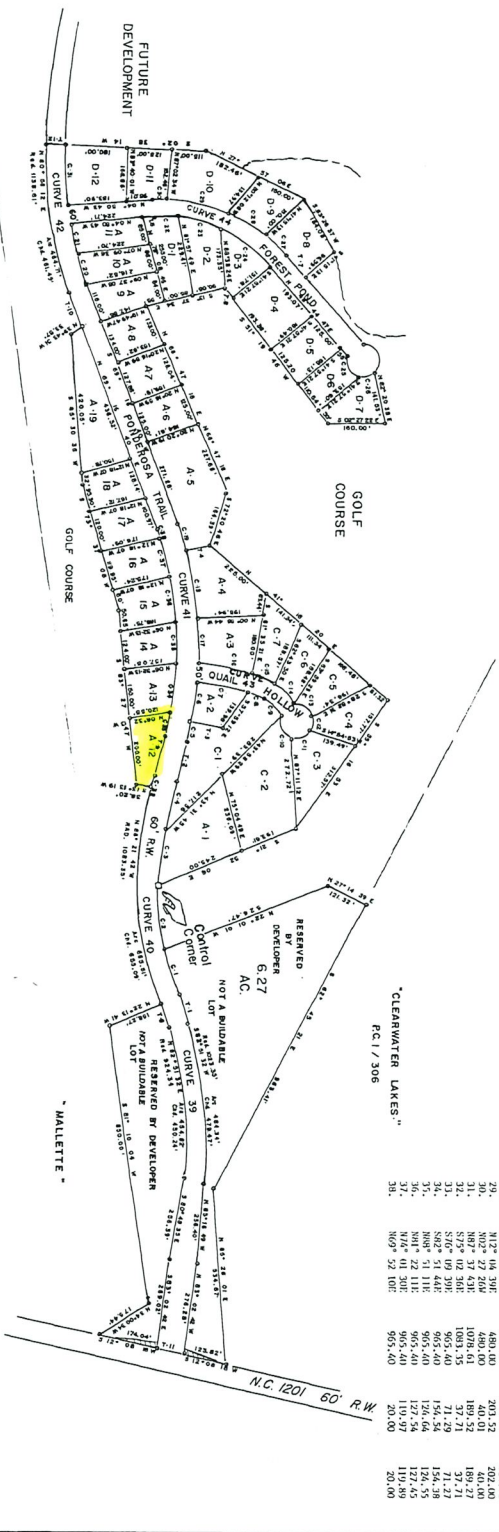
STATE OF NORTH CAROLINA
COUNTY OF HARNETT
PLAT OF THE CAROLINA SEASONS
SECTION ONE
JOHNSONVILLE TWP., HARNETT CO., N.C.
SCALE 1" = 200'
OCTOBER 11, 1990

STATE OF NORTH CAROLINA
COUNTY OF HARNETT
PLAT OF THE CAROLINA SEASONS
SECTION ONE
JOHNSONVILLE TWP., HARNETT CO., N.C.
SCALE 1" = 200'
OCTOBER 11, 1990

STATE OF NORTH CAROLINA
COUNTY OF HARNETT
PLAT OF THE CAROLINA SEASONS
SECTION ONE
JOHNSONVILLE TWP., HARNETT CO., N.C.
SCALE 1" = 200'
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STATE OF NORTH CAROLINA
COUNTY OF HARNETT
PLAT OF THE CAROLINA SEASONS
SECTION ONE
JOHNSONVILLE TWP., HARNETT CO., N.C.
SCALE 1" = 200'
OCTOBER 11, 1990

DEVELOPER
CAROLINA SEASONS
VAN GROCE
520 BROADWAY
SANFORD, N.C.
JAN 10 8 8 AM 1991
THRU
1991 10 15 11 59 AM
1991 10 15 11 59 AM
1991 10 15 11 59 AM
04-9557-0037
04-9557-0037
04-9557-0037

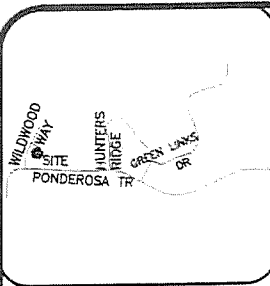


| ACREAGE | ACREAGE |
|-----------------|-----------------|
| A-1 - 0.98 AC. | D-1 - 0.55 AC. |
| A-2 - 0.39 AC. | D-2 - 0.57 AC. |
| A-3 - 0.65 AC. | D-3 - 0.69 AC. |
| A-4 - 0.80 AC. | D-4 - 0.69 AC. |
| A-5 - 0.84 AC. | D-5 - 0.47 AC. |
| A-6 - 0.46 AC. | D-6 - 0.41 AC. |
| A-7 - 0.46 AC. | D-7 - 0.43 AC. |
| A-8 - 0.46 AC. | D-8 - 0.43 AC. |
| A-9 - 0.47 AC. | D-9 - 0.42 AC. |
| A-10 - 0.46 AC. | D-10 - 0.84 AC. |
| A-11 - 0.38 AC. | D-11 - 0.84 AC. |
| A-12 - 0.38 AC. | D-12 - 0.89 AC. |
| A-13 - 0.49 AC. | |
| A-14 - 0.47 AC. | |
| A-15 - 0.49 AC. | |
| A-16 - 0.47 AC. | |
| A-17 - 0.47 AC. | |
| A-18 - 0.47 AC. | |
| A-19 - 0.88 AC. | |

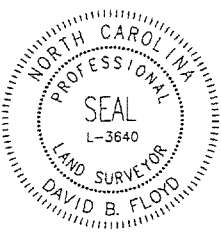
ALL LOTS PUBLIC WATER
RA-20-R ZONING
DEED REFERENCE FOR TRACT
DEED 287-280
PAGES - 287-280

| NO. | ACREAGE | DISTANCE | HEIGHT | AREA | AREA |
|-----|-------------|----------|--------|--------|------|
| 1 | 577' 16.43W | 1021.35 | 155.34 | 155.19 | |
| 2 | 892' 76.20W | 1021.35 | 191.50 | 191.50 | |
| 3 | 812' 79.54W | 100.00 | 170.00 | 170.00 | |
| 4 | 807' 59.09W | 75.82 | 58.87 | 58.87 | |
| 5 | 817' 41.25W | 75.82 | 58.87 | 58.87 | |
| 6 | 807' 59.09W | 1027.40 | 130.00 | 129.78 | |
| 7 | 807' 59.09W | 98.07 | 70.00 | 70.00 | |
| 8 | 817' 17.13E | 120.16 | 58.65 | 58.65 | |
| 9 | 817' 17.13E | 108.73 | 72.69 | 72.69 | |
| 10 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 11 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 12 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 13 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 14 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 15 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 16 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 17 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 18 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 19 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 20 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 21 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 22 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 23 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 24 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 25 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 26 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 27 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 28 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 29 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 30 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 31 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 32 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 33 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 34 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 35 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 36 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 37 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 38 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 39 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |
| 40 | 817' 17.13E | 108.73 | 64.00 | 64.00 | |

BRACKEN & ASSOCIATES
ENGINEERS & SURVEYORS
1110 WOODLAND AVE.
SANFORD, N.C. 27330
PA



- LEGEND**
- AC=AIR CONDITIONING UNIT
 - BOC=BACK OF CURB
 - DW=CONC DRIVEWAY
 - EB=ELECTRIC BOX
 - EOP=EDGE OF PAVEMENT
 - P=PATIO
 - PO=PORCH
 - SCO=CLEANOUT
 - SW=SIDEWALK
 - TP=TELEPHONE PEDESTAL
 - WM=WATER METER
 - IRON PIPE FOUND
 - ⊙ IRON PIPE SET
 - NAIL SET



THIS EXHIBIT MAP IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

DB FLOYD, PLS L-3640 DATE _____

THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

THIS MAP MAY NOT BE A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS AND HAS NOT BEEN REVIEWED FOR COMPLIANCE WITH RECORDING REQUIREMENTS FOR PLATS.

- GENERAL NOTES:**
1. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES IN U.S. SURVEY FEET UNLESS OTHERWISE NOTED.
 2. AREAS SHOWN HEREON WERE COMPUTED USING THE COORDINATE METHOD.
 3. LINES NOT SURVEYED ARE SHOWN AS DASHED LINES FROM INFORMATION REFERENCED ON THE FACE OF THIS SURVEY.
 4. PROPERTY MAY BE SUBJECT TO ANY/ALL EASEMENTS AND RESTRICTIONS OF RECORD. THIS SURVEY IS A CORRECT REPRESENTATION OF THE LAND PLATTED AND OR DEEDED AND HAS BEEN PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT. A NORTH CAROLINA LICENSED ATTORNEY-AT-LAW SHOULD BE CONSULTED REGARDING CORRECT OWNERSHIP, WIDTH AND LOCATION OF EASEMENTS, AND OTHER TITLE QUESTIONS REVEALED BY TITLE EXAMINATION.
 5. DRIVEWAY IMPERVIOUS CALCULATION SHOWN HEREON CALCULATED TO THE FRONT PROPERTY LINE/RIGHT-OF-WAY.
 6. THIS PARCEL IS NOT LOCATED WITHIN A FLOOD HAZARD ZONE AS INDICATED ON CID NO. 370328 PANEL 9548, SUFFIX L HARNETT COUNTY WITH AN EFFECTIVE DATE OF 10/17/2006.

VICINITY MAP (NTS)

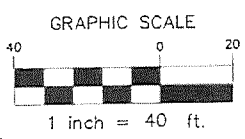
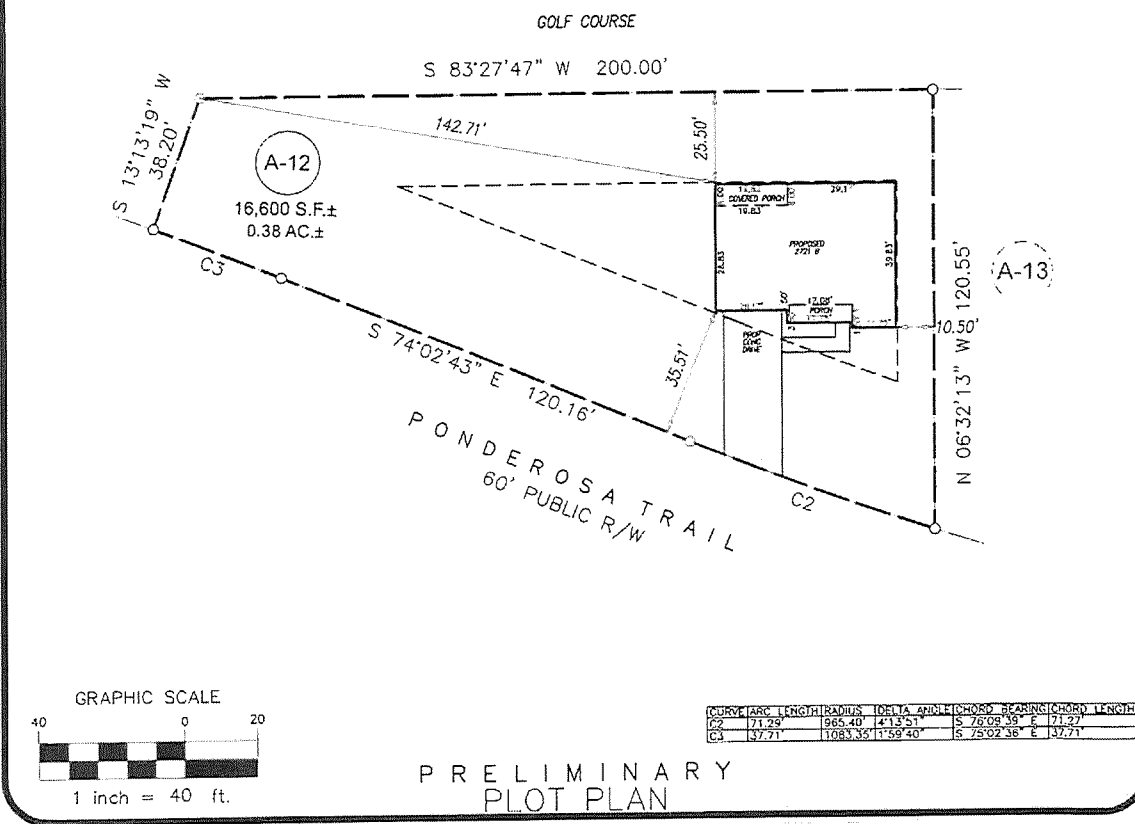
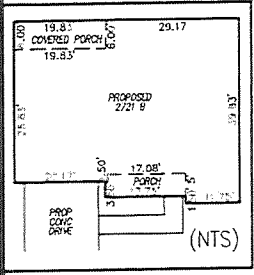
SETBACKS PER PC E PG 85-C

FRONT 35'
 SIDE 10'
 REAR 25'

IMPERVIOUS AREA

HOUSE 1,828 SQ.FT.
 DRIVE TO R/W 679 SQ.FT.
 WALK 90 SQ.FT.

TOTAL 2,597 SQ.FT.



| CURVE | ARC LENGTH | RADIUS | DELTA ANGLE | CHORD | BEARING | CHORD LENGTH |
|-------|------------|---------|-------------|---------------|---------|--------------|
| C2 | 71.29 | 965.40 | 14°13'51" | S 76°08'39" E | 71.29 | |
| C3 | 137.71 | 1083.35 | 11°59'40" | S 75°02'36" E | 137.71 | |

PRELIMINARY PLOT PLAN

| | |
|--------------|--------------------------------|
| SCALE | PROJECT: 2023 CAROLINA SEASONS |
| | DRAWN BY: SEER |
| | SCALE: 1"=40' |
| | DATE: 07-12-2023 |

FOR
ADAMS RALEIGH
 361 PONDEROSA TRAIL
 LOT A-12 CAROLINA SEASONS SUBDIVISION
 JOHNSONVILLE TWP., HARNETT CO., NC
 P.C. E, PG. 85-C

ECLS GLOBAL
 U.S. VETERAN-OWNED
 19 N. MCKINLEY ST
 COATS, NC 27521
 910.897.3257 (CELL) 910.897.3257 (FAX)

Pittman Soil Consulting

*1003 Gregory Fork Road
Richlands, NC 28574
Phone (910)330-2784
pittmansoil@yahoo.com*

NOVEMBER 3, 2023

Ref: CAROLINA SEASONS LOT A-12, 361 PONDEROSA TRAIL

A soil evaluation was conducted on the above referenced tract to determine the sites suitability for septic. The current laws and rules of NC was used as guide for this evaluation.

Hand Auger borings on the site were used to characterize the soil texture, structure, physical and chemical properties, and depth to the soil wetness condition. The attached plot plan shows the location of the septic system in the most ideal location on the site. The soil wetness condition was found to be 26-30" from the surface with a clay loam texture. I have assigned an LTAR of 0.4 gpd/sqft for a 360 gpd 3 bedroom residence. This will require the installation of 3-50' horizontal panel block lines that shall be installed in accordance with the current rules. The depth to soil wetness of 26-30" would constitute a 14-18" trench bottom. The system will require 6" of Group II or III soil cover that shall extend 5' from the edge of the system. The system will require a 1000 gallon septic tank.

Soils in the repair area showed soil wetness at depths of 16" from the surface with a clay loam texture. The repair area will require 1800 SQFT anaerobic drip installed at 4" from the surface with an LTAR of 0.2 gpd/sqft.

After installation the site should be landscaped to shed surface water. Any alterations to the site may impact soil conditions. System shall not be installed in wet conditions.

If you have any questions please feel free to contact me at 910-330-2784. Thank You.

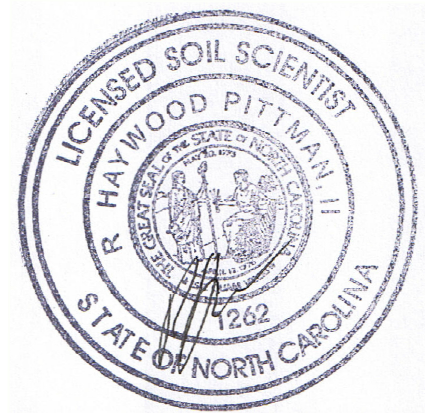
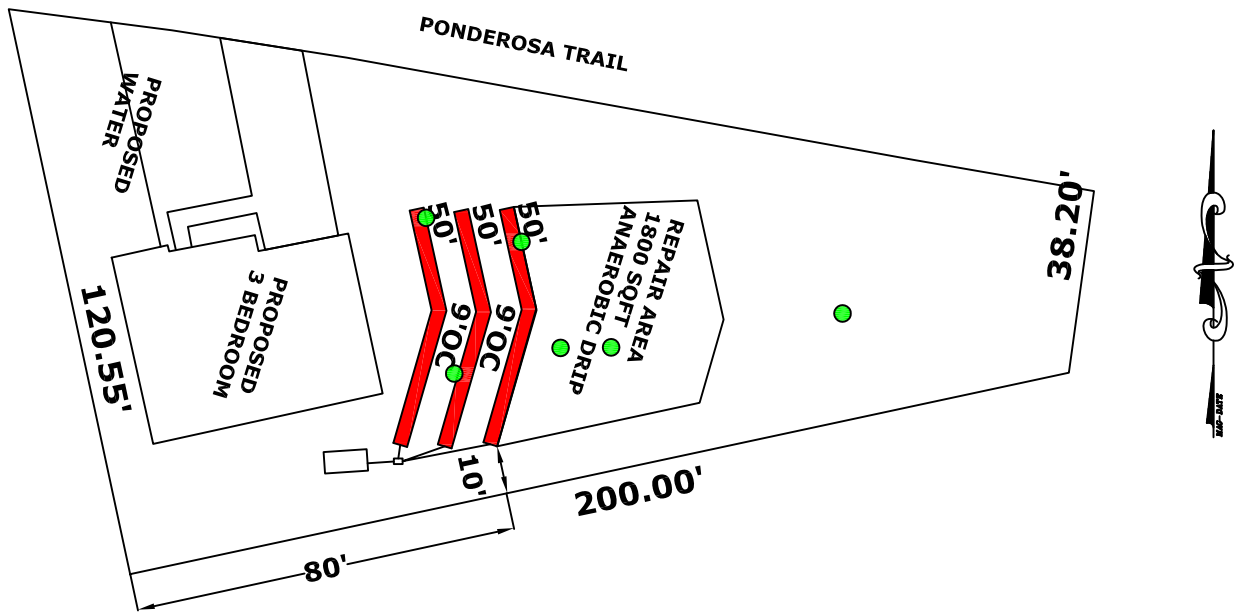
Sincerely,



R. Haywood Pittman II
NC Licensed Soil Scientist

Owner: CAROLINA SEASONS
Address: LOT A-12
Location: 361 PONDEROSA TRAIL

PITTMAN SOIL CONSULTING
PO BOX 1387
RICHLANDS, NC 28574
910-330-2784
pittmansoil@yahoo.com



INITIAL
3 BEDROOM
LTAR 0.4
3-50' HORIZONTAL PANEL BLOCK LINES
14-18" TRENCH BOTTOMS
>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
3 BEDROOM
LTAR .2
1800 DQFT ANAEROBIC DRIP
4" TRENCH BOTTOMS
>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM

APPROX SCALE 1"=40'