Except for data race			
encept for dute rece	eived, the Section below is to be completed by the Owner or by the PE designated to the EOP.	act as their legal represent	ative
LHD USE ONLY:	Initial submittal of request for ATO received: 5-20-24	by MAO	
	Date of Post-construction Conference:	Initials	
_	ms are included in this submittal for an Authorization to Operate un	der an EOP:	
	ealed copy of the Engineer's report that includes:		
	and sealed evaluation of soil conditions and site features	X Yes	$\sqcup$
1075	s, specifications, plans	X Yes	Ц
	on special inspections and final inspection	X Yes	Щ
<li>d. Manage</li>	ment Program manual	X Yes	
e. On-site	Wastewater Contractor's signed statement	X Yes	
f. Signed a	and sealed statement pursuant to 15A NCAC 18A .1938(h)	X Yes	
Fee (as appli	icable)	X Yes	
	tter documenting Owner's acceptance of the system from the PE	X Yes	
	ne Owner or the PE for Authorization to Operate		
int name of Owner  HARNET gulations, rules	A. PARKER, PE hereby attest that all items indicated about or Professional Engineer  CTCounty LHD and the system shall meet applicable federal, So and ordinances in accordance with G.S. 130A-3361(e)(6).  Digitally upped by Athan M. Parker, Pc. County Discounting Decided by Athan M. Parker, Pc.		
HD Review of re	This section for LHD Use Only. equired information for the ATO		
INCOMPLETE Based upon	equired information for the ATO		
Based upon missing from	equired information for the ATO  Erreview of information submitted by the Owner or PE in the Section a		
Based upon missing from	required information for the ATO  Ereview of information submitted by the Owner or PE in the Section at the information required for an Authorization to Operate for an EC	)P:	
Based upon missing from opies of this sign	required information for the ATO  Ereview of information submitted by the Owner or PE in the Section at the information required for an Authorization to Operate for an EC need form were sent to the design PE and the Owner on	P:via Email, FAX, USPS, Hand-d	
Based upon missing from opies of this sign	required information for the ATO  E  review of information submitted by the Owner or PE in the Section at the information required for an Authorization to Operate for an EC need form were sent to the design PE and the Owner on	P:via Email, FAX, USPS, Hand-d	lelive
INCOMPLETE Based upon missing from opies of this sign  Print name of author  COMPLETE Based upon	required information for the ATO  E  review of information submitted by the Owner or PE in the Section at the information required for an Authorization to Operate for an EC need form were sent to the design PE and the Owner on	OP:via Email, FAX, USPS, Hand-d	lelive Oate
INCOMPLETE Based upon missing from opies of this sign  Print name of author COMPLETE Based upon to Operate is he	required information for the ATO  Ereview of information submitted by the Owner or PE in the Section at the information required for an Authorization to Operate for an ECO need form were sent to the design PE and the Owner on	via	delive Date
Based upon missing from pies of this sign print name of author COMPLETE Based upon to Operate is here	required information for the ATO  Erreview of information submitted by the Owner or PE in the Section at the information required for an Authorization to Operate for an EC enter form were sent to the design PE and the Owner on	via via	oate on to

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.

# AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

> CERTIFICATION LETTER May 15, 2024

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

Ref: Haven- Lot 24 EOP 489 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 SFD-2209-0031 on April 25, 2024. Gene's Backhoe, the on-site wastewater contractor installed 4-75' 25% reduction lines (EZ Flow) 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,

Athan M Parker, PE

President

AMP'd Engineering, PLLC Firm License No. P-1532

ALE

Attch: 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

OWNER'S ACCEPTANCE LETTER
May 1, 2024

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

63 Veron Ct.

Willow Spring, NC 27592

Ref: Haven- Lot 24 EOP

489 Placid Pond Dr

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-2209-0031 on April 25, 2024. Gene's Backhoe, the onsite wastewater contractor installed 4-75' 25% reduction lines (EZ Flow) 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 "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.

Athan M Parker, PE

President

AMP'd Engineering, PLLC Firm License No. P-1532

ALE

SEAL 43250

# AMP'd Engineering, PLLC Civil Engineer – Consulting Engineer – Land Development

Owner: Harold G. Carroll, Jr. Print Name	Sign Name	5/3/24 Date
North Carolina		
<u>Johnston</u> County		
certify thatHarold G. Carroll, Jr.		
acknowledged the due execution of Witness my hand and official seal, the		ance Letter" from the PE.
My commission expires August 25	, 20 <u>25</u>	Notory Parising Sound of the Manual State of the State of

Page 2 of 2

Owner: HAVEN S/D

Address: LOT 24

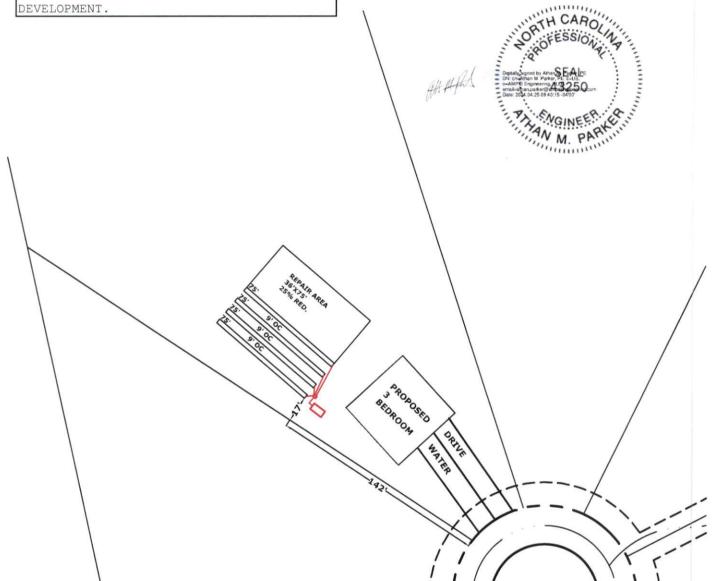
Location: PLACID POND DRIVE

LOT INFORMATION OBTAINED FROM PLAT BY STANCIL AND ASSOCIATES FOR XCESSIVE RISK DEVELOPMENT PITTMAN SOIL CONSULTING
PO BOX 1387
PICHANDS NG 20574

RICHLANDS, NC 28574

910-330-2784

pittmansoil@yahoo.com





FOR USE BY AMP'D ENGINEERING, PLLC ONLY

#### INITIAL

3 BEDROOM

LTAR .3 EZ FLOW 4-75' 25% REDUCTION LINES

12-18" TB

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

#### REPAIR AREA

3 BEDROOM

LTAR.3

4-75' 25% REDUCTION LINES

12-18" TB

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

SCALE 1"=60"

# AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

PO Box 4580

Emerald Isle, NC 28594

(252) 777-0141 + athan.par

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 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:
  - 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



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				
PART 1: Notice of Intent to Construct (NOI) - Please check all that apply				
☒ Single System or				
AND				
Repair – LHD Permit Number Repair – EOP/LSS COVID 19/AOWE Permit Number				
Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.):  CARROLL CONSTRUCTION HOMES, INC  XCESSIVE RISK DEVELOPMENT				
Mailing address: 8754 REED DR STE 14 City: EMERALD ISLE State: NC Zip: 28594  919-410-5704 CAMERON.ADAMS1087@GMAIL.COM  Telephone number: 252-777-0141 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.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:				
Telephone number:         E-mail Address:           GENE'S BACKHOE         3795				
5. On-Site Wastewater Contractor name: HAYWOOD PITTMAN, LSS License number: 3825				
Mailing address: 1340 TWO CLAUDE RD WILLOW SPRINGS 27592  City: RICHLANDS State: NC Zip: 28574				
919-625-7051 TANORDAN@GMAIL.COM Telephone number: 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:				
X PE X LSS				

#### 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



## 6712 NC Hwy 50 N. Benson, NC 27504

#### Tanordan@gmail.com

Lot, Subdivision, Address Lot 24 Haven
System Type 25% Reduction
Tank Size 1,000 gallon
System Info Pristailed 4-751 ezflow drain Lines @ 18"TB
Installation Date 4-25-24
Final Inspection Date 4-25-24
Installer Signature and Certification #
Date 5-14-2024



#### CERTIFICATE OF LIABILITY INSURANCE

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.

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). CONTACT Tudor's Insurance Agency 919-639-4400 PRODUCER Tudor's Insurance Agency PHONE (A/C, No, Ext): 919-639-4400 FAX (A/C, No): 31 N Dunn Street P O Drawer 1780 Angier, NC 27501-1780 E-MAIL ADDRESS: Tudor's Insurance Agency INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Builders Mutual Insurance Co INSURED Gene's Backhoe Service, Inc. 1340 Two Claude Road Willow Spring, NC 27592 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. ADDL SUBR POLICY EFF POLICY EXP INSR TYPE OF INSURANCE **POLICY NUMBER** LIMITS LTR X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 PCP0003947 03/01/2024 03/01/2025 5.000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** 2.000.000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** X ANY AUTO PCA0021090 03/01/2024 03/01/2025 BODILY INJURY (Per person) SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident) HIRED AUTOS ONLY NON-OWNED X X 1.000,000 UMBRELLA LIAB OCCUR **EACH OCCURRENCE** S **EXCESS LIAB** MUB0005864 03/01/2024 03/01/2025 CLAIMS-MADE AGGREGATE 10000 DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE WCP1057498 03/01/2024 03/01/2025 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 500,000 E.L. EACH ACCIDENT 500,000 E.L. DISEASE - EA EMPLOYEE If yes, describe unde 500,000 DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 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 JOB DESCRIPTION: SEPTIC TANK INSTALLATION CERTIFICATE HOLDER CANCELLATION **AMPDENG** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AMP'D ENGINEERING P.O. BOX 4580 **EMERALD ISLE, NC 28594 AUTHORIZED REPRESENTATIVE Tudor's Insurance Agency**