| PART 3: | Authorization to Operat | e (ATO) | | | |
|---|--|--|--|--|---------------------------------------|
| Except for date rece | rived, the Section below is to be | completed by the Owner of the EOP. | r by the PE designated to | act as their legal repres | entative for |
| LHD USE ONLY: | Initial submittal of requ | est for ATO received: | 5-20-24 | by 111.40 | |
| | | | Date | Initials | _ |
| | Date of Post-construction | on Conference: | | * | |
| a. Signed and s a. Signed a b. Drawing c. Reports d. Manage e. On-site f. Signed a c. Fee (as appli d. Notarized let attestation by th continuous of Owner HARNET | tter documenting Owner's The Owner or the PE for Au The PARKER, PE The Or Professional Engineer | er's report that include oil conditions and site of final inspection signed statement suant to 15A NCAC 184 acceptance of the system thorization to Operat hereby attest that all the system shall meet | features A .1938(h) stem from the PE e I items indicated abo applicable federal, Si | | N N N N N N N N N N N N N N N N N N N |
| Signature of (| Owner or Professional Engineer | DN: CON-ATTAIN DN: CO | Parker, PE, C=US, seering, PLLC, comparing, Com S=44+00.46 - 0.700* Date | | |
| Signature of C | owner or Projessional Engineer | | 4 | | |
| | | This section for LHD Use | e Only. | | |
| Based upon missing from | required information for the review of information substitute the information required the form were sent to the | mitted by the Owner of for an Authorization | to Operate for an EOI | | |
| Print name of author | orized Agent of the LHD | Signature of autho | rized Agent of the LHD | | Date |
| | review of information sub ereby issued in accordanc | | | bove, this Authoriz | ation to |
| A copy of this cor | nplete NOI/ATO with trac Oborne REVS | king information was | | 5-2r-24 via Em Date Email, FAX, USPS, | a. / Hand-delivere |
| Print name of author | orized Agent of the LHD | Signature of autho | rized 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.

AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

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 aroundcover.
- 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
 - o 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

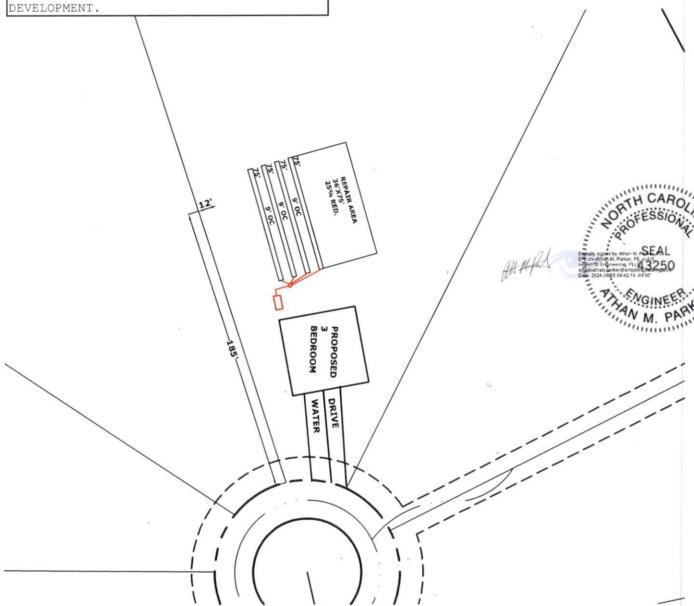
Page 1 of 1

Owner: HAVEN S/D

Address: LOT 25

Location: PLACID POND DRIVE

LOT INFORMATION OBTAINED FROM PLAT BY STANCIL AND ASSOCIATES FOR XCESSIVE RISK PITTMAN SOIL CONSULTING
PO BOX 1387
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
12-16" TB
>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA

3 BEDROOM LTAR .3 4-75' 25% REDUCTION LINES 12" TB >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

SCALE 1"=60'

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 | | |
| , Stephanie C Nordan, a Notar | ry Public for said County and Sto | ate, do hereby |
| certify that _ Harold G. Carroll, Jr. | personally appeared befo | ore me this day and |
| acknowledged the due execution of | of the page 1 of 2 "Acceptance | e Letter" from the PE. |
| Witness my hand and official seal, the | his the 3rd day of May | , 20 <u>24</u> . |
| My commission expires August 25 | . 20.25. | Notaring School of the State of |

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

> OWNER'S ACCEPTANCE LETTER May 1, 2024

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

63 Veron Ct.

Willow Spring, NC 27592

Ref: Haven- Lot 25 EOP

490 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-2209-0032 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

> 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 25 EOP

490 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-2209-0032 on April 25, 2024. Gene's Backhoe, the on-site wastewater contractor installed 4-75' 25% reduction lines (EZ Flow) Type IIIg, 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



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 | | | | | | | | |
| AND | | | | | | | | |
| | | | | | | | | |
| Repair – LHD Permit Number Repair – EOP/LSS COVID 19/AOWE Permit Number | | | | | | | | |
| 1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): CARROLL CONSTRUCTION HOMES, INC XCESSIVE RISK DEVELOPMENT | | | | | | | | |
| 63 VERON COURT WILLOW SPRING 27592 Mailing address: 8754 REED DR STE 14 City: EMERALD ISLE State: NC Zip: 28594 | | | | | | | | |
| Telephone number: 919-410-5704 | | | | | | | | |
| 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 | | | | | | | | |
| 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 Mailing address: 1073 1 GREGORY FORK RD State: NC 2592 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 LG X 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



6712 NC Hwy 50 N. Benson, NC 27504 Tanordan@gmail.com

| Lot, Subdivision, Address Lot 25 Haven |
|--|
| System Type 25% Reduction |
| Tank Size 1,000 Sallor |
| System Info Intsalled 4-75' ezflow drain Lines @16' TB. |
| |
| Installation Date 4-25-24 |
| Final Inspection Date 4-25-24 Installer Signature and Certification # |
| Date $5-14-24$ |

GENES-3

OP ID: CP

ACORD

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

| If | MPORTANT: If the certificate holder if SUBROGATION IS WAIVED, subject | to th | ne te | rms and conditions of th | ne polic | y, certain pe | olicies may | IAL INSURED provision require an endorsemen | s or be e | ndorsed. ement on |
|---|--|-----------------------|-----------------------|--|-------------------------------|---------------------------------|--|--|--------------------|----------------------|
| PRO | his certificate does not confer rights to | o the | | ificate holder in lieu of su 9-639-4400 | CONTAC | Tudor's | Insurance A | Agency | | |
| Tudor's Insurance Agency 31 N Dunn Street P O Drawer 1780 | | | | CONTACT Tudor's Insurance Agency NAME: PHONE (A/C, No, Ext): PHONE (A/C, No, Ext): PHONE (A/C, No, Ext): | | | | | | |
| | | | | | E-MAIL ADDRES | S: | | (A/C, NO). | | |
| | gier, NC 27501-1780 for's Insurance Agency | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | |
| | | | | | INSUREI | | | surance Co | | TOTAL OF |
| INS | ured ne's Backhoe Service, Inc. | | | | INSUREI | RB: | | | | |
| 134 | 0 Two Claude Road | | | | INSURER C : | | | | | |
| Will | low Spring, NC 27592 | | | | INSURE | | | | | |
| | | | | | INSUREI | RE: | | | | |
| | | | | | INSURE | RF: | | | | |
| CO | VERAGES CER | TIFIC | CATE | NUMBER: | | | | REVISION NUMBER: | | |
| II C | HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | QUIR PERT POLIC | REME AIN, CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | OF ANY ED BY T BEEN R | CONTRACT THE POLICIES EDUCED BY | OR OTHER IS S DESCRIBED PAID CLAIMS. | OCUMENT WITH RESPE | CT TO WH | IICH THIS |
| INSR | | ADDL INSD | SUBR | POLICY NUMBER | | POLICY EFF MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | PCP0003947 | | 03/01/2024 | 03/01/2025 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 |
| | | | | | | ř. | | 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 PRO- | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| Α. | OTHER: | | | | | | | COMBINED SINGLE LIMIT | \$ | 4 000 000 |
| Α | AUTOMOBILE LIABILITY | | | | | | | (Ea accident) | \$ | 1,000,000 |
| | X ANY AUTO | | | PCA0021090 | | 03/01/2024 | 03/01/2025 | BODILY INJURY (Per person) | \$ | |
| | OWNED AUTOS ONLY AUTOS | | | | | | N. | BODILY INJURY (Per accident) | \$ | |
| | HIRED AUTOS ONLY AUTOS ONLY | | | 888 | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| Α. | V V | | | | | | | \$ | 4 000 000 | |
| A | X UMBRELLA LIAB X OCCUR | MUROOFS64 | | MUDOOFSEA | 00/04/0004 | 00/04/0005 | EACH OCCURRENCE | \$ | 1,000,000 | |
| | DED X RETENTIONS 10000 | MUB0005864 | | | 03/01/2024 0 | 03/01/2025 | AGGREGATE | \$ | | |
| Α | DED 11 HETEITHORY | _ | | | | | • | PER OTH | \$ | |
| AND EMPLOYERS' LIABILITY | | | WCD1057 | WCP1057498 | | 02/04/0004 | 02/04/2025 | PER OTH- STATUTE ER | | 500,000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | WCF1057496 | | 03/01/2024 | 03/01/2025 | E.L. EACH ACCIDENT | \$ | 500,000 500,000 | |
| (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 500,000 |
| | DESCRIPTION OF OPERATIONS below | - | _ | | - | | | E.L. DISEASE - POLICY LIMIT | \$ | 300,000 |
| | | | | | | | | | | |
| TYL POI | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL LER NORDAN AND JEAN CARROLLICY. B DESCRIPTION: SEPTIC TANK IN | L A | RE E | EXCLUDED ON THE W | | | | ed) | | |
| CE | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | |
| | | | | AMPDENG | 5.110 | | | | | |
| AMP'D ENGINEERING P.O. 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. AUTHORIZED REPRESENTATIVE Tudor's Insurance Agency | | | | | | |