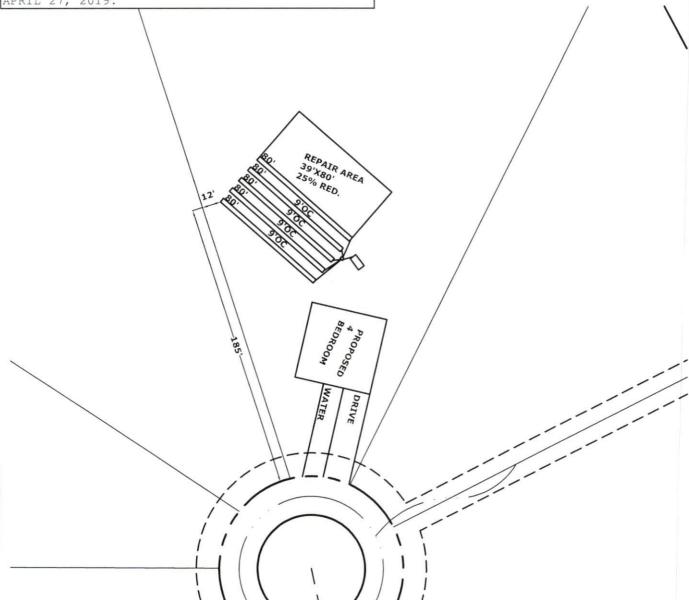
Owner: HAVEN S/D

Address: LOT 25

Location: PLACID POND DRIVE

LOT INFORMATION OBTAINED VIA PLAT BY STANCIL AND ASSOCIATES FOR XCESSIVE RISK DEVELOPMENT, DATED APRIL 27, 2019.

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







INITIAL
4 BEDROOM
LTAR .3
5-80' 25% REDUCTION LINES
12-16" TB
>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA

4 BEDROOM LTAR .3 5-80' 25% REDUCTION LINES 12" TB >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM Pittman Soil Consulting

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

AUGUST 15, 2022

Ref: HAVEN Lot 25, HARNETT COUNTY

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, 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 24-28" from the surface with a clay loam texture. I have assigned an LTAR of 0.3 gpd/sqft for a 480 gpd 4 bedroom residence. This will require the installation of 5-80' 25% reduction lines that shall be installed in accordance with the current rules. The depth to soil wetness of 24-28" would constitute a 12-16" trench bottom. The system will require 6" soil cover that shall extend 5' from the edge of the system. The system will require a 1000 gallon septic tank.

The repair area will require 5-80' 25% reduction lines installed at a depth of 12" from the surface (LTAR 0.3).

After installation the site should be landscaped to shed surface water. Any alterations to the site may impact soil 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

HAGINGOD PATTMAN AN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/17/2022

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER CONTACT Kira Gibson, AINS, SBCS											
The Sewell Insurance Agency						PHONE (A/C, No, Ext): (910) 326-5754 FAX (A/C, No): (910) 326-6310					
785	-1 W Corbett Ave			E-MAIL kira@thesewellagency.com							
PO	Box 835			INSURER(S) AFFORDING COVERAGE					NAIC #		
Swa	ansboro		NC 28584	INSURER A : Bankers Insurance Group					33162		
INSL	RED			-	38784						
	AMP'D Engineering PLLC		INSURER B: Progressive Southeastern					31470			
PO Box 4580						INSURER C: NorGUARD Insurance Company					
	FO BOX 4380				INSURER D: Berkshire Hathaway GUARD Insurance Company						
	-				INSURER E :						
	Emerald Isle			NC 28594	INSURER F:						
				NUMBER: CL222170383				REVISION NUM			
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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY	INSU	WVD	T OLIO THOMBET		(MM/DD/TTTT)	(MIM/DD/TTTT)			1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT	ED ,	300,000	
	CLAINS-MADE 2 OCCUR							SANTANIA SERVICIO SE	THEMISES (Ea occurrence)		
A				32 0040007108 0 02		03/02/2022	03/02/2023	MED EXP (Any one	person) ş	1.000.000	
^				32 0040007100 0 02		03/02/2022	03/02/2023	PERSONAL & ADV	INJUNT \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	ANIE D	2,000,000	
	POLICY JECT LOC							PRODUCTS - COM	701 Add \$	2,000,000	
	OTHER:	_						Add'l for policy r	ACCOUNT OF THE PARTY OF THE PAR		
	AUTOMOBILE LIABILITY	1						©OMBINED SINGLE (Ea accident)	E LIMIT \$	1,000,000	
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						11/05/2022	BODILY INJURY (Pe	er person) \$		
В			0133	01335494		11/05/2021		BODILY INJURY (Pe	er accident) \$		
								PROPERTY DAMAG (Per accident)	SE \$		
								the creation in	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE \$		
	EXCESS LIAB CLAIMS-MADE										
	WAS AND THE WAS A STREET OF THE WAS A STREET O	1						AGGREGATE	\$		
\vdash	DED RETENTION \$ WORKERS COMPENSATION	-	-					➤ PER STATUTE	OTH-		
	AND EMPLOYERS' LIABILITY Y / N							and the same and the same and	ER	500,000	
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		AMWC357500		03/01/2022	03/01/2023	E.L. EACH ACCIDE	41 9		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I	EIVIPLOTEE \$	500,000	
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POL	LICY LIMIT \$	500,000	
_	Professional Liability				00/01/00				150		
D	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			AMPL339476		03/01/2022	03/01/2023	Per Claim	5	\$1,000,000	
								Aggregate		\$2,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
CERTIFICATE HOLDER CANCELLATION											
CE	RTIFICATE HOLDER		-		CANC	ELLATION					
			SHO	UI D ANV OF T	HE ABOVE DE	SCRIBED POLICI	ES RE CANCEL	LED BEFORE			
				200000000000000000000000000000000000000			F, NOTICE WILL B				
	AMP'D Engineering PLLC			ACCORDANCE WITH THE POLICY PROVISIONS.							
PO Box 4580											
			AUTHORIZED REPRESENTATIVE								

Emerald Isle

NC 28594



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DDYYYY) 07/27/2022

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
	DUCER				CONTACT NAME:					
	Farm Bureau Ins. Agency				PHONE					
530	1 Glenwood Avenue (27612)				(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:					
P.O.	Box 27427				INSURER(S) AFFORDING COVERAGE NAIG					
Rale	eigh			NC 27611	INSURER A: Capitol Specialty Insurance Corporation					
INSU	RED				INSURER B:					
1	Ronald H. Pittman, II DBA				INSURER C:					
	Pittman Soil Consulting				INSURER D :					
	1003 Gregory Fork Rd				INSURER E :					
	Richlands			NC 28574	INSURER F :					
COV	/ERAGES CER	TIFIC	ATF	NUMBER: CL227212340	0-7					
COVERAGES CERTIFICATE NUMBER: CL2272123407 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	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF		LIMIT	re	
1	COMMERCIAL GENERAL LIABILITY	INSU	WVD	POLICI NOMBER		(MINUDD/TTY)	(MM/DD/TTTT)		\$ 1,00	0.000
	CLAIMS-MADE OCCUR						07/19/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	
								MED EXP (Any one person) \$ 5,		0
Α	➤ Professional Liability			EV20182381-05		07/19/2022		PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s 2,00	0,000
1	POLICY PRO- LOC	ľ						PRODUCTS - COMP/OP AGG	s 2,00	0,000
	OTHER:							Professional Occ/Agg	s 1M/2	2M
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	s	
	HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	s	
	UMBRELLA LIAB OCCUR	+							-	
	EXCESSIVAD							EACH OCCURRENCE	\$	
	CDAIMS-MADE	1						AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION	-						PER OTH-	\$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?										
		NIA						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
			_					E.L. DISEASE - POLICY LIMIT Each Incident	\$ 61.00	00.000
А	Contractors Pollution Liability -			EV20182381-05		07/19/2022	07/10/2022			
^	Occurence Form			EV20162361-05		07/19/2022	07/19/2023	Aggregate Limit	\$2,0	00,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	pace is required)			
CERTIFICATE HOLDER 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.										
					AUTUO	RIZED REPRESE	TATUE			
NC 28540 RAPINAL WIN										
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