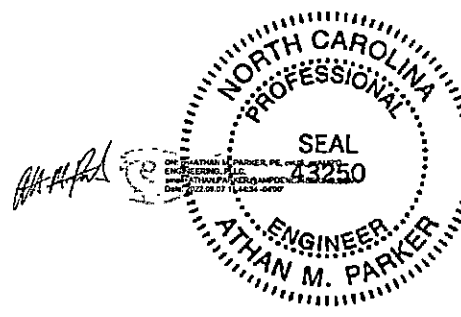
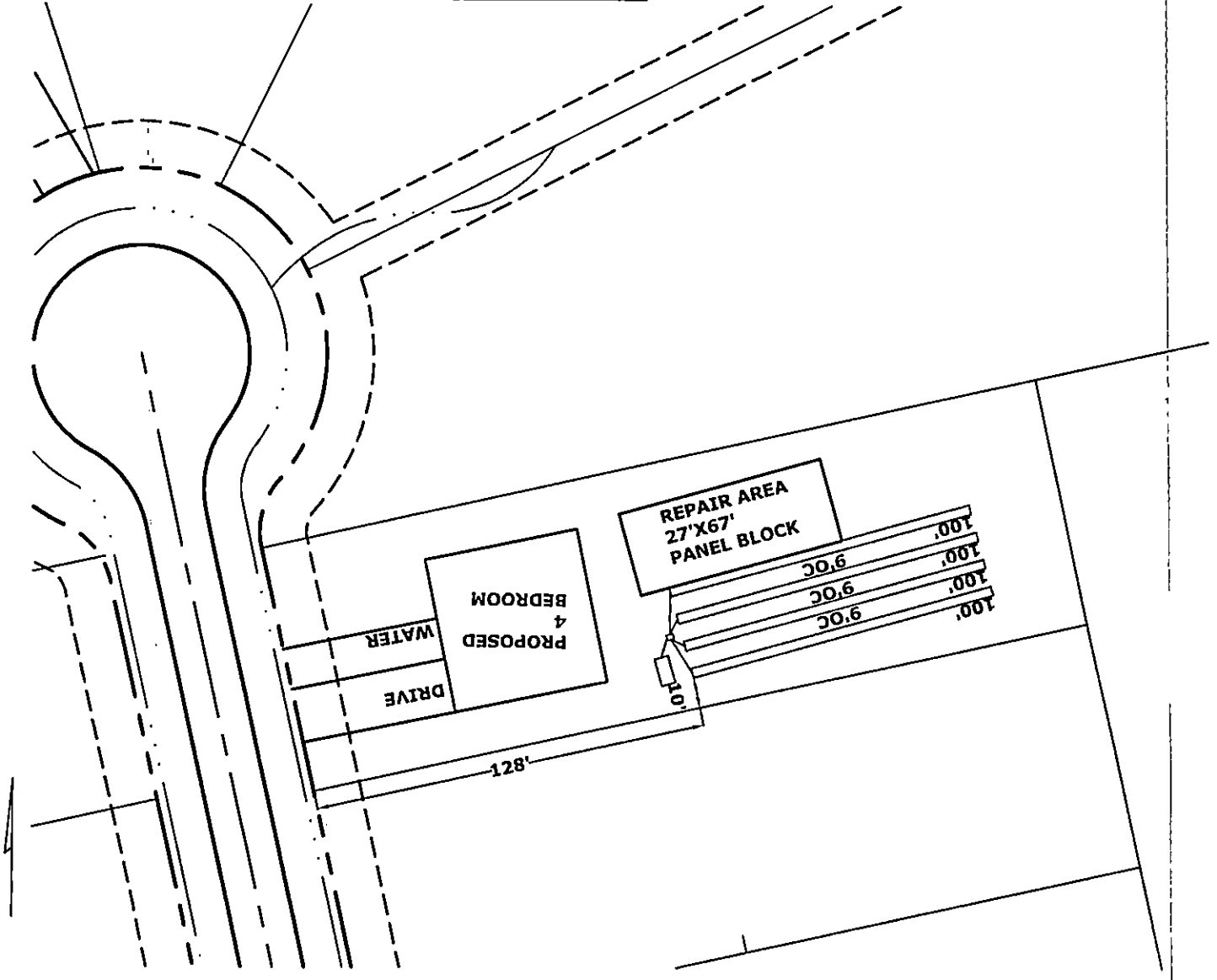


Owner: HAVEN S/D  
 Address: LOT 28  
 Location: PLACID POND DRIVE

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

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



**INITIAL**  
 4 BEDROOM  
 LTAR .3  
 4-100' 25% REDUCTION LINES  
 12-14" TB  
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

**REPAIR AREA**  
 4 BEDROOM  
 LTAR .3  
 3-67' PANEL BLOCK LINES  
 14" TB  
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

**SCALE 1"=50'**

# *Pittman Soil Consulting*

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

AUGUST 15, 2022

Ref: HAVEN Lot 28, HARNETTCOUNTY

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 24-26" 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 4-100' 25% reduction lines that shall be installed in accordance with the current rules. The depth to soil wetness of 24-26" would constitute a 12-14" 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 3-67' panel block lines installed at a depth of 14" 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*

R. Haywood Pittman II  
NC Licensed Soil Scientist



# 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).

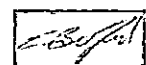
|   |  |   |  |
|---|--|---|--|
| <b>PRODUCER</b><br>The Sewell Insurance Agency<br>785-1 W Corbett Ave<br>PO Box 835<br>Swansboro NC 28584 |  | <b>CONTACT NAME:</b> Kira Gibson, AINS, SBCS<br><b>PHONE (A/C, No, Ext):</b> (910) 326-5754<br><b>E-MAIL ADDRESS:</b> kira@thesewellagency.com<br><b>FAX (A/C, No):</b> (910) 326-6310  |  |
| <b>INSURED</b><br>AMP'D Engineering PLLC<br>PO Box 4580<br>Emerald Isle NC 28594                          |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Bankers Insurance Group<br><b>INSURER B:</b> Progressive Southeastern<br><b>INSURER C:</b> NorGUARD Insurance Company<br><b>INSURER D:</b> Berkshire Hathaway GUARD Insurance Company<br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

**COVERAGES**                      **CERTIFICATE NUMBER:** CL2221703839                      **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 SUBR INSD WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |   |
|----------|---|--------------------|--------------------|-------------------------|-------------------------|--|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                    | 32 0040007108 0 02 | 03/02/2022              | 03/02/2023              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>Add'l for policy minimum \$ |   |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |                    | 01335494           | 11/05/2021              | 11/05/2022              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |   |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |                    |                    |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |   |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>Y           | N/A                | AMWC357500              | 03/01/2022              | 03/01/2023   | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| D        | Professional Liability  |                    | AMPL339476         | 03/01/2022              | 03/01/2023              | Per Claim \$1,000,000<br>Aggregate \$2,000,000   |   |

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

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br>AMP'D Engineering PLLC<br>PO Box 4580<br>Emerald Isle NC 28594 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

|   |  |   |                        |
|---|--|---|------------------------|
| <b>PRODUCER</b><br>N.C. Farm Bureau Ins. Agency<br>5301 Glenwood Avenue (27612)<br>P.O. Box 27427<br>Raleigh NC 27611 |  | <b>CONTACT NAME:</b>                                      |                        |
|   |  | <b>PHONE (A/C, No. Ext):</b>                              | <b>FAX (A/C, No.):</b> |
|   |  | <b>E-MAIL ADDRESS:</b>                                    |                        |
|   |  | <b>INSURER(S) AFFORDING COVERAGE</b>                      |                        |
|   |  | <b>INSURER A:</b> Capitol Specialty Insurance Corporation |                        |
|   |  | <b>INSURER B:</b>   |                        |
|   |  | <b>INSURER C:</b>   |                        |
|   |  | <b>INSURER D:</b>   |                        |
|   |  | <b>INSURER E:</b>   |                        |
|   |  | <b>INSURER F:</b>   |                        |
| <b>INSURED</b><br>Ronald H. Pittman, II DBA<br>Pittman Soil Consulting<br>1003 Gregory Fork Rd<br>Richlands NC 28574  |  | <b>NAIC #</b>   |                        |

**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 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |   |          | EV20182381-05 | 07/19/2022              | 07/19/2023              | EACH OCCURRENCE \$ 1,000,000                        |
|          | <input checked="" type="checkbox"/> Professional Liability  |   |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC   |   |          |               |                         |                         | MED EXP (Any one person) \$ 5,000                   |
|          | OTHER:  |   |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY |   |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$              |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  |   |          |               |                         |                         | BODILY INJURY (Per person) \$                       |
|          | DED   RETENTION \$  |   |          |               |                         |                         | BODILY INJURY (Per accident) \$                     |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A      |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                   |
| A        | Contractors Pollution Liability - Occurrence Form   |   |          | EV20182381-05 | 07/19/2022              | 07/19/2023              | EACH OCCURRENCE \$                                  |
|          |   |   |          |               |                         |                         | AGGREGATE \$  |
|          |   |   |          |               |                         |                         | PER STATUTE   OTH-ER                                |
|          |   |   |          |               |                         |                         | E.L. EACH ACCIDENT \$                               |
|          |   |   |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                       |
|          |   |   |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                      |
|          |   |   |          |               |                         |                         | Each Incident \$1,000,000                           |
|          |   |   |          |               |                         |                         | Aggregate Limit \$2,000,000                         |

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

|                           |  |
|---------------------------|--|
| <b>CERTIFICATE HOLDER</b> | <b>CANCELLATION</b>  |
|                           | 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  |
| NC 28540                  |  |

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