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

> **CERTIFICATION LETTER** January 10, 2025

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

Ref: Haven-Lot 32 EOP 73 Falls River Ct

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 SFD2209-0036 on October 18, 2024. Gene's Backhoe, the on-site wastewater contractor as permitted installed 3-100' and 1-75' 25% Reduction Lines (EZ Flow), Type IIIg, with 12-18" TB as designed and permitted. The system was revised to a 3bedroom (360 GPD) system as shown on the 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

Attach: Owner's acceptance of the system, ATO Sheet, As-Built, Septic Standards and On-site Wastewater Contractors statement & Insurance

AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

> OWNER'S ACCEPTANCE LETTER October 29, 2024

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

63 Veron Ct.

Willow Spring, NC 27592

Ref: Haven-Lot 32 EOP

73 Falls River Ct

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 SFD2209-0036on October 18, 2024. Gene's Backhoe, the on-site wastewater contractor installed 3-100' and 1-75' 25% Reduction Lines (EZ flow) as serial distribution, 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,

Digitally signed by 72ab0a09-8ce8-4be7-bca1-321136826620 DN cn=72ab0a09-8ce8-4be7bca1-321136826620

Athan M Parker, PE President AMP'd Engineering, PLLC Firm License No. P-1532 ALE SEAL 43250 WGINEER

AMP'd Engineering, PLLC Civil Engineer - Consulting Engineer - Land Development

Owner: Harold G. Carroll JR Sign Name 10 29 24 Print Name Sign Name Date
North Carolina
Johnston county
I, Amanda Pwraughtan, a Notary Public for said County and State, do hereby
certify that Harold G. Carroll, Sr. personally appeared before me this day and
acknowledged the due execution of the page 1 of 2 "Acceptance Letter" from the PE.
Witness my hand and official seal, this the 29 day of October , 2024.
anarda Pluhaughten
My commission expires October 21, 2029. Notary Public Not

Owner: HAVEN S/D

Address: LOT 32

Location: PLACID POND DRIVE

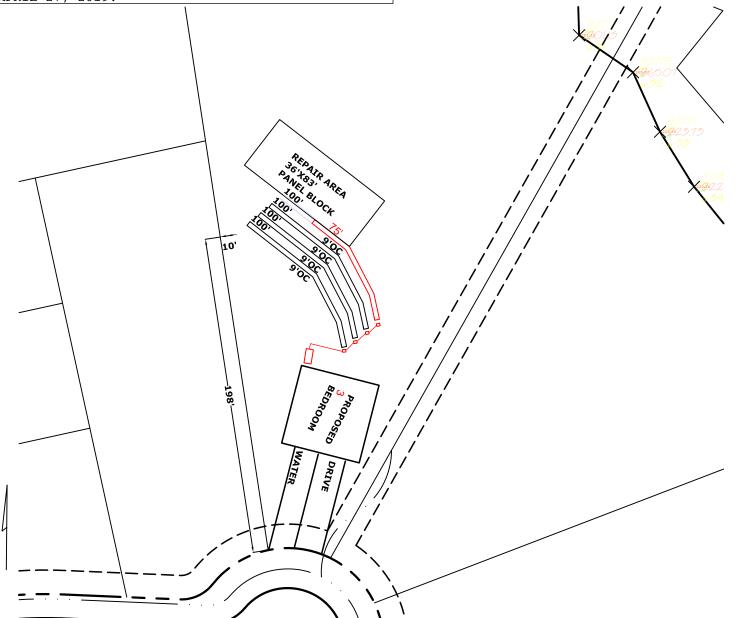
LOT INFORMATION OBTAINED VIA PLAT BY STANCIL AND ASSOCIATES FOR XCESSICE RISK DEVELOPMENT, DATED APRIL 27, 2019.

PITTMAN SOIL CONSULTING
PO BOX 1387
PICHLANDS NC 28574

RICHLANDS, NC 28574

910-330-2784

pittmansoil@yahoo.com







FOR USE BY
AMP'D ENGINEERING, PLLC
ONLY

<u>INITIAL</u>

3 4 BEDROOM EZ FLOW LTAR .24 (SERIAL DISTRIBUTION)

3-100'5-100' 25% REDUCTION LINES

1-75' 12-18" TB

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

REPAIR AREA

3 4 BEDROOM

LTAR .24

4-89' PANEL BLOCK LINES

14" TB

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

SCALE 1"=60'

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 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:
 - o 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



PARI 3:	Authorization to Operate (Aloj		
Except for date r	eceived, the Section below is to be co	mpleted by the Owner or I the EOP.	by the PE designated to	o act as their legal representative fo
LHD USE ONL	Y: Initial submittal of request	for ATO received:		by
	Date of Post-construction		Date	Initials
1. Signed and a. Signed b. Drawi c. Report d. Mana e. On-sit f. Signed 2. Fee (as ap 3. Notarized Attestation by 1, ATHAN Print name of Own	letter documenting Owner's a the Owner or the PE for Authors M. PARKER, PE rer or Professional Engineer	report that includes: conditions and site for inal inspection ned statement nt to 15A NCAC 18A coceptance of the systemization to Operate nereby attest that all incomplete conditions and the systemic of the	eatures 1938(h) em from the PE tems indicated abo	X Yes N X Yes N
HARNI regulations, ru	les and ordinances in accordar	e system shall meet a nce with G.S. 130A-33	• •	State, and local laws,
			January 10, 2	2025
Signature o	of Owner or Professional Engineer		Date	
		This section for LHD Use (Only.	
INCOMPLE Based upo	required information for the action for the information required for the action f	tted by the Owner or		
Copies of this s	igned form were sent to the d	esign PE and the Owr	ner on	via Email, FAX, USPS, Hand-delivered
Print name of au	thorized Agent of the LHD	Signature of authori	zed Agent of the LHD	 Date
•	n review of information subminereby issued in accordance v	-		above, this Authorization to
A copy of this o	complete NOI/ATO with tracking	ng information was se	ent to the State on	
Print name of au	thorized Agent of the LHD	Signature of authori	zed 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.



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							
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							
7919-410-5704 CAMERON.ADAMS1087@GMAIL.COM 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: State: Zip:							
Telephone number:							
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



6712 NC Hwy 50 N. Benson, NC 27504

Tanordan@gmail.com

System Type 25% Reduction Tank Size 1,000 Sanon Septil Tanus System Info Installed 3~100' and 1-75' e2fww with Strial distribution Installation Date NOV 4 2024 Installer Signature and Certification #	ot, Subdivision, Address Lot 32 Haven
System Info Installation Date NOV 4 2024 Final Inspection Date NOV 4 2024	IVE DUDGET ADAVARY SERVICE OF THE POPULATION OF
System Info Installation Date NOV 4 2024 Final Inspection Date NOV 4 2024	250/2 201 1/20
System Info Installed 3-100' and 1-75' ezflow with Strial distribution Installation Date NOV 4 2024 Final Inspection Date NOV 4 2024	system Type 2016 [Cfourtion
System Info Installed 3-100' and 1-75' ezflow with Strial distribution Installation Date NOV 4 2024 Final Inspection Date NOV 4 2024	
System Info Installed 3-100' and 1-75' ezflow with Strial distribution Installation Date NOV 4 2024 Final Inspection Date NOV 4 2024	rank Size 1,000 Sanon Septit Tonks
Installation Date NOV 4 2024 Final Inspection Date NOV 4 2024	
Installation Date NOV 4 2024 Final Inspection Date NOV 4 2024	System Info Tushiled 3-100' and 1-75' ezflow with
Installation Date NOV 4 2024 Final Inspection Date NOV 4 2024	
Final Inspection Date Nov 4 2024	Serial distribution
Final Inspection Date Nov 4 2024	
Final Inspection Date Nov 4 2024	
Final Inspection Date Nov 4 2024	
Final Inspection Date Nov 4 2024	1011 4 11,14
Tal	Installation Date
Tal	
Tal	Final Inspection Date Nov 4 2024
Installer Signature and Certification #	
Installer Signature and Certification #	
	Installer Signature and Certification #
Date $12-19-24$	Date $12-19-24$

OP ID: CP



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 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.

If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to the certificate data and the second subject to the certificate holder is	to th	ne tei	ms and conditions of the	e polic	y, certain po	olicies may r			
	nis certificate does not confer rights to	the						Agency		
Tuc	DUCER lor's Insurance Agency		313	1 000 4400	CONTACT Tudor's Insurance Agency PHONE (AC No. 579): 919-639-4400 FAX (AC No. 579): 919-639-4400					
	N Dunn Street Drawer 1780			_	(A/C, No E-MAIL ADDRE	<i>ι</i> , ∟∧ι <i>)</i> .		(A/C, No):		
Ang	gier, NC 27501-1780				ADDRE					
Tuc	lor's Insurance Agency							DING COVERAGE SURANCE CO		NAIC #
INICI	IDED						5 Mutuai III	Surance Co		
Ger	JRED le's Backhoe Service, Inc. 0 Two Claude Road				INSURE					
Will	ow Spring, NC 27592				INSURER C:					
					INSURE					
				_	INSURE					
	WEDACES CEDI		` A T F	· NUMBED.	INSURER F:					
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INSR LTR	TYPE OF INSURANCE	ADDL NSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
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
								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- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			PCA0021090		03/01/2024	03/01/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE			MUB0005864		03/01/2024	03/01/2025	AGGREGATE	\$	
	DED X RETENTION\$ 10000								\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY] N/A	WCP1057498					PER OTH- STATUTE ER		
				WCP1057498		03/01/2024	03/01/2025	E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
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CE	RTIFICATE HOLDER			AMPDENG	CANO	ELLATION				
AMPDENG 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					