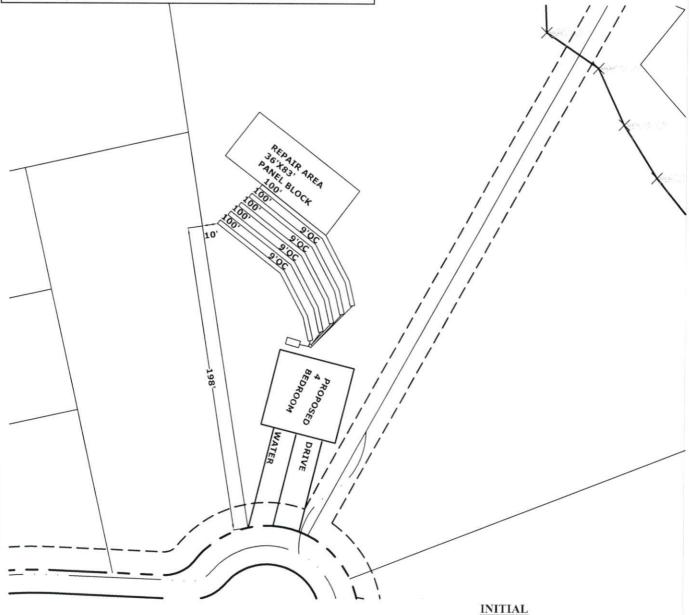
Owner: HAVEN S/D Address: LOT 32 Location: PLACID POND DRIVE LOT INFORMATION OBTAINED VIA PLAT BY STANCIL AND ASSOCIATES FOR XCESSIVE RISK DEVELOPMENT, DATED APRIL 27, 2019.

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







4 BEDROOM LTAR .24 5-100' 25% REDUCTION LINES 12-18" TB >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM REPAIR AREA

4 BEDROOM

LTAR .24 4-89' PANEL BLOCK LINES

>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 32, 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 24-30" from the surface with a clay loam texture. I have assigned an LTAR of 0.24 gpd/sqft for a 480 gpd 4 bedroom residence. This will require the installation of 5-100' 25% reduction lines that shall be installed in accordance with the current rules. The depth to soil wetness of 24-30" would constitute a 12-18" 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 4-89' panel block lines installed at a depth of 14" from the surface (LTAR 0.24).

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

HAGWOOD 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 ce | ertificate holder in lieu of such | Legistes | | | | | | | |
|--|---------------------------------|--|--|----------------------------|---|------------|--------|--|--|--|
| PRODUCER | | | NAME: | on, AINS, SBC | | | | | | |
| 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 ADDRESS: kira@thes | sewellagency.c | com | | | | | |
| PO Box 835 | | | INSURER(S) AFFORDING COVERAGE NAIG | | | | | | | |
| Swansboro | | NC 28584 | INSURER A: Bankers | | 33162 | | | | | |
| INSURED | | | INSURER B : Progress | | 38784 | | | | | |
| AMP'D Engineering PLLC | | | MOUNTEN D. | | 31470 | | | | | |
| PO Box 4580 | | | Deduction Hother CHARD In the Committee Commit | | | | | | | |
| | | | MOOTEN D. | | | | | | | |
| Emerald Isle | | NC 28594 | INSURER E : | | | | | | | |
| NAME AND ADDRESS OF THE PARTY O | | | INSURER F: | | | | | | | |
| | | ATE NUMBER: CL222170383 | | | 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 | INSD | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | | | |
| COMMERCIAL GENERAL LIABILITY | 11100 | | (1111) | (mine DD/1111) | EACH OCCURRENCE | \$ 1,000 | 0,000 | | | |
| CLAIMS-MADE OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 | | | | |
| | | | | | | \$ 10,000 | | | | |
| A | | 32 0040007108 0 02 | 03/02/2022 | 03/02/2023 | MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000 | | | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | 1 10 10 10 10 10 10 10 10 10 10 10 10 10 | 7400,1305 CHARS 1800.3 | | 2 000 | | | | | |
| PRO- | | | | | a coo | | | | | |
| OTHER: | | | | | Add'l for policy minimum | | | | | |
| AUTOMOBILE LIABILITY | | | | | GOMBINED SINGLE LIMIT | \$ 1.000 | 0.000 | | | |
| ANY AUTO | | | | | (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ | | 0,000 | | | |
| R OWNED SCHEDULED | | 01335494 | 11/05/2021 | 11/05/2022 | BODILY INJURY (Per accident) \$ | | | | | |
| AUTOS ONLY AUTOS NON-OWNED | | 01000404 | 11/05/2021 | 11/05/2022 | DDODEDTY DAMAGE | | | | | |
| AUTOS ONLY AUTOS ONLY | | | | | (Per accident) | \$ | | | | |
| UMBRELLA LIAB OCCUP | - | | | | | \$ | | | | |
| EVOESCHAR | | | | | EACH OCCURRENCE | \$ | | | | |
| CLAIMS-MADE | - | | | | AGGREGATE | \$ | | | | |
| DED RETENTION \$ WORKERS COMPENSATION | N/A | | | 03/01/2023 | PER OTH- | \$ | | | | |
| AND EMPLOYERS' LIABILITY Y / N | | | | | ➤ PER STATUTE OTH- | | | | | |
| C ANY PROPRIETOR/PARTNER/EXECUTIVE Y | | AMWC357500 | 03/01/2022 | | E.L. EACH ACCIDENT | \$ 500,0 | | | | |
| (Mandatory in NH) If yes, describe under | | | | | E.L. DISEASE - EA EMPLOYEE \$ 500 | | | | | |
| DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT \$ 5 | | 000 | | | |
| D Professional Liability | ofessional Liability AMPL339476 | | | 03/01/2023 | Per Claim Aggregate | | 00,000 | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE | ES (ACC | ORD 101, Additional Remarks Schedule, | may be attached if more si | pace is required) | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space 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. AUTHORIZED REPRESENTATIVE | | | | | | | | | | |
| Emerald Isle | | NC 28594 | © 1988-2015 ACORD CORPORATION All rights reserved | | | | | | | |



CERTIFICATE OF LIABILITY INSURANCE

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).

| th | nis certificate does not confer rights to | the c | ertifi | cate holder in lieu of such | | | | | | | |
|---|--|--------|--------|--|---|--------------------------------------|-----------------------------|--|---------------------|--------|--|
| PRO | DUCER | | | | CONTACT NAME: | | | | | | |
| N.C. Farm Bureau Ins. Agency | | | | | | PHONE (A/C, No, Ext): (A/C, No): | | | | | |
| 5301 Glenwood Avenue (27612) | | | | | | E-MAIL ADDRESS: | | | | | |
| P.O. Box 27427 | | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| Ral | eigh | | | NC 27611 | INSURERA: Capitol Specialty Insurance Corporation | | | | | NAIC# | |
| INSURED | | | | | | INSURERA. | | | | | |
| | Ronald H. Pittman, II DBA | | | | INSURER B: | | | | | | |
| | Pittman Soil Consulting | | | | INSURER C: | | | | | | |
| | 1003 Gregory Fork Rd | | | | INSURER D: | | | | | | |
| | Richlands | | | NC 28574 | INSURER E : | | | | | | |
| | | | | | INSURER F: | | | | | | |
| _ | Control of the Contro | | - | NUMBER: CL227212340 | REVISION NOMBER. | | | | | | |
| 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 NUMBER | | POLICY EFF | POLICY EXP | LIMIT | rs | | |
| | COMMERCIAL GENERAL LIABILITY | 11130 | | . Car Homes | | (MINUS)/1111) | (MMUDITTT) | EACH OCCURRENCE | s 1,00 | 0,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,0 | | |
| | | | | Daniel Canada (California de California de C | | | | MED EXP (Any one person) \$ 5,00 | | | |
| Α | Professional Liability | | | EV20182381-05 | | 07/19/2022 | 07/19/2023 | PERSONAL & ADV INJURY | \$ 1,00 | | |
| | GEN'LAGGREGATE LIMIT APPLIES PER | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | | |
| | POLICY PRO- LOC | | 1 | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | |
| | OTHER: | | | | | | | Professional Occ/Agg | \$ 1M/2 | 2M | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | ANYAUTO | | | | | | | BODILY INJURY (Per person) | s | | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | 5 | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | s | | |
| | | | | | | | | Ti di dodisoni | s | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | s | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | s | | |
| | DED RETENTION \$ | 1 | | | | | | THOUSE OF THE STATE OF THE STAT | s | | |
| | WORKERS COMPENSATION | | | | | | | PER OTH- | - | | |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | | E.L. EACH ACCIDENT | s | | |
| | | NIA | | | | | | E.L. DISEASE · EA EMPLOYEE | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE · POLICY LIMIT | | | |
| | THE C. P. LANSIN R. MINISTERSON. | | | | | | | Each Incident | \$1,00 | 00,000 | |
| Α | Contractors Pollution Liability - Occurence Form | | | EV20182381-05 | | 07/19/2022 | 07/19/2023 | Aggregate Limit | \$2,000,000 | | |
| DESC | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE | S (ACC | RD 1 | 01, Additional Remarks Schedule, | may be at | tached if more sp | ace is required) | | | | |
| | | | | | | | | | | | |
| CEE | CERTIFICATE HOLDER CANCELLATION | | | | | | | | | | |
| JEF | THE THE PARTY OF T | | | NC 28540 | SHO THE ACC | ULD ANY OF T | ATE THEREOF H THE POLICY | SCRIBED POLICIES BE CAN T, NOTICE WILL BE DELIVER T PROVISIONS. | | BEFORE | |
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