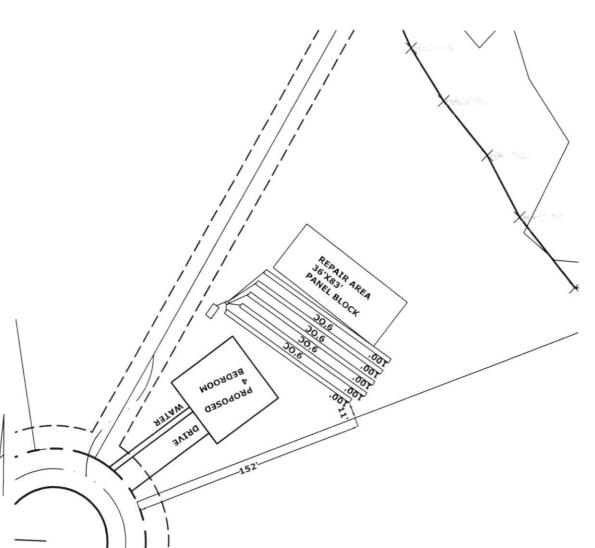
Owner: HAVEN S/D

Address: LOT 33

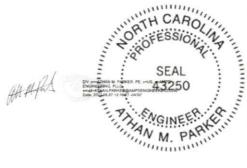
Location: PLACID POND DRIVE

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 .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

14" 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 33, 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 24-30" 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

HACKUOOD 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).

LI	ils certificate does not confer rights to	the c	erum	cate noider in lieu of such						
PRO	DUCER				CONTA NAME:	CT Kira Gibs	on, AINS, SBC	S		
The Sewell Insurance Agency					PHONE (A/C, No. Ext): (910) 326-5754 (A/C, No. Ext): (910) 326-6310					
785	i-1 W Corbett Ave			E-MAIL kira@thacawallaganay.com						
PO Box 835										
55.7 \$190.65 \$100.05					INSURER(S) AFFORDING COVERAGE					33162
Swansboro NC 28584						INSURER A: Bankers Insurance Group				
INSU	JRED			INSURER B: Progressive Southeastern					38784	
AMP'D Engineering PLLC						INSURER C: NorGUARD Insurance Company				
PO Box 4580						RD: Berkshire	e Hathaway Gl	JARD Insurance Company	y	
						INSURER E :				
	Emerald Isle			NC 28594						
COVERAGES CERTIFICATE NUMBER: CL222170383					INSURER F:					
	HIS IS TO CERTIFY THAT THE POLICIES OF I		_	HOMBEH.		TO THE INCLU	DED NAMED AL	REVISION NUMBER:	CDIOD	
	IDICATED. NOTWITHSTANDING ANY REQUIR									
	ERTIFICATE MAY BE ISSUED OR MAY PERTA									
	XCLUSIONS AND CONDITIONS OF SUCH PO				REDUC		LAIMS.			
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	MITS	
	COMMERCIAL GENERAL LIABILITY					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		EACH OCCURRENCE	s 1,000,	,000
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	CLAIMS-MADE Z OCCUR							PREMISES (Ea occurrence)	10.000	
^				22 22 400071 22 2 22		00/00/0000	00/00/0000	MED EXP (Any one person)	φ	
Α				32 0040007108 0 02		03/02/2022	03/02/2023	PERSONAL & ADV INJURY	\$ 1,000,	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,	000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,	000
	OTHER:							Add'I for policy minimum	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,000,	000
	ANY AUTO			01335494				(Ea accident) BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED					11/05/2021	11/05/2022			_
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	20	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	
	DED RETENTION \$							THE STATE OF THE	s	
	WORKERS COMPENSATION							➤ PER OTH-	•	
	AND EMPLOYERS' LIABILITY								\$ 500,00	20
С	ANY PROPRIETOR/PARTNER/EXECUTIVE Y	N/A		AMWC357500		03/01/2022	03/01/2023	E.L. EACH ACCIDENT	4	
	(Mandatory in NH) If yes, describe under				Ĭ			E.L. DISEASE - EA EMPLOYE	_	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,00)0
	Professional Liability									
D	1 Tolessional Elability			AMPL339476		03/01/2022	03/01/2023	Per Claim	\$1,000	0,000
								Aggregate	\$2,000	0,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01. Additional Remarks Schedule.	may be a	ttached if more st	nace is required)			
							,			
										1
CE	RTIFICATE HOLDER				CANO	ELLATION				
CEI	THE TOTAL HOLDER				CANC	LLLATION				
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CA	ANCELLEDE	BEFORE
			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
AMP'D Engineering PLLC ACCORDANCE WITH THE POLICY PROVISIONS.										

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PO Box 4580

Emerald Isle

NC 28594

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MW/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).											
PRODUCER					CONTACT						
N.C. Farm Bureau Ins. Agency						NAME: PHONE FAX					
	8 0 N a 5		E-MAIL ADDRE	o, Ext):		(A/C, No):		_			
	THE RESIDENCE OF THE RE	In Bureau Ins. Agency In Bureau Ins. Agency In Bureau Ins. Agency Inwood Avenue (27612) 27427 Ronald H. Pittman, II DBA Pittman Soil Consulting 1003 Gregory Fork Rd Richlands NC 28574 ROES CERTIFICATE NUMBER: CL227 TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAV TED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED SIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCUR Professional Liability LAGGREGATE LIMIT APPLIES PER: POLICY PRO OTHER: DMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY LUMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE UMBRELLA LIAB OCCUR CLAIMS-MADE							-	NAIC#	
P.O. Box 27427 Raleigh NC 27611						INSURER(S) AFFORDING COVERAGE					
				NC 2/011	INSURER A: Capitol Specialty Insurance Corporation						
INSURED Based All Bitters II DOA						INSURER B:					
AND EAST OF STANDARD WITH STANDARD STAN						INSURER C:					
	1010 a 1961 and Mary 12				INSURER D:						
					INSURER E :						
						INSURER F :					
			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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	on III or other	POLICY EFF (MWDD/YYYY)	(MM/DD/YYYY)	LIMIT			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000	0,000	
	CLAIMS-MADE CCCUR	OCCUR OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,00	00	
								MED EXP (Any one person) \$ 5,00			
Α	> Professional Liability			EV20182381-05		07/19/2022	07/19/2023	PERSONAL & ADV INJURY	\$ 1,000	0,000	
	GEN'LAGGREGATE LIMIT APPLIES PER:	1						GENERAL AGGREGATE	\$ 2,00		
	POLICY PRO-	1						PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	WARRING TO STATE OF THE PARTY O							Professional Occ/Agg	\$ 1M/2	М	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO .							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	s		
	HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	s		
	UMBRELLA LIAB							EAGU GOGURGENICE			
	EXCESS LIAB							EACH OCCURRENCE	\$		
	CLAIMS-MADE	+						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION	-						PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$ 61.00	20,000	
	Contractors Pollution Liability -			E) may again = 5		07/10/2225	0711017775	Each Incident		00,000	
Α	Occurence Form			EV20182381-05		07/19/2022	07/19/2023	Aggregate Limit	\$2,00	00,000	
	44										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CEF	RTIFICATE HOLDER				CANC	ELLATION					
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								BEFORE			
NC 28540								ACOPO COPPOPATION	All rich	hte recensed	
ACC	© 1968-2015 ACORD CORPORATION. All rights reserved. ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD										