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 March 14, 2024

- To: Mr. Oliver Tolksdorf, REHS Environmental Health Supervisor Harnett County Health Dept 307 W Cornelius Harnett Blvd Lillington, NC 27546
- Ref: Haven- Lot 35 EOP 82 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 SFD-2209-0039 on January 18, 2024. Gene's Backhoe, the onsite wastewater contractor installed 4-75' 25% reduction lines (EZ Flow), Type IIIg, with 12-16" 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 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 ALE



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

Civil Engineer - Consulting Engineer - Land Development

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OWNER'S ACCEPTANCE LETTER January 22, 2024

Carroll Construction Homes, Inc (the "Owner") To: 63 Veron Ct. Willow Spring, NC 27592

Ref: Haven-Lot 35 EOP 82 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 SFD-2209-0039 on January 18, 2024. Gene's Backhoe, the on-site wastewater contractor installed 4-75' 25% reduction lines (EZ Flow), Type IIIg, with 12-16" 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).

HCARO

Sincerely,

Athan M Parker, PE President AMP'd Engineering, PLLC Firm License No. P-1532 AN M. PP ALE

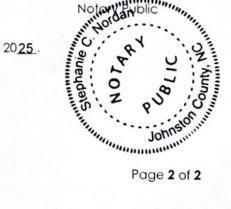
Page 1 of 2

Civil Engineer - Consulting Engineer - Land Development

Owner:	Harold G. C.	arroll, Jr.	A	L	3/6/24
	Print Name		Sigr	n Name	Date
North Car	olina				
Nonnedi	ointa				
Johnston		_ County			
I, Stephar	nie C Nordan	_, a Notary F	Public for said	County and S	State, do hereby
certify the	t Harold G Car	roll, Jr.	_ personally	appeared be	efore me this day and
acknowle	dged the due e	execution of t	he page 1 o	f 2 "Acceptan	ce Letter" from the P
Witness m	y hand and offi	cial seal, this	the <u>6th</u> da	y of March	, 20 <u>24</u> .

Alephanie Chada

My commission expires August 25



Page 2 of 2

PITTMAN SOIL CONSULTING HAVEN S/D **Owner: PO BOX 1387** Address: LOT 35 **RICHLANDS, NC 28574 Location: PLACID POND DRIVE** 910-330-2784 LOT INFORMATION OBTAINED VIA PLAT BY STANCIL AND pittmansoil@yahoo.com ASSOCIATES FOR XCESSIVE RISK DEVELOPMENT, DATED APRIL 27, 2019. ORTH CARO Alt Alfant SEAI 43250 AN M. Pr AN M. PAR MALER *ATHO WOOHCHR C^{IJ}SOLONA REPAIR AREA 25010 REF INITIAL **3 BEDROOM** LTAR.3 EZ FLOW 4-75' 25% REDUCTION LINES 12-16" TB >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM **REPAIR AREA 3 BEDROOM** EON LTAR .3 NORTH 4-75' 25% REDUCTION LINES 12" TB >6" SOIL COVER REQUIRED OVER FOR USE BY SYSTEM AND 5' BEYOND SYSTEM AMP'D ENGINEERING, PLLC **ONLY**

SCALE 1"=60'

Civil Engineer - Consulting Engineer - Land Development

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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 <u>https://content.ces.ncsu.edu/septic-system-owners-guide</u>
 - o <u>https://content.ces.ncsu.edu/septic-systems-and-their-maintenance</u>

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



PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner or by the PE designated to act as their legal representative for the EOP.

LHD USE ONLY:	Initial submittal of request for ATO received:		by
		Date	Initials
	Date of Post-construction Conference:		

The following items are included in this submittal for an Authorization to Operate under an EOP:

1. Signed and sealed copy of the Engineer's report that includes:

	a.	Signed and sealed evaluation of soil conditions and site features	X Yes	🗌 No
	b.	Drawings, specifications, plans	X Yes	🗌 No
	c.	Reports on special inspections and final inspection	🛛 Yes	🗌 No
	d.	Management Program manual	X Yes	🗌 No
	e.	On-site Wastewater Contractor's signed statement	X Yes	🗌 No
	f.	Signed and sealed statement pursuant to 15A NCAC 18A .1938(h)	X Yes	🗌 No
2.	Fee	(as applicable)	🔀 Yes	🗌 No
3.	Not	arized letter documenting Owner's acceptance of the system from the PE	X Yes	🗌 No

Attestation by the Owner or the PE for Authorization to Operate

I, <u>ATHAN M. PARKER</u>, <u>PE</u> hereby attest that all items indicated above have been provided to the

Print name of Owner or Professional Engineer

<u>HARNETT</u> County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).

AH ALFON	Digitally signed by Athan M. Parker, PE DN: cn=Athan M. Parker, PE; c=US, o=AMP'D Engineering, PLLC, email=athan.parker@ampdengineering.cor Date: 2040 83 44:1495524 04/901
VV	Date

Signature of Owner or Professional Engineer

This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE

Based upon review of information submitted by the Owner or PE in the Section above, the following items are missing from the information required for an Authorization to Operate for an EOP:

Copies of this signed form were sent to the c	lesign PE and the Owner on	via	
	Date	Email,	FAX, USPS, Hand-delivered
Print name of authorized Agent of the LHD	Signature of authorized Agent of the LHD		Date
COMPLETE Based upon review of information subm Operate is hereby issued in accordance		above, tł	nis Authorization to
A copy of this complete NOI/ATO with tracki	ng information was sent to the State on		via mail, FAX, USPS, Hand-delivered
Print name of authorized Agent of the LHD	Signature of authorized 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.



NC DEPARTMENT OF

HEALTH AND

HUMAN

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_ Initials Date PART 1: Notice of Intent to Construct (NOI) - Please check all that apply X Single System or Multiple Systems AND X New Expansion Relocation of all or part of the Existing System Relocation of Repair Area 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 XCESSI 27592 63 VERON COURT WILLOW SPRING Mailing address: 8754 REED DR STE 14 State: NC Zip: 28594 City: EMERALD ISLE CAMERON.ADAMS1087@GMAIL.COM 919-410-5704 252-777-0141 Telephone number: E-mail Address: ATHAN.PARKER@AMPDENC 2. Professional Engineer (PE) name: ATHAN M PARKER, PE License number: 43250 Mailing address: PO BOX 4580 _City: <u>EMERALD ISLE</u>State: <u>NC</u>Zip: <u>28594</u> Telephone number: 919–795–9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.COM 3. Licensed Soil Scientist (LSS) name: <u>HAYWOOD PITTMAN, LSS</u> License number: <u>1262</u> 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: _____ City: ___ ___ State: _____ Zip: ___ ____ E-mail Address: GENE'S BACKHOE Telephone number: 3795 5. On-Site Wastewater Contractor name: <u>HAYWOOD PITTMAN, LSS</u> 1340 TWO CLAUDE RD WILLOW S License number: WILLOW SPRINGS Mailing address: <u>1073-1 GREGORY FORK RD</u> City: <u>RICHLANDS</u> State: NC _ Zip: <u>28</u> TANORDAN@GMAIL.COM 919-625-7051 Telephone number: 910-324-2892E-mail Address: PITTMANSOIL@YAHOO.COM 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 LG X On-site Wastewater Contractor

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Raleigh, NC 27609 MAILING ADDRESS: 1642 Mail Service Center, Raleigh, NC 27699-1642 www.ncdhhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



6712 NC Hwy 50 N. Benson, NC 27504

Tanordan@gmail.com

01

Lot, Subdivision, Address Lot 35 Haven

System Type	EZ-FLOW OS TO REALCHON	
Tank Size	1000 GALLON	
System Info	4-75' DRAIN LINES 12-16" TRENCH DEPTH	

Installation Date 1-18-24

<u>Final I</u>	Inspection Date 1-18-24					
Install	ler Signature and Certification #	Th				
Date	3-5-24					

					GE	ENES-3		OP ID: CF
ACORD [®] CERTIFICATE OF			FIFICATE OF LIA	ABILITY INSURANCE				
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI	IVELY	OR NEGATIVELY AMEND, CE DOES NOT CONSTITUT	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HOLDE BY THE P	ER. THIS OLICIES
lf	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to the	terms and conditions of th	e policy, certain p	olicies may			
PRO	DUCER		19-639-4400	CONTACT Tudor's	Insurance /	Agency		
Tud 31 N	or's Insurance Agency Dunn Street			NAME: PHONE (A/C, No, Ext): 919-63	39-4400	FAX (A/C, No):		
РΟ	Drawer 1780 ier, NC 27501-1780			E-MAIL ADDRSS:				
	br's Insurance Agency			INSURER(S) AFFORDING COVERAGE NAIC #				
				INSURER A : Builder	s Mutual In	surance Co		
INSU Gen	^{RED} e's Backhoe Service, Inc. Jawa Claude Boad			INSURER B :				
1040	Two Claude Road w Spring, NC 27592			INSURER C :				
				INSURER D :				
				INSURER E :				
<u> </u>	/ERAGES CER		TE NUMBER:	INSURER F :		REVISION NUMBER:		
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INSR LTR	TYPE OF INSURANCE	ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	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- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	OTHER:					COMBINED SINGLE LIMIT	\$	1.000.000
~	AUTOMOBILE LIABILITY		DO 40001000	00/01/0004	00/01/0005	(Ea accident)	\$	1,000,000
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS		PCA0021090	03/01/2024	03/01/2025	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					BODILY INJURY (Per accident) 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		WOD4057400			PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A	WCP1057498	03/01/2024	03/01/2025	E.L. EACH ACCIDENT	\$	500,000
						E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000
tyl Pol	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ER NORDAN AND JEAN CARRO ICY. B DESCRIPTION: SEPTIC TANK IN	LL ÀR	E EXCLUDED ON THE W	· ·		red)	1	
CEI				CANCELLATION				
AMPDENG								
AMP'D ENGINEERING P.O. BOX 4580			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	EMERALD ISLE, NC 28594			AUTHORIZED REPRESENTATIVE Tudor's Insurance Agency				

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