AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

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 37 EOP 64 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-2209-0042 on January 18, 2024. Gene's Backhoe, the onsite wastewater contractor installed 5-60' 25% reduction lines (EZ Flow), Type Illg, 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,

ALE

DN: cn-Althan M. Parker, PE, c-ulS, o-AMPD Engineering, PLD Engineering, PLD Engineering, PLD Engineering, PLD Engineering, PLD Engineering, Com Date: 2024/03.14 13:09:37 - 04/00' Date: 2024/03.14 Date: 20

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

WINEER WAR

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

AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

PO Box 4580 Emerald Isle, NC 28594 4 athan.parker@ampdengineering.com Firm License Number P-1532

OWNER'S ACCEPTANCE LETTER
January 22, 2024

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

63 Veron Ct.

Willow Spring, NC 27592

Ref: Haven- Lot 37 EOP

64 Falls River C1

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-2209-0042 on January 18, 2024. Gene's Backhoe, the on-site wastewater contractor installed 5-60' 25% reduction lines (EZ Flow), Type Illg. 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).

Sincerely,

Athan M Parker, PE

President

AMP'd Engineering, PLLC Firm License No. P-1532

ALE

Page 1 of 2

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

Page 2 of 2

| Owner: | Harold G. Carroll, Jr. | AP2 | 3/6/24 |
|-------------|----------------------------------|---------------------------|---|
| OWNER | Print Name | Sign Name | Date |
| | | | |
| North Car | olina | | |
| | | | |
| Johnston | County | | |
| | Coomy | | |
| | | | |
| , Stephan | nie C Nordan a Notary P | ublic for said County and | State, do hereby |
| certify tha | † Harold G Carroll, Jr. | personally appeared b | efore me this day and |
| | | | |
| acknowle | dged the due execution of th | ne page 1 of 2 "Acceptar | nce Letter" from the PE. |
| Witness my | y hand and official seal, this t | he 6th day of March | , 20 <u>24</u> . |
| | | | |
| | | | |
| | | | |
| | | 0 | |
| | | | lephanie Churdan |
| | | 50 | |
| | | | Notania Nordan |
| My comm | ission expires August 25 | . 2025 | a RY |
| | | | Svephanie Svephanie Svephanie Svephanie No. |
| | | | Johnston NO. |
| | | | Johnston Johnston |
| | | | "Manning |

Owner: HAVEN S/D

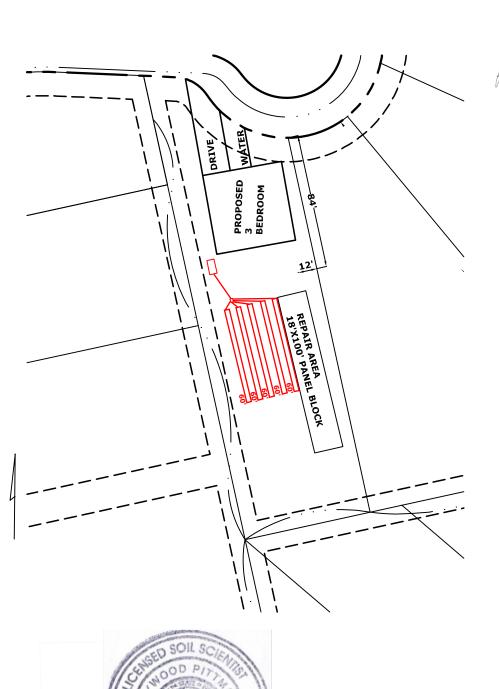
Address: LOT 37

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 3 BEDROOM

LTAR .3

EZ FLOW 5-60' 3-100' 25% REDUCTION LINES

12-16" TB

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

REPAIR AREA

3 BEDROOM

LTAR.3

2-100' PANEL BLOCK LINES

14" TB

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

FOR USE BY AMP'D ENGINEERING, PLLC **ONLY**

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
 - 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 SEAL 43250

WGINEEN WAR

| <u>PART 3:</u> | Authorization to Operat | e (A10) | | | |
|--|--|---|--|-------------------------------|--|
| Except for date r | received, the Section below is to be | completed by the Owner or by the EOP. | y the PE designated to | act as their legal represe | ntative for |
| LHD USE ONL | Y: Initial submittal of requ | est for ATO received: | | by | |
| | Date of Post-construction | | Date | Initials | |
| 1. Signed and a. Signed b. Drawin c. Report d. Mana e. On-sit f. Signed 2. Fee (as ap 3. Notarized Attestation by I, ATHAN Print name of Own HARNI | letter documenting Owner's the Owner or the PE for Au M. PARKER, PE ner or Professional Engineer | er's report that includes: oil conditions and site feat difficultion difficultion difficultion signed statement suant to 15A NCAC 18A .1 is acceptance of the system thorization to Operate hereby attest that all its the system shall meet ap | entures 2938(h) m from the PE ems indicated about the policable federal, Significance for the policy of the pol | | No N |
| Signature | of Owner or Professional Engineer | Jan. 2024.03.14 13.10 | Date | | |
| | | This section for LHD Use O | nly. | | |
| INCOMPLE Based upo missing fro | on review of information sub om the information required | omitted by the Owner or I I for an Authorization to (| Operate for an EO | P: | tems are |
| Copies of this s | signed form were sent to the | e design PE and the Owne | er on Date | via Email, FAX, USPS, Hand | -delivered |
| Print name of a | uthorized Agent of the LHD | Signature of authorize | ed Agent of the LHD | | Date |
| Operate is | E on review of information sub s hereby issued in accordanc complete NOI/ATO with trac | e with G.S. 130A-336.1(m | າ). | above, this Authorizat via | ion to |
| A copy of tills (| complete Noi/ATO with trac | wing information was ser | it to the state on | Date Email, FAX, USPS, Ho | · and-delivered |
| Print name of au | uthorized Agent of the LHD | Signature of authorize | ed 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 | | | | | | | |
| X Single System or | | | | | | | |
| 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 919-410-5704 CAMERON. ADAMS 1087@GMAIL. COM Telephone number: 252-777-0141 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: | | | | | | | |
| | | | | | | | |
| 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: | | | | | | | |
| ▼ PE ▼ LSS □ LG ▼ On-site Wastewater Contractor ■ Contracto | | | | | | | |

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



6712 NC Hwy 50 N. Benson, NC 27504

Tanordan@gmail.com

| Lot, Subdivision, Address Lot 37 Haven | |
|--|---|
| System Type EZ FLOW 25 % REDUCTION | _ |
| Tank Size 1000 GALLON | |
| System Info 5-60 DRAIN LINES 12-116" TRENCH DEPTH | |
| | |
| Installation Date $1-18-24$ | |
| Final Inspection Date 1-18-24 Installer Signature and Certification # | |
| Date 3-5-24 | |

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

| | f SUI | BROGATION IS \ | NAIVED, subje | ct to t | he te | rms and conditions of the | ne polic | cy, certain p | olicies may | | nt. A | statement on |
|---|------------------------|--|---|-------------------------|---|--|--|---|------------------------------------|---|--------------|----------------------|
| this certificate does not confer rights to the certificate holder in lieu of supproducer 919-639-4400 Tudor's Insurance Agency 31 N Dunn Street | | | | | CONTACT Tudor's Insurance Agency PHONE (A/C, No, Ext): 919-639-4400 FAX (A/C, No): | | | | | | | |
| PC |) Dra | wer 1780 NC 27501-1780 | | | | | E-MAIL ADDRE | SS: | | | | |
| Tuc | gier, lor's | Insurance Agend | су | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| | | | | | | | INSURER A : Builders Mutual Insurance Co | | | | | |
| INS | URED | Baakhaa Camiiaa | lma | | | | INSURER B: | | | | | |
| 134 | 0 Tw | Backhoe Service | , inc. | | | | INSURER C: | | | | | |
| Wil | low S | Spring, NC 27592 | | | | | INSURE | RD: | | | | |
| | | | | | | | INSURE | RE: | | | | |
| | | | | | | | INSURE | RF: | | | | |
| CC | VEF | RAGES | CI | RTIF | CATE | E NUMBER: | | | | REVISION NUMBER: | | |
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| INSF LTR | | TYPE OF INSU | JRANCE | ADDI INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMI | TS | |
| Α | X | CLAIMS-MADE | X OCCUR | | | PCP0003947 | | 03/01/2024 | 03/01/2025 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 100,000 |
| | | | | | | | | | | MED EXP (Any one person) | \$ | 5,000 |
| | | | | _ | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEI | N'L AGGREGATE LIMIT | APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | | 2,000,000 |
| | | POLICY PRO- | LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | | OTHER: | | | | | | | | | \$ | |
| Α | ΑU | TOMOBILE LIABILITY | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | X | ANY AUTO | | | | PCA0021090 | | 03/01/2024 | 03/01/2025 | BODILY INJURY (Per person) | \$ | |
| | | OWNED AUTOS ONLY SCHEDULED AUTOS | | | | | | | | BODILY INJURY (Per accident |) \$ | |
| | | HIRED AUTOS ONLY | 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 RETENT | • | 00 | | | | | | | \$ | |
| Α | WO! | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | | PER OTH- STATUTE ER | | |
| | ANY | PROPRIETOR/PARTNE | OPRIETOR/PARTNER/EXECUTIVE R/MEMBER EXCLUDED? | | | WCP1057498 | | 03/01/2024 | 03/01/2025 | E.L. EACH ACCIDENT | \$ | 500,000 |
| | | | | | | | | | | E.L. DISEASE - EA EMPLOYE | E \$ | 500,000 |
| | DÉS | s, describe under CRIPTION OF OPERA | TIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 500,000 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| ΤY | | NORDAN AND | | | | D 101, Additional Remarks Schedu EXCLUDED ON THE W | | | | red) | | |
| _ | | | | | | | | | | | | |
| JO | B DE | ESCRIPTION: S | EPTIC TANK | INST | ALLA | ATION | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| CE | RTIF | FICATE HOLDER | <u> </u> | | | AFFRENCE | CANO | CELLATION | | | | |
| | | | | | | 600 | NII D ANV OF | THE ADOVE D | ESCRIBED DOLLOIES BE | ~ A NI ^ I | ELLED REFORE | |
| | | | | | | 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 | | | | | | |