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 59 EOP 108 Harmony Trl 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-2209-0043 on February 22, 2024. Gene's Backhoe, the onsite wastewater contractor installed 5-50' 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

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OWNER'S ACCEPTANCE LETTER February 27, 2024

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

Ref: Haven- Lot 59 EOP 108 Harmony Trl 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-2209-0043 on February 22, 2024. Gene's Backhoe, the on-site wastewater contractor installed 5-50' 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).

Sincerely,

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



Page 1 of 2

Civil Engineer - Consulting Engineer - Land Development

Owner:Harold G. Carroll, Jr.	the	3/2/23
Print Name	Sign Name	Date
North Carolina		
Johnston County		
I, <u>Stephanie C Nordan</u> , a Notary Pub	lic for said County and SI	tale, do hereby
certify that <u>Harold G. Carroll, Jr.</u>	personally appeared bet	fore me this day and
acknowledged the due execution of the	page 1 of 2 "Acceptanc	e Letter" from the PE.
Witness my hand and official seal, this the	2nd day of March	, 20 <u>24</u> .

Frighest 25 My commission expires \bot

Notary Public X2025 munning,

Page 2 of 2

Owner:HAVEN S/DAddress:LOT 59Location:PLACID POND DRIVE

WATER

DAINE

UISO4040

REPAIR 16'Y42' AREA ANEL BLOCK

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 .36 EZ FLOW 5-50' 25% REDUCTION LINES 12-16" TB >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA

3 BEDROOM LTAR .36 4-42' PANEL BLOCK LINES 14" TB >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM



FOR USE BY AMP'D ENGINEERING, PLLC ONLY

SCALE 1"=60'

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

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	X 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)	🔀 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).

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	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 subr Operate is hereby issued in accordance	nitted by the Owner or PE in the Section with G.S. 130A-336.1(m).	above, this Authorization to
A copy of this complete NOI/ATO with track	ing information was sent to the State on	 Date Email, FAX, USPS, Hand-delivere
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

Lot, Subdivision, Address Lot 59 Haven

System Type E-2 FLOW 25 % REDUCTION

Tank Size LODO Gauan

System Info	5-50'	DRAIN	LINES	
	12-10	TRENCH	PEPTH	

Installation Date 2-15-24

Final Inspection Date 2-15-24

Installer Signature and Certification #

Date 3-5-24

					GE	ENES-3		OP ID: CF
ACORD [®] CERTIFICATE OF LIA		ABILITY 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.								
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):		
P O Drawer 1780				E-MAIL ADDRESS:				
	ier, NC 27501-1780 or's Insurance Agency			INSURER(S) AFFORDING COVERAGE NAIC #				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 :				
0	/ERAGES CER		TE NUMBER:	INSURER F :		REVISION NUMBER:		
TH IN CI	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ETTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	OF INS	SURANCE LISTED BELOW HAV MENT, TERM OR CONDITION N, THE INSURANCE AFFORDI	OF ANY CONTRACT ED BY THE POLICIE) THE INSURE OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то wh	ICH THIS
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				24 03/01/2025	PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A	WCP1057498	03/01/2024		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
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) TYLER NORDAN AND JEAN CARROLL ARE EXCLUDED ON THE WORKER'S COMPENSATION POLICY. JOB DESCRIPTION: SEPTIC TANK INSTALLATION								
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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