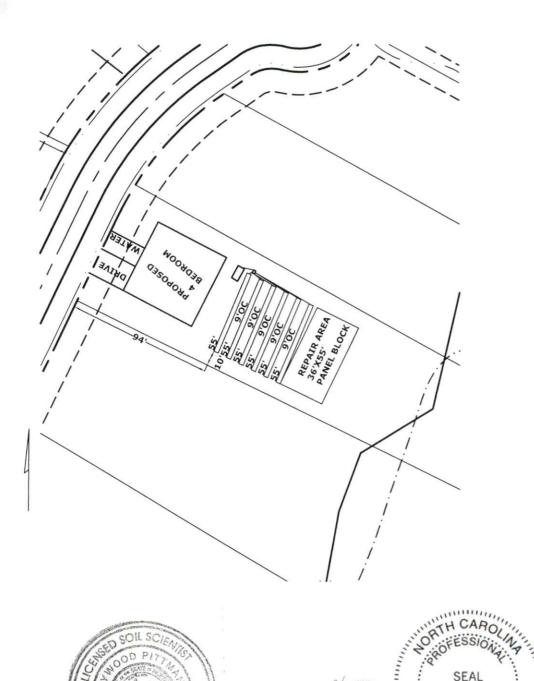
Owner: HAVEN S/D

Address: LOT 59

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 .36
6-55' 25% REDUCTION LINES
12-16" TB
>6" SOIL COVER REQUIRED OVER
SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA

AN M. PAR

4 BEDROOM LTAR .36 4-55' 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 59, 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 24-28" from the surface with a clay loam texture. I have assigned an LTAR of 0.36 gpd/sqft for a 480 gpd 4 bedroom residence. This will require the installation of 6-55' 25% reduction lines that shall be installed in accordance with the current rules. The depth to soil wetness of 24-28" would constitute a 12-16" 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 4-55' panel block lines installed at a depth of 14" from the surface (LTAR 0.36).

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

MACRUOOD PATTIMAN SA



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.

	SUBROGATION IS WAIVED, subject to his certificate does not confer rights to						may require	an endorsement. A state	ement o	on		
PRODUCER						CONTACT Kira Gibson, AINS, SBCS						
The Sewell Insurance Agency						PHONE (910) 326-5754 FAX (910) 326-6310						
785-1 W Corbett Ave						(A/C, No. Ext): (910) 320-03134 (A/C, No): (910) 320-0310 E-Mail						
PO Box 835					INSURER(S) AFFORDING COVERAGE					NAIC#		
Swansboro NC 28584					INSURER A: Bankers Insurance Group					33162		
INSURED					INSURER B: Progressive Southeastern					38784		
AMP'D Engineering PLLC					INSURER C: NorGUARD Insurance Company					31470		
PO Box 4580					SURER D: Berkshire Hathaway GUARD Insurance Company							
						INSURER E :						
Emerald Isle			NC 28594			INSURER F:						
COVERAGES CERT			TIFICATE NUMBER: CL222170383									
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUIRENTIFICATE MAY BE ISSUED OR MAY PERTACLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI OLICIE:	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA	ACT OR OTHER IES DESCRIBEI CED BY PAID CL	DOCUMENT V DHEREIN IS S AIMS.	WITH RESPECT TO WHICH T	HIS			
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	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	φ	0,000		
	CLAIMS-MADE X OCCUR						03/02/2023	PREMISES (Ea occurrence) \$ 300		000		
								MED EXP (Any one person)	\$ 10,000			
Α				32 0040007108 0 02		03/02/2022		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		_	
	OTHER:		_					Add'l for policy minimum	\$	0.000	_	
	AUTOMOBILE LIABILITY							(Ea accident)	accident) \$ 1,000,00			
_	ANY AUTO OWNED SCHEDULED					11/05/2021	11/05/2022	BODILY INJURY (Per person)	\$			
В	AUTOS ONLY AUTOS NON-OWNED			01335494				BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
_		_							\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		_	
	EXCESS LIAB CLAIMS-MADE	CLAIMS-MADE						AGGREGATE	\$			
_	DED RETENTION \$ WORKERS COMPENSATION							PÉR OTH-	\$			
	AND EMPLOYERS' LIABILITY Y / N		AMWC35			03/01/2022	03/01/2023	➤ PER STATUTE OTH-	e 500	000	_	
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		AMWC357500				E.L. EACH ACCIDENT	F00		_	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$ 500,0			_	
-	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$ 500	,000	_	
D	D Professional Liability			AMPL339476		03/01/2022	03/01/2023	Per Claim Aggregate	2000	\$1,000,000 \$2,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
CERTIFICATE HOLDER						CANCELLATION						
AMP'D Engineering PLLC PO 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.						

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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). CONTAC' PRODUCER PHONE (A/C, No, Ext): E-MAIL ADDRESS: N.C. Farm Bureau Ins. Agency 5301 Glenwood Avenue (27612) P.O. Box 27427 INSURER(S) AFFORDING COVERAGE NAIC # INSURERA: Capitol Specialty Insurance Corporation Raleigh NC 27611 INSURED INSURER B Ronald H. Pittman, II DBA INSURER C : Pittman Soil Consulting INSURER D : 1003 Gregory Fork Rd INSURER E: NC 28574 Richlands INSURER F COVERAGES CERTIFICATE NUMBER: CL2272123407 **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 ADDE SUBR LIMITS TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED 50.000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) \$ 5,000 MED EXP (Any one person) X Professional Liability EV20182381-05 07/19/2022 07/19/2023 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'LAGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 2,000,000 POLICY PRODUCTS - COMP/OP AGG \$ s 1M/2M Professional Occ/Agg OTHER COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$ ANY AUTO BODILY INJURY (Per person) . OWNED AUTOS ONLY HIRED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE \$ AUTOS ONLY AUTOS ONLY \$ UMBRELLALIAR OCCUR EACH OCCURRENCE EXCESS LIAB AGGREGATE CLAIMS-MADE \$ RETENTION \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EL FACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$1,000,000 Each Incident Contractors Pollution Liability -EV20182381-05 07/19/2022 07/19/2023 Aggregate Limit \$2,000,000 Occurence Form 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 REFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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