Owner: JENNY MCPHAIL ALLEN

Address: LOT 3

Location: OLD US 421

PROPERTY INFORMATION OBTAINED VIA PRELIMINARY PLAT BY RESIDENTIAL LAND SERVICES, PLLC., DATED APRIL 4, 2022.

PITTMAN SOIL CONSULTING

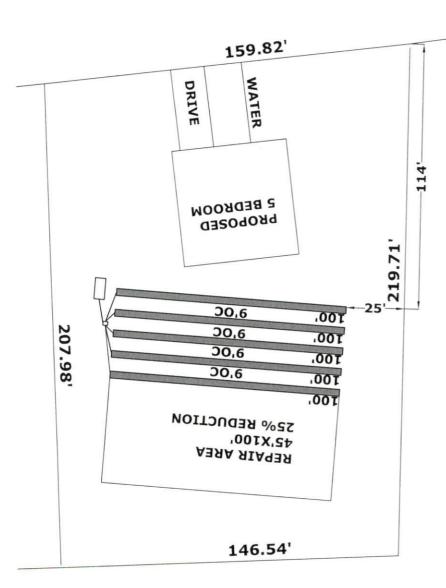
PO BOX 1387

RICHLANDS, NC 28574

910-330-2784

pittmansoil@yahoo.com







INITIAL

5 BEDROOM

LTAR .3

5-100' 25% REDUCTION LINES

18-20" TB

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

REPAIR AREA

5 BEDROOM

LTAR .3

5-100' 25% REDUCTION LINES

18-20" 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@vahoo.com

August 15, 2022

Ref: OLD US 421 LOT 3

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 were conducted across the site and 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. The soil wetness condition was found to be 38" from the surface with a clay loam texture. I have assigned an LTAR of 0.3 gpd/sqft for a 600 gpd 5 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 38" would constitute a 18-20" 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 5-100' 25% reduction lines installed at 18-20" from the surface (LTAR 0.3gpd).

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

HACAUOOD PATTMAN AS



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).

PRODUCER				CONTAC NAME:	Kira Gibso	on, AINS, SBC	S			
The Sewell Insurance Agency					PHONE (910) 326-5754 FAX (910) 326-6310					
785-1 W Corbett Ave	-1 W Corbett Ave LACK No. Ext E-MAIL ADDRESS:				kira@thec	sewellagency.c				
PO Box 835					INSURER(S) AFFORDING COVERAGE					
					Part and the control of the control					
INSURED					Drawaging Contheastern					
AMP'D Engineering PLLC					INSURER B: Progressive Southeastern INSURER C: NorGUARD Insurance Company					
PO Box 4580					Padvahira Hathaway CHARD Insurance Company					
FO BOX 4360					INSURED :					
Emerald Isle		NC 28594	INSURER E:							
	TIFIC	ATE		INSURE	RF:		DEVICION NUMBER			
			TOMBETT.	-	TO THE INCLI	DED NAMED A	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.										
INSR LTR TYPE OF INSURANCE	ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
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PRO-							GENERAL AGGREGATE	000,000		
J 5201 5201							PRODUCTS - COMP/OP AGG \$ 2 Add'l for policy minimum \$			
OTHER: AUTOMOBILE LIABILITY		-					COMBINED SINGLE LIMIT . 1	000,000		
ANY AUTO							(Ea accident) \$ 1 BODILY INJURY (Per person) \$	000,000		
D COMPLET			01335494	11/05/201	11/05/2021	11/05/2022	BODILY INJURY (Per accident) \$			
AUTOS ONLY SONED			01000494		11/03/2021	11/03/2022	PROPERTY DAMAGE \$			
AUTOS ONLY AUTOS ONLY							(Per accident)			
	-						\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
DED RETENTION \$ WORKERS COMPENSATION	-						PER OTH-			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							↑ STATUTE ER			
		AMWC357500			03/01/2022	03/01/2023	L.L. LAGITAGGIDLIAT	00,000		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EX LIVIT LOTTLE \$	00,000		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 5	00,000		
Professional Liability										
D Training			AMPL339476		03/01/2022	03/01/2023		1,000,000		
							Aggregate \$	2,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)				
CERTIFICATE HOLDER				CANC	ELLATION					
				T						
AMP'D Engineering PLLC					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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 this certificate does not confer rights to						may require	an endorsement. A state	ement o	on	
PRODUCER					CONTACT NAME:					
N.C. Farm Bureau Ins. Agency					PHONE FAX					
5301 Glenwood Avenue (27612)					E-MAIL					
P.O. Box 27427					ADDRESS: INSURER(S) AFFORDING COVERAGE NA					
Raleigh NC 27611					INSURER(S) AFFORDING COVERAGE INSURER A: Capitol Specialty Insurance Corporation					
INSURED					INSURERA.					
Ronald H. Pittman, II DBA	INSURER B:									
Pittman Soil Consulting					INSURER C:					
					INSURER D :					
1003 Gregory Fork Rd					INSURER E :					
					INSURER F:					
The state of the s			NUMBER: CL227212340				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH PY	REME AIN, TI	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA	ACT OR OTHER	DOCUMENT V	MTH RESPECT TO WHICH T	HIS		
INSR LTR TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP	LIMIT	e		
COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MWDD/YYYY)	(MM/DD/YYYY)		s 1,00	0.000	
							DAMAGE TO RENTED	\$ 50,0		
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	F 00		
A Professional Liability			EV20182381-05		07/19/2022	07/19/2023	MED EXP (Any one person)	s 1,00		
A Professional Liability			EV20102301-05		07/19/2022	07/19/2023	PERSONAL & ADV INJURY			
GEN'LAGGREGATE LIMIT APPLIES PER:	1						GENERAL AGGREGATE	\$ 2,00		
POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	*	0,000	
OTHER							Professional Occ/Agg COMBINED SINGLE LIMIT	\$ 1M/2	2M	
AUTOMOBILE LIABILITY							(Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	s		
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$	7							s		
WORKERS COMPENSATION							PER OTH-			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. EACH ACCIDENT	s		
							E.L. DISEASE - EA EMPLOYEE	EE \$		
							E.L. DISEASE - POLICY LIMIT \$			
DÉSCRIPTION OF OPERATIONS below	-						Each Incident	-	00,000	
A Contractors Pollution Liability - Occurence Form			EV20182381-05		07/19/2022	07/19/2023	Aggregate Limit		00,000	
DESCRIPTION OF CORPATIONS ASSESSMENT	E8 /40	OPP 1	01 Additional Remarks Rehad its	mau he -	Hached If mom	nace is required				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	JOKO 1	ut, Auditional Remarks Schedule,	may be a	nacieu ii niore a	pece is required)				
CERTIFICATE HOLDER				CANC	ELLATION					
				SHO THE ACC	OULD ANY OF T	THE POLICY	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.) BEFORE	
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