## AMP'd Engineering, PLLC

Civil Engineer - Consulting Engineer - Land Development

CERTIFICATION LETTER
January 10, 2025

To: Mr. Oliver Tolksdorf, REHS
Environmental Health Supervisor
Harnett County Health Dept
307 W Cornelius Harnett Blvd
Lillington, NC 27546

Ref: Haven- Lot 53 EOP 147 Harmony Trail

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 SFD2209-0052 on October 18, 2024. Gene's Backhoe, the on-site wastewater contractor as permitted installed 5-45' 25% Reduction Lines (EZ Flow), Type Illg, with 12-24" TB as designed and permitted. The system was revised to a 3-bedroom (360 GPD) system as shown on the 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



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

## AMP'd Engineering, PLLC

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

OWNER'S ACCEPTANCE LETTER
October 29, 2024

To:

Carroll Construction Homes, Inc (the "Owner")

63 Veron Ct.

Willow Spring, NC 27592

Ref:

Haven- Lot 53 EOP

147 Harmony Trail

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 SFD2209-0052 on October 18, 2024. Gene's Backhoe, the on-site wastewater contractor installed 5-45' 25% Reduction Lines (EZ flow), Type Illg, with 12-24" 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,

Digitally signed by 72ab0a09-8ce8-4ba7-bca1-321136826620 DN: cn=72ab0a09-8ce8-4ba7bca1-321136826620

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

ALE

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

Owner: Harold G. Carroll. DE Print Name	Sign Name	10/29/24 Date
North Carolina		
Anstan county		
I. Amarda P. Wrauhtana Notary Public for certify that Harold G. Chradl Sr. person	or said County and Sto	ate, do hereby ore me this day and
acknowledged the due execution of the pag	e 1 of 2 "Acceptance	e Letter" from the PE.
Witness my hand and official seal, this the $2^{\circ}$	Laay of October	
		1.0
		Inda P. Whughton Notary Public
My commission expires October 21	. 20 <u>21</u> 9.	Page 2 of 2
		Page <b>2</b> of <b>2</b>

**Owner:** HAVEN S/D

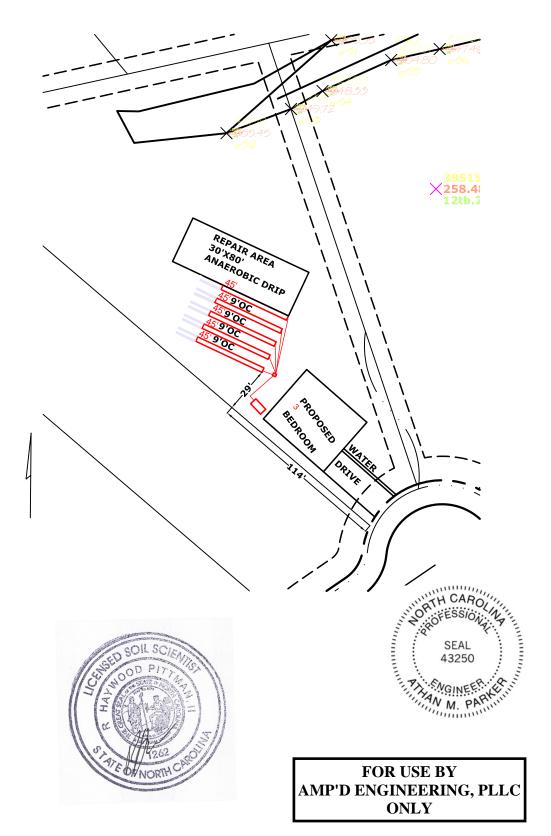
Address: LOT 53

**Location: 147 HARMONY TRAIL** 

LOT INFORMATION OBTAINED VIA PLAT BY STANCIL AND ASSOCIATES FOR XCESSICE RISK DEVELOPMENT, DATED APRIL 27, 2019.

PITTMAN SOIL CONSULTING
PO BOX 1387
RICHLANDS, NC 28574
910-330-2784

pittmansoil@yahoo.com



INITIAL

3-4-BEDROOM LTAR .4

5-45'-5-60' 25% REDUCTION LINES 12-24" TB >6" SOIL COVER REQUIRED O

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

#### **REPAIR AREA**

3-4BEDROOM LTAR .2 30'X80' ANAEROBIC DRIP LINES 6" TB >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

# 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
  - o <a href="https://content.ces.ncsu.edu/septic-systems-and-their-maintenance">https://content.ces.ncsu.edu/septic-systems-and-their-maintenance</a>

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	e (ATO)				
Except for date red	ceived, the Section below is to be	completed by the Owner of the EOP.	or by the PE desig	gnated to act	as their legal represe	ntative for
LHD USE ONLY	: Initial submittal of reque	est for ATO received:			by	
	Date of Post-construction		Date		Initials	
C.II :				<del></del>	500	
	ems are included in this sub sealed copy of the Enginee			rate under	an EOP:	
•	and sealed evaluation of so	oil conditions and site	features		X Yes	☐ No
	igs, specifications, plans				X Yes	∐ No
	s on special inspections and	final inspection			X Yes	∐ No
_	ement Program manual				X Yes	∐ No
	Wastewater Contractor's s	_	A 4020(L)		X Yes	∐ No
_	and sealed statement purs	uant to 15A NCAC 18	A .1938(n)		X Yes	∐ No
<ol> <li>Fee (as app</li> <li>Notarized let</li> </ol>	olicable) etter documenting Owner's	acceptance of the sy	stem from the	e PE	X Yes X Yes	∐ No □ No
Attestation by t	the Owner or the PE for Aut	thorization to Opera	te			
ı, <u>ATHAN</u>	M. PARKER, PE	hereby attest that a	ll items indica	ted above l	have been provid	ed to the
Print name of Owne	er or Professional Engineer					
нариг	TT County LHD and t	the system shall mee	t annlicable fe	daral State	and local laws	
	es and ordinances in accord			derai, State	s, and local laws,	
regulations, raic	.s and oramanees in accord	unce with 6.5. 150/(	330 .1(0)(0).			
			January :	10, 2025	) )	
Signature of	f Owner or Professional Engineer		Date			
		This section for LHD Us	se Only.			
LHD Review of r	required information for th	e ATO				
☐ INCOMPLET	ΓF					
	review of information sub	mitted by the Owner	or PF in the S	ection abov	ve the following i	items are
	m the information required				re, the following i	items are
			10 <b>0</b> por a 10 10			
Copies of this sign	gned form were sent to the	design PE and the O	wner on	vi	ia	
·		J		Date Ei	mail, FAX, USPS, Hand	d-delivered
Print name of aut	horized Agent of the LHD	Signature of auth	orized Agent of th	he LHD		Date
COMPLETE						
•	n review of information sub hereby issued in accordance	· · · · · · · · · · · · · · · · · · ·		ection abov	e, this Authoriza	tion to
A copy of this co	omplete NOI/ATO with trac	king information was	sent to the St		via	
				Date	e Email, FAX, USPS, H	and-delivered
Print name of aut	horized Agent of the LHD	Signature of auth	orized Agent of th	he 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								
AND								
∑ New								
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								
7919-410-5704 CAMERON.ADAMS1087@GMAIL.COM 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: <u>HAYWOOD PITTMAN</u> , 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:         State:         Zip:								
Telephone number:								
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



## 6712 NC Hwy 50 N. Benson, NC 27504

### Tanordan@gmail.com

Lot, Subdivision, Address Lot 53 Haven
System Type 25% Reduction
Tank Size 1,000 Julion Septil Tank
System Info Firstalled 5 45' KZ flow lines @ 18"-24"TB
Installation Date NOV 4,2024
Final Inspection Date Nov 4, 2024
Installer Signature and Certification #
Date  2-19-24

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.

If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to the certificate data and the second subject to the certificate holder is	to th	ne tei	ms and conditions of the	e polic	y, certain po	olicies may r			
	nis certificate does not confer rights to	the						\aencv		
Tudor's Insurance Agency				1 000 4400	CONTACT Tudor's Insurance Agency PHONE (A/C No. 574): 919-639-4400  FAX (A/C No. 574): 919-639-4400					
	N Dunn Street Drawer 1780			_	(A/C, No E-MAIL ADDRE	<i>ι</i> , ∟∧ι <i>)</i> .		(A/C, No):		
Ang	gier, NC 27501-1780				ADDRE					
Tuc	lor's Insurance Agency				INSURER(S) AFFORDING COVERAGE					NAIC #
INICI	IDED				INSURER A : Builders Mutual Insurance Co					
Ger	JRED le's Backhoe Service, Inc. 0 Two Claude Road				INSURE					
Will	ow Spring, NC 27592				INSURE					
					INSURER D :  INSURER E :					
	WEDACES CEDI		` A T F	· NUMBED.	INSURE	KF:		DEVICION NUMBER.		
	VERAGES CERT  HIS IS TO CERTIFY THAT THE POLICIES			NUMBER:	/C DCC	N ICCUED TO		REVISION NUMBER:	IE DO	LICY DEDICE
IN C	NDICATED. NOTWITHSTANDING ANY REGETIFICATE MAY BE ISSUED OR MAY P XCLUSIONS AND CONDITIONS OF SUCH F	QUIR PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL NSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	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- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			PCA0021090		03/01/2024	03/01/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED 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 RETENTION\$ 10000								\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
		N/A		WCP1057498		03/01/2024	03/01/2025	E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)	1/ /						E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
ΤΥI	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL LER NORDAN AND JEAN CARROL LICY.	•		•				ed)		
ורי	B DESCRIPTION: SEPTIC TANK IN	CT.		TION						
JUI	B DESCRIPTION: SEPTIC TANK IN	31 <i>F</i>	\LLP	TION						
CE	RTIFICATE HOLDER			AMPDENG	CANO	ELLATION				
AMP'D ENGINEERING P.O. BOX 4580 EMERALD ISLE, NC 28594					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					