

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner or the PE.

LHD USE ONLY:	Initial submittal of request for ATO received: <u>10-24-23</u>	by <u>MAO</u>
	<small>Date</small>	<small>Initials</small>
	Date of Post-construction Conference: _____	
	Post-construction Conference waived in accordance with G.S. 130A-336.1(j): _____	

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 the information in G.S. 130A-336.1(k)(1) and 15A NCAC 18A .1971(f) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Operation and management program and ORC contract, if applicable | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Fee (as applicable) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Notarized letter documenting Owner's acceptance of the system from the PE | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Easement, right of way, or encroachment agreement required per 15A NCAC 18A .1938(j) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- If yes, agreements filed in _____ County Register of Deeds in Deed Book _____ Page _____

Attestation by the Owner or the PE for Authorization to Operate

I, ATHAN M. PARKER hereby attest that all items indicated above have been provided to the HARNETT 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).


Digital signed by ATHAN M. PARKER, PE
 CN=ATHAN M. PARKER, PE, O=EMPE
 ENGINEERING, PLLC,
 email=ATHAN.PARKER@EMPEENGINEERING.COM
 DN: 2023.10.23 15:22:31 -0400

 Signature of Owner or Professional Engineer Date

This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE

Based upon review of information submitted 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 design PE and the Owner on _____ 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 submitted in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.1(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on 10-25-23 via Email.

Mark Osborne REHS Mark Osborne REHS
Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

10-25-23
Date

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO 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.

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

CERTIFICATION LETTER

October 23, 2023

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

**Ref: Pop Homes-RDU LLC EOP
Lot 68 – Poplar Mills
Bunn Level, 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 SFD2306-0013 on October 12, 2023. Thornton's Plumbing, the on-site wastewater contractor as permitted installed 4-75' 25% reduction lines (EZ Flow), Type IIIg, with 18" TB as designed and permitted. 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,

 Digitally signed by ATHAN M. PARKER, PE
DN: cn=ATHAN M. PARKER, PE, o=US, ou=AMP'D
ENGINEERING, PLLC,
email=ATHAN.PARKER@AMPDENGINEERING.COM
Date: 2023.10.23 15:21:44 -0400

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



Attachment: Owner's acceptance of the system, ATO Sheet, Septic Standards Letter, 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
(252) 777-0141 ✦ athan.parker@ampdengineering.com
Firm License Number P-1532

OWNER'S ACCEPTANCE LETTER October 12, 2023

To: POP HOMES-RDU LLC (the "Owner")
117 Christopher Dr.
Clayton, NC 27520

Ref: Pop Homes-RDU LLC EOP
Lot 68 – Poplar Mills
Bunn Level, Harnett County, NC


Dear Pop Homes-RDU, LLC,

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 SFD2306-0013 on October 12, 2023. Thornton's Plumbing, the on-site wastewater contractor as permitted installed 4-75' 25% reduction lines (EZ Flow), Type IIIg, with 18" TB as designed and permitted. 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

Digitally signed by ATHAN M. PARKER PE
DN: cn=ATHAN M. PARKER, o=AMP'D
ENGINEERING, LLC
email=ATHAN.PARKER@AMPDENGINEERING.COM
Date: 2023.10.12 14:31:50 -0400



AMP'd Engineering, PLLC

Civil Engineer – Consulting Engineer – Land Development

Owner: PATRICK LAMM [Signature] 10/13/2023
Print Name Sign Name Date

North Carolina

WAKE County

I, SUZANNE L. RUMLEY a Notary Public for said County and State, do hereby
certify that PATRICK LAMM personally appeared before me this day and
acknowledged the due execution of the page 1 of 2 "Acceptance Letter" from the PE.
Witness my hand and official seal, this the 13th day of OCTOBER, 2023

SUZANNE L RUMLEY
Notary Public, North Carolina
Wake County
My Commission Expires
November 22, 2025

[Signature]

Notary Public

My commission expires NOVEMBER 22, 2025

PITTMAN SOIL CONSULTING
PO BOX 1387
RICHLANDS, NC 28574
910-330-2784
pittmansoil@yahoo.com

Owner: POPLAR MILLS
Address: LOT 68
Location: 536 LAKERUN DRIVE

PROPERTY INFORMATION OBTAINED VIA SURVEY BY
 PIEDMONT SURVEYING, FOR POPLAR MILLS RUN
 SUBDIVISION, PHASE II, DATED JANUARY 3, 1996.



INITIAL
 4 BEDROOM
 LTAR 4 **EZ FLOW**
 4-75' 25% REDUCTION LINES
 18" TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
 4 BEDROOM
 LTAR 0.4
 3-67' PANEL BLOCK
 14" TB
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM



SCALE 1"=40'

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

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 <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).

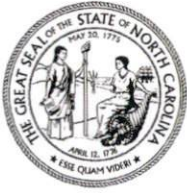
Sincerely,



Digitally signed by ATHAN M. PARKER, PE
DN: o=A THAN M. PARKER, PE, c=US, o=AMP'D
ENGINEERING, PLLC,
email=ATHAN.PARKER@AMPDENGINERING.COM
Date: 2023.10.25 15:22:15 -0400

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





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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 _____
Date Initials

PART 1: Notice of Intent to Construct (NOI) - Please check all that apply

Single System or Multiple Systems

AND

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.): _____

POP HOMES-RDU, LLC
T AND H PROPERTIES

Mailing address: 117 CHRISTOPHER DR. City: CLAYTON State: NC Zip: 27520
~~PO BOX 578~~ ~~DUNN~~ ~~28335~~

Telephone number: 919-525-5856 E-mail Address: PATRICK@MYPOPHOMES.COM
~~859-489-7514~~

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: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

5. On-Site Wastewater Contractor name: THORTON'S PLUMBING, INC License number: 3825
3160-A VINSON ROAD CLAYTON 27527

Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574
919-550-4833 TPIPLANNER@GMAIL.COM

Telephone number: 910-324-2892 E-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:

PE LSS LG 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

3160-A Vinson Road
Clayton, NC 27527
919-550-4833 Office
919-550-1637 Fax

Thornton's Plumbing, Inc.
Thornton's Footing, Hauling & Septic, Inc.

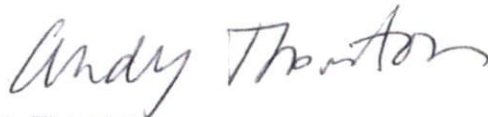
October 20, 2023

RE: **Septic Install**
Lot 68 Poplar **Branch Mills**
POP Homes
536 ~~Lakeview Dr~~ **Lakerun Dr.**
Bunnlevel NC

On October 9, 2023, our company installed a 1000 gallon gravity system and 900 sq ft of drain field for POP Homes.

Any questions please contact our office.

Sincerely,



Andy Thornton
License # 2534 Grade Level II
Thornton's Footing, Hauling and Septic
tpiplanner@gmail.com
919-550-4833
Fax:919-550-1637



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/22/2023

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 Oakbridge Insurance Agency LLC 4011 Westchase Boulevard, Raleigh, NC 27607 120 Raleigh NC 27607	CONTACT NAME: Rhonda Brooks, CISR PHONE (A/C, No, Ext): 9197415284 E-MAIL ADDRESS: rhonda@pittgroupllc.com	FAX (A/C, No):													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Firstline Insurance Company</td> <td>40100</td> </tr> <tr> <td>INSURER B : Harford Mutual Insurance Company</td> <td>14141</td> </tr> <tr> <td>INSURER C : Builders Premier Insurance Company</td> <td>13036</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Firstline Insurance Company	40100	INSURER B : Harford Mutual Insurance Company	14141	INSURER C : Builders Premier Insurance Company	13036	INSURER D :		INSURER E :		INSURER F :
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INSURER D :															
INSURER E :															
INSURER F :															
INSURED THORPLU-01 Thornton's Plumbing, Inc. & Thornton's Footings, Hauling And Septic Inc 3160A Vinson Rd Clayton 27527															

COVERAGES

CERTIFICATE NUMBER: 1404072231

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			MP10804025	5/26/2023	5/26/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA10803332	5/26/2023	5/26/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU10815458	5/26/2023	5/26/2024	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	PWC1016269	5/26/2023	5/26/2024	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Septic Install 76 Bunn Ct. Bunnlevel, NC 28323

CERTIFICATE HOLDER**CANCELLATION**
 Amp'd Engineering
 PO 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

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