



Initial Application Date: 6/19/2023

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: CARROLL CONSTRUCTION HOMES INC Mailing Address: 63 VERON CT

City: WILLOW SPRING State: NC Zip: 27592 Contact No: 919-410-5704 Email: CAMERON.ADAMS1087@GMAIL.COM

APPLICANT*: AMP'D ENGINEERING, PLLC Mailing Address: 8754 REED DR STE 14

City: EMERALD ISLE State: NC Zip: 28594 Contact No: 252-777-0140 Email: ATHAN.PARKER@AMPDENGINEERING.COM

*Please fill out applicant information if different than landowner

ADDRESS: HAVEN LOT 58 PIN: 9597-48-8908.000

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

[X] SFD: (Size ___ x ___) # Bedrooms: 3 # Baths: ___ Basement(w/wo bath): ___ Garage: ___ Deck: ___ Crawl Space: ___ Slab: ___ Slab: ___ Monolithic
TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

[] Modular: (Size ___ x ___) # Bedrooms ___ # Baths ___ Basement (w/wo bath) ___ Garage: ___ Site Built Deck: ___ On Frame ___ Off Frame ___
TOTAL HTD SQ FT (Is the second floor finished? () yes () no Any other site built additions? () yes () no

[] Manufactured Home: ___ SW ___ DW ___ TW (Size ___ x ___) # Bedrooms: ___ Garage: ___ (site built? ___) Deck: ___ (site built? ___)

[] Duplex: (Size ___ x ___) No. Buildings: ___ No. Bedrooms Per Unit: ___ TOTAL HTD SQ FT

[] Home Occupation: # Rooms: ___ Use: ___ Hours of Operation: ___ #Employees: ___

[] Addition/Accessory/Other: (Size ___ x ___) Use: ___ Closets in addition? () yes () no
TOTAL HTD SQ FT GARAGE

Water Supply: [X] County ___ Existing Well ___ New Well (# of dwellings using well ___) *Must have operable water before final
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: [X] New Septic Tank ___ Expansion ___ Relocation ___ Existing Septic Tank ___ County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes ([X]) no

Does the property contain any easements whether underground or overhead () yes ([X]) no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: ___ Other (specify): ___

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent [Signature] Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

*This application expires 6 months from the initial date if permits have not been issued**

APPLICATION CONTINUES ON BACK

strong roots • new growth

****This application expires 6 months from the initial date if permits have not been issued****

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**

Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted Innovative Conventional Any
 Alternative Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES NO Does the site contain any Jurisdictional Wetlands?
 YES NO Do you plan to have an irrigation system now or in the future?
 YES NO Does or will the building contain any drains? Please explain. _____
 YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 YES NO Is any wastewater going to be generated on the site other than domestic sewage?
 YES NO Is the site subject to approval by any other Public Agency?
 YES NO Are there any Easements or Right of Ways on this property?
 YES NO Does the site contain any existing water, cable, phone or underground electric lines?
 If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.



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.): _____

CARROLL CONSTRUCTION HOMES, INC

Mailing address: 63 VERON COURT City: WILLOW SPRING State: NC Zip: 27592

Telephone number: 919-410-5704 E-mail Address: CAMERON.ADAMS1087@GMAIL.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: 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: HAYWOOD PITTMAN, LSS License number: 3825

Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574

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

- 7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 126 HARMONY TRL; HAVEN LOT 58
County Name: HARNETT
- 8. Type of facility: Place of residence No. Bedrooms: 3 No. Occupants: 6
 Place of business Basis for flow calculation: _____
 Place of public assembly Basis for flow calculation: _____
- 9. Factors that would affect the wastewater load: NO KNOWN FACTORS TO AFFECT LOADING
- 10. Type and location of proposed wastewater system: 5-60' 25% REDUCTION LINES, TYPE IIIg, 12-24" TB; LOCATED 121' FROM THE WEST PROPERTY BOUNDARY AND 10' FROM THE SOUTH PROPERTY BOUNDARY (LOCATED EAST OF PROPOSED HOME)
- 11. Design wastewater flow: 360 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)
Design wastewater strength: domestic high strength industrial process
- 12. A plat as defined in G.S. 130A-334(7a) is attached: Yes No
- 13. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: Yes No
This is a saprolite system. Yes No
- 14. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: Yes No
- 15. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA
- 16. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, ATHAN M PARKER, PE hereby attest that the information required to be included with this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed 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 Licensed Professional Engineer Date

 Digitally signed by ATHAN M. PARKER
 .PE
 DN: cn=ATHAN M. PARKER, PE, c=US, o=AMP'D ENGINEERING, PLLC, email=ATHAN.PARKER@AMP'DENGINEERING.COM
 Date: 2023.06.19 11:23:15 -0400'



This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.

Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:

I, Tony Carroll hereby designate ATHAN M PARKER, PE
Print Name of Owner Print Name of Registered Professional Engineer

as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

Tony Carroll 10/6/2021
Signature of Owner Date

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____
Print Name of Owner Print Name of Licensed PE
pursuant to G.S. 130A-336.1.

Signature of Owner Date

NOTES:

LIABILITY: The Department, the Department's authorized agents or local health departments shall have no liability for wastewater systems designed, constructed and installed pursuant to an Engineered Option Permit. [(NC General Statute 130A-336.1(f))]

RIGHT OF ENTRY: The submittal of this Notice of Intent to Construct grants right of entry to the Local Health Department and the State to the referenced property.

ISSUANCE OF BUILDING PERMIT: Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section above, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

This section for Local Health Department use only.

PART 2: LHD Completeness Review of the Notice of Intent to Construct

“(c) Completeness Review for Notice of Intent to Construct. – The local health department shall determine whether a notice of intent to construct, as required pursuant subsection (b) of this section, is complete within 15 business days after the local health department receives the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the department shall notify the owner or the professional engineer of the components needed to complete the notice. The owner or professional engineer may submit additional information to the department to cure the deficiencies in the notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within 10 business days after the department receives the additional information from the owner or professional engineer. If the department fails to act within any time period set out in this subsection, the owner or professional engineer may treat the failure to act as a determination of completeness.”

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: _____

Copies of this form listing missing items were sent to the design PE and the Owner on _____
Date

via _____ with directions to re-submit missing items using Page 5 of this form.
Email, FAX, USPS, hand-delivered

Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the design PE and the Owner on _____ via _____.
Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on _____ via _____.
Date *Email, FAX, USPS, hand-delivered*

Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

Re-submittal of NOI with missing items included

*This Section is for use by the owner or PE to submit items noted as missing during LHD Completeness Review above.
Resubmittals must be accompanied by a cover letter from the PE.*

LHD USE ONLY: This NOI resubmittal received: _____ by _____
Date Initials

Item # from initial NOI	Resubmittal description

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, _____ hereby attest that the information re-submitted for this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336.1(e)(6).
Licensed Professional Engineer (Print Name)

Signature of Licensed Professional Engineer Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

INCOMPLETE

Based upon review of information submitted in the RESUBMITTAL above, this Notice of Intent remains INCOMPLETE because the following items from Part 1 of this form remain missing: _____

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 RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

Copies of this signed form were sent to the PE and the Owner on _____ via _____
Date Email, FAX, USPS, Hand-delivered

A complete copy of this form with tracking information was sent to the State: _____ via _____
Date Email, FAX, hand-delivered

Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

PART 3: Authorization to Operate (ATO)

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

<p>LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____ <small style="margin-left: 150px;">Date</small> <small style="margin-left: 150px;">Initials</small></p> <p>Date of Post-construction Conference: _____</p> <p>Post-construction Conference waived in accordance with G.S. 130A-336.1(j): _____</p>
--

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 type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Operation and management program and ORC contract, if applicable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Fee (as applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Notarized letter documenting Owner’s acceptance of the system from the PE | <input 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 type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Easement, right of way, or encroachment agreement required per 15A NCAC 18A .1938(j) | <input 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 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, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner or Professional Engineer
_____ 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 *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 _____ via _____
Date Email, FAX, USPS, Hand-delivered

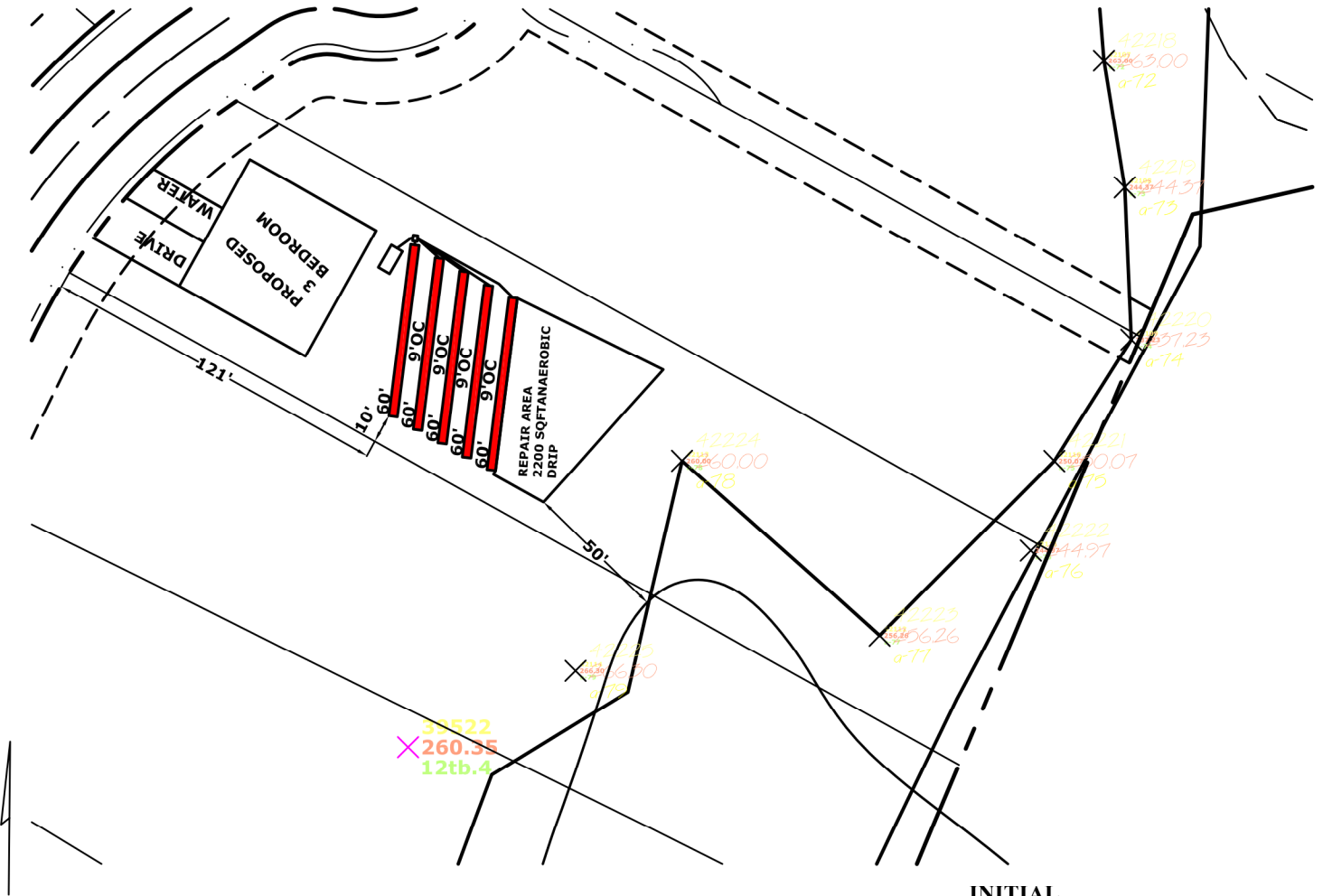
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

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

Owner: HAVEN S/D
 Address: LOT 58
 Location: HARMONY TRAIL

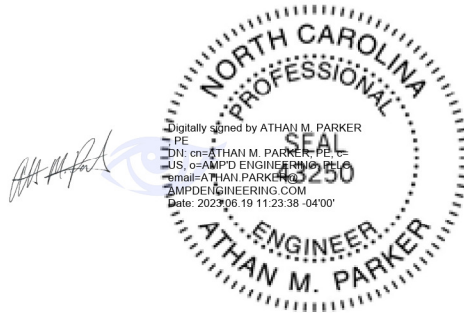
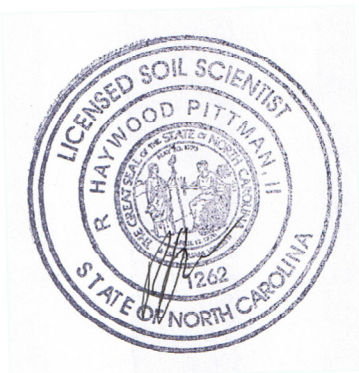
PITTMAN SOIL CONSULTING
PO BOX 1387
RICHLANDS, NC 28574
910-330-2784
pittmansoil@yahoo.com

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



INITIAL
 3 BEDROOM
 LTAR .3
 5-60' 25% REDUCTION LINES
 12-24" TB
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA
 3 BEDROOM
 LTAR .16
 2200 sqft ANAEROBIC DRIP
 6" TB
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM



SCALE 1"=60'

Pittman Soil Consulting

*1003 Gregory Fork Road
Richlands, NC 28574
Phone (910)330-2784
pittmansoil@yahoo.com*

MARCH 29, 2023

Ref: HAVEN Lot 58, 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 24-36" from the surface with a clay loam texture. I have assigned an LTAR of 0.3 gpd/sqft for a 360 gpd 3 bedroom residence. This will require the installation of 5-60' 25% REDUCTION lines that shall be installed in accordance with the current rules. An interceptor drain as shown on the plot plan will be required. The depth to soil wetness of 24-36" would constitute a 12-24" 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 a 2200 SQFT anaerobic drip lines installed at a depth of 6" from the surface (LTAR 0.16).

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/01/2023

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 The Sewell Insurance Agency 785-1 W Corbett Ave PO Box 835 Swansboro NC 28584		CONTACT NAME: Kira Gibson, AINS, SBCS PHONE (A/C, No, Ext): (910) 326-5754 E-MAIL ADDRESS: kira@thesewellagency.com		FAX (A/C, No): (910) 326-6310	
INSURED Ampd Engineering Pllc Po Box 4580 Emerald Isle NC 28594-4580		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Bankers Insurance Co.			33162
		INSURER B: Progressive Southeastern			38784
		INSURER C: NorGUARD Insurance Company			31470
		INSURER D: Berkshire Hathaway GUARD Insurance Company			
		INSURER E:			
		INSURER F:			


COVERAGES**CERTIFICATE NUMBER:** CL233104202**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			32 0040007108 0 03	03/02/2023	03/02/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Add'l for policy minimum \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01335494	11/05/2022	11/05/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						COMBINED SINGLE LIMIT EACH OCCURRENCE \$ AGGREGATE \$
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/A	AMWC448538	03/01/2023	03/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Professional Liability			AMPL477828	03/01/2023	03/01/2024	Per Claim \$1,000,000 Aggregate \$2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

AMP'D Engineering PLLC 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/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).

PRODUCER N.C. Farm Bureau Ins. Agency 5301 Glenwood Avenue (27612) P.O. Box 27427 Raleigh NC 27611		CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:		FAX (A/C, No):	
INSURED Ronald H. Pittman, II DBA Pittman Soil Consulting 1003 Gregory Fork Rd Richlands NC 28574		INSURER A: Capitol Specialty Insurance Corporation		NAIC #	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		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.

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			EV20182381-05	07/19/2022	07/19/2023	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Professional Liability						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 2,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						PRODUCTS - COMP/OP AGG \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						Professional Occ/Agg \$ 1M/2M
A	Contractors Pollution Liability - Occurrence Form			EV20182381-05	07/19/2022	07/19/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
							EACH OCCURRENCE \$ AGGREGATE \$ \$
							PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							Each Incident \$1,000,000 Aggregate Limit \$2,000,000

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 BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
NC 28540	

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