

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner or by the PE designated to act as their legal representative for the EOP.

LHD USE ONLY: Initial submittal of request for ATO received: <u>5-20-24</u> by <u>MAO</u>	Date	Initials
Date of Post-construction Conference: _____		


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:
 - a. Signed and sealed evaluation of soil conditions and site features Yes No
 - b. Drawings, specifications, plans Yes No
 - c. Reports on special inspections and final inspection Yes No
 - d. Management Program manual Yes No
 - e. On-site Wastewater Contractor's signed statement Yes No
 - f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h) Yes No
2. Fee (as applicable) Yes No
3. Notarized letter documenting Owner's acceptance of the system from the PE Yes No

Attestation by the Owner or the PE for Authorization to Operate

I, ATHAN M. PARKER, PE hereby attest that all items indicated above have been provided to the
Print name of Owner or Professional Engineer

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).


Digitally signed by Athan M. Parker, PE
DN: cn=Athan M. Parker, PE, c=US,
o=AMPD Engineering, PLLC,
email=athan.parker@ampdenengineering.com

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 by the Owner or PE 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*

_____	_____	_____
<i>Print name of authorized Agent of the LHD</i>	<i>Signature of authorized Agent of the LHD</i>	<i>Date</i>

COMPLETE
Based upon review of information submitted by the Owner or PE 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 5-21-24 via Email.

_____	_____	_____
<i>Print name of authorized Agent of the LHD</i>	<i>Signature of authorized Agent of the LHD</i>	<i>Date</i>

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.

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:

- <https://content.ces.ncsu.edu/septic-system-owners-guide>
- <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: cn=Athan M. Parker, PE, o=US,
o=AMP'D Engineering, PLLC,
email=athan.parker@ampdengineering.com
Date: 2024.05.15 14:07:10 -0400

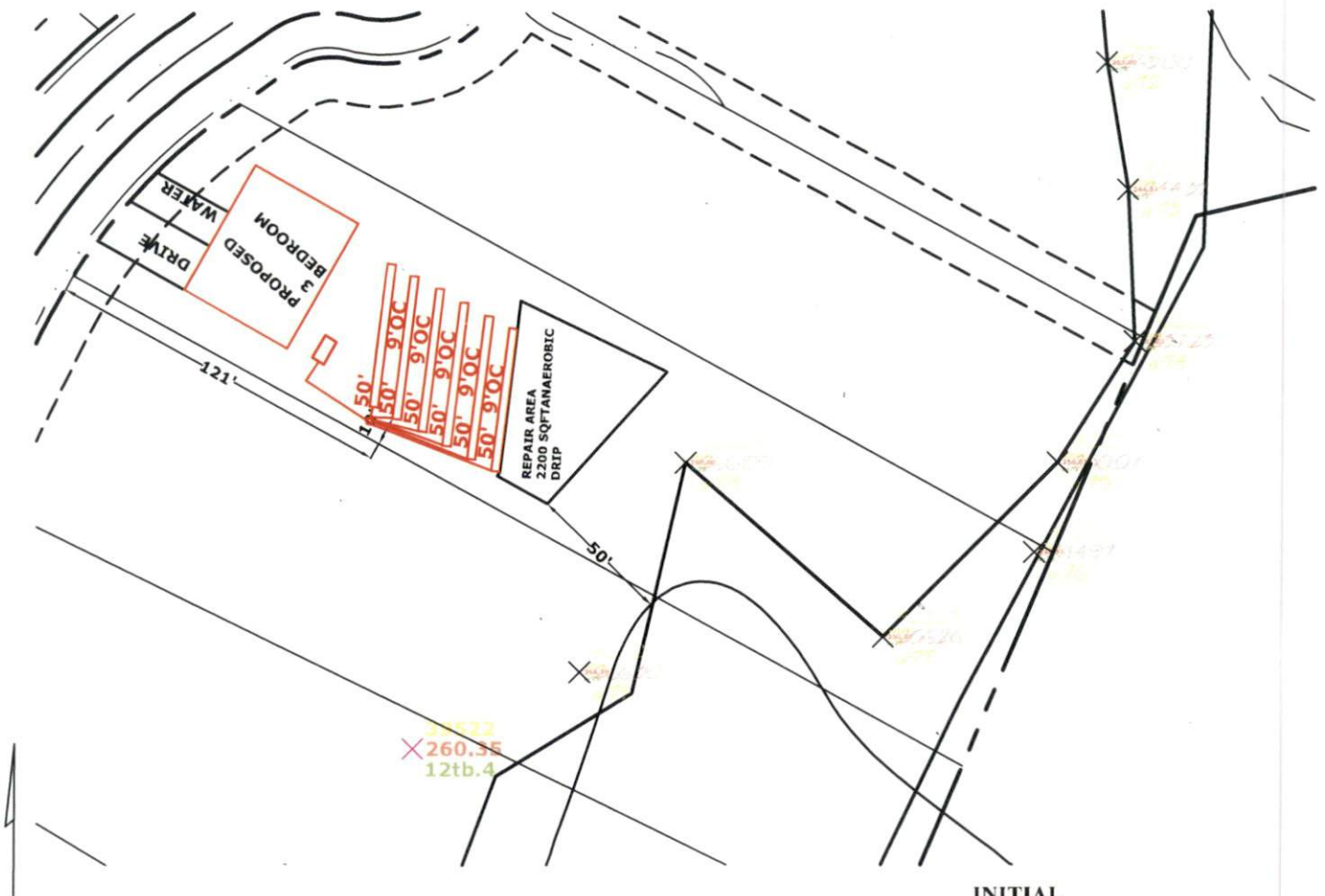
Athan M Parker, PE
President
AMP'd Engineering, PLLC
Firm License No. P-1532



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
 EZ FLOW
 6-50' ~~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



Handwritten signature



SCALE 1"=60'

AMP'd Engineering, PLLC

Civil Engineer – Consulting Engineer – Land Development

Owner: [Signature] Harold G. Carol, Jr 3/18/24
Print Name Sign Name Date

North Carolina

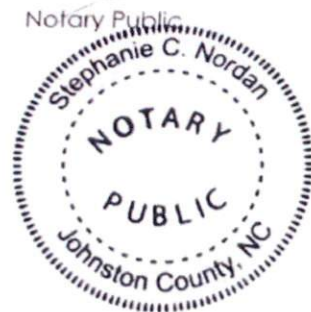
Johnston County

I, Stephanie C. Nordan a Notary Public for said County and State, do hereby certify that Harold G. Carol, Jr 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 18th day of March, 2024

Stephanie C. Nordan

My commission expires August 25, 2025



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 March 18, 2024

To: **Carroll Construction Homes, Inc (the "Owner")**
63 Veron Ct.
Willow Spring, NC 27592

Ref: **Haven- Lot 58 EOP**
126 Harmony Trl
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 SFD-2306-0059 on March 11, 2024: Gene's Backhoe, the on-site wastewater contractor installed 6-50' 25% reduction lines (EZ Flow), Type IIIg, with 12-24" TB. 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, PE, o=AMP'd Engineering, PLLC
email=athan.parker@ampdengineering.com
Date: 2024.03.18 11:58:54 -04'00'



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
May 15, 2024

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

**Ref: Haven- Lot 58 EOP
126 Harmony Trl
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 SFD-2306-0059 on March 11, 2024. Gene's Backhoe, the on-site wastewater contractor installed 6-50' 25% reduction lines (EZ Flow), Type IIIg, with 12-24" TB. 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, c=US,
o=AMP'D Engineering, PLLC,
email=athan.parker@ampdengineering.com
Date: 2024.05.15 14:05:40 -04'00'

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



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



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@AMPENGINEERING.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

1340 TWO CLAUDE RD WILLOW SPRINGS 27592

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

919-625-7051 TANORDAN@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



6712 NC Hwy 50 N. Benson, NC 27504

Tanordan@gmail.com

Lot, Subdivision, Address Lot 58 Haven

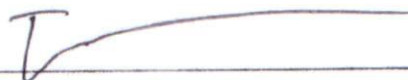
System Type 25% Reduction

Tank Size 1,000 gallon

System Info Installed 5-60' efflow drain lines @ 24" TB.

Installation Date 3-11-24

Final Inspection Date 3-11-24

Installer Signature and Certification # 

Date 5-14-24



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.

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 Tudor's Insurance Agency 31 N Dunn Street P O Drawer 1780 Angier, NC 27501-1780 Tudor's Insurance Agency 919-639-4400	CONTACT NAME: Tudor's Insurance Agency	
	PHONE (A/C, No, Ext): 919-639-4400	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Builders Mutual Insurance Co		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
Gene's Backhoe Service, Inc.
1340 Two Claude Road
Willow Spring, NC 27592

COVERAGES CERTIFICATE NUMBER: 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 INSP	SUBR WVP	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PCP0003947	03/01/2024	03/01/2025	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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PCA0021090	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			MUB0005864	03/01/2024	03/01/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WCP1057498	03/01/2024	03/01/2025	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

TYLER NORDAN AND JEAN CARROLL ARE EXCLUDED ON THE WORKER'S COMPENSATION POLICY.

JOB DESCRIPTION: SEPTIC TANK INSTALLATION

CERTIFICATE HOLDER AMPDENG AMP'D ENGINEERING P.O. BOX 4580 EMERALD ISLE, NC 28594	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 Tudor's Insurance Agency
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