

# AMP'd Engineering, PLLC

Civil Engineer – Consulting Engineer – Land Development

PO Box 4580

Emerald Isle, NC 28594

(252) 777-0141 ✦ [athan.parker@ampdengineering.com](mailto:athan.parker@ampdengineering.com)

Firm License Number P-1532

## CERTIFICATION LETTER

February 14, 2024

**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 19 – 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 SFD2308-0089 on February 1, 2024. Thornton's Plumbing, the on-site wastewater contractor as permitted installed 6-50' 25% reduction lines (EZ Flow), Type IIIg, with 24" 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](mailto:athan.parker@ampdengineering.com)).

Sincerely,

  DN: cn=Athan Parker, PE, c=US, o=AMP'd Engineering, PLLC, email=athan.parker@ampdengineering.com, Date: 2024.02.14 16:54:43 -0500

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



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

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## OWNER'S ACCEPTANCE LETTER

February 2, 2024

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

Ref: Pop Homes-RDU LLC EOP  
Lot 19 – 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 SFD2308-0089 on February 1, 2024. Thornton's Plumbing, the on-site wastewater contractor as permitted installed 6-50' 25% reduction lines (EZ Flow), Type IIIg, with 24" 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](mailto:athan.parker@ampdengineering.com)).

Sincerely,

  
Digital signed by ATHAN M. PARKER, PE  
DN: cn=ATHAN M. PARKER, o=AMP'D ENGINEERING, PLLC,  
c=NC, email=ATHAN.PARKER@AMPDENGINEERING.COM  
Date: 2024.02.14 20:17:05:00

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: PATRICK LAMM [Signature] 2/3/2024  
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 3<sup>rd</sup> day of FEBRUARY, 2024.

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**

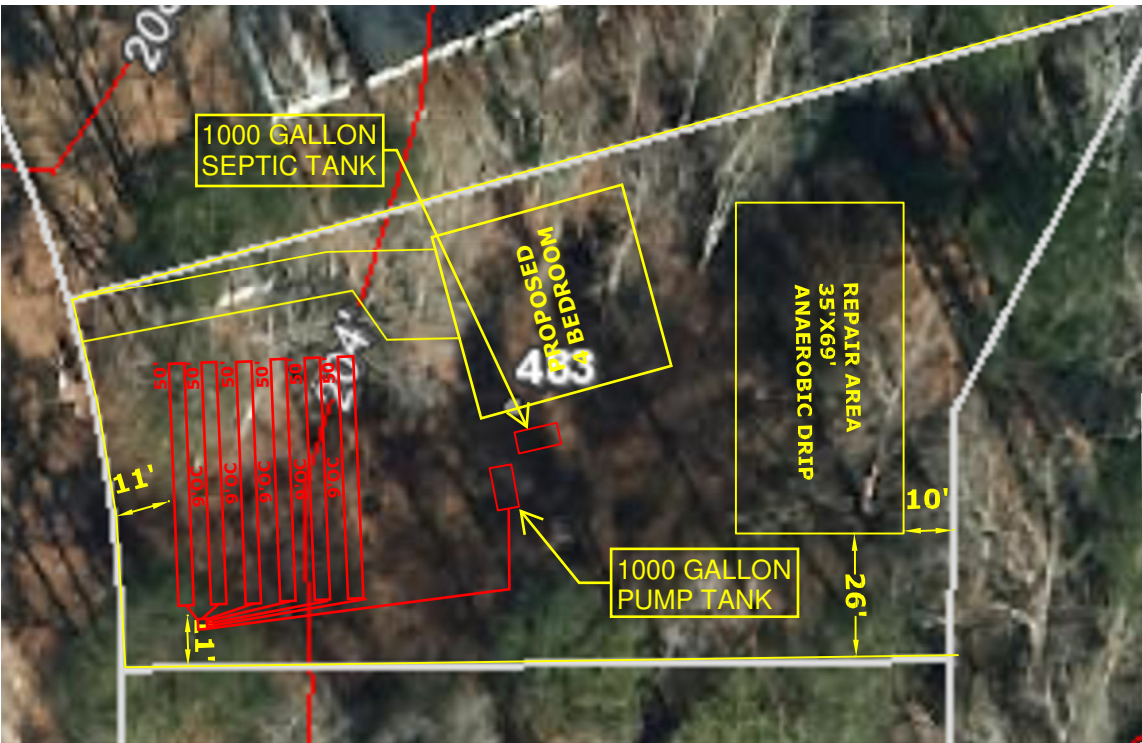
**RICHLANDS, NC 28574**

**910-330-2784**

**pittmansoil@yahoo.com**

**Owner:** POPLAR MILLS  
**Address:** LOT 19  
**Location:** 483 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**  
 6-50' ~~5-60'~~ 25% REDUCTION LINES  
 24" TB  
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

**REPAIR AREA**  
 4 BEDROOM  
 LTAR 0.2  
 35'X69' ANAEROBIC DRIP  
 6" TB  
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

**SCALE 1"=40'**



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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,



DN: cn=Athan Parker, PE, c=US, o=AMP'd  
Engineering, PLLC,  
email=athan.parker@ampdengineering.com  
Date: 2024.02.14 16:55:26 -05'00'

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



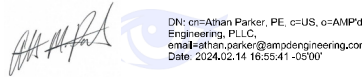
The following items are included in this Authorization to Operate for an EOP:

LHD USE ONLY: Initial submittal of request for ATO received: \_\_\_\_\_ by \_\_\_\_\_  
Date Initials

- 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)  Yes  No
- 2. Operation and management program and ORC contract, if applicable  Yes  No
- 3. Letter documenting Owner’s acceptance of the system from the PE  Yes  No
- 4. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j)  Yes  No
- 6. Easement, right of way, or encroachment agreement required per 15A NCAC 18A .1938(j)  Yes  No
- 7. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h)  Yes  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, PE hereby attest that all items indicated above have been provided  
*Print name of Owner or Professional Engineer*  
and the system meets 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*

**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 Engineer Option Permit [G.S. 130A-336.1(f)]*



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

[X] Single System or [ ] Multiple Systems

AND

[X] 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

Mailing address: 117 CHRISTOPHER DR. City: CLAYTON State: NC Zip: 27520

Telephone number: 919-525-5856 E-mail Address: PATRICK@MYPOPHOMES.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: THORTON'S PLUMBING, INC License number: 2534

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:

[X] PE [X] LSS [ ] LG [X] 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.

February 2, 2024

RE: **Septic Install**  
**Lot 19 Poplar Mills**  
**POP Homes**  
**483 Lakerun Dr Bunnlevel**

On February 1, 2024, our company installed a 1000 gallon press man. system, alarm and 900 square 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](mailto: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).

<b>PRODUCER</b> Oakbridge Insurance Agency LLC 4011 Westchase Boulevard, Raleigh, NC 27607 120 Raleigh NC 27607	<b>CONTACT NAME:</b> Rhonda Brooks, CISR <b>PHONE (A/C No. Ext):</b> 9197415284 <b>E-MAIL ADDRESS:</b> rhonda@pittgrouppllc.com	<b>FAX (A/C, No):</b>													
	<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 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> 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"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <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"/> <b>UMBRELLA LIAB</b> <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	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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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