



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: 10-17-2022 by ARA
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.): _____

Mattamy Homes

Mailing address: 1100 Regency Parkway City: Cary State: NC Zip: 27518

Telephone number: (919) 804-1787 E-mail Address: drew.brody@mattamycorp.com

2. Professional Engineer (PE) name: David Barcal License number: 51201

Mailing address: P.O. Box 129 City: Morrisville State: NC Zip: 27560

Telephone number: (919) 467-1239 E-mail Address: david.barcal@macconnellandassoc.com

3. Licensed Soil Scientist (LSS) name: Jason Hall License number: 1248

Mailing address: 1900 South Main Street, Suite 110 City: Wake Forrest State: NC Zip: 27587

Telephone number: (919) 569-6704 E-mail Address: jhall@centralcarolinasoil.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: Full Circle Environmental, LLC License number: 6098

Mailing address: 107 Lee Ct. City: Clayton State: NC Zip: 27520

Telephone number: (919) 359-9984 E-mail Address: zach@fullcircleenv.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): 6741 Winter Garden Way, Fuquay Varina, NC, 27526 PIN: 0637915283
County Name: Wake
8. Type of facility: ☒ Place of residence No. Bedrooms: 4 No. Occupants: 8
☐ Place of business Basis for flow calculation: _____
☐ Place of public assembly Basis for flow calculation: _____
9. Factors that would affect the wastewater load: Domestic wastewater loading will be typical of a single-family residence.
10. Type and location of proposed wastewater system: Initial System: Type II (a) Conventional Gravity
System Repair System: Type III (e) Panel Block System
11. Design wastewater flow: 480 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, David Bar hereby attest that the information required to be included with
this Notice of Intention to install a wastewater system shall meet the requirements of
G.S. 130A-336-1 and shall be complete to the best of my knowledge and that the proposed
system shall meet all applicable local laws, regulations, rules, and ordinances in accordance with

[Signature] 10/13/22
Sign Date

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, Drew Brody hereby designate David Barcal, 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.

Drew Brody 10/6/2022
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 Engineer Option Permit [G.S. 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 below, 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 _____

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 10-18-2022 via Email.
Date Email, FAX, USPS, hand-delivered

A copy of this NOI and tracking information was sent to the State on 10-18-2022 via Email.
Date Email, FAX, USPS, hand-delivered

Alan Alcock

Print Name of Authorized Agent of the LHD

Alan Alcock

Signature of Authorized Agent of the LHD

10-18-2022

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
Licensed Professional Engineer (Print Name)
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

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, USPS, 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.*

LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____
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 the information in G.S. 130A-336.1(k)(1) and 15A NCAC 18A .1971(f) | ☐ Yes | ☐ No |
| 2. Operation and management program | ☐ Yes | ☐ No |
| 3. Fee (as applicable) | ☐ Yes | ☐ No |
| 4. Notarized letter documenting Owner's acceptance of the system from the PE | ☐ Yes | ☐ No |
| 5. 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, _____ 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/20/2022

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 Harris & Company - Cary Office 215 E Chatham St. Suite 120 Cary NC 27511		CONTACT NAME: Chris Ham PHONE (A/C, No, Ext): (919)467-8126 E-MAIL ADDRESS: chris@hc1935.com FAX (A/C, No): (919)467-8175	
INSURED MacConnell & Associates PC Po Box 129 Morrisville NC 27560-0129		INSURER(S) AFFORDING COVERAGE INSURER A: ERIE Insurance Exchange INSURER B: Continental Casualty Co INSURER C: INSURER D: INSURER E: INSURER F:	

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☒ LOC ☐ OTHER:		Q97-0842712	11/04/2021	11/04/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		Q97-0842712	11/04/2021	11/04/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☒ EXCESS LIAB ☐ DED ☐ RETENTION \$	☐ OCCUR ☐ CLAIMS-MADE	Q31-1070288	07/10/2022	07/10/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 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	☐ Y ☒ N N/A	Q91-1000820	07/10/2022	07/10/2023	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability & Pollution Incident Liability Insurance		AEH591893132	09/17/2022	09/17/2023	Each Claim \$2,000,000 Aggregate \$2,000,000 Deductible \$5,000

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

Engineer, Policy Forms and Endorsements Apply

CERTIFICATE HOLDER**CANCELLATION**

This Certificate is for Informational Purposes Only. Certificate Holder Name and Address Needed to Validate.

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

Christal D. Ham

Fax:
ACORD 25 (2016/03)

Email:

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/31/2022

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 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 Wade Associates, LLC 250 Pollock St. New Bern NC 28560		CONTACT NAME: Angela Sensenig PHONE (A/C, No. Ext): (252) 631-5269 FAX (A/C, No): (252) 649-2443 E-MAIL ADDRESS: asensenig@wadeict.com	
INSURED Central Carolina Soil Consulting PLLC 1900 S. Main St. Ste. 110 Wake Forest NC 27587		INSURER(S) AFFORDING COVERAGE INSURER A: Markel Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 38970	

COVERAGES**CERTIFICATE NUMBER:** 22-23 Master**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
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ RETENTION \$ ☐ OCCUR ☐ CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	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						PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Errors and Omissions/ Professional Liability			ME0112303	2/1/2022	2/1/2023	General Aggregate \$3,000,000 Each Occurrence \$3,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

****For Informational Purposes Only****

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

N Whitsett/MB

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/27/2022

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 RIC, a Bankers Insurance Company 128 NC-65 Reidsville NC 27320 INSURED Full Circle Environmental 107 Lee Court Clayton NC 27520-7927	CONTACT NAME: Betsy Darst PHONE (A/C, No, Ext): 336-280-0316 E-MAIL ADDRESS: bdarst@bankersinsurance.net	FAX (A/C, No): 800-899-0146
	INSURER(S) AFFORDING COVERAGE	
License#: 6387078 FULLCIR-02	INSURER A: Frankenmuth Mutual Insurance Company	NAIC # 13986
	INSURER B: Ansur America Insurance Company	NAIC # 10984
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 1461406290**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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			6684801	3/26/2022	3/26/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000			6684801	3/26/2022	3/26/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	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	6684800	3/26/2022	3/26/2023	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased or Rented Equipment Replacement Cost Valuation			6684801	3/26/2022	3/26/2023	Max Per Item Deductible \$75,000 \$1,000

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

CERTIFICATE HOLDER**CANCELLATION**

MacConnell & Associates, PC
PO Box 129
Morrisville NC 27560

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

Betsy G. Darst

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P.O. Box 129
Morrisville, NC 27560

Phone: 919-467-1239



**MACCONNELL
& ASSOCIATES, P.C**

501 Cascade Pointe Lane
Suite 103
Cary, NC 27513
Fax: 919-319-6510

October 13, 2022

Re: Mattamy Homes
6741 Winter Garden Way – Conventional Gravity System – EOP
MacConnell & Associates Project Number: A75514.00

To Whom it May Concern:

This letter accompanies an EOP Application for 6741 Winter Garden Way (Lot 28 Buckhorn Creek Subdivision), Fuquay Varina, NC 27526. To satisfy requirement 12 of the application pertaining to regulation G.S. 130A 334(7a), a plat was submitted with all application documentation. Although the submitted plat does not provide all items per regulation G.S. 130A 334(7a), in my professional opinion, it does satisfy the intent of said regulation because it is being submitted concurrently with a site plan based on information provided by the plat surveyor which includes the proposed wastewater system, water supply (when applicable), and related appurtenances.

Thank you for your consideration for this EOP Application. If you have any questions or require additional information, please contact me at (919) 467-1239.

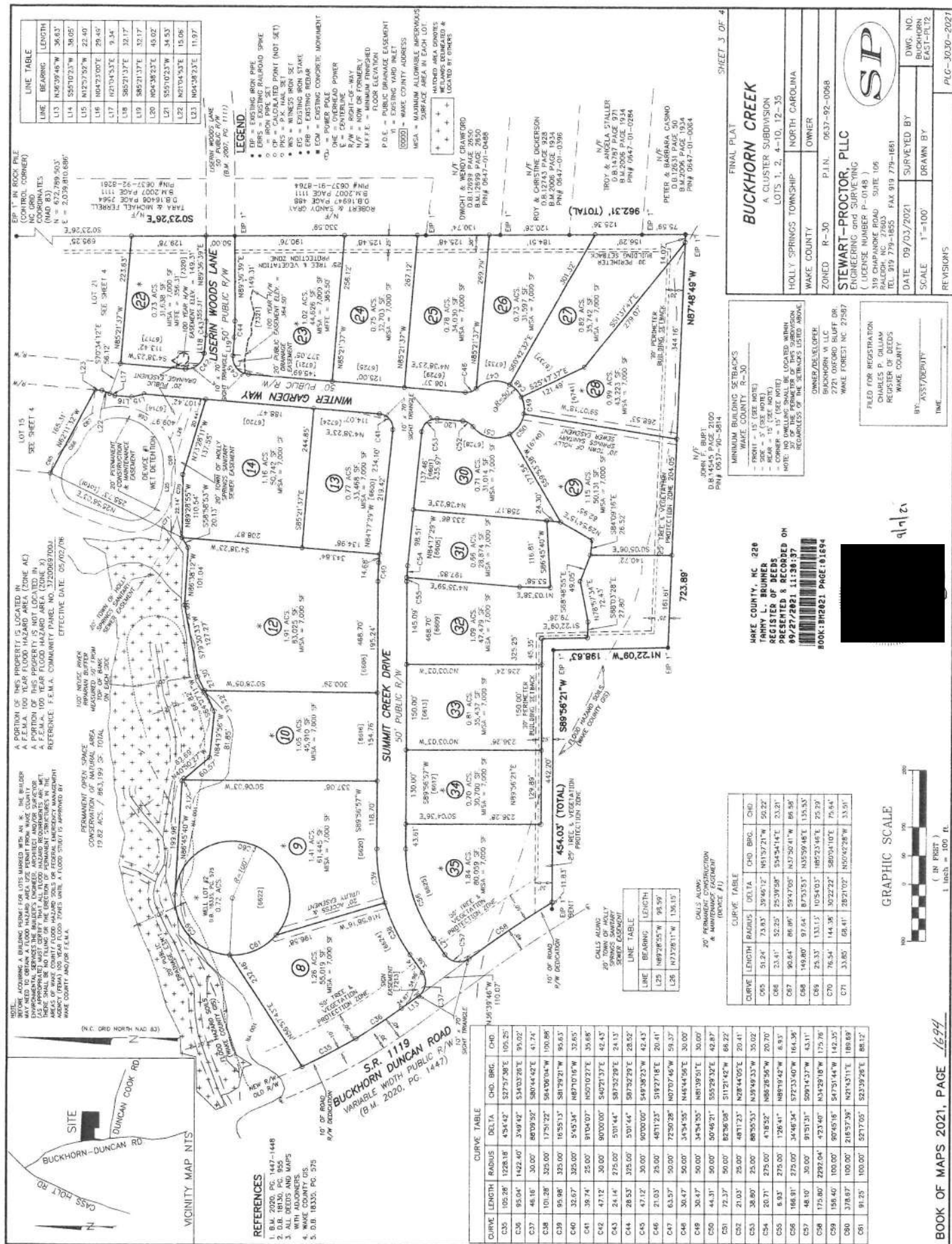
Sincerely,

A handwritten signature in blue ink, appearing to read 'D Barcal', written over a black rectangular redaction box.

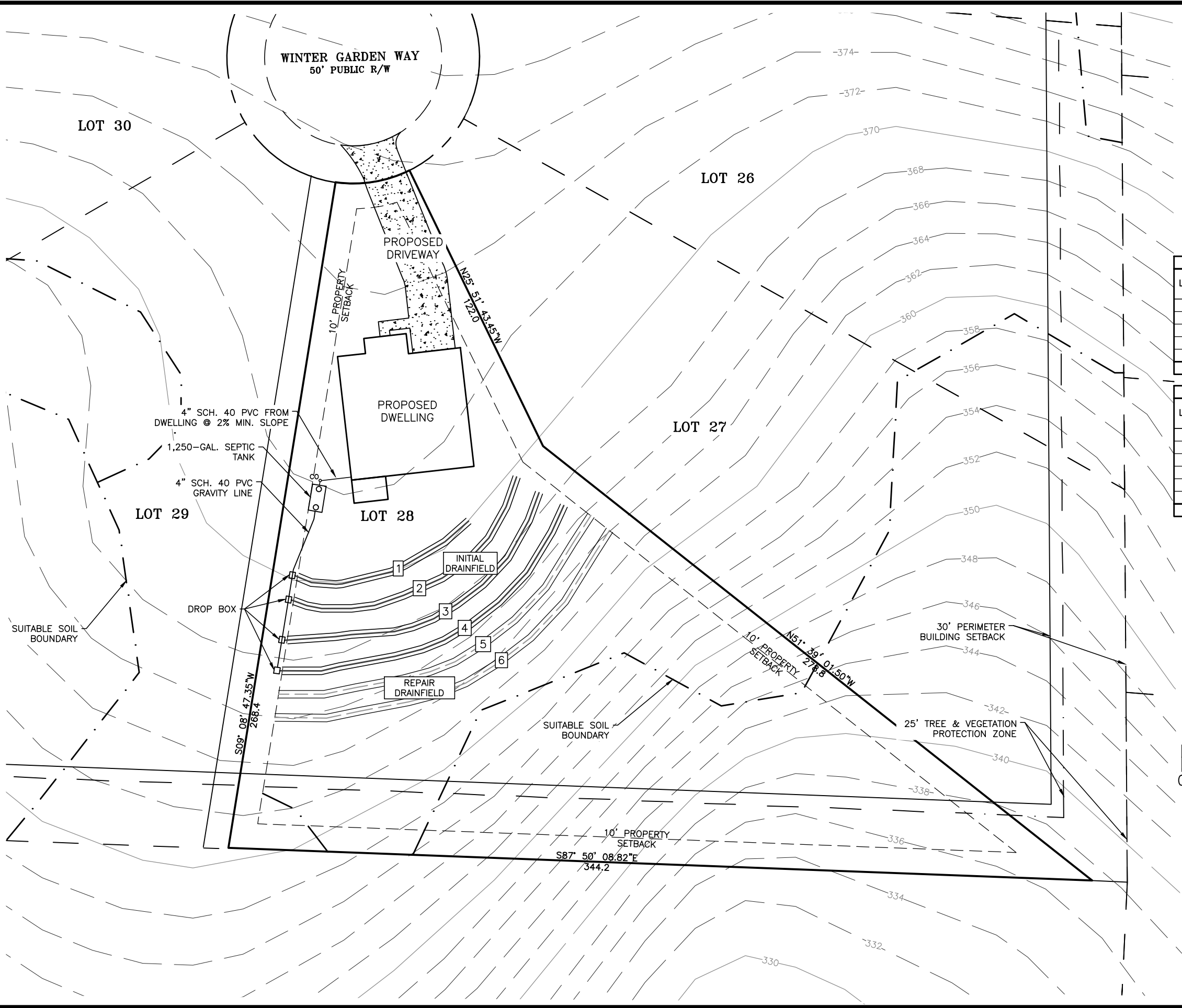
David Barcal, PE

Project Manager

10/13/22



\\MACCONSD\Documents\T-Drive (Projects)\Library\2022\A75514.00 - Mattamy Homes - Buckhorn Creek - Lot 28\Drawings\A75514.00 - Base.dwg Oct 17, 2022 9:38am



LEGEND

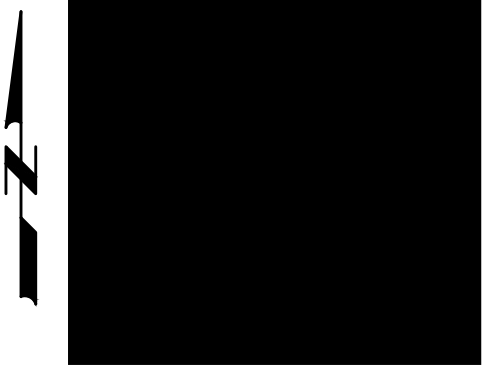
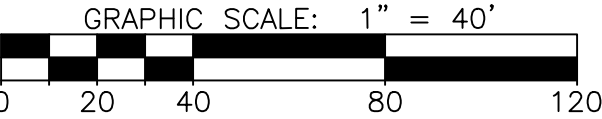
- ADJACENT BOUNDARY
- BOUNDARY (PROPERTY)
- CONTOURS - INDEX
- CONTOURS - INTERMEDIATE
- PROPOSED DRAIN LINES/TRENCHES
- DROP BOX
- PROPOSED REPAIR DRAIN LINES
- SETBACKS
- GRAVITY LINE
- CO CLEAN OUT

INITIAL DRAIN LINE SEGMENTS (CONVENTIONAL)				
LINE #	FLAG COLOR	LENGTH	EXISTING GRADE	TRENCH BOTTOM DEPTH*
1	PINK	75'	±370.0'	18" BELOW EGS (±368.5')
2	RED	110'	±369.5'	18" BELOW EGS (±368.0')
3	BLUE	125'	±368.5'	18" BELOW EGS (±367.0')
4	ORANGE	135'	±367.6'	18" BELOW EGS (±366.1')
TOTALS		445'		

REPAIR DRAIN LINE SEGMENTS (CONVENTIONAL)				
LINE #	FLAG COLOR	LENGTH	EXISTING GRADE	TRENCH BOTTOM DEPTH*
5	YELLOW	150'	±366.8'	20" BELOW EGS (±366.1')
6	RED	150'	±366.0'	20" BELOW EGS (±364.3')
TOTALS		300'		

NOTES

- PARCELS TAKEN FROM WAKE COUNTY GIS. TOPO TAKEN FROM NC FRIS. SITE PLAN AND SOIL INFORMATION PROVIDED BY CENTRAL CAROLINA SOIL CONSULTING, PLLC.
- KEEP TANKS AND DRAIN LINES A MINIMUM OF 10' OFF OF PROPERTY LINES.
- KEEP SUPPLY LINES, PRESSURE MANIFOLD, FORCE MAIN A MINIMUM OF 5' OFF OF PROPERTY LINES.



SITE LAYOUT

MATTAMY HOMES
BUCKHORN CREEK SUBDIVISION
(LOT 28)

CONVENTIONAL GRAVITY SEPTIC
SYSTEM - EOP

C-101

BY: CAC/IPA

JOB #: A75514.00

DATE: 10/13/2022

501 CASCADE POINTE LANE, SUITE 103
CARY, NORTH CAROLINA 27513
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MacCONNELL
& Associates, P. C.

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	12 (1)	