

County: Harnett

**This Section for Local Health Department Use Only**

Initial submittal received: 11-28-22 by MAO  
Date Initials

Permit Number: Bres 2211-0039

G.S. 130A-335(a4) states the following: 'If a local health department fails to act on an application for an improvement permit submitted pursuant to subsection (a3) of the section within 10 business days of receipt of a complete application, the local health department shall issue the improvement permit.'

In accordance with G.S. 130A-335(a3) the improvement permit application is:

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

The following items are missing:

\_\_\_\_\_

Copies of this were sent to the LSS and the Owner on \_\_\_\_\_  
Date

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Denied (See attached report.)

Copies of this were sent to the LSS and the Owner on \_\_\_\_\_  
Date

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Complete

State Authorized Agent: Mah [Signature] RGH Date of Issuance: 11-28-22

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2), (a3), and (a4) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 11-28-27

\*See attached site sketch\*

County: Harnett

**This Section for Local Health Department Use Only**

Initial submittal received: 11-28-22 by MO  
Date Initials

Permit Number: Bres 2211-0039

G.S. 130A-335(a6) states the following: 'If a local health department fails to act on an application for a construction authorization submitted pursuant to subsection (a5) of the section within 10 business days of receipt of a complete application, the local health department shall issue the construction authorization.'

In accordance with G.S. 130A-335(a5) the construction authorization application is:

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

The following items are missing: \_\_\_\_\_

Copies of this were sent to the AOWE/PE and the Owner on \_\_\_\_\_  
Date

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Denied (See attached report.)

Copies of this were sent to the AOWE/PE and the Owner on \_\_\_\_\_  
Date

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Complete

State Authorized Agent: Moh A. REHS Date of Issuance: 11-28-22

This Construction Authorization is issued pursuant to G.S. 130A-335(a2), (a5), and (a6) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner. Final landscaping shall be constructed to divert water and establish vegetative cover.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 11-28-27

\*See attached site sketch\*

County: Harnett

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: 0517-28-3766

Issued To: Coleman Pankey

Property Location: 9444 NC 27 W, Lillington, NC 27546

AOWE/PE Plans/Evaluations Provided: Yes  No  If yes, name and license number of AOWE/PE: Jeff Vaughan, 10003E

Facility Type: Single Family Residence

New  Expansion  Repair  System Relocation

Basement?  Yes  No Basement Fixtures?  Yes  No

Type of Wastewater System\*\* Gravity, accepted (Initial) Gravity, accepted (Repair)

Design Daily Flow: 480 GPD Wastewater Strength:  domestic  high strength  industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies?  Yes  No

**Installation Requirements/Conditions**

Septic Tank Size: 1,250 gallons Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on center

Drainfield square footage: 900 Trench/Bed Width: 36 inches LTAR: 0.4 gpd/ft<sup>2</sup>

Soil Cover: 0 inches Slope Adjusted Maximum Trench/Bed Depth: 24 inches

Aggregate Depth: \_\_\_\_\_ inches above pipe \_\_\_\_\_ inches below pipe 12 inches total

Pump Tank Size (if applicable): \_\_\_\_\_ gallons Requires more than 1 pump?  Yes  No

Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM Grease Trap Size (if applicable): \_\_\_\_\_ gallons

Distribution Method:  Serial  D-Box or Parallel  Pressure Manifold(s)  LPP  Other: \_\_\_\_\_

Artificial Drainage Required: Yes  No  If yes, please specify details: \_\_\_\_\_

**Legal Agreements** (If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)

Multi-party Agreement Required [.1937(h)]: Yes  No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]:  Yes  No

Declaration of Restrictive Covenants:  Yes  No

**\*\*If applicable:**

*I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.*

Owner/Legal Representative Print Name: \_\_\_\_\_

Owner/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pre-Construction Conference Required: Yes  No

Conditions: \_\_\_\_\_  
\_\_\_\_\_

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: Jeff Vaughan

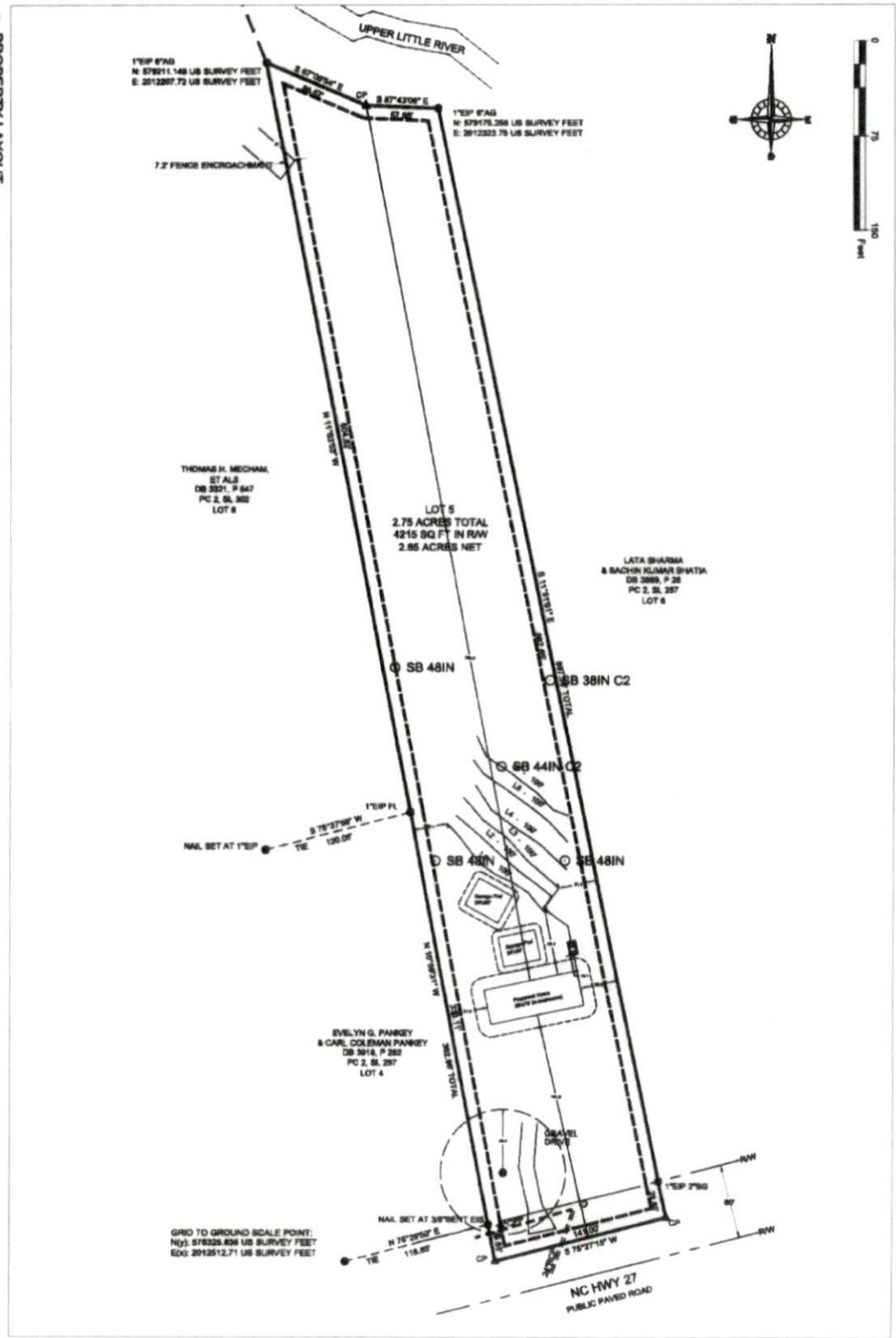
AOWE/PE Signature: [Signature] Date: 11/7/2022

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

\*See attached site sketch\*



**PROPERTY LAYOUT**



Scale: 1" = 100'

DATE: 11/17/2022

PROJECT: WW-2

DESIGNED BY	CREATED BY
DRAWN BY	REVIEWED BY
CHECKED BY	DATE

Property layout

NO. 001	DATE: 11/17/2022
NO. 002	DATE: 11/17/2022
NO. 003	DATE: 11/17/2022
NO. 004	DATE: 11/17/2022
NO. 005	DATE: 11/17/2022

For Review Only

AWT  
Engineering and Surveying  
401 N. State Street, Suite 202  
Asheville, NC 28801  
www.awtnc.com

Customer: Pankey  
Project: Property - South Parcel  
Scale: 1" = 100'  
Date: 11/17/2022  
Project No: 22-001







Engineers and Soil Scientists

Agri-Waste Technology, Inc.  
501 N. Salem Street, Suite 203  
Apex, North Carolina 27502  
919-859-0669  
www.agriwaste.com

## IP/CA Acknowledgement Form

Acknowledgement of subsurface wastewater evaluation and design by Agri-Waste Technology, Inc. for 9444 NC 27 W, Lillington NC 27546 for issuance of an IP/CA.

For Improvement Permit (IP) issuance:

**"The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."**

For Construction Authorization (CA) issuance:

**"The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5), and (a6)."**

The LSS evaluation attached to this application was used to produce and design a subsurface wastewater septic system for permitting to obtain an IP and CA in accordance with G.S. 130A-335(a2), (a3), (a5), and (a6).

Owner: \_\_\_\_\_

*Carl Coleman Luksey*

Owner's Representative: \_\_\_\_\_

Date: \_\_\_\_\_

*November 8<sup>th</sup> 2022*



Engineers and Soil Scientists

Agri-Waste Technology, Inc.  
501 N. Salem Street, Suite 203  
Apex, North Carolina 27502  
919-859-0669  
www.agriwaste.com



**Soil Suitability for Domestic Sewage Treatment and Disposal Systems**  
**9444 NC 27 W, Lillington, NC 27546**  
**(Harnett County)**  
November 7, 2022

Soil suitability for domestic sewage treatment and disposal systems was evaluated on September 8, 2022 for the property located at 9444 NC 27 W in Lillington, NC (Harnett County). Heath Clapp of Agri-Waste Technology, Inc. (AWT) conducted the soil evaluation. This evaluation was done to facilitate permitting for a septic system for a 4 bedroom home. This report and attached documents were prepared *to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3). The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).*

A drawing of the site plan, septic layout, septic system design, and soil boring locations is included in Attachment 1. Profile descriptions for each soil boring are included in Attachment 2.

The total property area is approximately 2.85 acres. The property is mostly wooded with a **cleared area in the southern portion**. A home served by a **private well and a septic** system was previously on the property. The proposed septic system for the property is a conventional gravity septic system (accepted drainfield product).

Soil Suitability for Domestic Sewage Treatment and Disposal Systems

The drawing in Attachment 1 details the property boundaries, soil boring locations, and layout of drain field trenches. Five soil borings were advanced without the proposed septic system area on the property. Soil borings were examined to determine soil suitability for on-site sewage disposal systems in accordance with 15A 18A .1900 Rules for Sewage Treatment and Disposal Systems. These borings were advanced with hand auger borings. All soil borings were provisionally suitable for a conventional style trench. Soil borings are within the proposed drainfield area.

The layout shown in Attachment 1 indicates there is available space for a four-bedroom conventional pump initial system. The initial system can be installed with the use of a 25% reduction trench product based on the drainfield layout in the field.

**The proposed LTAR (Long Term Acceptance Rate) by AWT is 0.4 GPD/ft<sup>2</sup>. The soils on this property are group III soils within the distribution and treatment zone as used to**

define the LTAR. With an LTAR of 0.4 GPD/ft<sup>2</sup>, 300 linear feet of trench is necessary to support a 4-bedroom home for the initial system with the use of the 25% reduction. The proposed trench depth for the trench is 24 inches. The attached drawings substantiate that the necessary linear footage of trench can be installed on the property for the initial system and repair system.

Any logging, disturbances, or grading done in the usable area or within the proposed setbacks will change the potential of using the area designated for a drainfield. Prior to moving forward with the development on the property, Harnett County Health Department should be contacted to complete the necessary Construction Oversight and to **issue an OP (Operations Permit) for the property once the septic system has been installed.**

#### Conclusions

An IP (Improvement Permit) and CA (Construction Authorization) for this property can be issued with the site plan that is in Attachment 1. A CA permit will be required in order to secure a building permit for the property. The county issues an Operation Permit after the system has been installed to meet the specifications of the Authorization to Construct. Additional septic layouts have been or will be performed as needed. It will be critical to not disturb any of the proposed septic area or there is a risk that the IP and CA will be revoked. The LSS/AOWE Evaluation and attached documents were prepared *to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3). The LSS/AOWE evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a5).*

We appreciate the opportunity to assist you in this matter. Please contact us with any questions, concerns, or comments.

Sincerely,



Jeff Vaughan, NC LSS



County: Harnett

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: 0517-28-3766

Issued To: Coleman Pankey

Property Location: 9444 NC 27 W, Lillington, NC 27546

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

LSS Report Provided: Yes  No

If yes, name and license number of LSS: Jeff Vaughan, 1227

New  Repair  Expansion  System Relocation

Proposed Structure: Single Family Residence

Proposed Wastewater System Type: Gravity, accepted (Initial) Gravity, accepted (Repair)

Fill System:  Yes  No If yes, specify:  New  Existing (when adding more than 6 inches of fill to system area please provide a fill plan)

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.4 Proposed LTAR (Repair): 0.4

Design Wastewater Strength:  domestic  high strength  industrial process

Number of bedrooms: 4 Number of Occupants: 8 Other: \_\_\_\_\_

Pump Required:  Yes  No  May be required based upon final location and elevations of facilities

Artificial Drainage Required:  Yes  No If yes, please specify details: \_\_\_\_\_

Type of Water Supply:  Private well  Public well  Municipal Supply  Spring  Other: \_\_\_\_\_

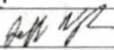
Drainfield location meets requirements of Rule .1945: Yes  No

Drainfield location meets requirements of Rule .1950: Yes  No

Permit valid for:  Five years [site plan submitted pursuant to GS 130A-334(13a)]  No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:  
\_\_\_\_\_  
\_\_\_\_\_

Licensed Soil Scientist Print Name: Jeff Vaughan

Licensed Soil Scientist Signature:  Date: 11/7/2022

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

\*See attached site sketch\*

**SOIL/SITE EVALUATION**  
**for ON-SITE WASTEWATER SYSTEM**  
 (Complete all fields in full)

CLIENT: Coleman Pankey APPLICATION DATE 11/7/2022  
 ADDRESS: 9444 NC 27 W, Lillington, NC 27546 DATES EVALUATED: 9/8/2022  
 PROPOSED FACILITY: Single Family Residence PROPOSED DESIGN FLOW (.1949): 480GPD PROPERTY SIZE: 2.85ac  
 LOCATION OF SITE: 9444 NC 27 W, Lillington, NC 27546 PROPERTY RECORDED: Yes  
 WATER SUPPLY:  Private  Public  Well  Spring  Other \_\_\_\_\_  
 EVALUATION METHOD:  Auger Boring  Pit  Cut TYPE OF WASTEWATER:  Sewage  Industrial Process  Mixed

P R O F I L E  #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1, 2, 5	5-9%	A 0-6"	S-LS; Gr	NS; NP; VFr	2.5Y 4/2	48"			Suitable  0.4GPD/ft2
		E 6-28"	LS; Gr	NS; NP; VFr	10YR 6/3				
		Bt 22-48"+	SL-SCL; SBK	SS; SP; Fr	7.5YR 6/4				
3, 4	0-2%	A 0-4"	S-LS; Gr	NS; NP; VFr	2.5Y 4/2	44"			Provisionally Suitable  0.4GPD/ft2
		E 4-20"	LS; Gr	NS; NP; VFr	10YR 6/3				
		Bt 20-44"	SCL; SBK	SS; SP; Fr	7.5YR 6/4 7.5YR 7/7 7.5YR 6/2				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): <u>Provisionally Suitable</u> EVALUATED BY: <u>Heath Clapp</u>
Available Space (.1945)	Provisionally Suitable	Provisionally Suitable	
System Type(s)	Conventional	Conventional	
Site LTAR	0.4GPD/Ft <sup>2</sup>	0.4 GPD/ Ft <sup>2</sup>	

COMMENTS

# LEGEND

use the following standard abbreviations

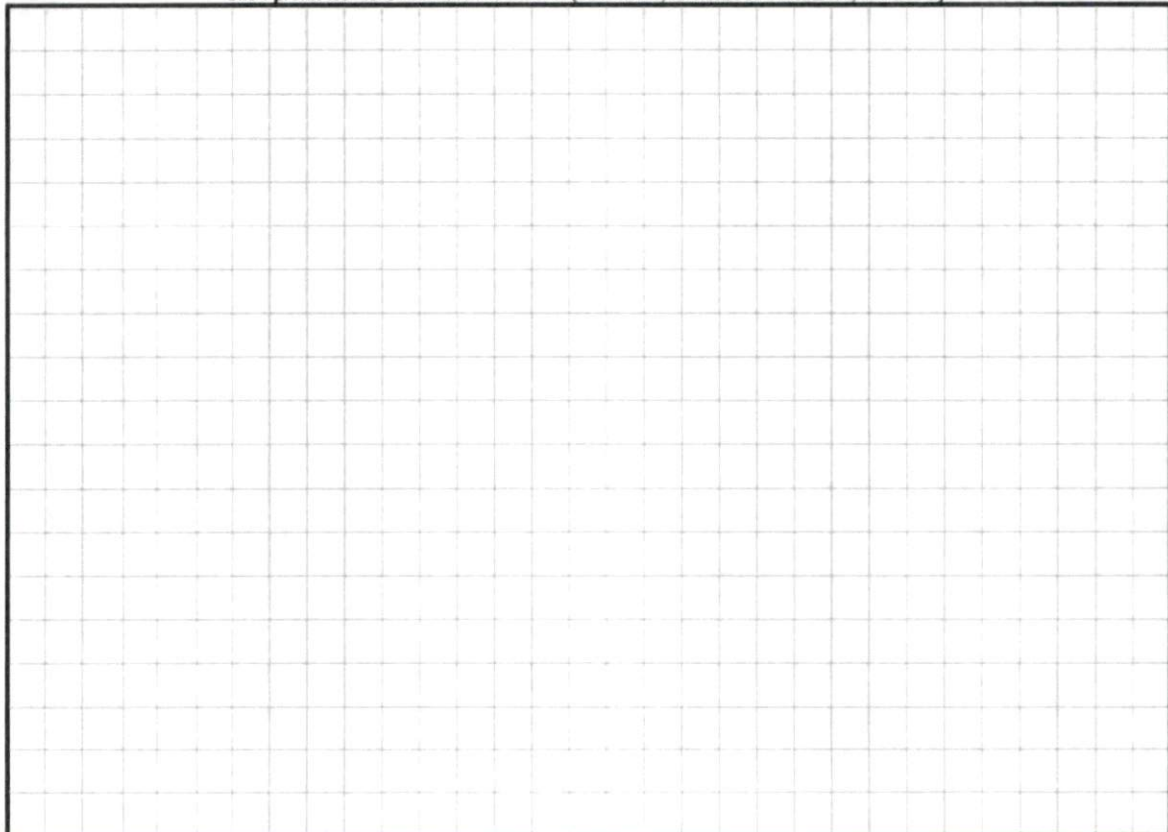
LANDSCAPE POSITION	GROUP	SOIL	CONVENTIONAL	LPP	MINERALOGY/	STRUCTURE		
		TEXTURE	.1955 LTAR*	.1957 LTAR*	CONSISTENCE			
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain)		
CV (Convex Slope)		LS (Loamy Sand)				M (Massive)		
D (Drainage Way)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		CR (Crumb)		
DS (Debris Slump)		L (Loam)				GR (Granular)		
FP (Flood Plain)						SBK (Subangular Blocky)		
FS (Foot Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		ABK (Angular Blocky)		
H (Head Slope)		SiCL (Silty Clay Loam)				PL (Platy)		
L (Linear Slope)		CL (Clay Loam)				PR (Prismatic)		
N (Nose Slope)		SCL (Sandy Clay Loam)						
R (Ridge)		SiL (Silt Loam)						
S (Shoulder Slope)								
T (Terrace)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	<b>MOIST</b> VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI ( <b>Extremely Firm</b> )	<b>WET</b> NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP ( <b>Non-plastic</b> ) SP (Slightly Plastic)		
		SiC (Silty Clay)						
		C (Clay)						
		O ( <b>Organic</b> )				None	None	P (Plastic)
								VP (Very Plastic)

\*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

### NOTES

- HORIZON DEPTH** In inches below natural soil surface
  - DEPTH OF FILL** In inches from land surface
  - RESTRICTIVE HORIZON** Thickness and depth from land surface
  - SAPROLITE** S (suitable) or U (unsuitable)
  - SOIL WETNESS** Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
  - CLASSIFICATION** S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)
- Evaluation of saprolite shall be by pits.  
 Long-term Acceptance Rate (LTAR): gal/day/ft<sup>2</sup>

Show profile locations and other site features (dimensions, reference or benchmark, and North).







AGRITEC-01

CGARKALNS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/19/2022

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 Hartsfield & Nash Agency, Inc. 10405 Ligon Mill Rd., Ste H Wake Forest, NC 27587	CONTACT NAME: <b>Connie Garkalns</b>	PHONE (A/C, No, Ext): <b>(919) 556-3698</b>	FAX (A/C, No): <b>(919) 556-8758</b>
	E-MAIL ADDRESS: <b>Connie@hartsfield-nash.com</b>		
INSURED  <b>Agri-Waste Technology Inc</b> <b>501 N. Salem St Ste 203</b> <b>Apex, NC 27502</b>	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>SELECTIVE INSURANCE COMPANY</b>		<b>39926</b>
	INSURER B: <b>Accident Fund National Insurance Company</b>		<b>12305</b>
	INSURER C: <b>Evanston Insurance Company</b>		
	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 RSD, 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		\$ 2253659	1/18/2022	1/18/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPI/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	OTHER:					
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		\$ 2253659	1/18/2022	1/18/2023	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		\$ 2253659	1/18/2022	1/18/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	DED RETENTION \$					
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	100003072	1/18/2022	1/18/2023	<input checked="" type="checkbox"/> PER STATUTE <input 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
C	<input checked="" type="checkbox"/> Prof & Pollution		MKLV3ENV103400	8/22/2022	8/22/2023	Each Claim \$ 5,000,000
A	<input checked="" type="checkbox"/> Leased / Rented		\$ 2253659	1/18/2022	1/18/2023	Equipment \$ 25,000

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

## CERTIFICATE HOLDER

## CANCELLATION

\*\*\*This is ONLY For informational Purposes  
Contact Agency for Specific Holder Info to be added  
\*\*\*

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