

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5). [hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:

- (a2) Improvement Permit (a2) Construction Authorization (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):

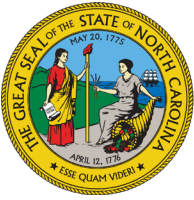
- Accepted Conventional Innovative Other Any
New Construction Expansion System Relocation Change of Use Repair
5-Year Expiration Requested (site plan provided) Non-Expiring Permit Requested (plat provided, defined in G.S.130A-334(7a)
Requesting DHHS review? (systems >3000 GPD or IPWW) Yes No

Applicant:
Mailing Address:
City:
State: Zip:
Phone #:
Email:

Owner:
Mailing Address:
City:
State: Zip:
Phone #:
Email:

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.
Yes No Does the site contain any jurisdictional wetlands?
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?

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.
Applicant Signature: Stephanie Swift Date:
Owner's Signature: Darlene Lumpkin, GM Date:



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: [] (a2) Improvement Permit [] (a2) Construction Authorization [] Fee \$ _____

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

County: _____

PIN/Lot Identifier: _____

Issued To: _____

Property Location: _____

Subdivision (if applicable) _____ Lot #: _____ Block: _____ Section: _____

LSS Report Provided: Yes [] No []

If yes, name and license number of LSS: _____

New [] Expansion [] System Relocation [] Change of Use []

Facility Type: _____

Number of bedrooms: _____ Number of Occupants: _____ Other: _____

Design Wastewater Strength: [] Domestic [] High Strength [] Industrial Process Wastewater

Proposed Design Daily Flow: _____ GPD Proposed LTAR (Initial): _____ Proposed LTAR (Repair): _____

Proposed Wastewater System Type*: _____ (Initial) Pump Required: [] Yes [] No [] May be required

Proposed Wastewater System Type*: _____ (Repair) Pump Required: [] Yes [] No [] May be required

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Effluent Standard: [] DSE [] HSE [] NSF/ANSI 40 [] TS-I [] TS-II [] RCW

Saprolite System (Initial): [] Yes [] No Saprolite System (Repair): [] Yes [] No

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

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

Usable Depth to LC (Initial)*: _____ Usable Depth to LC (Repair)*: _____ * Limiting Condition

Max. Trench Depth (Initial)†: _____ Max. Trench Depth (Repair)†: _____ † Measured on the downhill side of the trench

Artificial Drainage Required: [] Yes [] No If yes, please specify details: _____

Type of Water Supply: [] Private well [] Public well [] Shared well [] Municipal Supply [] Spring [] Other: _____

Drainfield location meets requirements of Rule .0508: Yes [] No [] Drainfield location meets requirements of Rule .0601: 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: _____

Licensed Soil Scientist Signature: _____ Date: _____

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

See attached site sketch

This Section for Local Health Department Use Only

Initial submittal received: _____ by _____
Date *Initials*

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

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 Applicant on _____
Date

State Authorized Agent: _____ Date: _____

Complete

State Authorized Agent: _____ Date: _____

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit 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 permit is subject to revocation if the site plan, plat, or the intended use changes.*** 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 15A NCAC 18E and to the conditions of this permit.**

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: _____

See attached site sketch

Re-submittal of Improvement Permit

LHD USE ONLY: This IP resubmittal received: _____ by _____
Date *Initials*

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

I, _____ hereby attest that the information required to be included with this re-submittal
Licensed Soil Scientist (Print Name)
 is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

Signature of Licensed Soil Scientist _____
Date

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

LHD Follow-up Completeness Review of Improvement Permit

The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

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 Applicant on _____
Date

State Authorized Agent: _____ Date: _____

Complete

State Authorized Agent: _____ Date: _____



Permit/File #: _____

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

County: _____

Pre-Construction Conference Required: Yes No

PIN/Lot Identifier: _____

Issued To: _____

Property Location: _____

AOWE/PE Plans/Evaluations Provided: Yes No If yes, name and license number of AOWE/PE: _____

Facility Type: _____

Number of bedrooms: _____ Number of Occupants: _____ Other: _____

New Expansion Repair System Relocation Change of Use

Basement? Yes No Basement Fixtures? Yes No

Crawl Space? Yes No Slab Foundation? Yes No

Type of Wastewater System* _____ (Initial) _____ (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: _____ GPD Wastewater Strength: Domestic High Strength Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? Yes No
(if yes, please provide engineering documentation)

Effluent Standard: DSE HSE NSF/ANSI 40 TS-I TS-II RCW

Type of Water Supply: Private well Public well Shared well Municipal Supply Spring Other: _____

Installation Requirements/Conditions

Septic Tank Size: _____ gallons Total Trench/Bed Length: _____ feet Trench/Bed Spacing: _____ feet on center

Trench/Bed Width: _____ inches LTAR: _____ gpd/ft² Usable Depth to LC (Initial)^x: _____ ^xLimiting condition

Soil Cover: _____ inches Slope Corrected Maximum Trench/Bed Depth[†]: _____ inches [†]Measured on the downhill side of the trench

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 [.0204(g)]: Yes No Declaration of Restrictive Covenants: Yes No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: Yes No

Management Entity Required: Yes No Minimum O&M Requirements: _____

Permit conditions:

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. ***This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.*** 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 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: _____

AOWE/PE Signature: _____ Date: _____

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

See attached site sketch

This Section for Local Health Department Use Only

Initial submittal received: _____ by _____
Date Initials

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by 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, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This

Construction Authorization is determined to be:

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 Applicant on _____
Date

State Authorized Agent: _____ Date: _____

Complete

State Authorized Agent: _____ Date of Issuance: _____

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) 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. 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 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: _____

See attached site sketch

Re-submittal of Construction Authorization

LHD USE ONLY: This CA resubmittal received: _____ by _____
Date *Initials*

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

I, _____ hereby attest that the information required to be included with this re-submittal
Authorized Onsite Wastewater Evaluator (Print Name)
 is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

Signature of Authorized On-Site Wastewater Evaluator *Date*

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

LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

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 Applicant on _____
Date

State Authorized Agent: _____ Date: _____

Complete

State Authorized Agent: _____ Date: _____

NOTE TO INSTALLER: SYSTEM IS PERMITTED UNDER 18E REGULATIONS!

Residential Subsurface Wastewater Treatment and Disposal System Proposal

for

**Lot 18 Lower River Road
Broadway, Harnett County, NC**

PIN: 9680-71-8337

August 23, 2024

Prepared for:

Clayton Homes of Raleigh
3912 Fayetteville Road
Raleigh, NC 27603

Prepared by:

Evan T. Morgan, LSS, AOWE
Earthly Elements Soil Consulting, PLLC
PO Box 12131
Durham, NC 27709



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

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

Details

Earthly Elements Soil Consulting, PLLC (Earthly Elements) has prepared a septic system design proposal for a 4-bedroom single family residence with a design daily flow of 480 gallons per day (GPD). The property is located at Lot 18 Lower River Road, Broadway, Harnett County, North Carolina (PIN: 9680-71-8337).

The property is to be served by a private well.

Based upon a soils investigation performed by Earthly Elements, it has been determined that enough "Suitable" Group IV soil is available for the installation of a **Gravity to Accepted Systems** for the initial system and **Pump to Accepted Systems** for the repair system both at a 0.3 GPD/ft. sq. long term acceptance rate (LTAR).

Earthly Elements requests that Harnett County Environmental Health (HCEH) issue the appropriate Improvement Permit and Construction Authorization permit for a subsurface wastewater treatment and disposal system based upon this proposal.

References

Working Copy of 15A NCAC 18E, Version 1, November 9, 2023; effective January 1, 2024

Primary Investigator's Credentials

NC Licensed Soil Scientist No. 1340

AOWE Certification No. 10039E

Plans and Specifications

A. Septic Tank

1. The septic tank shall be State approved, of one-piece construction, watertight, structurally sound and 1,000-gallons capacity. It is the responsibility of the septic tank contractor to thoroughly inspect each septic tank prior to accepting delivery.
2. The septic tank will be fitted with an approved effluent filter and riser for easy access and periodic maintenance.

B. Pipes and Fittings

1. All discharge piping, connectors and supply lines should be made of SCH 40 PVC.
2. All joints must be properly "welded" utilizing the appropriate PVC cement for each application.
3. The supply line from the septic tank shall be 3-inch Schedule 40 PVC (approximate length of supply line is 40 feet).

C. Distribution Method – Serial

1. The system will be fed via serial distribution connecting at the terminal ends.

D. Drainfield Installation

1. The initial and repair drainfield and the proposed septic tank location have been marked on-site utilizing metal stemmed flags. Once this area has been approved by the LSS/AOWE, the property owner/builder should mark this area and isolate it as much as possible from construction traffic. Prior to the system installation, the septic contractor shall contact the LSS/AOWE for a preconstruction conference, if requested, at which time the drainfield area will be re-verified.
2. Under no circumstances shall any construction take place within the drainfield area while the soil is in a wet condition. If the installer has doubts as to whether the drain field area is dry enough to begin construction, the LSS/AOWE or environmental health specialist for this area should be contacted for permission to proceed with the installation.
3. The specified initial system is a Type II-B gravity to “Accepted Systems” drainline.
4. The initial drain field consists of five (3) lateral trenches 3 feet wide by 12 inches tall by 65, 65, 75, 75, and 120 feet in length. The repair drain field consists of six (6) lateral trenches 3 feet wide by 12 inches tall by 50, 50, 50, 80, 85 and 85 feet in length.
5. It is essential that the lateral trenches be constructed on contour with the land, with each trench being excavated level from beginning to end. The use of a tripod mounted engineer’s level is essential to assure that each trench is constructed as level as possible.
6. The maximum trench depth for the initial system and repair system shall be 15 inches on the low side of trench. Each trench shall be placed on minimum 9-foot on centers.
7. A minimum 6-inch soil cover, after settling, will be required over the drainfield. The cover shall extend five feet beyond the drainfield in all directions.

Initial and Repair Septic System						
Line #	Color	Field Length	System length	Initial/Repair	Setup 1	Reference Elevation
1		57	50	Repair	3.1	104.22
2		57	50	Repair	3.3	104.02
3		82	80	Repair	3.7	103.62
4	B	94	85	Repair	4.1	103.22
5		105	85	Repair	5.1	102.22
6a	W	52	50	Repair	5.92	101.4
6b	W	65	65	Initial	5.92	101.4
7	R	65	65	Initial	6.61	100.71
8	Y	150	120	Initial	7.52	99.8
9	B	75	75	Initial	8.02	99.3
10	W	78	75	Initial	8.86	98.46
				Back Left HC	7.32	100

E. Proper Operation Check

1. After all components of the wastewater disposal system have been installed and connected, the system shall be checked for proper operation.

F. Final Landscaping

1. The finished grade over the septic tank and drainfield shall be shaped to shed rainwater and be free from low spots.
2. The entire area of the drainfield should be planted with grass as soon as possible to prevent erosion. The soil should be properly tilled, limed (if necessary) and fertilized prior to planting. After applying grass seed, the area should be heavily mulched with straw or other suitable material.

G. Utility/Drive Conflicts

1. Water lines must be kept at least ten (10) feet from any portion of the septic system.
2. Underground utilities, guy wires, and utility poles must be kept at least five (5) feet from any portion of the septic system.
3. Irrigation systems should not be placed in the drain field area.
4. The private water supply well must maintain a minimum 100-foot setback to the septic system components.

Maintenance

H. Operation and Maintenance

The designed system is classified as a Type II-B wastewater treatment and disposal system and does not require ongoing maintenance via a certified inspector to operate subsurface

wastewater systems (Section .1300 Operation and Maintenance). However, the following maintenance should be considered by the owner:

1. The septic tank shall be pumped out when the solids within the septic tank reach an elevation that is equivalent to 25% of the volume of the tank. In some situations, the tanks may need to be pumped more frequently; for example, if you are using a garbage disposal, it is recommended that the septic and pump tanks be cleaned out annually.
2. The effluent filters should be inspected semi-annually. When it becomes necessary to clean the effluent filters, the filters should be removed, and the accumulated debris washed back into the septic or pump tank – not onto the lawn.
3. All piping and valves should be inspected semi-annually for damage and corrections/repairs made immediately.
4. The drain field area should be maintained to prevent overgrowth of vegetation. Any damp areas, leakages or malfunctions should be addressed immediately.
5. Divert gutter downspouts and surface water runoff away from the septic and pump tanks.

I. Suggestions to the Homeowner

1. A garbage disposal is not recommended. The ground up garbage adds large amounts of solids into a septic tank that tend to degrade at a very slow rate.
2. Grease, cooking oils, coffee grounds and non-degradable solids (disposable diapers, cigarettes and solid paper wastes) should never be put into a septic tank.
3. Used motor oil or any oily liquids should not be disposed of in a septic tank.
4. Be aware of the amount of water that you are using in your home. Water saving fixtures and devices can be installed on sinks, toilets and showers to reduce the volume of wastewater that you are sending to your drain field.
5. Run dishwashers and washing machines only when you have a full load.
6. Repair leaky faucets and toilets. Small drips equal large volumes of water over time and can over burden your drain field.
7. Do not use chemical additives in your system. Studies have indicated that they do not increase the biological activity that naturally occurs in the septic system and in some cases certain additives have been found to be detrimental to the life of a system.

Initial System Design Specifics

Design Daily Flow:	480 Gallons Per Day
Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	Accepted System
Maximum Trench Depth:	15 Inches on low side of trench
Drainfield Cover:	minimum 6-inches, after settling
Supply Size:	3 Inch
Supply Line Length:	Approximately 40 feet
Number of Drainlines:	5
*Drain Lines:	3' Wide x 65' 65' 75' 75' 120' Long
Total Trench Length:	400 Linear Feet
*Drainline Spacing:	9 Foot on Centers
Distribution Method:	Serial

* See drainfield layout for site locations and more details.

Repair Allocation Specifics

Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	Accepted Systems
Maximum Trench Depth:	15 Inches on low side of trench
Drainfield Cover:	minimum 6-inches, after settling
Supply Size:	2 Inch
Supply Line Length:	Approximately 80 feet
Number of Drainlines:	6
*Drain Lines:	3' Wide x 50' 50' 50' 80' 85' 85' Long
Total Trench Length:	400 Linear Feet
*Drainline Spacing:	9 Foot on Centers
Distribution Method:	Pump to Serial



 Parcel
 House



SL 2023-90 a2 IP CA

Lot 18 Lower River Road

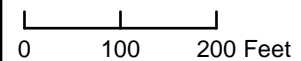
Harnett County, North Carolina



Date: August 2024

Job #: 24-108

1 inch = 200 feet



Figure

1

Soil Evaluation Form

Earthy Elements Soil Consulting, PLLC
PO Box 12131
Durham, NC 27709
919-417-0509

Sheet 1 of 1
 Job: Lot 18 Lower River Rd
 County: Harnett
 Date: 8-19-24

Soil Borings

	B1	B2	B3	B4	B5	B6	B7			
Landscape Position	SS	SS	SS	SS	SS	SS	SS			
Slope (%)	6	4	3	4	5	5	3			
Horizon 1 Depth	0-9	0-4	0-8	0-22	0-6	0-10	0-8			
Texture	Vgr SL	gr SCL	SL	SL	SL	SL	SL			
Consistence	FR	FI	FR	FR	FR	FR	FR			
Structure	GR	SBM	GR	GR	GR	GR	GR			
Clay Mineralogy	ME	SE	ME	NE	ME	NE	NE			
Horizon 2 Depth	9-23	4-30	8-36	22-28	6-30	10-34	8-36			
Texture	S:L	C	SL	gr SL	SC	SL	SL			
Consistence	FI	FI	FI	gr FR	FF	FF	FI			
Structure	SBM	SBM	SBM	GR	SBM	SBM	SBM			
Clay Mineralogy	SE	SE	SE	NE	SE	SE	SE			
Horizon 3 Depth	23-30			28+						
Texture	S:L			gr L						
Consistence	FR			FR						
Structure	SBM			SBM						
Clay Mineralogy	SE			SE						
Horizon 4 Depth										
Texture										
Consistence										
Structure										
Clay Mineralogy										
Horizon 5 Depth										
Texture										
Consistence										
Structure										
Clay Mineralogy										
Soil Wetness	30	30			30	34				
Restrictive Horizon										
Saprolite										
Other										
CLASSIFICATION	S	S	S	S	S	S	S			
LTAR (gpd/ft ²)	0.3	0.3	0.3	0.3	0.3	0.3	0.3			

Comments:

Evaluated by: E. Morgan



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/4/2024

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 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 E-MAIL ADDRESS: asensenig@wadeict.com	FAX (A/C No): (252) 649-2443
	INSURER(S) AFFORDING COVERAGE	
INSURED Earthly Elements Soil Consulting, PLLC PO Box 12131 Durham NC 27709-2131	INSURER A: Auto-Owners NAIC # 18988	
	INSURER B: Markel Insurance Company NAIC # 38970	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 24-25

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:			35543164	3/6/2024	3/6/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ EXCLUDED
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			54-356598-00	2/28/2024	2/28/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
							\$	\$
	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	\$
B	Errors & Omissions			MEO4450-02	3/6/2024	3/6/2025	Each Claim	\$2,000,000
							Policy 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**

FOR INFORMATIONAL PURPOSES ONLY

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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/RACHEL

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ACORD 25 (2014/01)

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INS025 (201401)