

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH

ROY COOPER GOVERNOR

X PE

X LSS

LG

MANDY COHEN, MD, MPH SECRETARY

DANIEL STALEY
DIRECTOR

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: PART 1: Notice of Intent to Construct (NOI) X New Expansion Repair – LHD Permit Number Repair – EOP Permit Number 1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): MICHAEL DENNING Mailing address: 1316 NC 242 S City: BENSON State: NC Zip: 27504 Telephone number: 919-796-7739 E-mail Address: JOHNSONBUILDINGCOMPANY@GMAIL.COM 2. Professional Engineer (PE) name: ATHAN M PARKER, PE License number: 43250 Mailing address: PO BOX 4580 City: EMERALD ISLE State: NC Zip: 28594 Telephone number: 919-795-9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.COM 3. Licensed Soil Scientist (LSS) name: HAYWOOD PITTMAN, LLS 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: ______ State: ____ State: ____ Zip: _____ Telephone number: _____ E-mail Address: ____ 5. On-site Wastewater Contractor name: _HAYWOOD PITTMAN, LLS ____ License number: ____ 3825____ Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip:28574 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:

WWW.NCDHHS.GOV
TEL 919-707-5874 • FAX 919-845-3972
LOCATION: 5605 SIX FORKS RD • RALEIGH, NC 27609
MAILING ADDRESS: 1642 MAIL SERVICE CENTER • RALEIGH, NC 27699-1642
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

X On-site Wastewater Contractor

7.	Property location (physical address, tax parcel identification number or subdivision lot, block number of the
	property to be permitted): WILSON-LUCAS RD, PIN 1507-67-9005.0000, LOT 1 ASHE TRAIL
	County Name: HARNETT
8.	Type of facility: 🗵 Place of residence No. Bedrooms: 3 No. Occupants: 6
	Place of business Basis for flow calculation:
	Place of public assembly Basis for flow calculation:
9.	Factors that would affect the wastewater load: NO KNOWN FACTORS TO AFFECT LOADING
10.	Type, location, and classification (per Rule .1961) of wastewater system: $\frac{5-80}{100} \frac{100}{100} \frac$
11.	Design wastewater flow: <u>360</u> 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: X Yes No
13.	Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): 🗵 Yes 🗌 No
14.	Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): Yes 🗓 No
	If yes, documentation filed inCounty Register of Deeds in Deed book Page
15.	Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h): Yes X No
	If yes, agreements filed inCounty Register of Deeds in Deed book Page
16.	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: X Yes No
	This is a saprolite system. Yes No
17.	Evaluation(s) of soil conditions and site features signed and sealed by a LSS, a LG, as applicable, is attached:
18.	Proposed landscape, site, drainage, or soil modifications are attached: Yes X NA
Atte	estation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C
l,	ATHAN M PARKER, PE hereby attest that the information required to be included with
thic	Registered Professional Engineer (Print Name) Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed
	tem shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with
G.S.	. 130A-3361(e)(6).
	Signature of Licensed Professional Engineer Date SEAL 43250
	AN M. PARKING

HD	Reference:	

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:									
1, Mike E- Denning	hereby designate _	ATHAN M PARKER, PE							
Print Name of Owner		Print Name of Registered Professional Engineer							
as my legal representative for purposes of this No		ant to G.S. 130A-336.1. - 3 0 - 18 Date							
Owner self-submittal of NOI:									
I, hereby su	bmit this NOI prepar	ed by							
Print Name of Owner pursuant to G.S. 130A-336.1.	Print Name of Licens	ed PE							
Signature of Owner		ate							

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 Engineered Option Permit. [(NC General Statute 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 above, 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.

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State	OT	N(.	F()	Ρ

LHD Reference:	

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."

engineer may treat the failure to act as a determination of completeness.		ion, the owner or professional
The review for completeness of this Notice of Intent was conducte NOI is determined to be:	d in accordance with	G.S. 130A-336.1(c). This
INCOMPLETE (If box is checked, Information in this section is	s required.)	
Based upon review of information submitted by the PE in Part 1, tl	ne following items are	e missing:
Copies of this form listing missing items were sent to the design PE	and the Owner on _	
		Date
via with directions to re-submit missing	g items using Page 5 c	of this form.
Email, FAX, USPS, hand-delivered		
Print Name of Authorized Agent of the LHD Signature of Au	thorized Agent of the LHD	 Date
COMPLETE (If box is checked, information in this section is re	equired.)	
Based upon review of information submitted by the PE in Part 1 of	this form, this NOI is	deemed COMPLETE.
Copies of this signed form were sent to the design PE and the Own		·
	Date	Email, FAX, USPS, hand-delivered
A copy of this NOI and tracking information was sent to the State of	on via	
	Date	Email, FAX, USPS, hand-delivered
Print Name of Authorized Agent of the LHD Signature of Au	thorized Agent of the LHD	

Re-submittal of NOI with missing items included

This Se	ection is for use by PE to submit items Resubmittals must be acc	noted as missing during LHD Co	•	
LHD USE ONLY: This NO	DI resubmittal received:	Date	_ by	
Item # from initial NOI	Resubmittal descrip	tion		
Attestation by Profession	al Engineer licensed in Nor	th Carolina pursuant	to G.S. 89C	
I,	her Engineer (Print Name)	eby attest that the inf	formation re-submitte	d for this Notice o
Intent to Construct is accu	urate and complete to the bitate, and local laws, regular		· · ·	•
Signature of Licens	ed Professional Engineer			
The se	ction below is for Local Health Departi	ment use after submittal of ite	ms noted as missing above.	
LHD Follow-up Complete	ness Review of Notice of Int	tent to Construct		
This follow-up review for 336.1(c). This NOI is dete	completeness of this Notice	e and Intent was cond	ucted in accordance w	ith G.S. 130A-
-	f information submitted by because the following item			ce of Intent
Copies of this signed form	were sent to the design PE	and the Owner on	via	
			Date Email, FA)	K, USPS, Hand-delivere
Print name of authorized Ager	nt of the LHD Sigr	nature of authorized Agent	of the LHD	 Date
	f information submitted by this form, this NOI is deeme		IITTAL above in additio	on to information
Copies of this signed form	were sent to the PE and th	e Owner on	via	·
	orm with tracking information		te:via	
Print name of authorized Ager	nt of the LHD Circ.	nature of authorized Agent	of the LHD	
Print nume of uutnonzed Ager	it oj tile LAD Sigi	iuture oj uutriorizea Agerit i	טן נוופ בחט	Date

PART 3:	Authorization to Operate	e (ATO)			
Except for date r	eceived, the Section below is to be	completed by the Owner or by the F the EOP.	'E designated to ac	t as their legal represe	ntative for
LHD USE ONL	Y: Initial submittal of reque	est for ATO received:		by	
	Date of Post-construction	on Conference:	Date	Initials	
1. Signed and a. Signed b. Drawin c. Report d. Mana e. On-sit f. Signed 2. Fee (as ap 3. Notarized Attestation by I,	d sealed copy of the Engineer d and sealed evaluation of so angs, specifications, plans its on special inspections and gement Program manual ite Wastewater Contractor's id and sealed statement pursuplicable) letter documenting Owner's in the Owner or the PE for Autorian interior Professional Engineer	oil conditions and site feature d final inspection signed statement uant to 15A NCAC 18A .1938(s acceptance of the system fro	s (h) om the PE indicated above	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No N
		ance with G.S. 130A-3361(e		_	
		This section for LHD Use Only.			
INCOMPLE Based upo	on review of information sub	mitted by the Owner or PE in for an Authorization to Oper		_	
Copies of this s	signed form were sent to the	e design PE and the Owner on		via Email, FAX, USPS, Hand	 1-delivered
Print name of au	ıthorized Agent of the LHD	Signature of authorized Age	ent of the LHD		Date
-		mitted by the Owner or PE in e with G.S. 130A-336.1(m).	the Section abo	ove, this Authoriza	tion to
A copy of this o	complete NOI/ATO with trac	king information was sent to	the State on		 and-delivered
Print name of au	uthorized Agent of the LHD	Signature of authorized Age	ent of the LHD		Date

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the PE submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

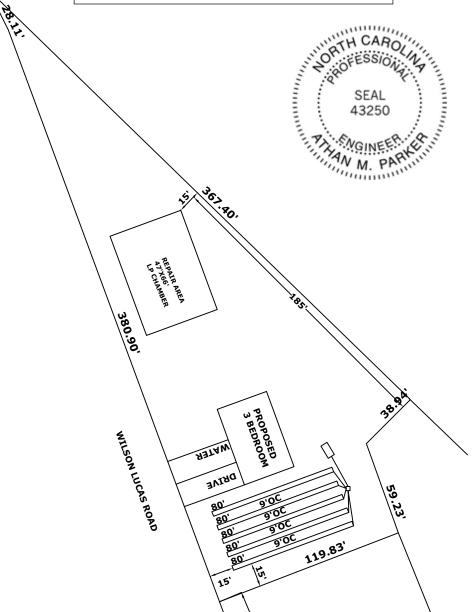
PITTMAN SOIL CONSULTING

Owner: ASHE TRAIL

Address: LOT 1

Location: WILSON-LUCAS ROAD

PROPERTY INFORMATION OBTAINED VIA HARNETT COUNTY MAP#2018-228



SOIL BORE(TYP)

0-12 SL, GR, VFR, NEXP, 2.5Y 4/3 12-18 SL, GR, VFR, NEXP, 2.5Y 5/4 18-24 CL, SBK, SS, SP, FI 10YR 5/8 24-36 CL, SBK, SS, SP, FI, 10YR 5/8, 2.5Y 6/1

SOIL BORE(TYP)

0-12 SL, GR, VFR, NEXP, 2.5Y 4/3 12-18 SL, GR, VFR, NEXP, 2.5Y 5/4 18-22 CL, SBK, SS, SP, FI, 10YR 5/8 22-36 CL, SBK, SS, SP, FI, 10YR 5/8, 2.5Y 6/1



INITIAL 3 BEDROOM LTAR .3 5-80' LOW PROFILE CHAMBER LINES 8-10"TB >6" SOIL COVER REQUIRED OVER

SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA

3 BEDROOM LTAR .32 8-47' LOW PROFILE CHAMBER LINES 8-10"TB >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM



1003 Gregory Fork Road Richlands, NC 28574 Phone (910)330-2784 pittmansoil@yahoo.com

SEPTEMBER 22, 2018

Ref: ASHE TRAIL LOT 1, HARNETT COUNTY

Dear Sir,

A soil evaluation was conducted on the above referenced tract to determine the sites suitability for septic. The current laws and rules of NC was used as guide for this evaluation.

Hand Auger borings on the site were used to characterize the soil texture, and depth to the soil wetness condition. The attached plot plan shows the location of the septic system in the most ideal location on the site. The soil wetness condition was found to be 20-24" from the surface with a clay loam texture. I have assigned an LTAR of 0.3 gpd/sqft for a 360 gpd 3 bedroom residence. This will require the installation of 5-80' low profile chamber lines that shall be installed in accordance with the current rules. The depth to soil wetness of 20-24" would constitute an 8-10" trench bottom. The system will require 6" soil cover that shall extend 5' from the edge of the system. The system will require a 1000 gallon septic tank. The repair area will require a 8-47' low profile chamber system installed at 8-10" from the surface.

After installation the site should be landscaped to shed surface water. Any alterations to the site may impact soil conditions.

If you have any questions please feel free to contact me at 910-330-2784. Thank You.



Digitally signed by R. Haywood email=pittmansoil@yahoo.com,

Date: 2018.09.25 16:03:43 -04'00'

R. Haywood Pittman II NC Licensed Soil Scientist



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/30/2018

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 confor rights to the certificate holder in liquid for the production of the policy.

_	is certificate does not comer rights to	tile c	CILIII	sate floider in fled of sach						
	DUCER			· × ×	CONTACT NAME:					
N.C.	N.C. Farm Bureau Ins. Agency					PHONE FAX (A/C, No, Ext): (A/C, No):				
530	5301 Glenwood Avenue (27612)					E-MAIL ADDRESS:				
P.O.	P.O. Box 27427					INSURER(S) AFFORDING COVERAGE NAIC #				NAIC#
Rale	eigh			NC 27611	INSURE	RA: Capitol S	pecialty Insura	nce Corporation		
INSU	RED			INSURE	RB:					
	Ronald H. Pittman, II DBA			INSURE	RC:					
	Pittman Soil Consulting				INSUREI	RD:	77 41			
	1003 Gregory Fork Rd				INSURE					
	Richlands			NC 28574	INSURE					
COV	/ERAGES CER	TIFIC	ATE	NUMBER: CL182121237				REVISION NUMBER:		
TH	IIS IS TO CERTIFY THAT THE POLICIES OF	NSU	RANCE	E LISTED BELOW HAVE BEEN	ISSUED	TO THE INSU	RED NAMED A	BOVE FOR THE POLICY PER	IOD	
CE	DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT. CLUSIONS AND CONDITIONS OF SUCH PO	AIN, T	HE IN	ISURANCE AFFORDED BY TH	IE POLIC	IES DESCRIBE	D HEREIN IS S	WITH RESPECT TO WHICH T SUBJECT TO ALL THE TERMS	HIS S,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	T	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICI NUMBER		(MINIOD/TTTT)	(MINDD/1111)			0,000
	CLAIMS-MADE X OCCUR						-	DAMAGE TO RENTED	\$ 50,0	00
								MED EXP (Any one person)	\$ 5,00	0
Α	➤ Professional Liability			EV20182381-01		07/19/2018	07/19/2019		4	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 2,00	
	PRO- JECT LOC	-						PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
	OTHER:							Profess Occ/Agg	s 1m/2	2m
-	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO								\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY			2				(Per accident)	\$	
	LIMBELLALIAR		-							
	UMBRELLA LIAB OCCUR			s e					\$	
	EXCESS LIAB CLAIMS-MADE								\$	
	DED RETENTION \$	-							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under			· ·				E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below								\$ 4.00	0.000
	Contractors Pollution Liability-				-			Each Contractors	1,00	0,000
Α	Occurrence Form			EV20182381-01	-	07/19/2018	07/19/2019	Pollution Limit		
								Aggregate Limit	2,00	0,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
_						FI 1 AF 1511				
CEF	RTIFICATE HOLDER				CANC	ELLATION				
	AMP'd Engineering, PLLC PO Box 4580				THE ACC	EXPIRATION D ORDANCE WIT	DATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		D BEFORE
	1 0 500 4300				AUTHOR	RIZED REPRESEN	TATIVE	A MIT		
	Emerald Isle			NC 28594	AUTHORIZED REPRESENTATIVE OUT OF THE PROPERTY					

988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/6/2018

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).									
	DUCER				CONTACT Lindsay Lutz					
	Group, Inc.				PHONE (A/C, No, Ext): 910-478-3373 (A/C, No): 910-455-7481					
	Gum Branch Road ksonville NC 28540				(A/C, No, Ext): 910-476-3373 (A/C, No): 910-433-7461 E-MAIL ADDRESS: Certs@siagroup.com					3-7-01
Jac	KSUTVIIIE INC 20040				ADDRES					
							• • •	RDING COVERAGE		NAIC#
INSU	DED.	30102				RA: TRAVEL	ERS CAS &	SURETY CO		19038
	P'D Enginerring	00102			INSURE	RB:				
250	00 N Heritage St, Ste 2				INSURE	RC:				
Kin	ston NC 28504				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
				NUMBER: 178254178				REVISION NUMBER:		
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMENTAIN, TOTAL CONTROL OF THE CONT	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	TO Y	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
								FRODUCTS - COMP/OF AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	IMPREM A MAR								-	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	_						AGGREGATE	\$	
	DED RETENTION\$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liability			106460474		2/10/2018	2/10/2019	Each Occurrence Aggregate	1,000,0 2,000,0	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Office Use Only.										
	TIEICATE HOLDED				CANO	TELL ATION				
Office Use Only This certificate is for information purpose only. Certificate is not valid unless certificate is					CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	issued with certificate hold filled in from SIA Group.				Diana Evens					