



AUTHORIZATION TO OPERATE (ATO)

241 Bunting Drive, Lillington, NC, 27546, USA

PROPERTY ADDRESS

The system at the above referenced address was installed in accordance with applicable laws, rules and permit conditions.



6/17/24

DATE OF ATO

Garner's Septic Tanks

INSTALLER

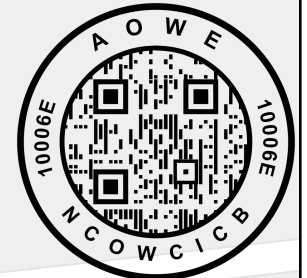
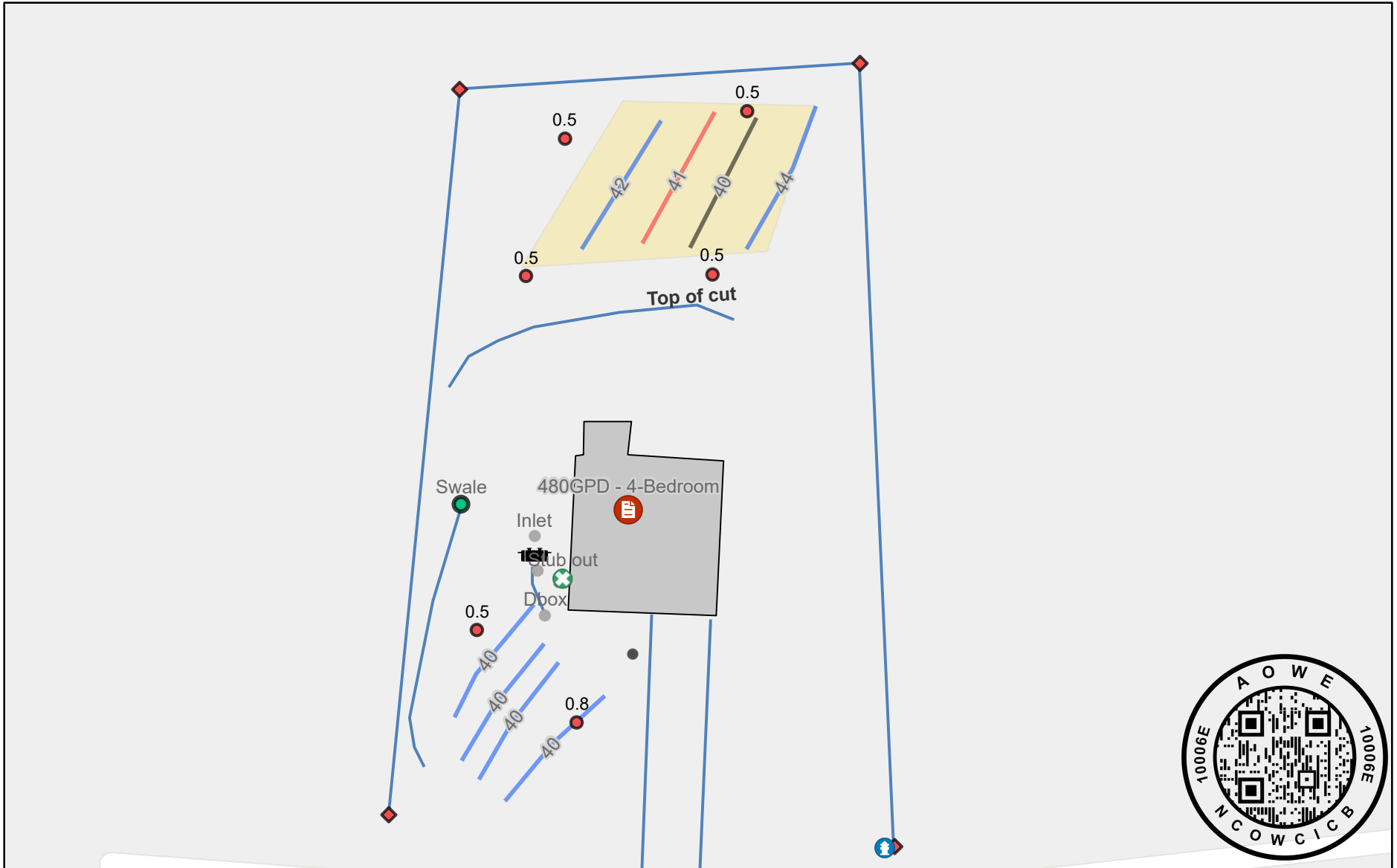
Thomas J. Boyce

THOMAS BOYCE, AOWE

Mackenzie Leonard

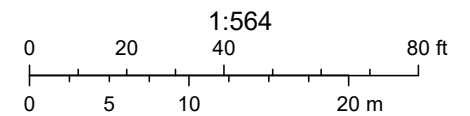
OWNER/REPRESENTATIVE

ATO 241 Bunting Drive 2024



6/17/2024, 9:38:15 AM

- | | | | | |
|----------------|-------------|----------------------------|----------------------|--------------------|
| Borings | White | Line Generic | Bad Topo | Other |
| ● Conventional | Blue | Points | Existing Septic Tank | System Description |
| Leach Lines | Repair Area | ◆ Property Boundary Marker | Water Meter | House Box |
| Red | PPBPS | ● Point Generic | | |



Esri Community Maps Contributors, Lee County NC, State of North Carolina DOT, © OpenStreetMap, Microsoft, Esri, TomTom, Garmin, SafeGraph,

ArcGIS Web AppBuilder

Esri Community Maps Contributors, Lee County NC, State of North Carolina DOT, © OpenStreetMap, Microsoft, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA, USFWS | This dataset was

NORTH CAROLINA FARM BUREAU MUTUAL INSURANCE COMPANY, INC.

CERTIFICATE OF LIABILITY INSURANCE

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).

INSURED EDWARD WADE GARNER
NAME AND DBA GARNER'S SEPTIC TANKS
ADDRESS 8434 TURNPIKE RD
 RAEFORD, N.C. 28376

CERTIFICATE MARLIN WASTEWATER SERVICES
HOLDER PO BOX 865
 WEST END, NC 27376
 jeff@mseptic.com

COVERAGES

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.

X	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY - OCCURRENCE GEN'L AGGREGATE APPLIES PER POLICY			CPP 0127376	12/15/2023	12/15/2024	GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OPS AGGREGATE	\$2,000,000
							PERSONAL & ADV INJURY	\$1,000,000
							EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$100,000
							MED EXP (Any one person)	\$5,000
<input type="checkbox"/>	BUSINESSOWNERS						EACH OCCURRENCE	\$
							AGGREGATE	\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Each accident)	\$
<input type="checkbox"/>	SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
<input type="checkbox"/>	HIRED AUTOS						BODILY INJURY (Per accident)	\$
<input type="checkbox"/>	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
<input type="checkbox"/>	GARAGE LIABILITY							
<input type="checkbox"/>	_____ (Other)							
<input type="checkbox"/>	EXCESS LIABILITY - OCCURRENCE						EACH OCCURRENCE	\$
							AGGREGATE	\$
<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY POLICY APPLIES TO THE WORKERS COMPENSATION LAW IN THE STATE OF NC	N/A		WC 0250304	12/18/2023	12/18/2024	WC-STATUTORY LIMITS	
							E.L. EACH ACCIDENT	\$500,000
							E.L. DISEASE - EA EMPLOYEE	\$500,000
							E.L. DISEASE - POLICY LIMIT	\$500,000
<input type="checkbox"/>	OTHER:							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES:

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.

AUTHORIZED REPRESENTATIVE *Nichole McArthur*

DATE 12/13/2023

Signature Certificate

Reference number: FTPQP-HHYPJ-EKSCZ-WHTNG

Signer

Timestamp

Signature

Mackenzie West

Email: mackenziewest@hhhomes.com

Sent:

17 Jun 2024 17:42:42 UTC

Viewed:

17 Jun 2024 20:29:53 UTC

Signed:

17 Jun 2024 20:30:05 UTC

Mackenzie Leonard

Recipient Verification:

✓ Email verified

17 Jun 2024 20:29:53 UTC

IP address: 174.108.242.242

Location: Fayetteville, United States

Document completed by all parties on:

17 Jun 2024 20:30:05 UTC

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