



# AUTHORIZATION TO OPERATE (ATO)

Lot 49 - 49 Calebs Corner PL. Spring Lake, NC 28390

**PROPERTY ADDRESS**

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



9/19/24

**DATE OF ATO**

Matthews Backhoe Service

**INSTALLER**

*Thomas J. Boyce*

THOMAS BOYCE, AOWE

*Daniel Blich*

OWNER/REPRESENTATIVE

## 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 NAME AND ADDRESS** JASON E MATTHEWS  
DBA MATTHEWS BACKHOE SERVICE  
PO BOX 231  
KIPLING NC 27543

**CERTIFICATE HOLDER** MARLIN SEPTIC TANK CLEANING,  
INSPECTIONS, INTALLATION AND REPAIR  
140 KNOX LN  
WEST END, NC 27376

info@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.

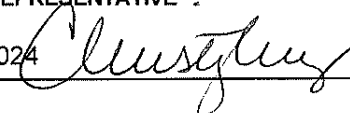
X	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY - OCCURRENCE  GEN'L AGGREGATE APPLIES PER POLICY			GL 0475013	08/01/2024	08/01/2025	GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - 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	\$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY			BAP 2907719	04/18/2024	04/18/2025	COMBINED SINGLE LIMIT (Each accident)	\$500,000
<input checked="" type="checkbox"/>	SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
<input checked="" type="checkbox"/>	HIRED AUTOS						BODILY INJURY (Per accident)	\$
<input checked="" 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 0232325	08/24/2024	08/24/2025	WC STATUTORY LIMITS	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000
<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.

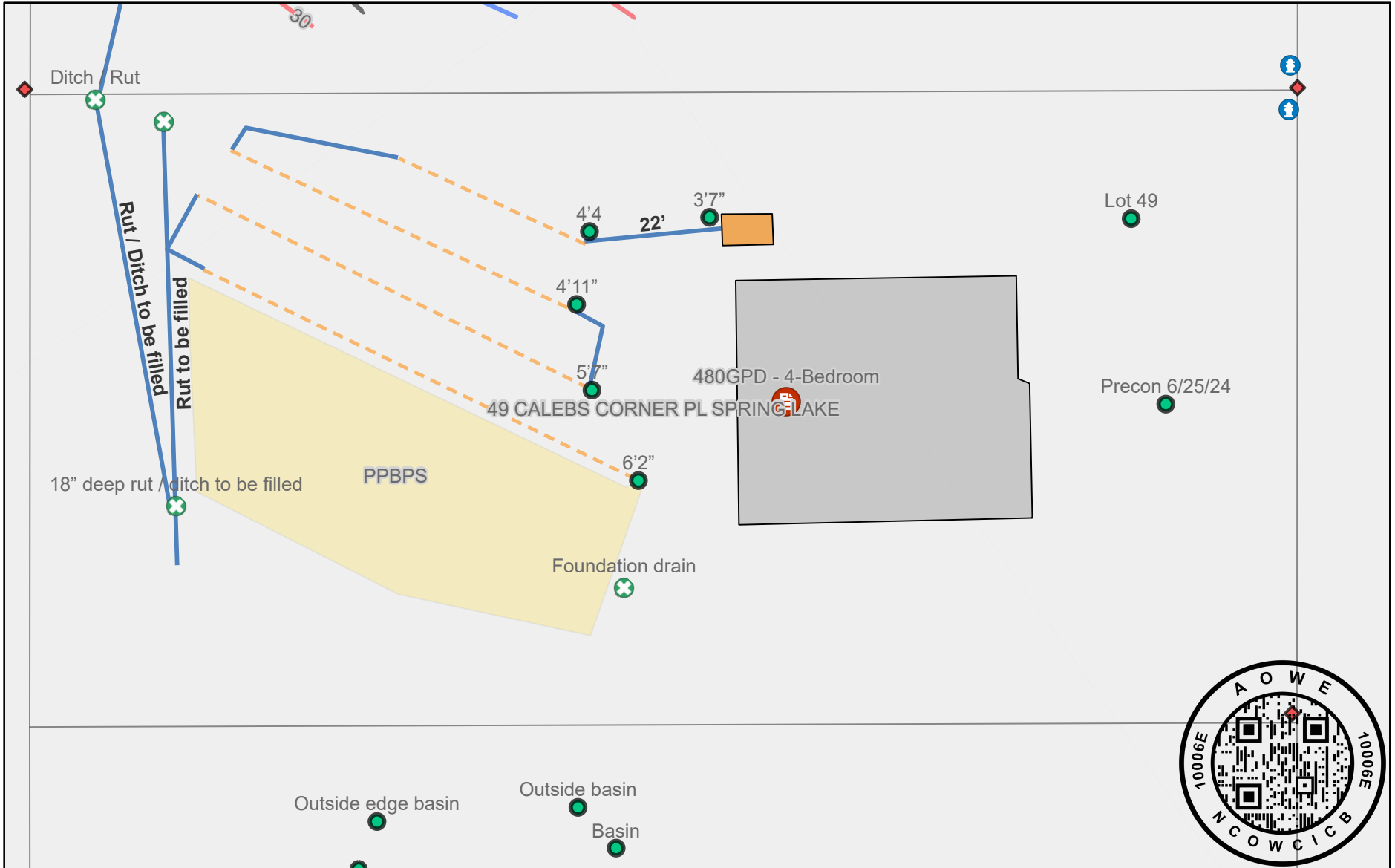
**AUTHORIZED REPRESENTATIVE**

DATE 09/10/2024



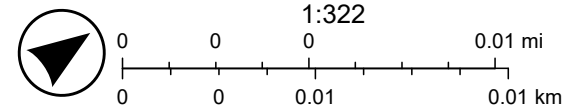


# Lot 49 - 49 Calebs Corner PL. 2024



9/19/2024

- |                          |                      |                    |                    |           |
|--------------------------|----------------------|--------------------|--------------------|-----------|
| <b>Points</b>            | Water Meter          | <b>Leach Lines</b> | <b>Repair Area</b> | House Box |
| Property Boundary Marker | System Description   | Red                | PPBPS              | Parcels   |
| Point Generic            | Existing Leach Lines | White              | Polygon Generic    |           |
| Bad Topo                 |                      | Blue               | Line Generic       |           |



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# Signature Certificate

Reference number: IFR4J-B5V4Z-EDFJK-WVVHE

## Signer

## Timestamp

## Signature

**Jonathan Kiger**

Email: jhkiger@drhorton.com

Sent:

19 Sep 2024 19:16:06 UTC

Viewed:

19 Sep 2024 20:54:15 UTC

Signed:

20 Sep 2024 12:46:54 UTC



## Recipient Verification:

✓ Email verified

19 Sep 2024 20:54:15 UTC

IP address: 174.203.246.186

Location: Charlotte, United States

Document completed by all parties on:

20 Sep 2024 12:46:54 UTC

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