

Adams Soil Consulting, PLLC
1676 Mitchell Road
Angier, NC 27501
919-414-6761
alexadams@bcsoil.com

November 28, 2024
Project #1915

RE: 352 Golden Leaf Farms Road- Angier, NC 27501– (Harnett County, NC PIN# 0693-25-5751)

OWNER ACCEPTANCE OF SEPTIC SYSTEM

I certify that Drees Homes is accepting the subsurface wastewater (septic) system installed at 352 Golden Leaf Frms Road. The acceptance includes the AOWE permit as issued and designed by Adams Soil Consulting, PLLC and installed by Full Circle Septic.

Owner's Representative (print): DocuSigned by:
Bradley Weekley Bradley weekley
4E761125D09C444...

Owner's Representative – (Signature Date): DocuSigned by:
Bradley Weekley
4E761125D09C444...

**Adams Soil Consulting
1676 Mitchell Road
Angier, NC 27501
919-414-6761**

November 28, 2024
Project #1907

This document is submitted in addition to the "Notice of Intent to Construct" submittal package previously supplied to the local health department in pursuant to G.S. 130A-336.1

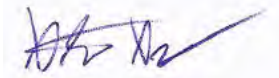
RE: 352 Golden Leaf Farms Road - Angier, NC 27501– (Harnett County, NC PIN# 0693-25-5751)

To whom it may concern:

This letter is to notify the Harnett County Environmental Health Department that the construction of the wastewater system has been completed. The system was installed to acceptable construction standards. The installation was constructed in conformance to the original construction documents. This document may serve as "Authorization to Operate" the installed system.

Operation and Management Program

Have the effluent filter in the septic tank cleaned periodically by a professional. Have the solids pumped out of the septic tank every 3-5 years by a professional. Maintain adequate vegetative cover over the drainfield. Keep surface waters away from the tank and drainfield. Do not pour grease or oil down the sink. Contact a professional for periodic maintenance.



Alex Adams
Adams Soils Consulting, PLLC
NC Licensed Soil Scientist #1247



**North Carolina Onsite Wastewater Contractor Inspector Certification Board
Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems
Notice of Intent (NOI) to Construct**

New Expansion Repair Relocation Relocation of Repair Area

Owner or Legal Representative Information: Teri Treffzs
 Name: Drees Homes Company
 Mailing address: 211 Grandview Drive - Suite 102 City: Ft. Mitchell State: KY Zip: 41017
 Phone: 919-256-5478 Email: ttreffzs@dreeshomes.com

Authorized Onsite Wastewater Evaluator Information:
 Name: Alex Adams Certification #: AOWE# 10021E
 Mailing address: 1676 Mitchell Road City: Angier State: NC Zip: 27501
 Phone: 919-414-6761 Email: alexadams@bcsoil.com

Site Location Information:
 Site address: Lot #49 (Tobacco Road) 352 Golden Leaf Farms Road - Angier, NC 27501
 Tax parcel identification number or subdivision lot, block number of property: PIN# 0693-25-5751
 County: Harnett

System Information: Accepted Status
 Wastewater System Type: Type III (g)
 Daily Design Flow: 600 gallons/day
 Sapro-lite System: Yes No Subsurface Operator Required: Yes No
 Water Supply Type: Private Well Public Water Supply Spring Other:

Facility Type:
 Residential 5 # Bedrooms 10 Maximum # of Occupants
 Business Type of Business and Basis for Flow: _____
 Public Assembly Type of Public Assembly and Basis for Flow: _____

Require Attachments:
 Plat or Siteplan
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 15th Day of October 2024 by signature below I hereby attest that the information required to be included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest that I have adhered to the 15th day of October 2029.

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams
 Signature of Owner or Legal Representative: _____

Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee required (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater evaluator shall be transferable to a new owner with the consent of the authorized onsite wastewater evaluator.

Local Health Department Receipt Acknowledgement:
 Signature of Local Health Department Representative: _____ Date: _____

Adams Soil Consulting, PLLC
1676 Mitchell Road
Angier, NC 27501
919-414-6761
alexadams@bcsoil.com

October 15, 2024
Project #1215

“This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-336.2

RE: Tobacco Road -Lot #49, 352 Golden Leaf Farms Road. - Angier, NC - 5-bedroom Single Family Residence (PIN# 0693-25-5751)

To whom it may concern:

Adams Soil Consulting (ASC) conducted a preliminary soil evaluation on the above referenced parcel to determine the areas of soils which are suitable for subsurface wastewater disposal systems (conventional & LPP). The soil/site evaluation was performed using hand auger borings during moist soil conditions based on the criteria found in the State Subsurface Rules 15ANCAC 18E. From this evaluation, ASC is providing the attached septic system design for a new single-family home sized for a 600 gallon/day septic system.

The suitable soils found on the subject property were somewhat variable in the initial and repair areas. The area designated for the initial/primary septic system (see attached septic plan) was found to contain soils with greater than 24 inches in depth before a restrictive horizon was encountered.

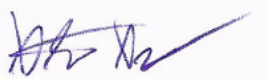
The initial and primary septic fields for the new home were sized based on a flow rate of 600 gallons/day and utilizing Accepted Status system for the initial and a PPBPS repair system. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

The septic installer contractor shall install the repair (if needed) system on contour, see attached site plan for the primary system and repair. No underground utilities, water lines, or sprinkler systems shall be placed into the initial or repair septic areas. Installation must meet all state and local county regulations for septic system installation. The trenches must be installed in the same location as the site plan. If flags trench flags are missing at the time of installation, they must be remarked by Adams Soil Consulting staff. Contact Alex Adams at 919-414-6761. A preconstruction conference is required with the septic installer prior to construction activities at least 14 days in advance of construction activities.

This report does not guarantee the future function of any waste water disposal system installed.

If you have any questions regarding the findings on the attached site plan or in this report, please feel free to contact me anytime.

Sincerely,

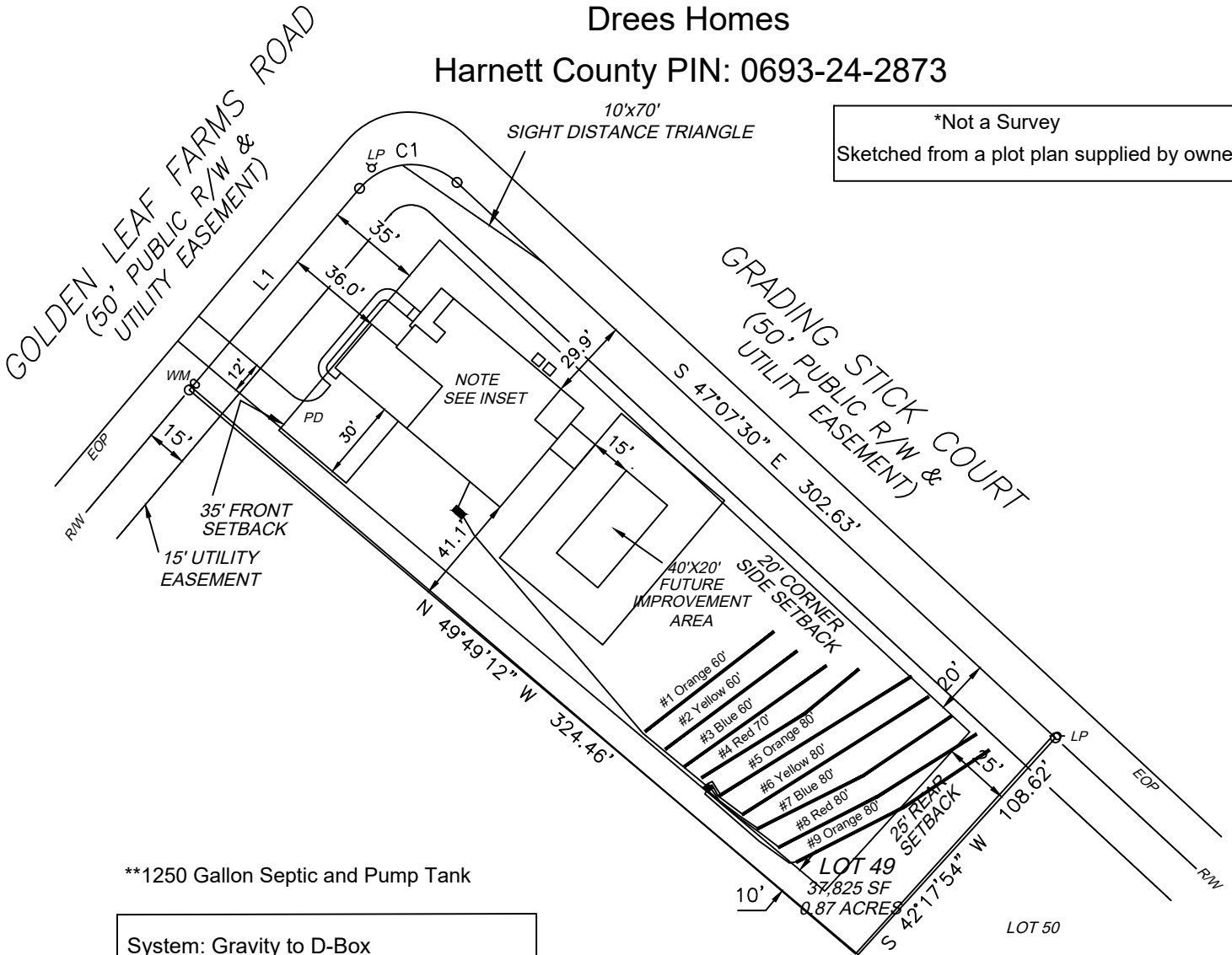


Alex Adams
NC Licensed Soil Scientist #1247
AOWE Certification: 10021E



| | | | | | | | |
|------------------------------------|---------------------------|--------------------|-------------------|---|--------------------------|------------------|------------------------|
| Adams Soil Consulting, PLLC | | | | | | | |
| AOWE NOI - Design Specifications | | | | | | | |
| Name: | Drees Home Company | | | P.I.N. #: | 0693-25-5751 | | County: Harnett |
| Address: | 352 Golden Leaf Farm Road | | | Subdiv: Tobacco Road | Lot#: 49 | | |
| # of BDR: | 5 | Daily Flow: | 600 | gal/day | Initial L.T.A.R.: | 0.4000 | gal/day/sq.ft |
| | | | | | Repair L.T.A.R.: | 0.4000 | gal/day/sq.ft |
| Septic Tank: | 1250 | gals | Pump Tank: | N/A | gals | Sq. Foot: | 1200 |
| | | | | | | | Stone Depth: |
| Line Lengths | | | | | | | |
| line | color | rod read | Elevation | length | | | |
| 1 | Orange | | | 60 | Repair | | |
| 2 | Yellow | | | 60 | Repair | | |
| 3 | Blue | | | 60 | Repair | | |
| 4 | Red | | | 70 | Repair | | |
| 5 | Orange | | | 80 | Initial | | |
| 6 | Yellow | | | 80 | Initial | | |
| 7 | Blue | | | 80 | Initial | | |
| 8 | Red | | | 80 | Initial | | |
| 9 | Orange | | | 80 | Initial | | |
| | | total | feet = | 650 | | | |
| Initial Total Trench Length | | 400 | | Initial System Type: | | Accepted Status | |
| | | | | Initial System Max Trench Depth: | | 24" | |
| Repair Total Trench Length | | 250 | | Repair System Type: | | PPBPS | |
| | | | | Repair System Max Trench Depth: | | 24" | |

Tobacco Road S/D
5-Bedroom Septic Design
Lot #49 - 352 Golden Leaf Farms Road
Drees Homes
Harnett County PIN: 0693-24-2873



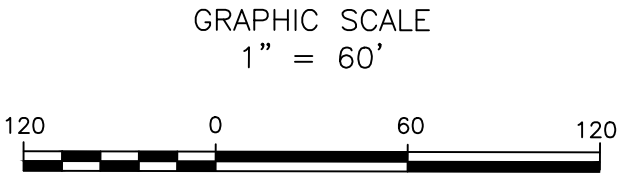
*Not a Survey
Sketched from a plot plan supplied by owner

**1250 Gallon Septic and Pump Tank

System: Gravity to D-Box
Lines: 5-9 (400')
0.4 LTAR
24" Max Trench Bottom
Accepted Status System
Repair: Pressure Manifold
Lines: 1-4 (250')
0.4 LTAR
24" Max Trench Bottom
T&J Panel Block - 50% Reduction System

**1250 Gallon Septic and Pump Tank
Tank and trenches to be located minimum of 10' from any property line and minimum of 5' from any building foundation.
*Do Not Cut, Fill, or Alter Drainfield or Repair Area
*Comply with all setbacks
*Contact local health dept. and/or Alex Adams prior to or during installation with any questions or concerns.

Adams
Soil Consulting
919-414-6761
Job #1215
10-15-24



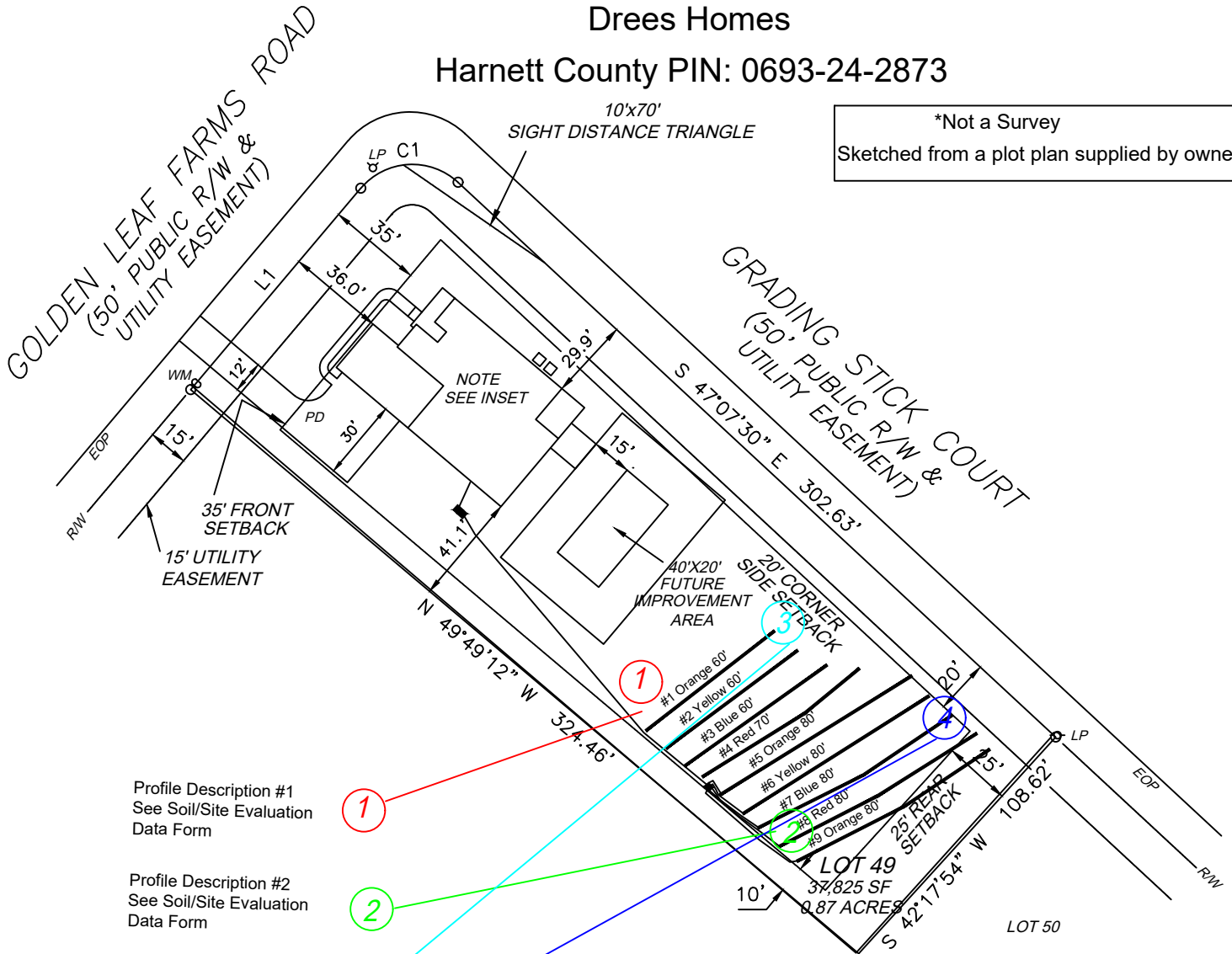
Tobacco Road S/D Soil Boring Locations

Lot #49 - 352 Golden Leaf Farms Road

Drees Homes

Harnett County PIN: 0693-24-2873

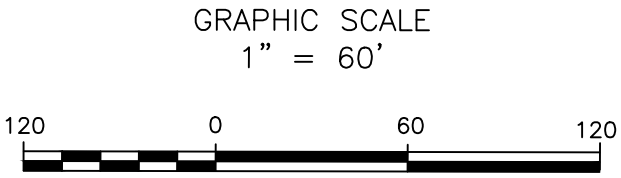
*Not a Survey
Sketched from a plot plan supplied by owner



- Profile Description #1
See Soil/Site Evaluation Data Form
- Profile Description #2
See Soil/Site Evaluation Data Form
- Profile Description #3
See Soil/Site Evaluation Data Form
- Profile Description #4
See Soil/Site Evaluation Data Form

****1250 Gallon Septic and Pump Tank**
 Tank and trenches to be located minimum of 10' from any property line and minimum of 5' from any building foundation.
 *Do Not Cut, Fill, or Alter Drainfield or Repair Area
 *Comply with all setbacks
 *Contact local health dept. and/or Alex Adams prior to or during installation with any questions or concerns.

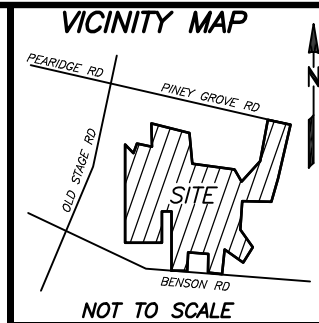
Adams
 Soil Consulting
 919-414-6761
 Job #1215
 10-15-24



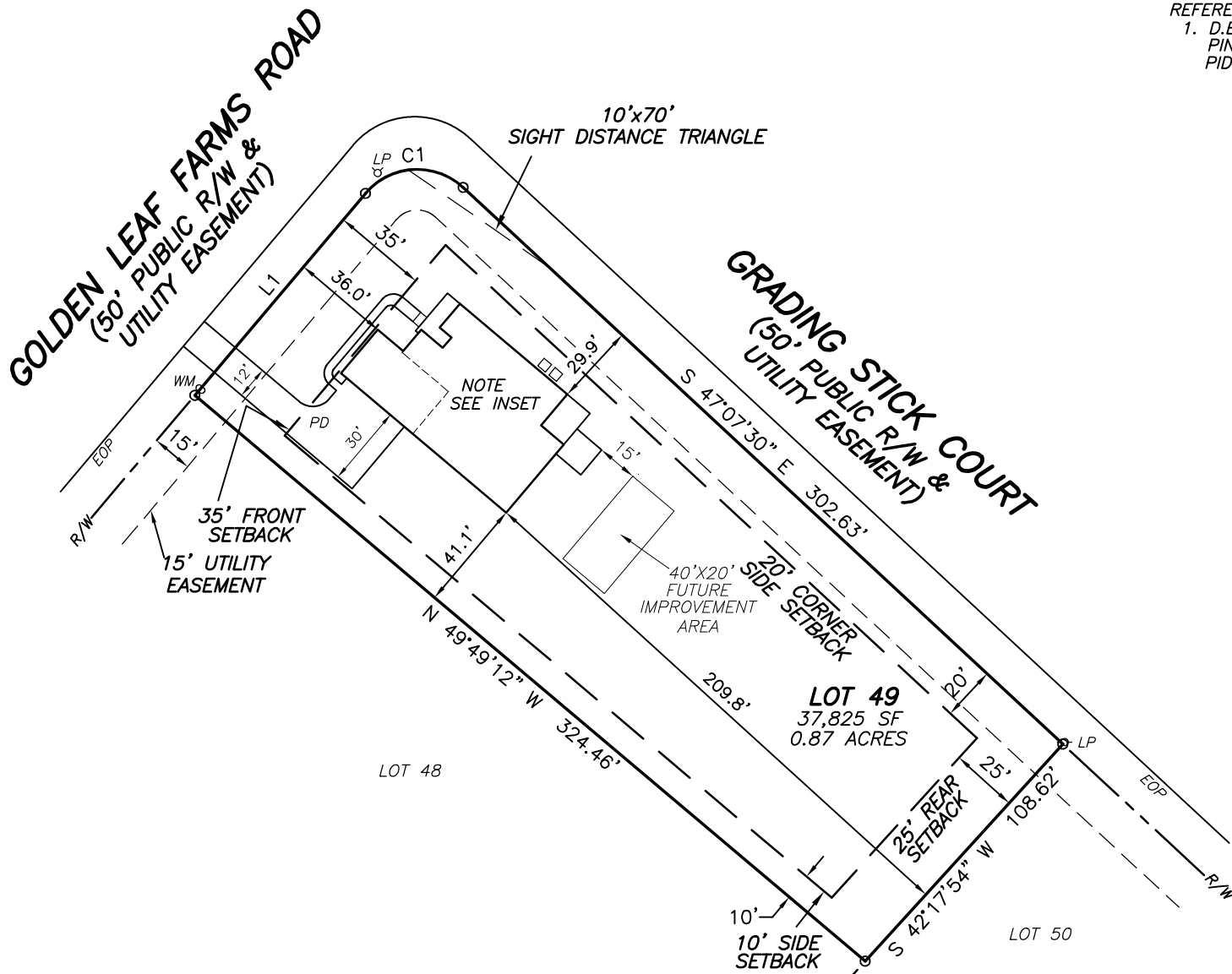
| CURVE TABLE | | | | | | |
|-------------|-----------|--------|--------|--------|---------|---------------|
| CURVE | DELTA | RADIUS | ARC | CHORD | TANGENT | CHORD BRG |
| C1 | 92°41'42" | 25.00' | 40.45' | 36.18' | 26.20' | N 86°31'39" E |

| LINE TABLE | | |
|------------|---------------|----------|
| LINE | BEARING | DISTANCE |
| L1 | N 40°10'48" E | 97.80' |

PROPOSED IMPERVIOUS SURFACES:
 TOTAL LOT AREA=37,825 S.F.
 HOUSE/PORCHES=3,689 S.F.
 DRIVEWAYS/ETC.=1,528 S.F.
 TOTAL IMPERVIOUS AREA=5,217 S.F.
 MAX. IMPERVIOUS AREA=5,500 S.F.



REFERENCES:
 1. D.B. 4218, PG. 193
 PIN 0693-25-5751.000
 PID 040693 0030 30



SETBACKS

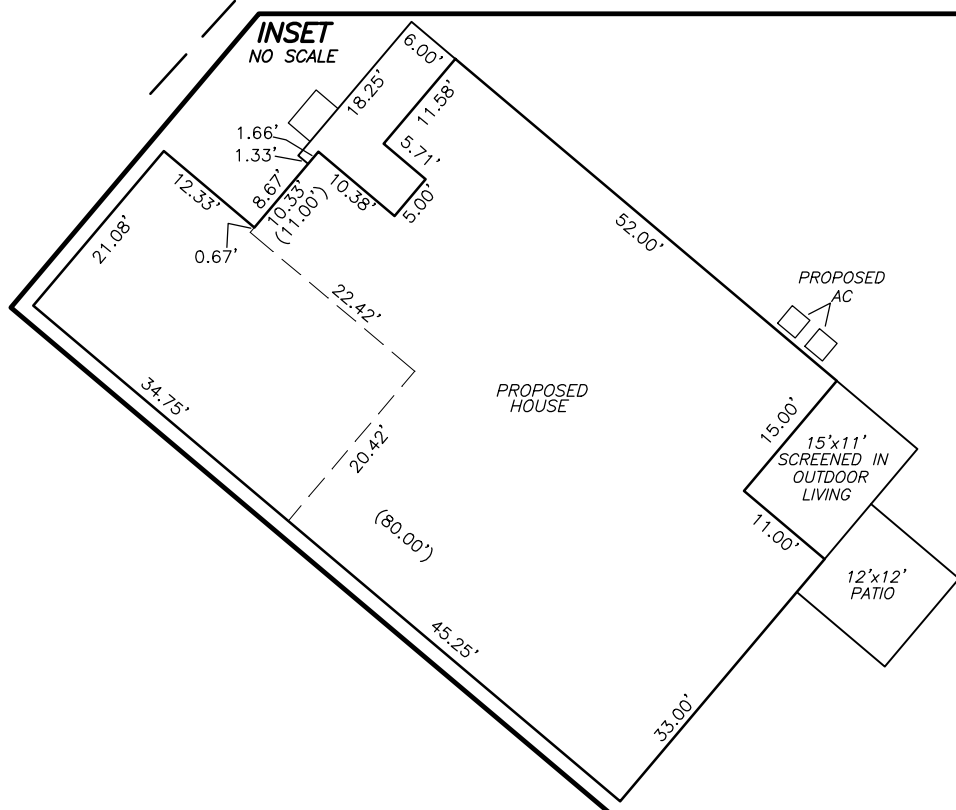
FRONT YARD-35'
 SIDE YARD-10'
 REAR YARD-25'
 CORNER SIDE-20'

LEGEND

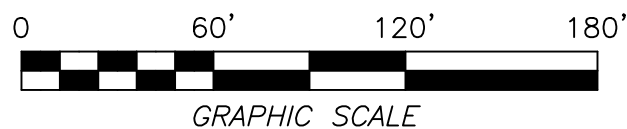
(EOP)-EDGE OF PAVEMENT
 (LP)-LIGHT POLE
 (FH)-FIRE HYDRANT
 (WM)-WATER METER
 (AC)-AIR CONDITIONER

NOTES:

1. ALL EASEMENTS, RIGHTS OF WAY AND BOUNDARY INFORMATION TAKEN FROM P.B. 2023, PG 563-568 UNLESS OTHERWISE NOTED.
2. PROPERTY IS SUBJECT TO ALL EASEMENTS AND RESTRICTIONS OF RECORD. NO TITLE EXAMINATION HAS BEEN DONE BY ROBINSON & PLANTE, P.C.
3. INDIVIDUAL ON SITE SEPTIC SYSTEM FOR ALL LOTS
4. WATER TO BE PROVIDED BY HARNETT COUNTY PUBLIC UTILITIES
5. NO ENCROACHMENTS INTO THE WETLANDS WILL BE ALLOWED. LOTS TO BE INTERNALLY ACCESSED ONLY.
6. ONLY N.C. DEPARTMENT OF TRANSPORTATION APPROVED STRUCTURES ARE TO BE CONSTRUCTED ON PUBLIC RIGHT OF WAY.
7. ANY PARCELS OR EXCLUDED AREAS ARE TO BE SERVED INTERNALLY WITH NO ACCESS ONTO DEPARTMENTAL RIGHT OF WAY.
8. ALL DRAINAGE EASEMENTS SHALL BE DEDICATED AS PUBLIC AND SHALL BE THE RESPONSIBILITY OF THE PROPERTY OWNERS TO MAINTAIN THE DRAINAGE EASEMENTS AND ANY DRAINAGE STRUCTURES THERE IS SO AS TO MAINTAIN THE INTEGRITY OF DRAINAGE SYSTEM AND INSURE POSITIVE DRAINAGE
9. PROPERTY FRONTAGE SHALL NOT PIPED WITHOUT AN APPROVED ENCROACHMENT AGREEMENT FROM NCDOT. THE EASEMENT ALLOWS NCDOT THE RIGHT TO ACCESS THE DRAINAGE EASEMENTS AND PERFORM WORK IT DEEMS NECESSARY OR PRUDENT TO ALLEVIATE ANY ISSUES JEOPARDIZING THE INTEGRITY OF THE ROADWAY.



SURVEY FOR
DREES HOMES



PRELIMINARY PLAT- NOT FOR RECORDATION, CONVEYANCE, OR SALE

**LOT 49 TOBACCO ROAD SUBDIVISION
 PHASE 1 & 3
 352 GOLDEN LEAF FARMS ROAD
 HARNETT COUNTY
 ANGIER, NC 27501**

REFERENCE: PLAT BOOK 2023 PAGE 563-568

FILE: TBRDL049PP

I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DESCRIPTION RECORDED IN REFERENCES AS SHOWN; THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN _____; THAT THE RATIO OF PRECISION IS 1:10,000; AND THAT THIS MAP MEET THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.16000). THIS _____ DAY OF _____, 2024.

PROFESSIONAL LAND SURVEYOR L-4433

ROBINSON & PLANTE PC
 LAND SURVEYING
 C-2687
 970 TRINITY ROAD
 RALEIGH, N.C. 27607
 PHONE (919) 859-6030
 FAX (919) 859-6032

DATE: 10-8-24

SCALE: 1"=60'

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

OWNER: Drees Homes LLC

APPLICATION DATE:

ADDRESS:

DATE EVALUATED: 10/12/2024

PROPOSED FACILITY: Single Family, 5-bedroom PROPOSED DESIGN FLOW (.1949): 600 gpd

PROPERTY SIZE: .87 Acres

LOCATION OF SITE: 352 Golden Leaf Farms., Angier, NC, 27501

WATER SUPPLY: Public Water

EVALUATION METHOD: Auger Boring

TYPE OF WASTEWATER: Sewage

| 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 | Linear Slope/8% | 0-20 | GR/SL | VFR,NS,NP,SEXP | N.O | N/A | N.O | N.O | P.S/.4 |
| | | 20-42 | SBK/SCL | FR,SS,SP,SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | Linear Slope/8% | 0-25 | GR/SL | VFR,NS,NP,SEXP | N.O. | N/A | N.O | N.O | U/P.S/.4 |
| | | 25-40 | SBK/SCL | FR,SS,SP,SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 | Linear Slope/8% | 0-12 | GR/SL | VFR,NS,NP,SEXP | N.O | N/A | N.O | N.O | P.S/.4 |
| | | 12-36 | SBK/SCL | FR,SS,SP,SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | Linear Slope/8% | 0-32 | GR/SL | VFR,NS,NP,SEXP | N.O | N/A | N.O | N.O | P.S/.4 |
| | | 32-40 | SBK/SCL | FR,SS,SP,SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|-------------------------|----------------|---------------|--|
| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM | OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): U/PS EVALUATED BY: A. Adams OTHER(S) PRESENT: |
| Available Space (.1945) | S | S | |
| System Type(s) | Type III B | Type III B | |
| Site LTAR | 0.4 | 0.4 | |

COMMENTS:
 Updated February 2014



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/17/2024

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 FAX (A/C, No): (252) 649-2443 E-MAIL ADDRESS: asensenig@wadeict.com | | | | | | | | | | | | | | |
|--|---|-------------------------------|--------|-------------------------------------|-------|------------|--|------------|--|------------|--|------------|--|------------|--|
| INSURED Alex Adams, DBA: Adams Soil Consulting 1676 Mitchell Rd. Angier NC 27501 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Markel Insurance Company</td> <td style="text-align: center;">38970</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Markel Insurance Company | 38970 | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: Markel Insurance Company | 38970 | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |
|--------------------------------|--|-----------------------------------|----------|---------------|-------------------------|-------------------------|--|-------------|--------|-----------------------|--|-------------------------------|--|--------------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ | | | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ | | | | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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 <input type="checkbox"/> | N / A | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PER STATUTE</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT \$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT \$</td> </tr> </table> | PER STATUTE | OTH-ER | E.L. EACH ACCIDENT \$ | | E.L. DISEASE - EA EMPLOYEE \$ | | E.L. DISEASE - POLICY LIMIT \$ | |
| PER STATUTE | OTH-ER | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT \$ | | | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE \$ | | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT \$ | | | | | | | | | | | | | | | |
| A | Errors & Omissions | | | MEO1118-06 | 1/31/2024 | 1/31/2025 | General Aggregate \$1,000,000 Each Occurrence \$1,000,000 | | | | | | | | |

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

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| <p>*FOR INFORMATIONAL PURPOSES ONLY* XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX</p> | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE N Whitsett/RACHEL </p> |
|---|--|