

Subsurface Wastewater Disposal System Design Packet



PIN:

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PAC-ONE, **PLLC**

Subsurface Wastewater Disposal System Design Packet

Date:

Proposed for a: -bedroom residential dwelling

Located at:

DESIGNED BY: Steve Bristow 920 Garner Rd, Selma NC 27576 Email: stevebristow57@gmail.com Phone: (919)906-4737

Session Law 2022-11 (S372) Introduction Letter

This information contained within this packet concerns a soils and subsurface wastewater evaluation conducted by:

Stephen W. Bristow (LSS#1167) of Permit Acquisition Company – One, PLLC

for the property hereafter described as:

at the behest of:

Owner Print:			
Owner Signature:	Natas	cha Clark	
Owner's Representative	(if any):	Natascha Clark	
Date:			

The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S 130A-335(a2) and (a3).

The plans or evaluations attached to this application are to be used to issue a Construction Authorization Permit in accordance with G.S. 130A-335 (a2), (a5), and (a6).

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



Stephen WButer



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

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 Author	prization (a2) Repair/Construction Authorization
If applying for a Construction Authorization, please indicate desir Accepted Conventional Innovative Othe	red system type(s):
 New Construction Expansion System Reloce 5-Year Expiration Requested (site plan provided) Non-Expression Requesting DHHS review? (systems >3000 GPD or IPWW) 	piring Permit Requested (plat provided, defined in G.S.130A-334(7a)
Applicant: Mailing Address:	Owner: Mailing Address:
City:	City:
If the answer to any of the following questions is "yes", applica Yes No Does the site contain any jurisdictional Yes No Is any wastewater going to be generated Yes No Is the site subject to approval by any o Yes No Are there any easements or right of waster	I wetlands? ed on the site other than domestic sewage? other public agency?
are to be used to issue an Improvement Permit and/or Constru I understand that authorized county and state officials are gran	
Applicant Signature:	Date: Date:
Owner Sugnature.	Date

Permit/	'Fil	e	#:
---------	------	---	----

NC DEPARTMENT OF	ROY COOPER • Governor KODY H. KINSLEY • Secre	
HEALTH AND		•
HUMAN SERVICE	5	sistant Secretary for Public Health
The CLAM YORK &	Division of Public Health	
Submittal Includes: 🛛 🗌 (a2) Improvement Perm		Fee \$
		F(-3)
IVIPROV	EMENT PERMIT FOR G.S. 130A-33	5(d2)
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	s: Other:	
Design Wastewater Strength: 🗌 Domestic	High Strength Industr	ial Process Wastewater
Proposed Design Daily Flow: GPD	Proposed LTAR (Initial): P	roposed LTAR (Repair):
Proposed Wastewater System Type*:	(Initial) Pump Red	quired: 🗌 Yes 🗌 No 📄 May be required
Proposed Wastewater System Type*:	(Repair) Pump Rec	quired: 🗌 Yes 🗌 No 🗌 May be required
*Please include system classification for proposed wa	stewater system types in accordance with Rule	2.1301 Table XXXII
Effluent Standard: 🗌 DSE 🗌 HSE 🗌 NSF/ANS	51 40 🔲 TS-I 🗌 TS-II 🔲 RCW	
Saprolite System (Initial): 🗌 Yes 🗌 No Sapr	olite System (Repair): 🗌 Yes 🔲 No	
Fill System (Initial): 🗌 Yes 📄 No 🛛 If yes, specify: 🦳	New 🗌 Existing (when adding more than 6	5 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) ^x :	Usable Depth to LC (Repair) ^x :	× 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, p		
Type of Water Supply: 🗌 Private well 🛛 Public we		
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 pu	ırsuant to GS 130A-334(13a)] 🔲 No expiratio	on [plat submitted pursuant to GS 130A-334(7a)]
Permit conditions:		
Licensed Soil Scientist Print Name:		Laft
Licensed Soil Scientist Finit Valle.		S AW SOLO
,	mitted pursuant to and meets the requireme	11 「私留」第33公) (
	See attached site sketch	Non 23 Charles and a charles a
NCDHHS/DPH/FHS/OSWP		Revised January 2024

Permit/File #: __



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 sect	ion 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. <u>This permit is subject to revocation if the site plan, plat, or the intended use changes</u>. 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



Permit/File #: _____

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:

Date

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 _____

State Authorized Agent: _____

Complete

State Authorized Agent: _____

Date: _____

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/E	valuations Provided	: Yes 🗌 🛛 No 🗌 🛛	If yes, name and license number of AOWE/PE:
Facility Type:			
Number of bedroo	oms: Numb	per 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 Wastewat	er System*		(Initial)(Repair)
*Please include sy	stem classification f	or proposed waste	water system types in accordance with Rule .1301 Table XXXII
Design Daily Flow:	:	GPD Was	stewater Strength: Domestic High Strength Industrial Process WW
	-120 Section 53, Eng vide engineering doc		ilizing Low-flow Fixtures and Low-flow Technologies? 🗌 Yes 🗌 No
Effluent Standard:	DSE HSI	E 🗌 NSF/ANSI 4	0 TS-I TS-II RCW
Type of Water Sup	oply: 🗌 Private well	I 🗌 Public well	Shared well Municipal Supply Spring Other:
Installation Requi	rements/Conditions	<u>s</u>	
Septic Tank Size: _	gallons	Total Trench/Bec	d Length: feet Trench/Bed Spacing: feet on center
Trench/Bed Width	n: inches	LTAR:	gpd/ft ² Usable Depth to LC (Initial) ^x : ^x Limiting condition
Soil Cover:	inches Slope Co	prrected Maximum	Trench/Bed Depth [‡] : inches <i>* Measured on the downhill side of the trench</i>
Pump Tank Size (if	f applicable):	gallons	Requires more than 1 pump? 🗌 Yes 📄 No
Pump Requiremer	nts: ft. TDH v	vs GPM	Grease Trap Size (if applicable): gallons
Distribution Meth	od: 🗌 Serial 🗌	D-Box or Parallel	Pressure Manifold(s) LPP Other:
Artificial Drainage	Required: Yes 🗌	No 🗌 If yes, plea	ase specify details:
Legal Agreements	s (If the answer is "Ye	es" to any type of le	legal agreements, please attach a copy of the agreement.)
Multi-party Agree	ment Required [.020	04(g)]: 🗌 Yes 🗌	No Declaration of Restrictive Covenants: Yes No
			equired [.0301(b)]: 🗌 Yes 🔲 No
Management Enti	ty Required: 🗌 Yes	s 🗌 No Minimu	Im O&M Requirements:
Permit condition	ns:		
	(
			y reference into this permit and shall be met. Systems shall be installed in accordance rization is subject to revocation if the site plan, plat, or the intended use changes. The
		-	hange in ownership of the site. This Construction Authorization is subject to compliance
AOWE/PE Print Na	ame:		
AOWE/PE Signatu	re:Alexa Dec	ter	Date: Date:
			uant to and meets the requirements of G.S. 130A-335(a2) and (a5).
		:	Date: Date: Date: Date: Certification Number 10012E



This Section for Local Health Department Use Only

Initial submittal received: ______ by _____ 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	I, information in this section is required.)
-------------------------------	--

The following items are missing:

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	Nitials	-
The following i	items are being resubmitted pursuant to G.S. 130A-33:	5(a5) for issuance	of the Construction Author	ization:
	ST /	ATTr	S-	
I,		t the information	required to be included wit	h this re-submittal
is accurate and	Donsite Wastewater Evaluator (Print Name) I complete to the best of my knowledge and that the p and local laws, regulations, rules, and ordinances.	proposed Construc	ction Authorization meets a	ill applicable
Signatur	re of Authorized On-Site Wastewater Evaluator		Date	
	The section below is for Local Health Department use	after submittal of i	items noted as missing above	
LHD Follow-u	up Completeness Review of Construction Au	uthorization		
	completeness of this Construction Authorization re-su on Authorization is determined to be:	ubmittal was cond	lucted in accordance with G	6.S. 130A-335(a5).
Incomplete	(If box is checked, information in this section is requir	red.)		
The following it	tems are missing:			
	QUAN	N VIDEN	19	
Copies of this w	vere sent to the AOWE/PE and the Applicant on	Date	_	
State Authorize	ed Agent:		Date:	
Complete				



Permit/File #: _____

ADDENDUM TO G.S. 130A-335(a2) SUBMITTAL

County:	
PIN/Lot Identifier:	
Issued To:	
Additional Improvement Permit Conditions:	
THE STATE	
A NAR S	
845/ 3	710
	I I I
Additional Construction Authorization Conditions:	
1PRIL 12 VT16	
	R1+ 12
QUAM VID	



Permit #:

Re-submittal of Construction Authorization

	LHD USE ONLY: This CA resubmittal received:		by	
		Date	Initials	
The following i	items are being resubmitted pursuant to G.S. 130A-335	i(a5) for issuance	of the Construction Authoriz	zation:
١,	hereby attest that	the information	required to be included with	this re-submittal
	onsite Wastewater Evaluator (Print Name)			
	l complete to the best of my knowledge and that the p and local laws, regulations, rules, and ordinances.	roposed Constru	ction Authorization meets al	l applicable
Tederal, State, a	and local laws, regulations, rules, and ordinances.			
Sianatu	re of Authorized On-Site Wastewater Evaluator		Date	
- <u>-</u>				
	The section below is for Local Health Department use	after submittal of	items noted as missing above	
	The section below is for Local Health Department use	ajter submitter oj	nems noted as missing above.	
LHD Follow-	up Completeness Review of Construction Au	thorization		
The review for	completeness of this Construction Authorization re-su		ducted in accordance with C	S 1204 22E/2E)
	on Authorization is determined to be:	Difficial was conc	ducted in accordance with G.	3. 130A-333(d3).
Incomplete	(If box is checked, information in this section is require	ed.)		
The following it	tems are missing:			
	¥ recreated to			
	JE OLIAN	A VIDEN	19	
Conjoc of this w	were cont to the AOWE/DE and the Applicant on		9	
Copies of this w	vere sent to the AOWE/PE and the Applicant on	Date		
State Authorize	ed Agent:		Date:	
Complete				
	ed Agent:		Date:	

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #:	

Page <u>1</u> of ____

COUNTY:

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

OWNE ADDR	FOO								ATED:	
PROP	OSED FACILITY	:	PR	OPOSED DESIGN I	FLOW (.0400):		PROP	ERTY SIZ	E:	
	TION OF SITE:			□ Shared Well □	Spring Oth	or			ORDED:	
			$\frac{1}{2} = \frac{1}{2} = \frac{1}$		PE OF WASTE					
P R O F	-			RPHOLOGY	-		FILE FACTORS			
I L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRE CTION
1										
2										
3										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM			
Available Space (.0508)			SITE CLASSIFICATION (.0509):	SULL	
System Type(s)			EVALUATED BY:	St ON N. SP. CA	
Site LTAR			OTHER(S) PRESENT:	I S S S S S S S S S S S S S S S S S S S	
Maximum Trench Depth					
Comments:					
				1131 50	

- Alen Buter

Revised January 2024 Form SSE-24.2

NCDHHS/DPH/EHS/OSWP

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft ²)	SAPROLITE LTAR (gpd/ft ²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)		S (Sand)		0.6 - 0.8		MOIST	WET	SG (Single grain)
CV (Convex Slope)	I	LS (Loamy sand)	0.8 - 1.2	0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)		SL (Sandy loam)	0.6 - 0.8	0.4 -0.6		VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)		SiL (Silt loam)		0.1 - 0.3		Fl (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay Ioam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)	0.3 - 0.6		0.15 - 0.3	EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)		None			VP (Very plastic)	
S (Shoulder slope)		SC (Sandy clay)				SEXP (Slightly	SEXP (Slightly expansive)	
T (Terrace)	IV	SiC (Silty clay)	0.1 - 0.4		0.05 - 0.2	EXP (Expansive)		
TS (Toe Slope)	1	C (Clay)						
	•	O (Organic)	None			1		

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.
 **Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

In inches below natural soil surface

HORIZON DEPTH DEPTH OF FILL RESTRICTIVE HORIZON SAPROLITE

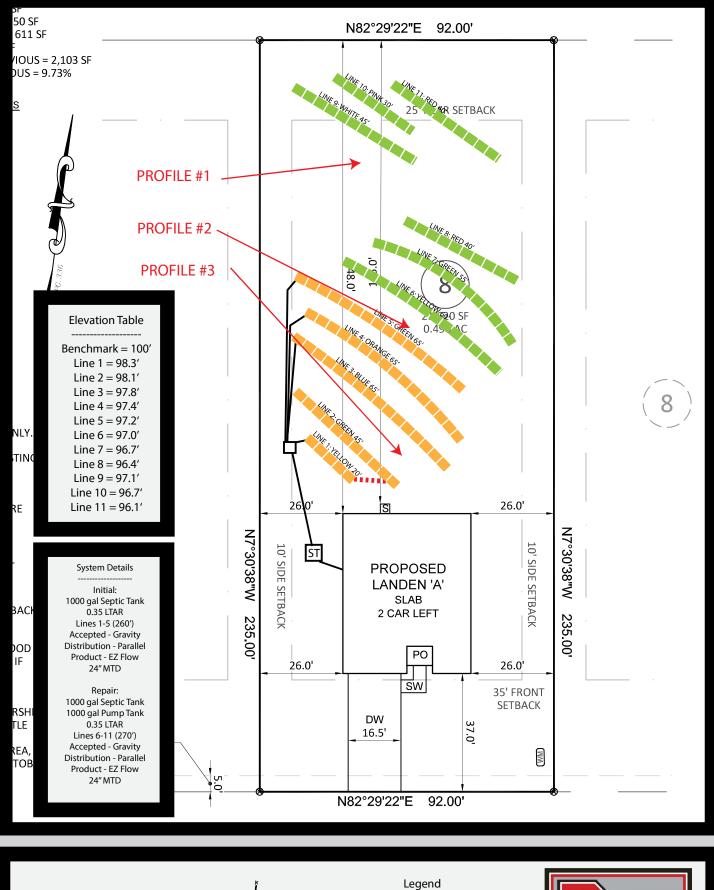
SOIL WETNESS CLASSIFICATION Thickness and depth from land surface

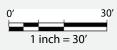
In inches from land surface

S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.

Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation S (Suitable) or U (Unsuitable)

Show profile locations and other site features (dimensions, reference or benchmark, and North).



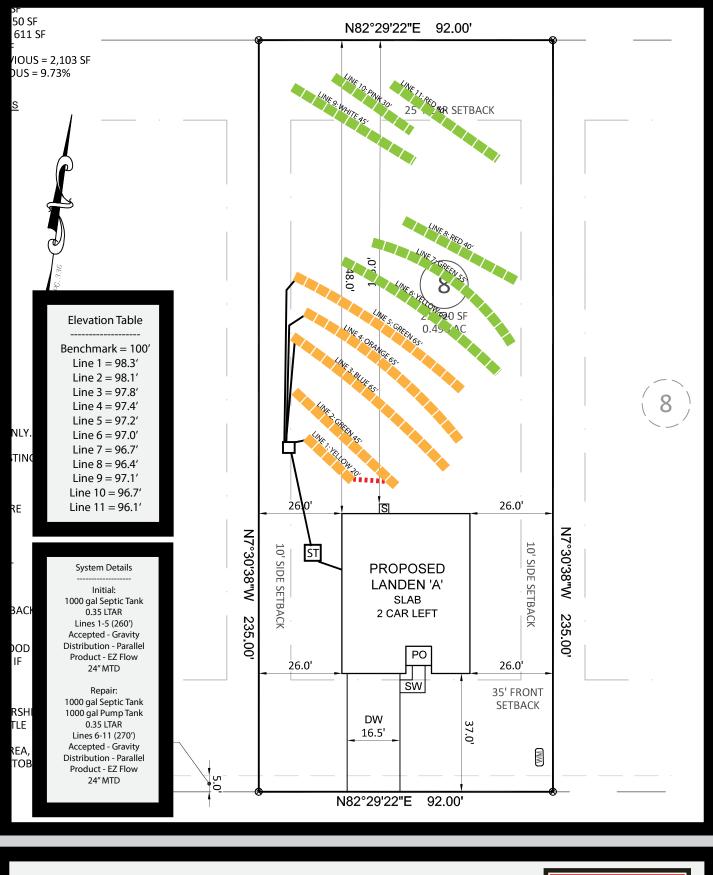


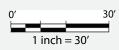


Legena







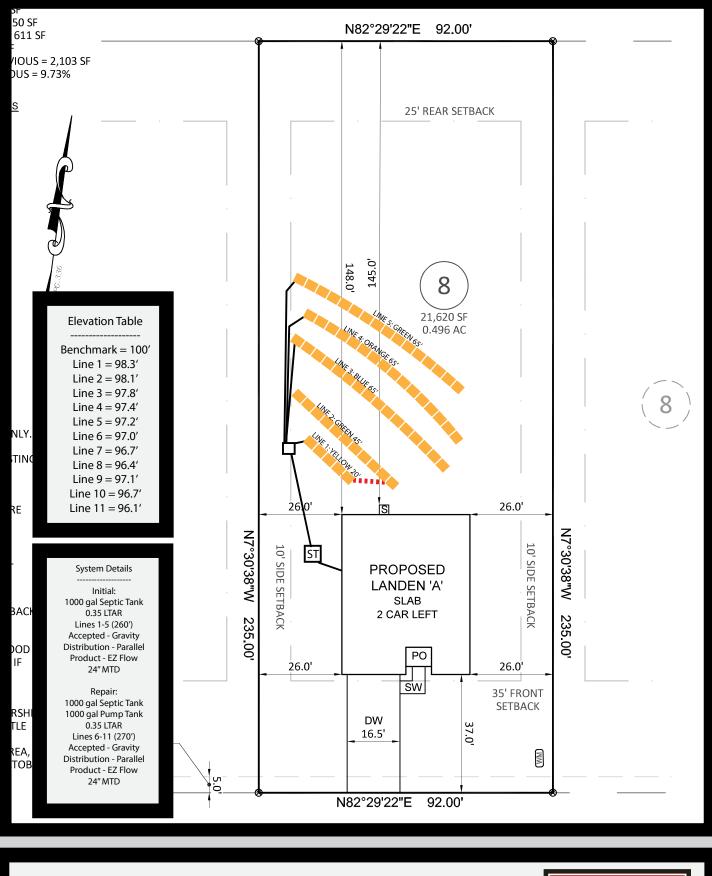


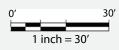


Legend

Initial Repair Serial





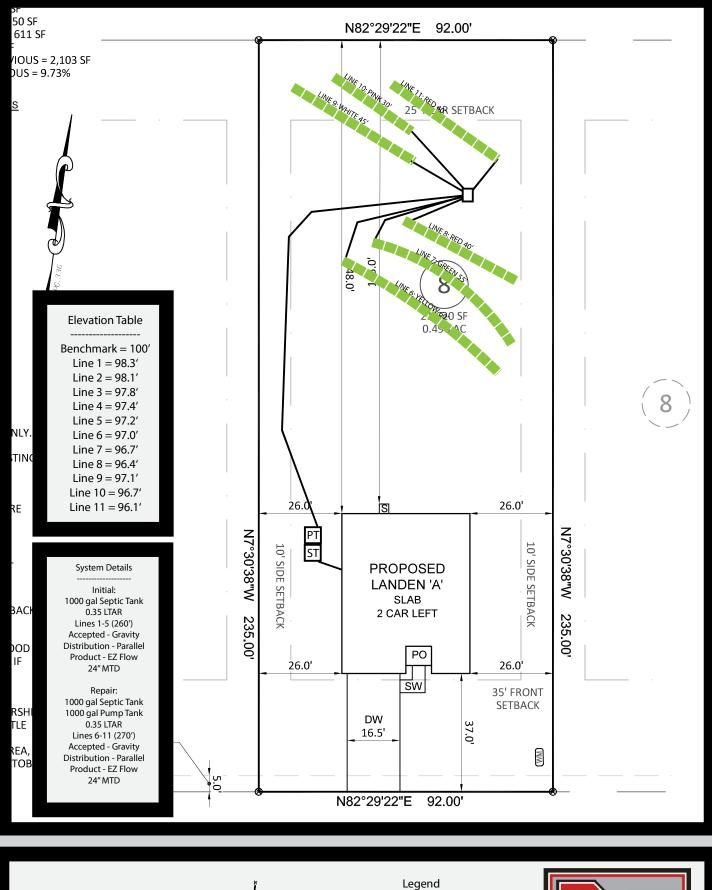


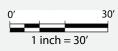


Legend

Initial Repair Serial









Legenc

Initial Repair Serial



System Overview □ Initial □ Repair

Design Criteria

Number of bedrooms Design Flow	gal/day				
Soil L.T.A.R.	gal/day/sqft				
System Detail					
Trench Depth	inches				
Total Trench Length	feet				
Distribution					
System Components					
Trench Product					
Septic Tank	gallons				
Effluent Filter	Polylok PL-68 (or approved equivalent)				

System Overview

Design Criteria	
Number of Bedrooms Design Flow	 gal/day
Soil L.T.A.R.	gal/day/sq ft
System Details	
Trench Depth	 inches
Total Trench Length	 feet
Manifold Length	inches
Manifold Diameter	
Supply Line Length	feet
Design Head	feet
Elevation Head	feet
Total Design Head	feet
Dose Volume	gallons
% Pipe Volume	
Drawdown	inches
Pump Run Time	minutes

System Components

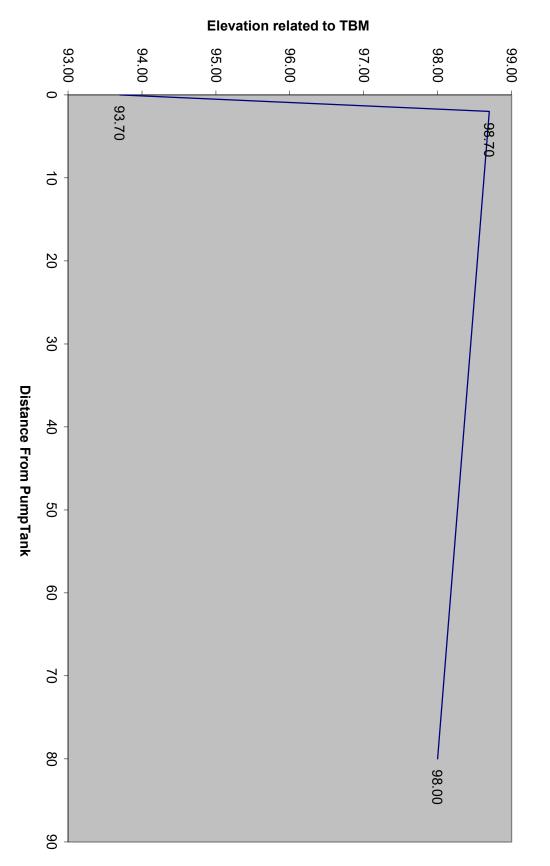
Trench Product	
Septic Tank	
Pump Tank	
Effluent Filter	Polylok PL-68 (or approved equivalent)
Effluent Pump	Zoeller Dose Mate Model 151/152/153 (or approved equivalent)
Control Panel	SJE Rhombus Model 112 panel (or approved equivalent)

RESIDENTIAL PRESSURE MANIFOLD DESIGN

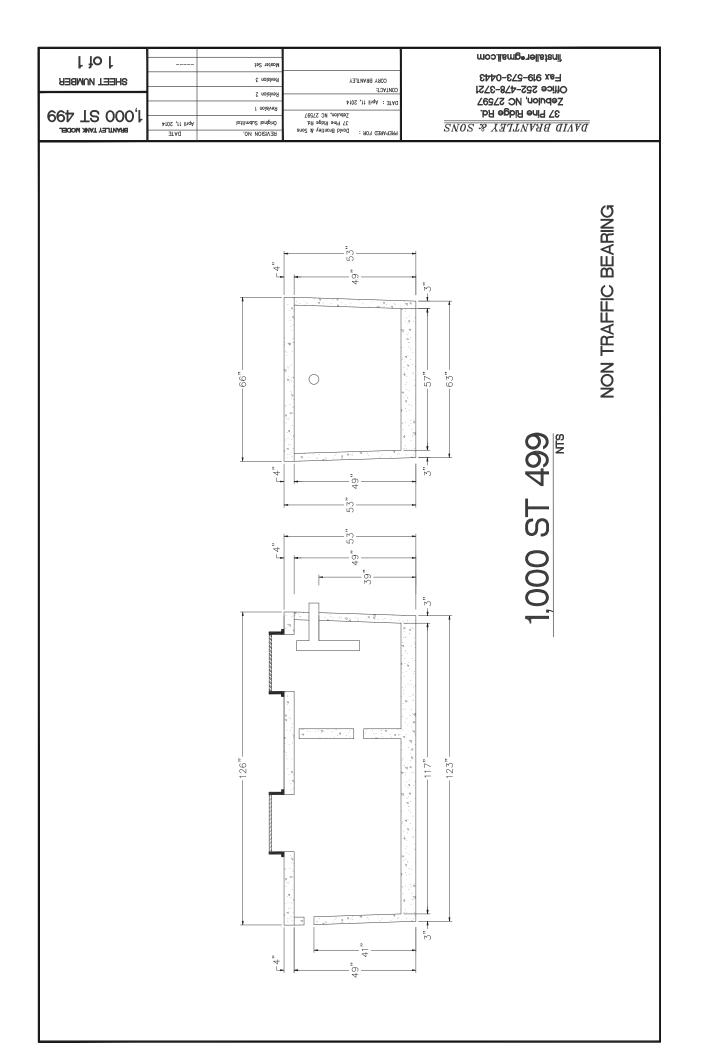
Permit # <u>Briar</u>	wood Bluff Lo	<u>t 8 Repair</u>						
# of BDR: <u>3</u>	Daily Flow:	<u>360</u>	gal/day	L.T.A.R.:	<u>0.3500</u>	gal/day/sq.ft		
Septic Tank: <u>1000</u>	gals	Pump Tank:	<u>1000</u>	gals	Sq. Foot:	<u>810</u>	System Type:	<u>Accepted</u>
Number of Taps:	<u>6</u>	Length o	f Trenches:	<u>270</u>	ft(See Tap	o Chart for Det	ails)	
Depth of Trenches:	<u>24</u>	in	Mar	nifold Length:	<u>54</u>	in		
Manifold Diameter:	<u>4in sch 80pv</u>	<u>c</u>	Tap Config	juration: 6 in s	pacing	<u>1</u>	side(s) of mani	ifold
Supply Line: length:	<u>80</u>	ft		Diameter:	<u>2</u>	in sch 40pvc		
Friction Loss + Fitting Lo	oss:	<u>7.19</u>	ft(supply li	ne length + 70	' for fitting	s in pump tan	k)	
Design Head:	<u>2</u>	ft	Elevation H	lead:	<u>6</u>	ft		
Total Head: <u>15.19</u>	ft		Pu	mp to Deliver:	<u>47.01</u>	gals/min at	<u>15.19</u>	ft head
Dosing Volume:	<u>123</u>	gals,						
Drawdown: 123	gals divided	l by	<u>20</u>	gals/in =	<u>6.1</u>	inches		

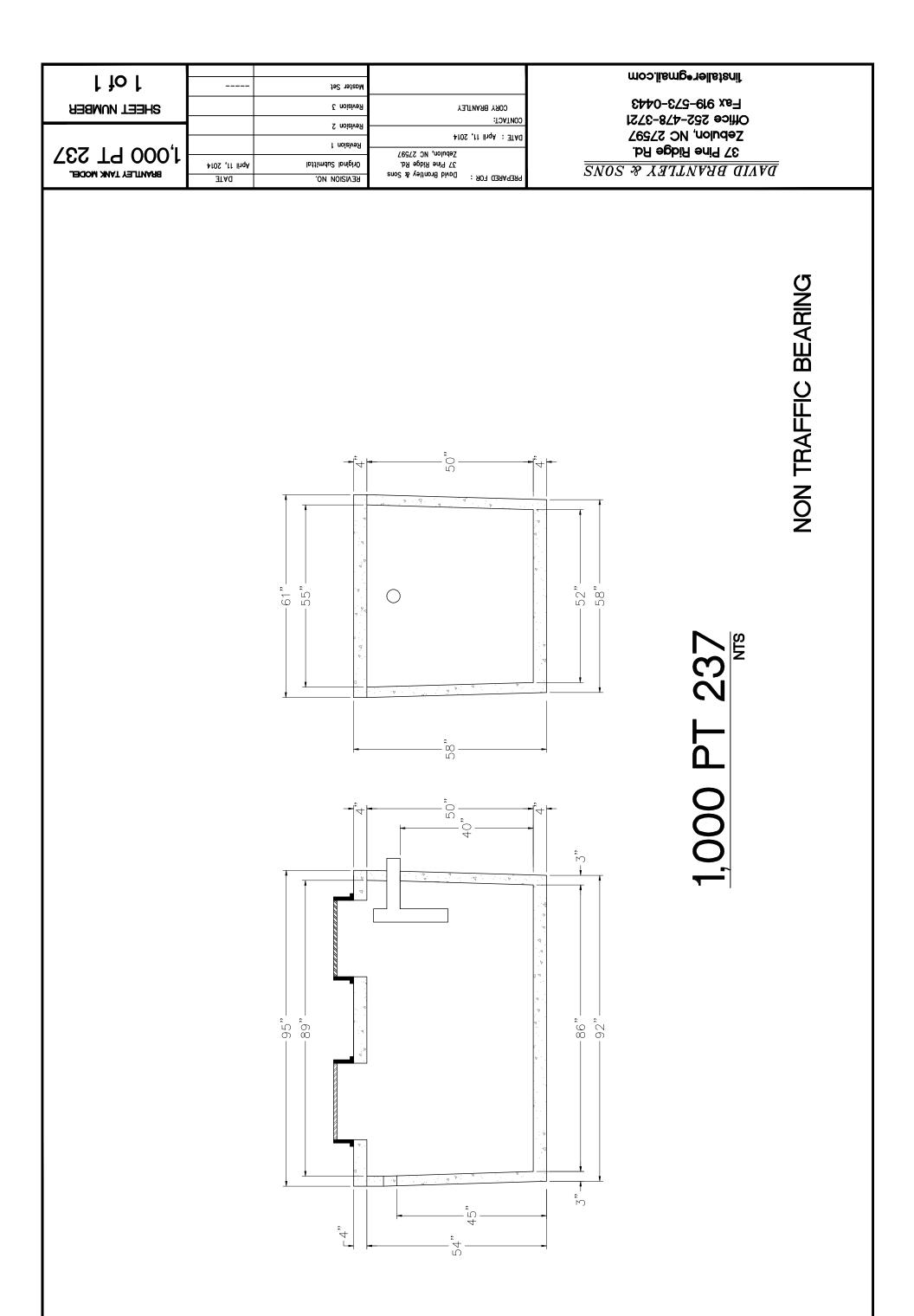
Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter is required.

		т		т						
1.2	is = 100.00	set at water mete	er box			Design Head:	2			
	2.5	98.70	Pump elev.	93.70		Manifold elev.	98.00			
									# of Panels	Spacing of
			-						(PPBPS)	Panels (in)
								0.4297		
Gr	4.50	96.70	55	3/4in SCH 80	10.1	77.35	165	0.4688		
Red	4.80	96.40	40	1/2in SCH 40	7.11	54.45	120	0.4537		
Wh	4.10	97.10	45	1/2in SCH 40	7.11	54.45	135	0.4033		
Pk	4.50	96.70	30	1/2in SCH 80	5.48	41.97	90	0.4663		
Red	5.10	96.10	40	1/2in SCH 40	7.11	54.45	120	0.4537		
		101.20			0	0.00	0	#DIV/0!		
		101.20			0	0.00	0	#DIV/0!		
					0			#DIV/0!		
					0					
			270	gal/min =		0.00				
				-						
PBPS)				-			()	0.4667		
- /	70						. ,	0.4900		
			•				(
•			2101111000	0						
		nair system he	cause of the	verv sandv so	il at lines 0	/10/11				
		pan system be		2 VOLY SATILY SU	n at intes 3					
	color Y Gr Red Wh Pk Red	PBPS) 2.5 rod read Y 4.20 Gr 4.50 Red 4.80 Wh 4.10 Pk 4.50 Red 5.10 70 123 2.61 s 6.1	1.2 is = 100.00 set at water meter 2.5 98.70 color rod read Elevation Y 4.20 97.00 Gr 4.50 96.70 Red 4.80 96.40 Wh 4.10 97.10 Pk 4.50 96.70 Red 5.10 96.10 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 123 2.61 2.61 s 6.1 4.10	1.2 is = 100.00 set at water meter box 2.5 98.70 Pump elev. color rod read Elevation length Y 4.20 97.00 60 Gr 4.50 96.70 55 Red 4.80 96.40 40 Wh 4.10 97.10 45 Pk 4.50 96.70 30 Red 5.10 96.10 40 101.20 101.20 101.20 101.20 101.20 101.20 101.20 101.20 PBPS) Total Feet = 270 Feet Required = 257 Pump Run= 123 Tank Gal/IN 2.61 Elev. 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Hydraulic Profile





Trusted. Tested. Tough.™

Productinformation presented here reflects conditions at time of publication. Consult factory regarding discrepancies or inconsistencies.



SECTION: 2.15.080 FM2784 1017 Supersedes 0315

TECHNICAL DATA SHEET **DOSE-MATE SERIES** *Models 151, 152, 153 Effluent Pumps*

PRODUCT SPECIFICATIONS

		1					
	Horse Power	1/3 (151), 4/10 (152), 1/2 (153)					
	Voltage	115 or 230					
B	Phase	1 Ph					
1 2	Hertz	60 Hz					
MOTOR	RPM	3450					
≥	Туре	Permanent split capacitor					
	Insulation	Class B					
	Amps	3.0 - 10.5					
	Operation	Automatic or nonautomatic					
	Discharge Size	1-1/2" NPT					
	Solids Handling	1/2" (12 mm), 3/4" (19 mm) spherical solids					
	Cord Length	20' (6 m)					
PUMP	Cord Type	UL listed power cord					
	Max. Head	44' (13.4 m)					
	Max. Flow Rate	77 GPM (291 LPM)					
	Max. Operating Temp.	130 °F (54 °C)					
	Cooling	Oil filled					
	Motor Protection	Auto reset thermal overload					
	Сар	Cast iron					
	Motor Housing	Cast iron					
	Pump Housing	Cast iron					
S	Base	Plastic or cast iron					
AL	Upper Bearing	Sleeve bearing					
RI/	Lower Bearing	Ball bearing					
MATERIALS	Mechanical Seals	Carbon and ceramic					
A	Impeller Type	Non-clogging vortex					
≥	Impeller	Engineered thermoplastic					
	Hardware	Stainless steel					
	Motor Shaft	AISI 1215 steel					
	Gasket	Neoprene					

NOTE: The sizing of effluent systems normally requires variable level float(s) controls and properly sized basins to achieve required pumping cycles or dosing timers with nonautomatic pumps.

NOTE: See model comparison chart for specific details.

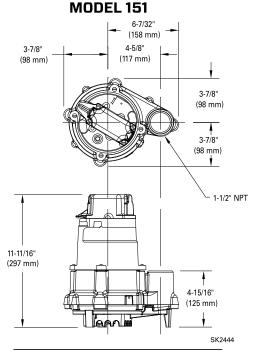
SSPM/A



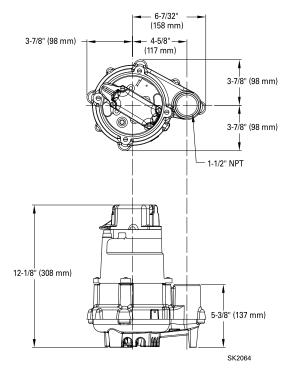








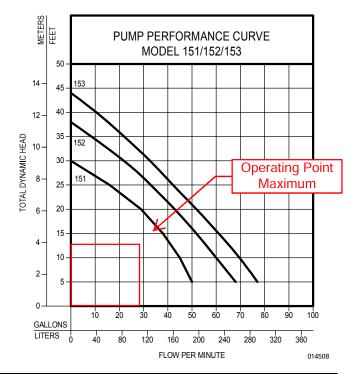
MODELS 152 & 153



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TOTAL DYNAMIC HEAD FLOW PER MINUTE

MODEL		151		1	52	153		
Feet	Meters	Gal.	Liters	Gal.	Liters	Gal.	Liters	
5	1.5	50	189	69	261	77	291	
10	3.0	45	170	61	231	70	265	
15	4.6	38	144	53	201	61	231	
20	6.1	29	110	44	167	52	197	
25	7.6	16	61	34	129	42	159	
30	9.1			23	87	33	125	
35	10.7					22	85	
40	12.2					11	42	
Shut-off Head:		30 ft.	30 ft. (9.1m)		11.6m)	44 ft. (13.4m)		



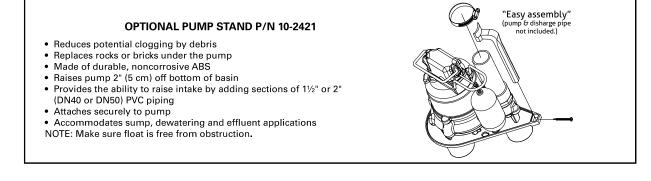
Model					МС	DEL CO	MPARIS	N			
woder	Seal	Mode	Volts	Ph	Amps	HP	Hz	Lbs	Kg	Simplex	Duplex
N151	Single	Non	115	1	6.0	1/3	60	32	15	1	2 or 3
E151	Single	Non	230	1	3.0	1/3	60	32	15	1	2 or 3
BN151	Single	Auto	115	1	6.0	1/3	60	33	15	*	2 or 3
BE151	Single	Auto	230	1	3.0	1/3	60	33	15	*	2 or 3
N152	Single	Non	115	1	8.5	4/10	60	37	17	1	2 or 3
E152	Single	Non	230	1	4.3	4/10	60	37	17	1	2 or 3
BN152	Single	Auto	115	1	8.5	4/10	60	39	18	*	2 or 3
BE152	Single	Non	230	1	4.3	4/10	60	39	18	*	2 or 3
N153	Single	Non	115	1	10.5	1/2	60	37	17		
BN153	Single	Auto	115	1	10.5	1/2	60	39	18	*	2 or 3
E153	Single	Non	230	1	5.3	1/2	60	37	17	1	2 or 3
BE153	Single	Non	230	1	5.3	1/2	60	39	18	*	2 or 3

*BN and BE models include a 20' (6 m) piggyback variable level pump switch. Additional cord lengths are available in 25' (8 m) and 35' (11 m). 50' (15 m) cords are available for 230 V units only.

NOTE: Model 151 has a plastic base. Models 152 & 153 have a cast iron base.

SELECTION GUIDE

- 1. For automatic, use single piggyback variable level float switch or double piggyback variable level float switch. Refer to FM0477.
- 2. See FM1228 for correct model of simplex control panel.
- 3. See FM0712 for correct model of duplex control panel.



All installation of controls, protection devices and wiring should be done by a qualified licensed electrician. All electrical and safety codes should be followed including the most recent National Electrical Code (NEC) and the Occupational Safety and Health Act (OSHA).

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PL-68 Filter and Tee

PL-68 is much more than just an effluent filter. The housing can also be used as an inlet baffle (tee) or an outlet baffle. The housing is designed to accept Polylok's snap in gas deflector to deflect gas bubbles away from the tee and to keep the solids in the tank.

Features:

- Offers 68 linear feet of 1/16" filter slots, which significantly extends time between cleaning.
- Accepts 3/4" PVC handle.
- Locks in any 360° position when used with PL-68 Tee.
- PL-68 Housing can be used as an inlet or outlet tee.
- Gasket prevents bypass.

PL-68 Installation:

Ideal for residential waste flows up to 800 gallons per day (GPD). Easily installs in any new or existing 4" outlet tee.

- 1. Locate the outlet of the septic tank.
- 2. Remove the tank cover and pump tank if necessary.
- 3. Glue the filter housing to the outlet pipe, or use a Polylok Extend & Lok if not enough pipe exists.
- 4. Insert the PL-68 filter into tee.
- 5. Replace and secure the septic tank cover.
- **PL-68 Maintenance:**

The PL-68 Effluent Filter will operate efficiently for several years under normal conditions before requiring cleaning. It is recommended that the filter be cleaned every time the tank is pumped, or at least every three years.

- 1. Do not use plumbing when filter is removed.
- 2. Pull PL-68 out of the tee.
- 3. Hose off filter over the septic tank. Make sure all solids fall back into septic tank.
- 4. Insert filter back into tee/housing.

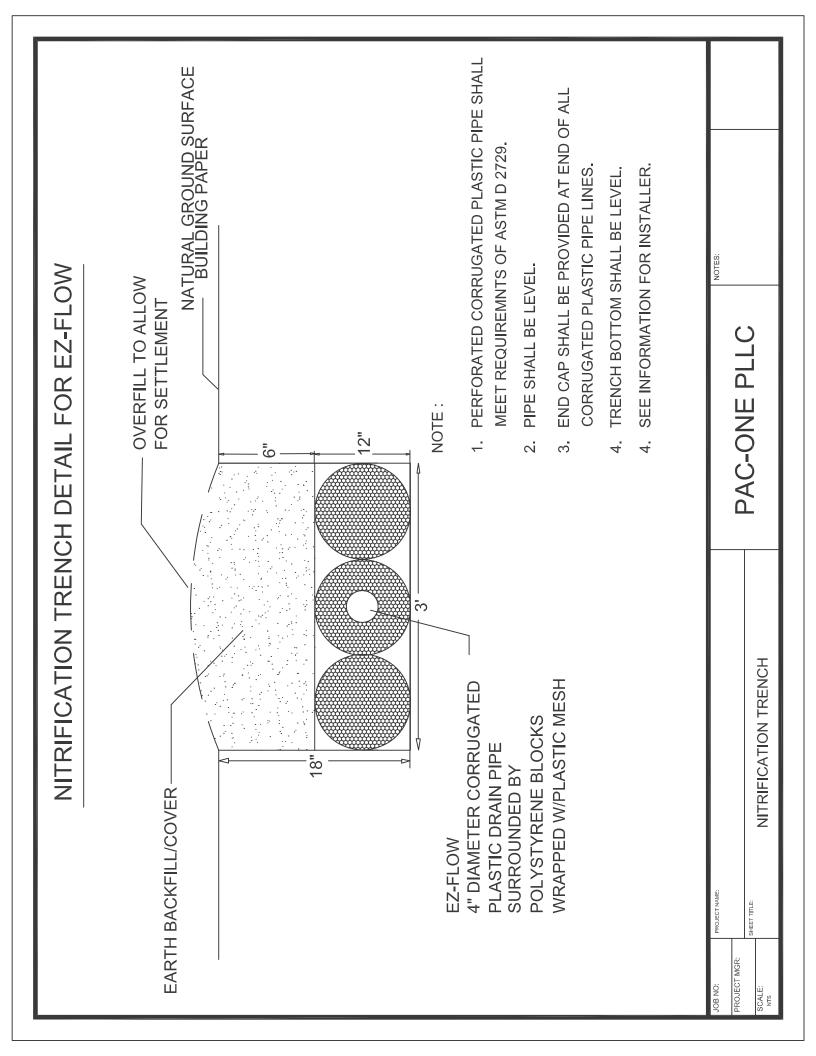
Related Products: PL-68 Filter Concrete Baffle Extend & Lok™



Extend & Lok™ Easily installs into existing tanks.



BRANTLEY TANK MODEL SMALLL MANIFOLD BOX SHEET NUMBER 1 Of 1	DATE April 11, 2014	REVISION NO. Nater Set Revision 7 Revision 2 Revision 2	PREPAED FOR : David Brantley & Sons 37 Pine Ridge Rd. Zebine, WC 27597 DATE : April 11, 2014 CONTACT: CONTACT:	DAVID BRANTLEY & SONS 37 Pine Ridge Rd. Cebulon, NC 27597 Office 252-478-3721 Fax 919-573-0443 Installeregmail.com
				X
			TOP VIEW TOP OPTIONAL CONCRETE OR METAL TOP 0.01 TOP 0.01	
		OPTIONAL 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5	4 TO 8 HOLES	4"/6" DIA.



MODEL 112 Control Panel

Single phase, simplex motor contactor control.

The Model 112 control panel provides a reliable means of controlling one 120, 208, or 240 VAC single phase pump in pump chambers, sump pump basins, irrigation systems and lift stations. Two control switches activate a magnetic motor contactor to turn the pump on and off. If an alarm condition occurs, an additional alarm switch activates the audio/visual alarm system.

PANEL COMPONENTS

 Enclosure measures 8 x 8 x 4 inches (20.32 X 20.32 X 10.16 cm). Choice of NEMA 1 (steel for indoor use), or NEMA 4X (ultraviolet stabilized thermoplastic with removable mounting feet for outdoor or indoor use).

* Options selected may increase enclosure size and change component layout.

- 2. Magnetic Motor Contactor controls pump by switching electrical lines.
- 3. HOA Switch for manual pump control (mounted on circuit board).
- 4. Green Pump Run Indicator Light (mounted on circuit board).
- 5. Float Switch Terminal Block (mounted on circuit board).
- 6. Alarm and Control Fuses (mounted on circuit board).
- 7. Alarm and Control Power Indicators (mounted on circuit board).
- 8. Ground Lug
- 9. Circuit Breaker (optional) provides pump disconnect and branch circuit protection.

STANDARD ALARM PACKAGE

- Red Alarm Beacon provides 360° visual check of alarm condition. Note: NEMA 1 style utilizes a door mounted indicator in lieu of a beacon.
- **11. Alarm Horn** provides audio warning of alarm condition (83 to 85 decibel rating).

Note: NEMA 1 style utilizes an internally mounted buzzer in lieu of horn.

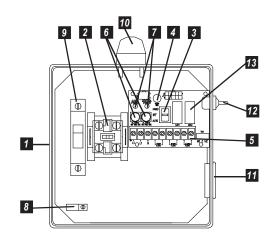
- 12. Exterior Alarm Test/Normal/Silence Switch allows horn and light to be tested and horn to be silenced in an alarm condition. Alarm automatically resets once alarm condition has been cleared.
- 13. Horn Silence Relay (mounted on circuit board).

NOTE: other options available.

FEATURES

- Entire control system (panel and switches) is UL Listed to meet and/ or exceed industry safety standards
- Dual safety certification for the United States and Canada
- Standard package includes three 20' SJE SignalMaster[®] control switches
- Complete with step-by-step installation instructions
- Three-year limited warranty





Model Shown 1121W914X





	112 IODEL	112		M	9			4	H		8A,8	C,3A,10	Ε,
	_												
	LARMPACK												
	= select opti = alarm pack				nce switch	l fusa radli	aht horr	& float)					
							gin, non						
	= Indoor, NE												
	/ = Weatherpr			neered ther	monlastic)								
	TARTINGDE		(ongi		mopidotioj								
	= magnetic r		ctor 120/	208/240\/									
	= magnetic r												
				,									
			•										
1	= 7-15 FLA												
	= 15-20 FLA												
3	= 20-30 FLA												
P	UMP DISCON	INECTS-											
	= no pump d												
4	= circuit brea							-)					
-				/(selectST/	ARTINGDE		VOQBIII	e)					
			-		ion)								
	or L = pump c = no floats	own or pur	np up (se	elect 17 opti	ion)								
^	WITHalarm	backade											
	WITHOUT al		ie										
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<u> </u>		Listed below	<i>w</i>		16								
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COD	DPTIONS	Listed below ENC	CLOSURI	add a or		closure u	DE DESC	e would	apply.				
	E DESCRIPTION A Red beacon (must select	ENC ENC only / no t 1E if float	CLOSURI	add a or		closure u	DE DESC	e would RIPTION A 1 alarm	apply.	t select o	option 6A)		
	DPTIONS	Listed below ENG only / no t 1E if float no visual	CLOSURI audio s includeo	add a or		closure u	DE DESC 1C NEM 1D NEM	e would RIPTION A 1 alarm A 4X alarn	apply. panel (mus n panel (mu	t select o	option 6A) t option 6A	A)	used)
COD 1/ 1/	E DESCRIPTION A Red beacon (must seleci C Horn only /	Listed below ENG only / no t 1E if float no visual	CLOSURI audio s includeo	add a or		closure u	DE DESC 1C NEM 1D NEM 4B Main	e would RIPTION A 1 alarm A 4X alarn disconnec	apply. panel (mus n panel (mu	t select o	option 6A) t option 6A		used)
COD 1/ 1/	E DESCRIPTION A Red beacon (must seleci C Horn only / (must seleci	Listed below ENC n only / no t 1E if float no visual t 1E if float	CLOSURI audio s includeo	add a or		closure u co 1 1 +*1	DE DESC 1C NEM 1D NEM 4B Main 0-20	e would RIPTION A 1 alarm A 4X alarn disconnec	apply. panel (mus n panel (mu	t select o	option 6A) t option 6A	A)	used)
	Descriptions A Red beacon (must selec: C Horn only / (must selec: E Alarm float A Alarm flasho 3 Manual alar	Listed below ENC only / no t 1E if float t 1E if float t 1E if float er m reset	CLOSURI audio s includeo	add a or		closure u co 1	DE DESC 1C NEM 1D NEM 4B Main 0-20 20-30 5A Cont	e would RIPTION A 1 alarm A 4X alarm disconnec FLA D FLA rol / alarm	panel (mus n panel (mu t (rotary st) circuit brea	t select o ist select ile, mour	option 6A) t option 6A	A)	used)
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Alarm Package Enclosure Rating Starting Device Pump Full Load Amps	MODEL 112 1 W 9 1 4 H 3A 8A 17A
Pump Disconnect Float Switch Application Options: Flasher, Elapsed Time Meter, SJE SignalMaster [®] / pipe clamp	Enclosure RatingStarting Device Pump Full Load Amps Pump Disconnect Float Switch Application Options: Flasher, Elapsed Time Meter,

INFORMATION FOR THE CONTRACTOR

The permit should be read very carefully prior to bidding. The following are details that must be considered by the contractor prior to and during installation:

- Tanks shall be approved by NCDHHS and certification supplied by the manufacturer.

- The installer shall be responsible to the owner for placement of the tanks and to ensure that final grades are returned to the original grade, with exception of added structural features.

- The supply trench shall be compacted to eliminate cavities left during initial fill placement without damage or displacement of pipe or fittings.

- Installation of the system shall be during dry conditions in order to protect the soil structure.

- All fittings shall be pressure rated fittings.

- All joints shall be cleaned with PVC pipe cleaner and a heavy-bodied PVC pipe glue applied to weld all joints.

- Where required by the regulating County Health Department, post installation inspections by the Engineer or his representative must be scheduled <u>5 week days</u> in advance.

- Trenches shall be carefully excavated so the bottom is level **for the entire length and width of the trench**. If the trench bottom level needs adjusting after excavation it **must** be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over-excavated during initial trenching. All fine grading within the trench will be done by hand with a shovel. No loose material will be left in the trench.

- All pipe openings in the tanks shall be properly filled with press boot seal. This also applies to the joints around the riser.

- All tanks shall be properly back filled and compacted to prevent settlement.

- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.

- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.

- Elevations at pin flag locations should be checked by the contractor prior to beginning trench excavation.

- Pump tank riser shall be 6" above grade, control panel shall be 18" above grade.

-Septic tank shall have specified effluent filter or approved equivalent.

System Specifics:

- System uses EZ-Flow drain line.
- Repair uses EZ-Flow drain line.

Miscellaneous errors and omissions

Markel has over 35 years of experience providing miscellaneous errors and omissions insurance. Our leadership has a wealth of knowledge and expertise in protecting small business owners from litigation stemming from actual or perceived negligence. Our underwriting team has crafted policies that fit your specific needs, while our seasoned, in-house claims professionals will help you successfully navigate a loss or claim should you need their assistance.

Reporting new professional liability claims

New Claims can be reported in writing by website, email, fax, or regular mail. Please refer to your specific policy for all relevant reporting requirements.

To report a new claim, visit **markelinsurance.com/file-a-claim** and select "BOP/Miscellaneous errors and omissions/Workers compensation" from the drop down. You can also email **newclaims@markelcorp.com** and include the following:

- Policy number
- Insured and claimant names with contact details
- Date of loss
- Location and description of loss
- All pertinent documentation available (incident report, police report, witness information, photos, etc.)

General claims questions

For information about an already reported Professional Liability claim, email: **markelclaims@markelcorp.com**, or contact your assigned claim examiner directly.

Additional contact information:

- (800) 362-7535 or (800) 3 MARKEL
- (855) 662-7535 or (855) 6 MARKEL
- Markel Claims Department, P.O. Box 2009, Glen Allen, VA 23058-2009

While your policy is primarily designed to protect against a variety of professional errors and omissions claims, it may also provide protection for other specific exposures such as pollution claims, disciplinary proceedings, third party discrimination claims, subpoena and public relations expenses, among others. Contact your agent for more information, or if you have reported a Claim, your assigned examiner.

Risk management and loss prevention

Policyholders have access to loss control and risk management resources that can assist in a better understanding of potential hazards within their operation and ways to reduce claims.

Here's a sample of the many services available:

- Exposure assessments
- Loss analysis tools
- Safety videos
- Safety training materials
- Regulatory program guidance

Designed Protection[®] for professional service providers and associations – professional service providers hotline

Our panel of Risk Management experts is available to discuss general risk management related concerns and questions. Please visit **markelcorp.com/riskmanagement** and under "Designed Protection[®]" click "Click here," enter your policy number, then select "Professional Service Providers Hotline" to access our panel of experts.

Visit our website at: markelinsurance.com/risk-management-home.

For more information about any of Markel's loss control services, contact us at (888) 500-3344 or email **losscontrol@markelcorp.com**.



Products and services are offered through Markel Specialty, a business division of Markel Service Incorporated. Policies are written by one or more Markel insurance companies. Terms and conditions for rate and coverage may vary. 201806



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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A STOCK COMPANY



MARKEL INSURANCE COMPANY

10275 West Higgins Road, Suite 750 Rosemont, IL 60018 (800) 431-1270

INSURANCE POLICY

Coverage afforded by this policy is provided by the Company (Insurer) and named in the Declarations.

In **Witness Whereof**, the company (insurer) has caused this policy to be executed and attested and countersigned by a duly authorized representative of the company (insurer) identified in the Declarations.

Kapileen anne Sturgeon

Bun W. Jakes

Secretary

President



MARKEL INSURANCE COMPANY

NOTICE TO POLICYHOLDERS CLAIM REPORTING

Please immediately report a new claim under this policy to:

newclaims@markel.com

For general claims inquiries after a claim has been reported, please email:

markelclaims@markel.com

In order for us to expedite the handling of your claim and quickly refer it to the appropriate party, please have the following information available:

- Claim number (or report as new)
- Your name, contact information and position with the Named Insured
- Date of loss
- Policy number and insured name
- Details of loss

Our address and additional contact information are as follows:

Markel Claims P.O. Box 2009 Glen Allen, VA 23058-2009 Phone: 800-362-7535 (800) 3MARKEL Fax: 855-662-7535 (855) 6MARKEL

Markel understands the importance of having knowledgeable claims professionals prepared to answer your questions with personal attention and expertise. With claims professionals located across four times zones, you are sure to find the claims assistance you need -- when you need it.

PLEASE REFER TO THE POLICY FOR ANY NOTICE AND REPORTING PROVISIONS AND DUTIES IN THE EVENT OF LOSS OR DAMAGE TO COVERED PROPERTY.



MARKEL INSURANCE COMPANY

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – https://www.treasury.gov/ofac.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.



PROFESSIONAL LIABILITY INSURANCE DECLARATIONS

Claims Made and Reported Coverage: The coverage afforded by this policy is limited to liability for only those **Claims** that are first made against the **Insured** during the **Policy Period** or the Extended Reporting Period, if exercised, and reported to Markel Insurance Company during the **Policy Period** or the Extended Reporting Period, if exercised, or within 60 days after the expiration of the **Policy Period** or the Extended Reporting Period, if exercised, or within 60 days after the expiration of the **Policy Period** or the Extended Reporting Period.

Notice: This policy contains provisions that reduce the Limits of Liability stated in the policy by the costs of legal defense and permit legal defense costs to be applied against the deductible, unless the policy is amended by endorsement. Please read the policy carefully.

POLICY NUMBER: MEO1642-05

RENEWAL OF POLICY: MEO1642-04

NAMED INSURED: Permit Acquisition Company-One LLC

BUSINESS ADDRESS: 920 Garner Road

Selma, NC 27576

POLICY PERIOD: From 11/22/2023 to 11/22/2024

12:01 A.M. Standard Time at address of Insured stated above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES WITH THE NAMED INSURED TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

1. PROFESSIONAL SERVICES: soil science

2. LIMITS OF LIABILITY

Professional Liability Coverage

	, ,	
Α.	Each Claim:	\$2,000,000
В.	Policy Aggregate:	\$2,000,000
Ad	ditional Payments	
Α.	Contingent Bodily Injury And Property Damage	\$100,000
В.	Pollution	\$10,000
C.	Pre-Claim Assistance Expenses	\$20,000
D.	Sexual Abuse	\$10,000
E.	Third Party Discrimination	\$25,000
Su	pplementary Payments	
Α.	Disciplinary Proceeding	\$25,000 per Policy Period
В.	Loss Of Earnings And Expense Reimbursement	\$10,000
C.	Public Relations Expenses	\$5,000
D.	Subpoena And Record Request Assistance	\$5,000
Prod	ucer Number, Name and Mailing Address	
9849	6	
Wade	e Associates, LLC New Bern	
PO E	ox 1209	

Davidson, NC, 28036

3.	DEDUCTIBLE	
	A. Each Claim:	\$1,000
	B. Aggregate:	\$3,000
4.	RETROACTIVE DATE: 11/22/2019	
5.	PREMIUM RATE: Flat	PREMIUM BASE: Flat
6.	PREMIUM FOR POLICY PERIOD	
	Minimum:	\$560
	Deposit:	\$560
	Adjusted Annual Premium:	\$560

7. PREMIUM PERCENTAGE FOR EXTENDED REPORTING PERIOD: ADDITIONAL PERIOD:

8. FORMS AND ENDORSEMENTS ATTACHED AT POLICY INCEPTION:

See MDIL 1001 attached.

These declarations, together with the Coverage Form and any Endorsement(s), complete the above numbered policy.

Countersigned: 08/30/2023	
(Date)	
	By: John K Clark Authorized Representative Signature