



**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:

Name: Caviness and Cates

Mailing address: 639 Executive Place Ste. 400 City: Fayetteville State: NC Zip: 28305

Phone: 910-709-9801 Email: pam@cavinessandcates.com

Authorized Onsite Wastewater Evaluator Information:

Name: Mike Eaker Certification #: 10013E

Mailing address: PO Box 9321 City: Fayetteville State: NC Zip: 28311

Phone: 910-822-4540 Email: Mike@southeasternsoil.com



Site Location Information:

Site address: 369 Hookbill Lane, Lillington, NC 27546

Tax parcel identification number or subdivision lot, block number of property: Ducks Landing Lot 26

0527-52-1283.000 County: Harnett

System Information:

Wastewater System Type: Accepted (25% Reduction)

Daily Design Flow: 480 gpd

Saprolite System: ☐ Yes ☒ No Subsurface Operator Required: ☐ Yes ☒ No

Water Supply Type: ☐ Private Well ☒ Public Water Supply ☐ Spring ☐ Other: _____

Facility Type:

☒ Residential 4 # Bedrooms 8 Maximum # of Occupants

☐ Business Type of Business and Basis for Flow: _____

☐ Public Assembly Type of Public Assembly and Basis for Flow: _____

Required Attachments:

- ☒ Plat or Site Plan
☒ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 8 day of May, 2025 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 laws and rules governing onsite wastewater systems in the state of North Carolina.

This NOI shall expire on 8 day of May, 2030.

Signature of Authorized Onsite Wastewater Evaluator: *Mike Eaker*

Signature of Owner or Legal Representative: *Pamela M Gaddis*

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: *Mark A. RCH* Date: 5-19-25

RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 369 Hookbill Lane **PIN:** 0527-52-1283.000

LANDOWNER: Caviness & Cates Bldg and Dev Co **Mailing Address:** 639 Executive Place Ste 400
City: Fayetteville **State:** NC **Zip:** 28305 **Phone:** (910) 778-7902 **Email:** pam@cavinessandcates.com

**Please fill out applicant information if different than landowner.*

APPLICANT: SAME AS ABOVE **Mailing Address:** _____
City: _____ **State:** _____ **Zip:** _____ **Phone:** _____ **Email:** _____

PROPOSED USE:

☐ **Single Family Dwelling:** (Size 48 x 56) # Bedrooms: 4 # Baths: 2.5 **Garage:** Attached (Circle One) **Accessory:** Deck, Patio, Porch (Circle One)
TOTAL HTD SQ FT: 3278 **GARAGE SQ FT:** 600 **Foundation Type:** Crawl Space: ☐ Stem Wall: ☒ Mono Slab: ☐ Basement: ☐

☐ **Modular:** (Size _____ x _____) # Bedrooms: _____ # Baths: _____ **Garage:** Attached (Circle One) **Accessory:** Deck, Patio, Porch (Circle One)
TOTAL HTD SQ FT: _____

☐ **Manufactured Home:** SW ☐ DW ☐ TW ☐ (Size _____ x _____) # Bedrooms: _____ **Garage:** Attached (Circle One) **Accessory:** Deck, Patio (Circle One)

ZONING: _____

☐ **Duplex:** (Size _____ x _____) # Buildings: _____ # Bedrooms Per Unit: _____ **TOTAL HTD SQ FT:** _____

☐ **Addition/Accessory/Other:** (Size _____ x _____) Use: _____

UTILITIES:

Water Supply: County ☒ Existing Well ☐ New Well (# of dwellings using well _____) ☐

Sewage Supply: New Septic Tank ☒ Expansion ☐ Relocation ☐ Existing Septic Tank ☐ County Sewer ☐

(Complete Environmental Health Checklist on other side of application if Septic is selected)

GENERAL PROPERTY INFORMATION:

Does the landowner own another tract that contains a manufactured home within 500 feet? YES ☐ NO ☒

Does the property contain any easements, whether underground or overhead? YES ☐ NO ☒

Structures (existing or proposed): Single Family Dwellings: X Manufactured Homes: _____ Other (specify): _____

If permits are granted, I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Pamela M Geddie
Signature of Owner or Owner's Agent

5/12/25
Date

Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

APPLICATION CONTINUES ON BACK

Environmental Health Department Application for Improvement Permit and/or Authorization to Construct

If the information in this application is falsified, changed, or the site is altered, then the permit shall become invalid. This permit will be valid for 60 months.

☒ **NEW SEPTIC SYSTEM INSPECTION**

- **All property irons must be made visible.** Place **pink flags** on each corner of lot & approximately every 50 feet between corners.
- Place **orange flags** at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post **orange** Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **DO NOT GRADE PROPERTY.**

☐ **EXISTING TANK INSPECTION**

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over **outlet end** of tank, lift lid straight up (*if possible*), and then **put lid back in place.**
Does not apply to septic tank in a mobile home park
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

SEPTIC CHECK LIST

If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

- ☒ Accepted ☐ Innovative ☐ Conventional ☐ Any ☐ Alternative
☐ Other _____

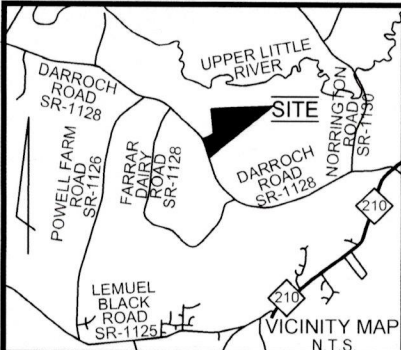
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes," applicant **MUST ATTACH SUPPORTING DOCUMENTATION:**

- YES ☐ NO ☒ Does the site contain any jurisdictional wetlands?
- YES ☐ NO ☒ Do you plan to have an irrigation system now or in the future?
- YES ☐ NO ☒ Does or will the building contain any drains? Please explain: _____
- YES ☐ NO ☒ Are there any existing wells, springs, waterlines, or wastewater systems on this property?
- YES ☐ NO ☒ Is any wastewater going to be generated on the site other than domestic sewage?
- YES ☐ NO ☒ Is the site subject to approval by any other Public Agency?
- YES ☐ NO ☒ Are there any easements or rights-of-way on this property?
- YES ☐ NO ☒ Does the site contain any existing water, cable, phone, or underground electric lines?
If yes, please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that a \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.

Pamela M. Geddie
Signature of Owner or Owner's Agent

5/12/25
Date



Notes:

- This plat is for location purposes only. Builder should verify foundation information with plans before construction begins.
- There is no USCE or NCGS monument within 2000' of this site.
- The subject property is not within a special flood hazard area as determined by the Department of Housing and Urban Development.
- The easement information shown hereon was obtained from the recorded plat. No updated title search was performed by the surveyor.
- All distances are measured in feet.
- This map reflects the information contained on the Record Plat and does not represent compliance with the Restrictive Covenants.

LEGEND

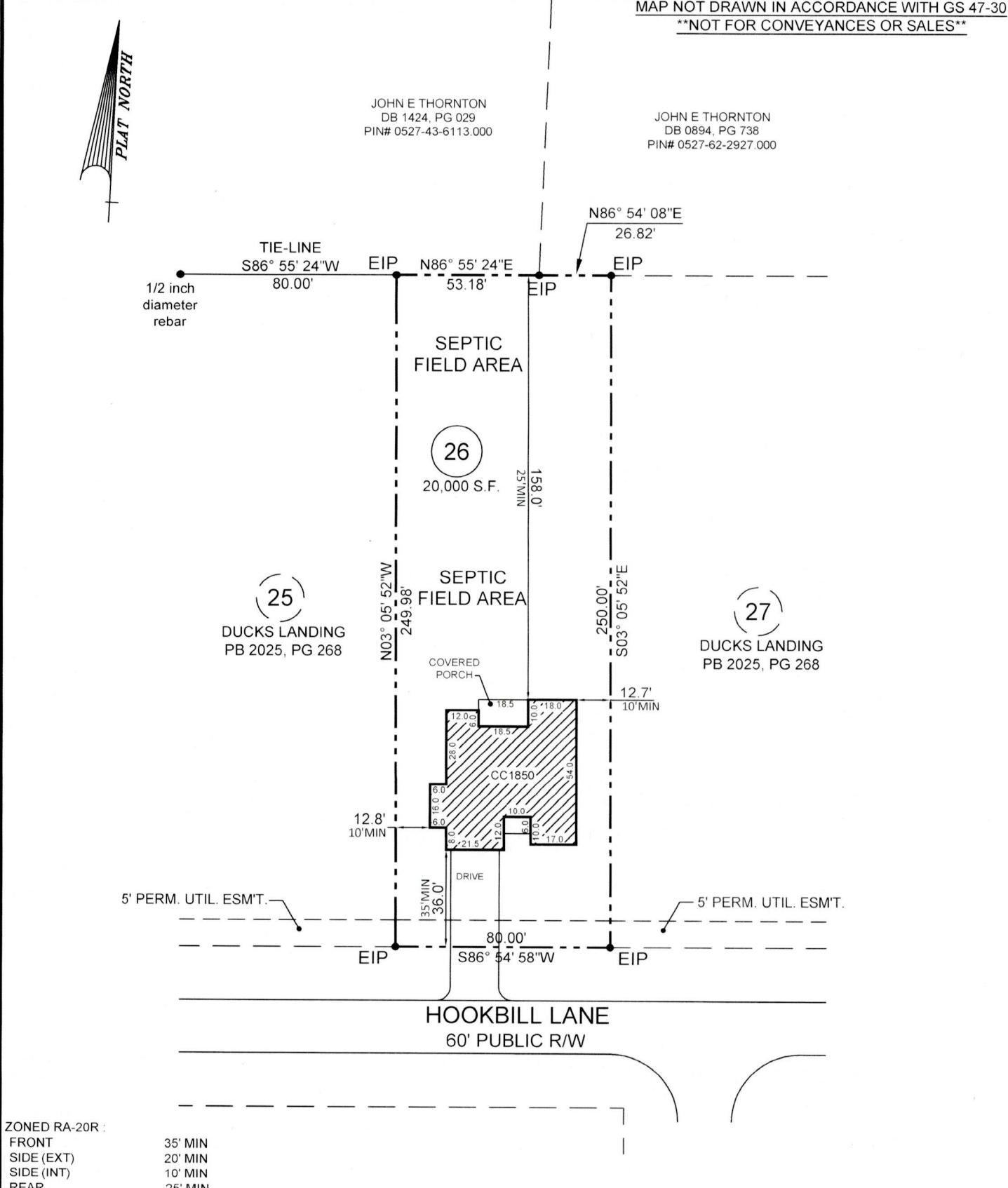
- EXISTING IRON PIPE
- CURVE PT / PC
- SURVEYED LINE
- EASEMENT LINE
- ADJOINER
- SURVEYED BY OTHERS

SCALE

1" = 50'

SCALED IN FEET

MAP NOT DRAWN IN ACCORDANCE WITH GS 47-30
NOT FOR CONVEYANCES OR SALES



- PLOT PLAN FOR -
CAVINESS & CATES BUILDING & DEVELOPMENT, CO.
- SUBDIVISION -
DUCKS LANDING

ANDERSON CREEK TOWNSHIP
HARNETT COUNTY
NORTH CAROLINA

APRIL 30, 2025
SCALE 1" = 50'
FIELD BOOK:

REFERENCE
PB 2025, PG 268
HARNETT COUNTY NORTH CAROLINA REGISTRY

ENGINEERS
PLANNERS
SURVEYORS
MOORMAN, KIZER & REITZEL, INC.

M&R

115 broadfoot ave.
p.o. box 53774
fayetteville, n.c., 28305
phone 910-484-5191
fax 910-484-0388
LICENSE #: F-0106

PROF. SURVEYOR NO. L-3196

THOMAS J. GOODEN
NORTH CAROLINA
PROFESSIONAL
LAND SURVEYOR
SEAL
L-3196



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☒ New ☐ Expansion ☐ Repair ☐ Relocation ☐ Relocation of Repair Area

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Name: Caviness and Cates

Mailing address: 639 Executive Place Ste. 400 City: Fayetteville State: NC Zip: 28305

Phone: 910-709-9801 Email: pam@cavinessandcates.com

Authorized Onsite Wastewater Evaluator Information:

Name: Mike Eaker Certification #: 10013E

Mailing address: PO Box 9321 City: Fayetteville State: NC Zip: 28311

Phone: 910-822-4540 Email: Mike@southeasternsoil.com



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Water Supply Type: ☐ Private Well ☒ Public Water Supply ☐ Spring ☐ Other: _____

Facility Type:

☒ Residential 4 # Bedrooms 8 Maximum # of Occupants

☐ Business Type of Business and Basis for Flow: _____

☐ Public Assembly Type of Public Assembly and Basis for Flow: _____

Required Attachments:

- ☒ Plat or Site Plan
☒ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 8 day of May, 2025 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 laws and rules governing onsite wastewater systems in the state of North Carolina.

This NOI shall expire on 8 day of May, 2030.

Signature of Authorized Onsite Wastewater Evaluator: *Mr. D. Eaker*

Signature of Owner or Legal Representative: *Pamela M. Geddie*

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: _____

Southeastern Soil & Environmental Associates, Inc.

P.O. Box 9321
Fayetteville, NC 28311
Phone/Fax (910) 822-4540
Email mike@southeasternsoil.com

May 8, 2025

Ms. Pamela Geddie
Caviness & Cates
639 Executive Place, Suite 400
Fayetteville, NC 28305

Re: Soil/site evaluation for subsurface waste disposal (GS 130A-336.2) AOWE, Ducks Landing, Lot 26, PIN 0527-52-1283.000, 369 Hookbill Lane, Lillington, Harnett County, North Carolina

Dear Ms. Geddie,

A soil/site evaluation has been conducted on the aforementioned property at your request. The purpose of the investigation was to determine if soils were suitable or provisionally suitable for a subsurface waste disposal system (conventional, accepted and innovative) to serve a proposed single-family residence (4-bedroom home). All ratings and determinations were made in accordance with "Onsite Wastewater Rules, 15A NCAC 18E". **This LSS evaluation is being submitted to meet the requirements of GS 130A-336.2 (AOWE).**

The soil evaluation was completed on February 27, 2025. Hand auger borings were advanced under moist soil conditions. The site essentially lies on a linear slope landscape (2-4% slope). Soil borings conducted in most of this area consisted of 6 or more inches of loamy sand underlain by sandy loam, sandy clay loam and/or clay loam to 48 or more inches below the soil surface. Soil wetness and/or parent material (greater than 50%) was not observed shallower than 37 inches below the soil surface (initial system) and 34 inches (repair system). All other soil characteristics were suitable to at least 48 inches.

Based on soil borings and site conditions, the site would be designated suitable for a shallow accepted subsurface waste disposal drainfield (0.40 gal/day/ft² LTAR; initial system). There is enough suitable soil area to allow for a shallow accepted subsurface septic system repair (0.40 gal/day/ft²). A map showing the approximate location of the site and proposed septic layout accompanies this report. **[Note: No grading, rutting or other soil disturbance can occur in or near the proposed septic area. Any grading can alter the findings of this report and render the site unusable. As such, we recommend the builder protect the proposed septic areas with rope, flagging, fencing, etc.]**

Design Summary

- Accepted product (300', see septic layout)
- 480 gal/day flow rate (4BR)
- 22" maximum trench depth (upslope side)
- 0.40 gpd/ft² LTAR (initial and repair)
- 1000-gallon septic tank (**certified watertight**)
- No grading, rutting or filling in septic areas
- No vertical cuts (greater than 2') within 15' of septic lines/areas
- Keep tanks and drainlines 10' from property lines
- Keep supply line 5 or more feet from property lines
- **Install in dry soil conditions**
- Maintain natural contours when clearing the lots
- Direct gutter water away from septic system
- **AOWE must preapprove Licensed installer**
- **Preconstruction conference required 2 weeks prior to installation of septic**
- **Contractor to provide 2 week's notice prior to installation**

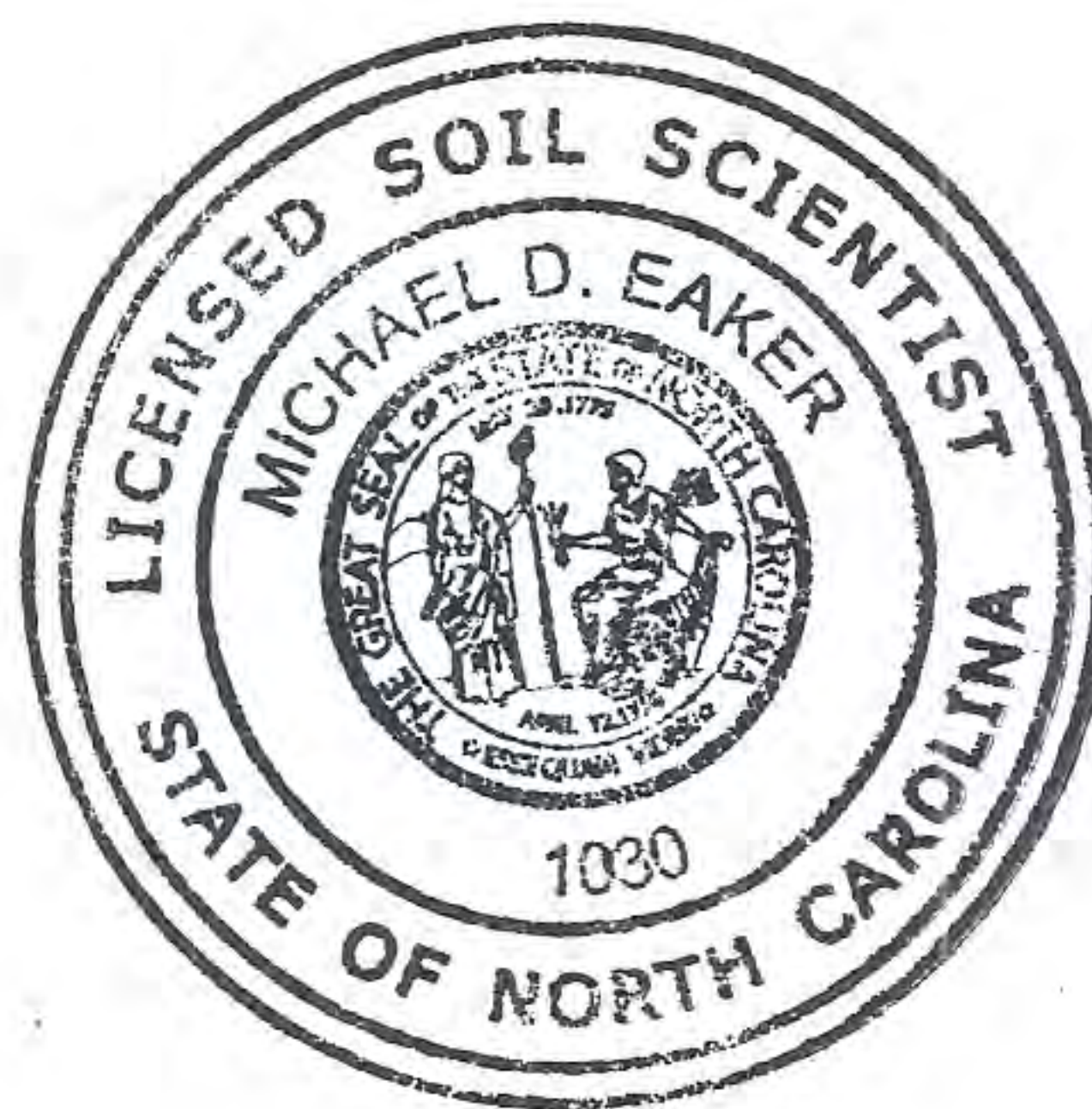
During site construction, it is important not to impact and suitable or provisionally suitable soil areas with activities such as excavation or filling. Only the vegetation should be removed in the areas of the proposed septic drainfields to prevent any disturbance of naturally occurring soil. We recommend all lot clearing activity be delayed until the local health department issues a permit.

To the extent possible, we have identified the soil types that will impact the flow of wastewater on this site and have provided a professional opinion as to the best septic system layout. This report does not guarantee that the proposed septic system will properly function for any specific length of time.

Sincerely,



Mike Eaker
NC Licensed Soil Scientist # 1030
NC Authorized Wastewater Evaluator 10013E



SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION: Ducks Landing

LOT 26

INITIAL SYSTEM: Accepted 25% Reduction

REPAIR: Accepted 25% Reduction

DISTRIBUTION: Gravity Serial

DISTRIBUTION Gravity Serial

BENCHMARK: 100.0

LOCATION FC 24/25

NO. BEDROOMS: 4

LTAR 0.40 gpd/ft2

SEPTIC TANK SIZE 1000 Gallons

PUMP TANK SIZE N/A

	<u>LINE</u>	<u>FLAG COLOR</u>	<u>ELEVATION</u>	<u>LENGTH</u>
Initial	1	Y	101.90	100
	2	W	101.60	100
	3	R	101.40	100
				300 TOTAL
Repair	4	Y	101.40	100
	5	R	101.40	100
	6	O	101.20	100
				300 TOTAL

BY Mike Eaker

DATE 2/27/25

TYPICAL PROFILE

THERE SHALL BE NO GRADING,

CUTTING, LOGGING OR OTHER SOIL

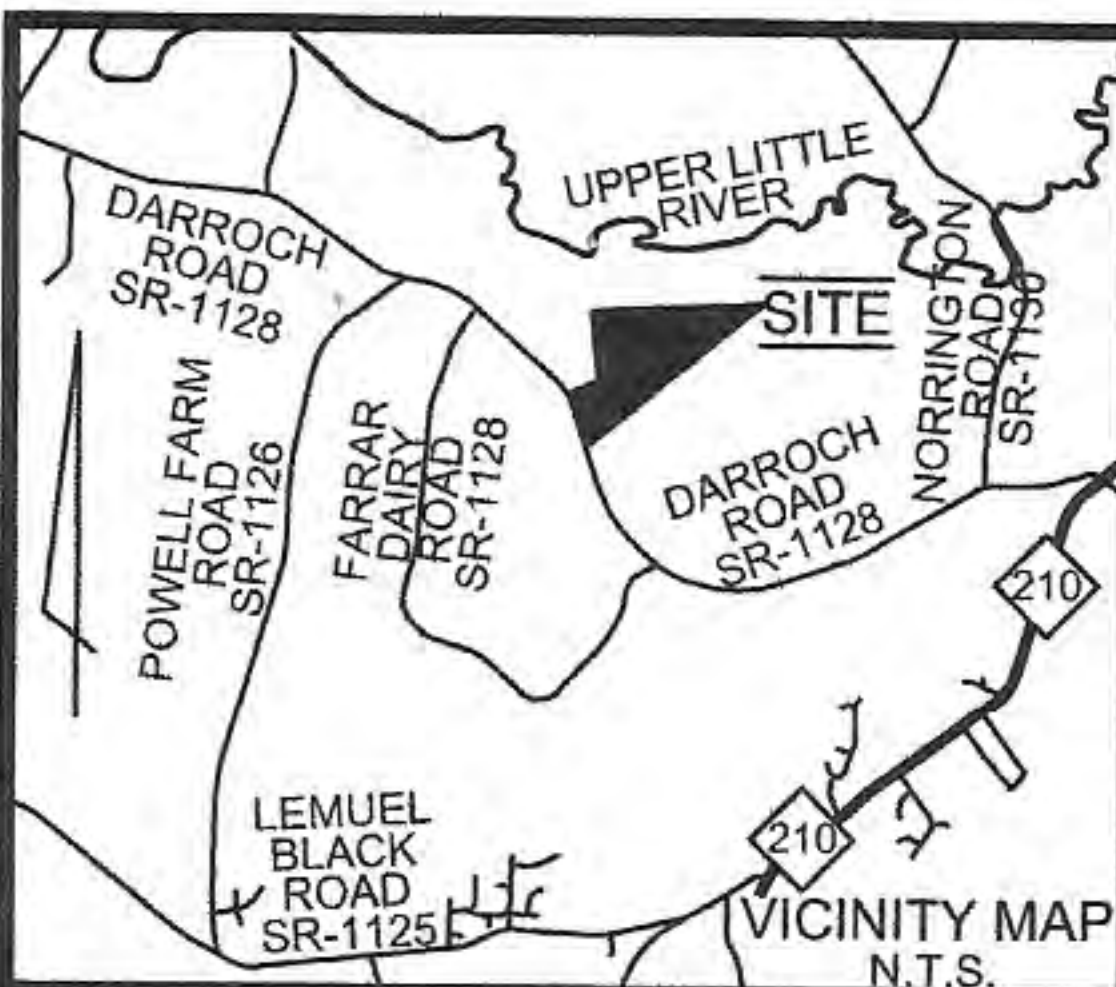
DISTURBANCE IN SEPTIC AREA

HEALTH DEPARTMENT USE ONLY.

DESIGNS DO NOT GURANTEE FUNCTIONALITY

Initial	0-20	LS/SL	VFr/Fr/Gr
	20-48	SL/SCL	Fi/SBk
	CR2	37"	
Repair	0-20	LS/SL	VFr/Fr/Gr
	20-48	SL/SCL	Fi/SBk
	CR2	34"	



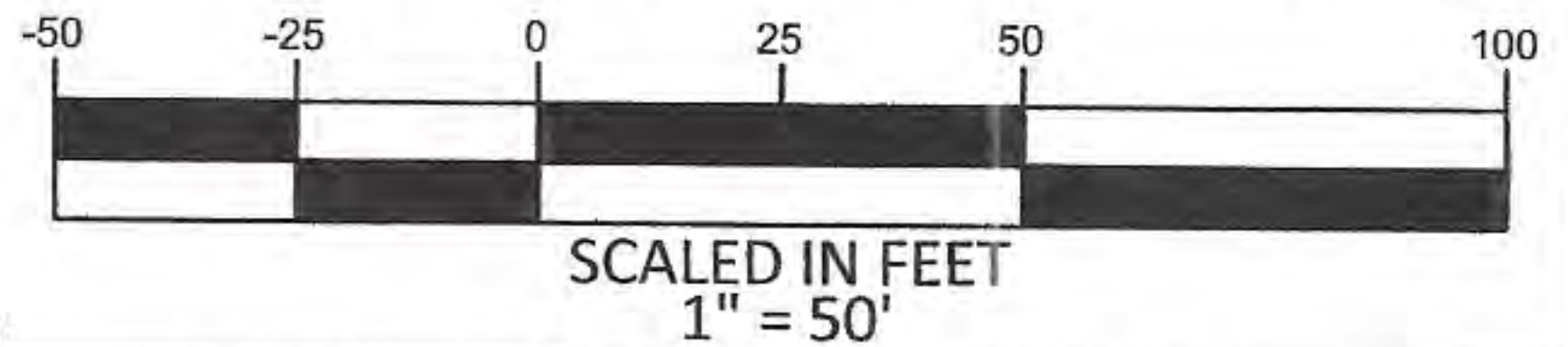


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LEGEND

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- SURVEYED LINE
- EASEMENT LINE
- ADJOINER
- SURVEYED BY OTHERS



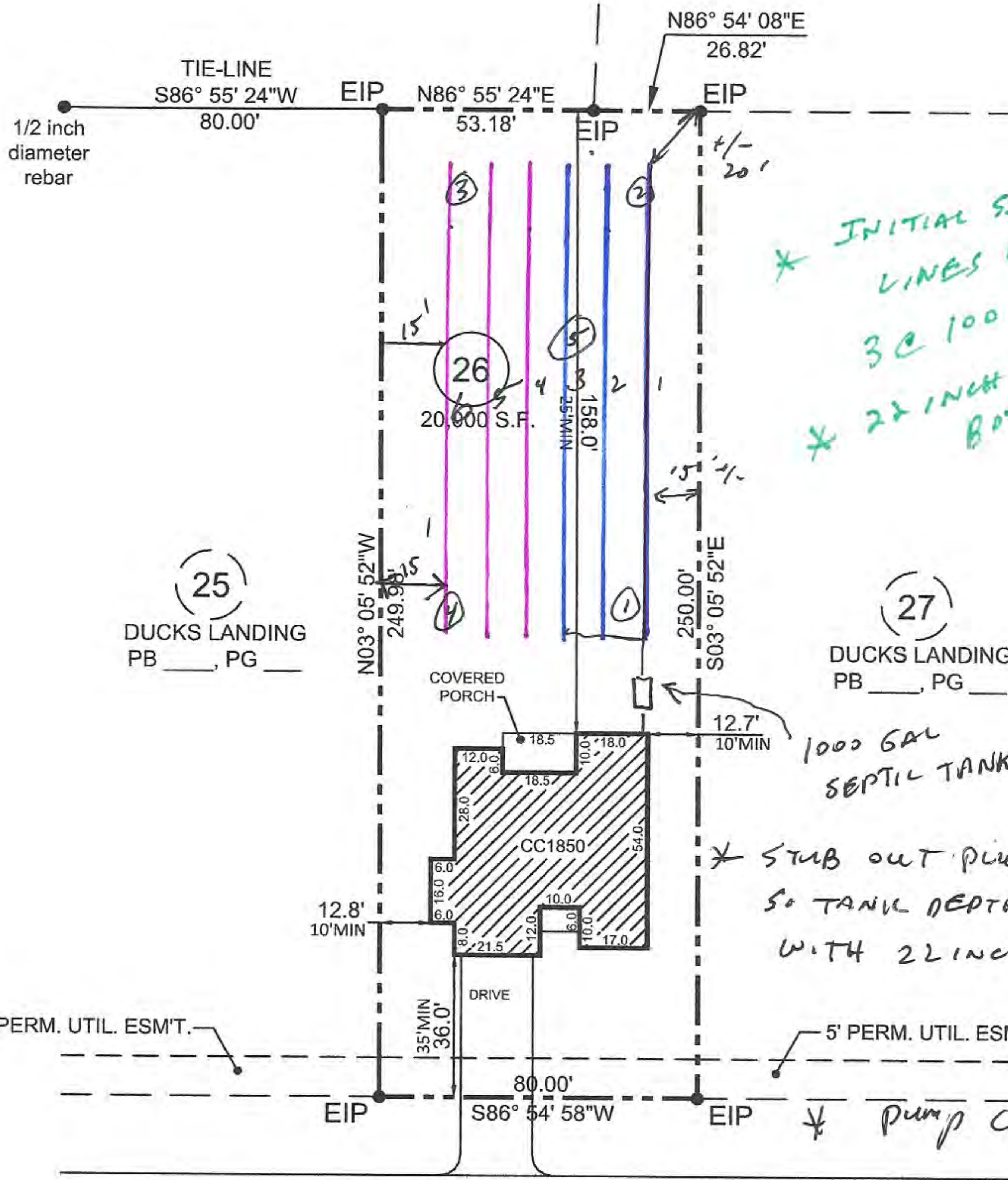
MAP NOT DRAWN IN ACCORDANCE WITH GS 47-30
NOT FOR CONVEYANCES OR SALES

SOUTHEASTERN SOIL



JOHN E THORNTON
DB 1424, PG 029
PIN# 0527-43-6113.000

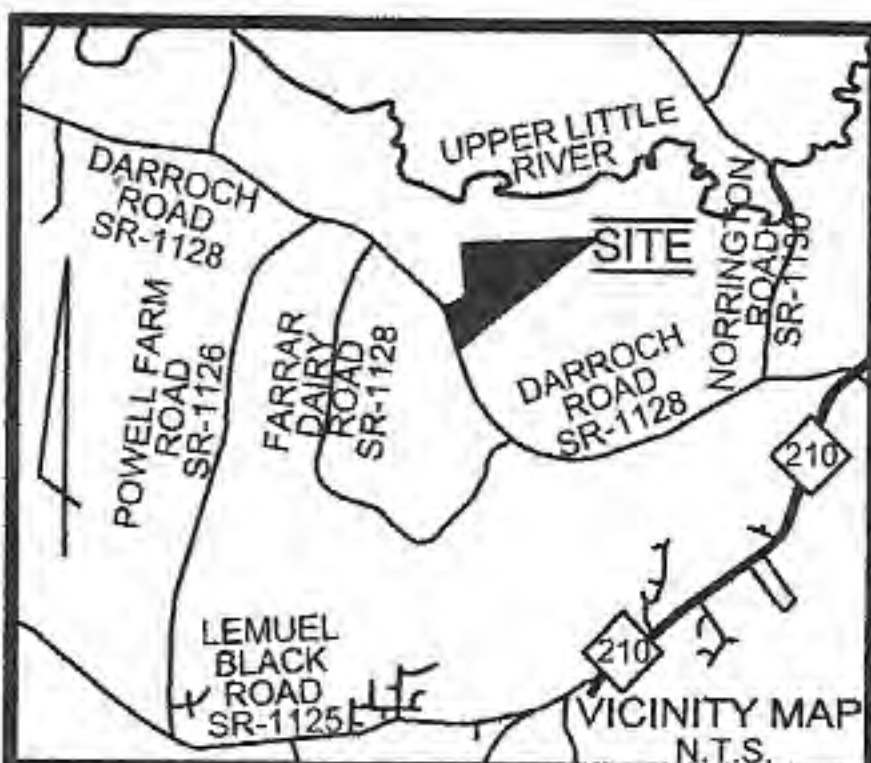
JOHN E THORNTON
DB 0894, PG 738
PIN# 0527-62-2927.000



ZONED RA-20R :
FRONT
SIDE (FXT)

35' MIN
20' MIN

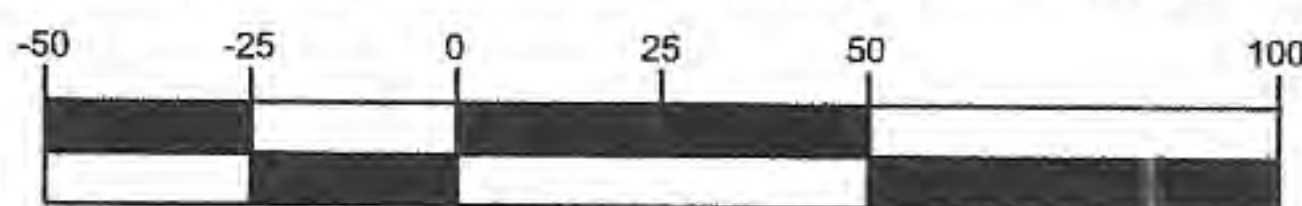
PRELIMINARY
LOT NOT
RECORDED



- Notes:
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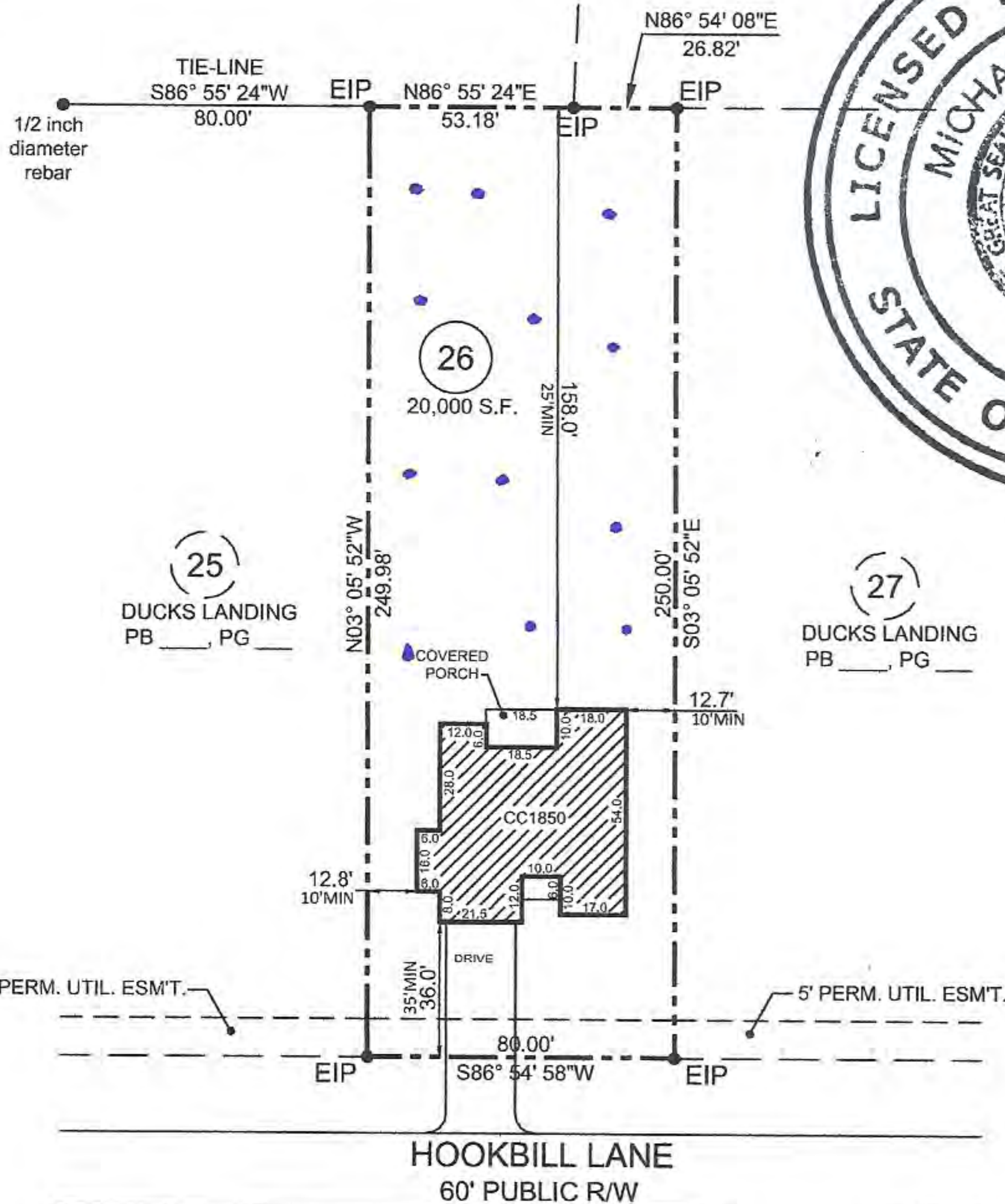
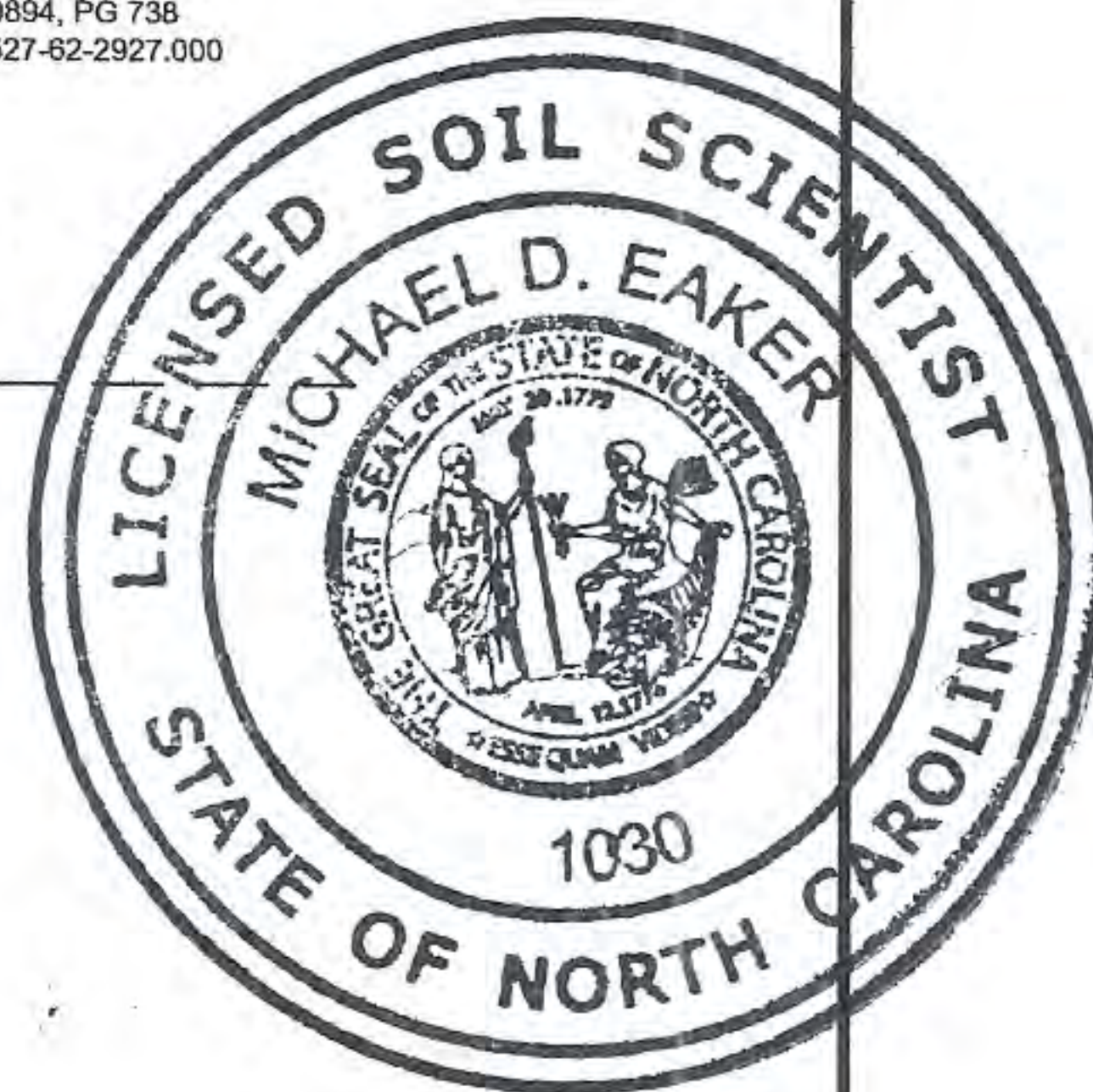
SCALED IN FEET
1" = 50'

MAP NOT DRAWN IN ACCORDANCE WITH GS 47-30
NOT FOR CONVEYANCES OR SALES



JOHN E THORNTON
DB 1424, PG 029
PIN# 0527-43-6113.000

JOHN E THORNTON
DB 0894, PG 738
PIN# 0527-62-2927.000



ZONED RA-20R :
FRONT 35' MIN
SIDE (EXT) 20' MIN
SIDE (INT) 10' MIN
REAR 25' MIN

= SUITABLE SOIL

PRELIMINARY
LOT NOT
RECORDED
ON PLAT

CAVINESS & CATES BUILDING & DEVELOPMENT, CO. - SUBDIVISION - DUCKS LANDING

ANDERSON CREEK TOWNSHIP
HARNETT COUNTY
NORTH CAROLINA

JANUARY 29, 2025
SCALE 1" = 50'
FIELD BOOK:

REFERENCE

PB _____ PG _____

HARNETT COUNTY NORTH CAROLINA REGISTRY

ENGINEERS
PLANNERS
SURVEYORS
MOORMAN, KIZER & REITZEL, INC.



115 broadfoot ave.
p.o. box 53774
fayetteville, n.c., 28305
phone 910-484-5191
fax 910-484-0388
LICENSE #: F-0106

PROF. SURVEYOR NO. _____

PRELIMINARY
LOT NOT
RECORDED
ON PLAT

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

OWNER: Caviness & Cates

ADDRESS: 639 Executive Place, Suite 400, Fayetteville, NC 28305

PROPOSED FACILITY: SFD

PROPOSED DESIGN FLOW (.1949): 480 GPD (4BR)

LOCATION OF SITE: Hookbill Lane, Lillington, NC (Lot 26) Ducks Landing

APPLICATION DATE

DATE EVALUATED: 02/27/25

PROPERTY SIZE: 0.459 Ac

PROPERTY RECORDED

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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 SAPR O CLASS	.1944 RESTR HORIZ	
1	LS 1-2%	0-6	LS/Gr	VFr/Nexp	37"	NA	NA	NA	Suitable 0.40
		6-30	LS/Gr	VFr/NExp	10YR 7/3				
		30-37	SL/wf sbk	Fr/SExp	10YR 5/8				
		37-48	SCL/wf sbk	Fi, SExp	10YR 6/8				
					2.5YR 4/8				
					10YR 7/1 mot				
2	LS 1-2%	0-7	LS/Gr	VFr/Nexp	44"	NA	NA	NA	Suitable 0.40
		7-29	LS/Gr	VFr/Nexp	10YR 7/3				
		29-44	SL/wf sbk	Fr/SExp	10YR 6/8				
		44-48	SCL/wf sbk	Fi/SExp	10YR 6/8				
					10YR 7/1 mot				
3	LS 1-2%	0-8	LS/Gr	VFr/Nexp	>48"	NA	NA	NA	Suitable 0.40
		8-24	LS/Gr	VFr/NExp	10YR 7/3				
		24-44	SL/SCL/mm sbk	Fi/SExp	10YR 6/8				
		44-48	SCL/wfsbk	Fi, SExp	10YR 6/8				
					10YR 7/1 mot				
4	LS 1-2%	0-5	LS/Gr	Fr/Nexp	34"	NA	NA	NA	Suitable 0.40
		5-20	LS/Gr	VFr/Nexp	10YR 6/4				
		20-34	SCL/mm sbk	Fi/SExp	10YR 6/8				
		34-44	SCL/wf sbk	Fi/SExp	10YR 6/8				
		44-48	SCL/wf sbk	Fi/SExp	10YR 7/1 mot				
					10YR 7/1				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): Suitable EVALUATED BY: M. Eaker OTHER(S) PRESENT: D. Eaker
Available Space (.1945)	Yes	Yes	
System Type(s)	Accepted	Accepted	
Site LTAR	0.40	0.40	

COMMENTS: _____

SOIL/SITE EVALUATION
(Continuation Sheet-Complete all field in full)

Sheet 2 of 2

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

PROPERTY ID #: Ducks Landing Lot 26
DATE OF EVALUATION: 02/27/25
COUNTY: Harnett

P R O F I L E #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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	
5	LS 1-2%	0-6	LS/Gr	VFr/NExp	37"	NA	NA	NA	Suitable 0.40
		6-26	SL/wf sbk	Fr/SExp	10YR 5/6				
		26-37	SCL/mm sbk	Fi/SExp	10YR 5/8				
		37-48	SCL/wf sbk	Fi/SExp	10YR 6/8				
		37-48	SL/mass	Fr/SExp	2.5YR 4/8 10YR 7/1				
6									

COMMENTS: _____

**DESIGN PROFESSIONALS LIABILITY COVERAGE
DECLARATIONS**

POLICY NO. 108040737

Travelers Casualty and Surety Company of America
Hartford, Connecticut
(A Stock Insurance Company, herein called the Company)

Important note: This is a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

This policy is composed of the Declarations, the Professional Liability Coverage, the Professional Liability Terms and Conditions, and any endorsements attached thereto.

ITEM 1	NAMED INSURED: SOUTHEASTERN SOIL AND ENVIRONMENTAL ASSOCIATES DBA: Principal Address: PO BOX 9321 FAYETTEVILLE, NC 28311-9084
ITEM 2	POLICY PERIOD: Inception Date: May 1, 2025 Expiration Date: May 1, 2026 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.
ITEM 3	ALL NOTICES PURSUANT TO THE POLICY MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW: Email: BSIclaims@travelers.com Fax: 1-888-460-6622 Mail: Travelers Bond & Specialty Insurance Claim P.O. Box 2989 Hartford, CT 06104-2989 Overnight Mail: Travelers Bond & Specialty Insurance Claim One Tower Square, MN06 Hartford, CT 06183 For questions related to claim reporting or handling, please call 1-800-842-8496.

