



**AOWE System Design Packet**

**PIN:**

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# **PAC-ONE, PLLC**

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## **AOWE System Design Packet**

Date:

Proposed for a:  
Volunteer Fire Station

Located at:

DESIGNED BY:

Steve Bristow

920 Garner Rd, Selma NC 27576

Email: [stevebristow57@gmail.com](mailto:stevebristow57@gmail.com)

Phone: (919)906-4737



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: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Onsite Wastewater Evaluator Information:

Name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_



Site Location Information:

Site address: \_\_\_\_\_  
Tax parcel identification number or subdivision lot, block number of property: \_\_\_\_\_  
County: \_\_\_\_\_

System Information:

Wastewater System Type: \_\_\_\_\_  
Daily Design Flow: \_\_\_\_\_  
Saprolite System: \_\_\_ Yes \_\_\_ No Subsurface Operator Required: \_\_\_ Yes \_\_\_ No  
Water Supply Type: \_\_\_ Private Well \_\_\_ Public Water Supply \_\_\_ Spring \_\_\_ Other: \_\_\_\_\_

Facility Type:

\_\_\_ Residential \_\_\_ # Bedrooms \_\_\_ 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 \_\_\_ day of \_\_\_, \_\_\_\_\_ 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 \_\_\_ day of \_\_\_, \_\_\_\_\_.

Signature of Authorized Onsite Wastewater Evaluator: Alan Butner

Signature of Owner or Legal Representative: Will Smith

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 Acknowledgment:

Signature of Local Health Department Representative: \_\_\_\_\_ Date: \_\_\_\_\_

OWNER: \_\_\_\_\_ DATE EVALUATED: \_\_\_\_\_

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut      TYPE OF WASTEWATER: ☐ Domestic ☐ High Strength ☐ IPWW

| P<br>R<br>O<br>F<br>I<br>L<br>E<br><br># | .0502<br>LANDSCAPE<br>POSITION/<br>SLOPE % | HORIZON<br>DEPTH<br>(IN.) | SOIL MORPHOLOGY                |                                     | OTHER PROFILE FACTORS              |                        |                         |                         | .0509<br>PROFILE<br>CLASS<br>& LTAR* | .0502(d)<br>SLOPE<br>CORRE<br>CTION |
|------------------------------------------|--------------------------------------------|---------------------------|--------------------------------|-------------------------------------|------------------------------------|------------------------|-------------------------|-------------------------|--------------------------------------|-------------------------------------|
|                                          |                                            |                           | .0503<br>STRUCTURE/<br>TEXTURE | .0503<br>CONSISTENCE/<br>MINERALOGY | .0504<br>SOIL<br>WETNESS/<br>COLOR | .0505<br>SOIL<br>DEPTH | .0506<br>SAPRO<br>CLASS | .0507<br>RESTR<br>HORIZ |                                      |                                     |
| 1                                        |                                            |                           |                                |                                     |                                    |                        |                         |                         |                                      |                                     |
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|                                          |                                            |                           |                                |                                     |                                    |                        |                         |                         |                                      |                                     |

| DESCRIPTION             | INITIAL SYSTEM | REPAIR SYSTEM |
|-------------------------|----------------|---------------|
| Available Space (.0508) |                |               |
| System Type(s)          |                |               |
| Site LTAR               |                |               |
| Maximum Trench Depth    |                |               |

SITE CLASSIFICATION (.0509): \_\_\_\_\_  
EVALUATED BY: \_\_\_\_\_  
OTHER(S) PRESENT: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Steve Butler

## LEGEND

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

\* 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.

**HORIZON DEPTH** In inches below natural soil surface

**DEPTH OF FILL** In inches from land surface

**RESTRICTIVE HORIZON** Thickness and depth from land surface

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

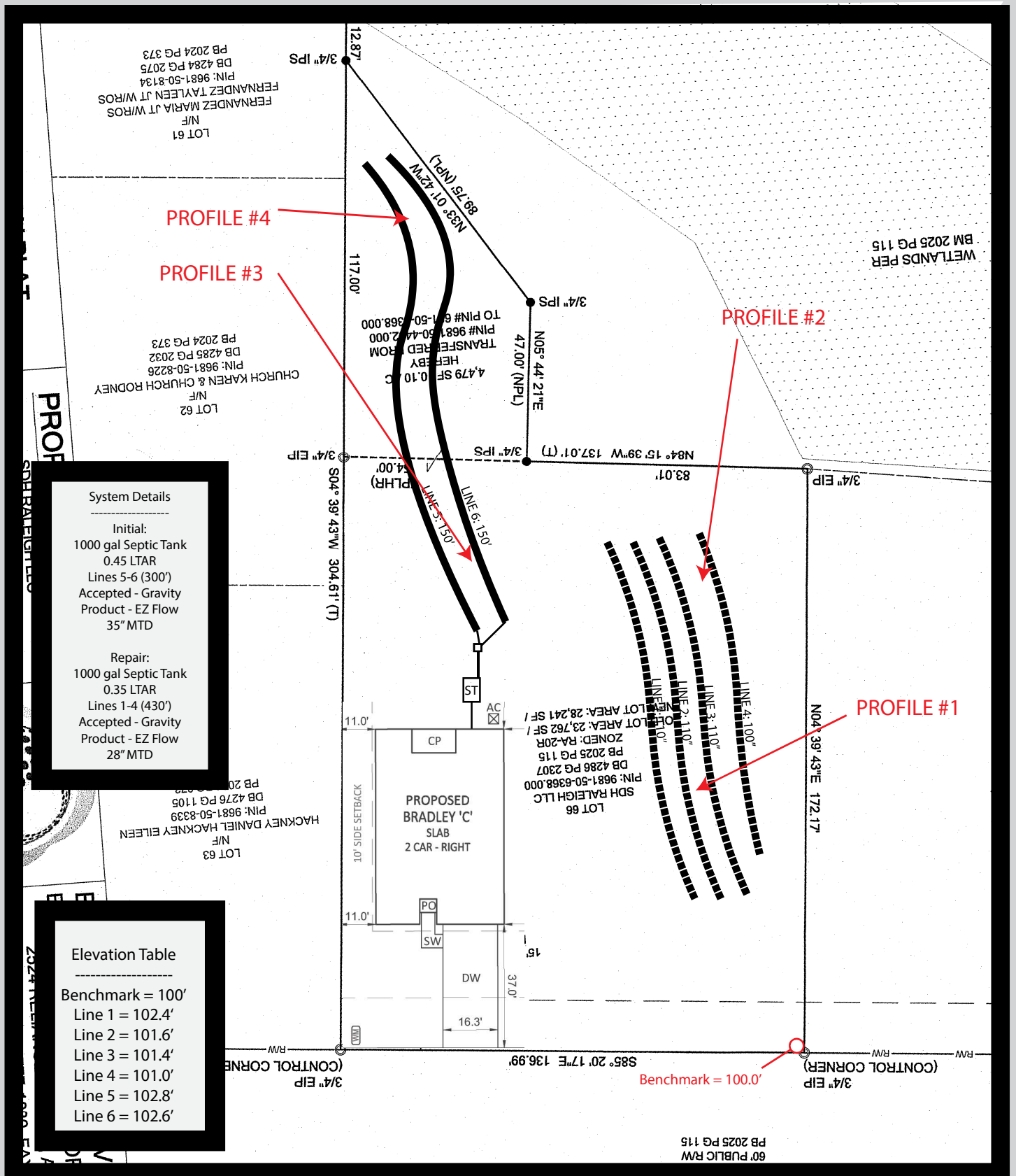
**SOIL WETNESS** Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

**CLASSIFICATION** S (Suitable) or U (Unsuitable)

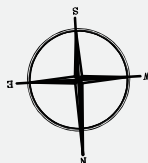
**Show profile locations and other site features (dimensions, reference or benchmark, and North).**



# Harrington Place Lot 66 System Detail



0' 40'  
 1 inch = 40'

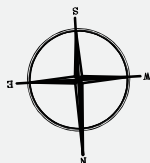
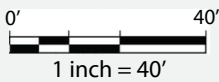
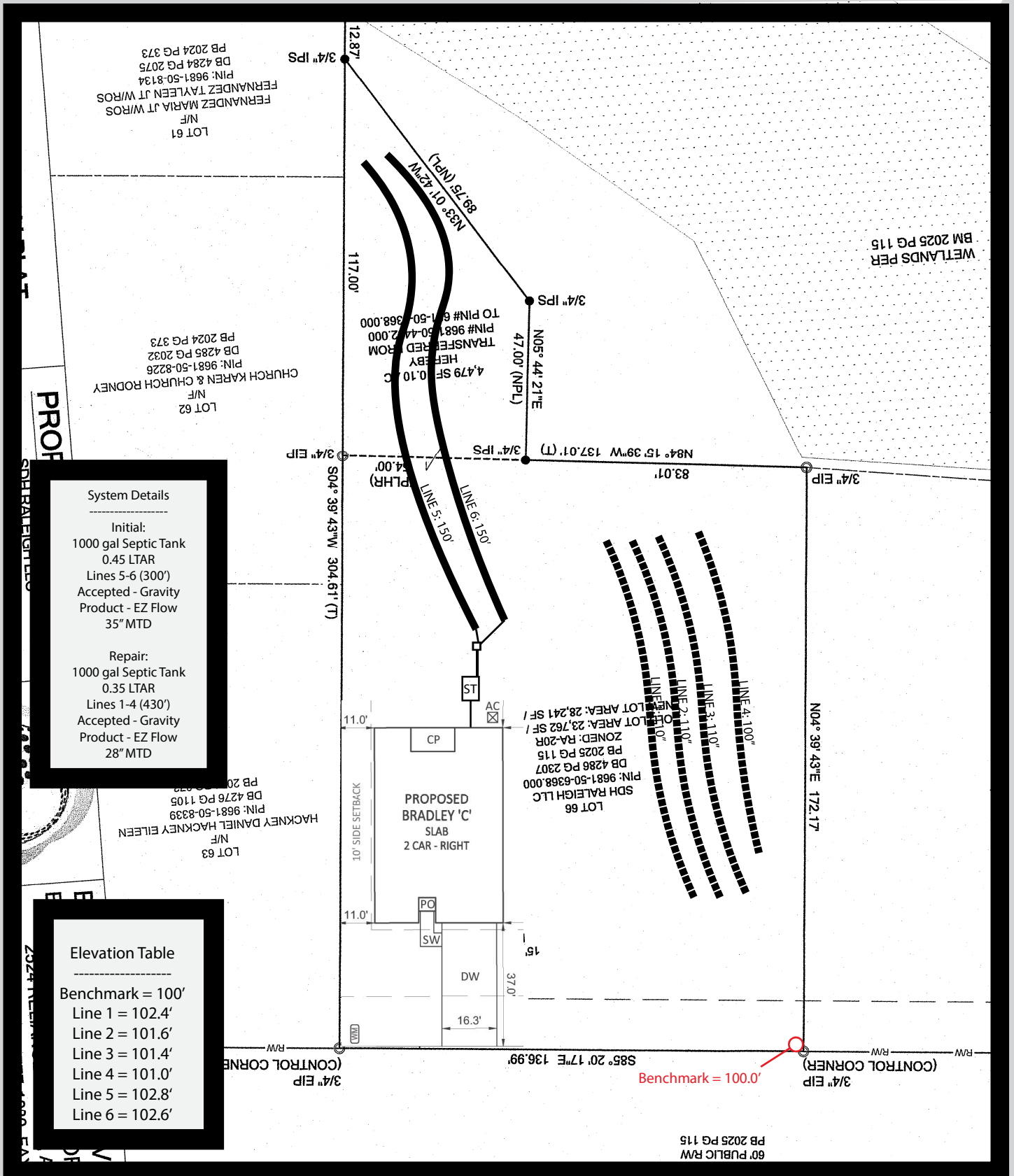


## Legend

Initial   
 Repair



# Harrington Place Lot 66 System Detail

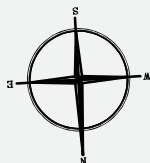
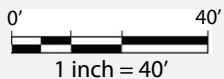
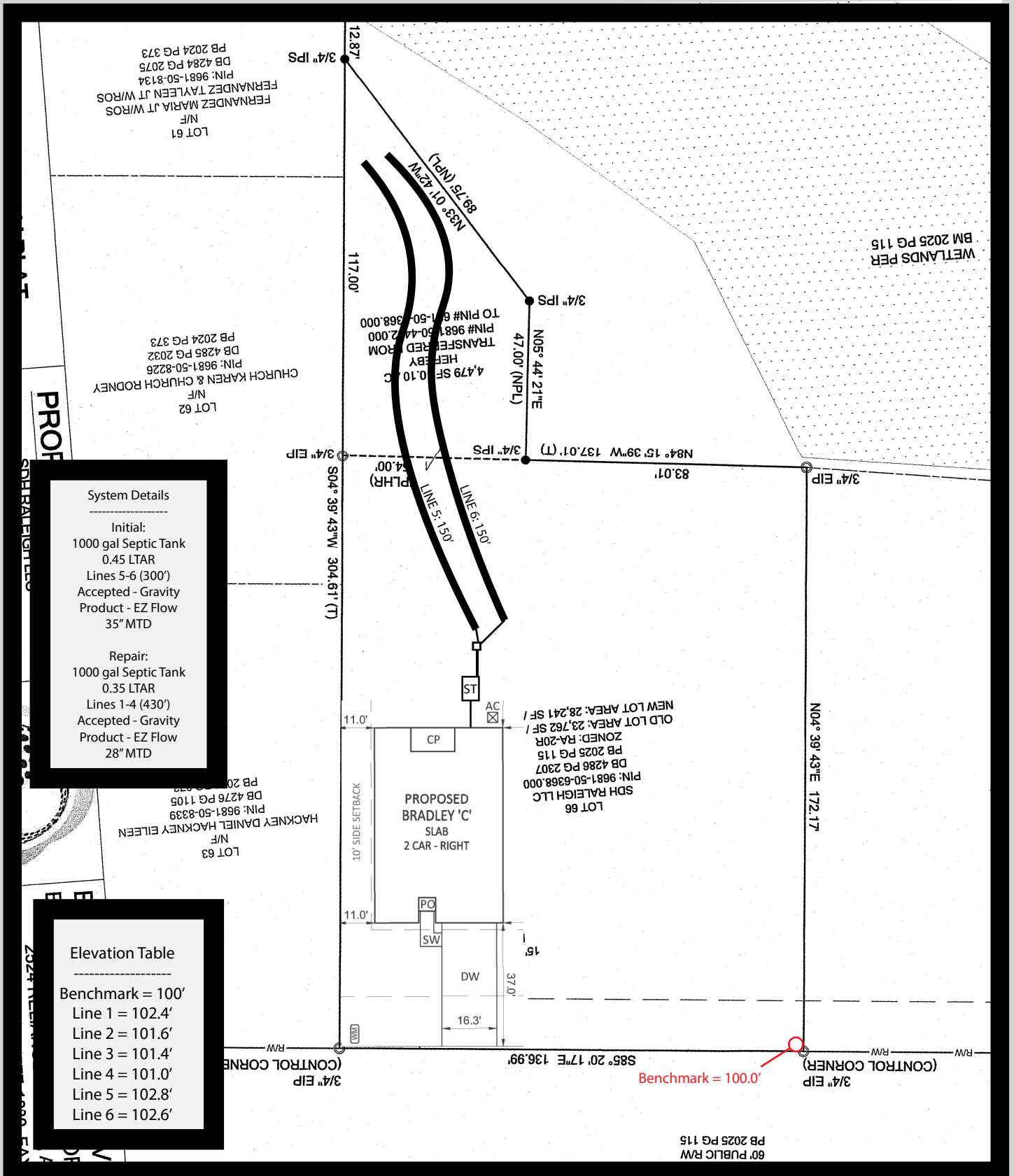


### Legend

Initial   
Repair 



# Harrington Place Lot 66 System Detail

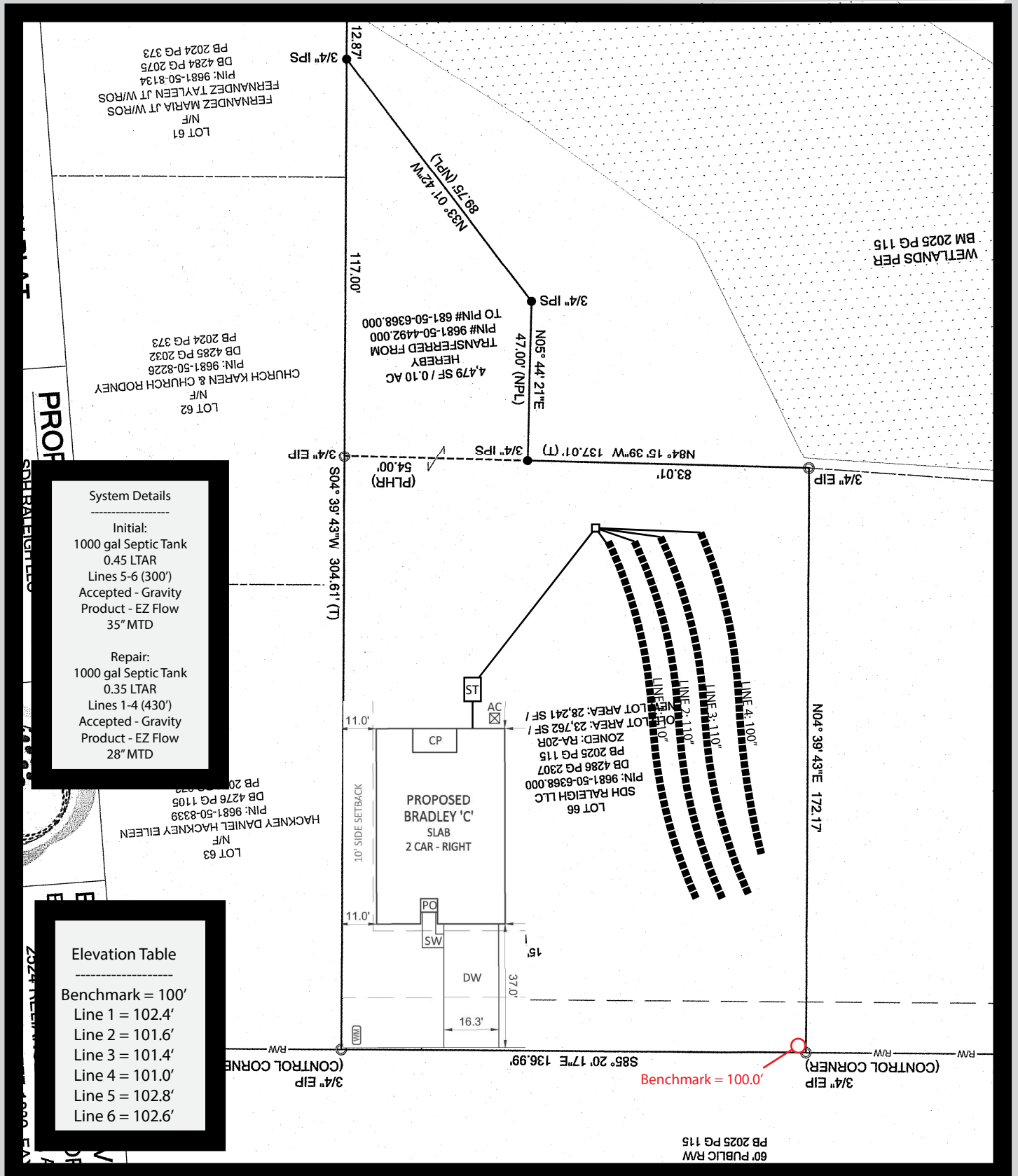


### Legend

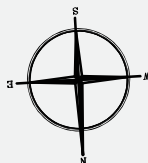
Initial   
Repair 



# Harrington Place Lot 66 System Detail



0' 40'  
1 inch = 40'



## Legend

Initial ———  
 Repair - - - - -



# SYSTEM DETAIL OVERVIEW

## Initial System

### Design Criteria

Number of bedrooms  
Design Flow  
Soil L.T.A.R.

### System Detail

Trench Depth  
Total Trench Length  
Distribution

### System Components

Trench Product  
Septic Tank  
Effluent Filter

## Repair System

### Design Criteria

Number of bedrooms  
Design Flow  
Soil L.T.A.R.

### System Detail

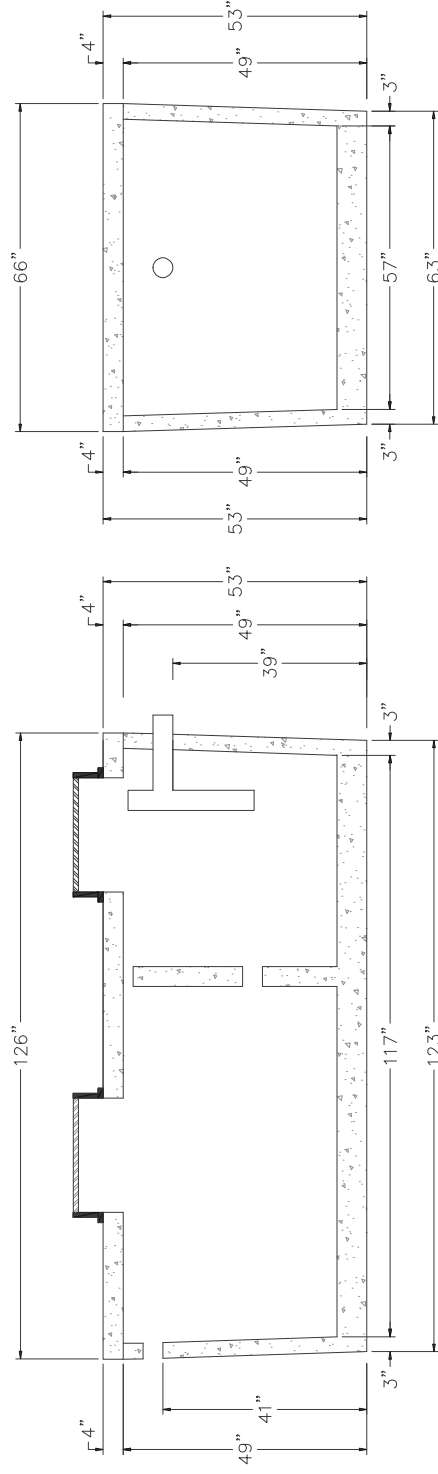
Trench Depth  
Total Trench Length  
Distribution

### System Components

Trench Product  
Septic Tank  
Effluent Filter

## NON TRAFFIC BEARING

|                                                                                   |                       |  |                                                                                                    |                |  |  |
|-----------------------------------------------------------------------------------|-----------------------|--|----------------------------------------------------------------------------------------------------|----------------|--|--|
| PREPARED FOR :<br>David Brattley & Sons<br>37 Pine Ridge Rd.<br>Zebulon, NC 27597 | DATE : April 11, 2014 |  | MASTER SET<br>Revision 3<br>Revision 2<br>Revision 1<br>Original Submittal<br>REVISION NO.<br>DATE | April 11, 2014 |  |  |
|                                                                                   | CONTACT:              |  |                                                                                                    |                |  |  |
|                                                                                   | CORY BRANTLEY         |  |                                                                                                    |                |  |  |
|                                                                                   | Revision 3            |  |                                                                                                    |                |  |  |
|                                                                                   | Revision 2            |  |                                                                                                    |                |  |  |
| 1,000 ST 499<br>BRANTLEY TANK MODEL                                               |                       |  | SHEET NUMBER<br>1 of 1                                                                             |                |  |  |



## 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.



Spacer Bushing  
4" SCHD 40  
to SDR 35

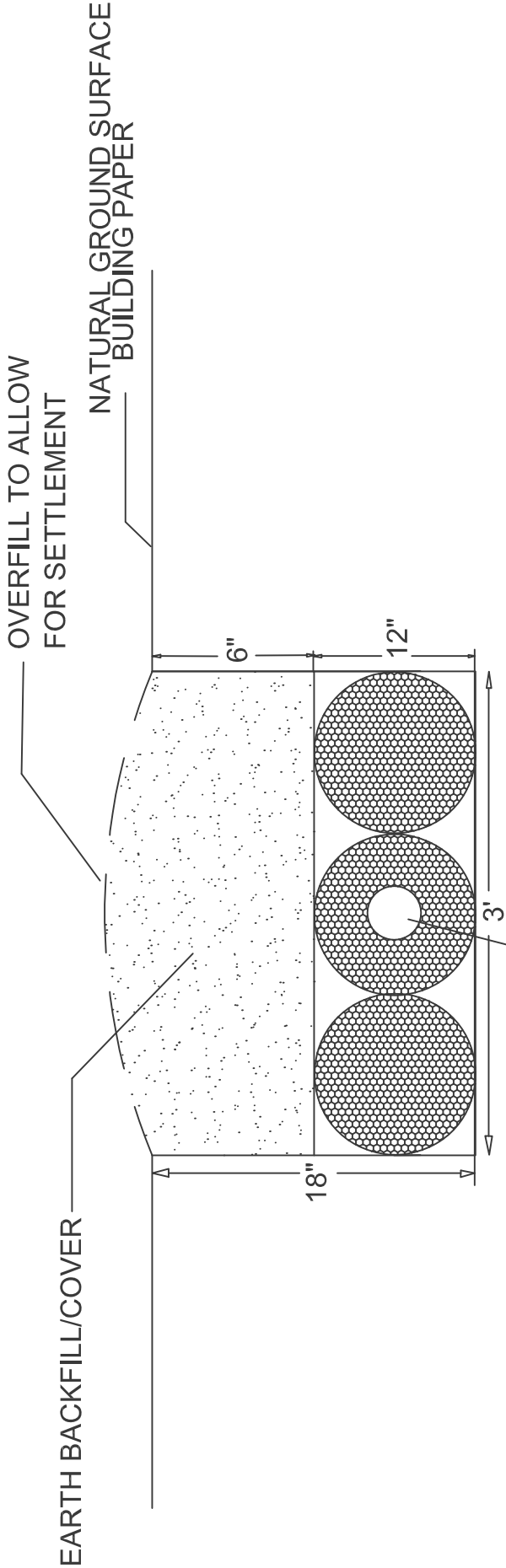


Spacer Bushing  
4" SCHD 40  
to 110mm Pipe



2" Extender

# NITRIFICATION TRENCH DETAIL FOR EZ-FLOW



NOTE :

EZ-FLOW  
4" DIAMETER CORRUGATED  
PLASTIC DRAIN PIPE  
SURROUNDED BY  
POLYSTYRENE BLOCKS  
WRAPPED W/PLASTIC MESH

1. PERFORATED CORRUGATED PLASTIC PIPE SHALL MEET REQUIREMENTS OF ASTM D 2729.
2. PIPE SHALL BE LEVEL.
3. END CAP SHALL BE PROVIDED AT END OF ALL CORRUGATED PLASTIC PIPE LINES.
4. TRENCH BOTTOM SHALL BE LEVEL.
4. SEE INFORMATION FOR INSTALLER.

PAC-ONE PLLC

NITRIFICATION TRENCH

PROJECT NAME:

JOB NO:  
PROJECT MGR:

SHEET TITLE:

SCALE:  
NTS

NOTES:

## 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 **5 week days** 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](http://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](mailto: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](mailto: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.

For more information about our programs, risk management articles, and FAQs, please visit [markelinsurance.com](http://markelinsurance.com). To pay your bill or view policy documents, please visit [portal.markelinsurance.com](http://portal.markelinsurance.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

## 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](http://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](http://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](mailto:losscontrol@markelcorp.com).





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/26/2024

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).

|                                                                                                                    |                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br><b>Wade Associates, LLC</b><br><b>250 Pollock St.</b><br><br><b>New Bern NC 28560</b>           | <b>CONTACT NAME:</b> Angela Sensenig<br><b>PHONE (A/C, No, Ext):</b> (252)631-5269<br><b>FAX (A/C, No):</b> (252)649-2443<br><b>E-MAIL ADDRESS:</b> asensenig@wadeict.com                                                                                            |
| <b>INSURED</b><br><b>Permit Acquisition Company One, PLLC</b><br><b>920 Garner Rd</b><br><br><b>Selma NC 27576</b> | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Starstone Specialty Insurance Company <b>44776</b><br><b>INSURER B:</b> Builders Mutual Insurance Company <b>10844</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |

**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                                                                                                                                                                                                                                                                              |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------|---------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |                                 |          | SSEP0476240AEM      | 11/22/2024              | 11/22/2025              | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>10,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                                                        |                                 |          |                     |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                                                                     |
|          | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                                                                  |                                 |          |                     |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$                                                                                                                                                                                                                                                  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                       | Y/N<br><input type="checkbox"/> | N/A      | 69K0UB-5N24039-7-24 | 11/14/2024              | 11/14/2025              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ <b>500,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>                                                            |
| A        | <b>Errors &amp; Omissions</b>                                                                                                                                                                                                                                                                                                                       |                                 |          | SSEP0476240AEM      | 11/22/2024              | 11/22/2025              | Each Occurrence \$ <b>1,000,000</b><br>General Aggregate \$ <b>2,000,000</b>                                                                                                                                                                                                        |

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

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

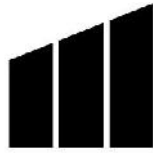
N Whitsett/RACHEL

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INS025 (201401)



**MARKEL**

**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.

*Kathleen Anne Sturgeon*

*Ray W. Baker*

\_\_\_\_\_  
**Secretary**

\_\_\_\_\_  
**President**



## **MARKEL INSURANCE COMPANY**

### **NOTICE TO POLICYHOLDERS CLAIM REPORTING**

Please immediately report a new claim under this policy to:

**[newclaims@markel.com](mailto:newclaims@markel.com)**

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

**[markelclaims@markel.com](mailto: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 time 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.

**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**

|                      |             |
|----------------------|-------------|
| A. Each Claim:       | \$2,000,000 |
| B. Policy Aggregate: | \$2,000,000 |

**Additional Payments**

|                                                 |           |
|-------------------------------------------------|-----------|
| A. Contingent Bodily Injury And Property Damage | \$100,000 |
| B. Pollution                                    | \$10,000  |
| C. Pre-Claim Assistance Expenses                | \$20,000  |
| D. Sexual Abuse                                 | \$10,000  |
| E. Third Party Discrimination                   | \$25,000  |

**Supplementary Payments**

|                                               |                            |
|-----------------------------------------------|----------------------------|
| A. Disciplinary Proceeding                    | \$25,000 per Policy Period |
| B. Loss Of Earnings And Expense Reimbursement | \$10,000                   |
| C. Public Relations Expenses                  | \$5,000                    |
| D. Subpoena And Record Request Assistance     | \$5,000                    |

| Producer Number, Name and Mailing Address |
|-------------------------------------------|
| 98496                                     |
| Wade Associates, LLC. - New Bern          |
| PO Box 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 | <p>By: </p> <hr/> |
| (Date)                    |                                                                                                      |
|                           | Authorized Representative Signature                                                                  |