

# HAL OWEN & ASSOCIATES, INC.

SOIL & ENVIRONMENTAL SCIENTISTS

P.O. Box 400, Lillington, NC 27546-0400

Phone (910) 893-8743 / Fax (910) 893-3594

[www.halowensoil.com](http://www.halowensoil.com)

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Site Address: 149 Mendenhall Dr, Angier, NC

County: Harnett PIN 0682-17-9283.000

LHD Reference: SFD2509-0035 HOA Permit #: HOA-AOWE-2511-4

**Applicant:**

Name: Mattamy Homes, LLC

Address: 11000 Regency Parkway, Suite 110; Cary NC 27518

I, Andrew Brody, acknowledge receipt of the Licensed

Soil Scientist Report which includes:

- Signed and sealed copy of the AOWE's report that includes the information in G.S. 130A-336.2(k)
- Authorization to Operate
- Operation and Management Program

I accept the septic system installation and understand that I will be responsible for continued adherence to the Operations and Management program established by the AOWE.

*Drew Brody*  
Signature

11/21/2025  
Date

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20 November 2025

Mattamy Homes, LLC  
11000 Regency Parkway  
Suite 110; Cary NC 27518

Reference: LSS Report for Authorization to Operate (ATO)  
149 Mendenhall Drive, Angier, NC  
Riverfall Subdivision, Lot 49, Phase 2  
LHD # SFD2509-0035  
AOWE # HOA-AOWE-2511-4

Dear Mattamy Homes, LLC,

**This LSS Report is being provided pursuant to and meets the requirements of G.S. 130A-336.** This report is based on information provided by the property owner or their representative. Hal Owen & Associates, Inc. is not responsible for false or misleading information that may have been provided to us in pursuit of this permit, nor for concealed conditions on the property. Hal Owen & Associates Inc. does not warrant that the septic system will continue to function satisfactorily in the future.

The septic system for the above referenced property has been installed and was inspected by Hal Owen & Associates staff on 10 November 2025. The system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the AOWE Permit.

Enclosed with this report are the *Septic System Final Inspection Report*, As-Built map (Figure 1), and *Operation and Management Program*.

You will need to sign a document confirming receipt of this report and acceptance of the installed system (pg 1) and submit this report to the Local Health Department (LHD). The LHD shall issue a certificate of occupancy upon receipt of a complete ATO.

I appreciate the opportunity to provide this service. If you have any questions or need additional information, please contact me at your convenience.



Sincerely,

Hal Owen  
Licensed Soil Scientist  
Authorized Onsite Wastewater Evaluator

## Contacts

### APPLICANT

|                  |   |
|------------------|---|
| Applicant Name   | Mattamy Homes, LLC                              |
| Mailing Address  | 11000 Regency Parkway, Suite 110; Cary NC 27518 |
| Telephone Number | 919-625-9546                                    |
| E-mail Address   | Drew.Brody@mattamycorp.com                      |

### SOIL SCIENTIST

|                         |                                     |
|-------------------------|-------------------------------------|
| Company Name            | Hal Owen & Associates, Inc.         |
| Mailing Address         | PO Box 400, Lillington, NC 27546    |
| Telephone Number        | 910-893-8743 Fax: 910-893-3594      |
| E-mail Address          | hal@halowensoil.com                 |
| Licensed Soil Scientist | Hal Owen, LSS#1102 and AOWE# 10036E |
| System Designer         | Jocelyn Proulx                      |
| System Inspector        | Jocelyn Proulx #9943I               |

### INSTALLER

|                             |  |
|-----------------------------|--|
| Company Name                | David Brantley & Sons, Inc.                                    |
| Mailing Address             | 37 Pine Ridge Rd, Zebulon, NC 27597                            |
| Telephone Number            | (252) 478-3721   |
| E-mail Address              | <a href="mailto:1installer@gmail.com">1installer@gmail.com</a> |
| Installer & Certification # | Cory J. Brantley #1036   |

### LOCAL HEALTH DEPARTMENT

|                   |   |
|-------------------|---|
| Agency Name       | Harnett County Health Department<br>Environmental Health Division |
| Mailing Address   | 307 W Cornelius Harnett Blvd, Lillington, NC 27546                |
| Telephone Number  | (910) 893-7547  |
| LHD Application # | SFD2509-0035  |

# Septic System Final Inspection Report

## Property Identifiers

|                   |  |            |                  |
|-------------------|--|------------|------------------|
| County            | Harnett                                | PIN        | 0682-17-9283.000 |
| Size (Acre)       | 0.57                                   | County PID | 040682 0131 52   |
| Site Address      | 149 Mendenhall Drive, Angier, NC       |            |                  |
| S/D Name and Lot# | Riverfall Subdivision, Lot 49, Phase 2 |            |                  |

## System Description

|                        |                         |
|------------------------|-------------------------|
| Facility Type          | Single Family Residence |
| Basement               | No                      |
| Basis of flow          | 4 bedrooms              |
| Wastewater Strength    | Domestic                |
| Design Wastewater Flow | 480 gpd                 |
| Water Supply           | Public                  |
| .0403 Eng Low Flow     | No                      |
| Soil LTAR              | 0.40                    |
| System Type            | IIb                     |

## Installation

|                  |                        |
|------------------|------------------------|
| Date             | 10 November 2025       |
| System Inspector | Jocelyn Proulx, #9943I |
| Installer        | Cory J. Brantley #1036 |

## Septic Tank:

|                          |            |
|--------------------------|------------|
| Volume (gallons)         | 1000       |
| Brand and Tank ID#       | DB-STB-502 |
| Date of Manufacture      | 10/1/25    |
| Certified watertight     | NA         |
| Distance to Structure    | 13'        |
| Elevation of tank inlet  | 5' 9"      |
| Elevation of tank outlet | 5' 11 1/2" |

## Effluent Filter:

|                |                 |
|----------------|-----------------|
| Make and Model | SIMTECH STF-110 |
|----------------|-----------------|

## Distribution:

|                                    |                  |
|------------------------------------|------------------|
| Supply Line Length to Distribution | 18'              |
| Supply Line Diameter               | 3"               |
| Distribution Device:               | Distribution Box |
| Number of outlets (laterals)       | 4                |

## Drainfield:

|                       |        |
|-----------------------|--------|
| Type                  | EZFlow |
| Distance to Structure | 17'    |
| Distance to Well      | NA     |

|                |                    |              |               |
|----------------|--------------------|--------------|---------------|
| Trench Depth   | 21"                | Trench width | 36"           |
| Trench Spacing | 9'                 | Aggregate    | Polystyrene   |
|                |                    |              |               |
|                | <u>Length (ft)</u> | <u>Start</u> | <u>Middle</u> |
| Line 1         | 75                 | 7' 4"        | 7' 4"         |
| Line 2         | 75                 | 7' 6 1/2"    | 7' 6 1/2"     |
| Line 3         | 75                 | 8' 1/2"      | 8' 1/2"       |
| Line 4         | 75                 | 8' 3"        | 8' 3"         |
| Total          | 300                |              |               |

All elevations are given as relative grade rod reading.

## Notes:

## Legend

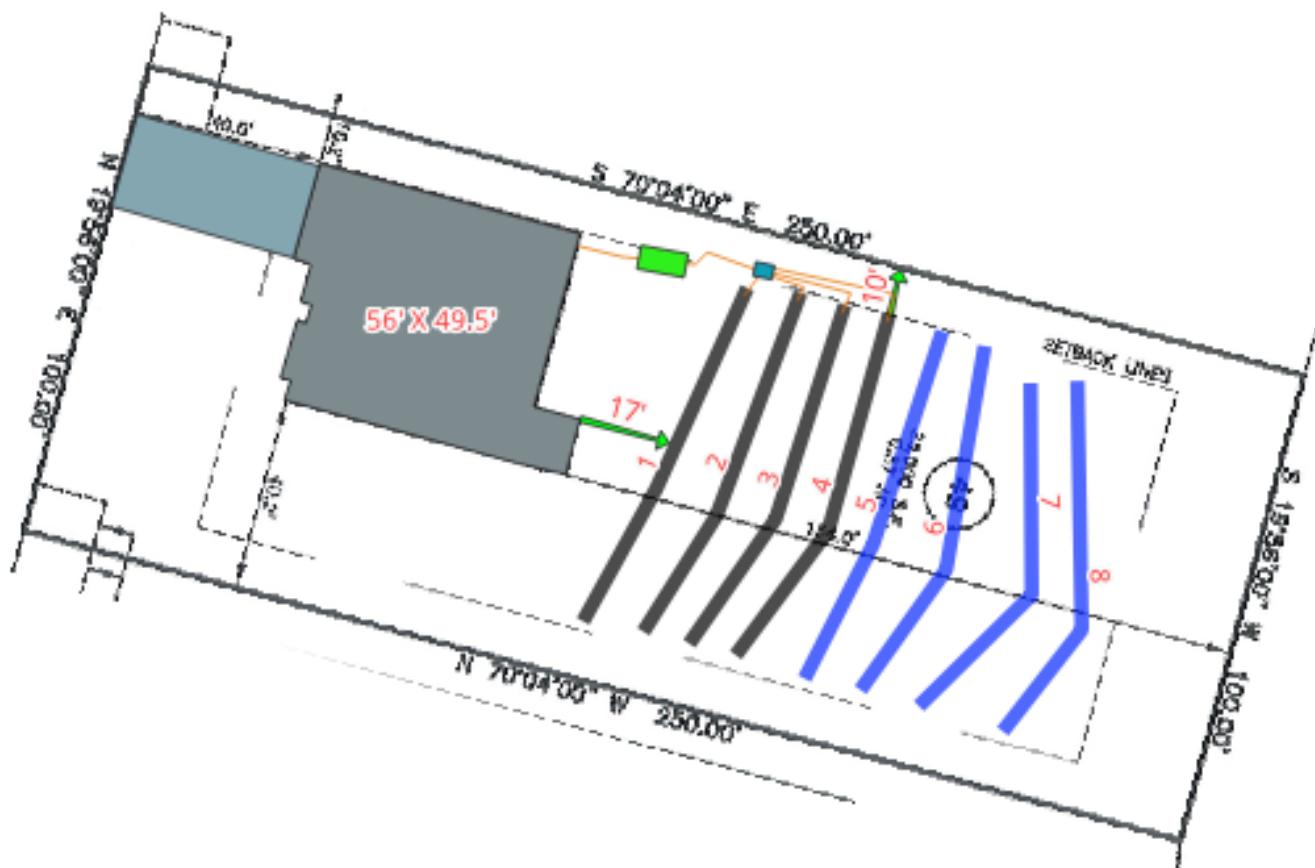
- House
- Driveway
- Distances

Septic Components

- Septic Tank
- Distribution Box

Drainlines

- Initial
- Repair
- Supply Line



0 40 80 ft

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149 Mendenhall Drive  
Riverfall SD, Ph 2  
Lot 49

As-Built Septic Layout

For reference only. Not a survey.

LSS Report for Authorization to Operate (ATO)

149 Mendenhall Dr, Lot 49

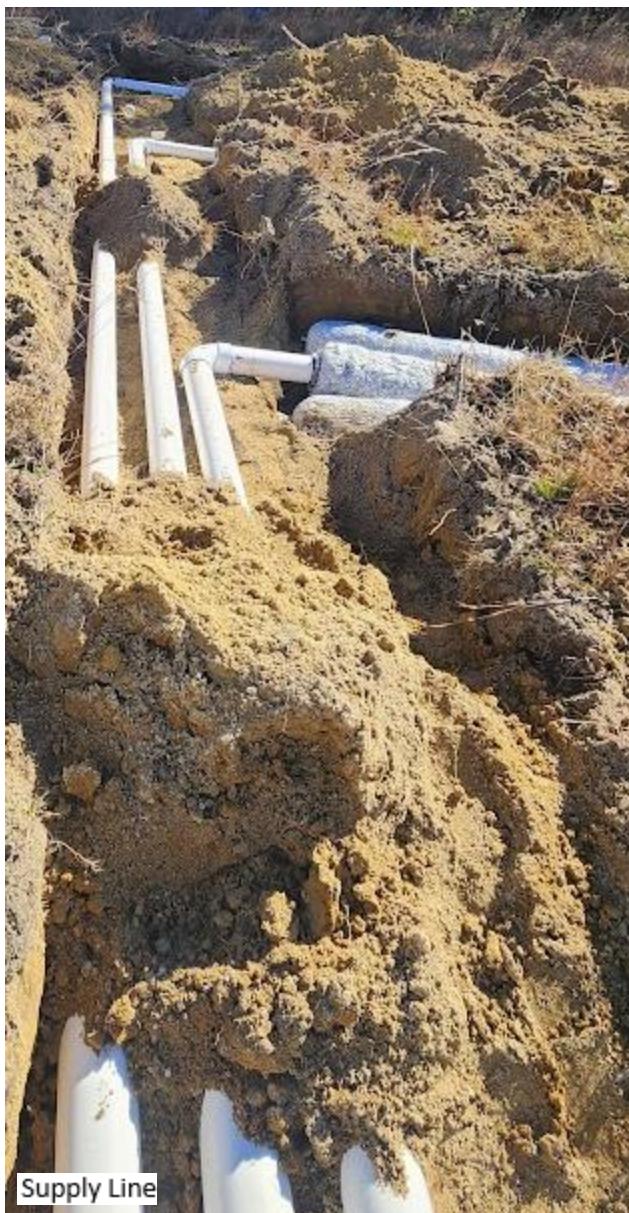
AOWE# HOA-AOWE-2511-4

20 November 2025

5

Installation pictures









# Operation and Management Program

In accordance with G.S. § 130A-336.2, the owner is responsible for continued adherence to the operations and management program. Septic systems safely treat and dispose of wastewaters produced in the bathroom, kitchen, and laundry. These wastewaters may contain disease-causing germs and pollutants that must be treated to protect human health and the environment. Septic systems must be properly used, operated, and maintained by the homeowner to assure the long-term performance of the system.

## PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Section .1300.
- II. Monitoring: As required by Section .1300.
- III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other: \_\_\_\_\_

Subsurface system operator required? Yes \_\_\_\_\_ No  X

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: \_\_\_\_\_

V. Other: \_\_\_\_\_

**TABLE XXXII.** Management responsibilities based on wastewater system classification type and description.

| System Classification Type and Description | LHD Compliance Inspection Frequency | Management Entity | Management Entity Minimum Maintenance Inspection Frequency |
|--|-------------------------------------|-------------------|--|
| IIb- Accepted wastewater gravity system    | N/A                                 | Owner             | N/A  |

## **KNOW WHERE YOUR SEPTIC SYSTEM IS LOCATED**

Your property has an onsite subsurface sewage waste disposal system. Familiarize yourself with the location of the system including the tanks, distribution devices, and disposal fields (including repair area). These areas shall be protected from excavation, building additions, outbuildings, pool construction, and soil disturbing activities. Prohibit vehicular traffic over the ground absorption field.

## **DAY-TO-DAY MANAGEMENT**

Don't use too much water.

- ◆ The drainfield does not have unlimited capacity.
- ◆ Typical daily water use is 50 gallons per person.
- ◆ The soil drainfield usually has a maximum daily design capacity of 120 gallons per bedroom, even for short periods of time.
- ◆ Overloads can occur seasonally, daily, or on the weekend.
- ◆ Water conservation will extend the life of your system.
- ◆ Repair dripping faucets and toilets.

Limit disposal to sewage.

- ◆ Don't use your septic tank as a trash can for cigarette butts, tissues, sanitary napkins, cotton swabs, cat box litter, coffee grounds, or disposable diapers.
- ◆ Restrict the use of your garbage disposal. These add quite a lot of extra solids.
- ◆ Don't pour grease or cooking oil down the drain.
- ◆ Don't poison your system with harmful chemicals such as solvents, oils, paints, thinners, discarded medications, disinfectants, pesticides, poisons, and other substances.
- ◆ Save money. Commercial septic tank additives are usually not necessary.

Protect the system from physical damage (site maintenance).

- ◆ Keep the soil over the drainfield covered with vegetation to prevent soil erosion.
- ◆ Don't drive vehicles over the system.
- ◆ Avoid construction over the system and repair area.
- ◆ Don't cover the tank or drainfield with asphalt or concrete.
- ◆ Do not install irrigation systems over your drainfield as these could damage the system and/or hydraulically overload the soils.

Dispose of all wastewater in an approved system.

- ◆ Don't put in a separate pipe to carry wash waters to a side ditch or the woods. This is illegal.
- ◆ Don't connect pipes from air conditioners or ice makers to the septic system.

**PERIODIC MAINTENANCE AND REPAIR**

Home and yard (site maintenance):

- ◆ Protect and maintain the site of your septic tank and drainfield.
- ◆ In the drainfield area, cut down and remove trees that like wet conditions. This includes willows, elms, sweetgums, and some maples.
- ◆ Landscape the yard to divert surface waters away from the tank and drainfield. Eliminate depressional areas within the drainfield.
- ◆ Be sure that the water from the roof, gutters, and foundation drains does not flow over the system.
- ◆ Maintain drainage ditches, subsurface tiles, and drainage outlets so that water can flow freely from them.

Septic tank:

- ◆ Ensure tank risers remain accessible for measuring and pumping solids as well as cleaning the effluent filter.
- ◆ Measure how quickly sludge and scum accumulate in the tank. Pump septic when solids occupy 1/3 to 1/4 of the liquid capacity of the tank (frequency 1 to 3 years).
- ◆ Don't wait until your drainfield fails to have your tank pumped. By then, the drainfield may be ruined. With septic systems, an ounce of prevention is worth a ton of cure!

Table 1. Estimated septic tank inspection and pumping frequency (in years). Tank Size (gallons)

| Tank Size (gallons) | Number of People Using the System |   |   |   |    |
|---------------------|-----------------------------------|---|---|---|----|
|                     | 1                                 | 2 | 4 | 6 | 8  |
| 900                 | 11                                | 5 | 2 | 1 | <1 |
| 1000                | 12                                | 6 | 3 | 2 | 1  |
| 1250                | 16                                | 8 | 3 | 2 | 1  |
| 1500                | 19                                | 9 | 4 | 3 | 2  |

## **SIGNS OF POSSIBLE SEPTIC SYSTEM PROBLEMS**

- ◆ Sewage backing up into your toilets, tubs, or sinks.
- ◆ Slowly draining fixtures, particularly after it has rained.
- ◆ The smell of raw sewage accompanied by soggy soil or sewage discharged over the ground or in nearby ditches or woods.
- ◆ Don't attempt to repair a failing system yourself. Get a repair permit and hire an experienced contractor.

## **REGULATIONS AND PRECAUTIONS:**

- ◆ Sewage contains germs that can cause diseases. Never enter a septic tank. Toxic and explosive gases in the tank present a hazard. Old tanks may collapse. Electrical controls present a shock and spark hazard. Secure the septic tank lid so that children cannot open it.

For more information about septic systems, contact your county Extension agent or local health department. <https://content.ces.ncsu.edu/septic-system-owners-guide>

Experience and study have shown that pressure manifold systems require routine maintenance in order to function properly. Items 1, 4, and 6 are also recommended for conventional septic systems. The maintenance schedule frequency is as follows:

| <u>System Component</u> | <u>Frequency</u> | <u>Maintenance</u>  |
|-------------------------|------------------|---|
| Septic Tank             | 6-12 months      | Check riser condition (must be accessible from ground surface), excess in/exfiltration, entry of water at riser, and solids accumulation.   |
|                         | 1-3 years        | Check and clean septic tank filter. Pump septic when 1-3 to $\frac{1}{4}$ of the liquid capacity of the tank is occupied by solids.   |
| Pump or Dosing Tank     | 6-12 months      | Check riser conditions (must be accessible from ground surface), excess in/exfiltration, entry of water at riser, and solids accumulation. Pump sludge accumulation as required and when septic tank is pumped. Check pump(s), controls, floats, electrical connections, and alarm for proper operation. Wash (hose) sludge accumulation from pump housing.   |
| Supply Lines (Manifold) | 6-12 months      | Check for settling, pipe exposure and leakage   |
| Ground Absorption Field | 1-4 weeks        | Maintain vegetative cover (mow grass and remove weeds and brush). Check for settling, erosion and surfacing effluent. Check site drainage, eliminate low or settled areas and divert surface or shallow groundwater movement around fields.   |
|                         | 6-12 months      |   |
| Pressure Manifold       | 6-12 months      | Flush sludge from pressure manifold (any discharge sludge and effluent is to be treated with a chlorine solution). Check and reset pressure head.   |
| General                 | At all times     | Prohibit vehicular or equipment traffic on ground absorption field. Prohibit tillage (gardening) or other soil disturbance over septic field. Practice water conservation to reduce wastewater load on system. Do not permit entry of grease and non-domestic waste to system. Use of garbage disposal is prohibited. Addition of chemical or biological additives has <u>not</u> been demonstrated to be necessary to maintain proper system function. Prevention of root intervention on lateral lines and trenches may be necessary on certain sites. Surface and groundwater diversion structures must be maintained. |

## **PREVENTIVE MAINTENANCE RECORD**

## Your Septic System Pumper

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date System Installed:



# **CERTIFICATE OF LIABILITY INSURANCE**

**DATE (MM/DD/YYYY)**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 have ADDITIONAL INSURED provisions or 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>SIA Group, Inc.<br>827 Gum Branch Road<br>Jacksonville NC 28540      | <b>CONTACT NAME:</b> Certificate Administrator   | <b>FAX (A/C, No):</b> 910-455-7481 |
|   | <b>PHONE (A/C, No, Ext):</b> 910-455-7576<br><b>E-MAIL ADDRESS:</b> certs@siagroup.com |                                    |
| <b>INSURED</b><br>David Brantley & Sons, Inc.<br>37 Pine Ridge Road<br>Zebulon NC 27597 | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                    |
|   | <b>INSURER A :</b> Owners Insurance Company  |                                    |
|   | <b>INSURER B :</b> Auto-Owners Insurance Company                                       |                                    |
|   | <b>INSURER C :</b> FFVA Mutual Insurance Co.   |                                    |
|   | <b>INSURER D :</b>   |                                    |
|   | <b>INSURER E :</b>   |                                    |
|   | <b>INSURER F :</b>   |                                    |
| <b>DAVIBRA-02</b>   | <b>NAIC #</b>  |                                    |
|   | 32700  |                                    |
|   | 18988  |                                    |
|   | 10385  |                                    |

## COVERAGES

**CERTIFICATE NUMBER: 1515141711**

**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        | COMMERCIAL GENERAL LIABILITY  |   |   |           |          | 35506165            |  | 7/2/2025                | 7/2/2026                | EACH OCCURRENCE                                 | \$ 1,000,000 |  |          |  |  |  |  |  |
|          | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |   |   |           |          |                     |  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)       | \$ 300,000   |  |          |  |  |  |  |  |
|          |   |   |   |           |          |                     |  |                         |                         | MED EXP (Any one person)                        | \$ 10,000    |  |          |  |  |  |  |  |
|          |   |   |   |           |          |                     |  |                         |                         | PERSONAL & ADV INJURY                           | \$ 1,000,000 |  |          |  |  |  |  |  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |   |   |           |          |                     |  |                         |                         | GENERAL AGGREGATE                               | \$ 2,000,000 |  |          |  |  |  |  |  |
|          | POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC |   |   |           |          |                     |  |                         |                         | PRODUCTS - COMP/OP AGG                          | \$ 2,000,000 |  |          |  |  |  |  |  |
|          | OTHER:  |   |   |           |          |                     |  |                         |                         |   | \$           |  |          |  |  |  |  |  |
|          |   |   |   |           |          |                     |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident)             | \$ 1,000,000 |  |          |  |  |  |  |  |
| A        | AUTOMOBILE LIABILITY  |   |   |           |          | 5391466100          |  | 7/2/2025                | 7/2/2026                | BODILY INJURY (Per person)                      | \$           |  |          |  |  |  |  |  |
|          | ANY AUTO  |   |   |           |          |                     |  |                         |                         | BODILY INJURY (Per accident)                    | \$           |  |          |  |  |  |  |  |
|          | OWNED AUTOS ONLY  |   |   |           |          |                     |  |                         |                         | PROPERTY DAMAGE (Per accident)                  | \$           |  |          |  |  |  |  |  |
|          | HIRED AUTOS ONLY  |   |   |           |          |                     |  |                         |                         |   | \$           |  |          |  |  |  |  |  |
|          |   |   |   |           |          |                     |  |                         |                         |   | \$           |  |          |  |  |  |  |  |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB                               |   | <input checked="" type="checkbox"/> OCCUR |           |          | 5391466101          |  | 7/2/2025                | 7/2/2026                | EACH OCCURRENCE                                 | \$ 3,000,000 |  |          |  |  |  |  |  |
|          | EXCESS LIAB   |   | <input type="checkbox"/> CLAIMS-MADE      |           |          |                     |  |                         |                         | AGGREGATE                                       | \$ 3,000,000 |  |          |  |  |  |  |  |
|          | DED <input type="checkbox"/>  | <input checked="" type="checkbox"/> RETENTION \$ 10,000 |   |           |          |                     |  |                         |                         |   | \$           |  |          |  |  |  |  |  |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                   |   |   | Y / N     | N / A    | WC850-0050098-2025A |  | 7/2/2025                | 7/2/2026                | <input checked="" type="checkbox"/> PER STATUTE | OTH-ER       |  |          |  |  |  |  |  |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                       |   |   |           |          |                     |  |                         |                         | E.L. EACH ACCIDENT                              | \$ 1,000,000 |  |          |  |  |  |  |  |
|          | (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below     |   |   |           |          |                     |  |                         |                         | E.L. DISEASE - EA EMPLOYEE                      | \$ 1,000,000 |  |          |  |  |  |  |  |
|          |   |   |   |           |          |                     |  |                         |                         | E.L. DISEASE - POLICY LIMIT                     | \$ 1,000,000 |  |          |  |  |  |  |  |
|          |   |   |   |           |          |                     |  |                         |                         |   |              |  |          |  |  |  |  |  |
| A        | Contractors Equipment   |   |   |           |          | 35506165            |  | 7/2/2025                | 7/2/2026                | Leased/Rented                                   |              |  | \$50,000 |  |  |  |  |  |

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

## CERTIFICATE HOLDER

## CANCELLATION

Hal Owen & Associates  
PO Box 400  
Lillington NC 27546

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**

---

Diana Evans

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