



AOWE System Design Packet

PIN:

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PAC-ONE, PLLC

AOWE System Design Packet

Date:

Proposed for a:
3-bedroom residential dwelling

Located at:

DESIGNED BY:

Steve Bristow

920 Garner Rd, Selma NC 27576

Email: 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 Benter

Signature of Owner or Legal Representative: _____

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

Local Health Department Receipt Acknowledgment:

Signature of Local Health Department Representative: _____ Date: _____

OWNER: _____ DATE EVALUATED: _____
 ADDRESS: _____
 PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.0400): _____ PROPERTY SIZE: _____
 LOCATION OF SITE: _____ PROPERTY RECORDED: _____
 WATER SUPPLY: Public Single Family Well Shared Well Spring Other _____ WATER SUPPLY SETBACK: _____
 EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Domestic ☐ High Strength ☐ IPWW

P R O F I L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRE CTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ		
1										
2										
3										
4										

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: _____



Henry Burton

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft ²)	SAPROLITE LTAR (gpd/ft ²)	LPP LTAR (gpd/ft ²)	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 (Loamy sand)		0.5 - 0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)	
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 - 0.6	0.3 - 0.4	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)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)	
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)	
L (Linear Slope)		CL (Clay loam)				EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)	
N (Nose slope)		SiCL (Silty clay loam)						P (Plastic)	
R (Ridge/summit)		Si (Silt)						VP (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

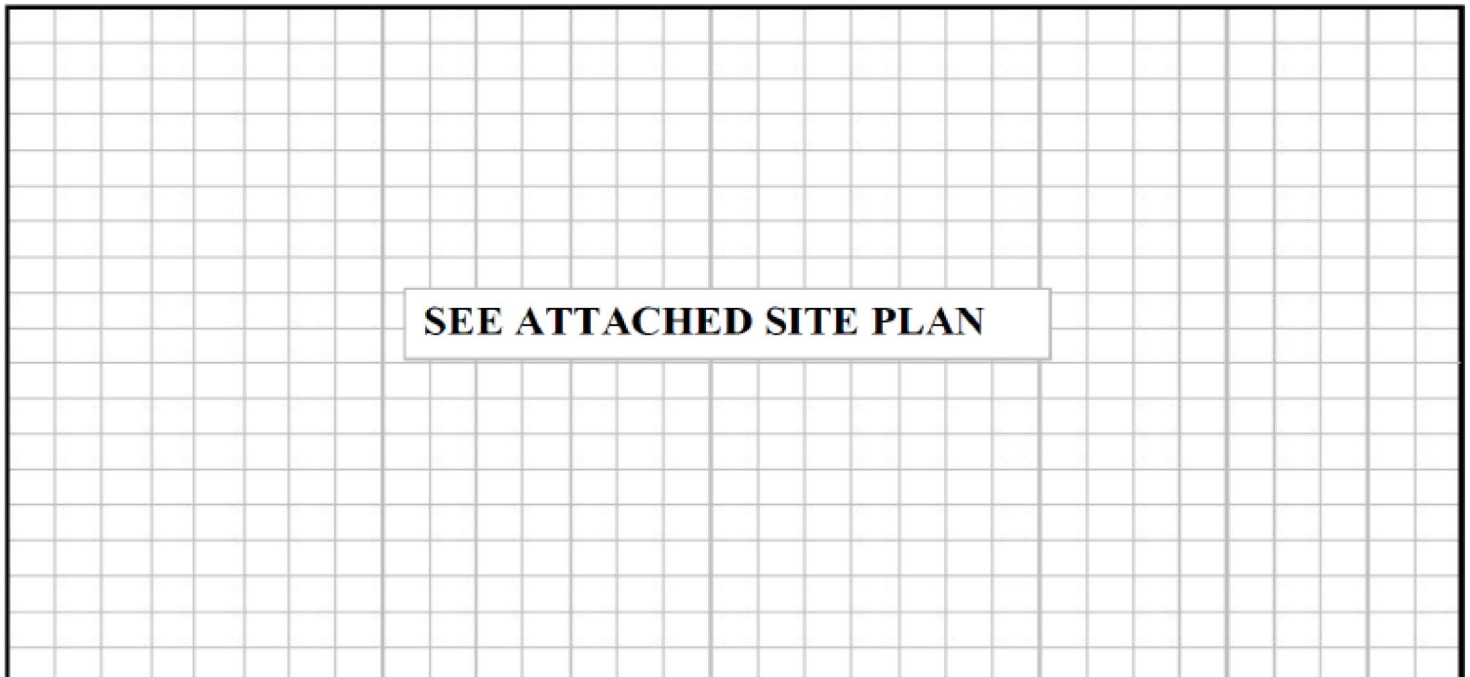
RESTRICTIVE HORIZON Thickness and depth from land surface

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).



Captains Landing Lot 16 System Detail

PIN: 0613-77-6208
D.B. 573, PG. 204

PROPERTY 20
MINIMUM BUILDING
FRONT:
REAR:
SIDE:
SIDE (CORNER):

THIS PROPERTY IS NOT LO
F.E.M.A. 100 YEAR FLOOD
ZONE: X
REFERENCE: F.E.M.A. COMM
NO. 3720060200J
EFFECTIVE DATE: 10/03/20

LEGEND

EIP ● = EXISTING
CP ▲ = CALCULATED
(NOT FOUND)
R/W = RIGHT-OF-WAY
N/F = NOW OR FUTURE
MBL = MINIMUM BUILDING
SETBACK LINE

REFERENCES

- D.B. 4295, PG. 52
- P.B. 21, PG. 52
- ALL DEEDS AND
WITH ADJOINERS
- HARNETT COUNTY

Elevation Table

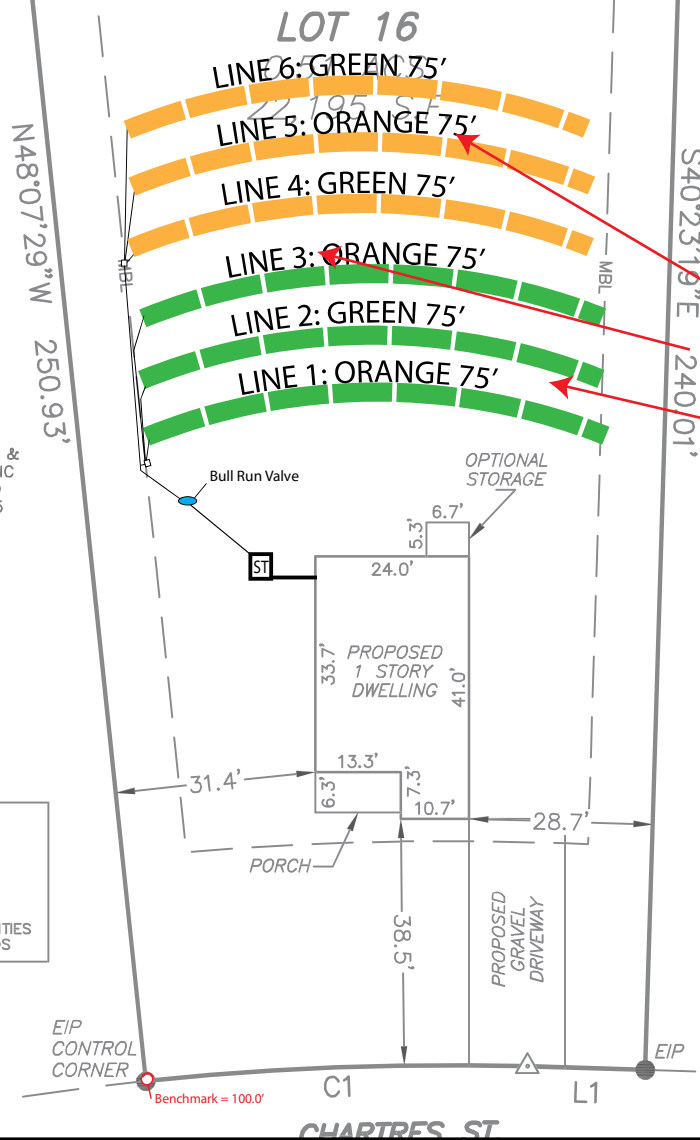
Benchmark = 100'
Line 1 = 85.8'
Line 2 = 84.1'
Line 3 = 82.4'
Line 4 = 80.8'
Line 5 = 79.9'
Line 6 = 77.1'

D.B. 4295, PG. 2295
P.B. 21, PG. 52

System Details

Initial: Zone A
1000 gal Septic Tank
0.325 LTAR
Lines 1-3 (225')
Accepted - Gravity
Distribution - Parallel
Product - EZ Flow
18" MTD

Repair: Zone B
1000 gal Septic Tank
0.325 LTAR
Lines 4-6 (225')
Accepted - Gravity
Distribution - Parallel
Product - EZ Flow
18" MTD



PROFILE #3

PROFILE #2

PROFILE #1

LOT 15

N/F
FRANKLIN RYAN JOHNSON
PIN: 0613-86-1413
D.B. 2660, PG. 508
P.B. 21, PG. 52

N.C. GRID NORTH MAD '83 (2011)

GRAPHIC SCALE

0' 30'
1 inch = 30'



Legend

Zone A: Initial
Zone B: Repair



NOTE: Install both zones. Rule .0901 (h) is used to permit this system to support the 3 bedroom SFD.

Captains Landing Lot 16 System Detail

PIN: 0613-77-6208
D.B. 573, PG. 204

PROPERTY 20
MINIMUM BUILDING
FRONT:
REAR:
SIDE:
SIDE (CORNER):

THIS PROPERTY IS NOT LO
F.E.M.A. 100 YEAR FLOOD
ZONE: X
REFERENCE: F.E.M.A. COMM
NO. 3720060200J
EFFECTIVE DATE: 10/03/20

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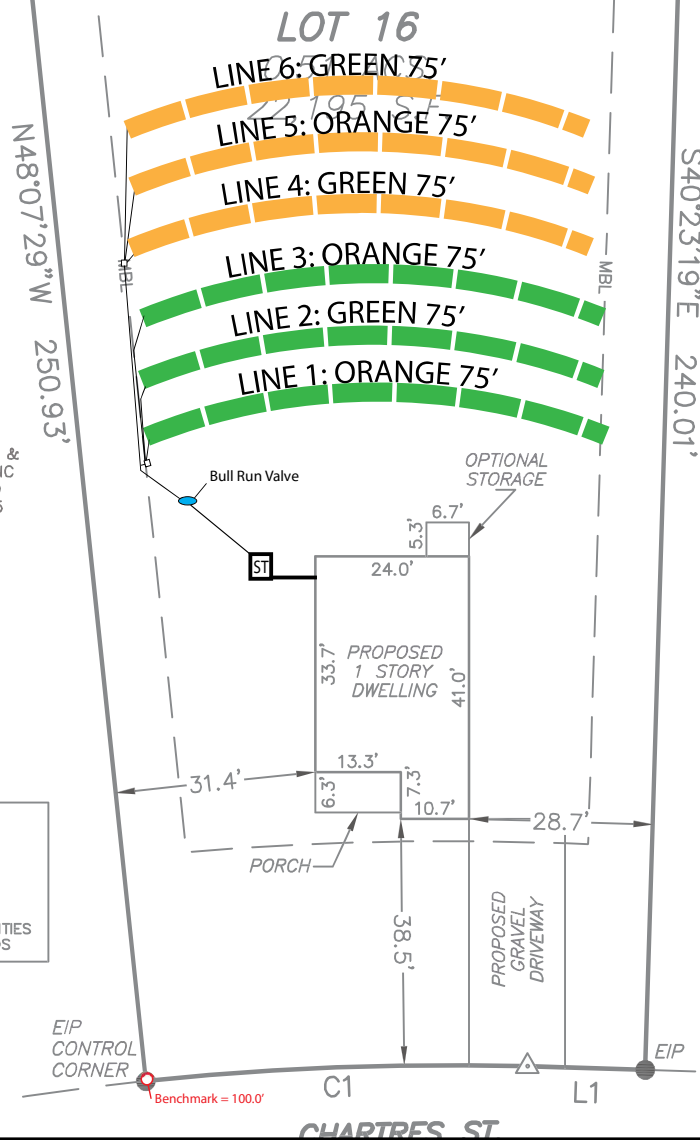
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D.B. 4295, PG. 2295
P.B. 21, PG. 52

System Details

Initial: Zone A
1000 gal Septic Tank
0.325 LTAR
Lines 1-3 (225')
Accepted - Gravity
Distribution - Parallel
Product - EZ Flow
18" MTD

Repair: Zone B
1000 gal Septic Tank
0.325 LTAR
Lines 4-6 (225')
Accepted - Gravity
Distribution - Parallel
Product - EZ Flow
18" MTD



LOT 15
N/F
FRANKLIN RYAN JOHNSON
PIN: 0613-86-1413
D.B. 2660, PG. 508
P.B. 21, PG. 52

0' 30'
1 inch = 30'



Legend

Zone A: Initial
Zone B: Repair



NOTE: Install both zones. Rule .0901 (h) is used to permit this system to support the 3 bedroom SFD.

SYSTEM DETAIL OVERVIEW

Initial System Zone A

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 Zone B

Design Criteria

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

System Detail

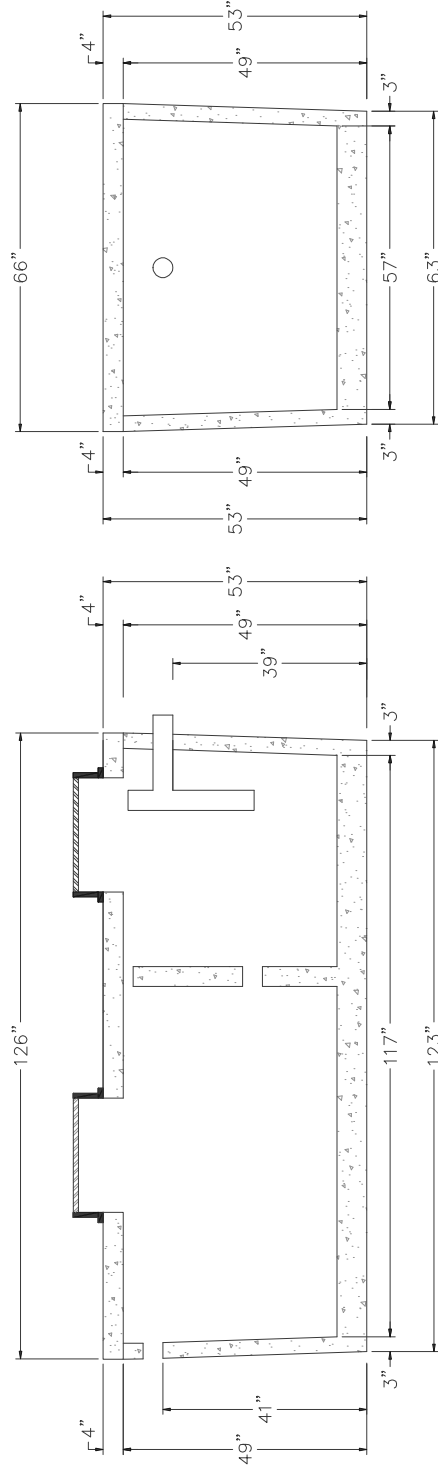
Trench Depth	
Total Trench Length	
Distribution	

System Components

Trench Product	
Septic Tank	
Effluent Filter	

NON TRAFFIC BEARING

PREPARED FOR : David Brattley & Sons 37 Pine Ridge Rd. Zebulon, NC 27597	DATE : April 11, 2014		MASTER SET Revision 3 Revision 2 Revision 1 Original Submittal	DATE April 11, 2014		
	CONTACT:					
	CORY BRANTLEY					
	Revision 3					
	Revision 1					
BRAUNLEY TASK MODEL 1,000 ST 499			SHEET NUMBER 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

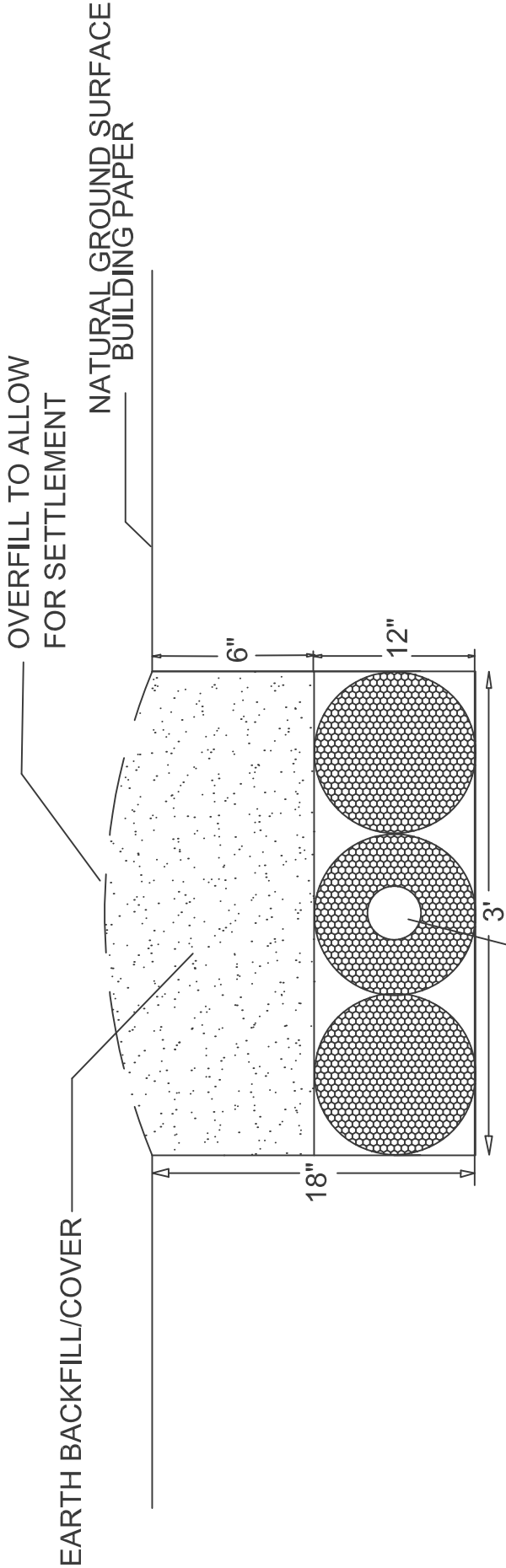


Spacer Bushing
4" SCHD 40
to 110mm Pipe



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

NOTES:

PROJECT NAME:

JOB NO:

PROJECT MGR:

SCALE:
NTS

SHEET TITLE:

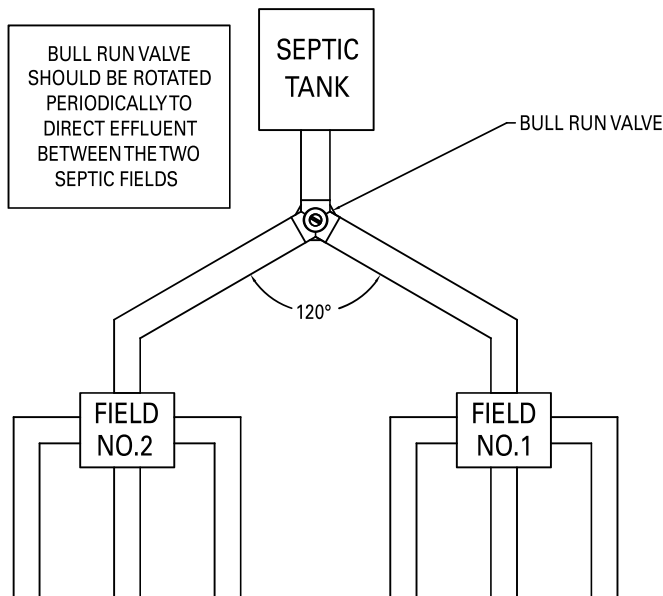
NITRIFICATION TRENCH

Bull Run® Valve

Directs Effluent Flow To Septic Fields Or Systems



Bull Run® Valve is designed to direct flow between alternate septic fields or systems. Manually operating this valve allows one field to rest while directing the flow to the alternate field. Intended for seasonal or annual use, the Bull Run® Valve can help protect property values and create a healthier environment. The user has no contact with wastewater due to the valve's leak proof and external operating characteristics. The changeover from one drain field to another can be accomplished in less than a minute without digging by simply turning the top bar.



Certified to
NSF/ANSI
Standard 46

SK1709

Features

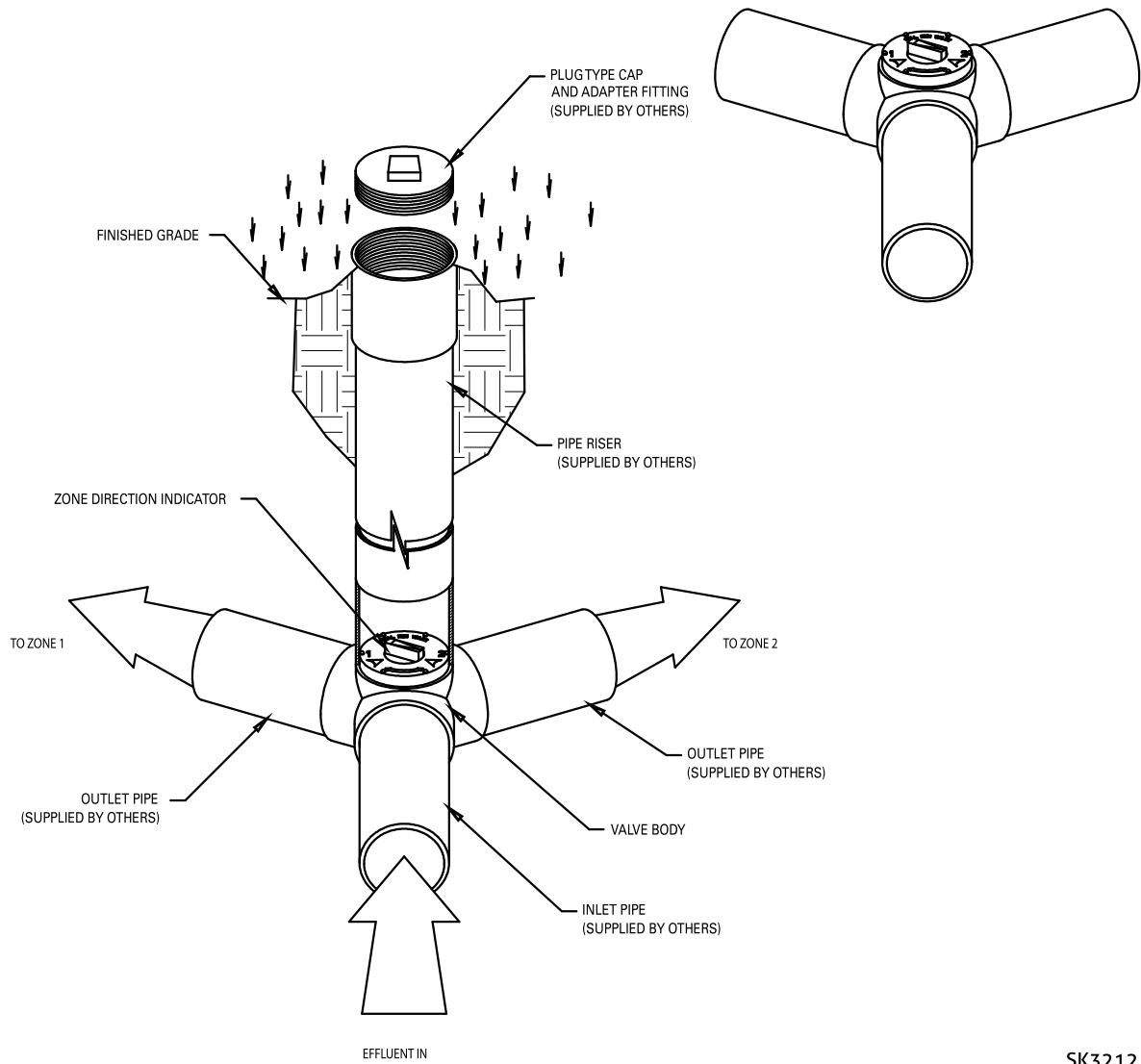
- Available in 4" SCH 40 PVC
- Suitable whenever dual gravity disposal systems (drain fields) are used
- Appropriate for residential or commercial use
- Actuator keys up to 48" in length are available
- Changeover from one drain field to another without digging by simply turning the switch on top

ZOELLER®
PUMP COMPANY

Trusted. Tested. Tough.®

zoellerpumps.com 800-928-7867
3649 Cane Run Road, Louisville, KY 40211 USA

3.20.240
CL0081
0221
Supersedes
0219



SK3212

Bull Run Valve	
Part Number	Description
170-0022	Bull Run Valve
170-0044	28" long actuator key for Bull Run Valve
170-0045	36" long actuator key for Bull Run Valve
170-0046	48" long actuator key for Bull Run Valve



Call 919-906-4737 for Pre-Construction Meeting- Let me know 5 days in advance before construction

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 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.

For more information about our programs, risk management articles, and FAQs, please visit markelinsurance.com. To pay your bill or view policy documents, please visit 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





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).

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

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

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

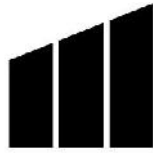
N Whitsett/RACHEL

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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

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 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	By:  Authorized Representative Signature
(Date)	