

AOWE System Design Packet

PIN:

Table of Contents

Project Details

Contact Information	1
Table of contents page	2
Introduction Page	3
Common Form	4
Site Specifications	
Soils Evaluation	5-6
Site Plans	7-8
Design Specifications	
Initial and Repair System	9
System Components	
Septic Tank	10
Filter Specs	11
Nitrification Trench Detail	12
Bull Run Valve	13-14
Miscellaneous	
Information for the Contractor	15
Insurance Information	16-22

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	ExpansionI	Repair Reloc	ationRelocation	a of Repair Area	
Owner or Legal Representative In	formation:				
Name:					
Mailing address:			State:	Zip:	
Phone:	Email:				
Authorized Onsite Wastewater Ev	aluator Information				William Hilling
Name:			Certification #		Certification T
Mailing address:					Number 10012E
Phone:					ALUATOR MINISTRALIA
Thomas					Alex Buter
Site Location Information:					
Site address:					
Tax parcel identification number of					
		Count	y:		
System Information:					
Wastewater System Type: Daily Design Flow:					
Saprolite System:Yes	– No Subsuri	face Operator Red	uired· Yes	No	
Water Supply Type:Private					
Facility Type:					
Residential # Bedroon	ns Maximu	m # of Occupants			
Business Type of Busin	·	_			
Public Assembly Type of Pu					
		_			
Required Attachments:					
Plat or Site Plan		10 10 1			
Evaluation of Soil and Site	Features by License	ed Soil Scientist			
Attest: On this theday of			w I hereby attest tha		
included with this NOI to Construct have adhered to the laws and rules					eby attest that I
This NOI shall expire on da				Curonna.	
Signature of Authorized Onsite Wa	astewater Evaluator	: Sten Bu	ter		
Signature of Owner or Legal Repre	esentative:				
Disclosure: The owner may apply					
required (if any) to the local health evaluator shall be transferable to a					site wastewater
Local Health Department Receipt	Acknowledgement:				
Signature of Local Health Departm	ient Representative:			Date:	

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

	Page <u>1</u> of
PROPERTY ID #:	
COUNTY:	

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

OWNE	Ecc			(Complete an	· · · · · · · · · · · · · · · · · · ·				JATED:	
ADDR PROPO	OSED FACILITY	7.	PR	OPOSED DESIGN	FLOW (.0400):		PROP	ERTY SIZ	E:	
LOCA'	ΓΙΟΝ OF SITE: ַ						PROPE	RTY REC	ORDED:	
		•	e Family Well						SETBACK:_	
EVAL	JATION METH	OD: ⊔ Auge	er Boring	□ Cut TY	PE OF WASTE	EWATER:	□ Domest	ic \square High	Strength \square	PWW
P R O F I		HORIZON DEPTH (IN.)	SOIL MO	RPHOLOGY	ОТНЕІ	R PROFII	LE FACTO	DRS		
L E #	.0502 LANDSCAPE POSITION/ SLOPE %		.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRE CTION
1										
2										
3										
4										
D	ESCRIPTION	INITIAL SYS	STEM REPAIR S	VSTEM						
	le Space (.0508)	INITIAL SYS	STEW KEPAIK S		SSIFICATION (0509).		501		
	Type(s)			EVALUAT	ED BY:			SE SEN W		
Site LT				OTHER(S)	PRESENT:		— ((
Maximu Comme	m Trench Depth									
COMMIN							\	1000		
								NOR		
							-	Stens J.	Enter	

LEGEND

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

^{*} Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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

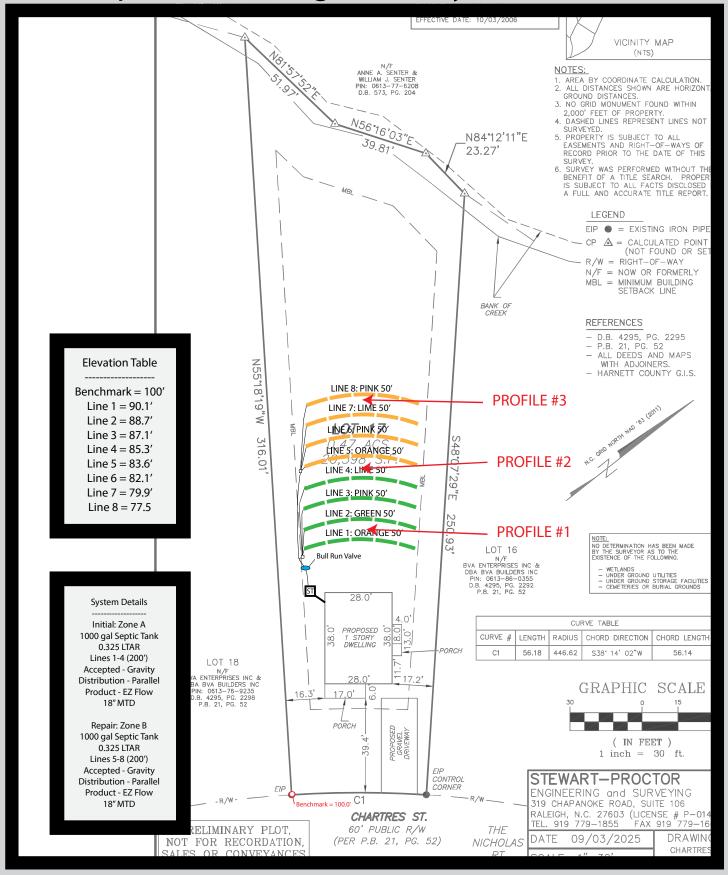
CLASSIFICATION S (Suitable) or U (Unsuitable)

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



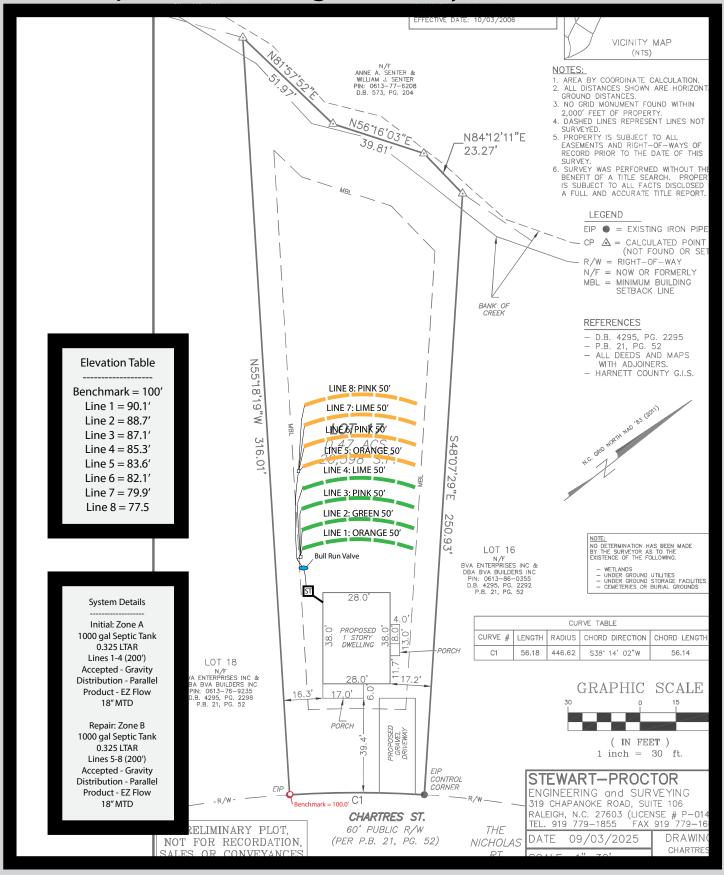
^{**}Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

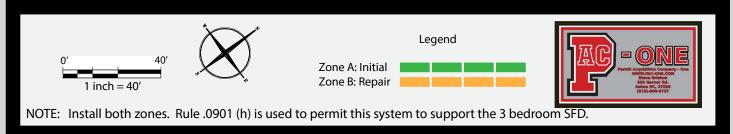
Captains Landing Lot 17 System Detail





Captains Landing Lot 17 System Detail





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

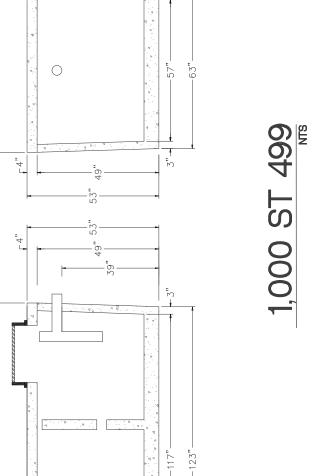
Zone B

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	

l lo l		Master Set		moo.linstalleregmail.com
SHEET NUMBER		Revision 3	сову вкаллеу	£47 -673-0443
		Revision 2	CONTACT:	Office 252-478-3721
66- 10 0001		Revision 1	Zebulon, NC 27597 DATE: April 11, 2014	37 Pine Ridge Rd. Zebulon, NC 27597
664 TS 000,1	April 11, 2014	Original Submittal	37 Pine Ridge Rd.	DVAID BEVALTEX & 20NS
BRANTLEY TANK MODEL	JTAQ	REVISION NO.	PREPARED FOR: David Brantley & Sons	BROD W KEILDRI'dd dini'd

-..99-

-126"-



2,

NON TRAFFIC BEARING



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 TM

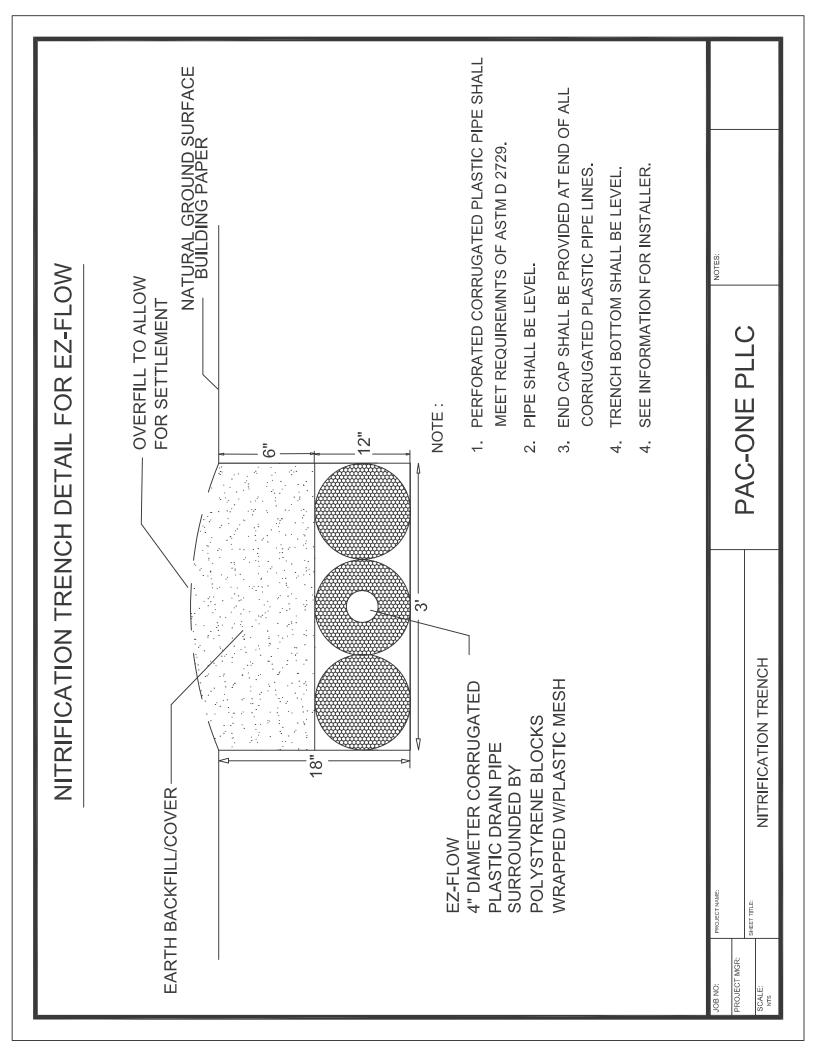


Extend & Lok™ Easily installs into existing tanks.



to 110mm Pipe

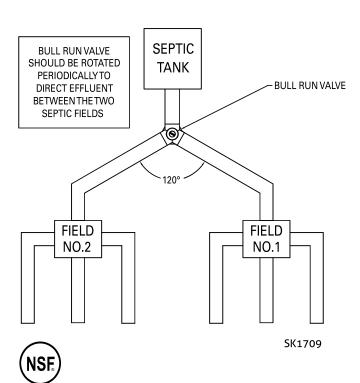
to SDR 35



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.

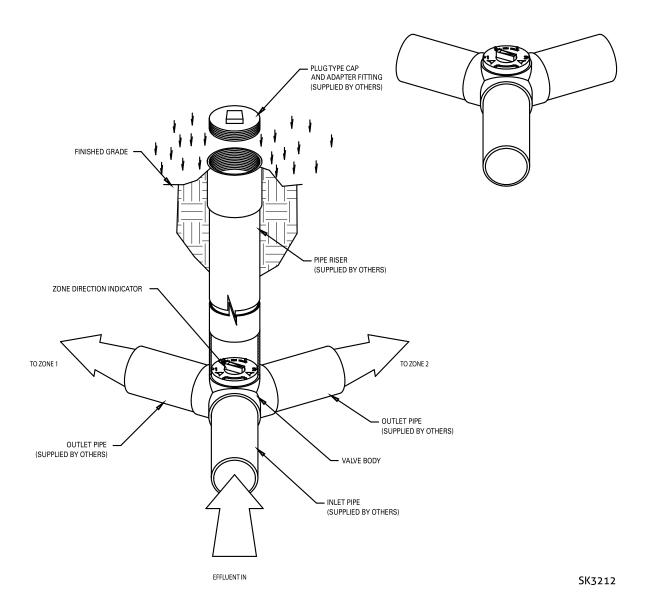
Features

- 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



Trusted. Tested. Tough.

zoellerpumps.com 800-928-7867 3649 Cane Run Road, Louisville, KY 40211 USA 3.20.240 CL0081 0221 Supersedes



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 to arrange a Pre-Construction Meeting -Call at least 5 days before construction starts 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**.





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

		rms and conditions cate holder in lieu			•	icies may require an endo	orseme	nt. A stateme	ent on this ce	rtificate does not confer	rights	to the
	DUCE		or saon enaors	Cilici	ι(3).		CONTA	CT Angela	Sensenig			
		Associates, LLC	•				PHONE (252)631-5269 FAX (252)649-2442					
		ollock St.					(A/C, No, Ext): (252)631-5269 (A/C, No): (252)649-2443 E-MAIL ADDRESS: asensenig@wadeict.com					
	, 10	JIIOCK DC.					ADDRE					1
Ne	v Be	rn	NC 285	560			INSURER(S) AFFORDING COVERAGE INSURER A: Starstone Specialty Insurance Company				NAIC #	
	IRED		NC 203	-							any	10044
		: Acquistion Co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DT T C	,				s Mutual	Insurance Company		10844
		rner Rd	mpany One,	РЦЦ(•		INSURER C:					
720 Garner Ru						INSURE					 	
۵.,	ı		NG 275	-76			INSURE					
Se:		14050	NC 275			NUMBER 24 25	INSURE	RF:		DEVICION NUMBER		
		AGES				NUMBER: 24-25	ENTION	IED TO THE IN		REVISION NUMBER:	DEDIO	
II C	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 INSUR	ANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERA	L LIABILITY							EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						SSEP0476240AEM		11/22/2024	11/22/2025	MED EXP (Any one person)	\$	10,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT AP	PLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	х	POLICY PRO-	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:									\$	
	AUT	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS	SCHEDULED							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS	AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
		HIRED AUTOS	AUTOS							(Per accident)	\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTIO		1						AGGREGATE	\$	
		RKERS COMPENSATION	JIV D	_						X PER OTH-	Ψ	
	1	PROPRIETOR/PARTNER/E	YECUTIVE Y/N	,						E.L. EACH ACCIDENT	\$	500,000
В	OFF	ICER/MEMBER EXCLUDED		N/A		69KOUB-5N24039-7-24		11/14/2024	11/14/2025	E.L. DISEASE - EA EMPLOYEE	\$	500,000
-	If yes	s, describe under	NO.1-1			OSKOOD SKEIOSS / EI		11, 11, 1011	11/11/2023		\$	500,000
_		CRIPTION OF OPERATION								E.L. DISEASE - POLICY LIMIT	φ	•
A	Er	rors & Omissions				SSEP0476240AEM		11/22/2024	11/22/2025	Each Occurrence		\$1,000,000
										General Aggregate		\$2,000,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CE	RTIF	ICATE HOLDER					CANO	CELLATION				
		- 1					SHO	OULD ANY OF T	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		D BEFORE
							AUTHO	RIZED REPRESEN	ITATIVE			
		ı					N Whi	tsett/RAC	HEL	N. Reel h	D_	_



MARKEL INSURANCE COMPANY

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

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	JRA			11 . 1

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 By W. Sahrs.

Secretary President

MJIL 1000 06 10 Page 1 of 1



MARKEL INSURANCE COMPANY

NOTICE TO POLICYHOLDERS CLAIM REPORTING

Please immediately report a new claim under this policy to:

newclaims@markel.com

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

markelclaims@markel.com

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

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

Our address and additional contact information are as follows:

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

Fax: 855-662-7535 (855) 6MARKEL

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

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

MPIL 1074 07 14 Page 1 of 1



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.

Markel Insurance Company



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.

PROFESSIONAL SERVICES: soil science

2. LIMITS OF LIABILITY

Professional Liability Coverage

Α.	Each Claim:	\$2,000,000
В.	Policy Aggregate:	\$2,000,000

Additional Payments

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

Supplementary Payments

A. Disciplinary Proceeding \$25,000 per Policy Pe

В.	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

MDST 1000 07 17 Page 1 of 2

3. DEDUCTIBLE

 A. Each Claim:
 \$1,000

 B. Aggregate:
 \$3,000

4. RETROACTIVE DATE: 11/22/2019

5. PREMIUM RATE: Flat PREMIUM BASE: Flat

6. PREMIUM FOR POLICY PERIOD

Minimum: \$560
Deposit: \$560
Adjusted Annual Premium: \$560

- 7. PREMIUM PERCENTAGE FOR EXTENDED REPORTING PERIOD: ADDITIONAL PERIOD:
- 8. FORMS AND ENDORSEMENTS ATTACHED AT POLICY INCEPTION:

See MDIL 1001 attached.

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

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

MDST 1000 07 17 Page 2 of 2