Fred D. Smith Soil Scientist

November 14, 2022

Marvin Shearin
5088 Oak Level Rd
Rocky Mount, NC 27803

Subject: LSS NOI Design and Permit Report
Serenity Sub Lot 18
Eaton's Ferry Rd
Warren County, NC

Dear Mr. Shearin,

This letter presents a design of a T& J Panel septic system for a 4-bedroom home. You requested that I perform the soil evaluation and a report for a LSS NOI Permit.

You provided me with the survey plat and topographic coverage of the proposed subdivision. For this report, the house location and footprint size are assumed.

This report contains the soil and site evaluation, septic design and specifications, required setbacks, construction drawings, pump and pump control specifications, and plat of the lot.

Soil Evaluation

The site and soil were evaluated to observe soil properties, surface features, landscapes, and site parameters. Hand auger borings were used to evaluate soil characteristics in accordance with 15A NCAC 18A 1900 (Laws and Rules for Sewage Treatment and Disposal Systems).

Table 1 presents the soil descriptions.

The soils on the lot are suitable for a shallow conventional drainfield; however, due to the waste design flow and limited available space of suitable soil area, the homeowner will use T&J Panel Block system for a 50% reduction in drainfield size. For this design, the loading rate is 0.32 gallons per square feet of trench bottom area.

Please refer to the attached Construction Drawing of the property and other attachments to this report. Please contact me with questions or additional information after you have reviewed the information here.

Sincerely,

Fred D Smith

Fred D. Smith, LSS

LICENSED SOIL SCIENTIST
FRED D. SMITH
1059
STATE OF NORTH CAROLINA

PHONE 252-908-4369 –1004 ROUNDTABLE CT-KNIGHTDALE, NC 27545---EMAIL FDS4444@REAGAN.COM

Table 1
Soil Descriptions
Lot 18 Serenity Sub (Formerly Bugg Woods)
Warren Co

Profile # Backhoe pits & auger borings	Landscape Pos. slope%	Horizon depth (inches)	Texture	Structure	Mineralogy	Colors
1	LSS 5%	A/ 0-8	sl	cr	ns,np,fri	brown
		B1/ 8-38	CL	sbk	s, p, firm	Red
		BC/ 38 - 44+	CL with saprolite	sbk	s,sp,fri	Brown; reddish yellow
2	LS 6%	A/ 0-8	sl	cr	V fri	brown
		B1/ 8-38	CL	Sbk	S.p,firm	Red
		BC/ 38-44+	CL	Gr	ss.sp,fi	Pale brown
3	LS 5%	A/ 0-8	sl	cr	vfri	brown
		B/ 8-37	CL	sbk	S,p,fi	Red
		BC/37-44+	CL	sbk	Ss,p,fi	Reddish yellow
4	LS 5%	A / 0-8	sl	cr	Ss,sp,fi	brown
		B/8-48+	C/CL	sbk	S,p,fi	red

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DESIGN OF SEPTIC SYSTEM
T & J PANEL BLOCK
Lot 18 Serenity Sub

PROJECT INFORMATION
T&J Panel system for a 4-bedroom house
Flow = 480 gallons per day (gpd)
Slope of initial drainfield area = about 4-6%.
Water supplied to the lot by the county water system.

SETBACKS REQUIRED FOR SEPTIC SYSTEM COMPONENTS

House foundation – 5 feet
Property line – 10 feet
All septic system components are required to be at least 50-feet from the lake, which includes a stream or drain that enters the Lake.
Water supply pipe- 10 feet. Any water supply pipe that is installed less than 10 feet from the septic component shall be sleeved along the entire length of its proximity to the septic component.
Wells- 50 feet
Driveways and parking should not be allowed over the drainfield or tanks.

INITIAL SYSTEM DRAINFIELD
T&J Panel Block Manual shall be used as the design and installation guide for this permit.

Loading rate- 0.32 LTAR. For a conventional gravel system, 500 linear feet of gravel trench is required. T&J 50% reduction requires 250 linear feet of T&J trench.

T&J Panels – **horizontal placement** with the required sand backfill as specified in their manual
Sand for Backfill: **Concrete Sand, NC-2S Sand, ASTM C-33 Sand, FA-10 Sand and Grade "A" Sand. Follow manual directions for inner and outer seals.**

Trench design: 250 feet of trench. Trenches will be flagged after actual house size and location is known and septic drainfield area is cleared.

Trench depth: Minimum 28 inches below grade installed on contour of slope. Maximum depth of 30 inches below the surface. Maintain 9-foot centers by varying depth.

Sidewalls of trenches shall be raked and limed. Place 6-inches of the approved sand in the bottom of the trench. Place a board on the sand for the T&J Panels. Place Panels on board about 6-inches apart. Backfill with sand.

FROM THE DESIGN/INSTALLATION MANNEL: Foam Sealant / Tar Seals- Note that while the outer seal is a complete seal, the inner seal is only up to the top of the connecting pipe. This is to allow for over flow of the effluent into the sand at peak use. These seals can be inspected by lifting the caps at the ends of the panels while inspecting the system installation. GE Foam Sealer is an approved alternative to tar for these seals. Care should be used not to glue the caps down with the use of GE Foam Sealer. When using GE Foam Sealer, special care should be used on the inner seals of the panel not to over fill or under fill this seal. The inner seal, if sealed off completely, will restrict the overflow reservoir.

Trench width and spacing: 3 feet wide on minimum 9-foot centers;

Slope of Trenches: Maximum 1 inches per 50 feet. Make trenches as level as possible by varying depth below the ground to maintain 9-foot centers.

Distribution: pump to gravity flow into a pressure manifold for varying trench lengths.

Backfill each trench with approved sand with at least 6-inches over the panels.

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TANKS

Tanks must be installed at least 50 feet from the Lake or any stream or drain into the Lake.

1000 GALLON concrete or plastic or fiberglass septic tank approved in NC (if higher reinforcement is not required due to tank depth)

Install an approved effluent filter in the outlet end of the septic tank.

SUPPLY PIPE TO D-BOX: 2-INCH SCH 40 PVC

SUPPLY PIPE BETWEEN D-BOX AND TRENCHES: 3-or 4-inch SCH 40 PVC PIPE WITH SOLID CONNECTIONS.

SEWER LINE FROM HOUSE TO SEPTIC TANK: SCHEDULE 40 PVC 4" I.D. PVC 40 OR EQUAL. Slope 1.25" per 10 feet minimum.

DISTRIBUTION BOX: Concrete or plastic. Must be level and on solid soil footing with pressure manifold.

TOTAL SYSTEM REQUIREMENTS = estimated 25 gpm vs estimated 20 feet TDH
Pump cycle = to be determined after trenches are designed at the lot
Estimated drawdown = 10.75 inches in tank (will vary depending on tank dimensions and manufacturer)

The installer can select any pump that will deliver the above specifications and wastewater to the D-box.

The pump shall be one submersible effluent pump with a motor that is minimum 1/3 hp, thermally protected, 230V, single phase. The pump shall be Underwriters Laboratory approved and listed.

Pump discharge piping shall be Sch 40 PVC or stronger, adequately secured. Fittings and valves shall be of corrosion resistant materials. A check valve and antisiphon hole shall be installed.

Sealed mercury control floats shall be installed according to manufacturer's recommendations for activating pump and alarm. Set high water alarm to activate 6 inches from pump on float. The high-water alarm shall be audio-visual and shall be on a separate circuit.

Furnish and install the manufacturers required controls to match the pump selected. Pump and control circuits shall be manual disconnects within a NEMA 4X (or equal) outside watertight corrosion resistant box. The control panel shall be located within eye-sight of the tanks and mounted securely on a 4x4 treated post at least 12 inches above the ground surface. The control panel can be mounted at a height of up to 4 feet above the ground surface for operator ease of access, if desired.

The pump controls shall have pump run lights, power light, 3 float switches, surge arrester, and audio/visual alarms. All electrical wiring will be to Warren County Building Code and Electrical Code.

REPAIR SYSTEM: repair area similar to the initial area using T&J Panel design. Repair is also pump to pressure manifold.

NOTARIZED LETTER OF OWNER'S ACCEPTANCE OF THE SEPTIC SYSTEM DESIGN
(Required by the LSS Option of Notice of Intent to Construct Rules G.S. 130A-336.2 Part 3 number 3)

The owner should also review and sign the ATTESTATION BY THE OWNER FOR AUTHORIZATION TO OPERATE found on page 6 of 6 of the NC State form DHHS/EHS/OSWPB-LSS COVID 19 COMMON FORM.

To: Fred D. Smith, LSS

I, (print)_____ hereby accept the septic system that was designed by Fred Smith, LSS in this permit report dated _____.

This septic design is a pump to T&J Panels.

Signature_____ Date_____

Notary

PHONE 252-908-4369 –1004 ROUNDTABLE CT-KNIGHTDALE, NC 27545---EMAIL FDS4444@REAGAN.COM

Please provide me with your company name, address, and license number and copy of certificate of insurance.

In addition, please sign the following statement after installation (or provide me with your statement):

This is to verify that on (date) _____ _____,

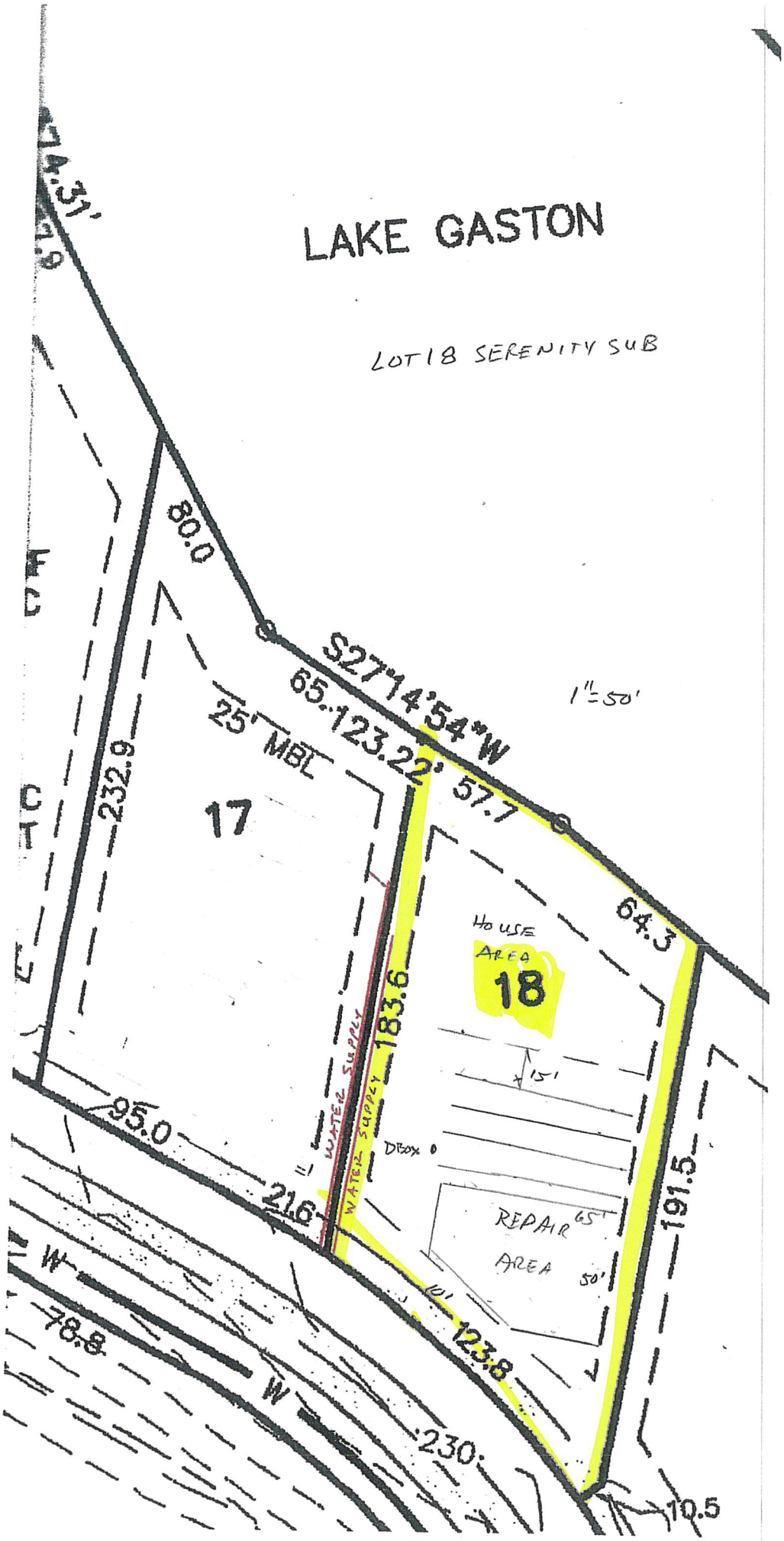
(company)_____

installed a septic system
at(location)_____ in accordance

with the design provided to us by Fred D. Smith, LSS #1059.

Signed_____ (date) _____

PHONE 252-908-4369 –1004 ROUNDTABLE CT-KNIGHTDALE, NC 27545---EMAIL FDS4444@REAGAN.COM


LAKE GASTON
LOT 18 SERENITY SUB
1"=50'
74.31'
80.0
S27°14'54"W
65.
123.2
57.7
64.3
25' MBL
17
232.9
HOUSE
AREA
18
WATER SUPPLY
183.6
15'
DBOX
95.0
216
REPAIR
AREA
65'
50'
191.5
101
123.8
78.8
230
10.5

Fred D. Smith Soil Scientist

THIS IS A LICENSED SOIL SCIENTIST NOTICE OF INTENT TO CONSTRUCT SEPTIC PERMIT REPORT

PROJECT INFORMATION

4-bedroom new home
Flow = 480 gallons per day

CONDITIONS OF THE PERMIT

INSTRUCTIONS TO THE GENERAL CONTRACTOR/BUILDER, OWNER, AND SEPTIC SYSTEM INSTALLER

DO NOT DISTURB THE SOIL IN THE INITIAL AND REPAIR DRAINFIELD AREAS by compacting, removing soil, or filling soil on these areas. The initial drainfield area shall be cleared of all vegetation without excessive cutting or filling or digging tree stumps.

If you store excavated soil on top of the septic areas (from basement excavation or other construction activities), then this permit may be revoked at my notification to the county health department.

The stored soil must be removed from the native soil surface at my direction and supervision during the removal operation. You must have a backhoe on site to excavate pits for my inspection.

I will send you significant charges for this procedure and my time on the site.

BASED ON THE LAW THAT AUTHROIZES LICENSED SOIL SCIENTISTS TO PREPARE SEPTIC PERMITS, THE OWNER, CONTRACTOR, HEALTH DEPARTMENT AND MYSELF ARE REQUIRED TO HAVE A 'POST INSTALLATION CONFERENCE(PIC).

The OWNER must provide to me the signed and notarized statement in this permit report and the signed statement on page 6 of the state's application forms.

NOTES TO SEPTIC CONTRACTOR: Final Inspection must be performed by Fred Smith (252-908-4369 and fds4444@reagan.com) . The health department is not responsible for any inspections on this NOI permit, although they are invited to attend the inspection.

You MUST alert me to your intent to install this septic system and discuss your schedule with me at least one week prior to your installation.

Do not make changes to this design/permit without prior approval from me. I will not give permission to change the design without consulting and viewing my design report file.

Revisions to this permit may result in additional charges to the owner and delays to install this system.

The contractor MUST provide to me your name, business address, and contractor's license number (see attached CONTRACTOR STATEMENT).

PHONE 252-908-4369 –1004 ROUNDTABLE CT-KNIGHTDALE, NC 27545---EMAIL FDS4444@REAGAN.COM

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
HELEN WOLSTENHOLME • Interim Deputy Secretary for Health
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

COMMON FORM FOR LICENSED SOIL SCIENTIST COVID-19 PERMIT OPTION FOR NON-ENGINEERED SYSTEMS

See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the LSS in accordance with S.L. 2020-97, Section 3.19 and G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: _____ *Date* by _____ *Initials*

PART 1: Notice of Intent to Construct (NOI) - Please check all that apply

☑ Single System or ☐ Multiple Systems

AND

☑ New ☐ Expansion ☐ Relocation of all or part of the Existing System ☐ Relocation of Repair Area

☐ Repair – LHD Permit Number _____ ☐ Repair – EOP/LSS COVID 19/AOWE Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): Marvin Shearin

Mailing address: 5088 Oak Level Rd City: Rocky Mount State: NC Zip: 27803

Telephone number: 252.904.0383 E-mail Address: marvinshearin@hotmail.com

2. Licensed Soil Scientist (LSS) name: Fred Smith LSS License number: 1059

Mailing address: 1004 Roundtable Ct City: Knightdale State: NC Zip: 27545

Telephone number: 252-908-4369 E-mail Address: fds4444@reagan.com

3. Licensed Geologist (LG) (if applicable) name: N/A License Number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

4. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

☑ LSS ☐ LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): SERENITY SUBDIVISION LOT 18 Eaton Ferry Rd and Serenity Point

County Name: Warren

6. Type of facility: ☑ Place of residence No. Bedrooms: 4 No. Occupants: 8

☐ Place of business Basis for flow calculation: _____

☐ Place of public assembly Basis for flow calculation: _____

7. Factors that would affect the wastewater load: # people, laundry, kitchen

8. Type and located of proposed wastewater system: pump to T&J Panel Block

9. Design wastewater flow: 480 gpd

   Design wastewater strength: ☑ domestic ☐ high strength ☐ industrial process *(For industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)*

10. A plat as defined in G.S. 130A-334(7a) is attached: ☑ Yes ☐ No

    A site plan as defined in G.S. 130A-334(13a) is attached: ☑ Yes ☐ No

11. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: ☑ Yes ☐ No

    This is a saprolite system. ☐ Yes ☑ No

12. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: ☑ Yes ☐ No

13. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached ☐ Yes ☑ NA

14. Proposed landscape, site, drainage, or soil modifications are attached: ☑ Yes ☐ NA

Attestation by LSS pursuant to S.L. 2020-97, Section 3.19 and G.S. 130A-336.2

I, FRED D. SMITH hereby attest that the information required to be included with
Licensed Soil Scientist (Print Name)
this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances, and that the proposed system does not require a Professional Engineer, licensed in accordance with G.S. 89C, and in accordance with 15A NCAC 18A .1938 and activities determined to be engineering as determined by the North Carolina Board of Examiners for Engineers and Surveyors.

Fred D Smith
Signature of Licensed Soil Scientist

11/10/22
Date

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by Fred D. Smith
Print Name of Owner *Print Name of Licensed PE or LSS*

pursuant to G.S. 130A-336.1.

_____ _____
Signature of Owner *Date*

LICENSED SOIL SCIENTIST
FRED D. SMITH
1059
STATE OF NORTH CAROLINA

NOTES:

LIABILITY: The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an LSS COVID-19 Permit Option [S.L. 2020-97, Section 3.19(d) and G.S. 130A-336.2(f)]

RIGHT OF ENTRY: The submittal of this **Notice of Intent to Construct** *grants right of entry to the Local Health Department and the State to the referenced property.*

ISSUANCE OF BUILDING PERMIT: Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section below, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location, or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

This section for Local Health Department use only.

PART 2: ***LHD Completeness Review of the Notice of Intent to Construct***

"(c) Completeness Review for Notice of Intent to Construct. –The local health department shall determine whether the notice of intent to construct required pursuant to subsection (b) of this section is complete within five business days after receiving the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the local health department shall notify the owner and list the information needed to complete the notice. The owner may then submit additional information to the local health department to cure the deficiencies in the initial notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within five business days after the department receives the additional information. If the local health department fails to act within any time period set out in this subsection, the owner may treat the failure to act as a determination of completeness. The owner shall be able to apply for the building permit for the project upon the decision of completeness of the notice of intent by the local health department or if the local health department fails to act within the five business day time period."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

☐ INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: _____

_____

Copies of this form listing missing items were sent to the LSS and the Owner on _____
Date

via _____ with directions to re-submit missing items using Page 5 of this form.
Email, FAX, USPS, hand-delivered

_____ _____ _____
Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

☐ COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the LSS and the Owner on _____ via _____.
Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on _____ via _____.
Date *Email, FAX, USPS, hand-delivered*

_____ _____ _____
Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

Re-submittal of NOI with missing items included

This Section is for use by owner to submit items noted as missing during LHD Completeness Review above.
Resubmittals must be accompanied by a cover letter from the LSS.

LHD USE ONLY: This NOI resubmittal received: _____ by _____
Date *Initials*

Item # from initial NOI	Resubmittal description

Attestation by LSS pursuant to S.L. 2020-97, Section 3.19

I, _____hereby attest that the information required to be included with
Licensed Soil Scientist (Print Name)
this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Licensed Soil Scientist *Date*

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

☐ INCOMPLETE
Based upon review of information submitted in the RESUBMITTAL above, this Notice of Intent remains INCOMPETE because the following items from Part 1 of this form remain missing: _____
_____.

Copies of this signed form were sent to the LSS and the Owner on _____via_____.
Date *Email, FAX, USPS, Hand-delivered*

_____ _____ _____
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

☐ COMPLETE
Based upon review of information submitted in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

Copies of this signed form were sent to the LSS and the Owner on _____via _____.
Date *Email, FAX, USPS, Hand-delivered*

A complete copy of this form with tracking information was sent to the State: _____via _____.
Date *Email, FAX, USPS, hand-delivered*

_____ _____ _____
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner.

LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____
Date *Initials*
Date of Post-construction Conference: _____

The following items are included in this submittal for an Authorization to Operate under an LSS COVID-19 permit:

1. Signed and sealed copy of the LSS's report that includes the information in G.S. 130A-336.2(k) ☐ Yes ☐ No
2. Operation and management program ☐ Yes ☐ No
3. Fee (as applicable) ☐ Yes ☐ No
4. Notarized letter documenting Owner's acceptance of the system from the LSS ☐ Yes ☐ No
5. On-site Wastewater Contractor name: _____ License number:_____
   Mailing address: _____ City: _____ State: _____ Zip: _____
   Telephone number: _____ E-mail Address: _____
6. Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
   ☐ Yes ☐ No

Attestation by the Owner for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner
_____County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Owner *Date*

This section for LHD Use Only.

LHD Review of required information for the ATO

☐ INCOMPLETE

Based upon review of information submitted in the Section above, the following items are missing from the information required for an Authorization to Operate for an LSS COVID-19 permit: _____
_____.

Copies of this signed form were sent to the LSS and the Owner on _____ via _____.
Date *Email, FAX, USPS, Hand-delivered*

_____ _____ _____
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

☐ COMPLETE

Based upon review of information submitted in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on _____ via _____.
Date *Email, FAX, USPS, Hand-delivered*

_____ _____ _____
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/10/2022

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	CONTACT NAME: Angela Sensenig
Wade Associates, LLC 250 Pollock Street New Bern, NC 28560	PHONE (A/C, No, Ext): (252) 631-5269 FAX (A/C, No): (252) 649-2443 E-MAIL ADDRESS: asensenig@wadeict.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Markel Insurance Company	38970
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Fred Smith Soil Consulting 1004 Roundtable Court Knightdale, NC 27545

COVERAGES **CERTIFICATE NUMBER:** 2022-2023 **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	
	COMMERCIAL GENERAL LIABILITY							
	☐ CLAIMS-MADE ☐ OCCUR						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						GENERAL AGGREGATE	$
	OTHER:						PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY							
	☐ ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per person)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR							
	☐ EXCESS LIAB ☐ CLAIMS-MADE						EACH OCCURRENCE	$
	☐ DED ☐ RETENTION $						AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Errors & Omissions			MEO3818-02	6/12/2022	6/12/2023	Each Claim	$1,000,000
							Policy Aggregate	$1,000,000

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

CERTIFICATE HOLDER

For Information Purposes Only
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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/AH