

# CARTERET COUNTY DEPARTMENT OF HUMAN SERVICES



Nina M. Oliver, MS  
Health Director  
Consolidated Human Services Deputy Director

June 27, 2022

Atlantic Construction, Inc  
7 E. Doris Ave  
Jacksonville, NC 28540

Tidewater Associates, Inc.  
c/o Jason Houston, PE  
306 New Bridge Street  
Jacksonville, NC 28540

Re: Engineered Option Permit EOP-21-364321: Authorization to Operate; Peletier Shores Lot 53, 145 High Tide Drive, Peletier (PIDN 5376.03.40.1224)

To whom it may concern:

Confirmation is provided by Carteret County Health Department that the required documentation and information, per General Statute 130A-336-1, has been submitted by Jason Houston, PE for the above Engineered Option Permit accordingly the wastewater system serving a four (4) bedroom single family residence (480 gpd) at the above site may operate in accordance with the rules adopted by the Commission.

This completion allows the certificate of operation to be issued by the local building code enforcement office for permanent electrical service to a residence, place of business, or place of public assembly pursuant to G.S. 130A-339.

Sincerely,

Wendy Kelly, REHS  
Environmental Health Program Specialist  
Large On-Site Wastewater and Inspections Program

Cc: Carteret County Building Inspections



Department of Social Services — 210 Craven Street • PO Box 779 • Beaufort, NC 28516  
Tel (252) 728-3181 / Main Fax (252) 648-7462 / Legal Unit Fax (252) 648-7463

Public Health Department — 3820-A Bridges Street • Morehead City, NC 28557  
Main Office — Tel (252) 728-8550 / Fax (252) 222-7739  
Environmental Health — Tel (252) 728-8499 / Fax (252) 222-7753



### EOP Tracking information

The LHD completes this form for each NOI/ATO submitted to their offices. The LHD updates this information and re-sends it throughout the process as appropriate. The Department will use this data to draft required legislative reports on implementation of the EOP.

#### Tracking information for Engineered Option Permits (Required)

County	Carteret
LHD Reference Number	EOP-21-364321
Permitting backlog as of date of NOI submittal (# days)	
Number of days to process the NOI (# days)	3
Number of days to process re-submitted NOI (# days or "NA")	
Facility type	Single Family
Domestic, High Strength or IPWW	Domestic
Design Daily Flow	480
Residential or Commercial	Residential
System type (per Rule .1961)	III G
Date of Post-construction conference	Waived
Date Authorization to Operate issued	6/27/22
Fee charged for EOP	90.00 pd
Is fee sufficient to cover LHD costs?	
Date LHD notified of EOP malfunction	
Date LHD notified of Owner complaint	



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

COMMON FORM FOR ENGINEERED OPTION PERMIT

See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the Professional Engineer licensed in accordance with G.S. 89C

LHD USE ONLY: Initial submittal of this NOI received: 10/15/21 by WJC
Date Initials

Amended 6/27/22 new owners

PART 1: Notice of Intent to Construct (NOI)

- [X] New [ ] Expansion
[ ] Repair - LHD Permit Number [ ] Repair - EOP Permit Number

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): Atlantic Construction, Inc.

Mailing address: 7 Doris Ave. E City: Jacksonville State: NC Zip: 28540

Telephone number: E-mail Address: aci@atlanticconstructioninc.com

2. Professional Engineer (PE) name: Jason A. Houston License number: PE 34978

Mailing address: 306 New Bridge Street City: Jacksonville State: NC Zip: 28540

Telephone number: 910-455-2414 E-mail Address: kallen@parkerjacksonville.com

3. Licensed Soil Scientist (LSS) name: Haywood Pittman License number: LSS 1262

Mailing address: 1003 Gregory Fork Road City: Richlands State: NC Zip: 28574

Telephone number: 910-330-2784 E-mail Address: pittmansoil@yahoo.com

4. Licensed Geologist (LG) (if applicable) name: License Number:

Mailing address: City: State: Zip:

Telephone number: E-mail Address:

5. On-site Wastewater Contractor name: Haywood Pittman License number: 3825

Mailing address: 1003 Gregory Fork Road City: Richlands State: NC Zip: 28574

Telephone number: 910-330-2784 E-mail Address: pittmansoil@yahoo.com

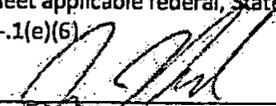
6. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

- [X] PE [X] LSS [ ] LG [X] On-site Wastewater Contractor

- 7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): Peletier Shores Lot 53/145 High Tide Drive  
County Name: Carteret
- 8. 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: \_\_\_\_\_
- 9. Factors that would affect the wastewater load: None
- 10. Type, location, and classification (per Rule .1961) of wastewater system: Type III-G Please see attached map
- 11. Design wastewater flow: 480 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)  
Design wastewater strength:  domestic  high strength  industrial process
- 12. A plat as defined in G.S. 130A 334(7a) is attached:  Yes  No
- 13. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j):  Yes  No
- 14. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j):  Yes  No  
If yes, documentation filed in \_\_\_\_\_ County Register of Deeds in Deed book \_\_\_\_\_ Page \_\_\_\_\_
- 15. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h):  Yes  No  
If yes, agreements filed in \_\_\_\_\_ County Register of Deeds in Deed book \_\_\_\_\_ Page \_\_\_\_\_
- 16. 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
- 17. Evaluation(s) of soil conditions and site features signed and sealed by a LSS, a LG, as applicable, is attached:  Yes  No
- 18. Proposed landscape, site, drainage, or soil modifications are attached:  Yes  NA

**Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C**

I, Jason A. Houston hereby attest that the information required to be included with 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 in accordance with G.S. 130A-336-.1(e)(6)

  
Signature of Licensed Professional Engineer

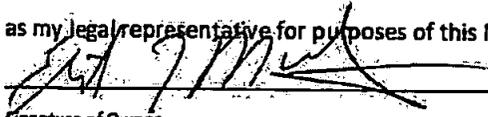
9.30.21  
Date

*This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.*

**Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:**

I, Elijah T. Morton hereby designate Jason A. Houston  
*Print Name of Owner* *Print Name of Registered Professional Engineer*

as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

 9-30-21  
*Signature of Owner* *Date*

**Owner self-submittal of NOI:**

I, \_\_\_\_\_ hereby submit this NOI prepared by \_\_\_\_\_  
*Print Name of Owner* *Print Name of Licensed PE*

pursuant to G.S. 130A-336.1.

\_\_\_\_\_  
*Signature of Owner* *Date*

**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 Engineered Option Permit. [(NC General Statute 130A-336.1(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 above, 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.*







# *Pittman Soil Consulting*

1003 Gregory Fork Road

Richlands, NC 28574

Phone (910)330-2784

[pittmansoil@yahoo.com](mailto:pittmansoil@yahoo.com)

SEPTEMBER 19, 2021

Ref: Peletier Shores Lot 53, CARTERET COUNTY

Dear Sir,

A soil evaluation was conducted on the above referenced tract to determine the sites suitability for septic. The current laws and rules of NC was used as guide for this evaluation.

Hand Auger borings on the site were used to characterize the soil texture, and depth to the soil wetness condition. The attached plot plan shows the location of the septic system in the most ideal location on the site. The soil wetness condition was found to be 20-24" from the surface with a sandy loam texture. I have assigned an LTAR of 0.4 gpd/sqft for a 480 gpd 4 bedroom residence. This will require the installation of 5-80' low profile chamber lines that shall be installed in accordance with the current rules. The depth to soil wetness of 20-24" would constitute an 8-12" trench bottom. The system will require 6" soil cover that shall extend 5' from the edge of the system. The system will require a 1000 gallon septic tank.

The repair area will require 20'x80' aerobic drip with TS-II pretreatment installed at a depth of 6" from the surface (LTAR 0.3).

After installation the site should be landscaped to shed surface water. Any alterations to the site may impact soil conditions.

If you have any questions please feel free to contact me at 910-330-2784. Thank You.

Sincerely,



R.

**HAYWOOD  
PITTMAN II**

Digitally signed by R.  
HAYWOOD PITTMAN II  
DN: cn=R. HAYWOOD  
PITTMAN II, o=PITTMAN SOIL  
CONSULTING, ou,  
email=pittmansoil@yahoo.co  
m, c=US  
Date: 2021.09.20 14:51:07  
+0400'

R. Haywood Pittman II  
NC Licensed Soil Scientist

**PITTMAN SOIL CONSULTING**

**PO BOX 1387**

**RICHLANDS, NC 28574**

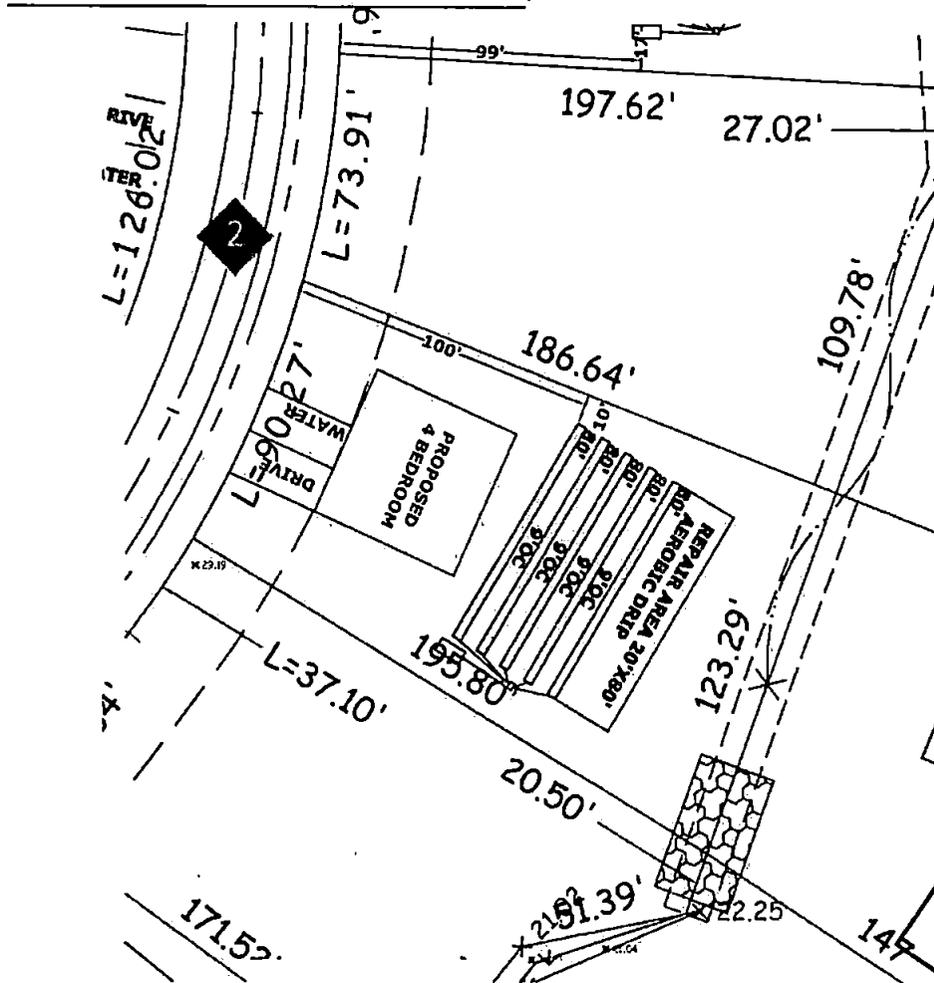
**910-330-2784**

**pittmansoil@yahoo.com**

**Owner: PELETIER SHORES**

**Address: LOT 53**

**Location: OFF WEST FIRE TOWER ROAD**



**INITIAL**  
4 BEDROOM  
LTAR .4  
5-80' LOW PROFILE CHAMBER LINES  
8-12" TRENCH BOTTOMS  
>6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

**REPAIR AREA**  
4 BEDROOMS  
LTAR .4  
20'X80' AEROBIC DRIP TS-II PRETREATMENT  
6" TB  
>6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

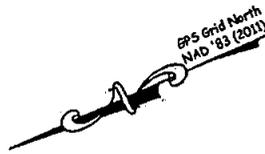


**APPROX SCALE 1"=60'**

**MAP AND ON SITE TOPOGRAPHY INFORMATION PROVIDED BY PARKER & ASSOCIATES PA**

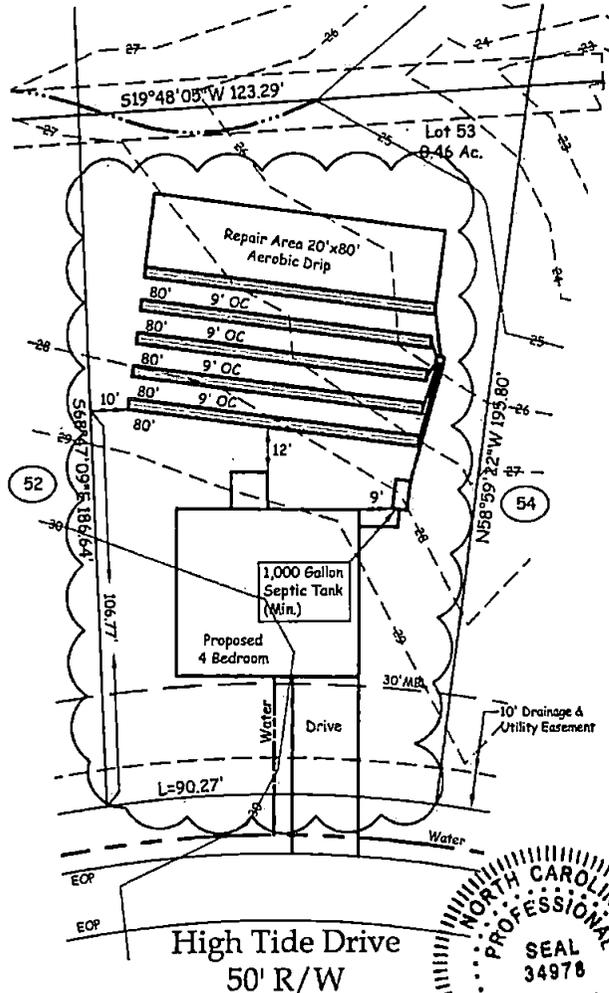
System Design	
# Bedrooms/GPD	4 Bedroom / 480 GPD
System Type	IIIG Low Profile Chamber
% Reduction	No
LTAR	0.4
S.Q. Ft.	1200
Linear Feet	400
# Of Lines	5
Length Each Line	80'
Trench Bottom	8"-12"; >6" Soil Cover Require Over System and 5' Beyond System
Trench Width	3 Feet W/ Lines 9 Feet on Center
Repair Area	0.4 LTAR; 20'x80' Aerobic Drip; TS-II Pretreatment; 6" TB 1,600 S.F.; >6" Soil Cover Required Over System and 5' Beyond System

**Legend:**  
 Ac - Acreage  
 EOP - Edge of Pavement  
 MBL - Minimum Building Line  
 OC - On Center  
 R/W - Right-of-way



**ADDITIONAL PERMIT CONDITIONS:**

- Do not park or drive on any part of the septic system or repair area.
- Nitrification trench aggregate shall be covered with straw, untreated paper or other approved materials prior to final cover / backfilling.
- Do not install system under wet conditions.
- Rock used in soil absorption systems shall be clean, washed gravel or crushed stone and graded or size in accordance with size numbers 3, 4, 5, 57, or 6 of ASTM, D-448 (standard sizes of coarse aggregate) which is hereby adopted by reference in accordance with G.S. 150 B-14(c). Documentation of aggregate size shall be available upon request.
- Adhere to minimum setback requirements as stated in Rule .1950 and .1951 of NC Laws and Rules for Sewage Treatment and Disposal Systems (Article 11, G.S. Chapter 130A), unless otherwise indicated in this permit.
- All pump tanks shall be tested for water tightness. In addition, septic tanks may be subject to a water tightness test.
- The septic tank is designed to receive sewage or wastewater under gravity flow. However, if a system subject to the N.C. Plumbing Code is used to pump raw sewage to the septic tank, the sewage shall be reduced to gravity/non-turbulent flow by approved means at the inlet of the septic tank.
- An accepted wastewater system may also be installed in accordance with the Accepted Wastewater System Approval (AWWS-05-01 or AWWS-05-02). Maximum LTAR of 1.0 gpd / ft<sup>2</sup>.
- Run lines parallel to contour. System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.
- FOR DWELLING UNIT WASTEWATER SYSTEMS ONLY** - This wastewater system is designed only for the number of bedrooms or sleeping rooms on the building / floor plan approved by Onslow County Code Enforcement. No other room or space may be relabeled as a bedroom, used as a bedroom, or converted into a bedroom without prior approval from Onslow County Environmental Health.
- Management Program Manual to adhere to 15A NCAC 18A.1961.
- The Engineer or Soil Scientist claim no liability for septic systems that utilize a grinder pump to transport flows to septic tank. If elevations of house and septic are not conducive to gravity flow as shown, contact Engineer to redesign system for a pressure manifold design.
- Proposed 4 bedroom unit is shown for demonstration purposes only. Actual house location to be verified when building plans are submitted.
- There is No Guarantee that the system will function for any period of time, owner is responsible for properly maintaining the system. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal.



Rev. 06/22/22 ELB - Add As-Built Information

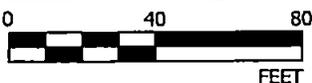


# SEPTIC DRAINFIELD DESIGN

Lot No. 53 Block -  
 SUBD. PELETIER SHORES, SECTION II, TOWN OF PELETIER, TOWNSHIP, CARTERET COUNTY, N.C.

SCALE: 1"=40' DATE: 09-20-2021 FOR: B & M DEVELOPERS, LLC

GRAPHIC SCALE: 1"=40'



## TIDEWATER ASSOCIATES, INC.

Consulting Engineers - Land Surveyors - Land Planners  
 Jacksonville, North Carolina  
 P.O. Box 976 - 306 New Bridge Street - 28540  
 Phone (910) 455-2414 - www.TidewaterENC.com  
 Firm License Number: F-0108



DRAWN BY: KHW DISK: ACAD 3054 FILENAME: PELETIERSHORES-EOP



**TIDEWATER ASSOCIATES, INC.**  
**ENGINEERS • SURVEYORS • PLANNERS**  
**JACKSONVILLE, NORTH CAROLINA**

VIA EMAIL

June 24, 2022

Wendy Kelly  
Carteret County Health Department

RE: Peletier Shores-Lot 53  
**Permit #EOP-21-364321**  
Carteret County, NC  
**Final Certification**

Dear Mrs. Kelly,

Please find enclosed the following items related to the Final Certification for the above referenced lots.

- Part 3 (ATO) Forms signed by PE.
- Signed and sealed evaluation of soils conditions and site features from Pittman Soil Consulting.
- Copy of Septic Drainfield Design by Tidewater Associates, Inc.
- Wastewater contractor signed statement.
- Notarized letter from owner accepting the septic system.

Tidewater Associates, Inc. made inspections during the construction of the above referenced septic system including witnessing of the septic tank drainfield and installation.

The management program manual for the septic tanks and drainfield are to adhere to 15A NCAC 18A.1961. The owner should also have the septic tank checked every 3-5 years for sludge removal and clean the septic tank filter as required.

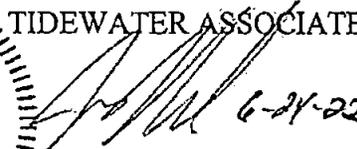
This letter shall be used to satisfy the requirement of 15A NCAC 18A.1938 (h) stating that the construction of the septic system is complete.

Peletier Shores-Lot 53  
Page Two (2)  
June 24, 2022

This letter acts as a written request to waive the post construction conference requirements as stated in G.S. 130A-336.1(j).

I, Jason A. Houston, as a duly licensed Professional Engineer in the state of North Carolina having been authorized to observe the construction of the project, Peletier Shores Lot 53, hereby state that, to the best of my abilities, due care and diligence was used in the observation of the project construction such that the construction was observed to have been built within substantial compliance and intent of the approved plans and specifications.

Sincerely,

TIDEWATER ASSOCIATES, INC.  
  
6-24-22  
Jason A. Houston, PE  
President



Enclosures

xc: CF (P),

JAH/kwa

Secretary.C4.EOPStatements.EngineerFinalCertification.PeletierShores.Lot53.6.24.22

June 23, 2022

RE: Peletier Shores-Lot 53  
Carteret County, NC  
**Permit #EOP-21-364321**  
**Contractor Statement**

To Whom It May Concern:

We are providing herein the required Engineered Option Permit Contractor's signed statement for the above referenced project as shown below.

I, Haywood Pittman, as a duly licensed septic installer in the State of North Carolina, having been contracted to construct the septic system for Peletier Shores, Lot 53, hereby state that, to the best of my abilities, due care and diligence was used in the construction of the project and was built within substantial compliance and intent of the approved plans and specifications, provided by Tidewater Associates, Inc.

Sincerely,

*R. HAYWOOD PITTMAN Ad*

Haywood Pittman

Enclosures

xc: CF (P),

JAH/kwa

Secretary.C4EOPStatements.ContractorsStatement.PeletierShores.Lot53.6.23.22

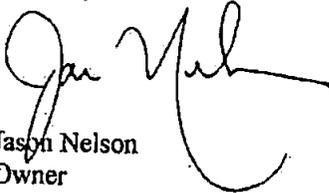
RE: Peletier Shores- Lot 53  
Carteret County, NC  
Permit #EOP-21-364321  
Owner Acceptance

To Whom It May Concern:

I, Jason Nelson owner of Peletier Shores, Lot 53, hereby accept the final construction of the above referenced septic system.

This letter/statement acts as an agreement by the owner to waive the post construction conference requirements as stated in G.S. 130A-336.1(j).

Sincerely,

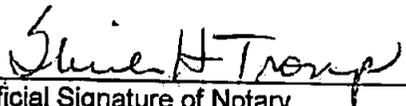
  
Jason Nelson  
Owner

STATE OF NORTH CAROLINA - COUNTY OF Onslow

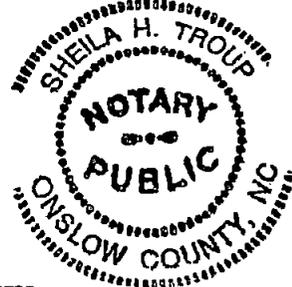
I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Name: Jason Nelson

Date: 6/24/22

  
Official Signature of Notary

(OFFICIAL SEAL)



Sheila H. Troup, Notary Public  
Notary's printed or typed name

My commission expires:  
11/9/2022

Enclosures  
xc: CF (P),  
JAH/kwa



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/17/2022

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 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> I.S.C.A. 310 Hasty School Rd  Thomasville NC 27360		<b>CONTACT NAME:</b> Janet Kennedy <b>PHONE (A/C, No, Ext):</b> (336) 476-9762 <b>E-MAIL ADDRESS:</b> candy@iscofa.com <b>FAX (A/C, No):</b> (336) 472-9160	
<b>INSURED</b> Tidewater Associates, Inc. 306 New Bridge Street  Jacksonville NC 28540		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> THE HANOVER INS CO NAIC # 22292 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			LH6 H260535 01	05/15/2022	05/15/2023	Per Claim \$1,000,000 Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES [ACORD 101, Additional Remarks Schedule, may be attached if more space is required]  
 \*\*\*\*\*For Insurance Purposes Only\*\*\*\*\*

**CERTIFICATE HOLDER****CANCELLATION**

FOR INSURANCE PURPOSES ONLY

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/28/2021

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 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> N.C. Farm Bureau Ins. Agency 5301 Glenwood Avenue (27612) P.O. Box 27427 Raleigh NC 27611		<b>CONTACT INFO:</b> PHONE (A/C, No., Ext.): _____ FAX (A/C, No.): _____ E-MAIL ADDRESS: _____	
<b>INSURED</b> Pittman Soil Consulting c/o Ronald H. Pittman, II 1003 Gregory Fork Rd Richlands NC 28574		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Capitol Specialty Insurance Corporation INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____	

**COVERAGES**      **CERTIFICATE NUMBER:** CL2172120555      **REVISION NUMBER:**

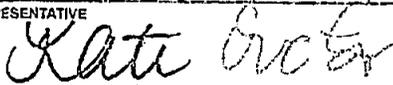
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	AT/EX. FROM INSD. WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LCC OTHER: _____ AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$ _____ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below: _____		EV20182381-04	07/19/2021	07/19/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO PROPERTY PREMISES: Ea occurrence \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Occ/Agg \$ 1M/2M COMBINED SINGLE LIMIT Ea accident \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ PER STATUTE OTH-ER
A	Contractors Pollution Liability - Occurrence Form		EV20182381-04	07/19/2021	07/19/2022	Each Incident 1,000,000 Aggregate Limit 2,000,000

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

### CERTIFICATE HOLDER

### CANCELLATION

Tidewater Associates, Inc 306 New Bridge St Jacksonville NC 28540	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 
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