BLDR - 2023 - 39041

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # OSWP-2023-41587

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4762-30-9944

APPLICANT / OWNER: Piedmont Environmental | APPLICANT ADDRESS: 216 S. Swing Rd, Suite 1, Greensboro, NC 27409

SITE ADDRESS: 203 MOUNTAIN ISLAND DR, STATESVILLE, NC 28677 | PHONE: 336-215-8820 | ALT. PHONE:

SITE DIRECTIONS: Ostwalt Amity -> L Bethesda -> R Jordan Lake -> R Mountain Island | SAP CONTROLLED: YES ☐ NO ☑

SUBDIVISION: Northlake | SECTION: 50 | LOT #: 3 | LOT AREA: 0.59 | DESIGN FLOW: 480 | L.T.A.R.: 0.3

Septic Tank: 1000 (gal)	STB:	Date:	☒ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 4	Water Supply: Municipal Water
Pump Tank: 1000 (gal)	PT:	Date:	System Description: 25% Reduction - pump to serial		☐ Business	No. Persons: 8	
Pump Make:	Model:	Serial #:	Repair System Description: 50% Reduction		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 5	Linear Ft.: 403	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space	
Trench Width: 36	Trench Bottom Depth (Low side): 34		Gravel Depth: 0	☐ GRAVITY ☑ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions: DO NOT EXCEED MAXIMUM DEPTH OF 36" AT ANY POINT.

INITIAL SITE SKETCH

Improvement permit issued pursuant to: G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Eric Bailey - Piedmont Env.

LSS# 1305

Construction authorization issued pursuant to: G.S. 130A-335(a2) & (a5)

AOWE# 10026E

AS BUILT SKETCH

Tanks } Sydney 3/14/24
Lines
Floats cw
Alarm 5/2/24

Check riser & electrical

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT with plat valid without expiration. ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: _____ Date: -

IMPROVEMENT PERMIT by: Bryant C. White Date: 12-29-2023

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 12-29-2023

Installed By: Patriot

OPERATION PERMIT by: [signature] Date: 5/7/24

Existing System Inspected By: _____ Date: _____

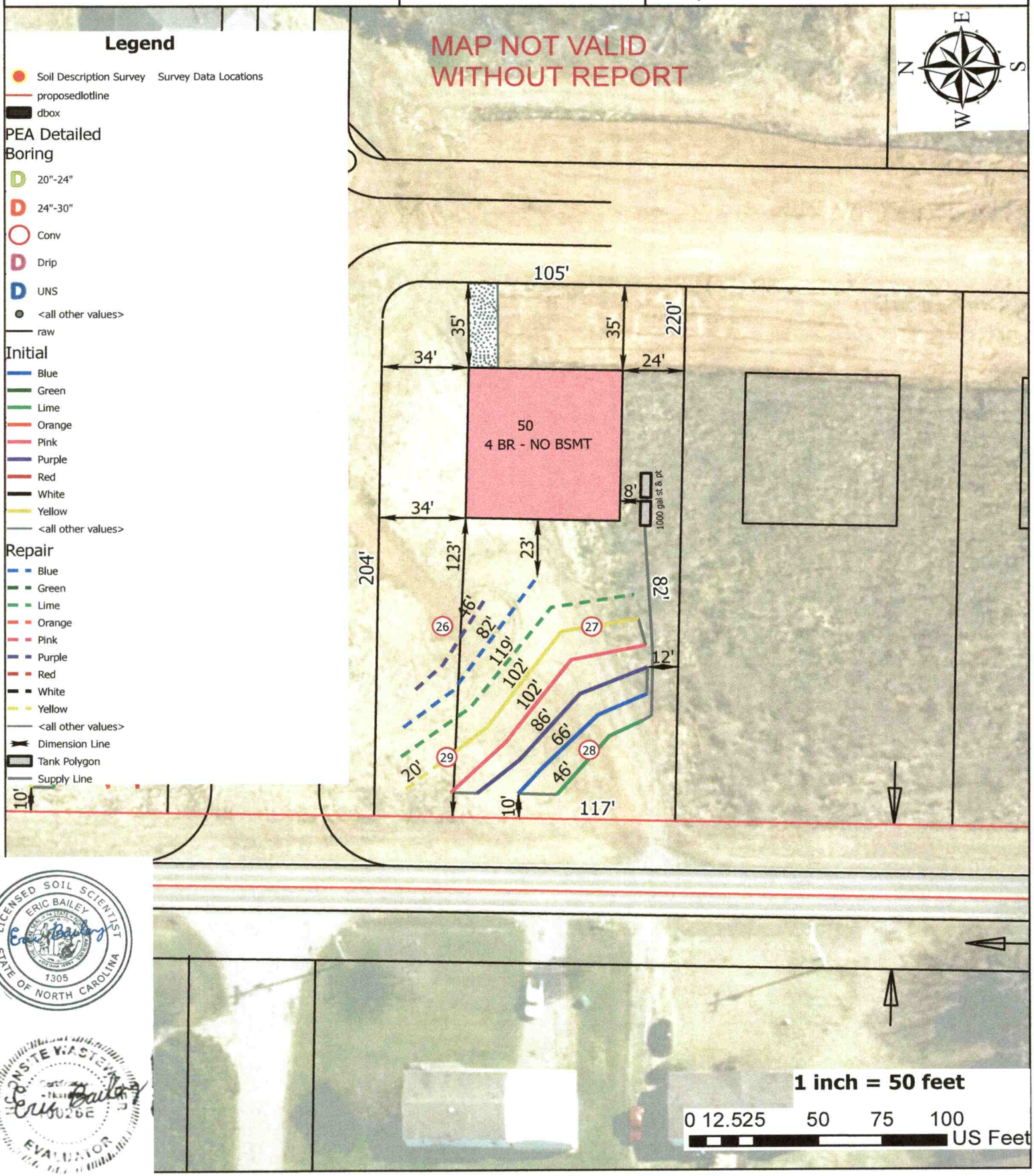
FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 BETWEEN 8am-9am the day the inspection is needed.

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

Layout/Site Plan - 203 Mountain Island Rd

Job# 3380
Date: 12/13/2023 Client:
Arrow Adams Homes
County: Iredell



LICENSED SOIL SCIENTIST
ERIC BAILEY
STATE OF NORTH CAROLINA
1305

ONSITE WASTEWATER
EVALUATOR

Permit #: IWP-2023-41587

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ Fee $_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Iredell

PIN/Lot Identifier: 4762309944

Issued To: Adams Homes

Property Location: 203 Mountain Island Dr

Subdivision (if applicable) NorthLake Lot #: 50 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Eric Bailey #1305

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Proposed Structure: single family dwelling

Number of bedrooms: 4 Number of Occupants: 8 Other: _____

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3

Proposed Wastewater System Type*: IQ4 Chamber (Initial) Pump Required: ☑ Yes ☐ No ☐ May be required

Proposed Wastewater System Type*: VPPBPS (Repair) Pump Required: ☑ Yes ☐ No ☐ May be required

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Saprolite System (initial): ☐ Yes ☑ No Saprolite System (repair): ☐ Yes ☑ No

Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Soil Depth (Initial): 53 Usable Soil Depth (Repair): 53

Max. Trench Depth (Initial)‡: 34 Max. Trench Depth (Repair)‡: 34 ***‡ Measured on the downhill side of the trench***

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐ Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

Licensed Soil Scientist Print Name: Eric Bailey

Licensed Soil Scientist Signature: Eric Bailey Date: 12-20-23

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NCDHHS

Permit #: OSWP-2023-41587

Re-submittal of Improvement Permit

LHD USE ONLY: This IP resubmittal received: 12/20/23 (Date) by DW (Initials)

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

Revised A2 packet, updated forms, revised typos, and updated address and owners names.

I, Eric Bailey (Licensed Soil Scientist (Print Name)) hereby attest that the information required to be included with this re-submittal is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

Eric Bailey
Signature of Licensed Soil Scientist

12-20-23
Date

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

LHD Follow-up Completeness Review of Improvement Permit

The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

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

The following items are missing:

Copies of this were sent to the LSS and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Bryant C. White Date: 12-29-2023

NCDHHS

Permit #: _____

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Iredell

PIN/Lot Identifier: 4762309944.000

Issued To: Adam Homes

Property Location: single family dwelling

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Eric Bailey #10026E

Facility Type: single family dwelling

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☑ No

Type of Wastewater System* IQ4 Chamber (Initial) VPPBPS (Repair)

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Design Daily Flow: 480 GPD Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No
(if yes, please provide engineering documentation)

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 403 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft²

Soil Cover: na inches Slope Corrected Maximum Trench/Bed Depth‡: 36 inches ‡ ***Measured on the downhill side of the trench***

Aggregate Depth: na inches above pipe na inches below pipe na inches total

Pump Tank Size (if applicable): 1000 gallons Requires more than 1 pump? ☐ Yes ☐ No

Pump Requirements: 9.2 ft. TDH vs. 21 GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☑ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details: _____

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: ☐ Yes ☑ No

Declaration of Restrictive Covenants: ☐ Yes ☑ No

Pre-Construction Conference Required: Yes ☑ No ☐

Conditions: Trench depth shall not exceed 34 inches on the downhill side.

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: Eric Bailey Expiration Date: 5 years after issuance

AOWE/PE Signature: Eric Bailey Date: 12-20-23

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

NCDHHS

Permit #: OSWP-2023-41587

Re-submittal of Construction Authorization

LHD USE ONLY: This CA resubmittal received: 12/20/23 (Date) by DW (Initials)

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

Revised A2 packet, updated forms, revised typos, and updated address and owners names.

I, Eric Bailey (Authorized Onsite Wastewater Evaluator (Print Name)) hereby attest that the information required to be included with this re-submittal is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

Eric Bailey (Signature of Authorized On-Site Wastewater Evaluator) 12-20-23 (Date)

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

LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

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

The following items are missing:

Copies of this were sent to the AOWE/PE and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Bryant C. White Date: 12-29-2023

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

December 13, 2023

Project # 3380

Session Law 2023-90 (H628)

Client:

Adams Homes

Site:

Lot 50 - 203 MOUNTAIN ISLAND DR

Iredell County, NC

PIN: 4762309944

Prepared by:

Eric Bailey

NC Licensed Soil Scientist # 1305

NC Onsite Wastewater Evaluator #10026E

ATTENTION: The State of NC revises the Common Form annually.
Please submit this packet to your local Environmental Health Department as soon as possible.

216 S. Swing Rd, Suite 1, Greensboro, NC 27409

Table of Contents:

Documents	
Parameters and Conditions	1
Disclaimer	2
Setbacks	3
IP-CA Fillable Form GS	4-10
130A-335 Soil Map/Site Plan	11
Soil Profile Descriptions	12
System Specifications	13-14
COI	15

Permit Parameters and Conditions

- Design flow with residential systems utilizes the number of bedrooms and assumes no more than two residents per bedroom at 60 gallons per resident or 120 gallons per bedroom. This is how the design flow of 3 6 0 gallons per day is calculated. The wastewater system is designed to handle a maximum flow of 360 gallons per day. This flow should not be maintained for any sustained length of time or oversaturation can occur in the trenches. An average daily water usage of 50% is recommended for peak performance.
- No garbage disposals should be added to the wastewater stream.
- Water softener waste should not be added to the wastewater stream.
- Fats, oils and greases or FOG should not be added to the wastewater stream and can cause premature failure. Dispose of fats, oils, greases and garbage properly in household waste.
- There should be no traffic over the wastewater system area.
- Piedmont Environmental recommends a preconstruction conference prior to any installation to ensure that the system is placed in the correct area once the site is cleared of vegetation.
- Please note that mechanical clearing that is done in wet conditions or done by someone not following best management practices can render an otherwise usable site unsuitable.
- Piedmont Environmental Associates, PA highly recommends using a reputable septic system installer that is licensed in North Carolina to perform or oversee any clearing.
- All installation work shall be performed by a licensed Wastewater System Installer
- Do not install during wet conditions
- Pump tank every three years and records shall be kept
- Landscape promptly to obtain a good grass cover to prevent erosion over new part of system
- All setbacks listed in this packet
- All tanks are 1000 gallons
- Serial distribution on distal ends
- All dams shall have the last 3 inches of earth removed with a shovel

Disclaimer

This report discusses the general location of potentially usable soils for on-site wastewater disposal and the soil and site limitations on the property that exists at the time of the evaluation. Piedmont Environmental Associates, PA ("Piedmont") provides professional consulting specializing in the practice of soil science and wastewater management. Piedmont is therefore hired for its professional opinion regarding these matters. This report is being prepared as part of a packet to obtain an improvement permit Session Law 2023-90 (H628) and GS 130A-335 and GS 130A-336.

Piedmont Environmental Associates provides no warranty either written or implied regarding the lifespan of any type of septic system. Piedmont Environmental Associates utilizes accepted soil science practices and assigns LTAR's and proposes trench depths based on field observation, law, rule, published data and accepted practice of the profession. Piedmont Environmental Associates however cannot guarantee the life span of any type of septic system component, trench media, pretreatment device, distribution device, distribution method, or installation method as there are simply too many variables that are not within the control of Piedmont Environmental Associates.

If you have any further questions, please feel free to call 336-596-7585. Thank you for the opportunity to serve.

Sincerely,





Eric Bailey
NC Licensed Soil Scientist
NC Licensed Onsite Wastewater Evaluator
Piedmont Environmental Associates, PA

15A NCAC 18A .1950 LOCATION OF SANITARY SEWAGE SYSTEMS

(a) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following:

(1) Any private water supply source, including any well or spring 100 feet;
(2) Any public water supply source 100 feet;
(3) Streams classified as WS-I 100 feet;
(4) Waters classified as S.A. 100 feet, from mean high water mark;
(5) Other coastal waters 50 feet, from mean high water mark;
(6) Any other stream, canal, marsh, or other surface waters 50 feet;
(7) Any Class I or Class II reservoir 100 feet, from normal pool elevation;
(8) Any permanent storm water retention pond 50 feet, from flood pool elevation;
(9) Any other lake or pond 50 feet, from normal pool elevation;
(10) Any building foundation 5 feet;
(11) Any basement 15 feet;
(12) Any property line 10 feet;
(13) Top of slope of embankments or cuts of 2 feet or more vertical height 15 feet;
(14) Any water line 10 feet;
(15) Drainage Systems:
(A) Interceptor drains, foundation drains, and storm water diversions
(i) upslope 10 feet,
(ii) sideslope 15 feet, and
(iii) downslope 25 feet;
(B) Groundwater lowering ditches and devices 25 feet;
(16) Any swimming pool 15 feet;
(17) Any other nitrification field (except repair area) 20 feet;

(b) Ground absorption sewage treatment and disposal systems may be located closer than 100 feet from a private water supply, except springs and uncased wells located downslope and used as a source of drinking water, for repairs, space limitations, and other site-planning considerations but shall be located the maximum feasible distance and in no case less than 50 feet.

(c) Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic. If effluent is to be conveyed under areas subject to vehicular traffic, ductile iron or its equivalent pipe shall be used. However, pipe specified in Rule .1955 (e) may be used if a minimum of 30 inches of compacted cover is provided over the pipe.

(d) In addition to the requirements of Paragraph (a) of this Rule, sites to be used for subsurface disposal for design units with flows over 3,000 gallons per day, will require more stringent setback requirements.

ATTENTION: The State of NC revises the Common Form annually.
Please submit this packet to your local Environmental Health Department as soon as possible.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:
☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ (a2) Repair/Construction Authorization

Please check one of the following:
☑ New Construction ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
☑ 5 Year Expiration Requested (site plan provided)
☐ Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Property Owner Name: Adams Homes
Property Owner Mailing Address: 100 W GARDEN ST STE 200 PENSACOLA, FL 32502
Property Owner Phone Number: _____
Property Owner Email Address: _____

Applicant Name: Adams Homes
Applicant Mailing Address: 100 W GARDEN ST STE 200 PENSACOLA, FL 32502
Applicant Phone Number: _____
Applicant Email Address: _____

Does the property include, or is subject to, any of the following:
☐ Yes ☑ No Previously identified jurisdictional wetlands
☐ Yes ☑ No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions
☐ Yes ☑ No Approval by other public agencies

A site plan or plat is required, **OR** the site sketch submitted from the LSS/AOWE, must include the following:
(A) existing and proposed facilities, structures, appurtenances, and wastewater systems
(B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
(C) existing and proposed vehicular traffic areas
(D) existing and proposed water supplies, wells, springs, and water lines; and
(E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review: ☐ Yes ☑ No

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.

Applicant Signature: _____ Date: 12-20-23

Owner's Signature: _____ Date: 12-26-23

Client: Adams Homes
Lot Number: 50
Parcel#: 4762407326
DATE: 8/12/2022
LSS: Eric Bailey
Eval Method: Pits
Facility/Flow: 4 BR/480 GPD

Site Classification: PS
Initial System: IQ4 Chamber
Initial System LTAR: 0.3
Repair System: PPBPS
Repair System LTAR: 0.3
Others Present:
Water Supply: Public

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Number	UsableDep	LTAR	Boring Type	Horizon1	Horizon2	Horizon3	Landscape	Slope
26	53	0.3	Conv	0-6 cl wfsbk ss sp fr sexp	6-38 c mmsbk s p fi sexp	38-53 cl wfsbk ss sp fr sexp	ls	3
27	51	0.3	Conv	0-14 compacted driveway	14-34 c mmsbk s p fi sexp	34-51 scl wfsbk ss sp fr sexp	ls	3
28	56	0.3	Conv	0-5 compacted	5-44 c mmsbk s p fi sexp	44-56 scl wfsbk ss sp fr sexp	ls	3
29	53	0.3	Conv	0-8 scl wfg ss sp fr sexp	8-31 c mmsbk s p fi sexp	31-53 cl wfsbk ss sp fr sexp	ls	4

Notes: 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, PS - Provisionally Suitable, U - Unsuitable
LTAR - Long Term Acceptance Rate
Landscape Position: SU - summit, SH - shoulder, BS - backslope, FS - footslope, TS - toeslope, SS - sideslope, HS - headslope
Mineralogy: SE - slightly expansive, EXP - expansive

Septic System Layout Specifications

203 Mountain Island Dr, Iredell County, NC

Piedmont Environmental Associates Job # 3380

Layout for a 4-BR home

LINE #	FLAG COLOR		FLAGGED LINE LENGTH (ft)	DESIGN LINE LENGTH (ft)
TBM				
INSTR. 1				
1	**Lime**		**46**	**46**
2	**Blue**		**66**	**66**
3	**Purple**		**86**	**86**
4	**Pink**		**102**	**102**
5	**Yellow**		**102**	**102**
6	Yellow		20	20
7	Lime		119	119
8	Blue		82	82
9	Purple		46	46
		Total:	**669**	**669**

	DESIGN LINE LENGTH (ft)	SOIL LTAR GPD/FT^2	SYSTEM TYPE	DISTRIBUTION MEDIA	DISTRIBUTION METHOD	DESIGN FLOW (GPD)
System	**402**	**0.3**	**Accepted**	**IQ4 Chamber**	**Pump to serial**	**480**
Repair	267	0.3	Graveless	PPBPS	Pump. to serial	480

Notes:

**All measures in feet.

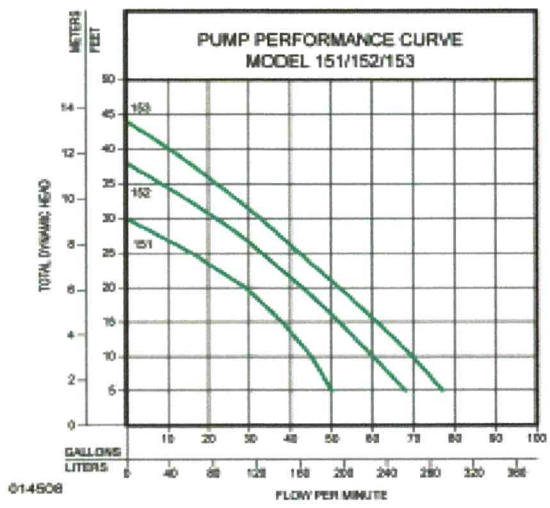
**Nitrification lines are demonstrated on contour via colored pin flags.

**Soil evaluated by private LSS

Pump Sizing Sheet, Pump to Serial Distribution

203 Mountain Island Dr

Site Information		
Bedrooms:	4	
LTAR:	0.3	
Daily Flow (gpd):	480	
25% Reduction?	YES	
Trench Length (ft):	402	
Septic Tank Size (gal):	1000	
Pump Tank Size (gal):	1000	
Supply Line Length (ft):	82	
Supply Line Dia. (in):	2	
Total Design Flow:	480	
Total Drainfield Length:	402	
4" Pipe:	0.65079	
Total Drainfield Vol.:	261.62	
Percent of Dose Vol.:	0.75	(from .1900 rules)
Dosing Vol. (gal):	196.2	
Pump Tank (gal/in):	21.0	(average)
Drawdown (in):	9.3	
Ground Elev. at Pump Tank (ft):	872	
Pump Tank Install Depth (ft):	1	
Pump Tank Elevation (ft):	871	
Pump Elev. Difference (ft):	5	(typical configuration)
Pump Elev. (ft):	866	
Elev. of Highest Drainline (ft):	874	
Elev. Head (ft):	**8.0**	
Friction Head (ft):	**1.25**	
Pressure Head (ft):	**0.0**	
Total Dynamic Head:	**9.2**	
TDH Capacity (ft):	**9.2**	
Flow Capacity (GPM):	**21**	(typical value)
Pump Run (min./dose):	**9.34**	
Recommended Pump:	**Zoeller Model 151**	**or approved equivalent**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/20/2023

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).

PRODUCER Younts Insurance Agency Inc 121 N Talbert Blvd Lexington NC 27292	**CONTACT NAME:** Valerie Leonard **PHONE (A/C, No, Ext):** 336-238-1053 **FAX (A/C, No):** 336-238-1054 **E-MAIL ADDRESS:** valerie@yountsinsurance.com
INSURED PIEDENV-02 Piedmont Environmental Associates, PA 216-1 S. Swing Road Greensboro NC 27409	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Continental Casualty Company — 20443 **INSURER B :** Penn National Mutual Casualty Insurance Company — 14990 **INSURER C :** Ohio Casualty Insurance Company — 24074 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1101377808 **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	
B	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:			BP9 0741038	6/1/2023	6/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 300,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
B	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY X 19			AU90741038	6/1/2023	6/1/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical Payments	$ 1,000,000 $ $ $ $ 2,000
B	X **UMBRELLA LIAB** [ ] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE DED X RETENTION $ 0			UL9 0741038	6/1/2023	6/1/2024	EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		XWO55203240	6/1/2023	6/1/2024	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability			EEH288330253	6/1/2023	6/1/2024	Each Claim Aggregate Deductible	2,000,000 2,000,000 5,000

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

CERTIFICATE HOLDER

For Client Purposes Only

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

Diana Evans

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