ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 305634

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

PIN # 4624 -- 57 -- 8342

APPLICANT/OWNER: Monterey Bay Charlotte | APPLICANT ADDRESS: 18637 Northline Dr. Cornelius NC 28031

SITE ADDRESS: 105 Saylor's Watch Ln Mooresville, NC | PHONE: 980253-5488 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Torrence Chapel to Saylors Watch Ln @ end | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Saylors Watch | SECTION: | LOT# 2 | LOT AREA: .84 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: .3Inf / .25Rep

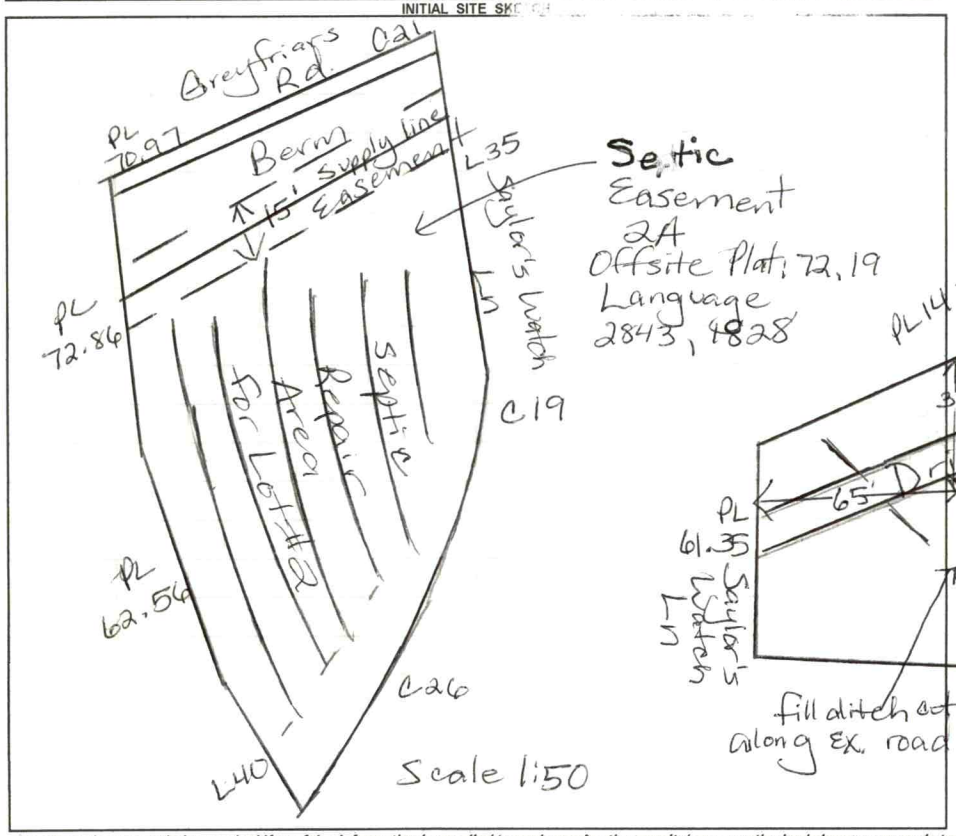
Septic Tank	1500 ~~1000~~ (gal)	STB	964	Date	8/21/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1500 ~~1000~~ (gal)	PT	353	Date	9/3/22	System Description:	LP PPBPS Vert			☐ Business	No. Persons 8
Pump Make	Gault	Model	WEB5.12HHU	Serial #		Repair System Description:	PPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	min. 267	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	min 24"	Trench Bottom Depth ~~(Low side)~~	max 36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Drill 5/32" hole

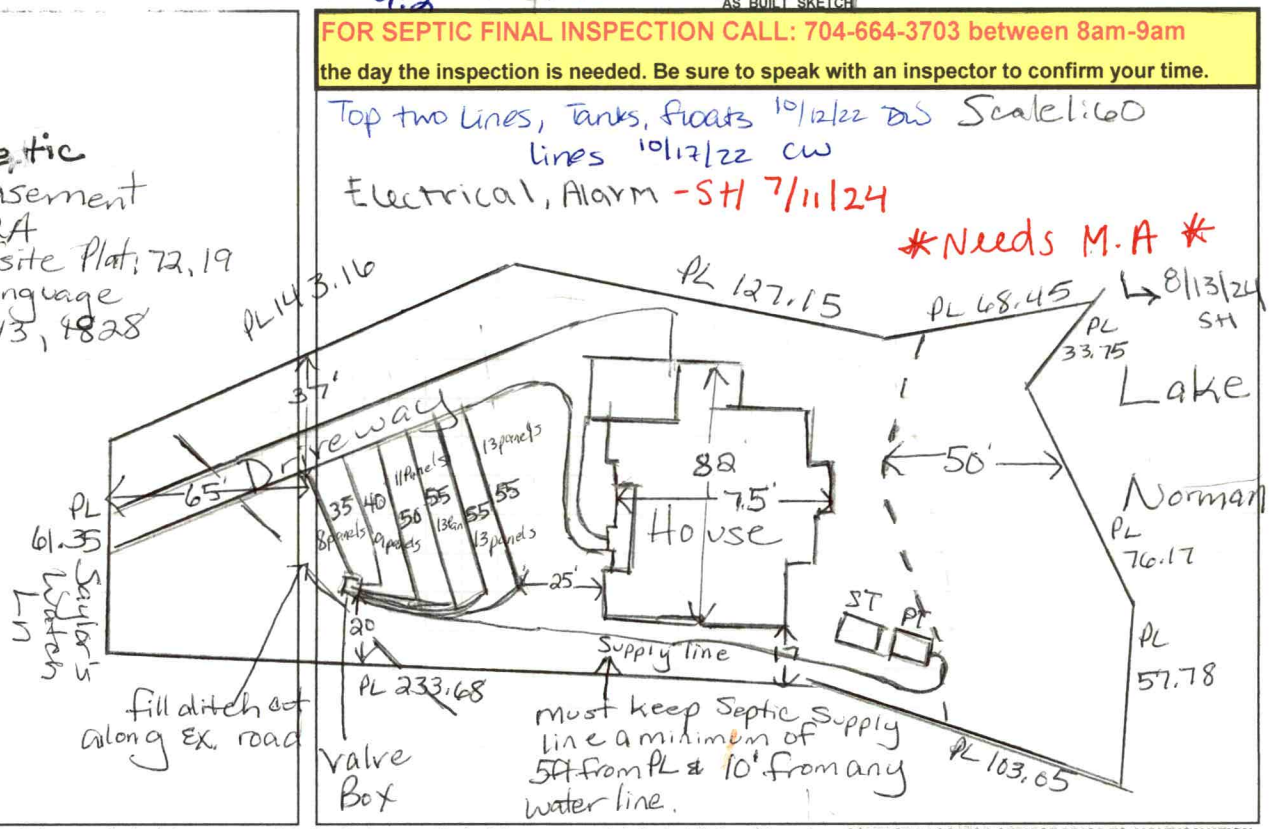
★ Keep water lines a minimum of 10ft from Septic
67 panels 241.2 gals - dose volume 27.47 gal/min
~~11~~ 9.2 inches drawdown Pump run 8.78 min.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: Melinda Wolfe | Date: 1/7/22 | Installed by: Ground Breakers

IMPROVEMENT PERMIT by: Maria Dolson | Date: 12/16/21 | OPERATION PERMIT by: Sydney Holland | Date: 8/13/24

AUTHORIZATION TO CONSTRUCT by: Maria Dolson | Date: 12/16/21 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked	10/17/22	CW
Tanks Checked	10/12/22	DW
Pressure Manifold or Valve Box Checked	7/11/24	SH
Pressure Head Set		
Electrical Checked	7/11/24	SH
Floats Set	10/12/22	DW
Alarm Checked	7/11/24	SH
Maintenance Contract Needed? (Y) / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

LENTZ WASTEWATER MANAGEMENT, Inc.

www.lentzwastewater.com

Subsurface (Type IV) Inspection and Maintenance Agreement

Contract Dates: 7/15/24 -- 7/15/25

Agreement between:
Monterey Bay Charlotte
(the "Owner")
and Lentz Wastewater Management, Inc

Jarrid Lentz
463 Lentz Road
Statesville, NC 28625
(the "Operator")

105 Saylors Watch Lane
Mooresville, NC 28117
("system" location)

WITNESSETH

WHEREAS The Owner owns or controls the property upon which a ground absorption sewage treatment system ("system") is installed, being designated a Type IV system in the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Administrative Code 18A.1900 et seq. and

WHEREAS, Administrative Code 18A. 1961 requires a contract to be executed between the system owner and a management entity prior to issuance of an Operation Permit for said system; and,

WHEREAS, Administrative Code 18A. 1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity, shall be in effect for as long as the system is in use; and

WHEREAS, the Operator is a management entity, of the type authorized by 15A N.C. Administrative Code 18A. 1961 to manage a Type IV System.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is agreed by the Owner and the Operator as stipulated below:

1. The Operator Obligations:

a. The Operator shall inspect, document, and report on the system every 6 months:
~If an inspection indicates the need for system repairs, the Operator shall notify the local health department within 48 hours of inspection.
~The Operator shall notify the owner of needed repairs, which are outside of the scope of routine maintenance described in this contract. At the request of the Owner, the Operator will perform necessary repairs to the system and shall be entitled to payment at the Operator's normal charge for services and materials.
~ The operator shall respond to a request for a nonscheduled service or maintenance call within 48 hours after receipt of such request.

2. The Owner's Obligations:

a. The Owner shall pay to the Operator:
~ At start of contract (6 months prior to first inspection). Yearly fee includes [2] inspections per year. Contract will be sent to Environmental Health Department upon receipt of payment.
~ The Owner is responsible for any charges for necessary repairs/replacement parts. A quote for such repairs will be provided. The Operator will complete needed repairs after a signed quote for repairs has been received.
~The Owner is responsible for charges associated with pumping/removal of solids from tanks. The Operator will notify Owner when pumping is needed and the Owner shall schedule and pay for pumping with a Licensed Septic Pumper.
~The Owner is responsible for any additional maintenance (clearing around any septic components, such as: septic tank, pump tank, drain field lines, etc.) or labor repair and service calls requested by client.
~ Septic system components must be kept clear of vegetation, bushes, trees and shrubs
~All septic system components (risers on tanks, valve boxes, control panel, etc.) must be accessible in order to collect the necessary information and to properly maintain the system. When visits are made and components are not accessible, the report will indicate "not evaluated" or "not accessible"

3. Term: This Agreement shall remain in effect until terminated

a. Automatic Termination
~ This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or the time for taking an appeal has passed.

b. Termination by Mutual Consent
~ The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

Contract Dates: 7/15/24 -- 7/15/25

LENTZ WASTEWATER MANAGEMENT, Inc.
www.lentzwastewater.com

c. Termination by the Owner

~ The Owner may terminate this Agreement by giving notice to the Operator and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Operator

~ The Operator may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

1. Failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within seven (7) days of receipt by the Owner of the bill. If said bill is paid after notice of termination of this Agreement, but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

2. Failure of the Owner to provide to the Operator authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

3. Failure of the Owner to allow the Operator such access to the system as is reasonably necessary order for the Operator to comply with the terms of this Agreement.

~The annual fee may be amended upon sixty (60) days advance notice to the Owner. Bi-annual maintenance visits are unscheduled. Owner does not need to be present. Operator will send a written report to the owner and local Environmental Health Department. Maintenance contract bi-annual inspections are NOT Point-of-Sale inspections and should not be used as a replacement.

~ The Operator may terminate this Agreement without cause, by notification to the Owner no less than ninety (90) days in advance of the termination date. The Operator may also assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment:

a. Assignment by the Owner

~ The Owner shall notify the Operator of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

5. Use of Subcontractors:

The Operator may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Operator's duties under this Agreement. The Operator shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representatives:

The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Notice:

Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

Owner:	Local Health Department	Operator:
Monterey Bay Charlotte 105 Saylors Watch Lane Mooresville, NC 28117	**Iredell County Environmental Health Department** 349 N Center Street, Statesville, NC 28677 610 E Center Avenue, Mooresville, NC 28115	Jarrid Lentz 463 Lentz Road Statesville, NC 28625

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other Party.

8. Place of Agreement:

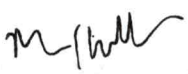
This Agreement and any questions concerning its validity, the system construction or performance shall be governed by the laws of the State of North Carolina.

9. Entire Agreement and Amendment:

This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by both Parties.

10. Severability:

In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modification or supplements to this Agreement.



07 / 12 / 2024

Owner's Signature — Date

Jarrid Lentz

07 / 16 / 2024

Operator's Signature — Date

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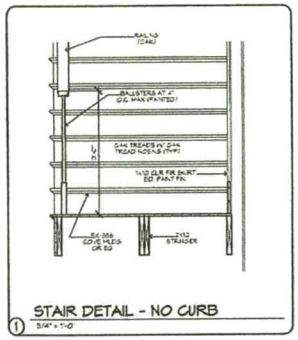
Dropbox Sign

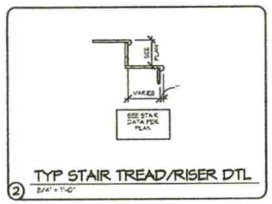
Audit trail

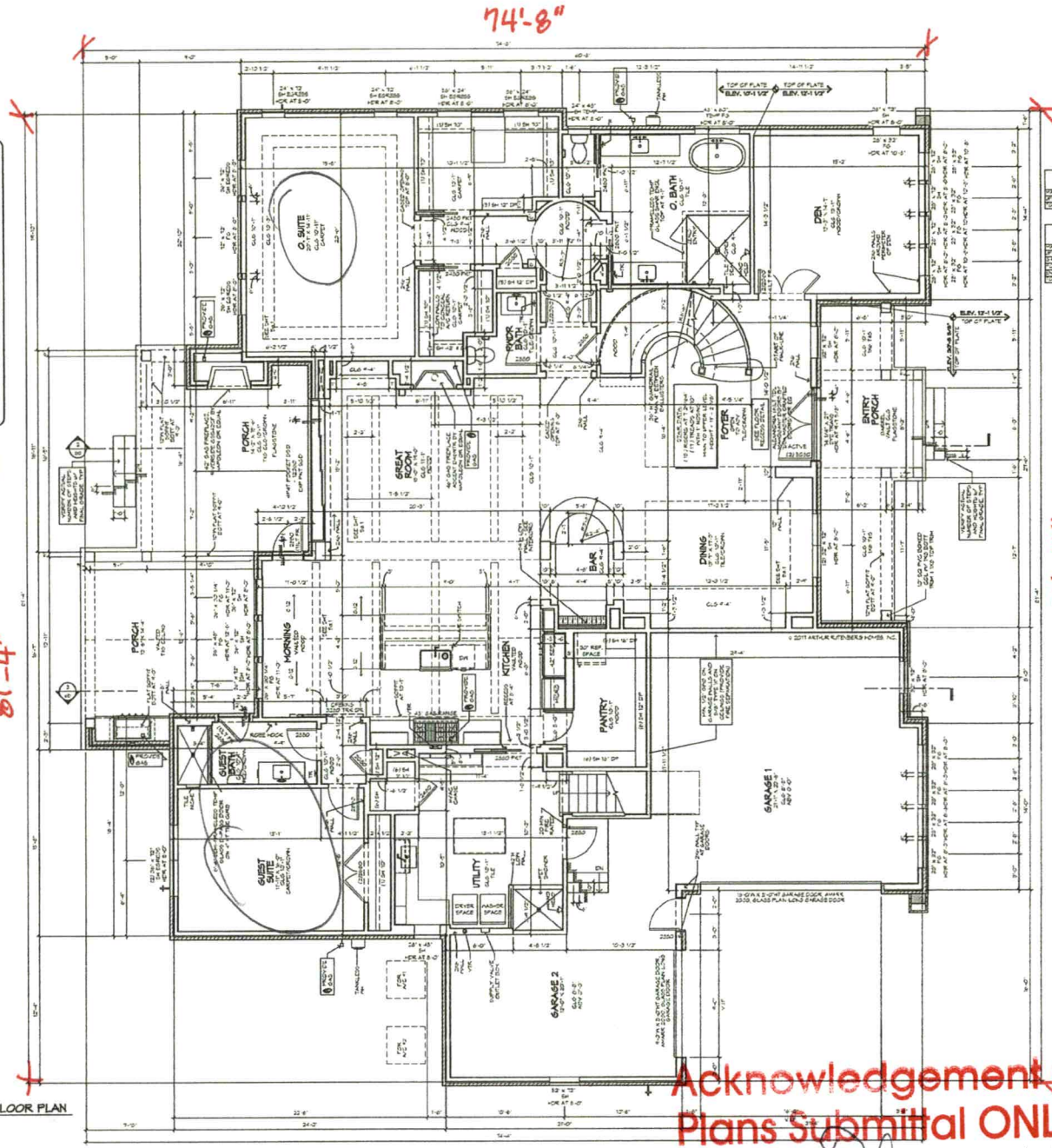
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File name	Iredell_-_Type_IV__2_.pdf
Document ID	a2bdb2242acc074977d37952bbb81c47637957ed
Audit trail date format	MM / DD / YYYY
Status	Signed

Document History

SENT	**07 / 12 / 2024** 18:38:52 UTC	Sent for signature to Rick Williams (rwilliams@arhomes.com) and Jarrid Lentz - Lentz Wastewater Management, Inc (jarrid@lentzwastewater.com) from office@lentzwastewater.com IP: 66.26.146.73
VIEWED	**07 / 12 / 2024** 18:39:54 UTC	Viewed by Rick Williams (rwilliams@arhomes.com) IP: 44.209.171.77
SIGNED	**07 / 12 / 2024** 18:46:24 UTC	Signed by Rick Williams (rwilliams@arhomes.com) IP: 174.203.250.69
VIEWED	**07 / 16 / 2024** 14:36:01 UTC	Viewed by Jarrid Lentz - Lentz Wastewater Management, Inc (jarrid@lentzwastewater.com) IP: 66.26.146.73
SIGNED	**07 / 16 / 2024** 14:36:08 UTC	Signed by Jarrid Lentz - Lentz Wastewater Management, Inc (jarrid@lentzwastewater.com) IP: 66.26.146.73
COMPLETED	**07 / 16 / 2024** 14:36:08 UTC	The document has been completed.







AREA SCHEDULE - FRAME LIVABLE

MAIN LEVEL LIVING	2110
UPPER LEVEL LIVING	1530
TOTAL	3640

AREA SCHEDULE - FRAME (GRAY)

MAIN LEVEL LIVING	2110
UPPER LEVEL LIVING	1530
GARAGE	668
PORCH	305
COVERED PORCH	261
TOTAL	2844

!! ATTENTION !!

NOTE: IT IS THE RESPONSIBILITY OF THE BUILDER TO COORDINATE THE INSTALLATION OF ALL WATER PROOFING METHODS NECESSARY TO PROVIDE A WATER TIGHT BUILDING ENVELOPE. REFER TO MFR. INSTALLATION RECOMMENDATION FOR ALL SELECTED WATERPROOFING MATERIALS, FLASHING, SEALERS AND ADHESIVE COMPONENTS

GENERAL NOTES:

VERIFY ALL ROUGH OPENINGS W/ MFR SPECS. SEE PLAN FOR NON STD. RO'S

ALL POCKET DOOR FRAMES TO BE SHEATHED W/ GYP.

VERIFY DEPTH AND WIDTH OF SLAB RECESS AT ALL DOORS TO ACCOMMODATE PROPER ALIGNMENT OF DOOR FRAMES-CLOSE AND DOOR TRACKS W/ CLEARANCE REQUIREMENTS IN RELATION TO FINISH FLOOR MATERIALS

FINISH SURFACES BOTH HORIZONTAL AND VERTICAL SHALL BE SMOOTH FIN.

REFER TO SHEET A-0 FOR SPECIFICS & DETAILS

Acknowledgement Of Plans Submittal ONLY!

Maria Date 12/20/21

Date 1/7/22

RHOMES

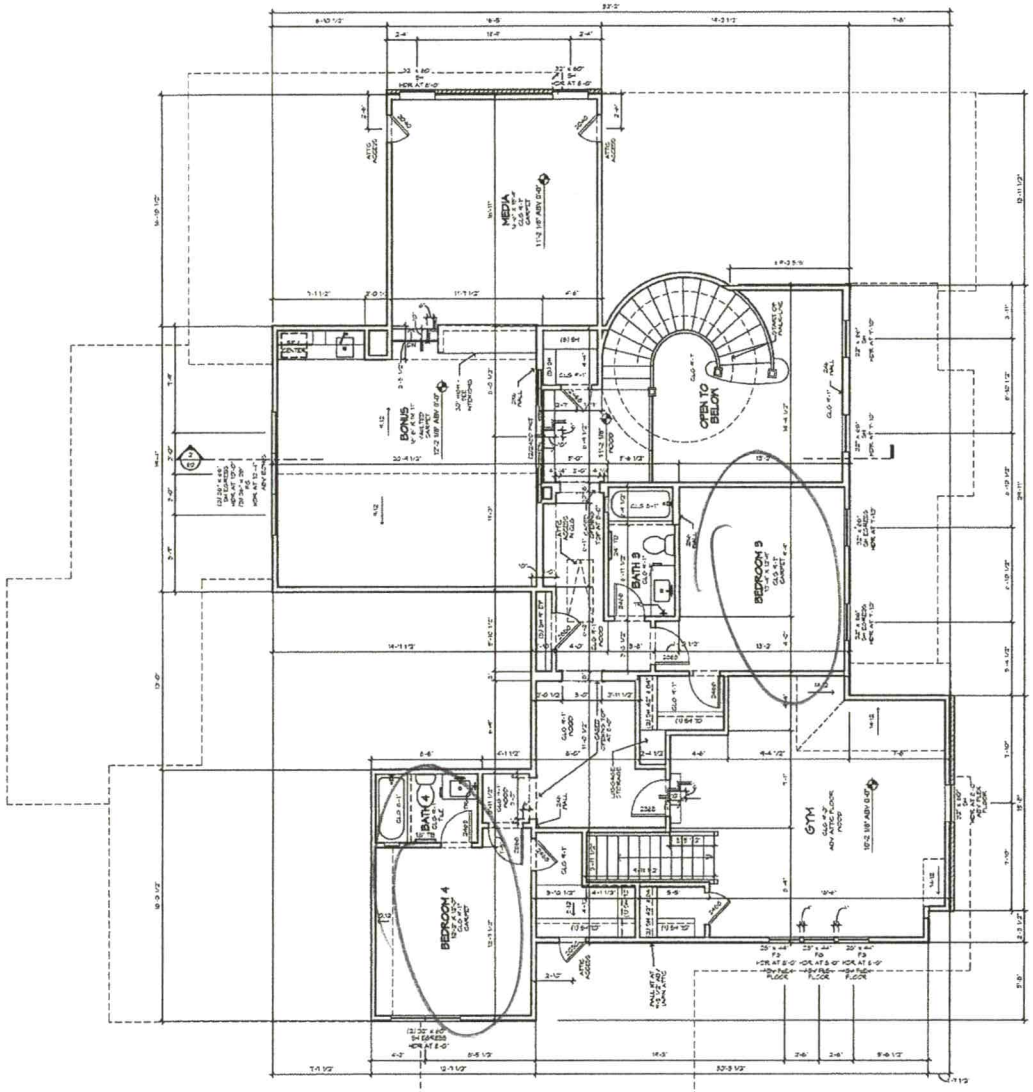
Ms. Nicky Morgan

Monterey Bay Homes, Charlotte

Taylor's Preach, Lot 2

MAIN LEVEL FLOOR PLAN

5a

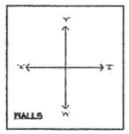


UPPER LEVEL FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Maria Dotson Date 12/20/21

Melinda Wolfe Date 1/7/22



ATTENTION

NOTE: IT IS THE RESPONSIBILITY OF THE BUILDER TO COORDINATE THE INSTALLATION OF ALL WATER PROOFING METHODS NECESSARY TO PROVIDE A WATER TIGHT BUILDING ENVELOPE. REFER TO MFR. INSTALLATION RECOMMENDATION FOR ALL SELECTED WATERPROOFING MATERIALS, FLASHING, SEALERS AND ADHESIVE COMPONENTS

GENERAL NOTES:

VERIFY ALL ROUGH OPENINGS W/ MFR. SPECS. SEE PLAN FOR ROUGH OPENING

ALL POCKET DOOR FRAMES TO BE SHEATHED WITH DENS

VERIFY DEPTH AND WIDTH OF SLAB RECESS AT ALL ROOMS TO ACCOMMODATE PROPER ALIGNMENT WITH THRESHOLDS AND DOOR TRACKS AT MFR. REQUIREMENTS IN RELATION TO FINISH FLOOR MATERIALS

KEG CLG SURFACES, BOTH HORIZONTAL AND VERTICAL, SHALL BE SMOOTH FIN

SEE SHEET 6 FOR SPECIFIC ELEV. DETAILS

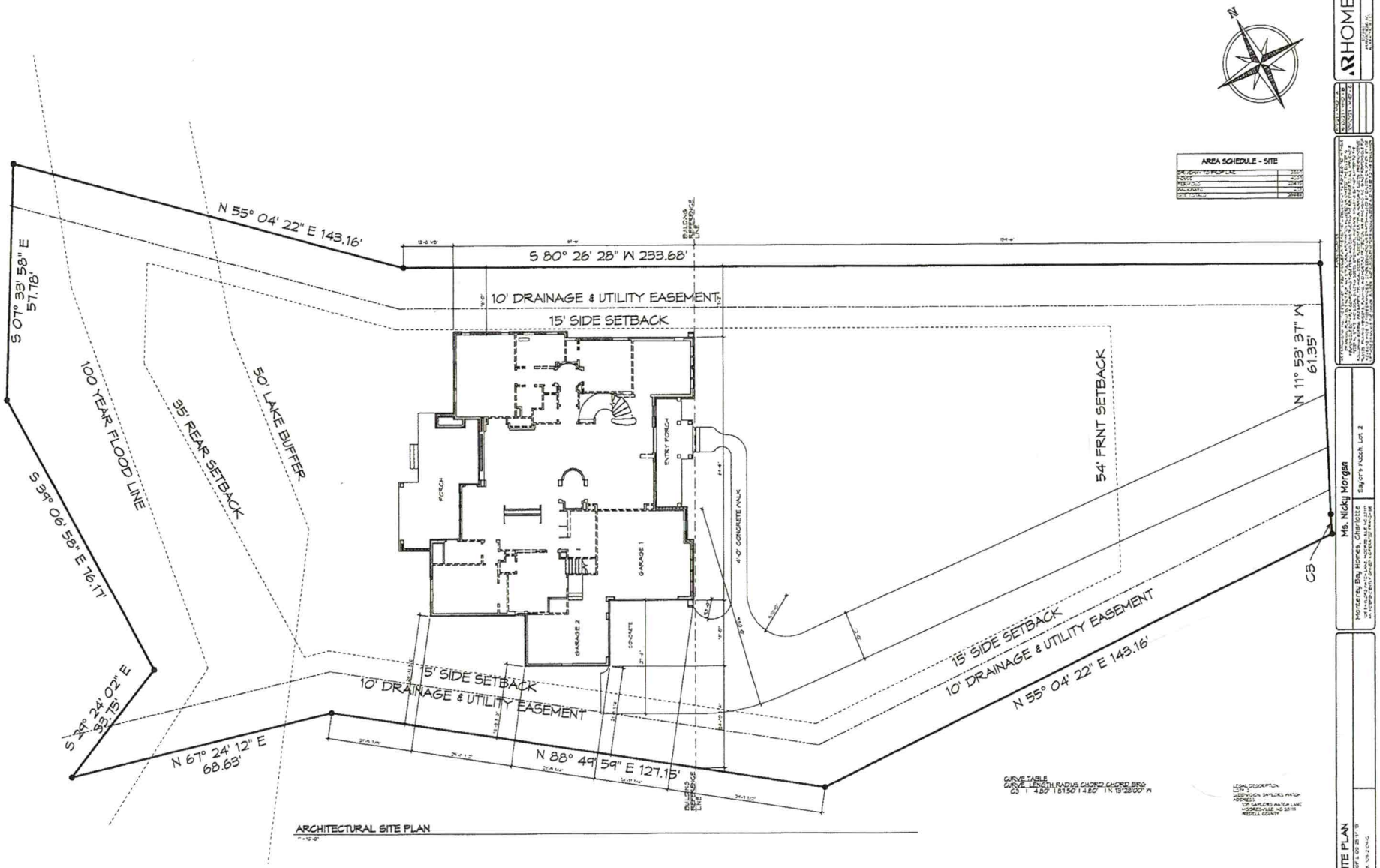
RHOMES

Ms. Nicky Morgan

Monterey Bay Homes, Charlotte | Bayers Ranch, Lot 2

UPPER LEVEL FLOOR PLAN

5b



ARCHITECTURAL SITE PLAN

MONICA MORGAN.

ARHOMES

Ms. Nicky Morgan

Monterey Bay Homes, Charlotte

Bayers Ridge Lot 2

SITE PLAN

3

RECEIVED NOV 16 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

House bigger. Diff Foundation 4 vs 5 bedroom Redraw

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-305634

Intermediate

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: MONTEREY BAY CHARLOTTE Address: 18637 NORTHLINE DR. CORNELIUS NC Zip: 28031
Applicant Email: mwolfe@arhomes.com Phone: 980.253.5488 Alt. Phone: _____
Owner Name: MONICA MORGAN Address: 1062 GREAT PASSAGE BLVD, GREAT FALLS, VA Zip: 22066
2@hotmail.com Phone: 703-801-1321 Alt. Phone: _____

11/15/21
① House to big
② Foundation different
③ # of Bedrooms

ORS WATCH LN, MOORESVILLE, NC 28117
S WATCH Section/Phase: _____ Lot Number: 2
wley School Road turn left onto Torrence Chapel Rd.

Site Development Information: *(check or complete ALL that apply*

(✓) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

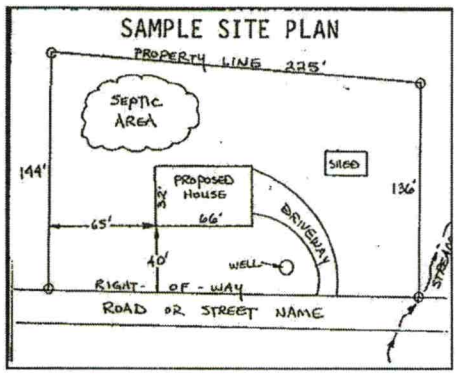
Signature: Melinda Wolfe 11/05/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

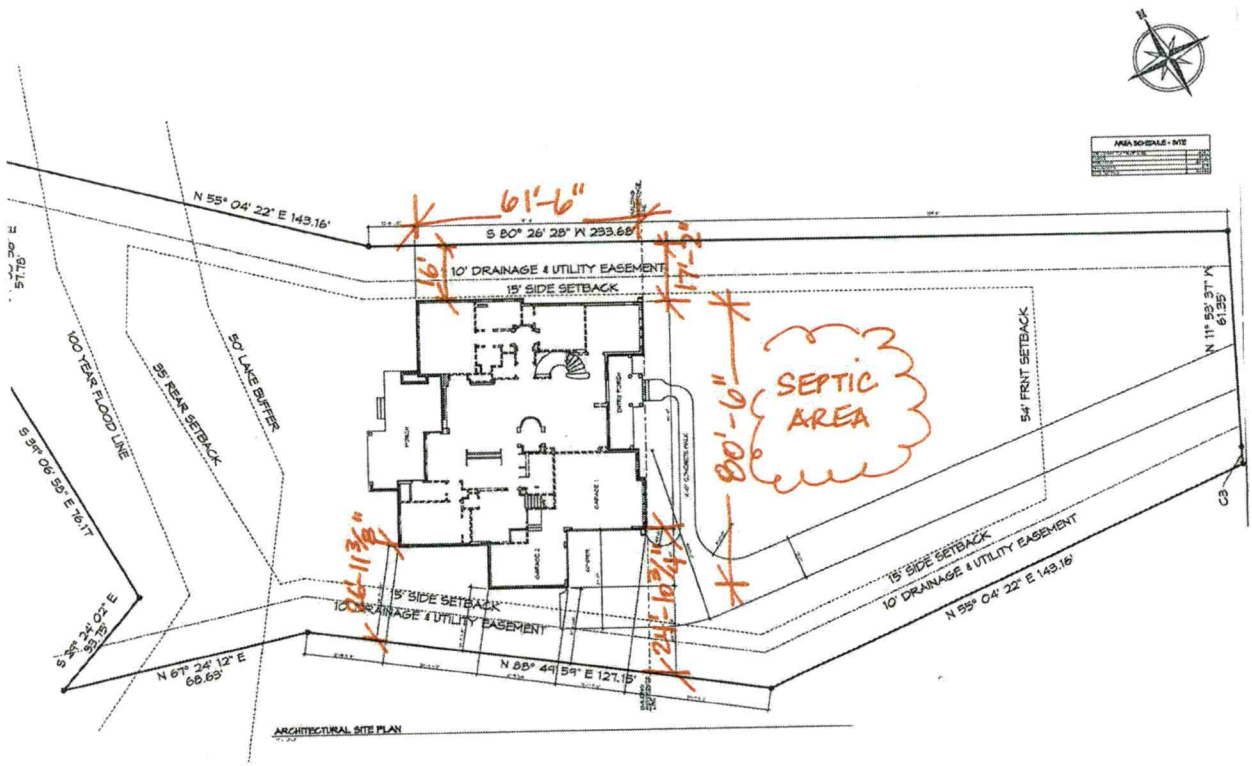
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Melinda Wolfe

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/05/2021

DATE