

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, S.C. 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Data Sheet for 318 Beaten Path Rd., Iredell County NC
House Footprint: Refer to Survey
Water Source: Private Well
Number of Bedrooms: 4/480gpd (Currently permitted for five bedrooms)
Pre-determined LTAR: Initial 0.3 gpd/ft2, Repair 0.3 gpd/ft2
Suggested System Type: LP PPBPS, Repair LP PPBPS
Distribution: CVB
Pressure Head: 2'
Flow per Tap: 7.11gpm
Hole Size: 3/16
Number of Panels: 68
System Flow: 40.12 gpm
Dosing Volume: 244.80 gal
Pump Run Time: 6.10 min
Pump Tank Drawdown: 11.66"
Elevation Head: 9.29
Friction Head: 2.05
Total Dynamic Head: 16.01
Total Linear Footage: 280'
Supply Line Length: Approx. 100'
Proposed Trench Depth: 36"
Septic/ Pump tank size: 1000gal

Line	Actual Length	Design Length	Elevation
Blue 1	30'		807.3
Red 2	40'		806.2
Orange 3	57'		804.8
Pink 4	69'		803.3
Blue 5	67'		801.9
Orange 6	33'		800.7
Pink 7	**34'**	**30'**	**799.6**
Blue 8	**34'**	**30'**	**798.4**
Blue 9	**57'**	**55'**	**792.1**
Pink 10	**57'**	**55'**	**791.5**
Orange 11	**57'**	**55'**	**790.5**

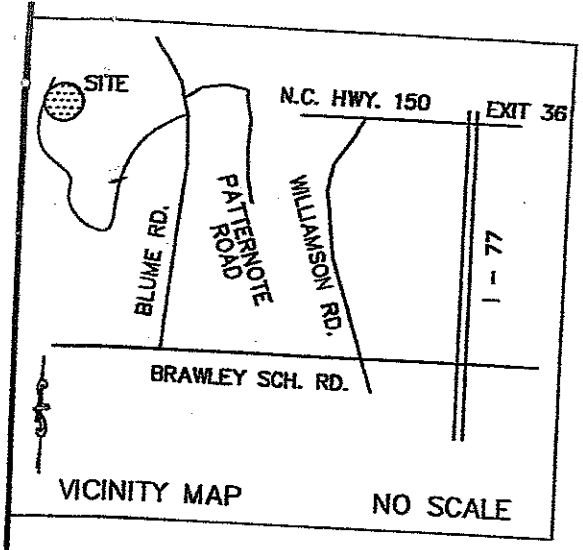
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Blue 12 **57'** **55'** **789.9**

Initial System: 280' of PPBPS, P7-B12
Septic/Pump Tank: 773.37 / 1000gal
House Corner: 787.94, Front Left Corner

Repair System: 296', B1-O6

Comments: Currently this lot this lot is permitted for a five bedroom panel block system, the new owners wish to slightly expand the house box from the original permit. MA&A re-designed and laidout the system area, we are proposing a four bedroom low pressure panel block system for the initial and the repair. Please note due to the road cut and its close proximity to the end of the lines (orange 6 through blue 8) some fill will need to be added in order to achieve maximum line length. Also the existing well will need to be properly abandoned as well as the existing septic system from the previous structure.



WILLIAM M. ALLEN, PLS L3499 LAND SURVEYOR WILLIAM M. ALLEN

LAKE NORMAN

760 CONTOUR PER ACTUAL FIELD SURVEY

761' CONTOUR LINE(FLOOD LINE)

IRON SET 10 FT ON LINE

PIER

POOL

PROPOSED HOUSE BOX

BASEMENT WALL

50' LAKE SETBACK

PROPOSED DRIVE

TANKS

OLD WELL

#5 REBAR FOUND

#5 REBAR FOUND N

BENCHMARK SET IN TREE TRUNK ELEV. = 797.07'

Neighbor's Septic

Fill in along edge of old driveway to prevent 2' embankment. Keep drainline 5' from fill

Abandon Existing Well

Approved ICHD 6-20-12 gm

LOT 2
0.69 AC.

LOT 103
LINDA L. MILLER
1183/1928
14/101

LOT 1
50/111

PB. 50 PG. 111

S 08°38'49" E 32.77

S 80°08'49" E 58.44 TOT.

S 35°26'55" W 34.59

S 54°37'11" E 224.04

S 15°25'11" W 46.49

S 18°22'11" W 38.49

S 77°09'11" W 60.46

S 69°13'03" W 159.55' TOTAL

N 71°27'48" E (BASE BEARING) 251.30 TOTAL

N 14°42'13" W 11.26'

S 75°20'43" W 182.24'

N 87°02'55" E 56.21

N 03°30'50" E 41.16

R=527.90' L=57.00' CHORD BEARING N00°30'44"E 56.98

BEATEN PATH ROAD (60' PUBLIC R/W)

R/W

60'

760 CONTOUR LINE TABLE		
LINE	BEARING	LENGTH
L16	N 55°00'39" W	2.82'
L17	N 55°00'39" W	15.60'
L18	N 27°11'58" W	9.97'
L19	N 05°28'25" E	5.48'
L20	N 31°22'22" W	10.70'
L21	N 31°22'22" W	16.15'
L22	N 25°15'02" W	10.28'
L23	N 07°24'40" E	14.28'
L24	N 26°22'02" E	20.27'
L25	N 12°31'45" E	27.32'
L26	N 36°18'27" E	25.31'
L27	N 49°05'12" E	19.19'
L28	N 52°28'34" E	28.28'
L29	N 59°52'19" E	25.44'
L30	N 18°39'35" E	12.62'
L31	N 05°05'56" E	30.41'

0' 25' 50' 100'
SCALE IN FEET

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 4/16/12) ELEVATION: 757.40'
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND
P.P. = POWER POLE
D = DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL

BOUNDARY & SEPTIC SURVEY

OF

LOT 2 CRESCENT LAND & TIMBER CORPORATION

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Blue Harbor Bank
ADDRESS: N/A
APPLICATION DATE: 6-14-12
PROPOSED FACILITY: 4 Br. PROPOSED DESIGN FLOW (.1949): 480gpd
DATE EVALUATED: 6-10-12
LOCATION OF SITE: 318 Beaten Path, Mooresville, Lot 2 CLT
PROPERTY SIZE: .69 ACRES
WATER SUPPLY: ☐ Private ☐ Public * Well ☐ Spring ☐ Other
PROPERTY RECORDED:
EVALUATION METHOD: ☐ Auger Boring * Pit ☐ Cut
TYPE OF WASTEWATER: * Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 5-6%	0-24	R C SBK	FR SS/SP SEXP	Comm Sap Incl.	50"			PS .35
		24-50	R CL WSBK	FR SS/SP SEXP					
2	LS 5-6%	0-5	Road screenings	Gravel	Few to Comm Sap Incl.	54"			PS .35
		5-28	R C SBK	FR SS/SP SEXP					
		28-41	R C WSBK	FR SS/SP SEXP					
		41-54	R CL WSBK	FR SS/SP SEXP					
3	LS 8-10%	0-31	R C SBK	FR SS/SP SEXP	Comm to Many Sap Incl.	50"	PS		PS .35
		31-50	R CL WSBK	FR SS/SP SEXP					
		50-65	Ver. L SAP Mass	VFR SS/SP SEXP					
4	LS 3-5%	0-5	Road Screenings	Gravel	Comm to Many Sap Incl.	25"	PS		PS .4+
		5-15	R C SBK F-FR	SS/SP SEXP					
		15-25	R CL WSBK	FR SS/SP SEXP					
		25-60	Ver. SL SAP MASS	VFR NS/NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	690 SQFT	1092 SQFT
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): Site previously permitted for 5 bedroom
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&ASSOC., Inc.
OTHER(S) PRESENT:

COMMENTS: Site is currently permitted as a five bedroom system with a .3 LTAR

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: Iredell _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 3-5%	0-16	R C SBK	F-FR SS/SP SEXP	0-4"Comp. Comm Sap Incl. Few Clay Incl.	36"	PS		PS .4
		16-36	R CL WSBK	FR SS/SP SEXP					
		36-70	Ver. SL SAP MASS	VFR NS/NP					

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ✓ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted:
   Place check ( ) beside whichever is submitted if applicable
   ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
Michael Athanes	1999 Candlewick Dr. Fort Mill SC		704-576-3887
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
Beaton Path		LOT 2 CLT

Driving Directions: RT on Blume, Lt on Beaton Path, Lot on Rt.

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats
N/A

****

6. Proposed Water Supply:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. 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. industry) 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.

9. Signature: M. Athanes
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6-13-12
DATE

IREDELL COUNTY HEATLH DEPARTMENT

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...
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ✓ Front and side setbacks from property line...
- ✓ Preferred driveway location and configuration, preferred 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:

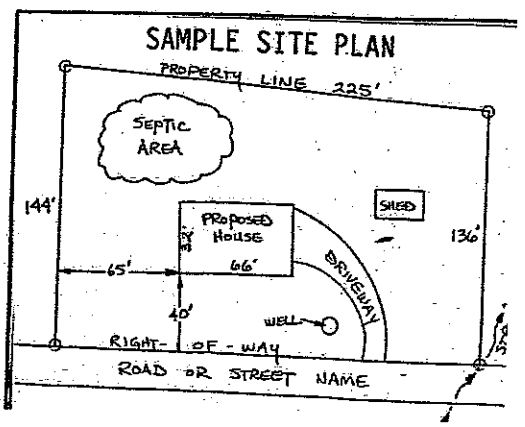
- ✓ Location of septic systems and wells within 100' of your property... N/A
- Location of easements and rights of ways on your property... (N/A)
- Location of any designated wetlands on the property... (N/A)

Signature: M. A

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

Call Michael Altman
@ 704-576-3887



Judy

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit
Permit Number: 173240ZO

Printed: 6/19/2012

Master #: 173240

Associated Permits:
173240ZO Zoning

Applicant
Name: William Allen
Address:
Phone: 704-634-2310

Parcel
Parcel Number: 4627939151.000
Address: 318 Beaten Path Rd.
Mooresville, NC 28115
Subdivision: CL&T
Zoning: R20
Township: 1700
Area: .689
Lot(s): 2
Directions to Parcel: Brwley School south, right Blume, left Beaten Path, property on right

Owners
Name: BLUE HARBOR BANK
Address:

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-257245-07	Zoning - Permit Application	$75.00
FEE-257246-07	Technology Fee - Planning	$2.25
	Total Fees:	**$77.25**
REC-135426-07		$77.25
	Total Receipts:	**$77.25**

Conditions

Attention: Mavis

Fax 9 3/19/13

WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 3286-A

1. WELL CONTRACTOR:

Alfred L Kiesling Jr
Well Contractor (Individual) Name

B & K Well Drilling Inc.
Well Contractor Company Name

132 Mt. Mourne Lp
Street Address

Mooresville NC 28117
City or Town State Zip Code

(704) 892-4896
Area code Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable) Abandonment

DWQ or OTHER PERMIT # (if applicable)

WELL USE (Check applicable use): [ ] Monitoring [X] Residential
[ ] Municipal/Public [ ] Industrial/Commercial [ ] Agricultural
[ ] Recovery [ ] Injection [ ] Irrigation
[ ] Other (list use)

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME

NEAREST TOWN: Mooresville
318 Beaton Path
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
[X] Slope [ ] Valley [ ] Flat [ ] Ridge [ ] Other
(Check appropriate setting)

LATITUDE 36 ° ' " DMS OR 3x.XXXXXXXXDD

LONGITUDE 75 ° ' " DMS OR 7x.XXXXXXXXDD

Latitude/longitude source: [ ] GPS [ ] Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

4a. FACILITY - The name of the business where the well is located. Complete 4a - (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID # (if applicable)

NAME OF FACILITY

STREET ADDRESS

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME Steve Waters

STREET ADDRESS 318 Beaton Path

5. WELL DETAILS:

a. Total Depth 260 ft. Diameter: 2 in.
b. Water Level (Below Measuring Point): 30 ft.
Measuring point is 1 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	[redacted] ft.	in.
b. Casing Removed:	[redacted] ft.	2 in.

7. DISINFECTION: 8oz
(Amount of 65%75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement ____ lb.
Water ____ gal.

Sand Cement
Cement 60 lb.
Water ____ gal.

Bentonite
Bentonite ____ lb. @ 2 Bags 50 lbs. each
Type: [ ] Slurry [X] Pellets
Water 20 gal.

Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
poured

10. WELL DIAGRAM : Draw a detailed sketch of thewell on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materialsused

11. DATE WELL ABANDONED 3-19-13

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Alfred L Kiesling Jr 3-19-13
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

Alfred L Kiesling Jr
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-1617, Phone: (919) 807-6300

Form Rev.

182

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

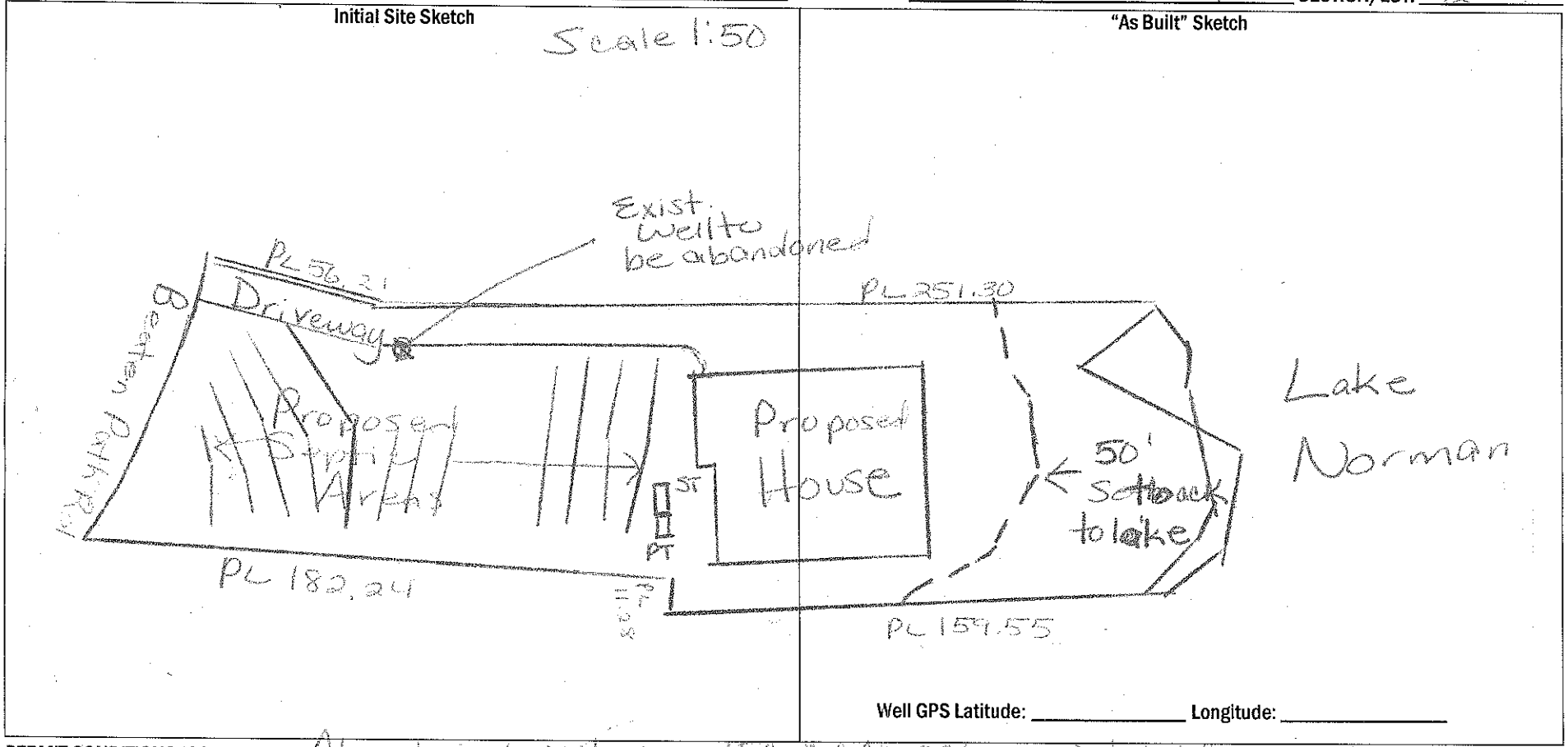
PRIVATE DRINKING WATER WELL PERMIT # **PIN #** 4627939151 **Type of Permit (circle one): New Repair (Abandonment)**

APPLICANT NAME: Steve Masters ADDRESS: 236 Tuskarora Trail Mooresville NC PHONE: 704-[illegible]

DIRECTIONS TO SITE: Brawley School Rd TR Plume TL Beaten Path on right

SITE ADDRESS: 318 Beaten Path Rd SUBDIVISION: Lot 9 SECTION/LOT: 2

Initial Site Sketch



"As Built" Sketch

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Abandon well per 15A NCAC 02C .0100 Well Construction Standards. Criteria and Standards Applicable to Water Supply.

WELL PERMIT ISSUED BY: Maria Lotocco DATE: 3/18/13 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: B&K CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

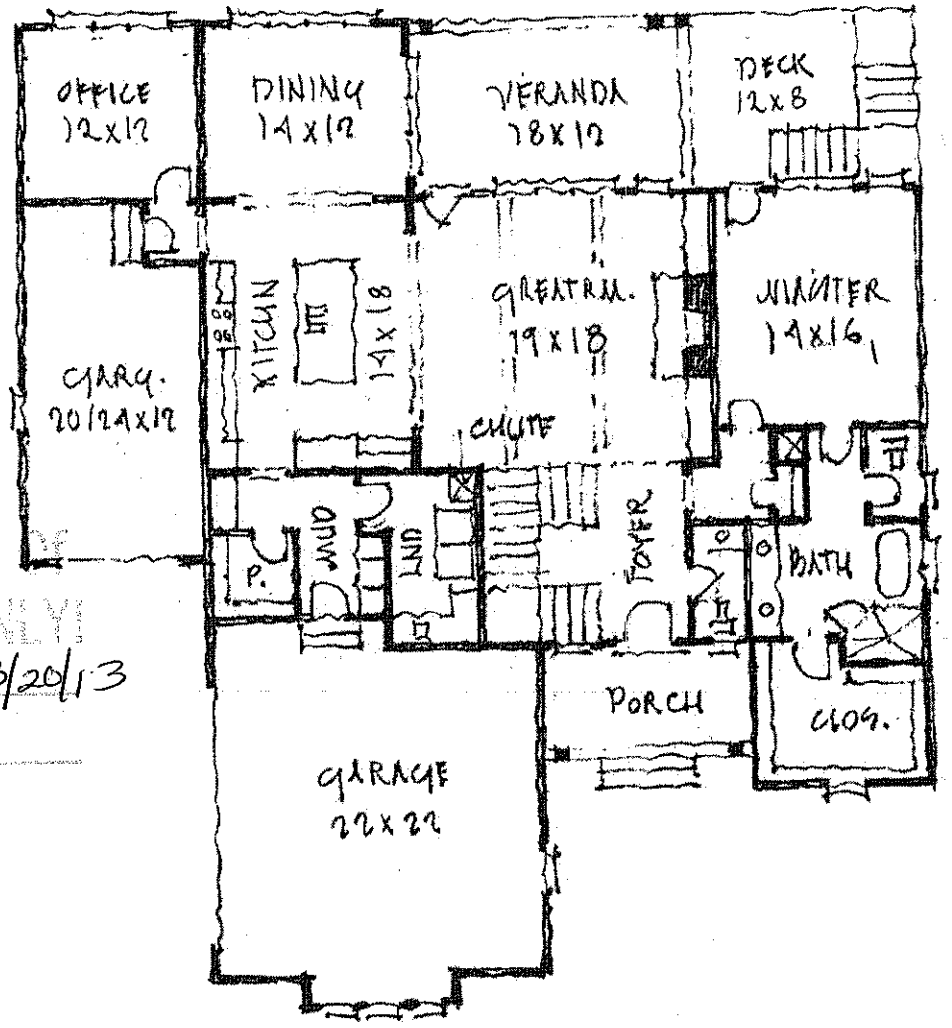
WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: M Dotcco DATE: 3/19/13 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐

Health Dept. Copy – White Applicant Certificate of Completion – Yellow Applicant Well Construction Permit - Pink



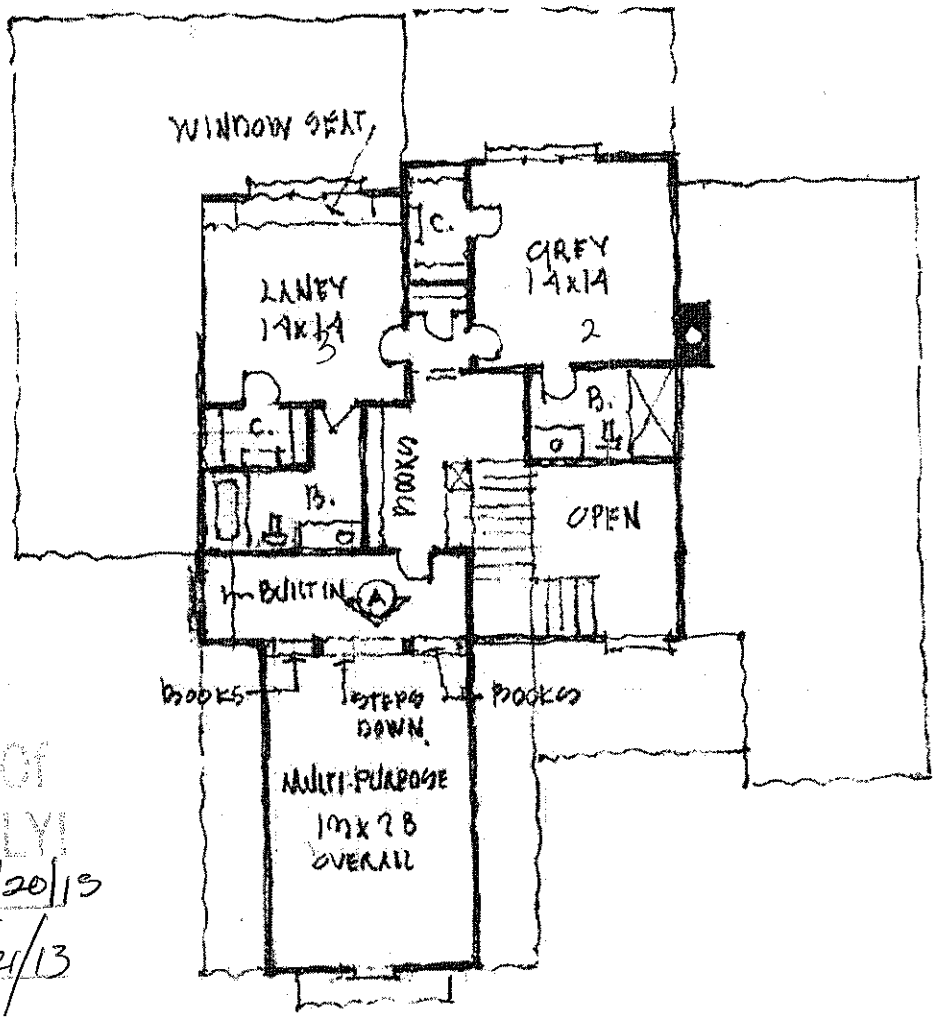
Acknowledgement of
Plans Submittal ONLY!
Date 3/20/13
Date

ESTIM. HEATED AREA	
FIRST FLOOR	2,000
SECOND FLOOR	1,100
TOTAL HEATED	3,100

The Welsh Residence

FIRST FLOOR PLAN

Custom Residential Designs
by JJ Barja
704-545-2928
December 26th, 2012



Acknowledgement Of
Plans Submittal ONLY!

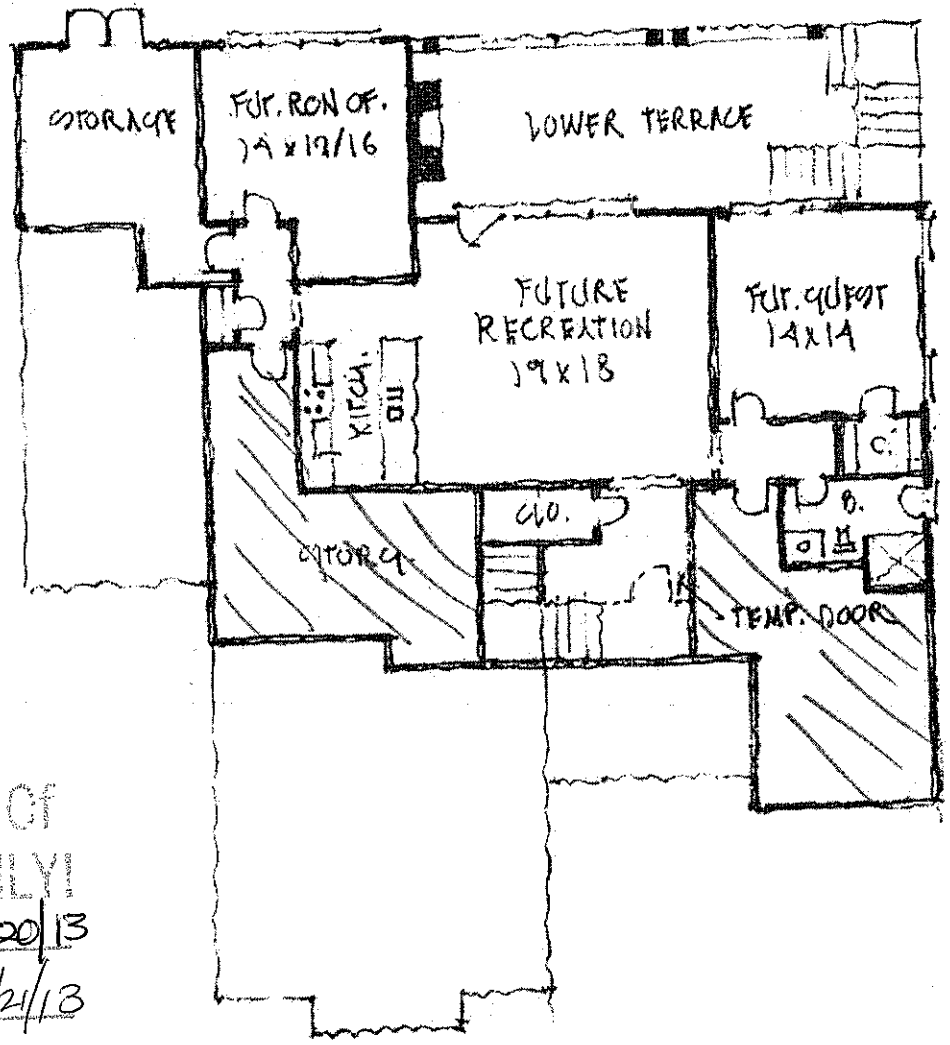
Date 3/20/13

Date 3/21/13

The Welsh Residence

SECOND FLOOR PLAN

Custom Residential Designs
by JJ Barja
704-545-2928
December 26th, 2012



UNFINISHED BASEMENT

Acknowledgement Of
Plans Submittal ONLY!
Date 3/20/13
Date 3/21/13

The Welsh Residence

LOWER FLOOR PLAN

Custom Residential Designs
by JJ Barja
704-545-2928
December 26th, 2012

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ✓ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
STEVEN WATERS	236 TUSKARORA TRAIL MOORESVILLE	704 360-2808	704 746-4531
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
RON & DONNA WELSH	123 GLADE VALLEY AVE MOORESVILLE	704-995-8155	704-995-8154

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
318 BEATON PATH RD. MOORESVILLE		LOT 2 50/111

Driving Directions: BRAWLEY SCHOOL RD TO BLUME ROAD, FOLLOW BLUME ROAD 1/2 MILE AND THEN LEFT INTO BEATON PATH. JOBSITE ON RIGHT "WATER ARMT LOT"

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 4 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (✓) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

IF Non-Residential Site Development: Type of Business ___ Square Footage of Building ___ Maximum Number of Employees ___ Maximum Number of Seats ___

6. **Proposed Water Supply:** → EXISTING WELL WILL BE ABANDON

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) Existing system--installed in ___ YEAR

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other LP PPEPS W/ REPAIR ( ) No Preference

8. **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. industry) 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.

9. Signature: Steven J. Waters — 3-13-13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEATLH 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:

- X — Property Line measurements are clearly identified...
- X — All proposed structures are indicated...
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X — Front and side setbacks from property line...
- X — Preferred driveway location and configuration, preferred well location...
- X — Area you prefer your septic system to be placed...
- X — North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

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

Signature: _____ 3-13-2013

REQUIRED property owner or owner's legal representative signature. DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

(1) ATTACHED IS MICHAEL ATHANAS LAYOUT WITH SEPTIC SYSTEM.

(2) ATTACHED IS A PLAT WITH HOUSE LOCATED INSIDE SEPTIC LAYOUT.

R & H of Lake Norman Inc.

Wastewater System Installation and Management
Inspection & Maintenance Agreement

STATE OF NORTH CAROLINA, COUNTY of Iredell. This agreement is made and entered into this date of 2-12-14, by and between x Ron Welsh (the Owner) and R & H of Lake Norman Inc. (the Contractor).

Witnesseth

WHEREAS, the owner owns or controls the property upon which a ground absorption sewage treatment system is installed, such system being designed a Type IV system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Adm. Code 18A 1900 et seq,; and

WHEREAS, 15A N.C. Adm. 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 contractor is a management entity of a type authorized by 15A N.C. Adm. 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 hereby agreed by and between the Owner and the Contractor as stipulated below:

1. The Contractor's obligations. The Contractor shall perform the following services on the Owner's system located at 318 Beaten Path Rd. Mooresville, NC 28117 CL+T-9-2

   a. The Contractor shall inspect the system at least the frequency required in Table V(b) of 15A N.C. Adm. Code 18A 1961(b) for a Type IV system.

   b. The Contractor shall perform the following routine maintenance procedures in accordance with conditions of the Operation Permit:

   c. The Contractor shall report results of inspections to the local department at the frequency specified in Table V(b) of 15A N.C. Adm. Code 18A 1961 for a Type IV system.

   d. If an inspection indicates the need for system repairs, the Contractor shall notify the health department within 24 hours of the then inspection.

   e. The Contractor shall notify the Owner of needed repairs, which are outside the scope of routine maintenance described in sub-paragraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment thereof at the Contractor's normal charge for services and materials.

   f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Adm. Code 18A 1961(b) for a Type IV system.

   g. The Contractor shall respond to a request for a non-scheduled service or maintenance call within 72 hours after receipt of such request.

2. The Owner's obligations.

   a. The Owner shall pay to the Contractor the sum of $ 360.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon 60 days advance notice to the Owner but may not increase more than 2 percent per year. The Owner shall pay to the Contractor the normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within 30 days of billing. Payments due to the Contractor and unpaid by the Owner after 30 days shall accrue interest from the due date until paid at a rate of 2 percent per month.

   b. Within 7 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the repairs were satisfactorily completed.

   c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

. . 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 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 within 30 days in advance of the date of termination.

c. Termination by the Owner. The Owner may terminate this Agreement by giving notice to the Contractor and to the local Health Department 30 days in advance of the date of termination.

d. Termination by the Contractor. The Contractor may terminate this Agreement for cause by giving notice of intent to terminate this Agreement to the Owner and the local Health Department 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 30 days of receipt by the Owner. If the said bill is paid after notice of termination in this Agreement, the Agreement shall continue in effect; or

2. Failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs were completed within 2 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. 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 due date of termination of this Agreement, this agreement shall continue in effect;

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

4. The Contractor may not terminate this Agreement without cause, but may 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 Contractor 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.

b. Assignment by the Contractor. The Contractor may assign it's rights and duties under this Agreement to another management entity, which is qualified pursuant to 15A N.C. Adm. Code 18A. 1961 to manage a Type IV system upon 30 days written notice to the Owner and the local Health Department.

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

6. Representatives. The parties represent to each other that each has the power, authority and legal right to enter into and perform it's obligations as set forth in this Agreement.

7. Regulatory Amendments. References in the Agreement to sections of the administrative code shall include such rules as the may be amended in the future.

8. No Implied Waiver. The waiver by either party of the default or a breach by the party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provisions; and (b) shall not in any way affect the validity of this Agreement, or the right of either party thereafter to enforce each and every provision of this Agreement.

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

To the Owner: x Ron Welsh

To the Contractor: R & H of Lake Norman Inc.
142 Hidden Harbor Road
Mooresville, NC 28117

To the local Health Department: Iredell County Health Department
610 East Center Avenue
Mooresville, NC 28115

The date of any notice shall be date of personal delivery or the date shown on the return receipt as the date of delivery or attempt 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 of the other party.

10. Placement of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State of North Carolina notwithstanding the place of execution, or the order in which the signatures of the parties are affixed.

11. 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 the parties.

12. 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, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum practicable in light of such determination, implement and give effect to the intentions of the parties reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such actions, remain in full force and effect.

IN TESTIMONY WHEREOF, the parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the parties, the day and year first above written.

x [signature] 2/14/14
(Owner) (Date)

[signature] 2-12-2014
(Contractor) (Date)