IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216186

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

PIN # 4638574529

APPLICANT/OWNER: Whitley Construction APPLICANT ADDRESS: 127 Hunter's Pt Ln Mooresville, NC

SITE ADDRESS: 158 Collingswood Rd. Mooresville, NC PHONE: 7043619880 ALT. PHONE

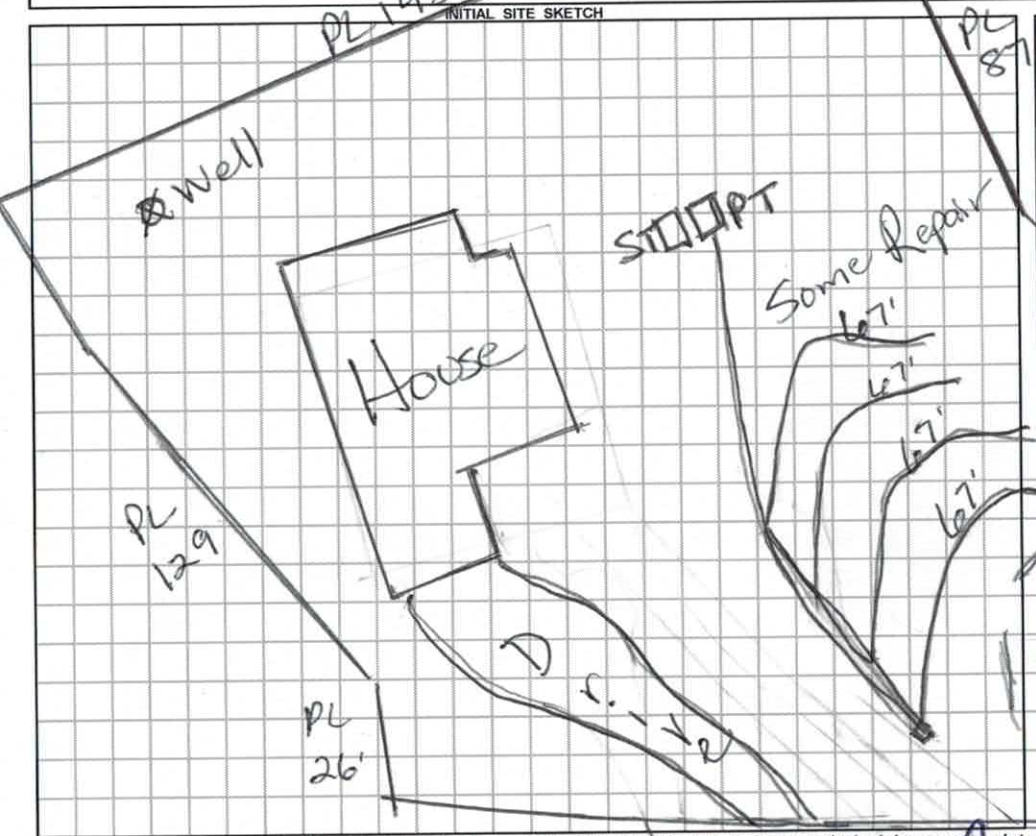
SITE DIRECTIONS: Perth Rd TL Stumpy TL Collingswood on right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Williams Michelle Green Property SECTION: LOT # 2 LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: .325 I

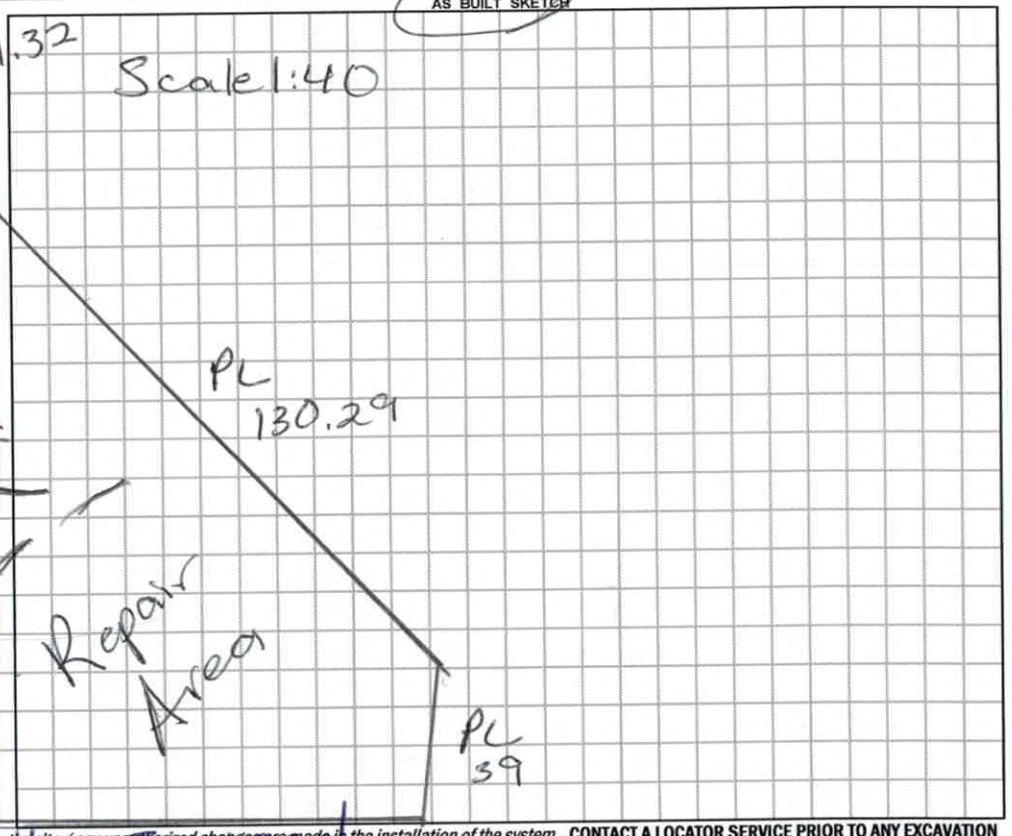
Septic Tank	1000 (gal)	STB 794	Date 9-21-16	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT 27	Date 9-21-16	System Description: LPPPBPS		☐ Business	No. Persons	8	☐ Private
Pump Make	Goulds	Model WE0312HC	Serial #	Repair System Description: LPPPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 4@67'	Linear Ft 268	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Installed by: Kenn Hallman

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date: 12/9/16

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT # 163249 2161B6 PIN # 4638574629 DATE 2-23-2011

OWNER or APPLICANT William Green PHONE: Business Home: 704 942-4183

OWNER or APPLICANT ADDRESS 109 Folkstone Rd Mooresville, NC 28117

LOCATION / DIRECTIONS Perth Rd N. to Stumpy Creek Tl. Collingswood on right just past Folkstone

SUBDIVISION Division of Hausman LOT 3 BLOCK / SECTION LOT # 2 LOT AREA .84Ac. DESIGN FLOW 480gpd L.T.A.R. .325I

Septic Tank	1000	Gallons: STB	794	Date	9-21-16	☒ New System ☐ Repair ☐ Expansion System Type I II III IV V VI	☒ Residence No. Bedrooms 4	Water Supply
Pump Tank	1000	Gallons: PT	27	Date	9-21-16	System Description: Pump-LP-50% Reduction	☐ Business No. Persons	☒ Private
Pump Make	Gould	Model	WE32H1U	Serial #		Repair System Description: Same	☐ Other No. Employees	☐ Public
Nitrification Field	No Fields 1	No Lines	54	Linear Feet	260'	Maintenance Agreement Required ☒ YES ☐ NO	☐ Slab ☐ Crawl Space	☐ Community
Trench Width	2' min	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing ☐ Basement w/o plumbing	

Comments / Conditions

Note: Drainfield in SAP

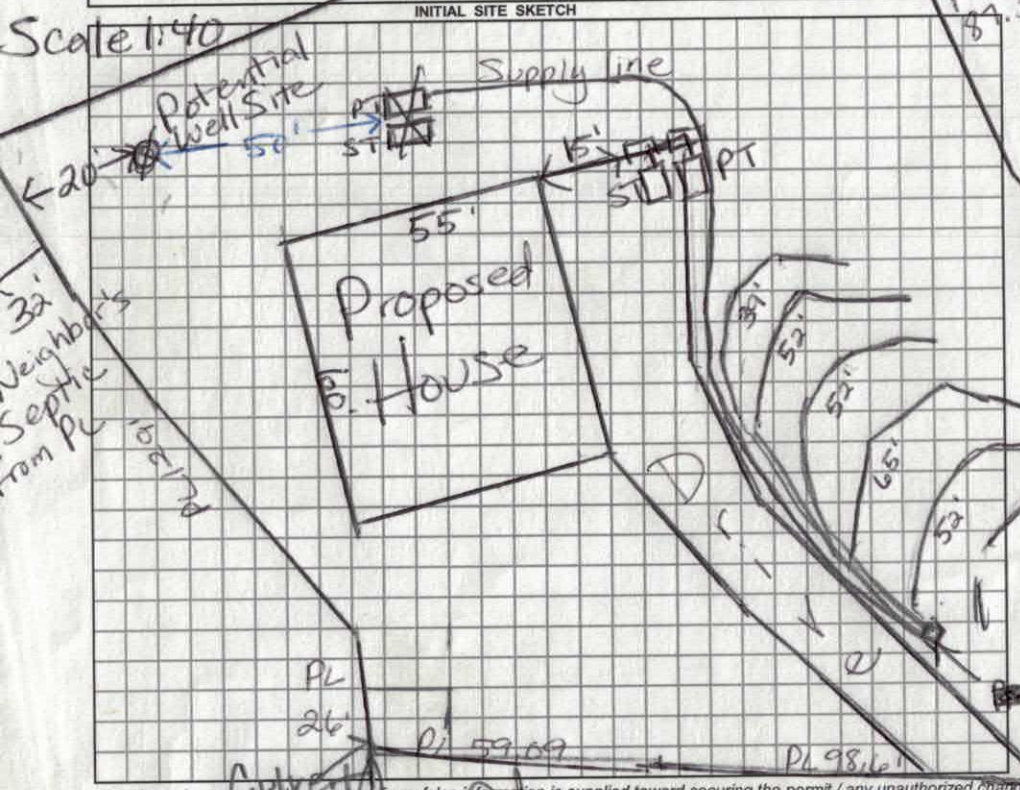
PL 193.82

Comments / Conditions: Drainfield must be at least 25ft Upgradient of Basement & 15ft Side gradient
1/25/16 Renewed Floor plans in Compliance with I.P.

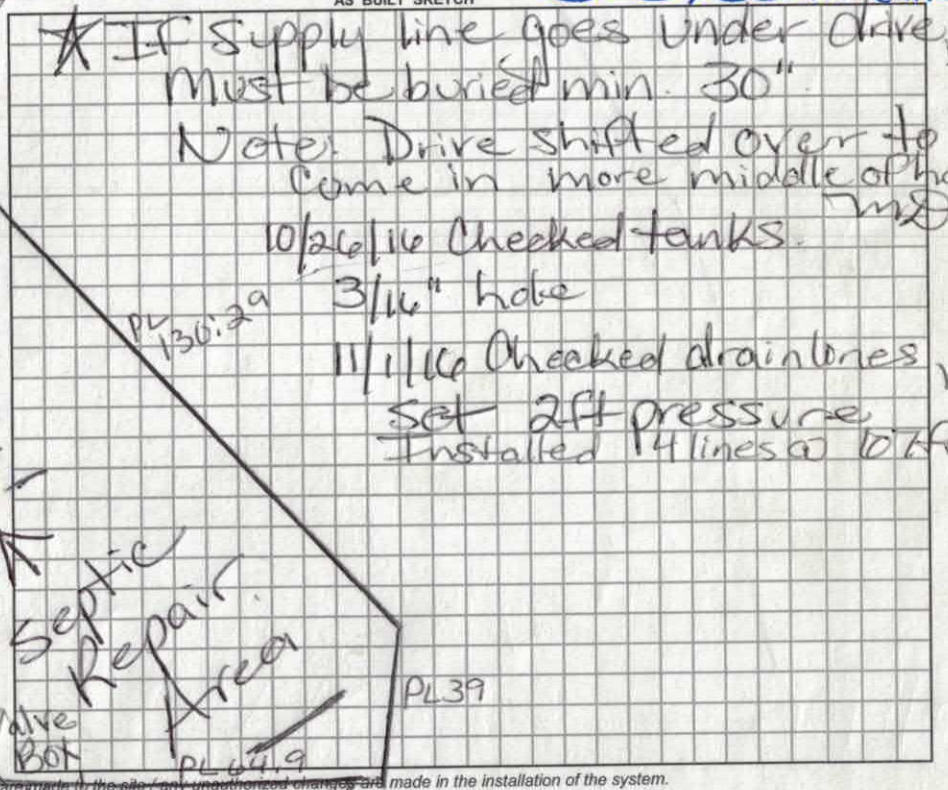
See As Built attached

INITIAL SITE SKETCH

Scale 1:40



AS BUILT SKETCH



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.

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

Owner / Applicant Signature: William Green Date 3/7/11

Improvement Permit by: Maria H. Nelson RS Date 2/23/11

Authorization to Construct by: Maria H. Nelson RS Date 1/25/16

Installed by: Kevin Hallman

Operation Permit by: Maria Nelson Date: 12/9/16

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

ROLLANS ***Soil & Environmental Services, PA.***
P.O. Box 832, Mooresville, NC 28115 Phone: (704) 278-0989 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Adrian Pruett, NC Licensed Soil Scientist
Mobile: (704) 202-5791
Email: adrianpruett@yahoo.com

Attached is a proposed design for a PPBPS Septic System with low pressure distribution for a 4 bedroom single family residence for the Division of Lot 3 of the Richard Haustman Property, Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5

Site Plan/System Plan---------- 6

Calculations---------- 7

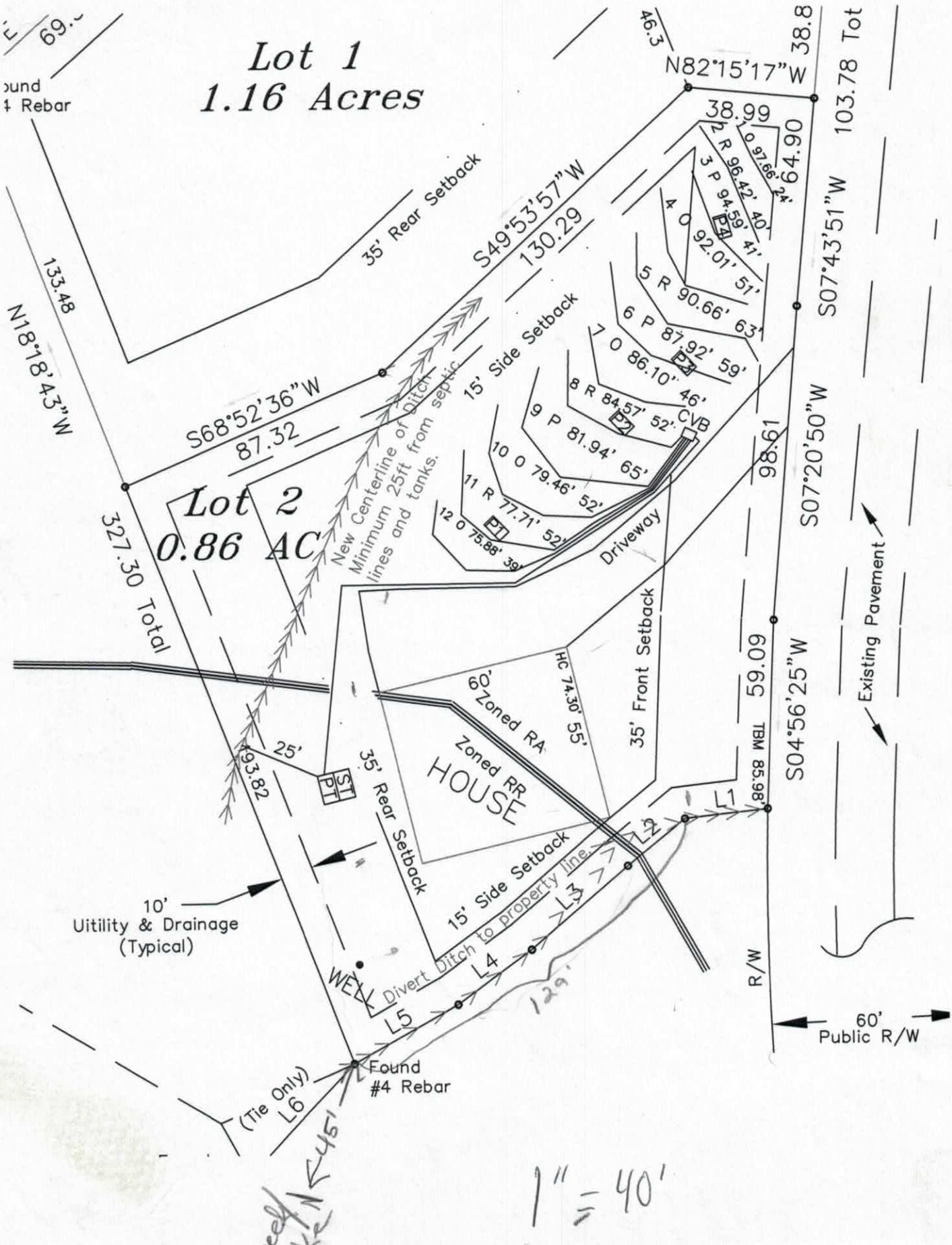
Profile Descriptions---------- 8

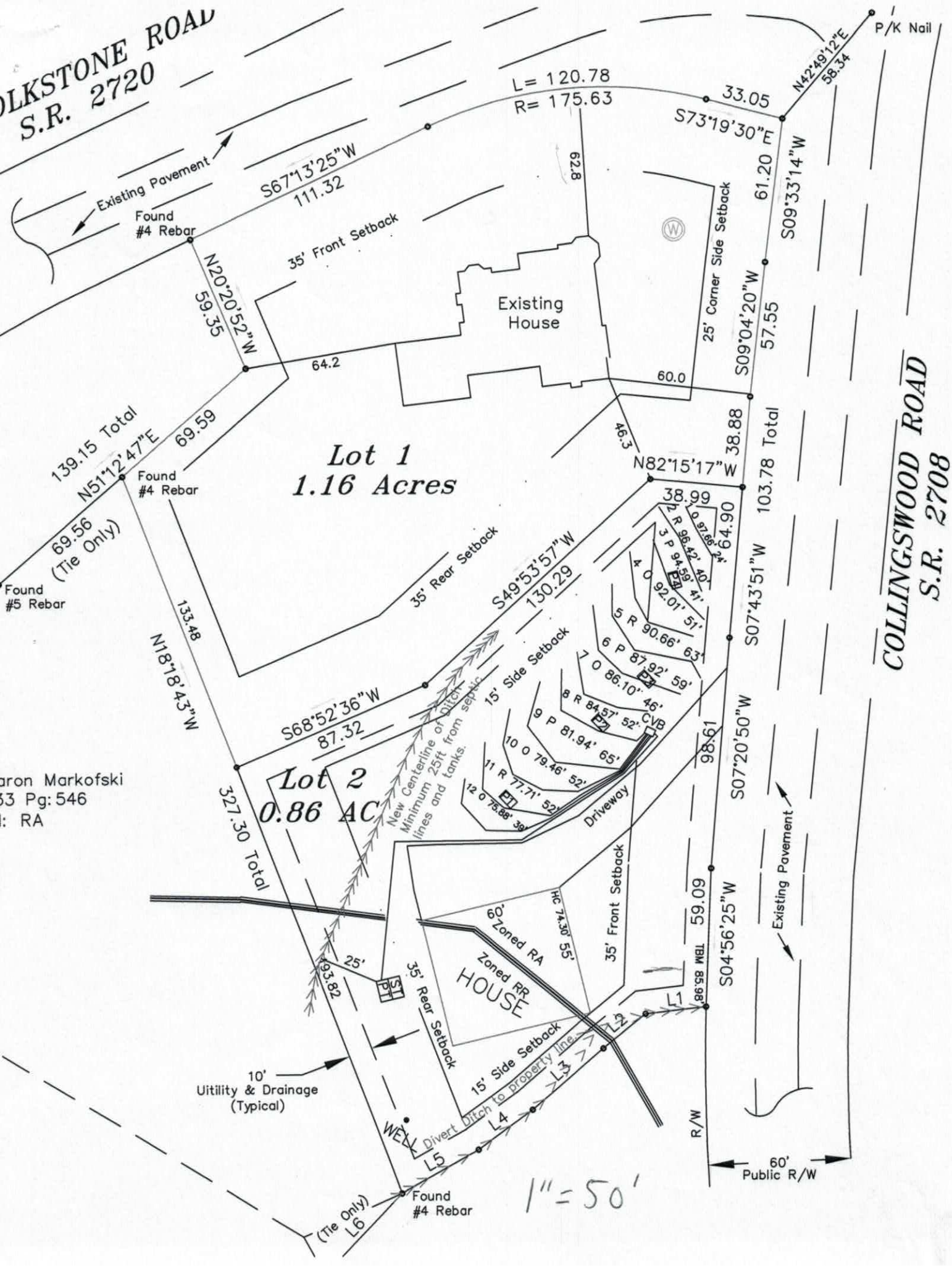
February 1, 2011
Project #: 01-1654
Design By: Rollans Soil & Environmental Services

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DENR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Design precludes foundation drains.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PPBPS installation.
- Repair is specified as a PPBPS installation.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 24" wide and have no more than 1/4" fall in 10 feet.
- ALL DRAINAGE DITCHES MUST BE DIVERTED AS SHOWN ON SITE PLAN.
- WELL MUST BE LOCATED AS SHOWN ON SITE PLAN, AT LEAST 100 FT FROM SEPTIC LINES AND 50 FT FROM SEPTIC TANKS OTHER WISE PLAN IS VOID.


Lot 1
1.16 Acres
Lot 2
0.86 AC
N82°15'17"W 38.8
38.99
64.90
103.78 Tot
S07°43'51"W
S07°20'50"W
98.61
S04°56'25"W
59.09
TBM 85.98'
35' Rear Setback
S49°53'57"W
130.29
133.48
N18°18'43"W
S68°52'36"W
87.32
327.30 Total
15' Side Setback
New Centerline of ditch
Minimum 25ft from septic
lines and tanks.
Driveway
35' Front Setback
Existing Pavement
60' Zoned RA
Zoned RR
HOUSE
HC 74.30' 55'
25'
93.82
ST PT
35' Rear Setback
15' Side Setback
10' Uitility & Drainage (Typical)
Divert Ditch to property line.
WELL
L1
L2
L3
L4
L5
L6
129'
(Tie Only)
Found #4 Rebar
60' Public R/W
R/W
1 R 97.66' 24'
2 R 96.42' 40'
3 P 94.59' 41'
4 O 92.01' 51'
5 R 90.66' 63'
6 P 87.92' 59'
7 O 86.10' 46'
8 R 84.57' 52'
9 P 81.94' 65'
10 O 79.46' 52'
11 R 77.71' 52'
12 O 75.88' 39'
CVB
1" = 40'


OLKSTONE ROAD
S.R. 2720
Existing Pavement
Found
#4 Rebar
S67°13'25"W
111.32
L= 120.78
R= 175.63
33.05
S73°19'30"E
N42°49'12"E
58.34
P/K Nail
S09°33'14"W
61.20
62.8
35' Front Setback
N20°20'52"W
59.35
Existing
House
25' Corner Side Setback
S09°04'20"W
57.55
64.2
60.0
46.3
N82°15'17"W
38.88
103.78 Total
139.15 Total
N51°12'47"E
69.59
Found
#4 Rebar
Lot 1
1.16 Acres
38.99
64.90
69.56
(Tie Only)
Found
#5 Rebar
35' Rear Setback
S49°53'57"W
130.29
S07°43'51"W
133.48
N18°18'43"W
15' Side Setback
S68°52'36"W
87.32
New Centerline of Ditch
Minimum 25ft from septic
lines and tanks.
Lot 2
0.86 AC
Driveway
98.61
S07°20'50"W
327.30 Total
60'
Zoned RA
Zoned RR
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HC 74.30' 55'
35' Front Setback
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TBM 85.98'
Existing Pavement
25'
93.82
35' Rear Setback
15' Side Setback
10'
Uitility & Drainage
(Typical)
WELL
Divert Ditch to property line
L1
L2
L3
L4
L5
L6
R/W
60'
Public R/W
Found
#4 Rebar
(Tie Only)
1"=50'
aron Markofski
33 Pg: 546
: RA

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Bill Green
Address:	109 Folkstone Rd Mooresville, NC 28117
Phone:	704-201-6465
County:	Iredell
Location:	DIVISION OF LOT 3 OF THE RICHARD HAUSTMAN PROPERTY
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	24.6

Design Specifications

Drainfield Size:	260
Loading Rate (gpd/ft.^{2}):	0.325
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	36 in.
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	188
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	32.71
Dosing Volume:	144.72
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	2.39
Elevation Head:	22.84
Total Dynamic Head:	31.31
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services

DIVISION OF LOT 3 OF THE RICHARD
LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.325
TOTAL AREA TRENCH BOTTOM:	780
TOTAL LATERAL LENGTH:	260
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	246.1538462
SUPPLY LINE LENGTH:	188
TOTAL DYNAMIC HEAD:	31.31
MANIFOLD SIZE:	N/A
DOSING VOLUME:	144.72
PUMP TANK DRAW DOWN*:	6.9
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

DIVISION OF LOT 3 OF THE RICHARD HAUSTMAN PROPERTY

Project #: 01-1654

LAYOUT FOR 4 BEDROOM HOME

February 1, 2011

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					85.98		
INSTR. 1 HOUSE CNR					74.30		
P. TANK					66.73		
1	ORANGE				97.66	24	24
2	RED				96.42	40	40
3	PINK				94.59	42	42
4	ORANGE				92.01	51	51
5	RED				90.66	64	64
6	PINK				87.92	62	62
7	ORANGE				86.10	48	48
8	***RED***				***84.57***	***52***	***52***
9	***PINK***				***81.94***	***67***	***65***
10	***ORANGE***				***79.46***	***58***	***52***
11	***RED***				***77.71***	***52***	***52***
12	***ORANGE***				***75.88***	***41***	***39***
					Total	**601**	**591**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***260***	***0.325***	***MOD.***	***0.325***	***PPBPS***	***LOW PRESSURE***
Repair	331	0.275	MOD.	0.275	PPBPS	LOW PRESSURE

Notes:

** TBM located top of ground at EIP at corner of lot (see site plan)

**TBM is assumed to be 100'

**All measures in feet

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

**BS, HI, and FS indicate rod readings

LP PPBPS TAPSHEET -DIVISION OF LOT 3 OF THE RICHARD HAUSTMAN PROPERTY

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
8	*RED*	*84.57*	*52*	0.156	**0.41**	156	12
9	*PINK*	*81.94*	*65*	0.156	**0.41**	195	15
10	*ORANGE*	*79.46*	*52*	0.156	**0.41**	156	12
11	*RED*	*77.71*	*52*	0.156	**0.41**	156	12
12	*ORANGE*	*75.88*	*39*	0.156	**0.41**	117	9
							60
	total	**feet =**	**260**	**gal/min =**	**24.6**		

Des. Flow	**480**
Pump Run=	**5.88**
soil LTAR	**0.325**
LTAR +5%	**0.34125**
LTAR with mod.	**0.65**
LTAR with mod.. + 5%	**0.6825**

.156 equals 5/32 inch hole

CALCULATIONS

Location DIVISION LOT 3 OF THE RICHARD HAUSTMAN PROPERTY

Project Number 01-1654

Lot No: DIVISION LOT 3

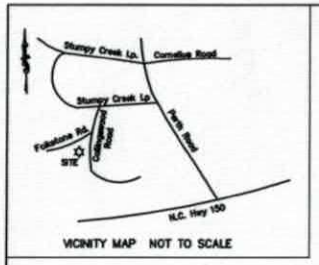
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.325	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	188	ft.
Supply Line Volume	32.712	gal.
Required Feet of Line	246.1538	ft.
Amount of Line from Layout	260	ft.
Gallons per Minute	24.6	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	60	
Dosing Volume	144.72	gal.

Note: Dosing Volume based on 67% of # of panels times 3.6 gal/panel

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

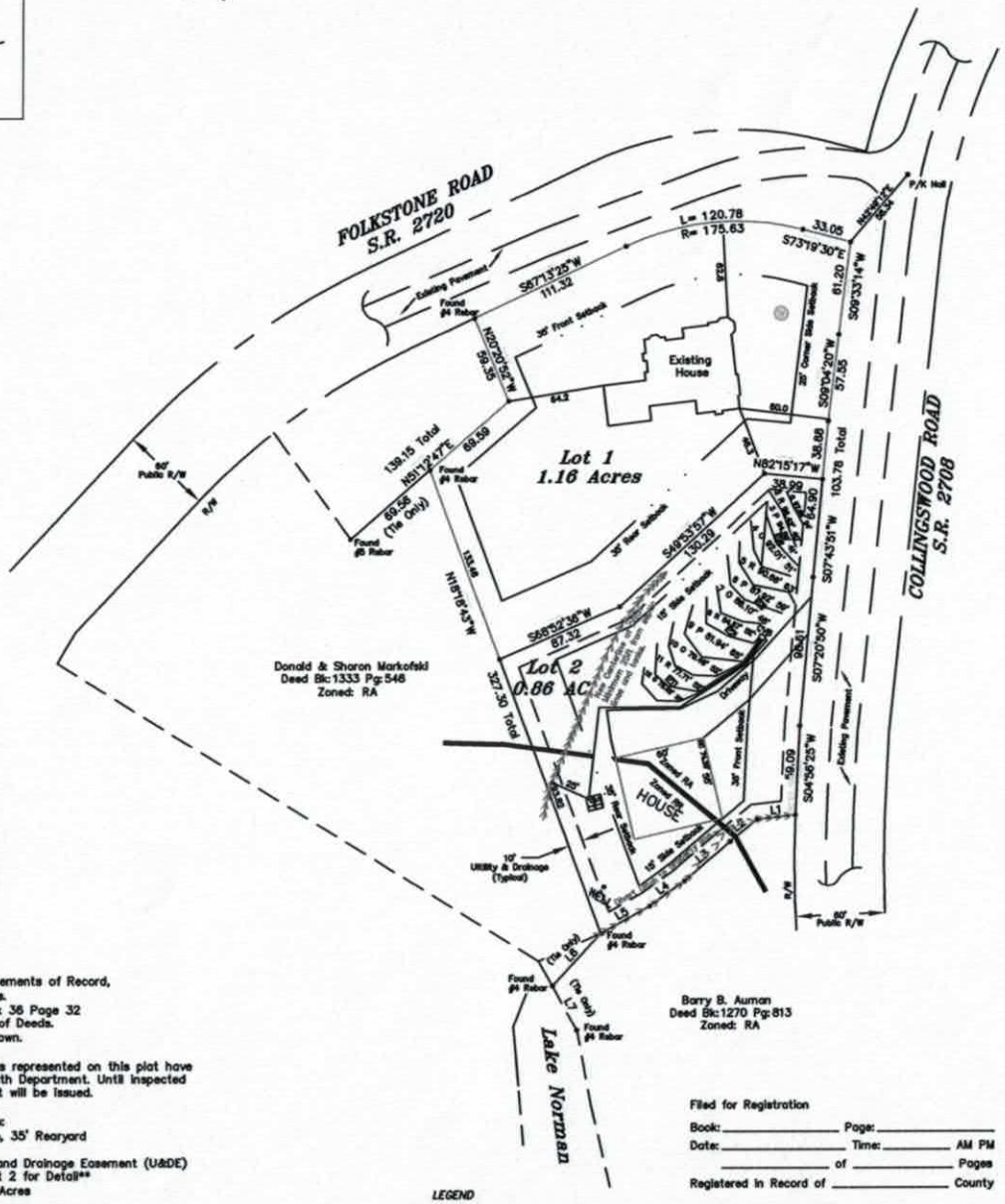
GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	6.9	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.88	minutes
Elevation Head	22.84	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	2.39	ft.
Total Dynamic Head (+15%)	31.31	ft.



VICINITY MAP NOT TO SCALE

Not To Scale



LINE TABLE		
LINE	LENGTH	BEARING
L1	69.76	N85°55'09"E
L2	23.18	S53°08'35"W
L3	39.96	S31°26'51"W
L4	28.59	S56°19'09"W
L5	37.21	N6°11'28"E
L6	47.48	S45°44'50"W
L7	33.49	S27°09'08"E

GENERAL NOTES:
1) This property may be subject to any Easements of Record, Rights-of-Way, and/or Restrictive Covenants.
2) Boundary information based on Map Book 36 Page 32 as recorded in the Iredell County Register of Deeds.
3) This property is zoned RA and RR as shown.
4) Area by coordinate method.
5) As of the date of this recording, the lots represented on this plat have not been inspected or approved by the Health Department. Until inspected there is no assurance that a building permit will be issued.
6) Total Number of lots created: 2
7) Minimum Building Setbacks are as follows:
35' Front, 15' Sideyard, 25' Corner Side, 35' Rearyard
** See Lot 1 for Detail **
8) All lot lines are subject to a 10' Utility and Drainage Easement (U&DE) on each side of all property lines. **See Lot 2 for Detail**
9) Total acreage to be subdivided: 2.02 ± Acres
10) Points not labled found or set are computed points only.
11) This property is located within "Zone X" according to Flood Insurance Rate Map Community Panel Number: 3710463800, Effective Date: March 18, 2008.
12) All lots to served by individual Wells and Private septic systems.
13) Smallest Buildable Lot: Lot 2 – 0.86 Acres
14) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

LEGEND
R/W = Right-of-way
I.P.S. = #4 Rebar Set
—\/— = Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
= Water Meter
= Well

Filed for Registration
Book: _____ Page: _____
Date: _____ Time: _____ AM PM
_____ of _____ Pages
Registered in Record of _____ County
_____
Register of Deeds
By: _____

Land Surveying by:
PATTERSON LAND SURVEYING, PA
C-3390
P.O. Box 5010, Mooresville, NC 28117
704/361-0415 * Fax 704/799-8565

THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE SUBDIVISION JURISDICTION OF THE IREDELL COUNTY, WHICH HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.

I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (TITLE REFERENCES AS SHOWN ON PLAT); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN WITH DASHED LINES (TITLE REFERENCES AS SHOWN ON PLAT); THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED, WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL, THIS _____ DAY OF _____, 2011.

_____
JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

I, hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent and establish minimum building setbacks as noted.

I further certify that:
a. there are no deed restrictions which will be violated by the requested subdivision; and
b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and
c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

_____ _____
Date William Green

_____ _____
Date Michele Green

North Carolina, Iredell County

I, _____ a Notary Public of the County and State aforesaid, certify that William & Michele Green personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 2011.

_____
Notary Public

My Commission Expires_____

All lots within "William & Michele Green Property" to the best of my knowledge,lie within the WS-IV CA watershed area, as designated by the North Carolina Division of Environmental Management and as appears on the Watershed Protection Map of Iredell County.

_____ _____
Date Subdivision Administrator

I hereby certify that the subdivision plat shown hereon has been found to comply with the subdivision regulations of the county of Iredell, North Carolina. I further certify that all streets, utilities and other required improvements have been installed in an acceptable manner or the installation of the required improvements in a bond amount and manner satisfactory to the County of Iredell has been received, and that the filing fee for this plat in the amount of $ _____ has been received.
This plat has been approved by the subdivision administrator for recording in the Office of the Register of Deeds of Iredell County.

_____ _____
Date Subdivision Administrator

State of North Carolina, County of Iredell

I, _____, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

_____ _____
Review Officer Date

GRAPHIC SCALE
60 0 30 60 120 240
(IN FEET)
1 inch = 60 ft.

JOB NAME: MINOR SUBDIVISON MAP OF
WILLIAM & MICHELE GREEN PROPERTY
"A DIVISION OF LOT 3 OF THE RICHARD H.HAUSTMAN PROPERTY"

LOCATION: DAVIDSON TWSP., IREDELL CO., NC
PARCEL ID: 4638574829

DRAWN BY: JHP | CHECKED BY: JHP
SCALE: 1" = 60'
DATE OF FIELD SURVEY: DECEMBER, 2010
DATE OF MAP: JANUARY 6, 2011
JOB NUMBER: 10085/LOT3
BOOK NO:

OWNER: WILLIAM A & MICHELE GREEN
109 FOLKSTONE ROAD
MOORESVILLE, NC 28117
DEED REF: 1362/1499

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: William A. & Michelle Green — APPLICATION DATE 2-11
ADDRESS: 109 Folkstone Rd Mooresville NC 28117 — DATE EVALUATED: 12-10 + 1-11
PROPOSED FACILITY: [redacted] 4 BRM — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: 0.86 ac
LOCATION OF SITE: Subdivided Lot 3 of Richard Haustman property or Subdivided 109 Folkstone Rd — PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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
P 1	NS 12%	0-20	RC-CL VWSBk	SS, SP, Fr SExP	few sap	20"	PS	—	PS OK 0.4 .35 2/3/11
		20-31	Var. L Sap Mass	SS, SP, Fr SExP					
		31-48	Var SL Sap Mass	SS, SP, Fr SExP					
		48-60	Var LS Sap Mass	NS, NP, Fr NExP					
P 2	NS 15%	0-20	RCL WFSBk/ABk	SS, SP, Fr SExP	—	32"	PS	—	PS OK 0.3-0.35 .35-.4 2/3/11
		2-32	RCL VWFSBk	SS, SP, Fr SExP	com sap				
		32-60	Var LSp Mass	SS, SP, Fr SExP					
P 3	LSS 15%	0-6	BCL Gr	SS SP Fr SExP	few WR	34"	PS	—	PS 0.275-.3 OK MD 2/3/11
		6-22	RCLWFSBk	SS, SP, Fr SExP	few WR				
		22-34	RYCL VWFSBk	SS, SP, Fr SExP	many sap				
		34-60	Var LSp Mass	SS, SP, Fr SExP					
P 4	NSS 5-10%	0-18	RC MFSBk/ABk	SS, SP, Fr SExP	com sap veins few WR	39"	PS	— Lots of Hard W Rock	PS OK 0.275 PS .25 2/3/11
		18-39	RCL WFSBk	SS, SP, Fr SExP					
		39-60	Var LSp Mass	SS, SP, Fr SExP opposite pitwall mean WR vein.	Com CL incl. few WR incl.				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LP PPBPS	LP PPBPS
Site LTAR	0.35	0.275

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ALP & SAR
OTHER(S) PRESENT: None

COMMENTS: _____

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: William Green _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 10/28/10
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Folkstone & Collingswood _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
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	CC	0-4	Brw SCL	mWSBK SS, SP, SExP, FR					PS .3-.4
		4-32	RC/CL	m-WSBK SS, SP, SExP, FR					
		32-40	L/SL	SAP NS, NP, NE, FR					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

ON-SITE WASTEWATER SECTION

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Bill & Michele Green — APPLICATION DATE: _____
ADDRESS: 109 Folkstone Rd Mooresville NC 28117 — DATE EVALUATED: _____
PROPOSED FACILITY: 4 bdrm — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: _____
LOCATION OF SITE: _____ — PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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
B 4	NS 5-10%	0-8	B SCL Gr	SS, SP, Fr SExP	Chr 2 36" few YB	48"	–	–	PS .25 to 36"
		8-30	RC WFSBk	SS, SP, Fi-Fr SExP					
		30-48	RY SC/CL WFSBk	SS, SP, Fi-Fr SExP	Com YB, Chr 2 36" Com sap				
B 5	NS 5-10%	0-4	B SL Gr	SS, SP, Fr SExP	–	48"	–	–	PS .3
		4-44	RC WFSBk	SS, SP, Fr SExP	few sap, com Mica				
		44-48	R CL WFSBk	SS, SP, Fr SExP	few sap				
B 6	NS 5-10%	0-4	B SCL Gr	SS, SP, Fr SExP	–	44"	–	–	PS .3
		4-18	RC WFSBk	SS, SP, Fr SExP	few sap				
		18-44	RC/CL WFSBk	SS, SP, Fr SExP	com sap				
		44							
B 7	SS of NS 10-15% Well Area?	0-4	B SCL Gr	SS, SP, Fr SExP	–	32"	–	34"	PS .3 to 32"
		4-20	RC WFSBk	SS, SP, Fr SExP	com sap + Mica				
		20-32	R CL WFSBk	SS, SP, Fr SExP					
		32-34	Ver. Rock Gravelled	SS, NS, NP	Fi Nexp few clay				
		>34	AR/Rock						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

TRANSMISSION VERIFICATION REPORT
DATE, TIME 02/01 17:20
FAX NO. /NAME 8704944354 3
DURATION 00:00:00
PAGE(S) 00
RESULT BUSY
MODE STANDARD
TIME : 02/01/2011 17:20
NAME :
FAX : 7046623239
TEL : 7046623239

RECEIVED JAN 25 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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 #
Whitley Constr., LLC	127 Hunters Pointe Ln. Mooresville, NC 28117	704-658-9251 ofc	(John Whitley) 704-361-9880
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
Lot #2, Collingswood	N/A	

Driving Directions: Hwy 150, R on Bluefield Rd, L on Cornelius Rd., L on Perth Rd., R on Stumpy Creek Rd., L on Collingswood, Lot on R just past Folkstone Rd.

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 due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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 _____

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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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: Jennifer C. Whitley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-22-2016
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

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: (X) 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 #
William A. Green	109 Folkstone Rd	704 942 4183	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
William A. Green	109 Folkstone Rd	704 942 4183	

4. **Property Information:**

Rear of 109 Folkstone Rd — Street Address; Collingswood Side — Subdivision Name; ____ — Section/Phase and Lot Number

Driving Directions: Perth To Stumpy Creek Left on Stumpy Creek Left on Collingswood Woods on Right After you Pass Folkstone Rd

***

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...

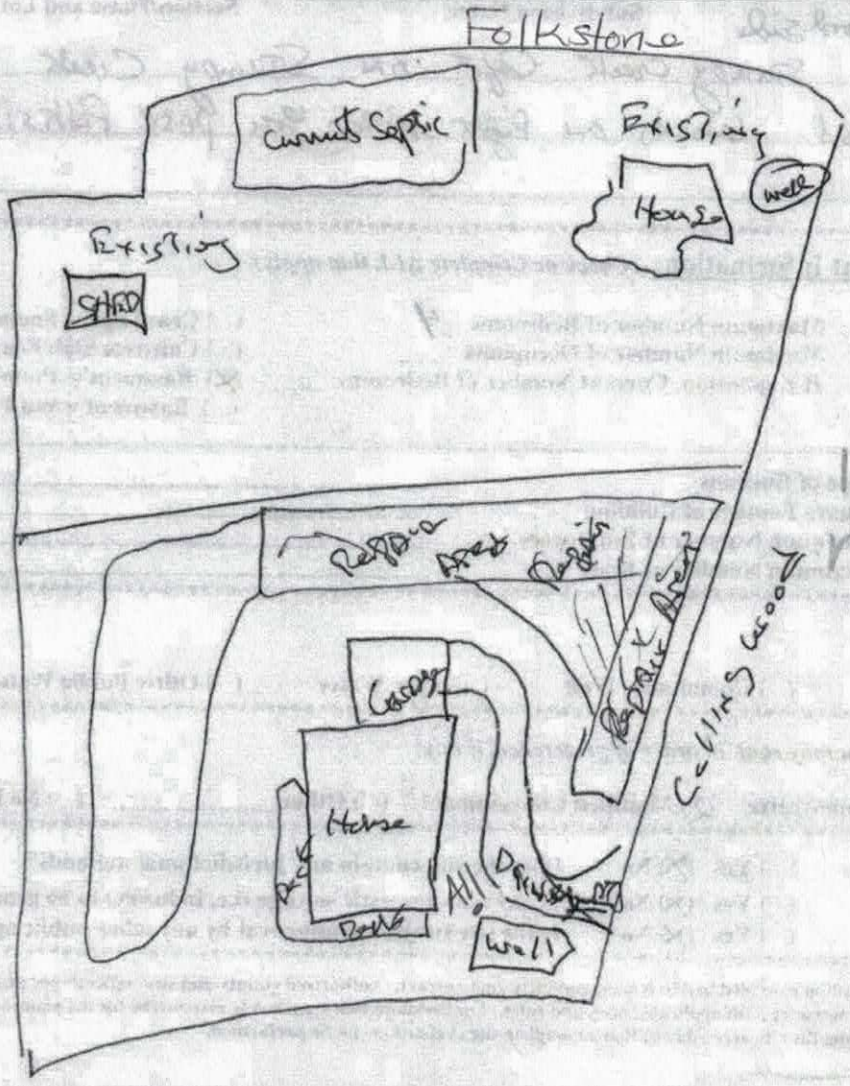
Circle N/A on the following if appropriate:

- ___ 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

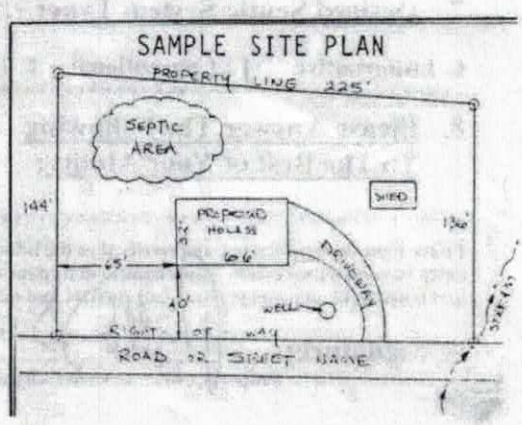
Signature: _____ 9/1/10

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

USE THIS SPACE TO DRAW YOUR SITE PLAN



10/28/2010
Site visit
Lot has unsuitable topo, not enough usable area to do anything left sideline not marked.



IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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

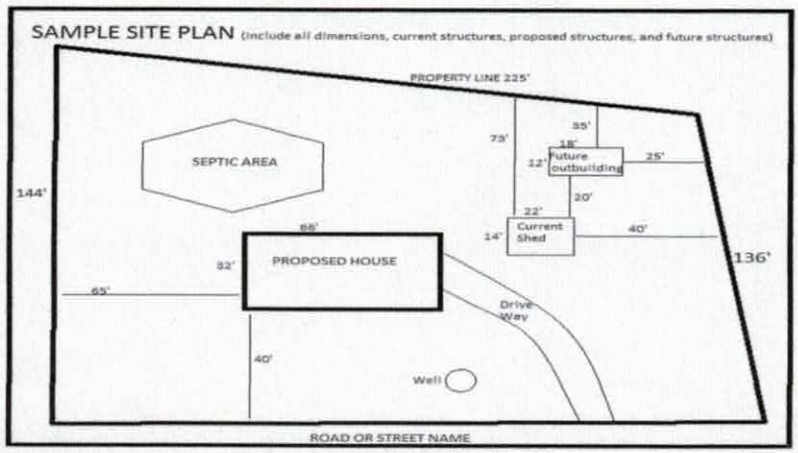
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

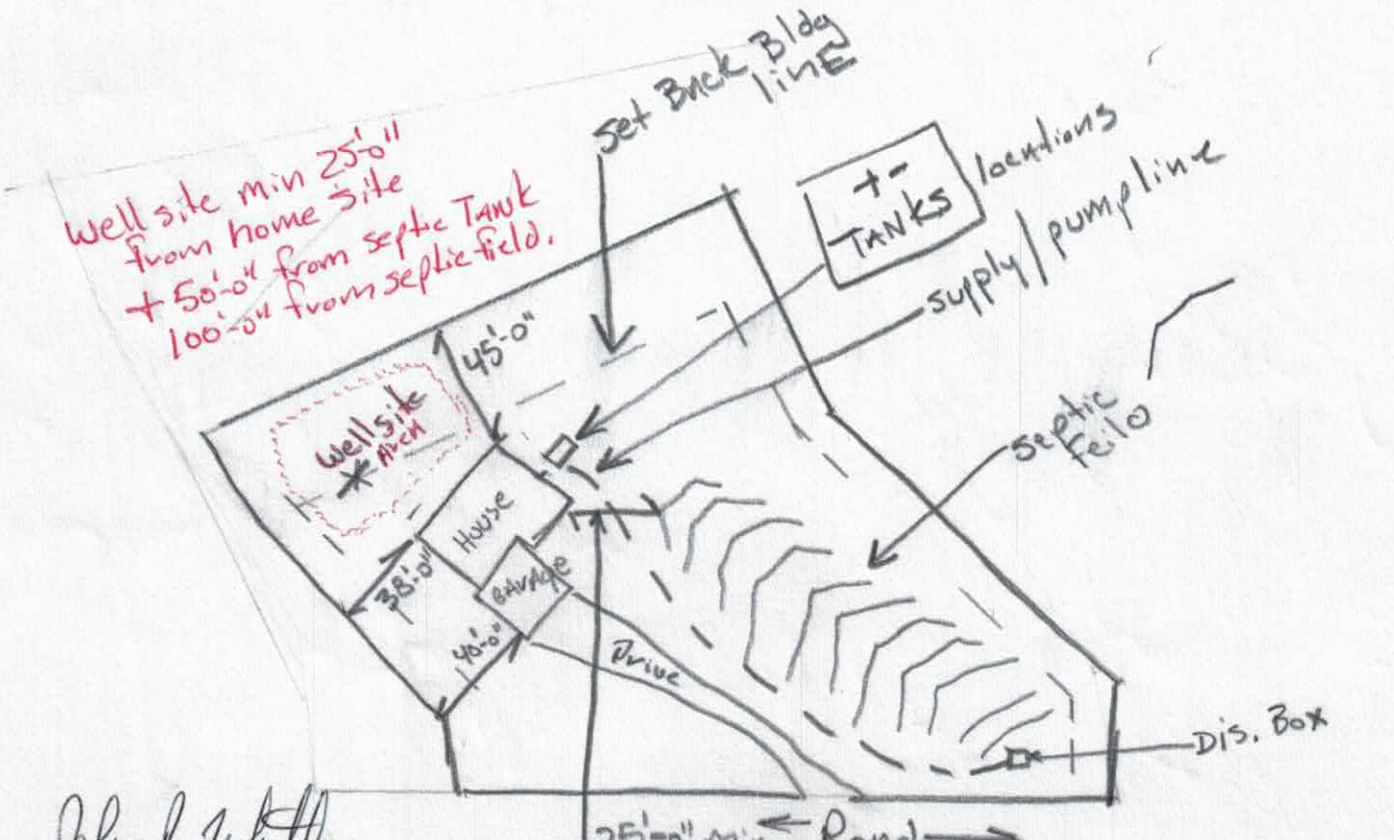
Circle N/A on the following if appropriate:

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____

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

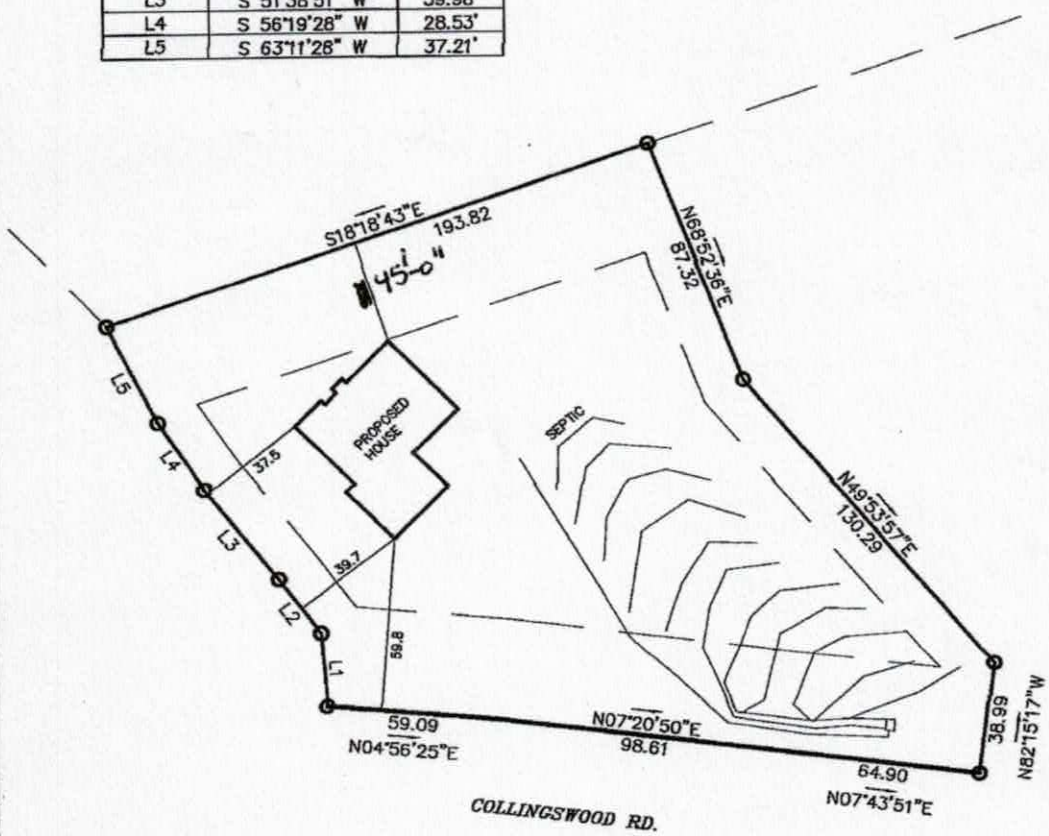
DATE _____

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2242, page 478, and/or plat book 58, page 75, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 12, day of JAN, A.D. 20 16.

WILLIAM M. ALLEN, PLS

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 85°55'29" E	25.76'
L2	S 53°08'33" W	23.18'
L3	S 51°38'51" W	39.98'
L4	S 56°19'28" W	28.53'
L5	S 63°11'28" W	37.21'



PB58PG75

PLOT PLAN SURVEY

OF

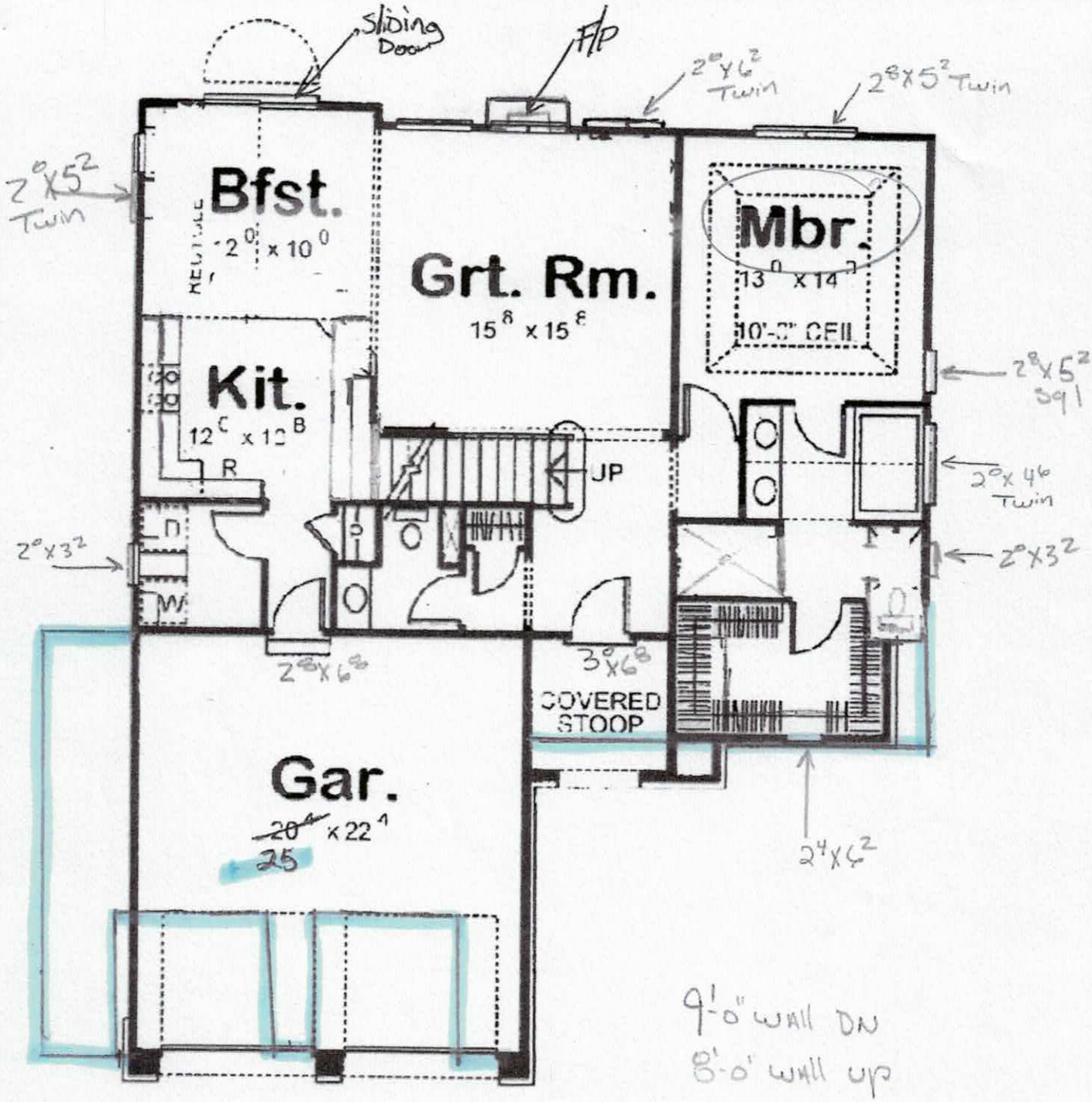
ROAD

LOT 2 WILLIAM GREEN PROPERTY

SCALE 1" = 50' DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: JOHN WHITLEY

FIELD BOOK:
FILE: WILLIAM GREEN2
DC FILE:
TAX MAP NO: 4638574529



9'-0" WALL DN
8'-0" WALL UP

Acknowledgement Of
Plans Submittal ONLY!

Date 1/25/16

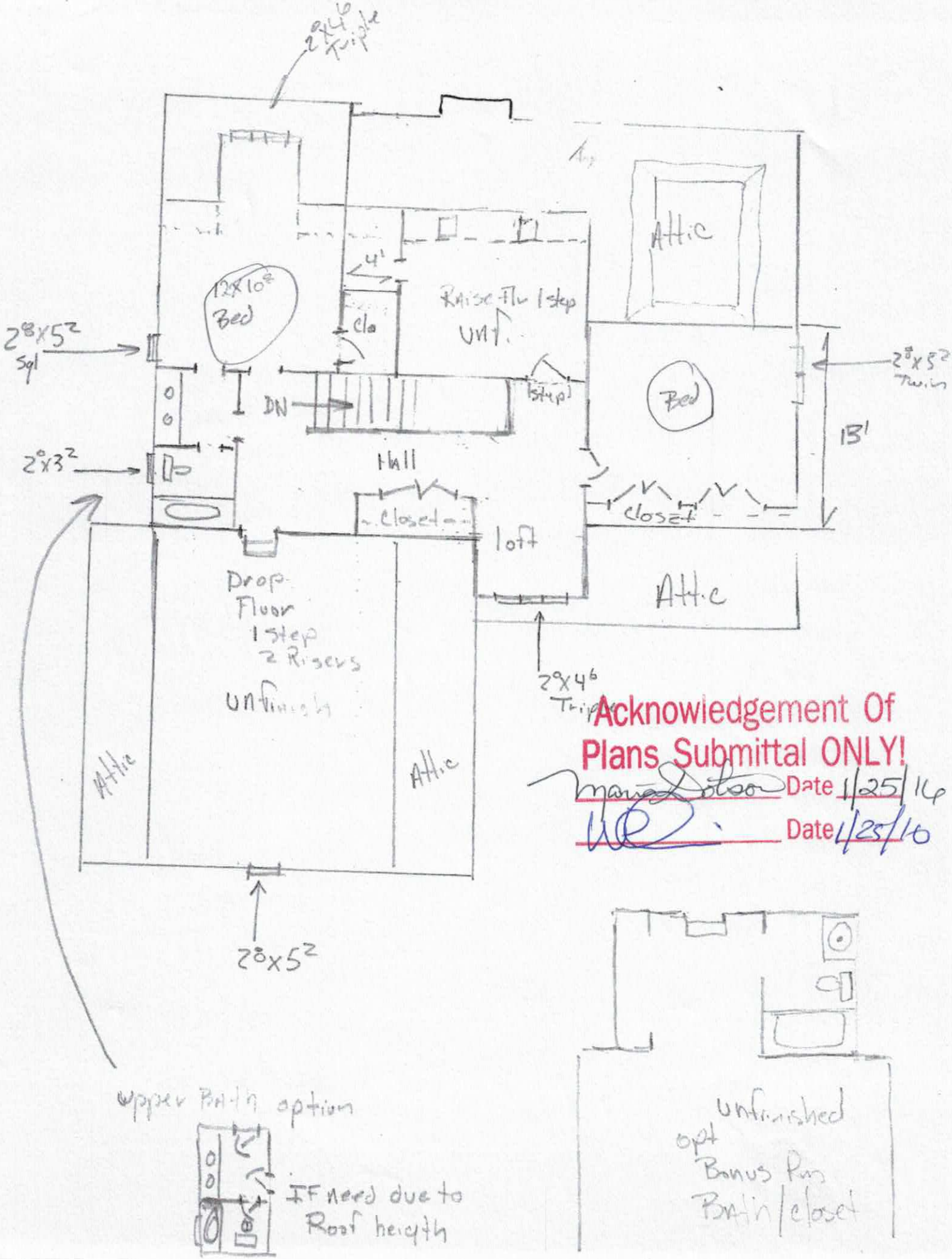
Date 1/25/16

Sqft DN ± 1233

47' wide X 52' Deep

Sqft up finish ±740

Sqft up unfinish ±492



Acknowledgement Of Plans Submittal ONLY!

Date 1/25/10

Date 1/25/10

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

103 Haustman
L3
Haustman

Zoning Permit
Permit Number: 163249ZO

Printed: 9/1/2010

Master #: 163249

Associated Permits:
163249ZO Zoning

Applicant
Name: William Green
Address: 109 Folkstone Rd.
MOORESVILLE, NC 28117
Phone: 704-942-4183

Parcel
Parcel Number: 4638574629.002
Address: 000 Collingswood Rd.
MOORESVILLE, NC 28117
Subdivision:
Zoning: RA
Township: 1700
Area: 1
Lot(s):
Directions to Parcel: Perth Rd to Stumpy Creek left Collingswood,

Owners
Name: William & Michele Green
Address: 109 Folkstone Rd.
MOORESVILLE, NC 28117
Phone: 704-942-4183

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-216192-07	Zoning - Permit / Inspection	$75.00
FEE-216193-07	Technology and Administrative Fee	$2.25
FEE-216194-07	Environmental Health - Type I or II System	$485.00
	Total Fees:	**$562.25**
REC-118922-07		$562.25
	Total Receipts:	**$562.25**

Conditions

0-0
4-3 4-1-R C/C
3-2-4-0 + SR

William & Michelle Green
Property Lot 2

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

CONTRACT FOR INSPECTIONS OF ON-SITE WASTEWATER SYSTEMS TYPE II, III, IV and V

This Contract is entered into this 19th day of October, 2016 by and between TCW Wastewater Management, Inc., a North Carolina Corporation of Union County, North Carolina (hereinafter "TCW") and **Glenn and Brooke Giles** hereinafter "The Owner").

Preamble

TCW is contracting with The Owner to provide inspection services as described on Attachment A for the fees or charges also shown in Attachment A.

The Owner owns or controls the property upon which a ground absorption sewage treatment system ("System") is installed, such System being designated as a type II, III, IV or V system under the Rules for Sanitary Sewage Collection. Treatment and Disposal found at 15A N.C. Admin. Code 18A. 1900 et seq.; and 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for certain systems be that a properly executed inspection contract between the System Owner and a management entity shall be in effect for as long as the System is in use. TCW is a management entity which employees certified operators of a type authorized by 15A N.C. Admin. Code 18a.1961 to manage and inspect type II, III, IV, and V systems.

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 TCW as stipulated below.

Conditions of the Contract

A. TCW, in consideration of the payment by the Owner as set out in the schedule of services and charges in Attachment A, incorporated herein, agrees:

1) To provide the services set out in Attachment A according to the minimum schedule of inspections/services required by regulations for the lots or parcels set out in Attachment B.

2) To report results of the inspections to the local environmental regulatory agency having jurisdiction as required by applicable laws or regulations.

3) If inspections indicate the need for System repairs:

   a) to notify the local environmental regulatory agency within 48 hours.

   b) to give notice to the "Owner" of needed repairs, and, if the necessary repairs are outside the scope of the routine maintenance described in Attachment A, then The Owner may request TCW to provide an estimate. At the authorization of The Owner TCW will perform the necessary repairs at TCW's then prevailing charges for services and materials.

4) If TCW's services are terminated, TCW will notify the local environmental regulatory agency within 48 hours.

B. The Owner, in consideration of the services performed, agrees:

1) To pay TCW for its services according to the schedule of charges as set out in Attachment A.

2) Within 30 days of receipt of notice of repairs under A (3) above, the Owner(s) must provide proof that repairs have been performed by a licensed or qualified entity and the System is functioning properly or request and authorize TCW to complete the needed repairs.

3) To notify TCW promptly of any emergency or malfunction known to it which may violate environmental, health, or other laws and regulations, and to authorize immediate repair as necessary to restore the System to proper function and operation.

4) To use reasonable efforts to provide and to maintain at all times, such access to the Systems as is reasonably necessary for TCW to comply with its obligations under this Agreement.

C. **Terms of the Agreement**

1) This Agreement shall be effective for one year from the date of this contract, and will be automatically renewed from year-to-year thereafter, unless written notice of termination and non-renewal is given to the other party not less than 60 days prior to the end of the then current annual contract year.

2) The real property to be serviced under this contract is listed on Attachment B.

3) This Agreement automatically terminates if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for making an appeal has passed.

4) The parties may terminate at the end of the then current term by consent of each party or by not less than 60 days written notice to the other party prior to the end of the then current contract year, and not less than 30 days written notice to the local environmental regulatory agency.

5) This Agreement may be terminated for cause for breach which remains unremedied after 15 days written notice to the defaulting party.

D. **Limited Warranty**

TCW'S SOLE DUTIES AND RESPONSIBILITIES UNDER THIS AGREEMENT IS TO PROVIDE INSPECTION AND ROUTINE MAINTENANCE ONLY AS SPECIFIED IN THIS AGREEMENT. INSPECTIONS WILL COMPLY WITH APPLICABLE CODES, LAWS, AND REGULATIONS IN FORCE AT THE TIME OF THE INSPECTION AND REPORT. WORK AND MATERIALS USED IN REPAIRS ARE WARRANTED ONLY TO BE OF GOOD WORKMANSHIP, FREE OF DEFECTS, AND CONFORM TO THE SYSTEMS SPECIFICATIONS AND EQUAL TO THE ORIGINAL PARTS AND EQUIPMENT. THE OWNER'S SOLE REMEDY UNDER THIS EXPRESS WARRANTY IS REPAIR OR REPLACEMENT AND CONSEQUENTIAL DAMAGE OR DAMAGES FOR DELAY ARE LIMITED TO TOTAL SUMS PAID TCW UNDER THIS AGREEMENT FOR THE PARTICULAR LOT OR PARCEL FOR THE THEN CURRENT YEAR. ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE, ARE EXPRESSLY AND SPECIFICALLY EXCLUDED. REPAIRS, REPLACEMENTS, ADDITIONS AND CHANGES BY OTHERS TO THE SYSTEMS COVERED BY THIS AGREEMENT WITHOUT PRIOR NOTICE TO TCW OR ACCEPTANCE OF THE WORK BY TCW DURING THE TERM OF THIS AGREEMENT VOIDS ANY WARRANTY GRANTED HEREIN AS TO TCW.

E. **Miscellaneous**

1) Transfer of rights, responsibilities, and duties under this Agreement by any party shall be valid only on written notice and consent signed by all parties, which consent shall not be unreasonably or arbitrarily withheld.

2) TCW may perform its duties and responsibilities by subcontract but TCW will remain directly liable and responsible to the Owner under the terms of this Agreement.

3) Waiver of default or a breach of the Agreement by any party shall not operate nor be construed as a waiver of further or subsequent defaults or breach of this Agreement. Failure to take action in any default or breach does not bear action on such default at any time subsequent to such breach or default.

4) This Agreement constitutes the entire agreement of the parties, incorporating, and superseding all prior representations and negotiations and may not be changed or amended except in writing signed by the parties. The Agreement shall be interpreted under North Carolina law. Any part of the Agreement declared void, illegal, or unenforceable will not affect other provisions of the Agreement.

5) Disputes arising under this Agreement shall be determined by any method of Alternative Dispute Resolution the parties choose, including but not limited to, mediation or arbitration, under the Uniform Arbitration Act of North Carolina or its equivalent, or such means or methods as the parties agree to in writing.

6) Notices are deemed delivered if delivered in person; by certified or registered mail; by courier; or delivery service, if properly receipted, charges and postage prepaid, as follows:

Owner: Glenn and Brooke Giles
158 Collingswood Rd.
Mooresville, NC 28117

Operator:
TCW Wastewater Management, Inc.
P. O. Box 187
Wingate, NC 28174

Environmental Regulatory Agency:

Iredell County Environmental Health

610 E. Center St.

Mooresville, NC 28115

A party may change its address my giving notice in the manner provided above.

Each party has executed this Agreement with full power, authority, and legal right to enter into; to bind itself to the rights, duties and responsibilities under this Agreement, which is binding on the parties, their successors and assigns, heirs and personal representatives, on the date first above written.

WITNESS:

OWNER:

Brooke W Carter 12-1-2016

TCW Wastewater Management, Inc.

WITNESS

BY:

Title: President

License numbers: SS 12248
SI 23910
2WW 24666
Inst. IV 37901
Insp. 3790

EXHIBIT A
TYPE II, III, IV

MONITORING & INSPECTION PLAN

1. **COST:** **INITIAL CONTRACT YEAR:** $_____ **(2 required inspections**
$ N/A **(0 required lab)**
$_____ **Total Initial Year**

RENEWAL YEARS: $_____ **(required inspections)**
$ N/A **(0 required lab)**
$_____ **Total Renewal Years**

a. The Owner shall pay to TCW the aforementioned sums for each parcel listed on Attachment B. The initial annual fees are payable upon the execution of the contract. Annual billings will be made thereafter and payable within 30 days of billing. The annual billings will be made on the anniversary dates. The annual renewal fees may increase no more than 5% per year. The Owner shall pay to TCW his normal and customary fees for any authorized work performed on the System as a result of non-scheduled service or maintenance calls. These fees are due and payable within 30 days of billing. Payments due to TCW, and unpaid by the Owner after 30 days, shall be assessed late payment fee of 15% per month, accruing monthly on the unpaid balance.

2. **PERFORMANCE DUTIES:**

- Inspections and services that meet state requirements, i.e., inspections of System using an itemized check list, monitoring "septic tanks" to insure proper operation, and make adjustments of imbalances to systems through the distribution devices.
- Inspection report copies are sent to the environmental regulatory agency (if applicable) and homeowner
- Emergency service calls at no additional charge.
- 24-hour availability
- The Owner will be advised of any repairs needed and estimated cost or repairs. Repairs will not be made without Owner authorization.
- The Owner will be advised when pumping is recommended

Bacteria Additive Option – Additional $45 per year:

- The addition of a bacterial product into the individual septic tank as needed to maintain the proper level of bacteria.

EXHIBIT B

1. PHYSICAL ADDRESS OF SYSTEM(S):

158 Collingswood Rd.
Mooresville, NC 28117

b. _____

c. _____

d. _____

Each party has executed this Agreement with full power, authority, and legal right to enter into; to bind itself to the rights, duties and responsibilities under this Agreement, which is binding on the parties, their successors and assigns, heirs and personal representatives, on the date first above written.

WITNESS: Jennifer C. Whitley

OWNER: Brooke W Bates 12-1-2016

TCW Wastewater Management, Inc.

WITNESS: Vicki Davis

BY:

Title: President

License numbers: SS 12248
SI 23910
2WW 24666
Inst. IV 37901
Insp. 3790