IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 220035

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

PIN # 4639971669

APPLICANT: ADAMS HOMES | APPLICANT ADDRESS: 10115 KINCEY AVE STE 160 CHARLOTTE NC 28078

SITE ADDRESS: 130 NESTING QUAIL LN MOORESVILLE | PHONE: | ALT. PHONE:

SITE DIRECTIONS: PERTH (N) - TL FERN HILL - TL NESTING QUAIL - ON RT

SUBDIVISION: HIGHLAND RIDGE | SECTION: | LOT # 5 | LOT AREA: .67AC | DESIGN FLOW: 480 | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	750	Date	12-23-16	☑ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	1-30-16	System Description:	LP PPBPS			☐ Business	No. Persons 8
Pump Make	Goulds	Model	WE0312MU	Serial #		Repair System Description:	LP RPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	270	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☑ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	30	Gravel Depth			☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: 3/16" hole drilled Checked tanks & lines. 2/14/17
2/16/17 Set 2ft pressure

INITIAL SITE SKETCH

See Michael Athanas & Associates Design

GOULDS WATER TECHNOLOGY

WE0312MU
SUBMERSIBLE PUMP
1/3HP 1/60/230 5.38" 4.9MA

	Date	Initials
Drain Lines Checked	2/14/17	MD
Tanks Checked	2/14/17	MD
Pressure Manifold or Valve Box Checked	2/16/17	MD
Pressure Head Set	2/16/17	MD
Electrical Checked On 2 circuit breakers	4-17	BA
Floats Set	3/9/17	MD
Alarm Checked	3/9/17	MD
Maintenance Contract (Y) / N	4-17	BA
Comments: Need Seal around wires on Septic well		

4/5/17 Needs seal checked around wires & Contract

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.*

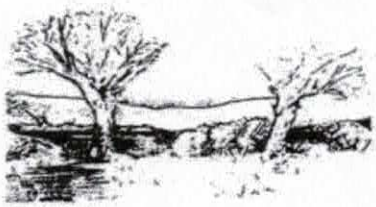
Owner / Applicant Signature: [signature] Date: 9/1/16 Installed by: LENTZ

IMPROVEMENT PERMIT by: [signature] Date: 8/30/16 OPERATION PERMIT by: [signature] Date: 4-17-17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/30/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

APPROVED AUG 3 1 2016



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 130 Nesting Quail Ln, Highland Ridge Lot 5
House Footprint: 55' x 55'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-CVB
APPROVED AUG 3 1 2016
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 36.6 GPM
Dosing Volume: 223.2 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 9'
Friction Head: 4.2'
Pressure Head: 2'
Total Dynamic Head: 15.2'
Supply Line Length: 135' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 30" max (initial), 28" (repair)
Proposed Trench Width: 24" (8' on center)

Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1	**35'**	**8**	**37'**	**3.3'**
White 2	**50'**	**12**	**53'**	**4.5'**
Blue 3	**75'**	**17**	**77'**	**5.7'**
Pink 4	**90'**	**21**	**91'**	**6.7'**
White 5	**20'**/62'(rep)	**4**	**87'**	**8.3'**
Blue 6			61'	9.7'
Pink 7			52'	10.7'
Yellow 8			40'	11.6'
White 9			30'	12.4'
Blue 10			26'	13.1'

Initial System: 270' **Repair System:** 271'
Pump Tank: 7.3' **House Corner:** 8.1' **Benchmark:** 2.2'

Comments:
MA&A are expanding this system to support a four bedroom residence. The house is staked with pink and orange flagging. The tanks are marked in white flags.

APPROVED AUG 3 1 2016



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4639971669_
COUNTY: _Iredell____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Adams Homes_____ APPLICATION DATE_____
ADDRESS: 10115 Kincey Ave. Suite 160 Charlotte, NC 28078_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: __0.67 AC_____
LOCATION OF SITE: 130 Nesting Quail Ln. Highland Ridge Lot 5_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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 8%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		3-28	R C SBK	FR SS SP SEXP					
		28-48	R CL WSBK	FR SS SP SEXP					
2	LS 8%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		6-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					
3	LS 8%	0-26	R C SBK	FR SS SP SEXP	N/A	46"	F-C SAP	N/A	PS 0.3
		26-46	R CL WSBK	FR SS SP SEXP					
		46-48	SL SAP M	VFR SS SP SEXP					
4	LS 5%	0-5	Br SCL WSBK	FR SS SP SEXP	N/A	42"	F-C SAP	N/A	PS 0.3
		5-24	R C SBK	FR SS SP SEXP					
		24-42	R CL WSBK	FR SS SP SEXP					
		42-48	SL SAP M	VFR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 FT2	542 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: _4639971669_____
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 5%	0-38	Br SCL GR	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		38-48	R CL WSBK	FR SS SP SEXP					

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4639971669
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Adams Homes
ADDRESS: 10115 Kincey Ave. Suite 160 Charlotte, NC 28078
PROPOSED FACILITY: 3 bdrm
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 130 Nesting Quail Ln. Highland Ridge Lot 5
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 0.67 AC
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	LS 8%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
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		26-46	R CL WSBK	FR SS SP SEXP					
		46-48	SL SAP M	VFR SS SP SEXP					
4	LS 5%	0-5	Br SCL WSBK	FR SS SP SEXP	N/A	42"	F-C SAP	N/A	PS 0.3
		5-24	R C SBK	FR SS SP SEXP					
		24-42	R CL WSBK	FR SS SP SEXP					
		42-48	SL SAP M	VFR SS SP					

Soils previously performed by CH on 6/12/14

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 FT2	440 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

RECEIVED AUG 17 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $225.00
220035 Int. Relay.

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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:

Applicant Name: Adams Homes **Address:** 10115 Kincey Ave. Ste 160 Charlotte, NC 28078 **Phone:** Kyle 704 947-6118

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 130 Nesting Quail

Subdivision Name: Highland Ridge **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: North, TL Fern Hill, TL Nesting Quail, on Rt

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(✓) 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 (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) 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: _____ 8/16/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

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

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

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

Applicant Information:

Applicant Name: Cynthia Blanding **Address:** 10115 Kincey Ave #160 Huntersville, NC 28078 **Phone:** (704)884/1548

Owner Name: Adams Homes AEC LLC **Address:** 10115 Kincey Ave # 160 Huntersville, NC 28078 **Phone:** 704.947.6118

Property Information:

Street Address: 130 Nesting Quail Lane ,, Mooresville, NC 28677

Subdivision Name: Highland Ridge **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: Perth Road N TL Fern Hill Road TL Nesting Quail Lane

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(X) 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:** _____

(X) 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 (X) 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 identific operty lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Cynthia Blanding July 16, 2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Adams Homes AEL, LLC, am the legal owner(s) of the property located at 130 Nesting Quail Ln, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4639971669.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Gary McNeely, Michael Athanas + Associates, Inc, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

(X) MANAGER 7/1/16 (X) _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

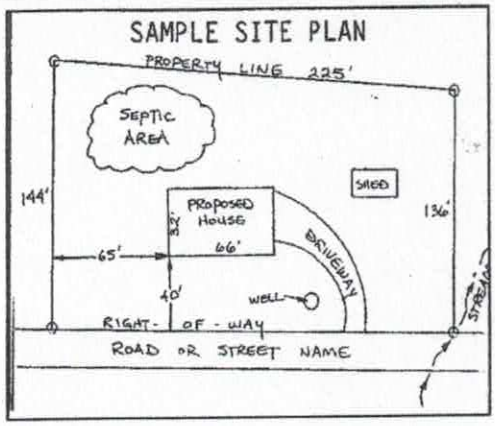
ENVIRONMENTAL HEALTH DIVISION

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

See Attached Plan

Signature: _____

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

8/16/2016

DATE

IREDELL COUNTY HEALTH DEPARTMENT

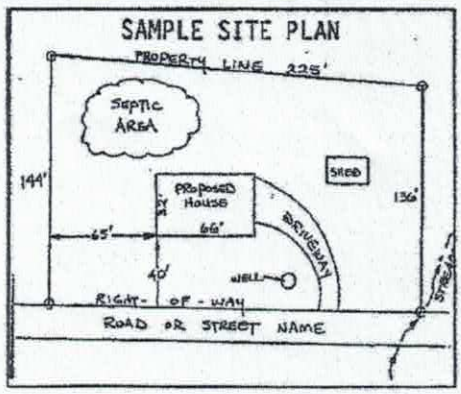
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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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**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and 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:

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 other item that will occupy space on the site

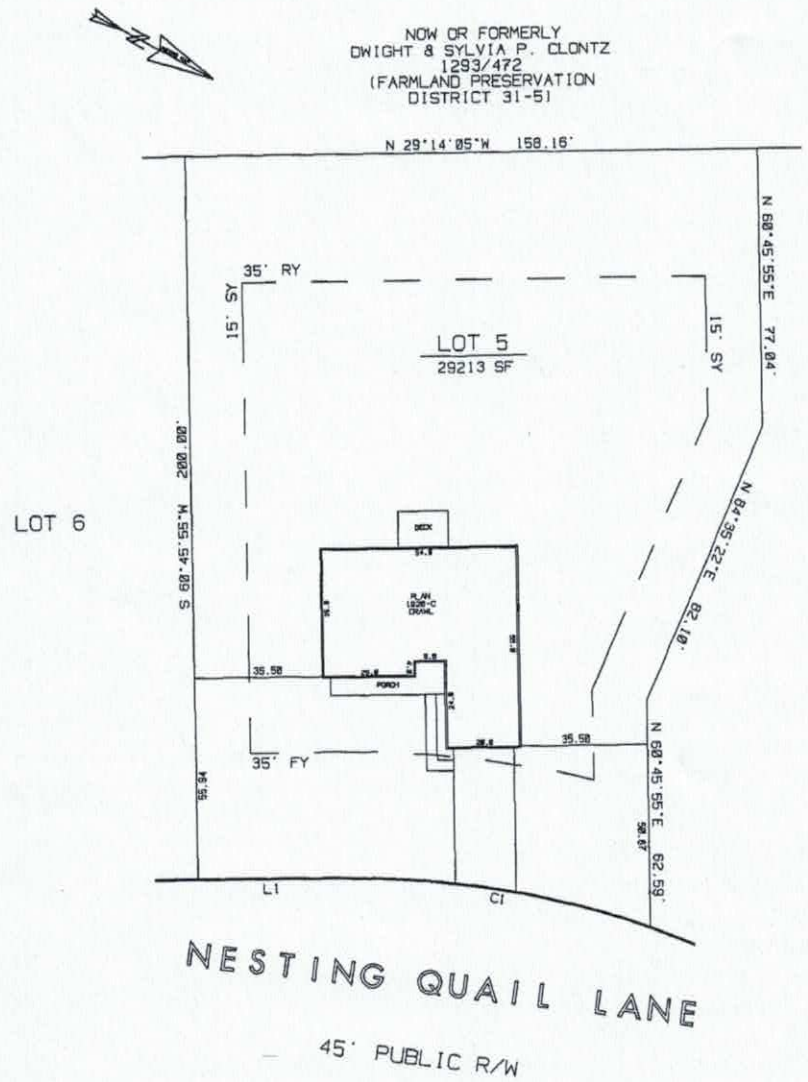
Signature: Cynthia Blanding

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

July 16, 2016

DATE

APPROVED AUG 3 1 2016



LINE	BEARING	DISTANCE
L 1	S 29°14'05"E	40.03'

CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C 1	19°39'58"	252.50'	86.66'	43.76'	86.24'	S 19°24'07"E

ADAMS HOMES

PLOT PLAN

OF

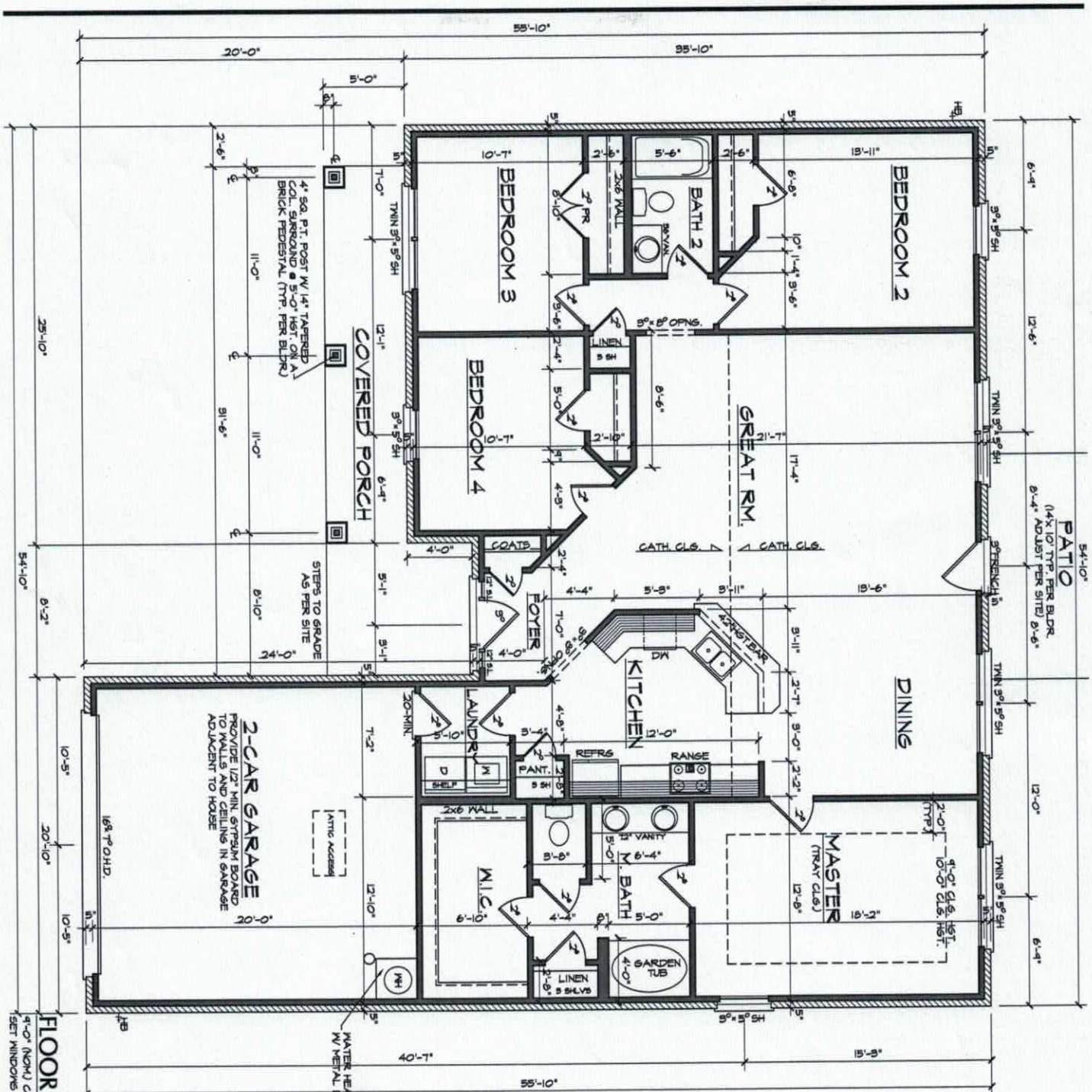
130 NESTING QUAIL LANE
LOT 5 OF HIGHLAND RIDGE
FALLSTOWN TOWNSHIP, IREDELL COUNTY, N.C.

SCALE - 1" = 40'

0 20 40 60 80

MAP RECORDED IN BOOK 53
AT PAGE 28

AD GEO 13
DATE: 05/23/16
DSK AD30 HLR5
DRAWN BY ASW/ESJ/CLJ



FLOOR PLAN

9'-0" (NOM.) CLG. HST. U.N.O.
SET WINDOWS @ 7'-0" U.N.O.

SCALE: 1/4"=1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 8/30/16

Date 8/30/16

1920 "C" FE (R) HG005

RALEIGH, NC
3085

AUTOCAD 2004

DATE DRAWN 6-30-2016

REVISIONS

SHEET 3 OF 4

ADAMS HOMES AEC, LLC
BL #CBC043518
1401 SUNDAY DRIVE, SUITE 115
RALEIGH, NC 27607
919-233-6747 (office) 919-233-6780 (fax)

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
220035
Issue Date: 07/05/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639971669.000	130 NESTING QUAIL LANE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: ORCHARD FARMS LLC	Applicant: MICHAEL ATHANAS & ASSO
Address: 150 IREDELL CO, NC 28625	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD- FAST TRACK	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.670	35.00	35.00	15.00	15.00	PA	X

Remarks:

$ PAID

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

See Attached

Applicant: _____ Date: _____

Permit Number	73440	TOTAL FEES:	$ 77.25

Subsurface (Class IV) Inspection and Maintenance Agreement

Date: Feb 24, 2017

Agreement between: **and** **Lentz Wastewater Management, Inc.**

Adams Homes AEC, LLC
3401 St. Vardell Ln Ste. B
Charlotte, NC 28217
(the "Owner")

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

The Owner owns or controls the property upon which a ground absorption sewage treatment system ("system") is installed, being designated a Type IV system that requires a contract to be executed between the system owner and management entity. 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:

The Operator Obligations: The Operator shall perform the following services on the Owner's system located at:

130 Nesting Quail Ln

Mooresville, NC 28117

a. The Operator shall inspect, document, and report the system every 6 months.
b. If an inspection indicates the need for system repairs, the Operator shall notify the local health department within 48 hours of the inspection.
c. The Operator shall notify the Owner of needed repairs, which are outside of the scope of routine maintenance described in this contract. The Operator shall perform necessary repairs to the system at the request of the Owner, and shall be entitled to payment at the Operator's normal charge for services and materials.
d. 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:
      - $300 total prior to closing based on two [2] inspections per year each billed at $150
      - Any charges for necessary replacement parts
      - Any charges for pumping/removal of solids from tanks
      - Additional maintenance (clearing around any septic components, such as: septic tank, pump tank, drainfield lines, etc.) or labor repair and service calls requested by client billed at a minimum of $55 per hour.

   The annual fee may be amended upon sixty (60) days advance notice to the Owner. The Owner shall pay to the Operator the normal and customary fee for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable at the time of services rendered. Unless prior arrangements have been made, fees due to the Operator and unpaid by the Owner are considered past due after seven (7) days of completion of services. Unpaid fees shall accrue interest from the due date until paid, at a rate of 1.5% per month.
3. Term: This Agreement shall remain in effect until terminated. This agreement will commence on the date of The date of the first inspection will be approximately six (6) months from the date of closing, and the second inspection will be completed approximately one (1) year from the date of closing.
   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.
   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 in order for the Operator to comply with the terms of this Agreement.

- 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.
   b. Assignment by the Operator
      - The Operator may assign its rights and duties under this Agreement to another management entity, which is qualified to manage the system, upon thirty (30) days written notice to the Owner and to the local health department.
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:

To the Owner:	Adams Homes AEC, LLC 3401 St. Vardell Ln Ste. B Charlotte, NC 28217
To the Operator:	Lentz Wastewater Management, Inc Jarrid M Lentz 463 Lentz Rd Statesville, NC 28625
To the Local Health Department:	Iredell County Environmental Health 610 E. Center Avenue Mooresville, NC 28115

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.

2/27/17

(Owner's Signature) (Date)

2-24-17

(Mr. Jarrid M Lentz – Operator's Signature) (Date)