IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 218579

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

PIN # 4639-97-1813

APPLICANT: ADAMS HOMES LLC. APPLICANT ADDRESS: 682 HOUSTON RD TMAN

SITE ADDRESS: 124 NESTING QUAIL LN.- Gravel PHONE: 704-528-9892 ALT. PHONE:

SITE DIRECTIONS: PERTH, TL FERN HILL, TL NESTING QUAIL, ON R

SUBDIVISION: HIGHLAND RIDGE SECTION: LOT # 4 LOT AREA: .65AC DESIGN FLOW: 480 L.T.A.R.: .25 (.225R)

Septic Tank 1000 (gal) STB 760 Date 12-13-16

Pump Tank 1000 (gal) PT 363 Date 12-5-16

Pump Make Goulds Model WE0512HU Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 320'

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: LP- PANEL BLOCK

Repair System Description: SAME

Maintenance Agreement Required: ☑ YES ☐ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: 2/14/17 Checked 3 of 4 lines & tanks
Drilled 3/16" hole
2/16/17 Checked 4th line, set 2ft pressure

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

GOULDS WATER TECHNOLOGY

WE0512HHU
SUBMERSIBLE PUMP
1/2HP 1/60/230 3.87" 7.3MA

	Date	Initials
Drain Lines Checked	2/14-2/16/17	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	417	BA
Comments: Needs Seal around wires on Septic & Well head ~~OK~~		

9/5/17 Needs seal 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.

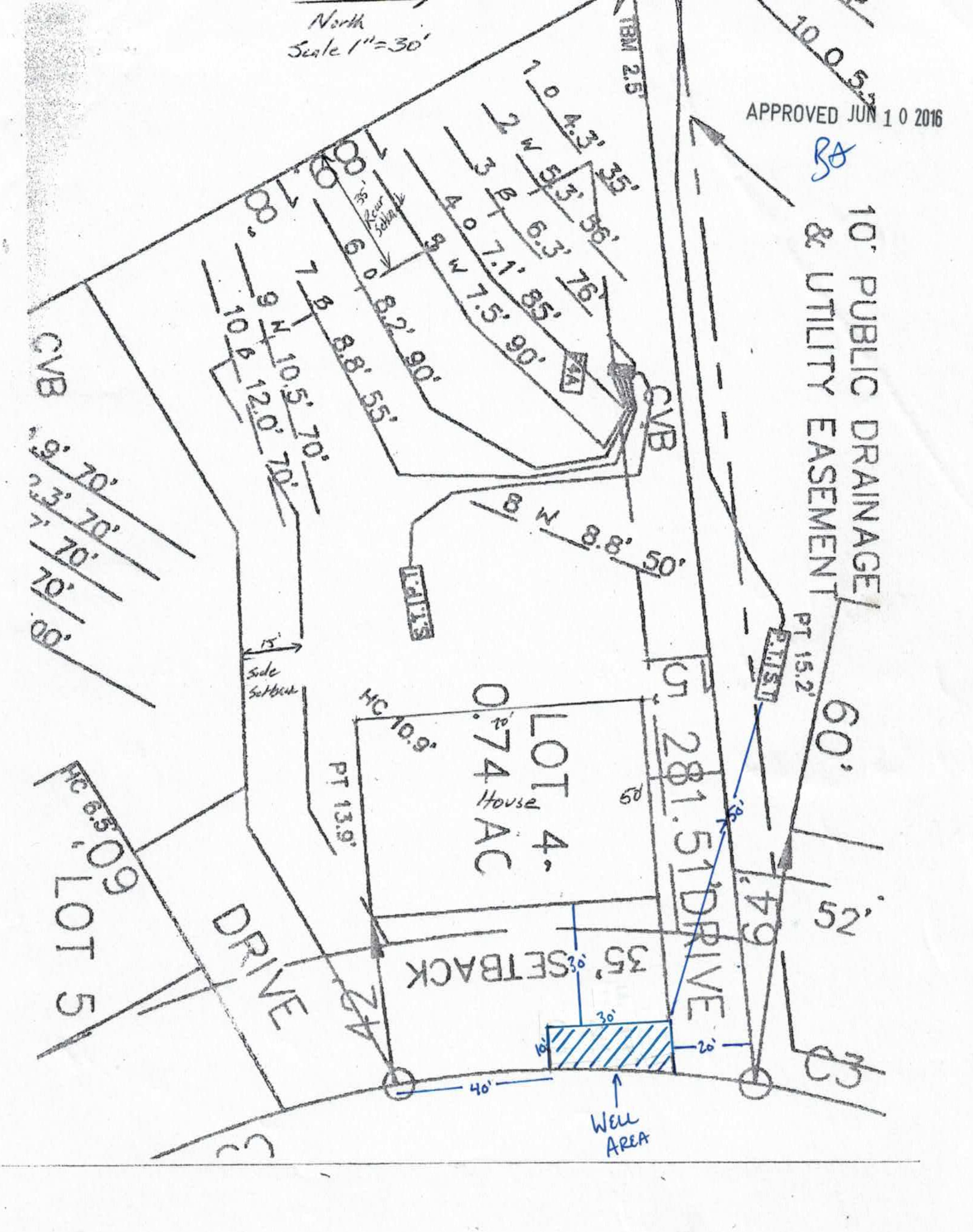
Owner / Applicant Signature: Roxanne Shea Date: 6/20/16 Installed by:

IMPROVEMENT PERMIT by: RA Ellis Date: APPROVED JUN 10 2016 OPERATION PERMIT by: BA Lentz Date: 4-17-17

AUTHORIZATION TO CONSTRUCT by: RA Ellis Date: APPROVED JUN 10 2016 Existing System Inspected by: Date:

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

APPROVED JUN 1 0 2016



APPROVED JUN 10 2016

BA



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

Reference: Data Sheet for Lot 4 Highland Ridge; Nesting Quail Lane; Iredell County NC
House Footprint: 50'x70'
Building Setback: 35' Front/Rear, 15' Side,
Water Source: Private Well
Number of Bedrooms: 4/480 gpd
Pre-determined LTAR: 0.25 gpd/ft2 (ICHD)
Pre-determined Repair LTAR: 0.225 gpd/ft2
Proposed System Type: PPBPS/ 9' center
Distribution: LP-CVB
Flow per Orifice: .59
Hole Size & Material: 3/16"
Number of Panels: 75
System Flow: 44.25 gal/min
Dosing Volume: 270.0 gal/dose
Pump Run Time: 6.10 min
Total Linear Footage: 320"
Trench Bottom Square Footage: 960 sq.ft
Elevation Head: 11.8'
Friction Head: 3.92'
Pressure Head: 2'
Total Dynamic Head: 17.72'
Supply Line Length: 100'
Proposed Trench Bottom Depth: 36"
Septic/ Pump tank size: 1000 ST, 1000 PT

Line	Actual Length	Design Length	# of Panels	Elevation
Orange 1	35'			4.3'
White 2	56'			5.3'
Blue 3	76'			6.3'
Orange 4	**85'**	**85'**	**20**	**7.1'**
White 5	**90'**	**90'**	**21**	**7.5'**
Orange 6	**90'**	**90'**	**21**	**8.2'**
Blue 7	**55'**	**55'**	**13**	**8.8'**
White 8	50'			8.8'
White 9	70'			10.5'
Blue 10	70'			12.0'

APPROVED JUN 10 2016

Septic/Pump Tanks: 13.9' **CVB:** 7.1' **House Corner:** 10.9'
Initial System: 320' of PPBPS **Repair System:** 357' of PPBPS
Benchmark: 2.5' Back right P/L iron.

Comments: The purpose of the evaluation is for the lot to be re-evaluated due to an expiring permit. MA&A laid out the septic area that was permitted by Iredell County Health Department. No grading or other site manipulations have occurred on the property. The house box has changed to a 70'x 50', instead of the 70' x 60' that was originally permitted. The house has been located using pink pin flags and stakes with pink flagging.

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

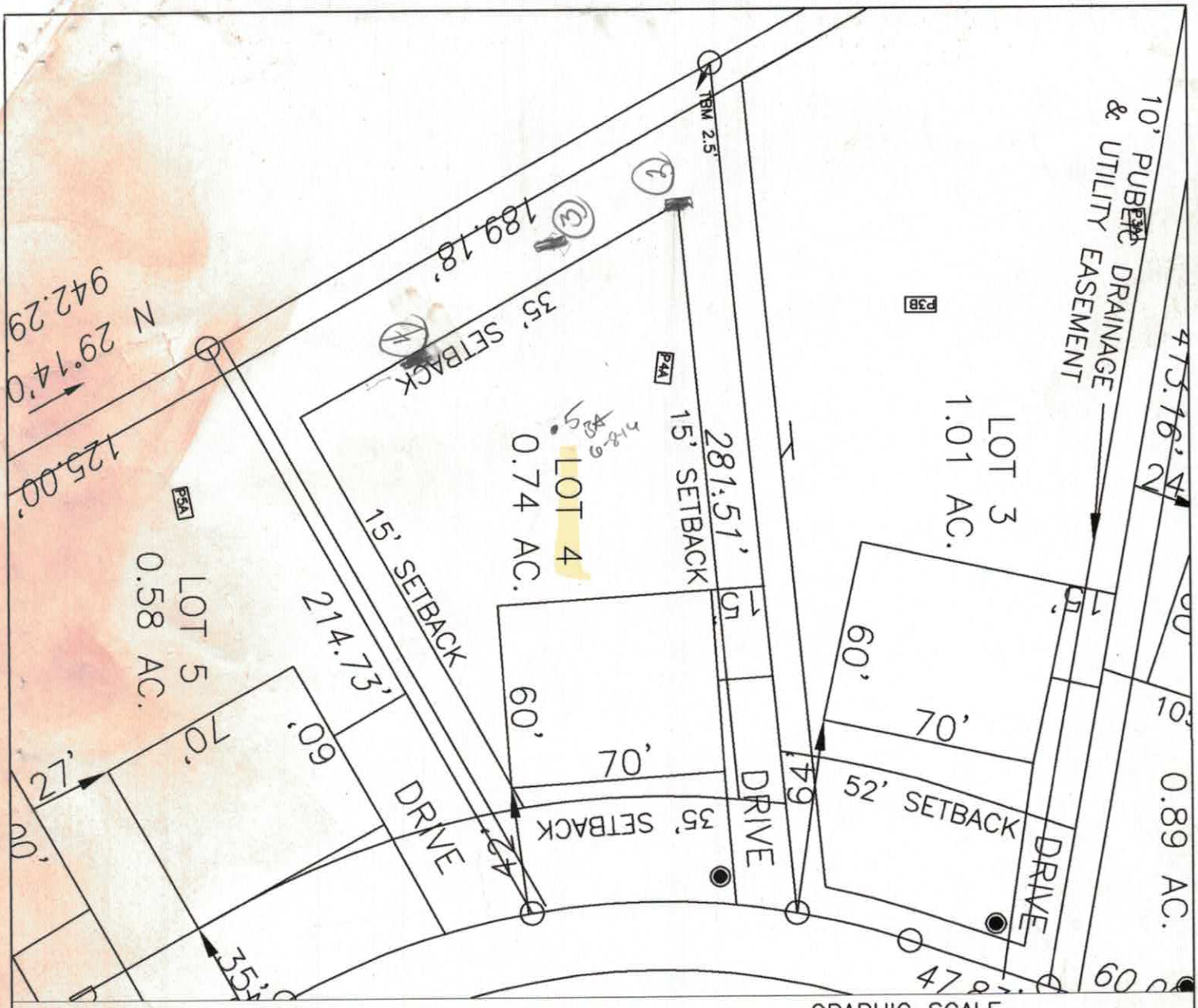
DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

lot 4 Highland Ridge

PROPERTY ID #: ___
DATE OF EVALUATION: 1/07
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
4A	LS 10-15%	0-6	BSCL CR	fr SS SP SAP	Chroma —	57	—	—	PS .25
		6-24	RC MPABK	fr SP SAP-hw					
		24-57	RCL/C MPSBK	fr SS SP SAP					
(2)		0-8	gr bnwSL	fr SS SP	few common yel brms				.225
		8-42	m fABK red c	fr SS SP SAP					
		42-60	wk SBK red c	fr SS SP					
(3)		0-9	gr bnwSL	fr SS SP	few y/brms				.25
		9-45	m fABK red c	fr SS SP SAP					
		45-56	wk SBK red c	fr SS SP	few mi SAP				
(4)		0-5	w SBK B scl	fr SS SP	com yel brs few SAP				.3 >28 .25 <28
		5-28	m f ABK R c	fr SS SP					
		28-59	w SBK R c	fr SS SP					
5BA	6-8-16	0-10	CLWSBK	SS	Y/BR 10-30				.125
		10-30	CMSBK	SS					
		30-55	CLMSBK	SS					

COMMENTS: ___



LEGEND

- House Box.
- System lines.
- Repair lines.
- House Corner Shot.
- T.B.M.

SOIL LOCATIONS ONLY

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: BD OF HC / HIGHLAND RIDGE

LOCATION/DATE: PERTH ROAD, IREDELL COUNTY, NORTH CAROLINA, FEBRUARY 2007

JOB # :	01-1329
FILE:	C:\JOBS\01-1329
PROJECT MGR.:	C.B.F.
FIELD WORK:	C.B.F. & A.L.P.
DRAWN BY:	C.B.F.

RECEIVED JUN 7 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $225.00

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 #218579

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information:

Applicant Name: Adams Homes LLC **Address:** 682 Houstard Rd Troutman ~~Mooresville~~ NC 28166 **Phone:** 704 528-9892

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

****

Property Information:

Street Address: 124 Nesting Quail

Subdivision Name: Highland Ridge **Section/Phase:** _____ **Lot Number:** 4

Driving Directions: Perth Rd, 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:

(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:** _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other: _____

****

Please answer the following to the best of your ability:

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) 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: _____ 6/6/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Matthew C. Pannell, am the legal owner of the property located at 124 Nesting Quail Ln. Mooresville, NC, identified as PIN(Parcel Identification Number) 4639971813.000, located in Iredell County, North Carolina.

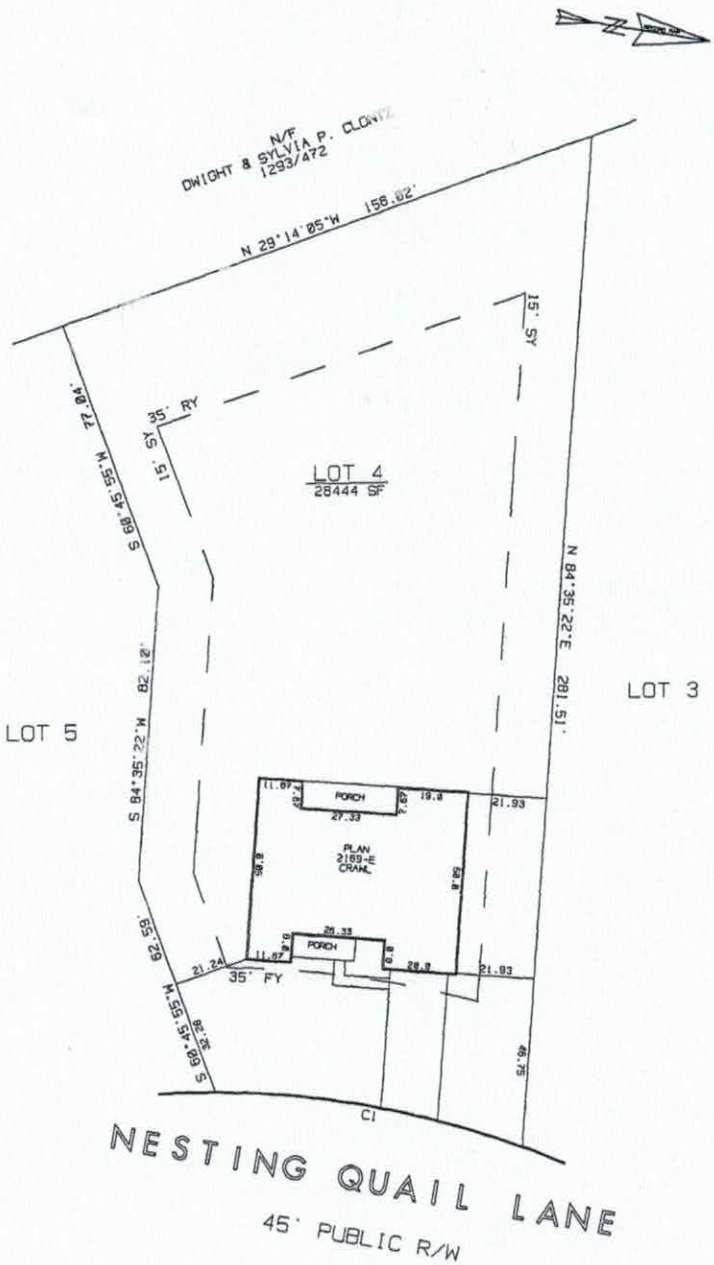
I do hereby authorize (print authorized agent/company name) Michael Athanas, Michael Athanas + Assoc. Inc. _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Matthew C. Pannell 4/3/14
Signature of Owner Date

[signature] 4/3/14
Signature of Witness Date



CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C 1	19°47'07"	252.50'	87.19'	44.03'	86.76'	S 00°19'24"W

NOTE: U.G. UTILITIES IN AREA SERVING OTHER PROPERTIES.
THIS PROPERTY SUBJECT TO ANY EASEMENTS OR RIGHT-OF-WAYS OF RECORD. SEE RECORD PLAT FOR FURTHER NOTES.

IPF	IRON PIN FOUND
IPS	IRON PIN SET
BC	BACK OF CURB
CM	CONCRETE MONUMENT
PSDE	PUBLIC STORM DRAIN EASEMENT
S.T.	SIGHT TRIANGLE

SCALE - 1" = 40'

0 20 40 60 80

ADAMS HOMES

PLOT PLAN

OF
124 NESTING QUAIL LANE
LOT 4 OF HIGHLAND RIDGE
FALLSTOWN TOWNSHIP, IREDELL COUNTY, N.C.

MAP RECORDED IN BOOK 53
AT PAGE 28

ADGED#13
DSK AD#30 HLR4
DATE: 04/15/16
DRAWN: CLJ

IREDELL COUNTY HEALTH DEPARTMENT

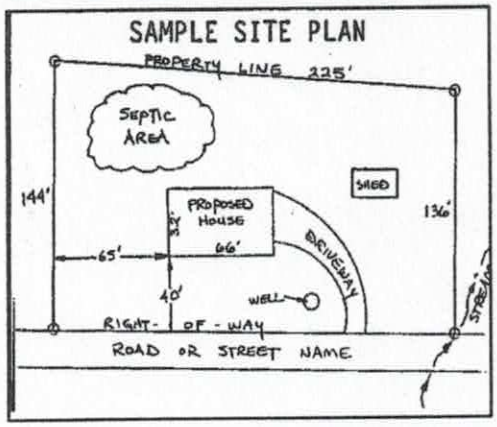
ENVIRONMENTAL HEALTH DIVISION

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

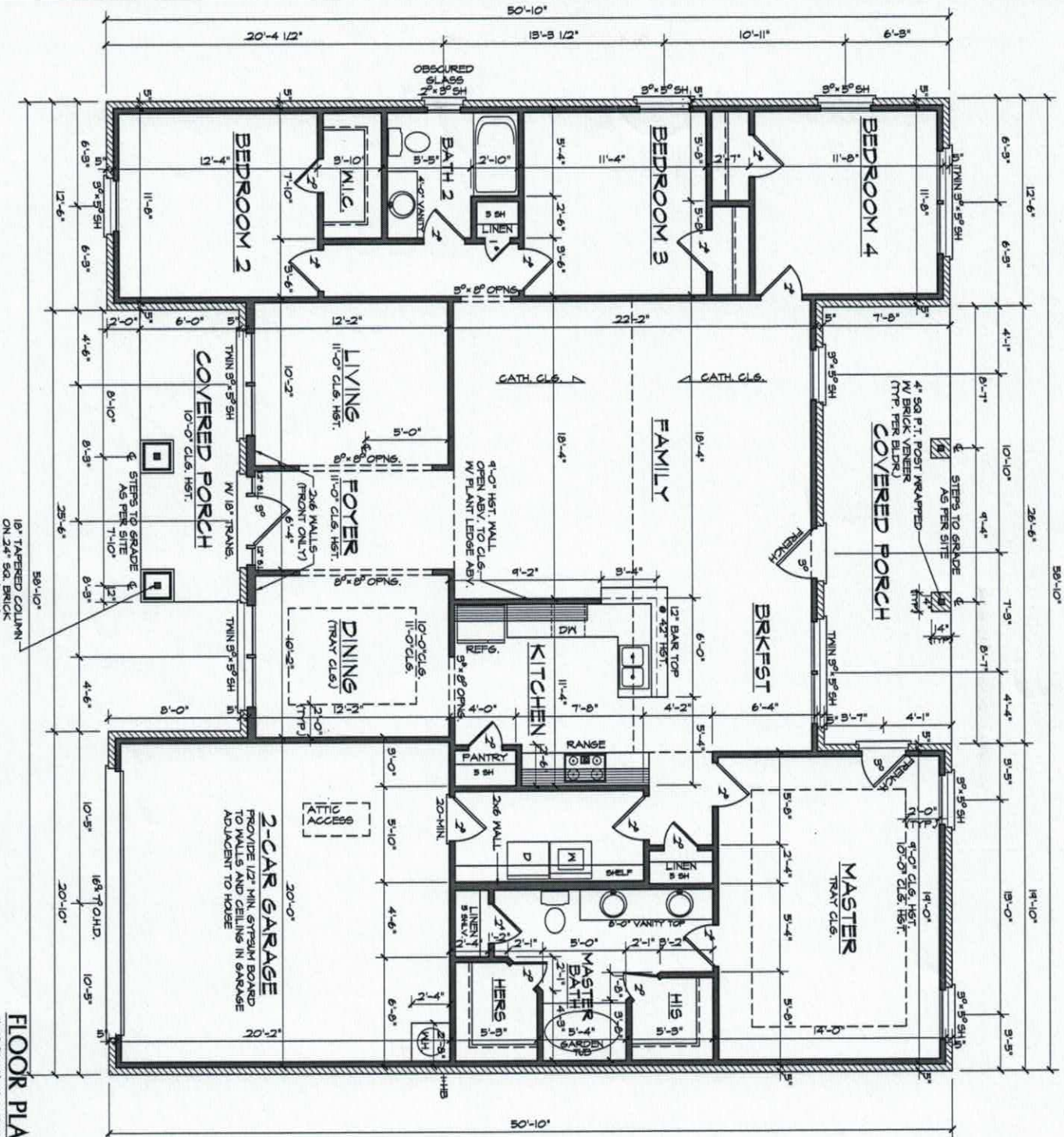
See Attached Plan

Signature: _____

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

6/6/2016

DATE



FLOOR PLAN

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

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

APPROVED JUN 10 2016
Date 6/20/16

Plans Submittal ONLY!

Acknowledgement of

2169 "E" FE (R) HG004

RALEIGH, NC
3037

AUTOCAD 2004

DATE DRAWN 4-22-2016
REVISIONS

SHEET 3 OF 4

ADAMS HOMES AEC, LLC

BL #CBC043518

1401 SUNDAY DRIVE, SUITE 115
RALEIGH, NC 27607
919-233-6747 (office) 919-233-6790 (fax)

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

Zoning Permit

Printed: 2/14/2007

Permit Number: 140683ZO

Master #: 140683

Associated Permits:
140683ZO Zoning

Applicant

Name: Ashley Rollans
Phone: 704-746-5046
Address: 2120 Graham Rd
Mt Ulla, NC 28125

Parcel

Parcel Number: 4639974862.004
Zoning: RA
Address: 000 Nesting Quail Ln.
MOORSEVILLE, NC 28117
Township: 1500
Area: .74
Subdivision: Highland Ridge
Lot(s): 4
Directions to Parcel: perth rd,m right on fern hill, left on nesting quail

Owners

Name: Orchard Farms, LLC (Lee Easter)
Phone: 704-201-6465
Address: 227 Hideaway Lane
Mooresvile, NC 28117

Contractors

Contractor Type: Enviromental Services
Name: Ashley Rollans
Phone: 704-746-5046
Address: 2120 Graham Rd
Mt Ulla, NC 28125

Fees and Receipts:

Number	Description	Amount
FEE-144875-07	Zoning - Permit / Inspection	$45.00
FEE-144876-07	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**

REC-78611-07	$245.00
Total Receipts:	**$245.00**

Conditions

Date: **Status:** **Code:**

Condition Description:

Condition Comments:

Permit Information:

Max Built Upon Area:	
Watershed:	WSIV-PA
Flood Zone:	No
Set Backs:	F35 R35 LS15 RS15
Minimum Lot Size:	21780
Minimum Lot Width:	100
Min # Parking Spaces:	
Land Use Permitted:	Yes
Community Sewer:	No
Site Plan Reviewed:	
Staff:	
Zoning Permit:	Yes
Septic Typet:	New System
Proposed Use:	Single Family
Property Recorded:	No
Community Water:	No
Provider:	
Provider:	
Date:	
# of Stories:	0
# of Bedrooms:	0
# of Units in Building	0

Site Plan Conditions:

Zoning Permit Comments: Hold building permit until plat is recorded

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:

124 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 per visit
      - 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. 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)