IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 066477 PIN# 4644 48 1479 Pt. 4644-49-3320 DATE 6/

OWNER OR CONTRACTOR Scott & Michelle Smiley PHONE: Business _____ Home _____

ADDRESS Jade Spring Ct. Mooresville, NC. 28117

LOCATION Langtree Rd. TL Mecklyn Rd. TR West Paces Rd. TR Jade Spring Ct. ct end (R) of Center

SUBDIVISION Westview BLOCK / SECTION _____ LOT 3 LOT AREA .83 Ac. SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10/6/01
Pump Tank: 1000 Gallons; PT 283 Date 1/12/02
Pump Make: MYERS Model ME-50-1 HH Serial No. 260880901
Nitrification Field: No Fields 1 Square Feet 112 Linear Feet 56
No Lines 1 Trench Width 2' Max Trench Bottom Depth 37" Gravel Depth No

☐ New System ☒ Repair System Type: I. II. III. ⓘ V. VI
System Description: _____
Repair System Description: 1-56' 16" PPBPS
Maintenance Agreement Required: ☒ Yes ☐ No

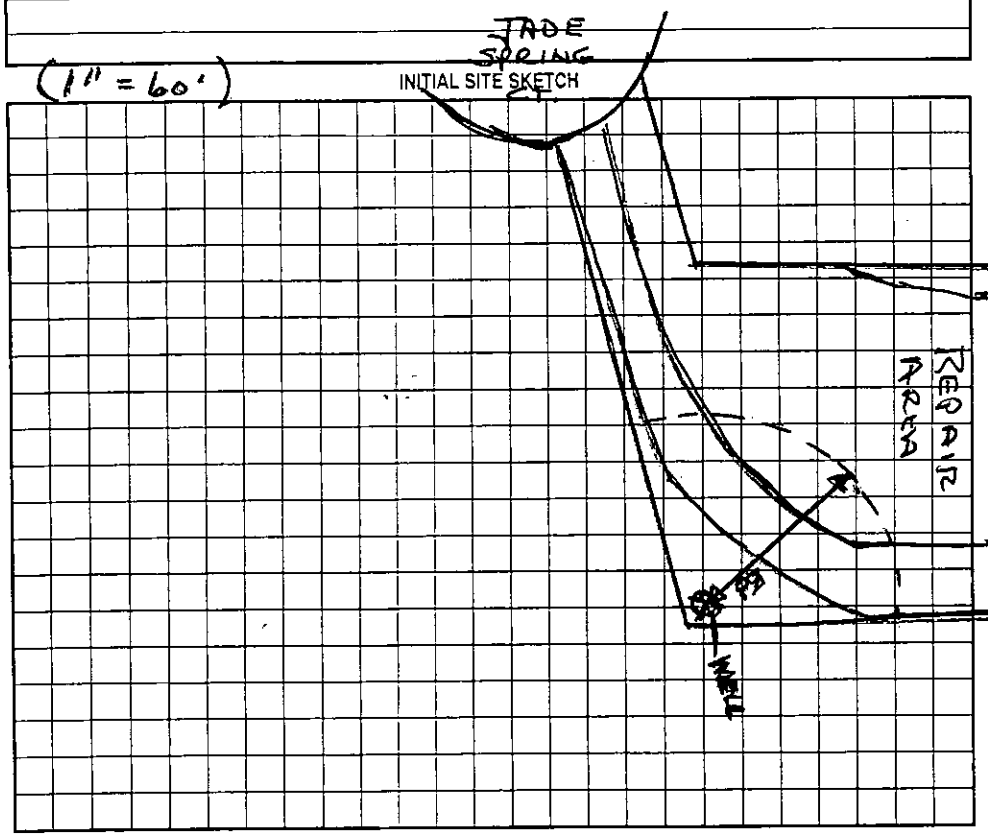
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3.5
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☐ Community

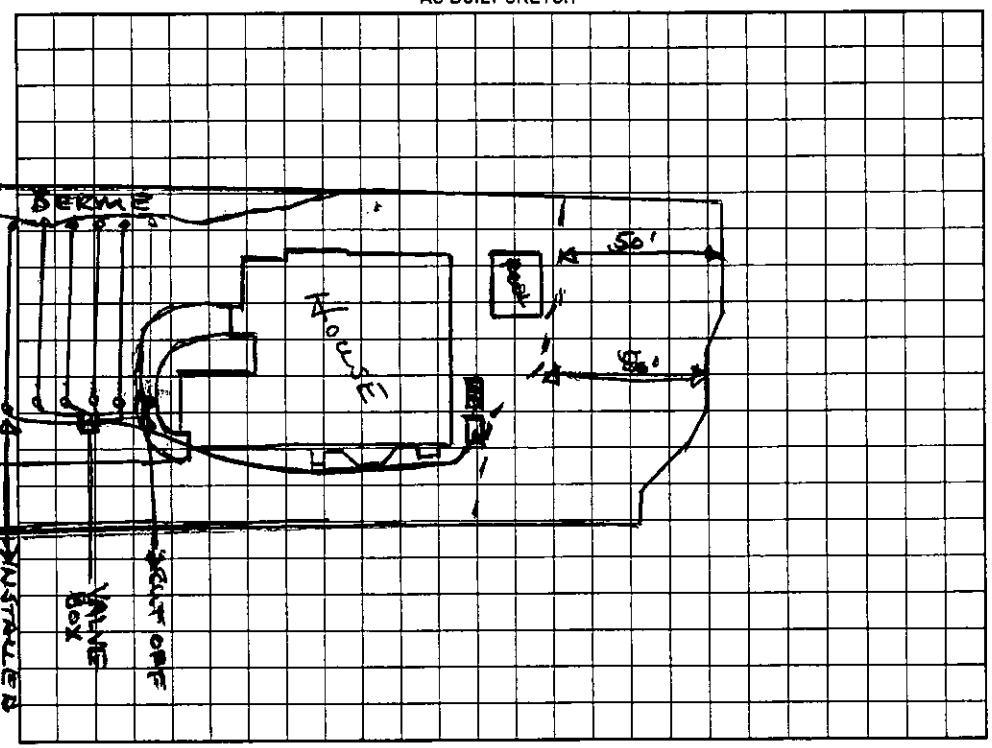
Comments:/Conditions:

Comments:/Conditions: 7/1/02 There is still too much water over this drainfield coming from the sprinkler system.

INITIAL SITE SKETCH (1" = 60')



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: Curt Dunning

Operation Permit by: Wesley Sparks RS. date 7/1/02

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 250.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 0606477 PIN# 4644481479 Pt Builder (Chuck) DATE 2/19/2001

OWNER OR CONTRACTOR Scott & Michelle Gauce PHONE: Business 309-2707 Home 948-7163

ADDRESS 12631 Fran Field Dr Huntersville NC

LOCATION Lavatree Tr Meck Lynn Rd TR West Paces Rd TR Jade Spring Ct

SUBDIVISION Westview BLOCK / SECTION ____ LOT 3 LOT AREA .83 Acre SITE CLASS. ____ DESIGN FLOW 480 gpd L.T.A.R. ____

Septic Tank: 1000 Gallons; STB 794 Date 10-1-01

Pump Tank: 1000 Gallons; PT 293 Date 1-12-02

Pump Make: Myers Model ME-50-11HH Serial No 2609809C1

Nitrification Field: No Fields 1 Square Feet 840' Linear Feet 280'

No Lines ~~4 or 3~~ Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: [X] Yes [ ] No

[ ] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 3½ No. Employees ____

[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

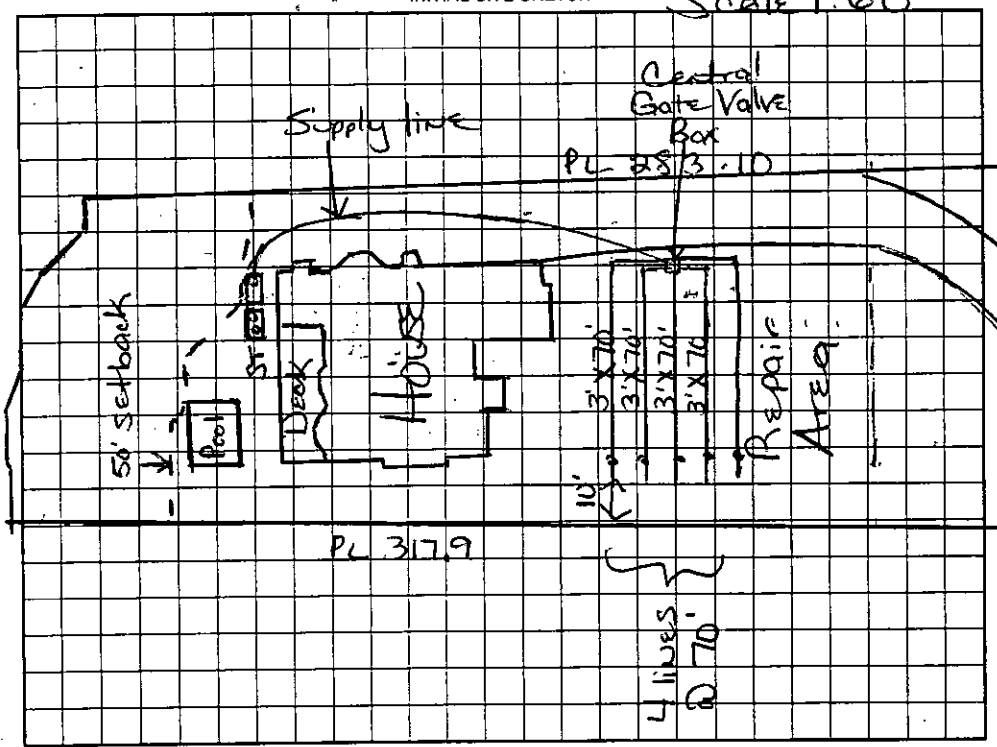
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Keep Septic System at least 10' From PL, 50' From Lake & 50' From any well (505')

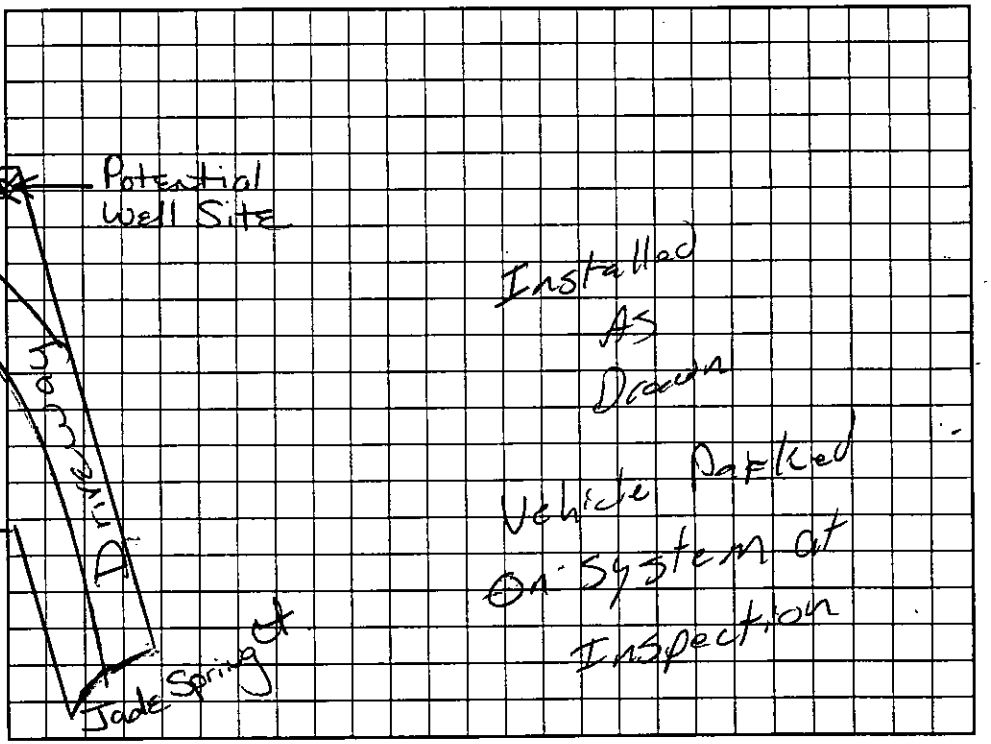
Comments:/Conditions:

67 - 40 GPM = 5.5" Pressure Length

INITIAL SITE SKETCH Scale 1:60



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ____ date 2/22/01 Installed by: Curt Dunning

Improvement Permit by: Maine H. Dolan RS date 2/19/2001 Operation Permit by: ____ RS date 4/17/02

Authorization to Construct by: Maine H. Dolan RS date 2/19/2001 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

20L-0420 Rice

IREDELL COUNTY
PROPERTY DESCRIPTION FORM

P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 066477 Zoning Permit: X Improvements Permit: 1

Name: CRESCENT RESOURCES Address: PO BOX 1003

City: CHARLOTTE State: NC Zip: 282010000

Phone: 0006636905

Proposed Use: 01

PIN #: 4644481479 PT Zoning: RA Township: 17

Street Address:

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: WESTVIEW Lot #: 3 Lot Size: .83

Has Property been recorded? N Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 35F 35R 15S

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: PLAT HAS NOT BEEN RECORDED

Location: LANGTREE TL MECKLYNN ON RGT BEFORE COUNTY LINE

Staff: RRS Date: 04/21/97

Fees: Zoning: $ 15.00 Health: $ 75.00

Signature of Applicant: _____
Owner: Agent:

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Scott Guice	948-7163	12631 Foam Field Dr	Huntersville	NC	

Current Property Owner	Mailing Address	City	State	Zip Code
Scott Guice	12631 Foam Field Dr	Huntersville	NC	

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Westview	3		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Private well	6/27/97	4644481479

Specific Directions to Property Long Tree TL Mecklenburg Rd TR West Paces Rd TR Jabo Sprng CT

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3 1/2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing ✓ ?

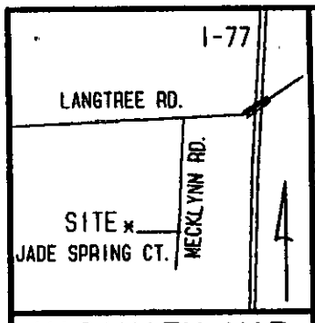
Crawl Space _____ Concrete Slab _____ Garbage Disposal ✓ Jaccuzi or spa ✓

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

1-24-01 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT



VICINITY MAP
(NOT TO SCALE)

Curve #	Radius	Delta	Length	Tangent	Chord/Brg
C1	40.00′	48°34′48″	33.92′	18.05′	32.91′ S53-51-22.8W

60′ 30′ 0 60′ 180′

BAR GRAPH

NORTH

REF. MB. 29 PG. 55

REFERENCES:
MAP BOOK 29 PAGE 55

S00°03′35″W
52.54′
PIER PROJECTION ENVELOPE
S86°48′37″E 120.00′
131.49′ N89°26′05″W
PROPERTY LINE FOLLOWS 760′ CONTOUR
LAKE NORMAN
L1 L2 L3 L4 L5 L6 L7 L8 L9
73.15′
50′ LAKE SETBACK
POOL
30′ VEGATATIVE BUFFER
15′ SIDE SETBACK
17.59′
PROPOSED HOUSE LOCATION
20.32′
N86°48′37″W 317.90′
S89°26′05″E 283.10′
NOW OR FORMERLY
JOE & ELIZABETH KNOX
DEED BOOK 377 PAGE 174
DRIVEWAY TO LOT #4
LAWN SPRINKLER ENCROACHES PROPERTY LINE BY 0.43′
FRONT SETBACK
N13°30′57″W 60.17′
EIP
EIP
C1
EIP
155.69′ S13°01′37″E
S89°26′05″E 560.04′
EIP
EIP
JADE SPRING COURT
(40′ PRIVATE RIGHT OF WAY)

LINE #	BEARING	LENGTH
L1	N01°47′34.8″W	17.81′
L2	N01°29′00.9″E	17.75′
L3	N21°55′48.2″E	14.10′
L4	N01°02′00.8″E	15.47′
L5	N28°00′16.0″E	13.18′
L6	N48°18′30.8″E	18.74′
L7	N10°12′54.9″E	7.33′
L8	N42°00′43.0″W	3.30′
L9	S89°26′04.8″E	15.15′

LEGEND:
EIP = EXISTING IRON PIN
NIP = NEW IRON PIN

NOTE:
THIS PROPERTY DOES BORDER IN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY.

(4) WESTVIEW SUBDIVISION MAP BOOK 29 PAGE 55

(3) 0.833 ACRES (BY COORDINATES)

(2) WESTVIEW SUBDIVISION MAP BOOK 29 PAGE 55

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES OR SALES

PRELIMINARY SITE MAP
DATE OF SURVEY 2/14/01

I, Graylon W. Pippin, certify that this is a Boundary Survey plat that was drawn under my supervision from an actual survey made under my supervision and under the Standards of Pratice for Land Surveying in North Carolina. The ratio of precision for this survey exceeds: 1:10,000.

SEAL L-3219 2-14-01 GRAYLON W. PIPPIN PROFESSIONAL LAND SURVEYOR

Graylon W. Pippin, PLS L-3219

PIPPIN LAND SURVEYING
169 HOMER LANE
MOORESVILLE, N.C. 28117
PHONE: (704)664-5714 FAX 664-5710

PREPARED FOR:
SCOTT P. & MICHELLE GUICE

DAVIDSON TOWNSHIP IREDELL COUNTY, N.C.

LOT No. 3 SHEET 1
WESTVIEW SUBDIVISION
MAP BOOK 29 PAGE 55

SCALE: 1" = 60′
FLD. BK. WESTVIEW. RAW
JOB No. 000718

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CRF APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 6/9/10
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot #3 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
1	LL 12-4%	0-57	Rd C/Cl m SBK	FR SS SP					.3
		Few	SAP Inclusions						
2	L	0-3"	B						.3
		3-30	R C m SBK	F S P					
		30-49	LR Cl m-f SBK	F-Fr S SP					
		Few	Incl of	SAP					
3									
4									

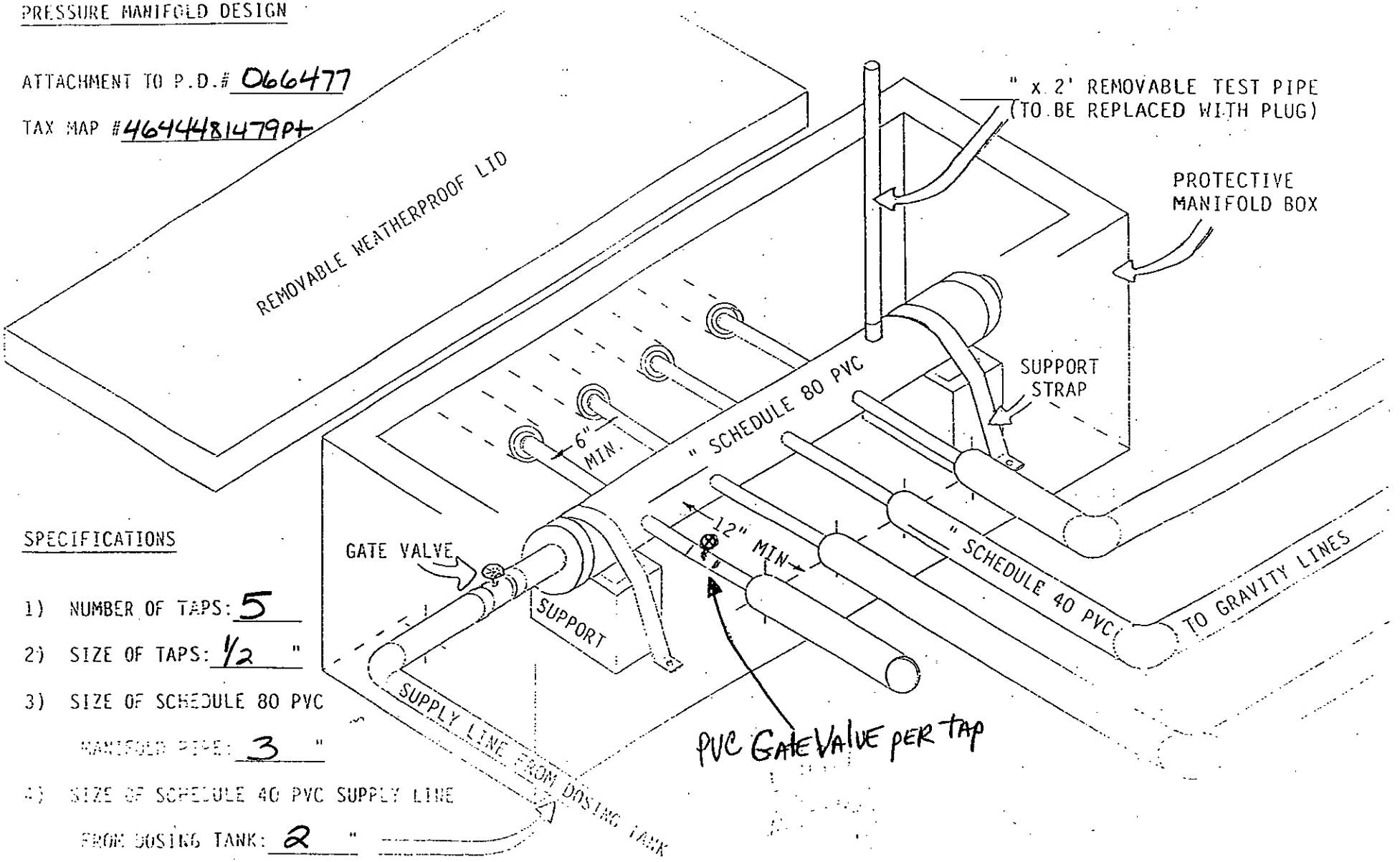
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

PRESSURE MANIFOLD DESIGN

ATTACHMENT TO P.D.# 066477

TAX MAP #4644481479pt



SPECIFICATIONS

1) NUMBER OF TAPS: 5

2) SIZE OF TAPS: 1/2 "

3) SIZE OF SCHEDULE 80 PVC
MANIFOLD PIPE: 3 "

4) SIZE OF SCHEDULE 40 PVC SUPPLY LINE
FROM DOSING TANK: 2 "

FlowTech Wastewater Management
Inspection and Maintenance Agreement

STATE OF NORTH CAROLINA, COUNTY of Iredell
This agreement is made and entered into this date of 11-9-02, by and between Scott Guice (the "Owner") and Dan Muller / FlowTech (the "Contractor").

WITNESSETH

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

WHEREAS, 15A N.C. Adm.Code 18A. 1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Adm.Code 18A. 1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Adm. Code 18A. 1961 to manage a Type IV system.

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

1. The Contractors Obligations. The Contractor shall perform the following services on the Owner's system located at: 110 Jade Spring Ct Mooresville, NC 28117

   a. The Contractor shall inspect the system at least the frequency required in Table V(b) of 15A N.C. Admin Code 18A1961(b) for a Type IV system.

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

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

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

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

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

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

2. The Owner's Obligations.

   a. The Owner shall pay to the Contractor the sum of $ 250.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon 60 days advance days notice to the Owner but may not increase more than 2 percent per year. The Owner shall pay to the Contractor the normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within 30 days of billing. Payments due to Contractor and unpaid by the Owner after 30 days shall accrue interest from the due date until paid at a rate of 2 percent per month.

   b. Within 3 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the repairs were satisfactorily completed.

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

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

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

   b. Termination by Mutual Consent. The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the Local Health Department within 30 days in advance of the date of termination.

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

   d. Termination by the Contractor. The Contractor may terminate this Agreement for cause by giving notice of intent to terminate this Agreement to the Owner and the Local Health Department 30 days in advance of the date of termination. Cause shall be defined as:

      1. Failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within 30 days of receipt by the Owner. If the said bill is paid after notice of termination of this Agreement, the Agreement shall continue in effect; or

      2. Failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs were completed within 2 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

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

      4. The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in Paragraph 4, below

4. Assignment.

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

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

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by 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. Regulatory Amendments. References in this Agreement to sections of the Administrative code shall include such rules as they may be amended in the future.

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

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

To the Owner: Scott Guice
110 Jade Spring Ct
Mooresville, NC 28117

To the Contractor: DAN Muller
8318 Townley Rd
Huntersville, NC 28117

To the Local Health Department: IREDELL

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

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

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

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum practicable in light of such determination, implement and give effect to the intentions of the parties reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such actions, remain in full force and effect.

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

(Owner) 11/9/02 (Date)

(Contractor) 11-9-02 (Date)