RECEIVED APR 1 7 2015

Paid $250.00 Statesville

209664

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

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: Anthony & Sylvia Pool Address: 921 C Southern Pine Blvd Phone: 704-535-1100

Owner Name: Frank Kristin Giguere Address: 117 Queens Cove Rd Phone: 401 465 5710

Property Information:

Street Address: 117 Queens Cove Rd

Subdivision Name: Queens Cove Section/Phase: _____ Lot Number: 24

Driving Directions: Printed

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

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

4/13/15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

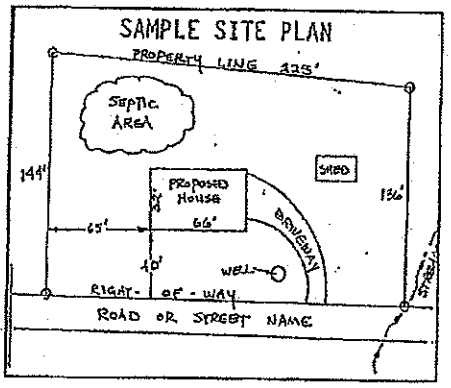
ENVIRONMENTAL HEALTH DIVISION

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

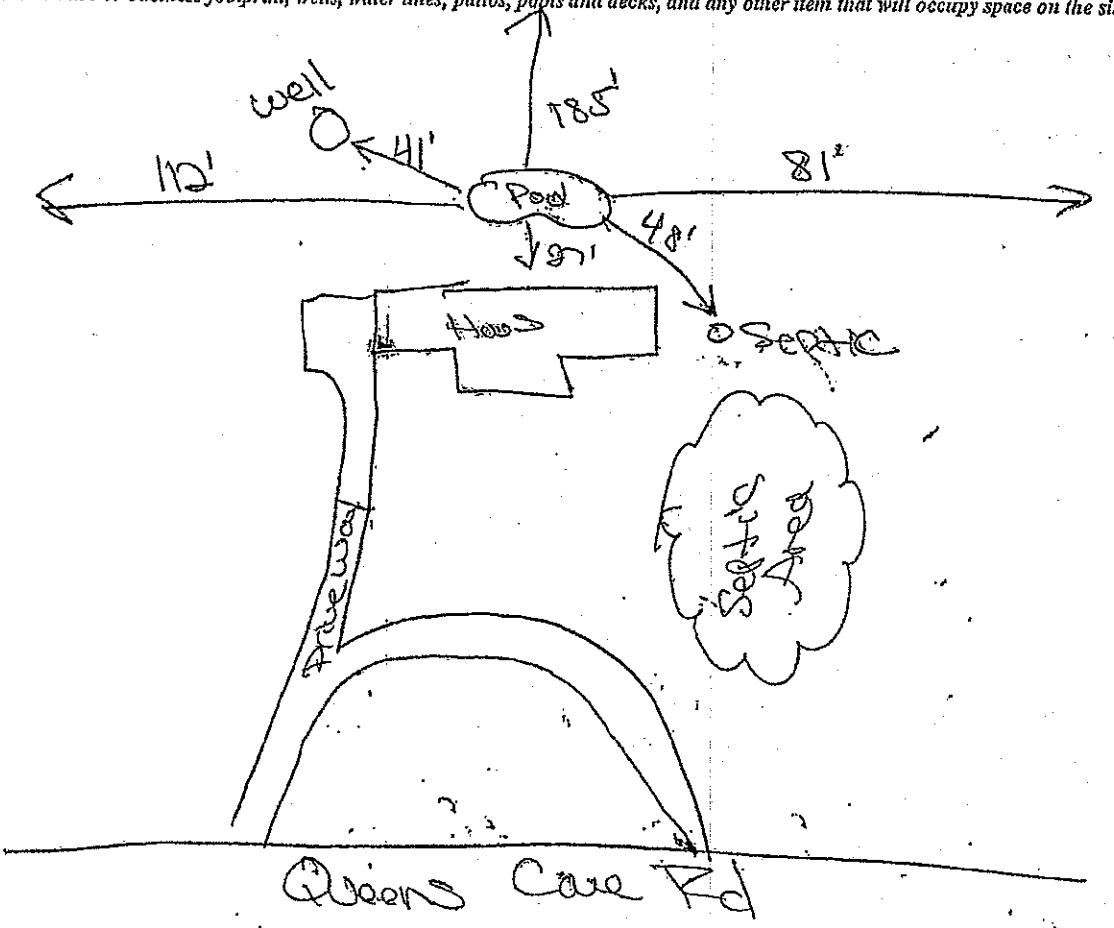


Circle N/A on the following if appropriate:

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



Signature: _____

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

4/13/15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 13824 DATE July 10 95 TAX MAP NO. 2411C 24

OWNER OR CONTRACTOR Ray Lynn Smith PHONE: Business _____ Home 9033 Watershed: ☑ Yes ☐ No

ADDRESS 4620 Hwy 90 Statesville NC LOCATION Before rd TR Tompkins TL Camargo Crest TL Queens Circle 1/4 mile on Left

SUBDIVISION Queens Cove BLOCK / SECTION 3 LOT 24 LOT AREA 2.68 AC SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. 40.3

Septic Tank: 1000 Gallons; STB 144 Date _____ Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1600 Linear Feet 534+

No Lines 3+3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: gravity Conventional

Repair System Description: Stub on Spare Tank

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

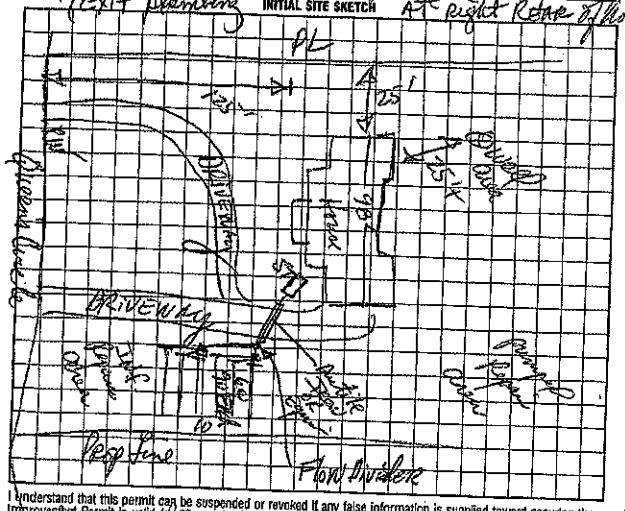
No. Bedrooms 4 No. Bathrooms 3 No. Employees _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

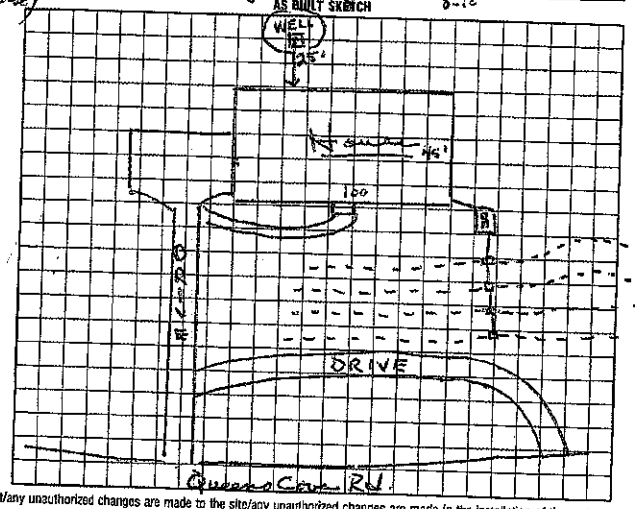
Comments: Set flow divider after crossing under driveway, split to 2 boxes w/15 speed leads in each. 7/10/95 Owner requested to reverse plan (drive on left side of lot) Exit plumbing at right Rear of house

INITIAL SITE SKETCH



Comments: 7-2 7-2 8-4 8-9 8-8 8-7 8-3 8-10 7-12 7-11 8- 8-9 7-12 8-2 8-10

AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ R.S. date 7/10/95 Installed by: Dellinger Septic Tank

Existing System Inspection by: _____ date _____ Certificate of Completion by: _____ date _____

Operation Permit by: _____ R.S. date 10/3/96

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

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
209664
Issue Date: 04/17/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4645269033.000	177 QUEENS COVE ROAD, MOORESVILLE, NC	MOORESVILLE

Owner Information	Applicant Information
Owner: GIGUERE FRANK+KRISTIN	Applicant: ANTHONY & SYLVAN POOLS
Address: 177 QUEENS RD MOORESVILLE, NC 28117	Address: 8334-A ARROWRIDGE BLVD CHARLOTTE, NC 28273
Phone:	Phone:

Use Requested	Zone Code
19X37 INGROUND POOL	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.440					CACL	X

Remarks:

PAID
1493
4/17/15

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	36146	TOTAL FEES:	$ 77.25

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

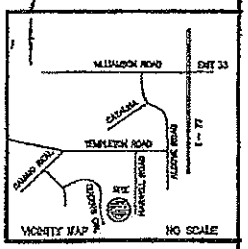
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1606, page 577, and/or plat book 16, page 46, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.
my hand and seal on the 10, day of SEPTEMBER, A.D. 20 13.

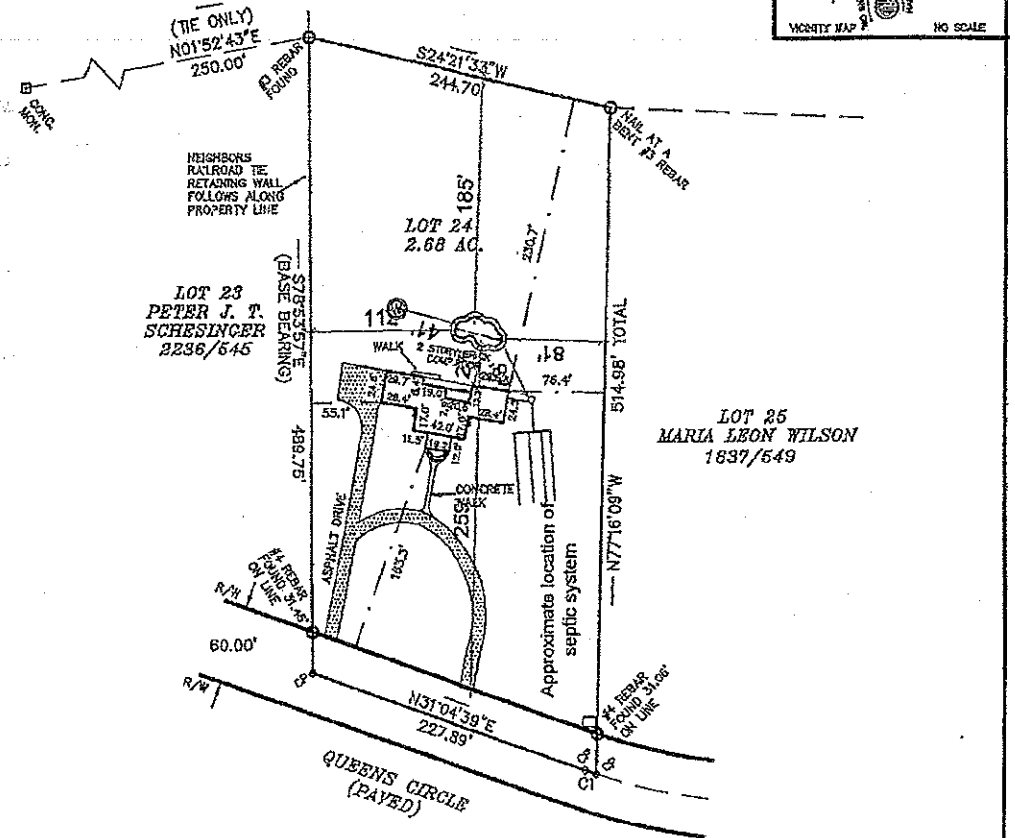
NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

WILLIAM M. ALLEN, PLS

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	457.17'	9.91'	S 30°28'36" W	9.91'







0' 25' 50' 100'
SCALE IN FEET

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

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER

PHYSICAL SURVEY

OF
177 QUEENS COVE ROAD
LOT 24 QUEENS COVE, SECT. III

SCALE 1" = 100'
DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: FRANK & KRISTIN GIQUERE

FIELD BOOK:
FILE: QUEENS COVE LOT 24
DG FILE:
TAX MAP NO: 4845269033

ANTHONY & SYLVAN POOLS

www.anthonysylvan.com

Customer(s): Frank + Kristin Grigale

Site Address: 177 Queens Cove Rd. Township: _____

City: Mooresville State: NC Zip: 28117 County: Iredell

Mailing Address: Same

City: _____ State: _____ Zip: _____ County: _____

Phone: Home: 401-465-5710 Work: _____ Cell: _____

E-mail: (1) frankgg330@gmail.com (2) _____

Buyer(s) ("You" or "Customer") agree with Anthony & Sylvan Pools North Carolina LLC ("We" or "Us") that we will install a concrete sw

PRE-CONSTRUCTION

1. **Plans:** We will provide you with the pool design and pool construction plans. — **Included**
2. **Permits:** We will, on your behalf, apply for any building permits required by state or local law. — **Included**
3. **Layout:** We will stake out or paint the pool location prior to excavation for your approval. — **Included**
4. **Documents/Approvals:** You will pay for and furnish a plot plan of your property and, if needed, any topographical, as-built or other surveys, test items, variances or HOA approvals. — **Customer**
5. **Utility Re-routes:** If any utilities, such as gas, electric, septic, sewer, telephone, cable, etc., are located in the Pool Area, we will, where possible, arrange to have them re-routed. Any re-routing will be at your expense. — **Customer**
6. **Trees:** You are responsible for the removal of trees in the Access Way and Pool Area. — **Customer**
   a. We will uproot stumps, up to 4 ft. in height and 2 ft. in diameter, at time of excavation in the Access Way and Pool Area. Qty: ____ ☐Yes ☒No
   b. We will haul stumps away from site. ☐Yes ☒No
7. **Wall/Fence in Access Way:** _____ sq. ft. ☐Yes ☐No
   _____We will remove ____You will remove
   _____We will reinstall ____You will reinstall

EXCAVATION

8. **Excavation:** We will excavate the pool. We will also remove surplus dirt, but only on the day of excavation. — **Included**
   a. You will be responsible for any additional fill dirt required. — **Customer**
   b. The presence of excessive rock, water, fill dirt and debris in the excavation site will not be known until excavation commences. Any additional costs to resolve these issues will be your responsibility. See the back of the next page for details. — **Customer**
9. **Temporary Construction Fence** — **Included**
10. **Grading:** We will include up to 1 hour of preliminary grading for site preparation. — **Included**
    a. If additional preliminary grading is required, you be charged $_____ per hour. — **Customer**
11. **Excess Debris:** Remove _____ loads of excess debris at $_____ per load. ☐Yes ☒No
    a. Remove _____sq. ft. of existing concrete ☐Yes ☐No

POOL SHELL FEATURES

12. **Concrete Shell Specifications:** The steel-reinforced concrete structure is designed in accordance with ACI-318 Standard Building Code Requirements for Reinforced Structures. — **Included**
    a. Hydrostatic Relief — **Included**
    b. Steel Reinforcement: We will embed a grid of steel rebar in the concrete pool structure, in accordance with ASTM Standard A-615. — **Included**
    c. Concrete Application: We will pneumatically apply concrete under quality-controlled conditions. — **Included**
13. **Coping:** We will cap the pool beam with the following coping selection:
    a. Type: Brick Color: T135 ☒Yes ☐No
    b. Type: _____ Color: _____ ☐Yes ☐No
14. **Tile:** We will fit the interior 6" water line of the pool and/or spa with the following frost-proof tile: — **Included**
    a. Main Tile Choice T135
    b. Trim/Cap/Spot Tile Choice _____
    c. Other Tile Choice _____
15. **Interior Finish:** The pool shell interior surface will be a hard, hand-troweled finish with an Anthony & Sylvan crested tile on the 1st step. — **Included**
    a. Material/Color Pebble Tec T135
16. **Steps/Benches:**
    a. We will build 3 solid concrete steps into the pool. — **Included**
    b. Additional Sets of Steps: We will install ___ additional sets of steps per plan. ☐Yes ☒No
    c. Swim Out: We will install a built-in swim out in the deep end, 6 feet long, per plan — **Included**
       Step with swim out? ☒Yes ☐No
    d. Extended Bench: _____ linear ft. ☐Yes ☒No
    e. Additional Sun Shelf: 11 linear ft. ☒Yes ☐No
    f. Additional Swim Out: _____ linear ft. ☐Yes ☒No
17. **Raised Bond Beam:** ☐Yes ☒No
    a. _____feet of 6-inch bond beam
    b. _____feet of 12-inch bond beam
    c. _____feet of 18-inch bond beam
    d. _____feet of ___-inch bond beam
    e. Facing on water side: _____
    f. Facing on back side: _____
18. **Exposed Bond Beam** ☐Yes ☒No
    a. _____feet of ____-inch exposed bond beam
    b. Facing material: _____
19. **Rain Damage to Excavated Area:** There will be no additional cost to you to repair any rain erosion to the excavated area of your pool shell — **Included**

a. Deck material: Concrete

b. Piers ☐Yes ☒No
Qty: _____ $_____ per pier

c. Step Riser ☒Yes ☐No
Linear ft: 6 $ 30 per linear ft.

d. Area Drains: Qty: _____ ☐Yes ☒No

e. Linear drains: ☐Yes ☒No
Linear ft. each drain: _____
$_____ per linear ft.

f. Footer _____ linear ft. ☐Yes ☒No

g. Concrete pump, if required, will be at your expense.

h. Other: _____

43. Electrical Work: We will install electrical conduit and wiring from your existing electrical panel to your pool equipment. This includes electrical permits and inspections, and hook-ups for the following components, as noted: **Included**

a. Lights ☒Yes ☐No
b. Booster Pump ☐Yes ☒No
c. Filter Pump ☒Yes ☐No
d. Air Blower ☐Yes ☒No
e. Heater ☒Yes ☐No
f. Electronic Control ☐Yes ☒No
g. Other: _____ ☐Yes ☒No

h. The pricing for electrical work does not include special work and restoration (e.g., tunneling under walks or driveways or through finished areas of your house). **Customer**

i. You are responsible for your electrical panel meeting local codes. If an upgrade is required, it will be at your expense. **Customer**

44. Natural Gas Plumbing: We will install up to Natural GAS Hook up by owner ☐Yes ☒No
_____ ft of gas line from your existing gas meter to the pool heater. This includes any permits and inspections.

a. Additional gas line will be $ _____ per linear ft. **Customer**

b. The pricing for gas plumbing does not include special work and restoration (e.g., tunneling under walks or driveways or through finished areas of your house). **Customer**

c. Unless otherwise specified, you are responsible for installation and hook-up of any propane gas tank and line. **Customer**

d. You are responsible for the incoming gas service providing adequate gas flow for the addition of a pool heater. If an upgrade is required, it will be at your expense. **Customer**

BACKYARD FEATURES

45. Fence Type (1) _____ ☐Yes ☒No

a. Type: _____
b. Length: We will install _____ linear ft.
c. Height: _____ ft. in height
d. $_____ per additional linear ft. **Customer**

46. Fence Type (2) _____ ☐Yes ☒No

a. Type: _____
b. Length: We will install _____ linear ft.
c. Height: _____ ft. in height
d. $_____ per additional linear ft. **Customer**

47. Gates. We will install _____ self-closing and self-latching gates of _____ material. ☐Yes ☒No
a. $_____ per additional sq. ft. **Customer**

48. Retaining Wall: We will install a retaining wall as noted as follows: ☐Yes ☒No

a. Sq. ft. _____
b. Type _____
c. Material _____
d. Facing _____
e. Capping _____
f. Additional sq. ft. of retaining wall will be $_____ per sq. ft. **Customer**
g. This is an estimate. The exact sq. footage of wall required can only be determined after excavation and grading. The wall design is subject to the approval of the local building department. You will be responsible for the cost of any variation due to unforeseen circumstances or required by the building department.

OTHER

49. Indoctrination: Start-up instructions and Pool Owner's Guide. **Included**

50. Insurance: We will have worker's comp., personal injury and property damage insurance in place during the construction process. **Included**

51. Topographical Survey: If your community requires a topographical survey, you will be responsible for the cost of the survey and for the cost of any additional work identified as a result of it (e.g., walls, drainage, piers and the like). **Customer**

52. Additional Specifications:

(1) Subject to H.M. Approval
(2) Subject to Financing

53. Payment Terms. You agree to pay us through our iSwim electronic payment system the following amounts at the times noted below:

Ask About our ***iSWIM™ E-Payment Services!***

A. Due at signing of this Agreement: Line 2
B. Due at excavation: 40% of Line 3
C. Due at installation of concrete shell: 55% of Line 3
D. Due prior to application of interior finish, in cash or by cashier's check: the balance of Line 3

1. TOTAL THIS AGREEMENT: 51,104
2. LESS DEPOSIT: 1000
3. BALANCE: 50,104

Pool Shape/Model: Cozy River
Greatest Pool Water Width: 18'-11"
Greatest Pool Water Length: 37'-5"
Est. Sq. Ft. of Water Surface: 500
Approx. Water Depth: 3 to 7

Anthony & Sylvan Pools North Carolina LLC
9201-C Southern Pine Blvd.
Charlotte, NC 28273
704-525-1100
1-877-SAY-SWIM
www.anthonysylvan.com

American Concrete Institute® | APSP The Association of Pool & Spa Professionals™

NC/SC 5/14

POOL CONSTRUCTION AGREEMENT

imming pool for you, or provide other goods and services for you, on the terms and conditions contained in this Agreement.

during construction.

A&S POOL EQUIPMENT FEATURES

20. Filter System: We will install a 320 sq. ft. pool filter: ☐media ☒cartridge — **Included**
- **a.** Plumbing for future automatic pool cleaner. — **Included**
- **b.** All plumbing for pool included with filtration equipment within 25 ft. of pool. Additional linear ft. at $20 per ft. — **Included**
- **c.** Automatic time clock (if not included with electronic controls) — **Included**
- **d.** Backwash line. Up to ____ linear ft. ☐Yes ☒No
  Additional linear feet at $_____ per ft.

21. Pool Pump(s): We will install U.L.-approved, non-corrosive filter pump(s). Qty 1 — ☒Yes ☐No
- **a.** Type(s) 1HP

22. Electronic Controls — ☐Yes ☒No
- **a.** Type(s)_____

23. Sanitization Equipment: We will install a water sanitizer with your pool cleaning system. — ☒Yes ☐No
- **a.** Type(s) Fusion Mineral
- **b.** Additional Equip_____ — ☐Yes ☐No

24. Heater: We will install the following heater: — ☒Yes ☐No
☐Propane ☒Natural Gas ☐Heat Pump
Size: 399,000

25. Pool Cleaner: We will install an automatic pool cleaner system (do not run the cleaner if anyone is in the pool): — ☒Yes ☐No
- **a.** Type: Polaris 360
- **b.** Booster Pump; _____ hp — ☐Yes ☐No

26. Lighting Equipment: We will install the following underwater lighting: — ☒Yes ☐No
Qty 1 Type LED

27. Cleaning Kit: includes 16 ft. telescopic handle; 40 ft. vacuum hose and vacuum head; heavy-duty nylon wall and floor brush with leaf skimmer; 50 ft. backwash hose; and pH and chlorine test kit. — **Included**

28. Diving Board: We will install a fiberglass non-spring jump board with a non-skid tread. Length: _____ ft. — ☐Yes ☒No

29. Jump Rock. We will install a ☐natural / ☐faux jump rock of approx. _____ ft. — ☐Yes ☒No

30. Solar Recirculation System — ☐Yes ☒No

31. Cover: Type: _____ Color: _____ — ☐Yes ☐No

32. Skimmer(s): Installed per plan. 2 — **Included**

33. Dual Main Drain: We will install a dual main drain safety system in accordance with federal, state and local safety requirements. — **Included**

34. Return Line(s): Qty 2 — **Included**

35. Safety Rope and Floats (if required) — **Included**

36. Other Equipment _____

WATER FEATURES

37. Sheer Descent(s) — ☐Yes ☒No
- **a.** Length (each)_____; Qty_____
- **b.** Booster Pump — ☐Yes ☒No

38. Rock Waterfall — ☐Yes ☒No
- **a.** Height_____; Width_____
- **b.** Booster Pump — ☐Yes ☒No

39. Other Water Features _____

A&S DELUXE SPA FEATURES

40. Optional Spa: — ☐Yes ☒No
- **a.** Size: _____sq. ft. of water surface. — **Included**
- **b.** All plumbing for pool for filtration equipment within _____ ft. of _____. Additional linear ft. at $_____ per ft. — **Included**
- **c.** Jets. Qty ____ Type_____ — **Included**
- **d.** Spa Light(s). Qty ____ Type_____ — **Included**

41. Optional Features:
- **a.** Booster pump — ☐Yes ☒No
- **b.** Raised spa facing: raised _____ inches — ☐Yes ☒No
  Pool-side type: _____
  Outside type:_____
- **c.** Detached spa. Facing:_____ — ☐Yes ☒No
- **d.** Air blower — ☐Yes ☒No
- **e.** Other_____

DECK, ELECTRIC AND GAS FEATURES

42. Pool Deck: We will install 837 sq. ft. of deck. If addtl decking is required, the cost to you is $5.90 per sq. ft. — ☒Yes ☐No

NOTICE OF CANCELLATION / BUYER'S RIGHT TO CANCEL

Date of Transaction: 4/7/15

You may cancel this transaction, without any penalty or obligation, within three business days from the above date. If you cancel, any property traded in, any payment made by you under the contract of sale, and any negotiable instrument executed by you will be returned within 10 business days following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be canceled. If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract of sale; or you may if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller's expense and risk. If you do make the goods available to the seller and the seller does not pick them up within twenty days of the date of your Notice of Cancellation, you may retain or dispose of the goods without any further obligation. If you fail to make the goods available to the seller or if you agree to return the goods to the seller and fail to do so, then you remain liable for performance of all obligations under the contract. To cancel this transaction, mail or deliver a signed and dated copy of this cancellation notice or any other written notice, or send a telegram to Anthony & Sylvan at 9201-C Southern Pine Blvd., Charlotte, NC 28273 NOT LATER THAN MIDNIGHT OF _____ 4/11/15 (date printed by salesperson).

I HEREBY CANCEL THIS TRANSACTION
Date:_____

CUSTOMER'S SIGNATURE_____

WARNING

___ Pool Approved for Diving – Dive only in accordance with the Safety Rules. We have provided you with a ____ foot jump board or jump rock.

__X__ ~~Pool~~ Not Approved for Diving – Do not dive into or put a board or jump rock on this pool.

FAILURE TO READ, UNDERSTAND AND IMPLEMENT THE SAFETY INFORMATION WE PROVIDE YOU MAY SUBJECT USERS OF YOUR POOL TO SERIOUS INJURY, INCLUDING DEATH.

If your safety information becomes lost, please call or write us for an additional copy. Additional safety information can also be found at the Association of Pool and Spa Professionals' Website at www.apsp.org.

Acknowledged, understood and agreed:

Customer: _____

Additional Customer: Kristen Segure

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

YOU, THE CUSTOMER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FOR AN EXPLANATION OF THIS RIGHT. YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT WHEN YOU SIGN IT. YOU HAVE THE RIGHT TO CONSULT AN ATTORNEY.

THIS AGREEMENT CONSISTS OF 4 PAGES, 2 FRONT AND BACK ON 11X17 PAPER. DO NOT SIGN THIS AGREEMENT IF YOU HAVE NOT READ IT, DO NOT UNDERSTAND IT OR IF IT CONTAINS ANY BLANKS. YOUR LIMITED WARRANTIES AND OTHER TERMS AND CONDITIONS ARE CONTAINED ON THE FOLLOWING PAGES.

THIS AGREEMENT CONTAINS EVERYTHING THAT YOU AND WE AGREED TO. DO NOT SIGN THIS AGREEMENT UNTIL ALL PROMISES AND REPRESENTATIONS YOU WISH TO RELY ON ARE WRITTEN IN THIS AGREEMENT.

BY SIGNING, YOU INDICATE THAT (1) YOU HAVE READ, UNDERSTAND AND UNCONDITIONALLY AGREE TO ALL FOUR PAGES OF THIS AGREEMENT, INCLUDING THE MEDIATION AND ARBITRATION PROVISIONS, LIMITED WARRANTIES AND ADDITIONAL TERMS AND CONDITIONS; AND (2) WE PROVIDED YOU WITH A COPY OF THIS AGREEMENT. THIS AGREEMENT CAN ONLY BE AMENDED IF ONE OR BOTH OF YOU, AND WE, SIGN AN ADDENDUM.

THIS AGREEMENT CONTAINS MANDATORY MEDIATION AND ARBITRATION PROVISIONS. THESE PROVISIONS CAN BE FOUND ON THE BACK OF THIS PAGE IN SECTION 12.

ANTHONY & SYLVAN® ~~POOLS~~ NORTH CAROLINA LLC
License Number 68766

Design Consultant: _____

Date: 4/7/15

CUSTOMER SIGNATURE(S):

Customer: _____

Additional Customer: Kristen Segure

Date: 4/7/15