AP-325497

RECEIVED MAY 18 2022

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
HELEN WOLSTENHOLME • Interim Deputy Secretary for Health
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

AP-325497
$150.00

COMMON FORM FOR AUTHORIZED ON-SITE WASTEWATER EVALUATOR PERMIT OPTION FOR NON-ENGINEERED SYSTEMS

See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the AOWE in accordance with G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: 05/18/22 (Date) by BN (Initials)

PART 1: Notice of Intent to Construct (NOI) - Please check all that apply

☑ Single System or ☐ Multiple Systems

AND

☑ New ☐ Expansion ☐ Relocation of all or part of the Existing System ☐ Relocation of Repair Area

☐ Repair – LHD Permit Number _____ ☐ Repair – EOP/LSS COVID 19/AOWE Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): TIM PONCZKA

Mailing address: 136 KEPLI WAY ✓ City: MOORESVILLE State: NC Zip: 28115

Telephone number: 704 724-3111 E-mail Address: tlcfamilyhomes@yahoo.com

2. Authorized On-Site Wastewater Evaluator (AOWE) name: GENE YOUNG

LSS License number: 1080 AOWE Certification number: 10005 E

Mailing address: 7296 STYERS CROSSING LN. City: CLEMMONS State: NC Zip: 27012

Telephone number: 336 608 9206 E-mail Address: gyoung127@icloud.com

3. Licensed Geologist (LG) (if applicable) name: _____ License Number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

4. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

☑ AOWE ☐ LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 136 KEPLI WAY MOORESVILLE, N.C 28115 ✓

County Name: IREDELL 4678547276.000 BROWNSTONE RIDGE LOT # 13

4678547268 ✓

AOWE Common Form

LHD Reference: 325497

6. Type of facility: ☑ Place of residence No. Bedrooms: 4 No. Occupants: _____
   ☐ Place of business Basis for flow calculation: _____
   ☐ Place of public assembly Basis for flow calculation: _____
7. Factors that would affect the wastewater load: NONE
8. Type and location of proposed wastewater system: 25% REDUCTION (INITIAL SYSTEM) BACK OF LOT. (REPAIR AREA) MIDDLE OF LOT 25% REDUCTION
9. Design wastewater flow: 480 gpd
   Design wastewater strength: ☑ domestic ☐ high strength ☐ industrial process *(For high strength and industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)*
10. A plat as defined in G.S. 130A-334(7a) is attached: ☐ Yes ☑ No
    A site plan as defined in G.S. 130A-334(13a) is attached: ☑ Yes ☐ No
11. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: ☑ Yes ☐ No
    This is a saprolite system. ☐ Yes ☑ No
12. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: ☑ Yes ☐ No
13. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached ☐ Yes ☑ NA
14. Proposed landscape, site, drainage, or soil modifications are attached: ☐ Yes ☑ NA

Attestation by AOWE pursuant to G.S. 130A-336.2

I, GENE YOUNG AOWE hereby attest that the information required to be included with
Authorized On-Site Wastewater Evaluator (Print Name)
this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances, and that the proposed system does not require a Professional Engineer, licensed in accordance with G.S. 89C, and in accordance with 15A NCAC 18A .1938 and activities determined to be engineering as determined by the North Carolina Board of Examiners for Engineers and Surveyors.

Gene Young LSS, AOWE
Signature of Authorized On-Site Wastewater Evaluator

5-17-22
Date

ON-SITE WASTEWATER EVALUATOR
GENE YOUNG, AOWE 10005

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____
Print Name of Owner *Print Name of Licensed PE*

pursuant to G.S. 130A-336.1.

_____ _____
Signature of Owner *Date*

NOTES:

LIABILITY: The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an AOWE Permit Option [G.S. 130A-336.2(f)]

RIGHT OF ENTRY: The submittal of this **Notice of Intent to Construct** *grants right of entry to the Local Health Department and the State to the referenced property.*

ISSUANCE OF BUILDING PERMIT: Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section below, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location, or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

This section for Local Health Department use only.

PART 2: *LHD Completeness Review of the Notice of Intent to Construct*

"(c) Completeness Review for Notice of Intent to Construct. –The local health department shall determine whether the notice of intent to construct required pursuant to subsection (b) of this section is complete within five business days after receiving the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the local health department shall notify the owner and list the information needed to complete the notice. The owner may then submit additional information to the local health department to cure the deficiencies in the initial notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within five business days after the department receives the additional information. If the local health department fails to act within any time period set out in this subsection, the owner may treat the failure to act as a determination of completeness. The owner shall be able to apply for the building permit for the project upon the decision of completeness of the notice of intent by the local health department or if the local health department fails to act within the five business day time period."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

☐ INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: _____

_____

Copies of this form listing missing items were sent to the AOWE and the Owner on _____
Date

via _____ with directions to re-submit missing items using Page 5 of this form.
Email, FAX, USPS, hand-delivered

_____ _____ _____
Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

☑ COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the AOWE and the Owner on 5/19/22 via Email.
Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on 5/19/22 via Email.
Date *Email, FAX, USPS, hand-delivered*

Robert H. Snow _____ 5/19/22
Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

Re-submittal of NOI with missing items included

This Section is for use by owner to submit items noted as missing during LHD Completeness Review above.
Resubmittals must be accompanied by a cover letter from the AOWE.

LHD USE ONLY: This NOI resubmittal received: _____ by _____
Date *Initials*

Item # from initial NOI	Resubmittal description

Attestation by AOWE certified in North Carolina pursuant to G.S. 130A-336.2

I, _____ hereby attest that the information required to be included with
Authorized On-Site Wastewater Evaluator (Print Name)
this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Authorized On-Site Wastewater Evaluator *Date*

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

☐ INCOMPLETE
Based upon review of information submitted in the RESUBMITTAL above, this Notice of Intent remains INCOMPETE because the following items from Part 1 of this form remain missing: _____
_____.

Copies of this signed form were sent to the AOWE and the Owner on _____ via _____.
Date *Email, FAX, USPS, Hand-delivered*

_____ _____ _____
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

☐ COMPLETE
Based upon review of information submitted in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

Copies of this signed form were sent to the AOWE and the Owner on _____ via _____.
Date *Email, FAX, USPS, Hand-delivered*

A complete copy of this form with tracking information was sent to the State: _____ via _____.
Date *Email, FAX, USPS, hand-delivered*

_____ _____ _____
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner.

LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____
Date *Initials*
Date of Post-construction Conference: _____

The following items are included in this submittal for an Authorization to Operate under an AOWE permit:

1. Signed and sealed copy of the AOWE's report that includes the information in G.S. 130A-336.2(k) ☐ Yes ☐ No
2. Operation and management program ☐ Yes ☐ No
3. Fee (as applicable) ☐ Yes ☐ No
4. Notarized letter documenting Owner's acceptance of the system from the AOWE ☐ Yes ☐ No
5. On-site Wastewater Contractor name: _____ License number: _____
   Mailing address: _____ City: _____ State: _____ Zip: _____
   Telephone number: _____ E-mail Address: _____
6. Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
   ☐ Yes ☐ No

Attestation by the Owner for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner
_____ County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Owner *Date*

This section for LHD Use Only.

LHD Review of required information for the ATO

☐ INCOMPLETE

Based upon review of information submitted in the Section above, the following items are missing from the information required for an Authorization to Operate for an AOWE permit: _____

Copies of this signed form were sent to the AOWE and the Owner on _____ via _____.
Date *Email, FAX, USPS, Hand-delivered*

_____ _____ _____
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

☐ COMPLETE

Based upon review of information submitted in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on _____ via _____.
Date *Email, FAX, USPS, Hand-delivered*

_____ _____ _____
Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

OWNER INFORMATION

Owner: Tim Ponczka
Address: 136 Kepli Way
Mooresville, NC 28117

Phone: 704-724-3111
County: Iredell
Pin Number 4678547276
email Hcfamilyhomes@yahoo.com

Source of Wastewater Flow: 4 bedroom House
Estimated Gallons Per Day Flow: 480

25% Reduction GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd): 480
Loading/Soil Application Rate (gpd/ft.^{2}): 0.300
Depth of Gravel in Trench: 6 inches to top of louvers
Gravel Size: 4, 5, 6
TOTAL AREA TRENCH BOTTOM: 1600 sq ft
Total Lateral Length From Layout: 450 feet
Total Lateral Length Required: 400 ft total
Maxium Trench Depth: 34 in. Lowside
Trench Width: 36 in.
Trench Spacing on Center: 9 ft.

25% Reduction Repair DESIGN INFORMATION

25% Reduction Repair 400 feet
Repair Trench Spacing: 9ft.
Repair Trench Depth: 34 in.
Repair Trench Width: 36 in.

Septic Tank Size: 1000 gallon
Pump Tank Size:

Estimated Supply Line Length: 280
Supply Line Diameter: 3 in. SCH 40 PVC

Supply Manifold: SERIAL DISTRIBUTION

Additional Comments:

FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	white	NA	NA	150	150
2	yellow	NA	NA	150	150
3	red	NA	NA	150	100
repair		NA	NA		
4	yellow	*NA*	*NA*	60	60
5	*red*	*NA*	*NA*	66	60
6	*white*			40	40
7	*yellow*			52	50
8	*red*			48	40
9	*pink*			50	50
10	*white*			35	30
11	*yellow*			53	50
12	*red*	*NA*	*NA*	45	30
			Total	**899**	**810**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	400	*25%*	*0.300*	*25% RED.*	*GRAVITY*
Repair	*410*	*25%*	0.300	*25% RED.*	*GRAVITY*

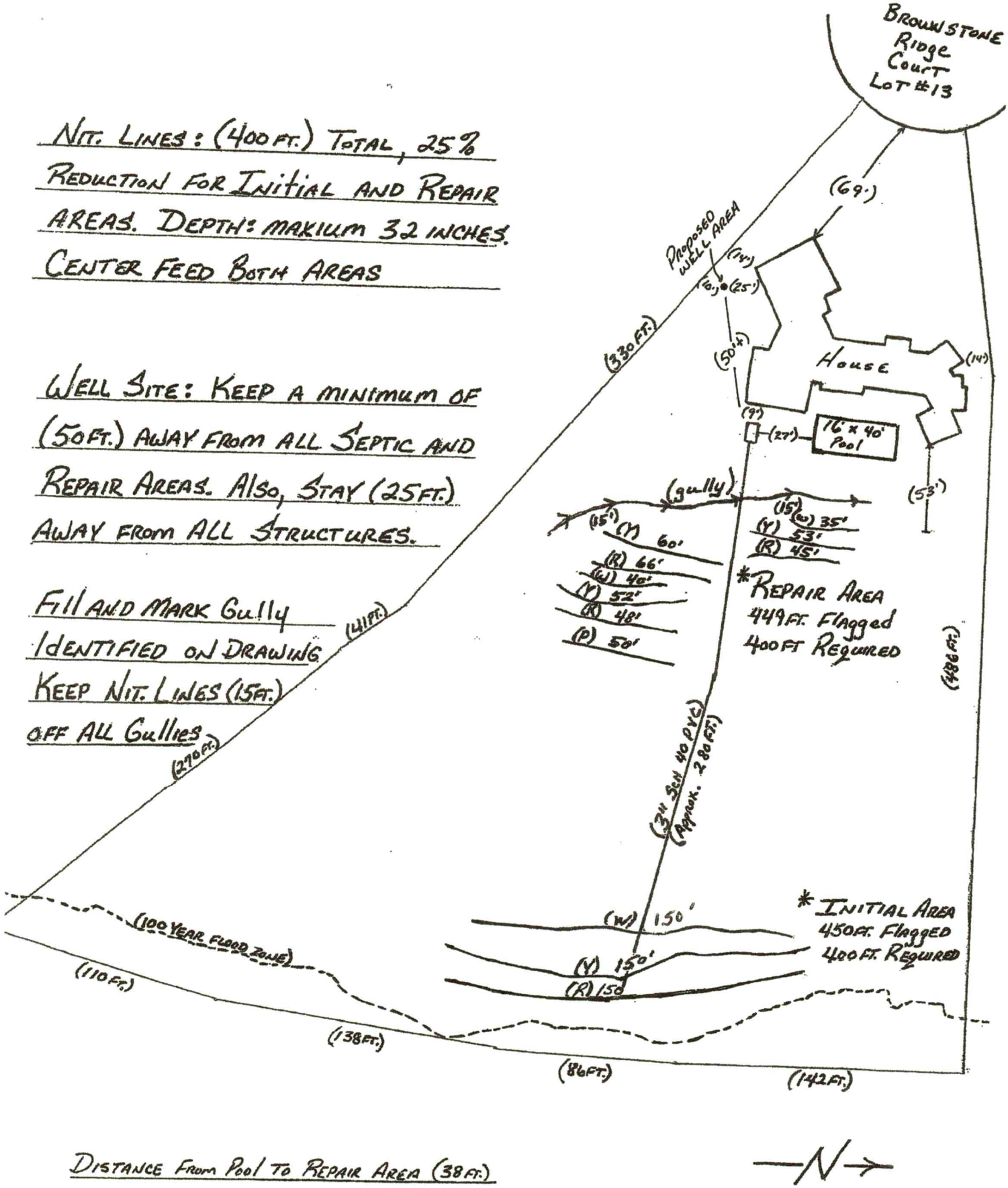
Notes:

** TBM Is Not Required.

**All measures in feet

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

Comments:


Brownstone Ridge Court Lot #13
Nit. Lines: (400 ft.) Total, 25% Reduction for Initial and Repair Areas. Depth: maxium 32 inches. Center Feed Both Areas
Well Site: Keep a minimum of (50ft.) away from all Septic and Repair Areas. Also, Stay (25ft.) away from all Structures.
Fill and Mark Gully Identified on Drawing Keep Nit. Lines (15ft.) off all Gullies
Proposed Well Area
(69')
(14')
(25')
(50'+)
(330 ft.)
House
(14')
(9')
(27')
16' x 40' Pool
(53')
(gully)
(15')
(15')
(W) 60'
(R) 66'
(W) 40'
(Y) 52'
(R) 48'
(P) 50'
(W) 35'
(Y) 53'
(R) 45'
*Repair Area 449ft. Flagged 400ft Required
(41ft.)
(270 ft.)
(3/4" Sch. 40 PVC) (Approx. 280 ft.)
(486 ft.)
(100 Year Flood Zone)
(W) 150'
(Y) 150'
(R) 150
*Initial Area 450ft. Flagged 400ft. Required
(110 ft.)
(138ft.)
(86ft.)
(142ft.)
Distance From Pool to Repair Area (38ft.)
N

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(e)

Sheet 1 of 1
PROPERTY ID #:
COUNTY: FRANKLIN

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

OWNER: BROWN STONE RIDGE LOT 13
ADDRESS: 314 WILLIAMSON RD MONCURE NC
PROPOSED FACILITY: HOUSE PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: WIGGINS RD
APPLICATION DATE
DATE EVALUATED: 7-3-21
PROPERTY SIZE:
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 3%	0-48	C L BRY	FI P SE		48			PS .3
2	L 4%	0-35	C L BRY	FI-P-SE		48			PS .3
		35-48	EC BRY	FI-P-SE					
3	L 3%	0-48	C BRY	FI-P-SE		48			PS .3
4	L 4%	0-10	SL GR	FR SS SP SPO		48			PS .3
		10-48	L GR C	FI S P EXH					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	.3	.3

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

LICENSED SOIL SCIENTIST GENE YOUNG 1080 STATE OF NORTH CAROLINA

COMMENTS:

Updated February 2014

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

PROPERTY ID #:
DATE OF EVALUATION: 8-3-21
COUNTY: IREDELL

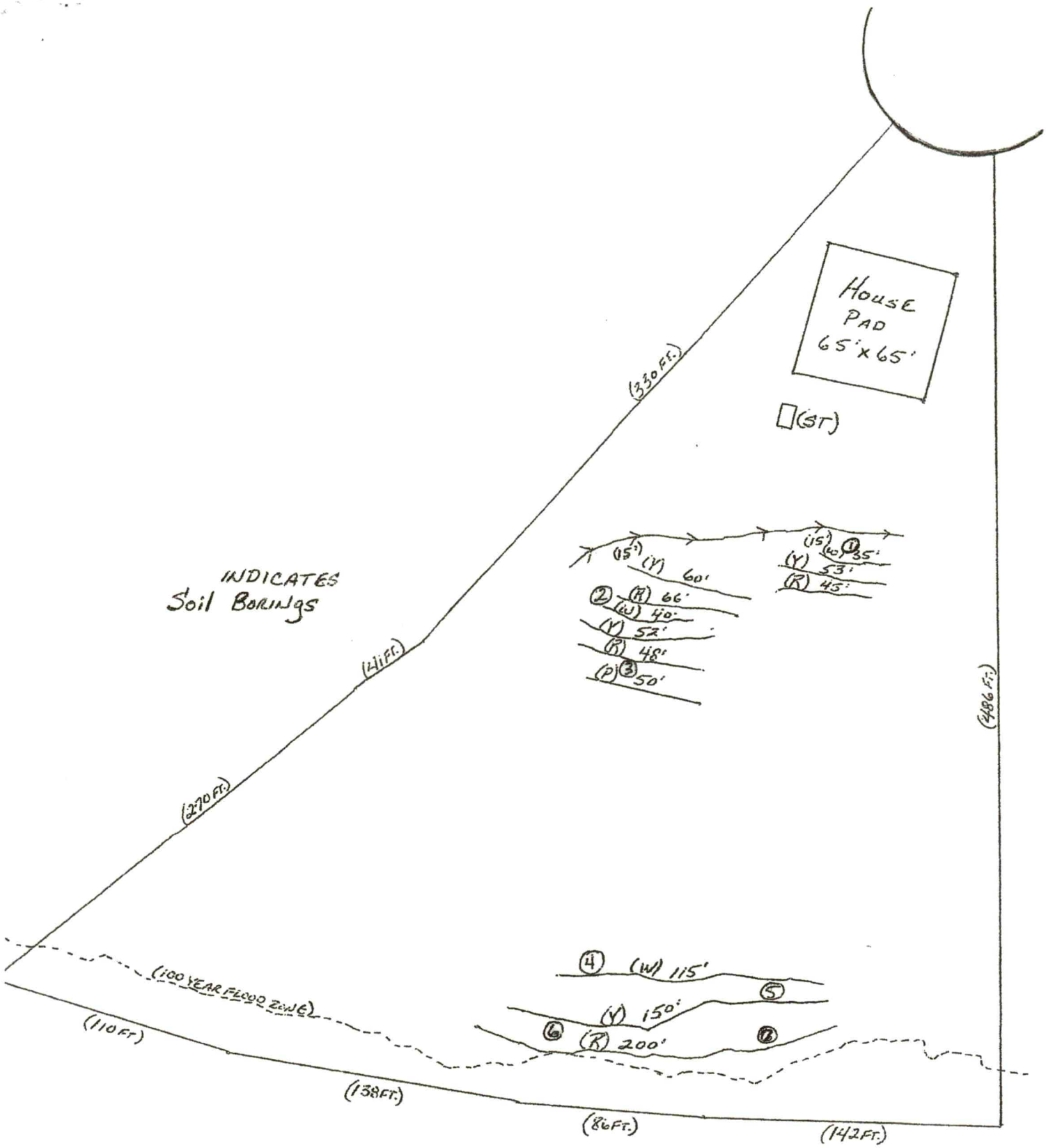
LOT 13 BROWNSTONE

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
5	4%	0-16	SL GR	Fr SS SE/SEXI		48			PS .3
		16-48	Blky C	Fi S P					
6	4%	0-12	SL GR	Fi P SE		48			PS .3
		12-40	Blky C	Fi S P SE					
		40-48	Blky C/BC	Fi S P SEXI					
7	4%	0-18	SL GR	Fi SS SE SEXI		48			PS .3
		18-44	Blky C	Fr S P SEXI					
		44-48	Blky C	Fr S P SE P					
			yellow browns						

LICENSED SOIL SCIENTIST
GENE YOUNG
1080
STATE OF NORTH CAROLINA

COMMENTS: BACK PROPERTY LINE NEEDS TO marked before evaluation.

Updated February 2014


House
Pad
65' x 65'
(ST)
(330 Ft.)
(411 Ft.)
(270 Ft.)
(486 Ft.)
INDICATES
Soil Borings
(105') (Y) 60'
(2) (R) 66'
(W) 40'
(Y) 52'
(R) 48'
(P) (3) 50'
(115') (W) (1) 35'
(Y) 53'
(R) 45'
(4) (W) 115'
(5)
(Y) 150'
(6) (R) 200'
(7)
(100 YEAR FLOOD ZONE)
(110 Ft.)
(138 Ft.)
(86 Ft.)
(142 Ft.)

Installer Information

Be sure to read the permit very carefully before submitting bid.

The following details must be considered along with all other considerations:

Preconstruction Conference required with the installer, contractor, and AOWE before installation

- **Installation inspections by the AOWE (designer) must be scheduled 5 weekdays in advance**
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer
- All tanks shall be properly back filled and compacted to prevent slump in the future
- The installer is responsible for final grades and returning that grade to original, with the exception of added structural features
- **The supply trench shall be compacted to eliminate any cavities left during initial fill placement continuous fall of 1/8 inches per foot required or sewage effluent pump will be required**
- Installation of the system shall be completed during dry conditions in order to protect the soil structure
- All fittings shall be pressure rated fitting
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints
- Trenches shall be carefully excavated so the bottom has no more than ¼" fall in 10 feet, with no high or low areas within. **Do not over excavate trenches!** Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the rise.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to ensure accuracy
- If septic tank risers are used, they should be a minimum of 6" above finished grade or within 6" of final grade if buried

See Design Specification Sheet for Onsite Wastewater System information

- **If grading for slab foundation is utilized, do not grade/create greater than 2 feet of elevation difference within 15 feet of any component of the septic or repair. If back filling, do not backfill over any initial or repair septic line**

System is specified as an Accepted 25% Reduction Gravity Chamber installation with #4, #5, or #6 gravel to be installed up to the louver height on each side of the chambers

Repair is specified as an Accepted 25% Reduction installation with #4, #5, or #6 gravel installed to the louver height on each side of the chambers .

A water meter is required to be installed of the well before the Authorization to Operate Permit can be issued.

Markel Insurance Company

PROFESSIONAL LIABILITY INSURANCE DECLARATIONS

Claims Made and Reported Coverage: The coverage afforded by this policy is limited to liability for only those **Claims** that are first made against the **Insured** during the **Policy Period** or the Extended Reporting Period, if exercised, and reported to Markel Insurance Company during the **Policy Period** or the Extended Reporting Period, if exercised, or within 60 days after the expiration of the **Policy Period** or the Extended Reporting Period, if exercised.

Notice: This policy contains provisions that reduce the Limits of Liability stated in the policy by the costs of legal defense and permit legal defense costs to be applied against the deductible, unless the policy is amended by endorsement. Please read the policy carefully.

POLICY NUMBER: MEO1174-04 RENEWAL OF POLICY: MEO1174-03

NAMED INSURED: LAWRENCE EUGENE YOUNG

BUSINESS ADDRESS: 127 CREEK RIDGE DR
Lexington, NC 27295

POLICY PERIOD: From 04/05/2022 to 04/05/2023
12:01 A.M. Standard Time at address of Insured stated above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES WITH THE NAMED INSURED TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

1. **PROFESSIONAL SERVICES:** SOIL SCIENCE
2. **LIMITS OF LIABILITY**

Professional Liability Coverage	
A. Each Claim:	$2,000,000
B. Policy Aggregate:	$2,000,000
Additional Payments	
A. Contingent Bodily Injury And Property Damage	$0
B. Pollution	$10,000
C. Pre-Claim Assistance Expenses	$20,000
D. Sexual Abuse	$10,000
E. Third Party Discrimination	$25,000
Supplementary Payments	
A. Disciplinary Proceeding	$25,000 per Policy Period
B. Loss Of Earnings And Expense Reimbursement	$10,000
C. Public Relations Expenses	$5,000
D. Subpoena And Record Request Assistance	$5,000

Producer Number, Name and Mailing Address
98496
Wade Associates, LLC. - New Bern
PO Box 1209
Davidson, NC, 28036

3. **DEDUCTIBLE**

   A. Each Claim: $1,000

   B. Aggregate: $3,000

4. **RETROACTIVE DATE:** 04/05/2019

5. **PREMIUM RATE:** Flat **PREMIUM BASE:** $60,000

6. **PREMIUM FOR POLICY PERIOD**

   Minimum: $560

   Deposit: $575

   Adjusted Annual Premium: $575

7. **PREMIUM PERCENTAGE FOR EXTENDED REPORTING PERIOD:** 200%; 225%; 250%; 275%; 300% or 350%, of the total annual premium, respectively
   ADDITIONAL PERIOD: 12 months; 24 months; 36 months; 48 months; 60 months; 72 months

8. **FORMS AND ENDORSEMENTS ATTACHED AT POLICY INCEPTION:**

   See MDIL 1001 attached.

These declarations, together with the Coverage Form and any Endorsement(s), complete the above numbered policy.

Countersigned: 01/11/2022 (Date)	By: John K Clark Authorized Representative Signature

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R16805

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$150.00**
AP-325497 Address: 136 KEPLI WAY APN: 4678547276.000			**$150.00**
EH ENGINEERED OPTION PERMITS			$150.00
EH_GRAVITY EOP_NEW SYS IMPR	10492751-447004	0	$150.00
TOTAL FEES PAID BY RECEIPT:R16805			**$150.00**

Date Paid: Wednesday, May 18, 2022

Paid By: Tim Ponczka

Cashier: BBN

Pay Method: CREDIT CARD 325497

RECEIVED MAY 18 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

AOWE Session Law PAGE 1: *APPLICATION FORM* AP-325497 $150.00

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: (PRINT CLEARLY)

Applicant Name: Tim Ponczka **Address:** PO Box 766 **Zip:** 28125
Applicant Email: TLCfamilyhomes@yahoo.com **Phone:** (704) 924-3111 **Alt. Phone:** —
Owner Name: Josh Schaen **Address:** **Zip:** 28115
Owner Email: jschaen88@yahoo.com **Phone:** (704) 746-4418 **Alt. Phone:**

Property Information:

Street Address: 136 Kepli Way
Subdivision Name: Brownstone Ridge **Section/Phase:** **Lot Number:** 13
Driving Directions: 150 East, Left on Wiggins, Right on Kepli Way

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

(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 ( ) 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.

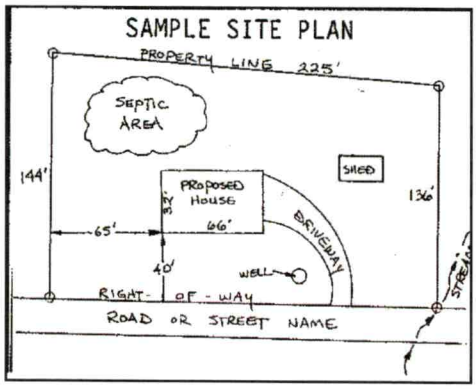
Signature: _____ 5/18/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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)

5/18/22

DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ 5/18/22
Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

_____ **Complete all Environmental Health forms**:

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

_____ **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

_____ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

_____ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

_____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 5/18/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

Owners Acceptance Letter

130A-336.2 (L) Authorization to Operate an Onsite Wastewater System

Date: 3/1/23

To Whom it may Concern:

As the owner of the property located at 136 Kepli Way

I understand that the Onsite Wastewater System was instated according to the GS 130A-336.2 alternative wastewater system AOWE permit. As such, I hereby acknowledge acceptance of the said system. As the owner of the wastewater system, I shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding the system operation and maintenance. This form must be **notarized** before the Authorization to Operate an Onsite Wastewater System can be submitted to the local health department.

Owner Signature: Ashley C Schaen

Print Name: Joshua Schaen Ashley C Schaen

Phone Number: 704-741-4418

Email address: jschaen3@bybsha.com

Signed before me this 10th day of February 2023.

Deanna H Belk, Notary Public

Iredell County NC

My Comm exp 08/12/2025

DEANNA H BELK
NOTARY PUBLIC
Iredell County
North Carolina
My Commission Expires Aug. 12, 2025

LHD Reference: 3254197

PART 3: **Authorization to Operate (ATO)**

Except for date received, the Section below is to be completed by the Owner.

LHD USE ONLY: Initial submittal of request for ATO received: 4-17-2023 (Date) by BB (Initials)

Date of Post-construction Conference: NA

The following items are included in this submittal for an Authorization to Operate under an AOWE permit:

1. Signed and sealed copy of the AOWE's report that includes the information in G.S. 130A-336.2(k) — ☑ Yes ☐ No
2. Operation and management program — ☑ Yes ☐ No
3. Fee (as applicable) — ☐ Yes ☐ No
4. Notarized letter documenting Owner's acceptance of the system from the AOWE — ☑ Yes ☐ No
5. On-site Wastewater Contractor name: Rowan Septic Tank License number: 26277
   Mailing address: 7321 Old Mocksville Rd. City: Salisbury State: NC Zip: 28144
   Telephone number: 704 633 2412 E-mail Address: rowanseptic@gmail.com
6. Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
   ☑ Yes ☐ No

Attestation by the Owner for Authorization to Operate

I, Joshua Schaer (*Print name of Owner*) hereby attest that all items indicated above have been provided to the IREDELL County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

Signature of Owner — 4/11/23 *Date*

This section for LHD Use Only.

LHD Review of required information for the ATO

☐ INCOMPLETE

Based upon review of information submitted in the Section above, the following items are missing from the information required for an Authorization to Operate for an AOWE permit: _____

Copies of this signed form were sent to the AOWE and the Owner on _____ (*Date*) via _____ (*Email, FAX, USPS, Hand-delivered*).

Print name of authorized Agent of the LHD | *Signature of authorized Agent of the LHD* | *Date*

☑ COMPLETE

Based upon review of information submitted in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on 4-20-23 (*Date*) via Email (*Email, FAX, USPS, Hand-delivered*).

Benjamin A. Batts (*Print name of authorized Agent of the LHD*) | Benjamin A Batts (*Signature of authorized Agent of the LHD*) | 4-20-2023 (*Date*)

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

On-Site Wastewater Contractor's Statement

Date: 2/7

To Whom It May Concern:

As the Onsite Wastewater Contractor, I verify that the Onsite Wastewater System located at 136 Kelli Way, Mooresville NC. 28115 Brownstone Ridge lot #13

was installing according to the 130A-336.2 alternative wastewater system AOWE permit.

A copy of my Errors and Omissions or other liability insurance is attached.

Signature: Kevin Kirkpatrick

Print Name: Kevin Kirkpatrick

Certification Number 2627

Company Name Rowan Septic Tank + Ditching Co. Inc.

Address: 7321 Old Mocksville Rd.

Phone Number: 704 633 2412

Email: rowanseptic@gmail.com

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/31/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
FBIS, a Bankers Insurance Company
175 N 2nd St
Albemarle NC 28001

License#: 6387078

CONTACT NAME: Tonda Witmore
PHONE (A/C, No, Ext): 704-550-4642 FAX (A/C, No): 704-982-7012
E-MAIL ADDRESS: twitmore@bankersinsurance.net

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Penn National Security Insurance Company	32441
INSURER B : Pennsylvania National Mutual Cas Ins Co	14990
INSURER C : Carolina Mutual Insurance, Inc.	14090
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Rowan Septic Tank & Ditching Co, Inc.
7321 Old Mocksville Road
Salisbury NC 28144

ROWASEP-01

COVERAGES **CERTIFICATE NUMBER:** 1096778556 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			CX90699083	6/26/2022	6/26/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$ 10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$ 1,000,000
	OTHER:						GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY			AX90699083	6/26/2022	6/26/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB OCCUR			UL90699083	6/26/2022	6/26/2023	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED X RETENTION $ 10,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC21767-2022	6/26/2022	6/26/2023	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

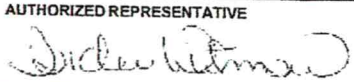
CERTIFICATE HOLDER

LEY Soil & Wastewater Consulting
363 Hannah Ferry Road
Linwood NC 27299

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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LEY SOILS

Authorization to Operate (ATO)

PIN 4678547276.000 Permit Number

County IREDELL Specific System
Installed 2/8/23

System Type: 25% GPD: 480 Number of Bedrooms: 4 Maximum number of occupants: 8

Owner's Name: JOSHUA SCHAEN

System Installer: ROWAN SEPTIC / KEVIN KIRKPATRICK

LEY Soils

Date of Operation Permit Issuance 2/8/23

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

SEE ATTACHED MAP OF COMPLETION

PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
Other: _____

Subsurface system operator required? Yes _____ No ✓

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation:

V. Other:

Operation Permit Inspection Check List

1. LOCATION AND SEPARATION DISTANCES

A. **System installed in proper area** ✓

B. **House location in proper area** ✓

C. System meets .1950 setback requirements ✓

D. Distance from septic system to any wells (NO WELL) ____ feet

E. Distance from septic tank to foundation 40 feet

F. Distance from septic system to all property lines 90 feet

INSTALLER: Rowan Septic / Kevin Kirkpatrick

APPLICATION #:

DATE: 2/8/23

2. SEPTIC TANK/PUMP TANK

	SEPTIC TANK	PUMP TANK
A. Liquid capacity of septic tank	1000 gallons	N/A gallons
B. Tank serial number	____	____
C. Date of manufacture	11/8/22	____
D. Visually inspect the exterior walls and top of tank	✓	____
E. Visually inspect the interior walls, baffle wall, lids, air vent, filter, etc.	✓	____
F. Risers present ***OR*** tank is within 6" of finished grade	6"	____

GRAVEL/TRENCH DEPTHS

A. ____ N. ____

B. ____ O. ____

C. ____ P. ____

D. ____ Q. ____

E. ____ R. ____

F. ____ S. ____

G. ____ T. ____

H. ____

I. ____

J. ____

K. ____

L. ____

M. ____

3. SUPPLY LINE TO TRENCHES

A. Supply line fall from septic tank to nitrification lines or distribution device ***at least*** 1/8" per foot (minimum) ✓

B. Supply line is ***minimum*** 3" Sch. 40 PVC, PE, or ABS ✓

C. Length of supply line to trench 280 feet

4. NITRIFICATION FIELD

A. Type of nitrification field 25%

B. Manufacturer and model # Quick 4

C. Nitrification trench ***does not exceed*** ¼" fall in 10 feet ✓

D. Trench depth 30 inches

E. Trench width 36 inches

F. Aggregate depth 6 inches AROUND LOUVERS

G. Aggregate size (3,4,5,57, or 6 of ASTM D-448) ____

H. Distance between trenches 6 feet

I. Length of nitrification lines 404 feet

J. Step downs: (if applicable)

1. ***Minimum*** of 2' undisturbed soil ____
2. Proper rise over step down ____
3. Solid pipe used ____
4. Elevations of stepdowns ____

J. Distribution Devices: (if applicable)

1. Type of distribution device Serial
2. Device is watertight and of sound construction ____
3. Device is on level foundation of soil or concrete ____

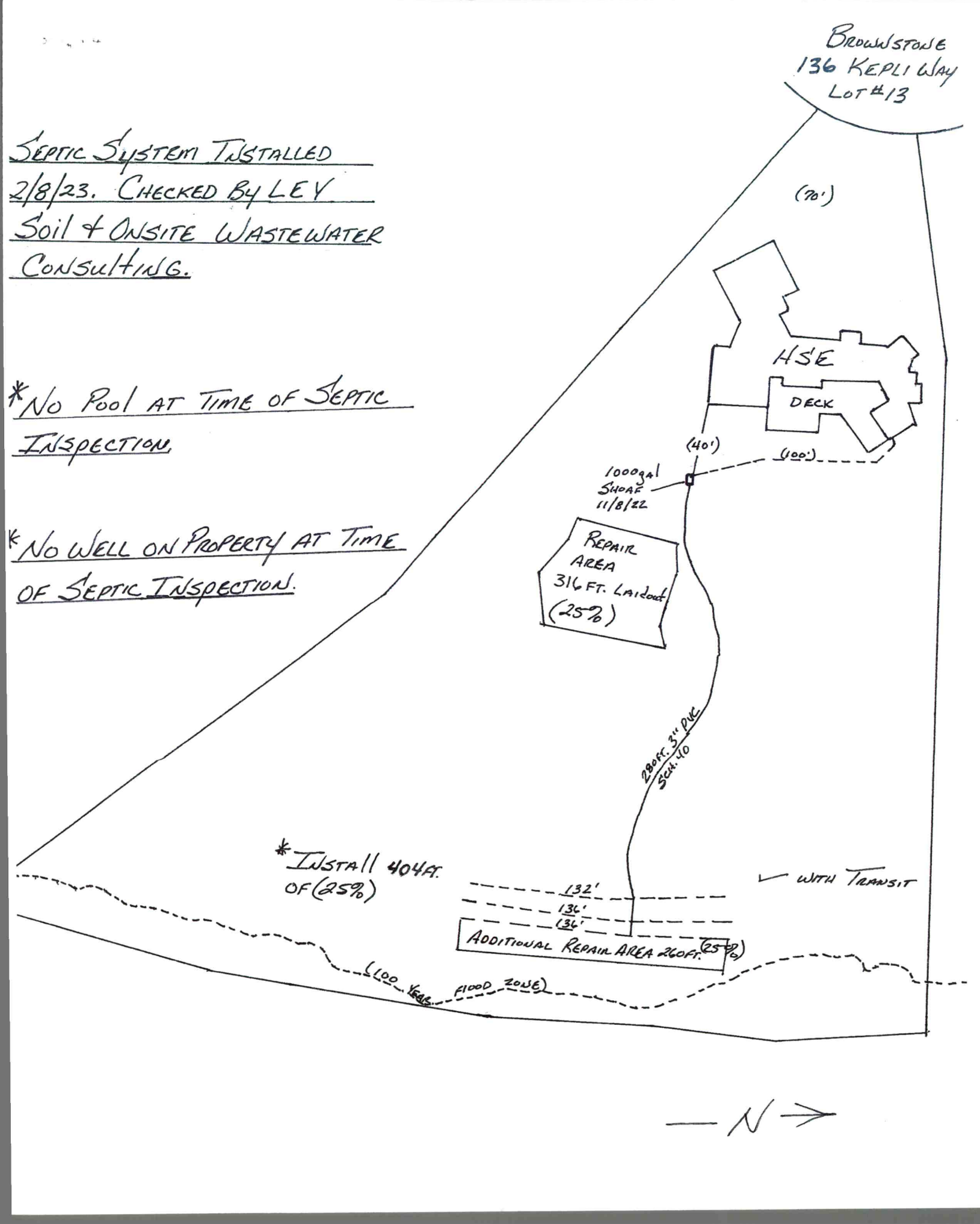
GRADE SHOTS

1. ____ 19. ____
2. ____ 20. ____
3. ____ 21. ____
4. ____ 22. ____
5. ____ 23. ____
6. ____ 24. ____
7. ____ 25. ____
8. ____
9. ____
10. ____
11. ____
12. ____
13. ____
14. ____
15. ____
16. ____

* 3 shots per line ALL LEVEL

4. Does the device perform as designed _____ 17. _____

5. Inlet and outlet elevations recorded _____ 18. _____


BROWNSTONE
136 KEPLI WAY
LOT #13
SEPTIC SYSTEM INSTALLED
2/8/23. CHECKED BY LEY
SOIL & ONSITE WASTEWATER
CONSULTING.
*NO POOL AT TIME OF SEPTIC
INSPECTION.
*NO WELL ON PROPERTY AT TIME
OF SEPTIC INSPECTION.
(70')
HSE
DECK
(40')
(100')
1000gal
SHOAF
11/8/22
REPAIR
AREA
316 FT. Laidout
(25%)
280ft. 3" PVC
SCH. 40
*INSTALL 404FT.
OF (25%)
WITH TRANSIT
132'
136'
136'
ADDITIONAL REPAIR AREA 260FT. (25%)
(100 YEAR FLOOD ZONE)
N