IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # AP - 311766

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

PIN # 4710291859

APPLICANT/OWNER: Russ Molinar

APPLICANT ADDRESS: 9346 Ivan Pl Mentor OH, 44060

SITE ADDRESS: 256 S Harbor Watch Dr Statesville, NC 28677

PHONE: 440-796-7535

ALT. PHONE N/A

SITE DIRECTIONS: Hwy 70 T/L Buffalo Shoals Rd T/L Laural Cove Rd T/R Harbor Gate T/L S Harbor Watch. Lot on right

SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Harbor Watch

SECTION: 1 LOT # 31 LOT AREA: 0.95ac

DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	157	Date	3/20/21	■ New System	☐ Repair	☐ Expansion
Pump Tank	1000	(gal)	PT	157	Date	3/20/21	System Type: I II III (IV) V VI		
Pump Make			Model		Serial #		System Description:	LPPBPPS	
# Nitrification Fields	1	# Lines	4	Linear Ft	267'		Repair System Description:	LPPBPPS	
Trench Width	24"	Trench Bottom Depth(Low-side)		30"	Gravel Depth	N/A	Maintenance Agreement Required:	■ YES	☐ NO
								☐ GRAVITY	■ PRESSURE

■ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		■ Community
■ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Per plan By Soil & Forestry Services

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed LSS Evaluation attached here.

See plan by: Soil & Forestry Services

AS BUILT SKETCH

- Tanks still need connected 6/15/23
- ~~X~~ verify pool location currently supply needs 5' set back to the drains around retaining wall
- Lines checked 9/29/22

As Built Attached

6/15/23 floats, alarm, electrical, pressure, CVB DW

Permit can be suspended or revoked if any false information is supplied to/ald securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ■ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☐ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Russell Molinar Date: 10/19/20

IMPROVEMENT PERMIT by: Robert A Lyn Date: 10/16/20

AUTHORIZATION TO CONSTRUCT by: Stephanie Bell Date: 11/30/21

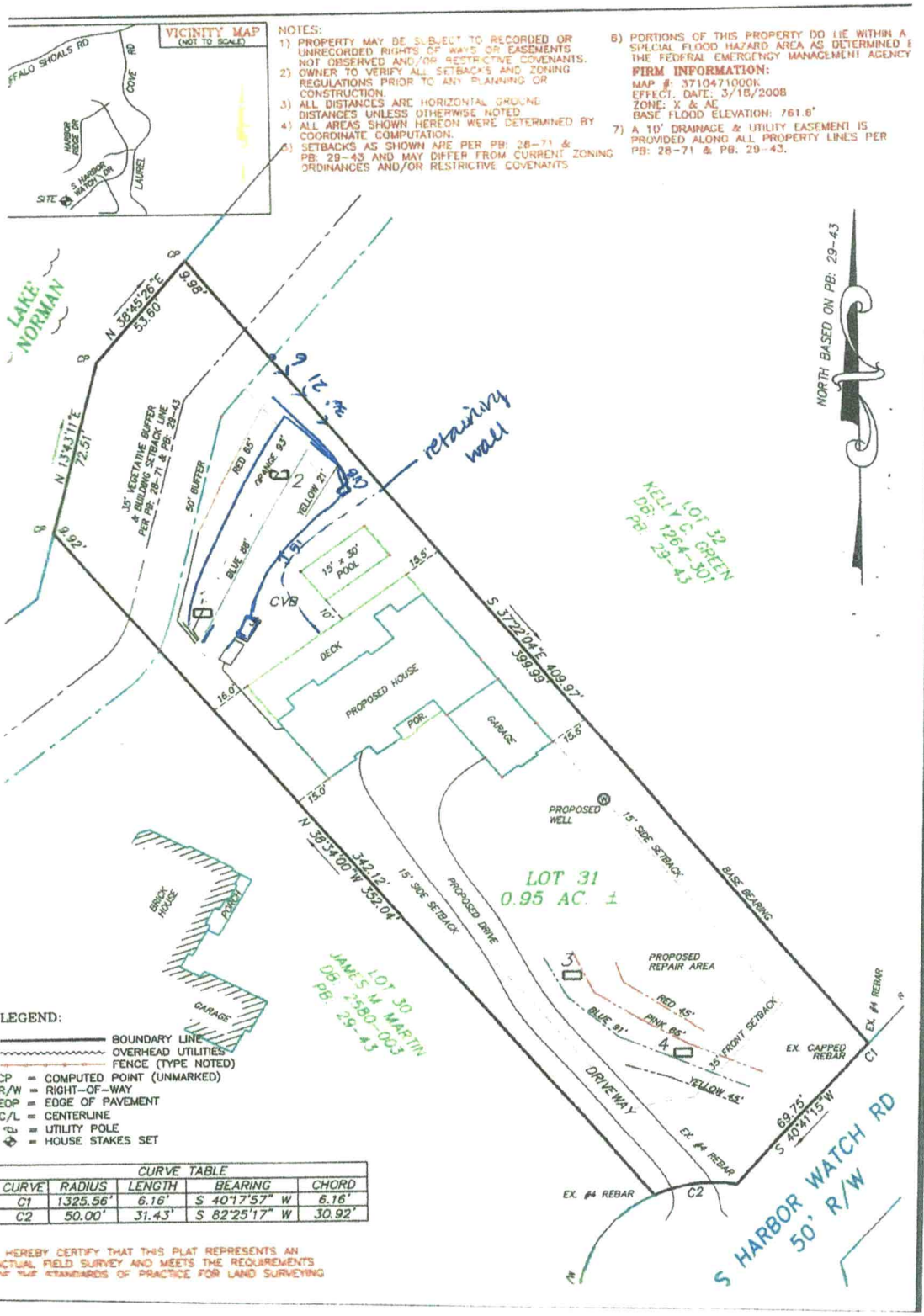
Installed by: Jake Williams

OPERATION PERMIT by: Cory Whit Date: 6/21/23

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

As Built 382 S. Harbor Watch



LEGEND:

- BOUNDARY LINE
- OVERHEAD UTILITIES
- FENCE (TYPE NOTED)
- CP = COMPUTED POINT (UNMARKED)
- R/W = RIGHT-OF-WAY
- EOP = EDGE OF PAVEMENT
- C/L = CENTERLINE
- = UTILITY POLE
- = HOUSE STAKES SET

CURVE TABLE

CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	1325.56'	6.16'	S 40°17'57" W	6.16'
C2	50.00'	31.43'	S 82°25'17" W	30.92'

HEREBY CERTIFY THAT THIS PLAT REPRESENTS AN ACTUAL FIELD SURVEY AND MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING

IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # AP - 311766

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

PIN # 4710291859

APPLICANT/OWNER: Russ Molinar | APPLICANT ADDRESS: 9346 Ivan Pl Mentor OH, 44060

SITE ADDRESS: 256 S Harbor Watch Dr Statesville, NC 28677 | PHONE: 440-796-7535 | ALT. PHONE N/A

SITE DIRECTIONS: Hwy 70 T/L Buffalo Shoals Rd T/L Laural Cove Rd T/R Harbor Gate T/L S Harbor Watch. Lot on right | SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Harbor Watch | SECTION: 1 | LOT # 31 | LOT AREA: 0.95ac | DESIGN FLOW: 480 | L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB 157	Date 3/20/21	■ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	■ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000	(gal)	PT 157	Date 3/20/21	System Description: LPPBPPS		☐ Business	No. Persons 8	☐ Private
Pump Make		Model		Serial #	Repair System Description: LPPBPPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 267'	Maintenance Agreement Required:	■ YES ☐ NO	☐ Slab	☐ Crawl Space	■ Community
Trench Width	24"	Trench Bottom Depth(Low-side)	30"	Gravel Depth N/A	☐ GRAVITY	■ PRESSURE	■ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Per plan By Soil & Forestry Services

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed

LSS Evaluation attached here.

See plan by: Soil & Forestry Services

AS BUILT SKETCH

As Built Attached

- Tanks still need connected
- verify pool location - currently supply meets 5' set back to the drains around retaining wall
- lines checked 9/29/22

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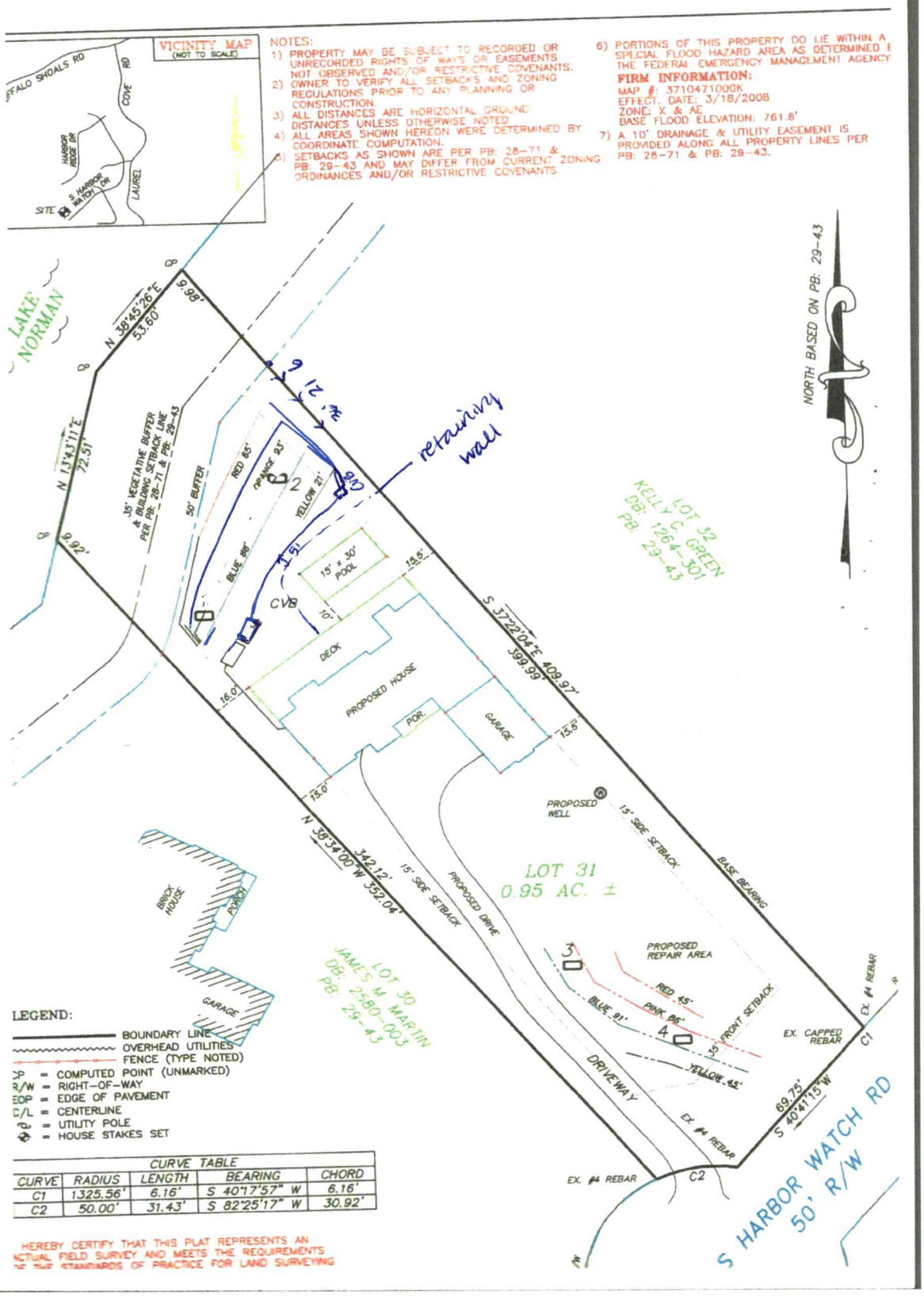
Owner / Applicant Signature: Russell H Molinar Date: 10/19/20 Installed by: Jake Williams

IMPROVEMENT PERMIT by: Robert H Lyn Date: 10/16/20 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Jefferson Scott Date: 11/30/21 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

As Built 284 S. Harbor Watch



IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # AP - 311766

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

PIN # 4710291859

APPLICANT/OWNER: Russ Molinar | APPLICANT ADDRESS: 9346 Ivan Pl Mentor OH, 44060

SITE ADDRESS: 256 S Harbor Watch Dr Statesville, NC 28677 | PHONE: 440-796-7535 | ALT. PHONE N/A

SITE DIRECTIONS: Hwy 70 T/L Buffalo Shoals Rd T/L Laural Cove Rd T/R Harbor Gate T/L S Harbor Watch. Lot on right | SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Harbor Watch | SECTION: 1 | LOT # 31 | LOT AREA: 0.95ac | DESIGN FLOW: 480 | L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 267'

Trench Width 24" Trench Bottom Depth(Low-side) 30" Gravel Depth N/A

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

System Description: LPPBPPS

Repair System Description: LPPBPPS

Maintenance Agreement Required: ■ YES ☐ NO

☐ GRAVITY ■ PRESSURE

■ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☐ Crawl Space

■ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☐ Private

☐ Public

■ Community

Comments / Conditions: Per plan By Soil & Forestry Services

INITIAL SITE SKETCH

AS BUILT SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed LSS Evaluation attached here.

See plan by: Soil & Forestry Services

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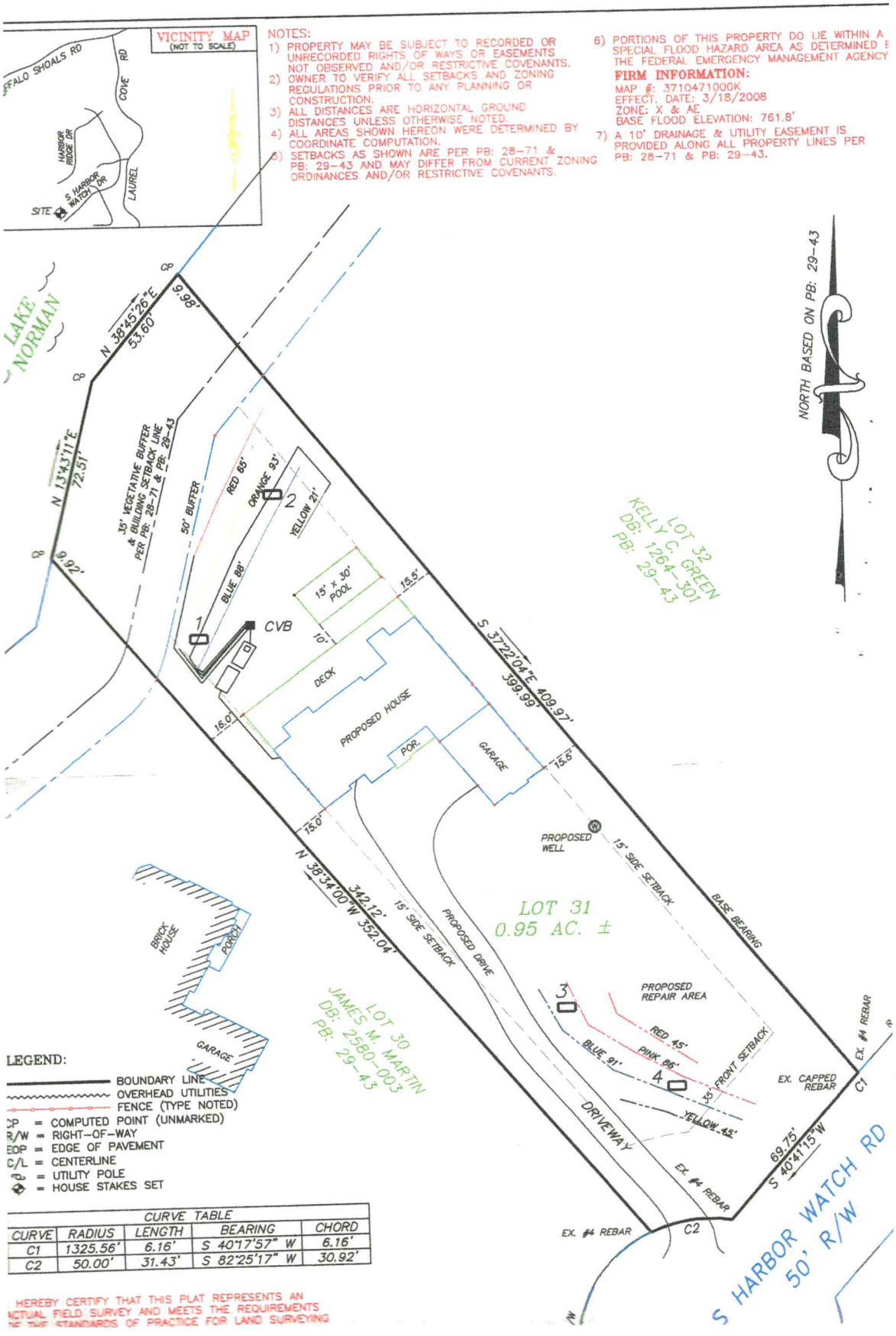
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ■ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Russell A Molinar Date: 10/19/20 Installed by:

IMPROVEMENT PERMIT by: Robert A Lyn Date: 10/16/20 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Jeremy Scott Date: 11/30/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.


VICINITY MAP
(NOT TO SCALE)
BUFFALO SHOALS RD
COVE RD
HARBOR RIDGE DR
S HARBOR WATCH DR
LAUREL
SITE
NOTES:
1) PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED AND/OR RESTRICTIVE COVENANTS.
2) OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
3) ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE NOTED.
4) ALL AREAS SHOWN HEREON WERE DETERMINED BY COORDINATE COMPUTATION.
5) SETBACKS AS SHOWN ARE PER PB: 28-71 & PB: 29-43 AND MAY DIFFER FROM CURRENT ZONING ORDINANCES AND/OR RESTRICTIVE COVENANTS.
6) PORTIONS OF THIS PROPERTY DO LIE WITHIN A SPECIAL FLOOD HAZARD AREA AS DETERMINED E THE FEDERAL EMERGENCY MANAGEMENT AGENCY
FIRM INFORMATION:
MAP #: 3710471000K
EFFECT. DATE: 3/18/2008
ZONE: X & AE
BASE FLOOD ELEVATION: 761.8'
7) A 10' DRAINAGE & UTILITY EASEMENT IS PROVIDED ALONG ALL PROPERTY LINES PER PB: 28-71 & PB: 29-43.
NORTH BASED ON PB: 29-43
LAKE NORMAN
N 38°45'26" E 53.60'
9.98'
N 13°43'11" E 72.51'
9.92'
35' VEGETATIVE BUFFER & BUILDING SETBACK LINE PER PB: 28-71 & PB: 29-43
50' BUFFER
RED 65'
ORANGE 93'
YELLOW 21'
BLUE 88'
1
2
CVB
15' x 30' POOL
15.5'
10'
DECK
PROPOSED HOUSE
POR.
GARAGE
16.0'
15.5'
15.0'
S 37°22'04" E 409.97'
399.99'
N 38°34'00" W 342.12'
352.04'
PROPOSED WELL
15' SIDE SETBACK
BASE BEARING
LOT 31
0.95 AC. ±
15' SIDE SETBACK
PROPOSED DRIVE
3
PROPOSED REPAIR AREA
RED 45'
PINK 86'
BLUE 91'
4
35' FRONT SETBACK
YELLOW 45'
DRIVEWAY
EX. CAPPED REBAR
EX. #4 REBAR
C1
69.75'
S 40°41'15" W
EX. #4 REBAR
C2
EX. #4 REBAR
S HARBOR WATCH RD
50' R/W
LOT 32
KELLY C. GREEN
DB: 1264-301
PB: 29-43
LOT 30
JAMES M. MARTIN
DB: 2580-003
PB: 29-43
BRICK HOUSE
PORCH
GARAGE
LEGEND:
BOUNDARY LINE
OVERHEAD UTILITIES
FENCE (TYPE NOTED)
CP = COMPUTED POINT (UNMARKED)
R/W = RIGHT-OF-WAY
EOP = EDGE OF PAVEMENT
C/L = CENTERLINE
= UTILITY POLE
= HOUSE STAKES SET
CURVE TABLE
CURVE | RADIUS | LENGTH | BEARING | CHORD
C1 | 1325.56' | 6.16' | S 40°17'57" W | 6.16'
C2 | 50.00' | 31.43' | S 82°25'17" W | 30.92'
HEREBY CERTIFY THAT THIS PLAT REPRESENTS AN ACTUAL FIELD SURVEY AND MEETS THE REQUIREMENTS THE STANDARDS OF PRACTICE FOR LAND SURVEYING

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

October 13, 2020

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Session Law 2018-114 Submittal for 256 S Harbor Watch Drive

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 4-bedroom vertical panel block system using LPP distribution. The design packet is submitted under Session Law 2018-114 (HB 374).

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c)."

Owner/applicant: Russ Molinar

Signature: Russell A Molinar

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

Wendell Overby, LSS

Signature: Wendell Overby

Seal:



Four (4) Bedroom PPBPS Septic System Design using
LPP Distribution for Lot 31 of Harbor Watch Subdivision
256 S Harbor Watch Drive

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Flow---------- 5

Site Plan---------- 6

LPP Panel Cutaway Schematic---------- 7

Calculations---------- 8

Profile Descriptions---------- 9

Iredell County Septic Application---------- 10-11

Iredell County Zoning Permit---------- 12

Environmental Health Requirements---------- 13

Agent Authorization---------- 14

Owner: Russ Molinar
10/13/20
Job #19-1035
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DHH, and certification supplied by the manufacturer.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- 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.
- Elevations at pinflag locations should be checked by the installer prior to beginning
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- **System specified as PPBPS with LPP distribution**
- **Repair specified as PPBPS with LPP distribution**
- **System trench depth specified at 30" (low side)**
- **System trenches installed on 8' minimum; 2' wide trenches**
- **Iredell County has approval to move tanks/cvb**

PPBPS LPP DOSED SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	Russ Molinar
Phone:	(440) 796-7535
County:	Iredell
Location:	256 S Harbor Watch Drive

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	480 gpd
System Flow:	25.01 gpm

Design Specifications

Drainfield Size:	267 lf
Loading Rate:	0.3 gpd/ft.^{2}
Depth of Gravel in Trench:	n/a
Gravel Size:	n/a
Trench Depth:	30 in
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	6 lf
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	1.04 gal
Dosing Volume:	219.60 gal

Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	0.08 ft
Elevation Head:	5.00 ft
Total Dynamic Head:	7.09 ft
Threaded Union:	In Tank
Gate Valves:	1 in Tank: 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	n/a

256 S Harbor Watch Drive

PPBPS Design

DESIGN FLOW:	480	gpd
SOIL APPLICATION RATE:	0.3 gpd/ft.^{2}	
TOTAL AREA TRENCH BOTTOM:	534	sf
TOTAL LATERAL LENGTH:	267	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	267	lf
SUPPLY LINE LENGTH:	6	lf
TOTAL DYNAMIC HEAD:	7.09	gpm
DOSING VOLUME:	219.60	gal
PUMP TANK DRAW DOWN*:	10.5	in
SEPTIC TANK SIZE:	1000	
PUMP TANK SIZE:	1000	

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

256 S Harbor Watch Drive

Layout for a 4 bedroom home **Oct 20**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
Back Rt House Crnr					97.5		
Pump Tank					95.3		
			SYSTEM				
1	Yellow				96.0	21	21
2	Blue				93.2	92	88
3	Orange				90.4	97	93
4	Red				87.6	68	65
			REPAIR				
5	Red				127.2	45	45
6	Pink				126.6	91	86
7	Blue				126.0	98	91
8	Yellow				125.4	50	45

	LINE LENGTH	LTAR GPD/FT	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	
SYSTEM	267	0.300	PPBPS	50%	LPP	30" 39"	(low side) (hi side)
REPAIR	267	0.300	PPBPS	50%	LPP	30"	(low side)

Notes:

**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

256 S HARBOR WATCH DRIVE

SYSTEM FLOW

DESIGN SPECIFICATIONS

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	Yellow	96	21	0.156	0.41	42	5
2	Blue	93.2	88	0.156	0.41	176	20
3	Orange	90.4	93	0.156	0.41	186	21
4	Red	87.6	65	0.156	0.41	130	15
							61
	total	feet =	267	gal/min =	25.01		
			Des. Flow	480			
			Pump Run=	5.88			
			soil LTAR	0.3			
			LTAR +5%	0.315			
			LTAR with mod.	0.6			
			LTAR with mod.. + 5%	0.63			

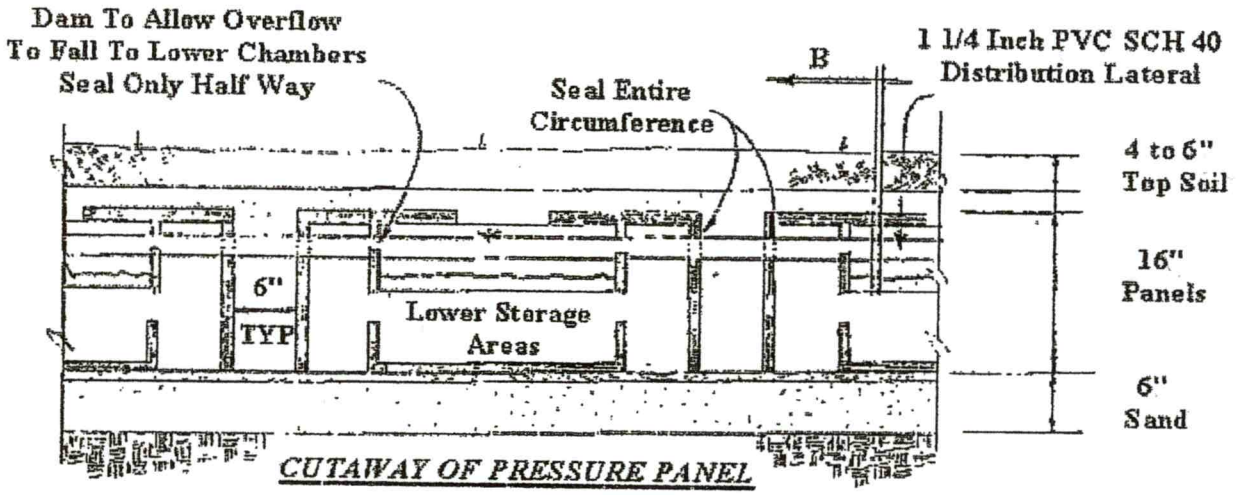
.156 equals 5/32 inch hole

Panels With Pressure Distribution

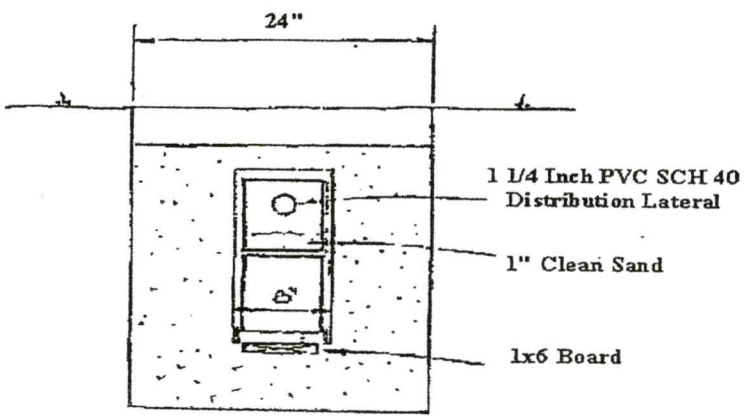
The LP Panel uses technology similar to that of Low Pressure Pipe (LPP) Systems. The tables and distribution design described in the LPP manual is applicable to the pressure Panel System. The system should be used with two to four feet of head. In many respects a LP Panel is similar to a LPP with the holes discharging into the panels.

The dosing cycle for the Panel System is designed to pump enough effluent to fill the top chambers of all the panels in the system. The top chamber of a 16 inch panel holds 3.6 gallons. When the system has 34 panels and all holes are the same size, then you would multiply 34 X 3.6 to get 122 gallons per dose cycle. The holes are drilled in the distribution pipe at the 10 and the 2 o'clock position. These are then placed so that the effluent is pumped into the top chamber of the panel. If the hole sizing changes in the system the pump cycle is set by the hole that is discharging the fastest.

All valves and turn-ups should be neatly capped, covered and labeled for future service. Pump tanks should be constructed as shown in the drawing on page 12 to allow for service and repairs.



CUTAWAY OF PRESSURE PANEL



CALCULATIONS

Location 256 S Harbor Watch Drive

Project Number 19-1035

Lot No:	31	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.3	$^{gal}/_{ft^2\,day}$
Accepted? (YES OR NO)	No	
Supply Line Length	6	ft.
Supply Line Volume	1.044	gal.
Required Feet of Line	267	ft.
Amount of Line from Layout	267	ft.
Gallons per Minute	25.01	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	61	
Dosing Volume	219.60	gal.

Note: Dosing Volume based on # of panels times 3.6 gal/panel

Tank Draw Down	10.5	in.

Generic Draw Down of 21 gal.per in.

Pump Run Time	8.78	minutes
Elevation Head	5	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	0.08	ft.
Friction Head +15%	0.08763	
Total Dynamic Head	7.09	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
27.4	1.51
30	1.78
	-1.76
35	2.37
37	2.63
40	3.03
42.7	3.43
45	3.77
46.51	4.01
50	4.58
57.11	5.89
60	6.42

PROPERTY ID #: 4710291859
COUNTY: Iredell

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

OWNER: Russ Molinar APPLICATION DATE
ADDRESS: DATE EVALUATED: 9/22/20
PROPOSED FACILITY: New house PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: .95ac
LOCATION OF SITE: 256 S Harbor Watch Drive PROPERTY RECORDED: 2007
WATER SUPPLY: x ☐ Private ☐ Public x ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring x ☐ Pit ☐ Cut TYPE OF WASTEWATER: x☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAP CLASS	.1944 RESTR HORIZ	
1	L / 34%	0-23	B SL WFGr	VFr SS SP	N/A	56	N/A		PS .3-.4
		23-38	YB SCL WFS	Fr SS SP					
		38-56	R SC WMS/A	Fr SS SP					
2	L / 34%	0-22	B SL WFGr		N/A	64			PS .3
		22-44	BR SC WMS	Fr SS SP					
		44-64	BR CL WMS/A	Fr SS SP f sap & rock					
3	L / 8%	0-4	B SL WFGr	Fr SS SP	N/A	43			PS .3
		4-30	R C WFS	Fr S SP					
		30-43	BR SCL WFS	Fr SS SP					
		43-60	RB SL MASS	Fr SS SP					
4	L / 8%	0-5	B SL WFGr	Fr SS SP	N/A	48			PS .3
		5-32	R C WMS/A	Fr SS SP					
		32-48	BR CL WFS	Fi SS SP few sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267	267
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Overby
OTHER(S) PRESENT: Joe Thompson

COMMENTS:

RECEIVED OCT 15 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Paid $1200.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-311766 Session Law

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: RUSS MOLINAR **Address:** 9346 IVAN PL MENTOR, OH **Zip:** 44060

Applicant Email: RUSS.MOLINAR@GMAIL.COM **Phone:** (440) 796-7535 **Alt. Phone:** _____

Owner Name: SAME **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 256 S HARBOR WATCH DRIVE

Subdivision Name: HARBOR WATCH **Section/Phase:** _____ **Lot Number:** 31

Driving Directions: FROM DOWNTOWN STATESVILLE S ON CENTER ST. R ON HWY 70, LEFT ON BUFFALO SHOALS ROAD, L ON LAUREL COVE. R ON HARBORGATE L ON S HARBOR WATCH. LOT ON RIGHT.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing (WALK OUT)
( ) Basement without Plumbing

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 (X) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 10/13/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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, Russell S. Molinar, am the legal owner(s) of the property located at 256 S HARBOR WATCH DRIVE, identified as PIN (Parcel Identification Number) 4710291859, located in Iredell County, North Carolina.

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

Russell S Molinar
Signature of Owner(s)

10/14/2020
Date

Mooresville - Environmental Health

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

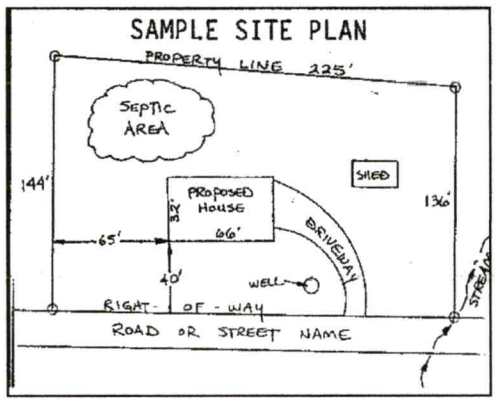
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

Signature: W Cg
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

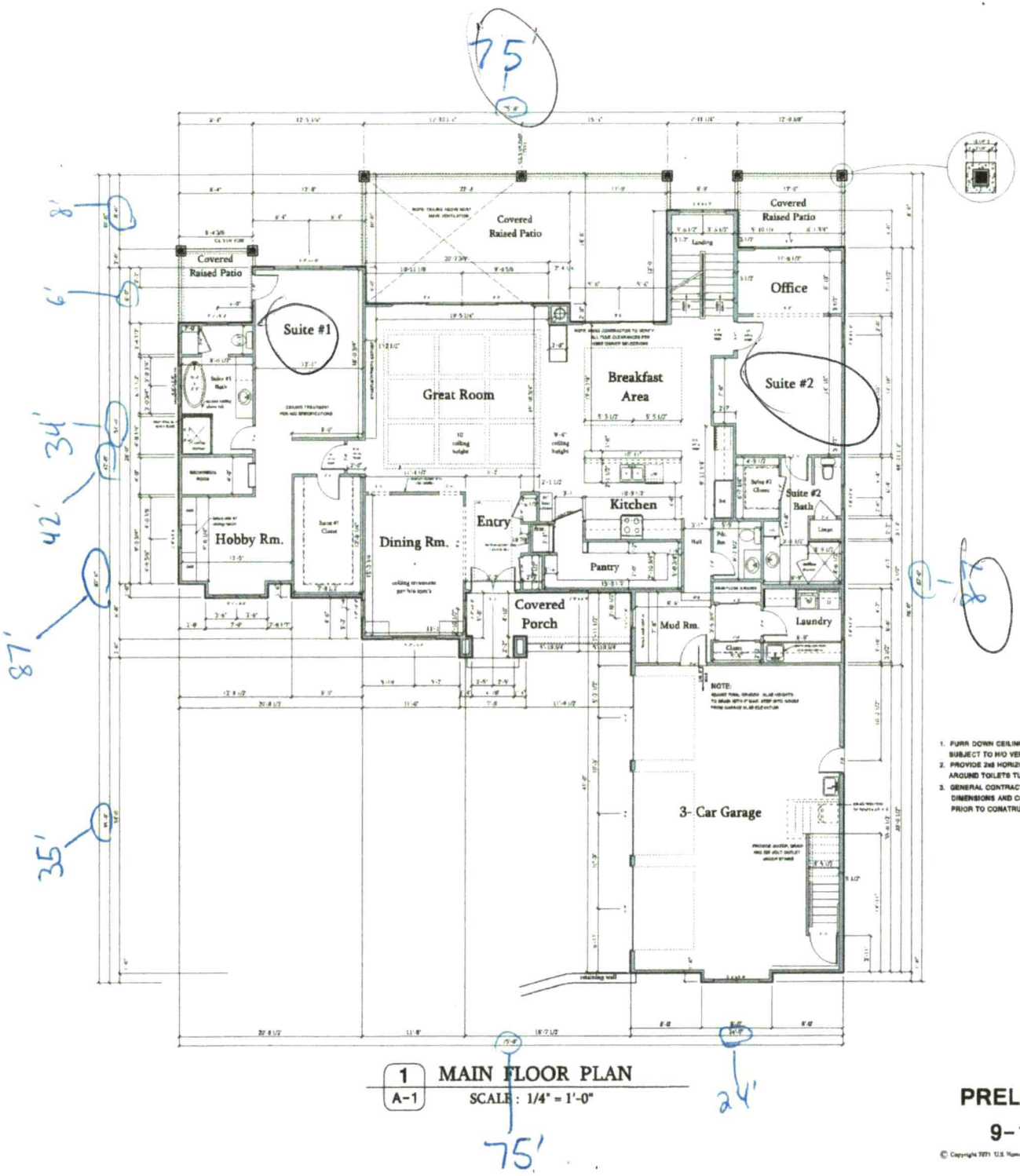
10/13/20
DATE

WARRANTY AND LIABILITY

Acknowledgement Of Plans Submittal ONLY!

Date 11 Sep 21

Date 12-16-21



1 MAIN FLOOR PLAN
A-1 SCALE: 1/4" = 1'-0"

AREA CALCULATIONS

HEATED:

MAIN FLOOR	2,740 S.F.
UPPER FLOOR	972 S.F.
LOWER FLOOR	2,109 S.F.
TOTAL HEATED	5,821 S.F.

UNHEATED:

GARAGE	801 S.F.
FRONT PORCH	114 S.F.
REAR COVERED PORCHES	886 S.F.
UPPER COVERED PORCH	254 S.F.
FRONT UPST. PORCH	41 S.F.
ATTIC STORAGE	551 S.F.
SHOP OVER GARAGE	568 S.F.
MECHANICAL RM	76 S.F.
WINE ROOM	84 S.F.
BASEMENT STORAGE	272 S.F.
POOL STORAGE	116 S.F.
TOTAL UNDER ROOF	8,184 S.F.

1. FURR DOWN CEILINGS AS NOTED SUBJECT TO H/O VERIFICATION
2. PROVIDE 2x8 HORIZONTAL BLOCKING AROUND TOILETS TUBS AND SHOWERS
3. GENERAL CONTRACTOR TO VERIFY DIMENSIONS AND CONDITIONS PRIOR TO CONATRUCTION.

U.S. HOME DESIGNS, INC.
www.ushomedesigns.com

MOLINAR RESIDENCE
256 S. Harbor Watch Dr., Statesville, NC

MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"

PRELIMINARY
9-13-21

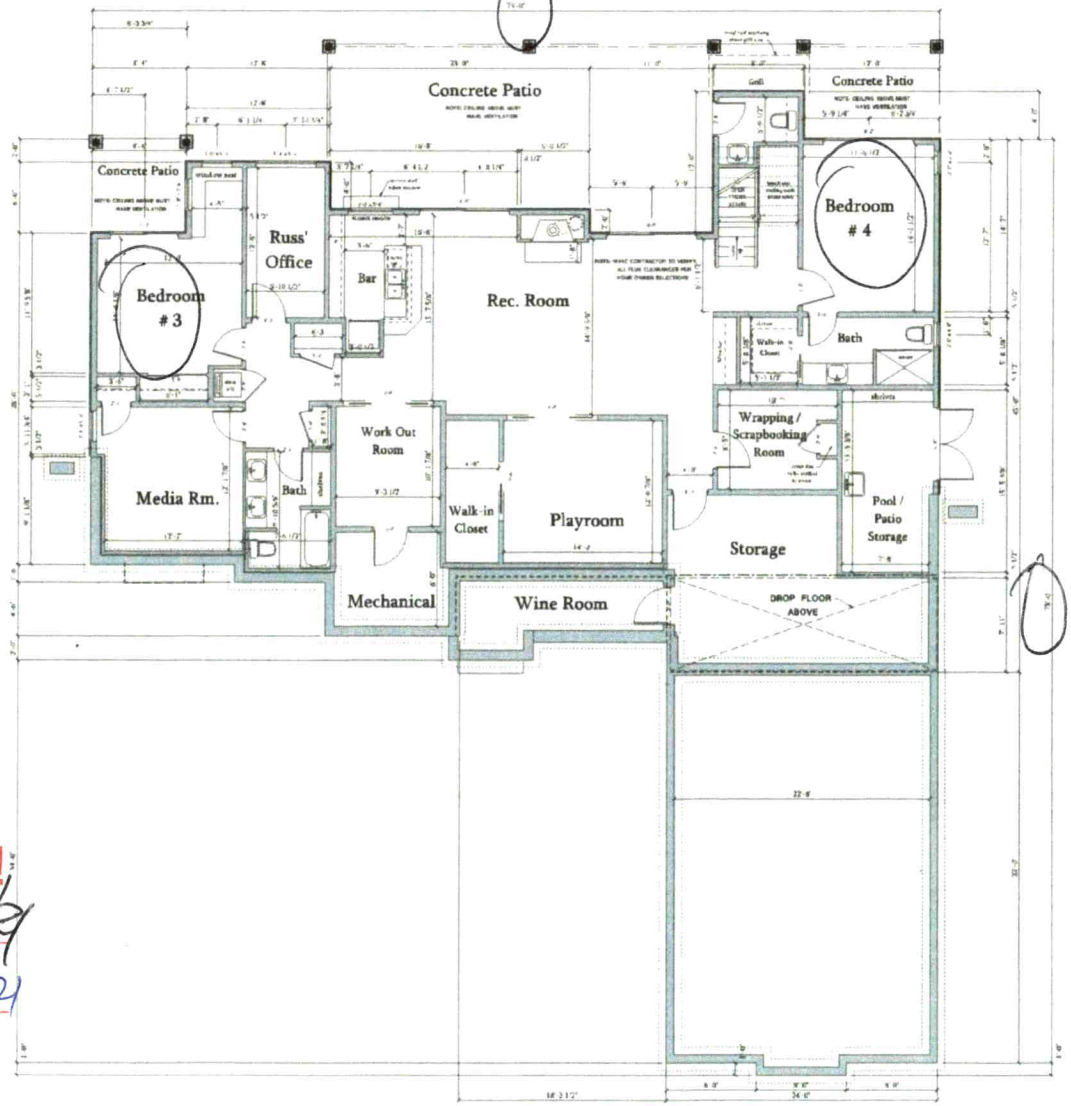
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SHEET No. A-1

WARRANTY AND LIABILITY

RAISED PATIO ABOVE

GENERAL CONTRACTOR TO VERIFY DIMENSIONS AND CONDITIONS PRIOR TO CONSTRUCTION.



1 / A-3 LOWER FLOOR PLAN
SCALE : 1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 11/30/21

Date 12-16-21

U.S. HOME DESIGNS, INC.
www.ushomedesigns.com

MOLINAR RESIDENCE
256 S. Harbor Watch Dr., Statesville, NC

LOWER FLOOR PLAN
SCALE: 1/4" = 1'-0"

PRELIMINARY
9-13-21

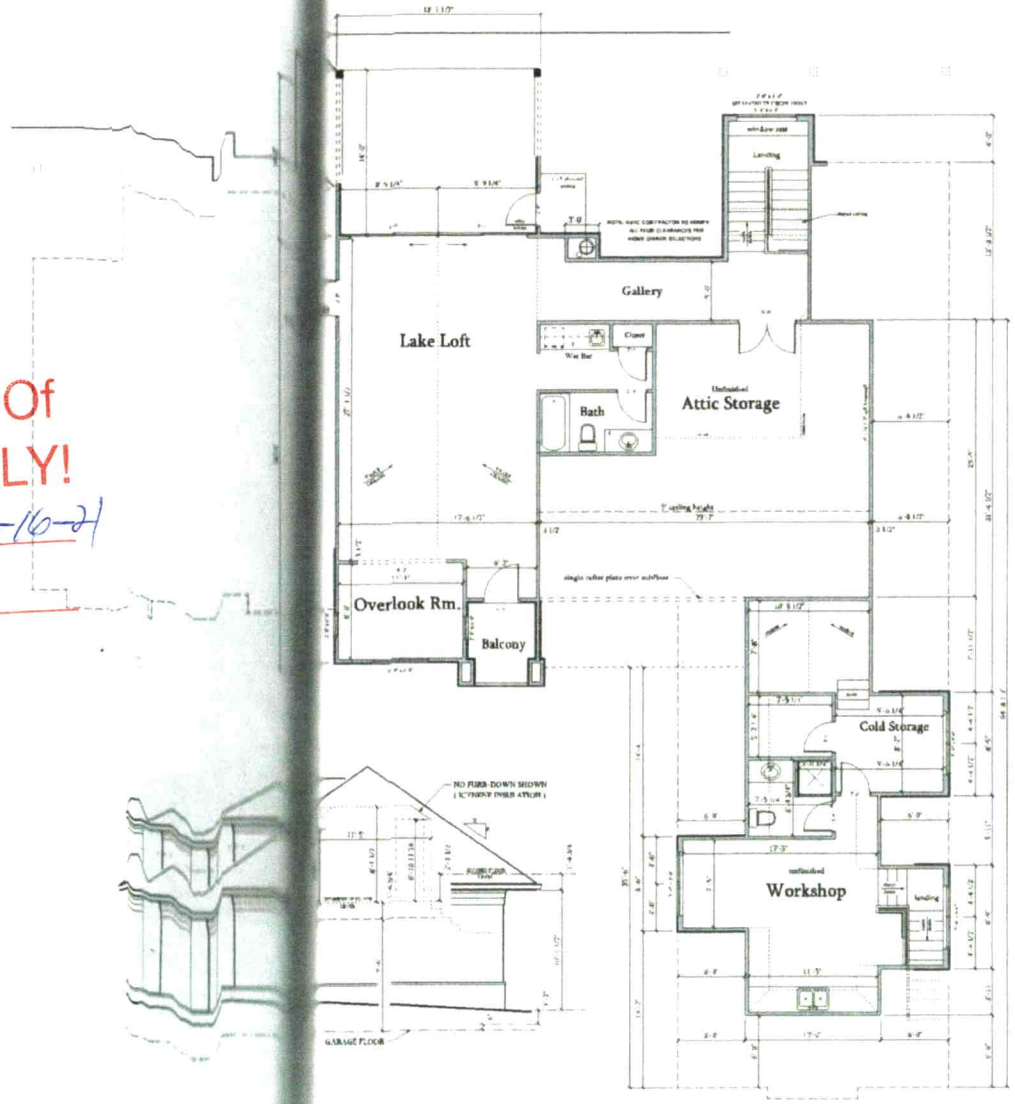
SHEET No. A-3

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WARRANTY AND LIABILITY

Acknowledgement Of
Plans Submittal ONLY!
Date 12-10-21
Date

GENERAL CONTRACTOR TO VERIFY DIMENSIONS AND CONDITIONS PRIOR TO CONSTRUCTION.



1 / A-2 UPPER FLOOR PLAN
SCALE : 1/4" = 1'-0"

U.S. HOME DESIGNS, INC.
Designer: Stephen W. Turner
www.ushomedesigns.com

MOLINAR RESIDENCE

UPPER FLOOR PLAN
SCALE: 1/4" = 1'-0"

PRELIMINARY
9-13-21

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SHEET No. A-2

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311766
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4710291859.000	256 S HARBOR WATCH DR	Iredell County

Owner Information	Applicant Information
Name: MOLINAR RUSSELL S+ANN K	Name: WENDELL OVERBY
Address:	Address: PO BOX 832
	MOORESVILLE, NC 28115
Phone:	Phone: (704)239-2001

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.95	35	50	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD need disclaimer

PAID

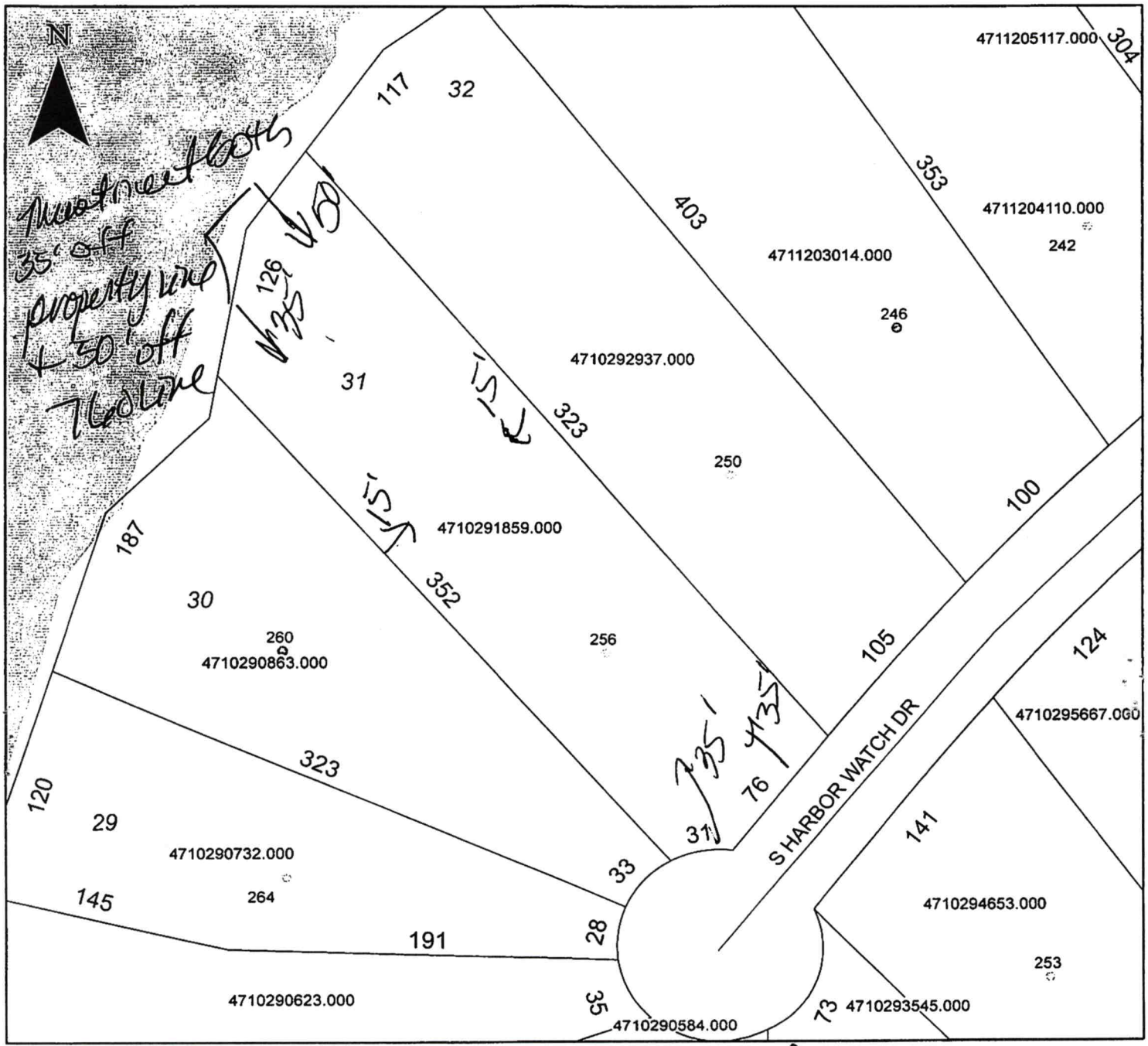
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 10/13/2020

Signature of Owner/Contractor

Permit Number	311766	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 256 S Harbor Watch

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. Applicant further acknowledges that the 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.

Applicant _____ Date _____

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB7647

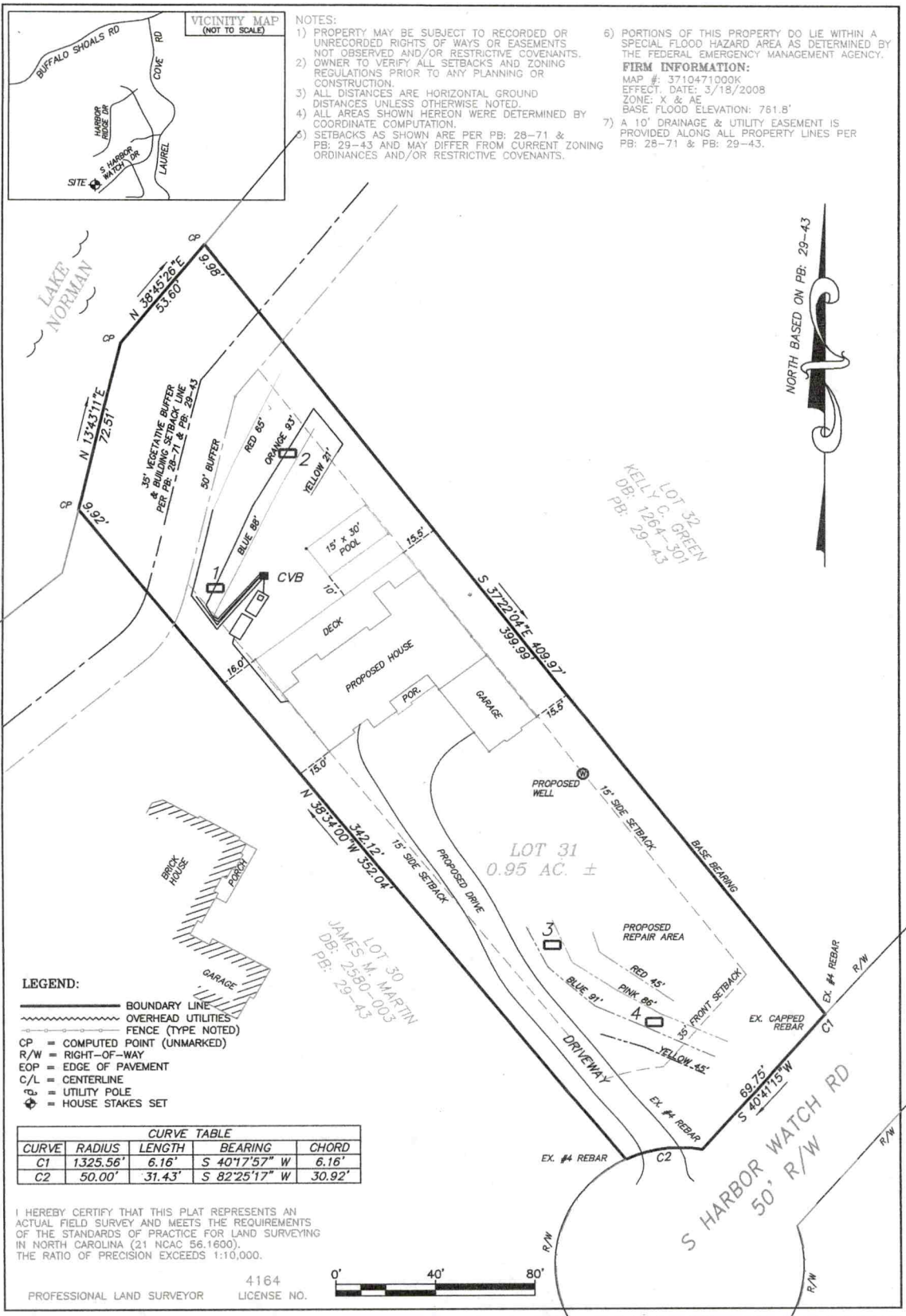
DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$1,277.25**
AP-311766 Address: 256 S HARBOR WATCH DR APN: 4710291859.000			**$1,277.25**
EH NEW SYSTEM PERMITS			$1,200.00
PUMP SYSTEM	10492751-447004	0	$1,200.00
ZONING			$77.25
ZONING PERMIT	104563-472223	0	$75.00
TECH FEE ZONING	104563-460450	0	$2.25
TOTAL FEES PAID BY RECEIPT:WEB7647			**$1,277.25**

Date Paid: Thursday, October 15, 2020

Paid By: Russ Molinar

Cashier: EPRS

Pay Method: CREDIT 01573R



CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	1325.56'	6.16'	S 40°17'57" W	6.16'
C2	50.00'	31.43'	S 82°25'17" W	30.92'

I HEREBY CERTIFY THAT THIS PLAT REPRESENTS AN ACTUAL FIELD SURVEY AND MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). THE RATIO OF PRECISION EXCEEDS 1:10,000.

PROFESSIONAL LAND SURVEYOR 4164 LICENSE NO.

DRAWN BY: PAH
DWG FILE NAME: 19197.HW31
PROJECT NO: 19197
PROPERTY ADDRESS: 256 S HARBOR WATCH DR STATESVILLE, NC 28677
DATE: MARCH 22, 2020
SCALE: 1"=40'

HOUSE LOCATION PLAN FOR
RUSSELL S. MOLINAR & ANN K. MOLINAR
FALLSTOWN TOWNSHIP, IREDELL COUNTY, NC
ALL OF LOT 31 OF HARBOR POINTE, SECTION 1
REFERENCES: DB: 2620-899, PB: 28-71 & PB: 29-43

HARRIS LAND SURVEYING, PLLC
FIRM LICENSE #: P-1295
4080 DAVIS RD
MAIDEN, NC 28650
704-400-6800
phillipharris3@gmail.com

DocuSign Envelope ID: C63D9EBD-9291-4534-8A0C-CEB6C2DF6752

D L ENVIRONMENTAL SERVICES

MAINTENANCE CONTRACT

COUNTY Iredell PERMIT # AP - 311766

Street Address 256 S Harbor Watch Dr

City Statesville State NC ZIP 28677

CLIENT NAME Russ Molinar

DAVID LYNCH *Inspector Certification # 4312I*

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

DLynchEnviro@gmail.com
(828) 234-9451

THIS AGREEMENT is made and entered into this 16-Jun-2023

between Russ Molinar (hereinafter the "Owner")

and David Lynch (D L ENVIRONMENTAL SERVICES) (hereinafter the "Contractor").

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

WHEREAS, 15A N.C. Admin. 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. Admin. Code 18A. 1961 requires that a condition of the Operation Permit for said system be that a property 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. Admin. Code 18A. 1961 to manage a Type IV-A 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.

DocuSign Envelope ID: C63D9EBD-9291-4534-8A0C-CEB6C2DF6752

1. The Contractor's Obligations. The Contractor shall perform the following services on owner's systems located at:

256 S Harbor Watch Dr
Statesville, NC 28677

A. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A. 1961(b) for a type IV-A system.

B. The Contractor shall perform the following routine maintenance procdedures in accordance with the conditions of the operations permit.

(1) Inspect the structural integrity and maintain all of the physical and mechanical components of the system.
(2) Inspect the performance and condition of the drain field.
(3) Flush and clean the laterals of the system.
(4) Check and set pressures in the system.
(5) Check and adjust pump delivery rate of the system.
(6) Clean septic tank filter if applicable and accessible.
(7) Perform any other requirements of the Operations Permit.

C. The Contractor shall report the result of its inspections to home Owner after each inspection and to the local Health Department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A. 1961(b) for a type IV-A system.

D. If an inspection indicates the need for system repairs, the Contractor shall notify the local Health Department within 48 hours of the 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 that require the use of hand tools only at the request of the Owner and shall be entitled to payment therefore at the Contractor's normal charge for services and materials. The Contractor shall not perform repairs that require the use of heavy equipment, electrical license or plumbing license.

2. The Owner's Obligations.

A. The Owner shall pay the Contractor upon signing this contract, the sum of **$ 300** for the first year of periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be renewed at the end of each 12-month period. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not increase more than 20 percent per year. The Owner shall pay in the following methods.

(_____) to be paid at the time of the signing of this agreement and to be paid before the second scheduled inspection.

(**$ 300**) to be paid at the time of the signing of this agreement.

DocuSign Envelope ID: C63D9EBD-9291-4534-8A0C-CEB6C2DF6752

2. The Owner's Obligations.

B. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system **$ 75** per hour, with minimum of one hour, plus cost of material(s) as a result of nonscheduled service or maintenance calls. All fees for nonscheduled service or maintenance are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1.5 percent per month.

C. The Owner shall keep the area of the septic system drain field properly mowed and protected from traffic. The Owner shall keep the designated repair area reserved for future repair to the septic system.

D. 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 termination.

A. Automatic Termination
This Agreement shall automatically terminate of 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 thirty (30) days in advance of the date of termination.

C. Termination by the Owner
The Owner may terminate this Agreement by giving notice to the Contractor and to the local Health Department thirty (30) days in advance of the date of termination.

D. Termination by the Contractor

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local Health Department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or
(b) 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.

(2) 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.

DocuSign Envelope ID: C63D9EBD-9291-4534-8A0C-CEB6C2DF6752

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 IV-A system upon thirty (30) days written notice to the Owner and the local Health Department.

5. Representations

The Parties represent to each ohter that each has the power, authority, and legal right to enter into and perform its obligations as set forth in this Agreement.

6. Regulatory Amendments

References in this Agreement to sections of the Administrative Code shall include such rules as they may be anded in the future.

7. No Implied Waiver

The waiver by either Party of a default or a breach by the other 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 waiver of such provisions, or of any other provision, and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

8. Notice

Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by mail and addressed as follows:

To the Owner:

Russ Molinar
256 S Harbor Watch Dr
Statesville, NC 28677

To the Contractor:

David Lynch
D L Environmental Services
2708 Peachtree Rd
Statesville, NC 28625

8. Notice (continued)

To the Local Health Department: **Iredell County Health Department**
610 E. Center Street
Mooresville, NC 28117

The date of any Notice shall be the date of delivery. Changes in the respective addresses to where notice may be directed may be made from time to time by either Party by notice to the other Party.

9. Place of Agreement

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

10. Entire Agreement and Amendment

This agreement supersedes all prior negations, 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.

11. 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 extent practicable in light of such determination implement and give effect to the intentions of the Parties as reflected in this Agreement, and in other provisions of this Agreement shall as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

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

(OWNER:) **Russ Molinar** DocuSigned by: Russ Molinar 4FD3CF0D001D47C... 6/19/2023

(CONTRACTOR:) **David Lynch** (D L Environmental Services) DocuSigned by: DF4D73ABD20C40A... 6/19/2023