ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BLDR 2022-3020

PERMIT # AP323344

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

PIN # 4730 --48 --7879

APPLICANT/OWNER: Darren Christian | APPLICANT ADDRESS: 211 Sassafrass Rd Mooresville NC 28115

SITE ADDRESS: 170 Meadow Glen Drive Troutman NC 28166 | PHONE: 570-290-4975 | ALT. PHONE

SITE DIRECTIONS: Perth Rd to State Park Rd to Meadow Glen Drive. | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Meadow Glen | SECTION: | LOT # 116 | LOT AREA: .549 AC | DESIGN FLOW: 360 | L.T.A.R.: .30

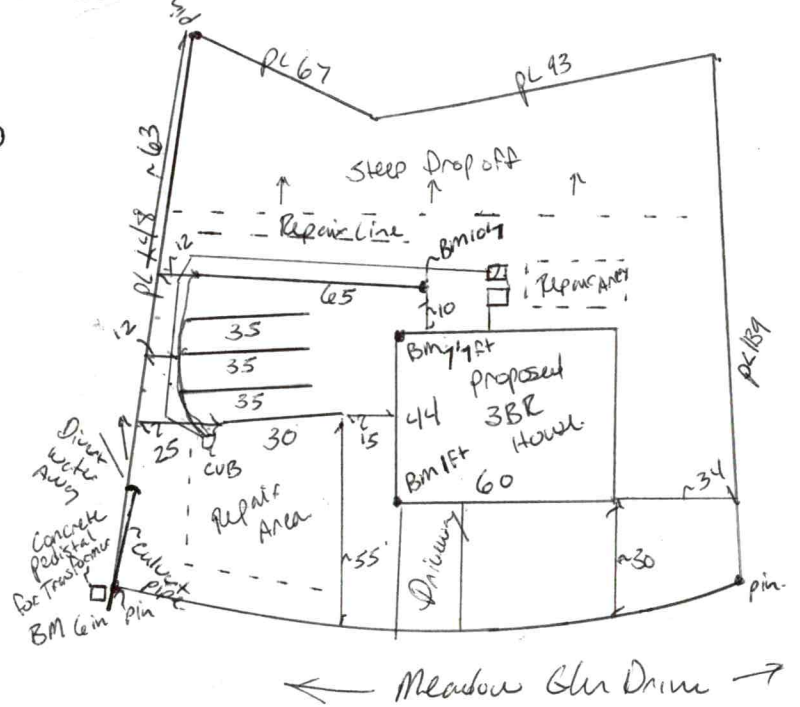
Septic Tank 1000 (gal)	STB 760	Date 4-2-23	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank 1000 (gal)	PT 363	Date 3-28-23	System Description: LP-Panel Block -50% Reductn		☐ Business	No. Persons 6	☐ Private
Pump Make Zoeller	Model 151	Serial # ZX23A11X	Repair System Description: LP-Panel Block 50% Reductn		☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 5	Linear Ft 200	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 24in	Trench Bottom Depth (Lowside) Max 36in		Gravel Depth	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. Divert Culvert + Storm water away from Septic Areas. Do not Drive, park, pave, grade or bury utilities in Drainfield Area

* Moving house 5ft closer to Front Property Line to 25ft of Set
* Tree Placement maybe altered to accomodate Rear Deck
* Keep Deck footers 5ft from any Septic Component.

INITIAL SITE SKETCH

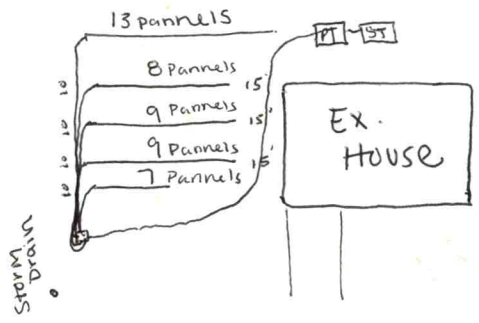
4/6 Panels = 1625 gallon dose 5/32 hole @ 3ft head 23gpm
1.8 Inch Drawdown



AS BUILT SKETCH

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

Tanks 5/12/23 STI
Lines
Supply Line
Box 5/15/23 SB
Floats



* needs maintenance contract *

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

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

Owner / Applicant Signature: Darren Christian Date: 6/27/22 Installed by: TB Grading

IMPROVEMENT PERMIT by: Benjamin A Bell Date: 3/24/22 OPERATION PERMIT by: Benjamin C. White Date: 6-20-2023

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 6/27/2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Dana Christian
ADDRESS:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE: 170 Mocksville Cabarrus

APPLICATION DATE
DATE EVALUATED:
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	7-8%	0-6	SPL SiL	F. SSSP Seq					B .3
		6-31	SPL C						
		31-48	SPL CL						
2	7-8%	0-6	SPL SiL						B .3
		6-34	SPL C						
		34-48	SPL CL						
3	7-8%	0-6	SPL SiL						B .3
		6-28	SPL C						
		28-48	SPL CL						
4	7-8%	0-6	SPL SiL						B .3
		6-21	SPL C						
		21-48	SPL CL						

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

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

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

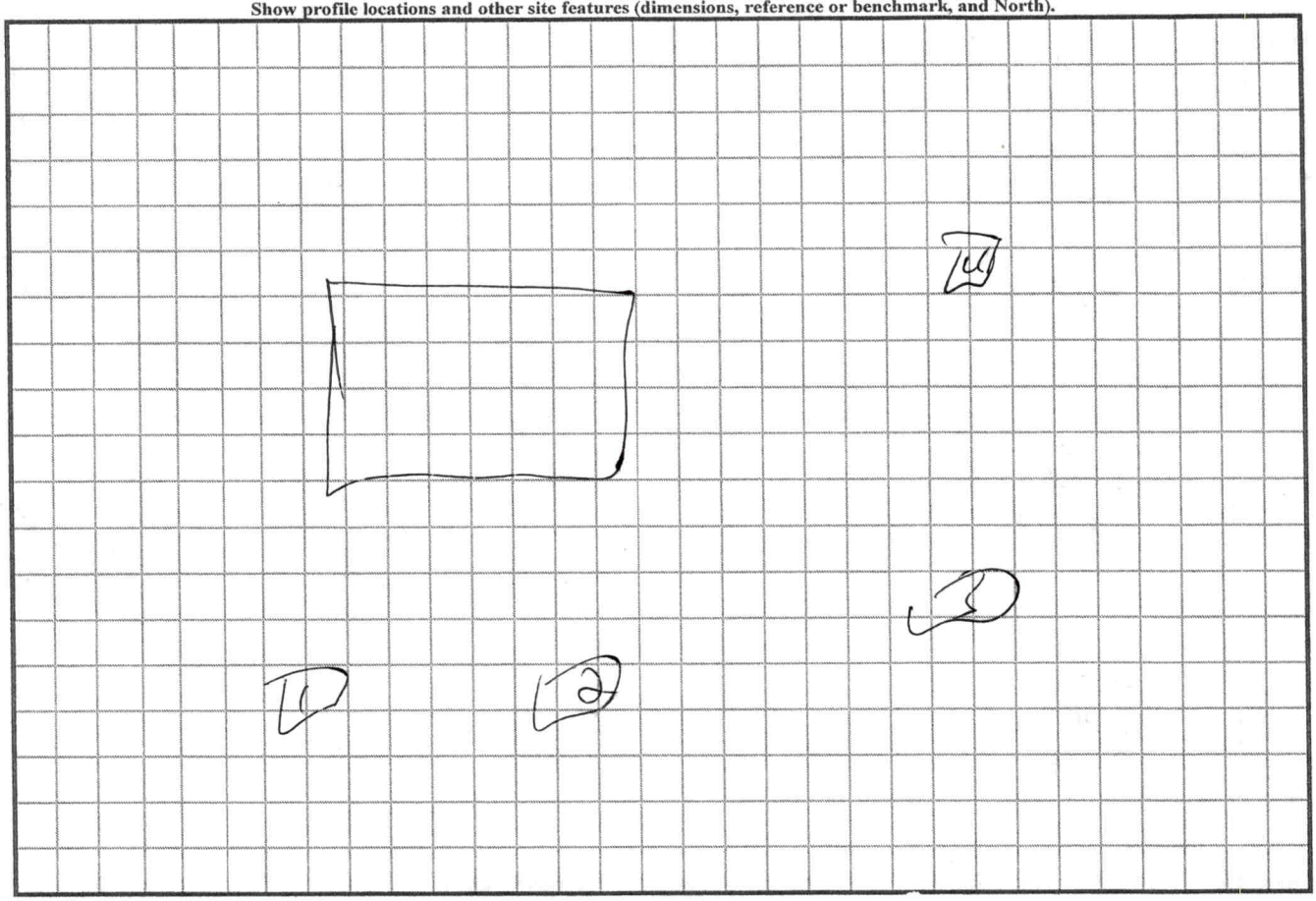
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Updated February 2014

RECEIVED DEC 15 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-323344 Paid: $500.00

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: Darren Christian Address: 211 Sassafras Rd Mooresville, NC Zip: 28115
Applicant Email: darren1967christian@gmail.com Phone: 570-290-4975 Alt. Phone: 570-290-4975
Owner Name: Same Address: Same Zip: ____
Owner Email: ____ Phone: ____ Alt. Phone: ____

Property Information:

Street Address: 110 Meadow Glen Dr. Troutman, NC 28166
Subdivision Name: Meadow Glen Section/Phase: ____ Lot Number: 116
Driving Directions: Perth Rd → State Park Rd → Meadow Glen Dr.

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

CHECK FOUNDATION TYPE

(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: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: ____
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing 1/2
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: ____
Square Footage of Building: 1771 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Water Supply: ( ) Replacement Well – Reason: ____
( ) Multi-connection Well Number of Houses: ____ Number of Persons: ____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: ____
(X) 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.

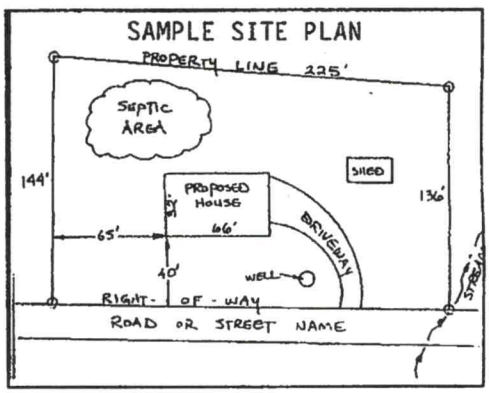
Signature: Darren Christian 11/19/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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**

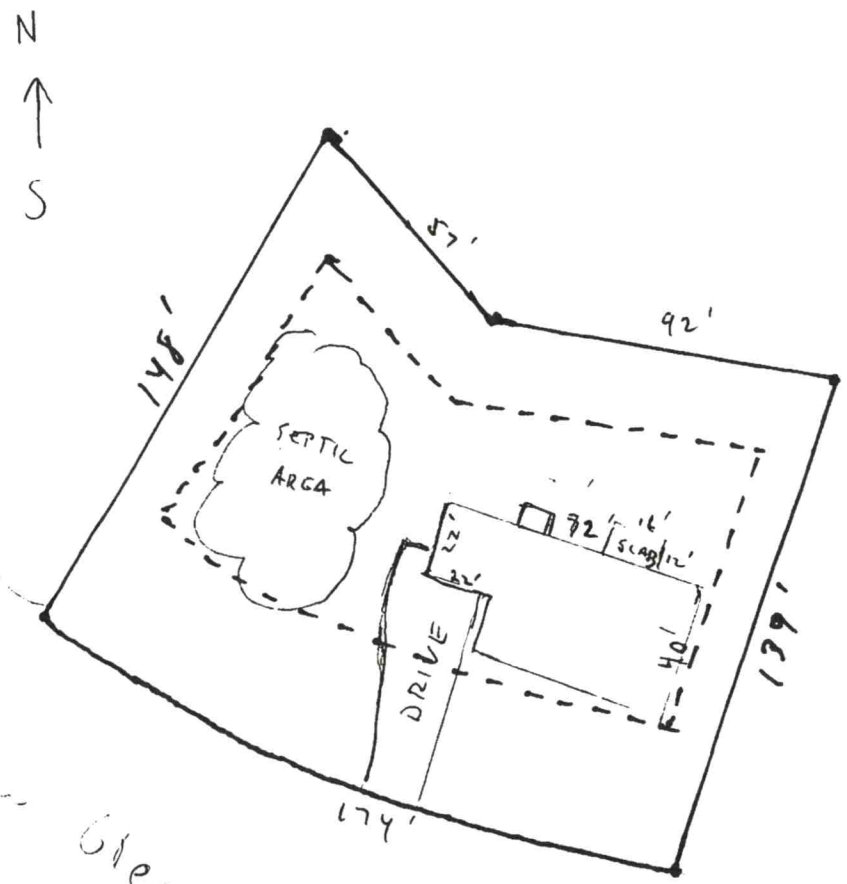
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

see attached

Signature: _____ _____

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



Meadow Glen Dr.

Spring Lake Dr.

15' Side SB
25' Rear SB
40' Front SB

170 Meadow Glen Dr.

116 ~~Acre~~ Lot

.549 ac.

1" = 50'

SC 3344

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

323344

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*) Warren Christian

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.

_____ _____
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 ****

DC **Complete all Environmental Health forms**:

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

DC **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.**

DC **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**.

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

DC **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) a 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).

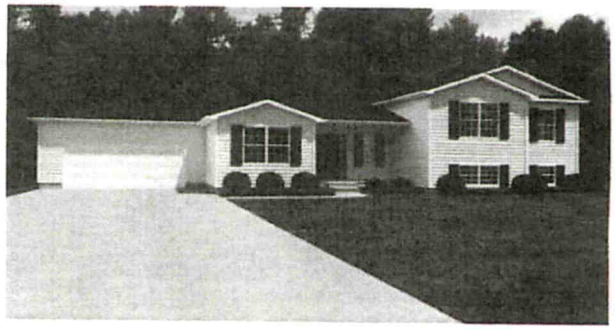
Signature Dan Clinton **Date** 10/15/24

Questions? Contact the Environmental Health Offices below:

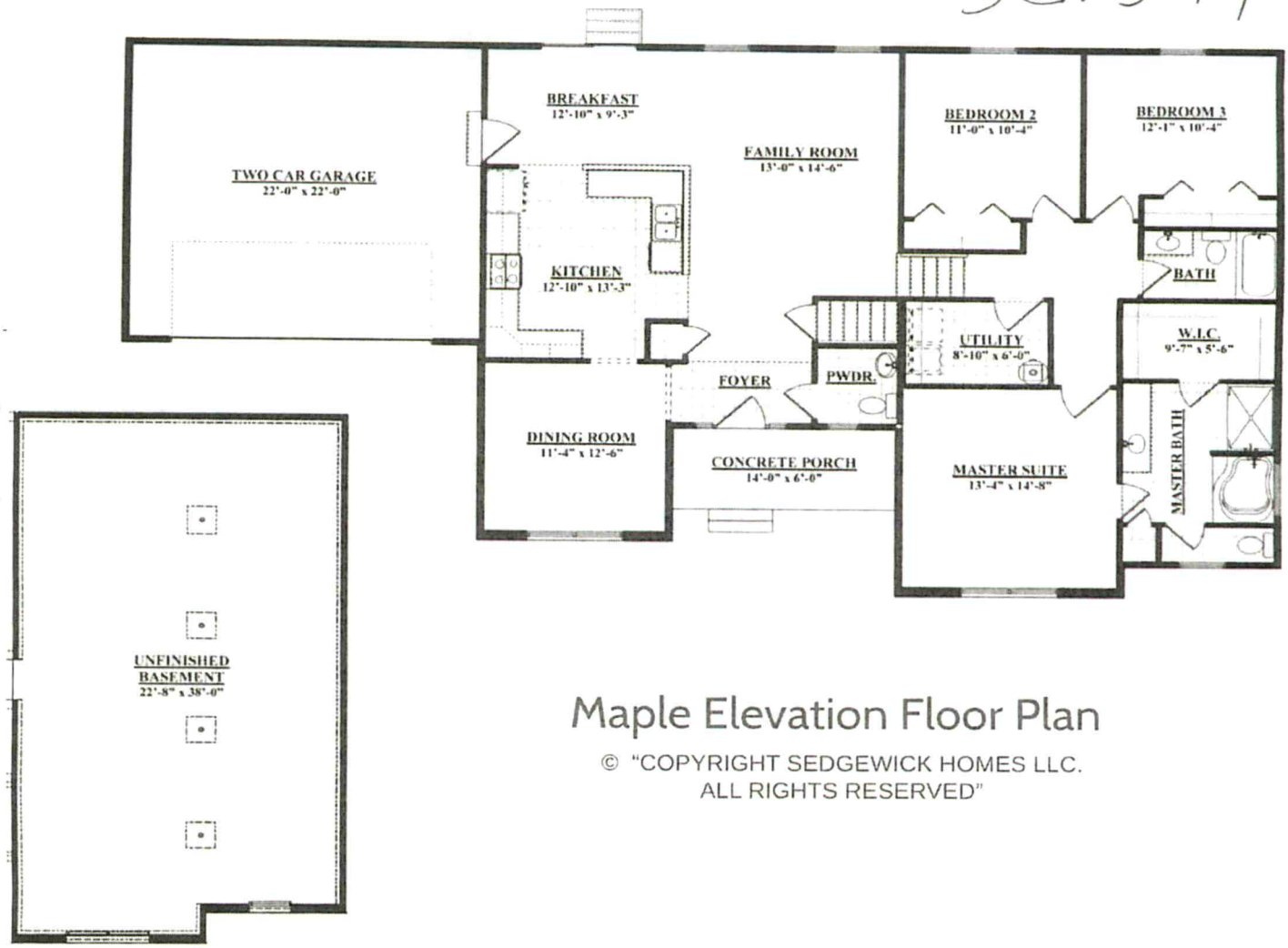
Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

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





323344



Maple Elevation Floor Plan

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ALL RIGHTS RESERVED"

Please see sales agent for plan differences.

These drawings are for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

BBB. ACCREDITED BUSINESS

EQUAL HOUSING OPPORTUNITY

NAHB

Zoning Permit # 323344 See reverse for new construction.

Fee $226.60 **Code 104**

Zoning Permit

LOCATION	**Date (mm/dd/yy)**	11/22/21	**Tax Parcel #**	4730487879.000
	Business Name or Property Owner	DPG PROPERTIES LLC		
	Street Address & Lot Number	170 MEADOW GLEN DR		
	Business Type and/or Project Description	Single-Family Home		
APPLICANT	**Applicant**		**Preferred Phone**	
	Address City/State/Zip	,		
	E-Mail			
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

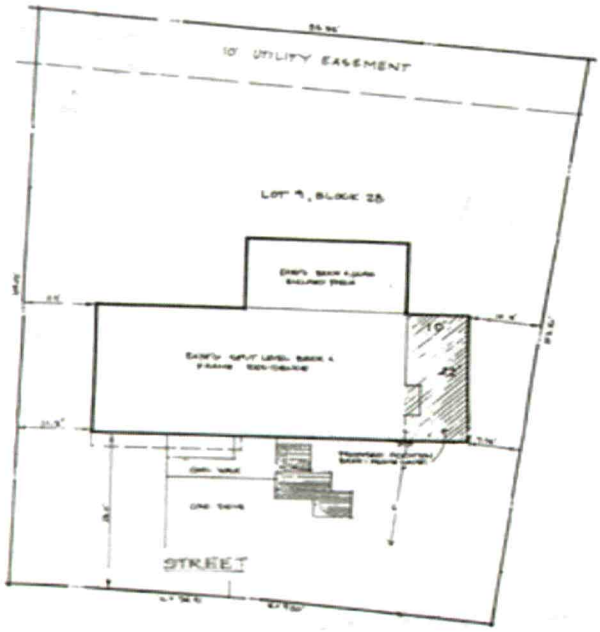
Office Use Only	**Zoning District(s)**	RS	**TL: Troutman | ETJ: Troutman**	Plans Attached	
	Utilities			Floodplain	
	Permitted Use of Property	Single-Family Home			
	Minimum Setback Requirements	Front 25 , Rear 25 , Left Side 15 , Right Side 15 , *Setback measure from nearest projecting point of structure to Property Line.*			
	Comments:				

I hereby certify that all of the information provided for this application is to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Signature of Zoning Adminstrator



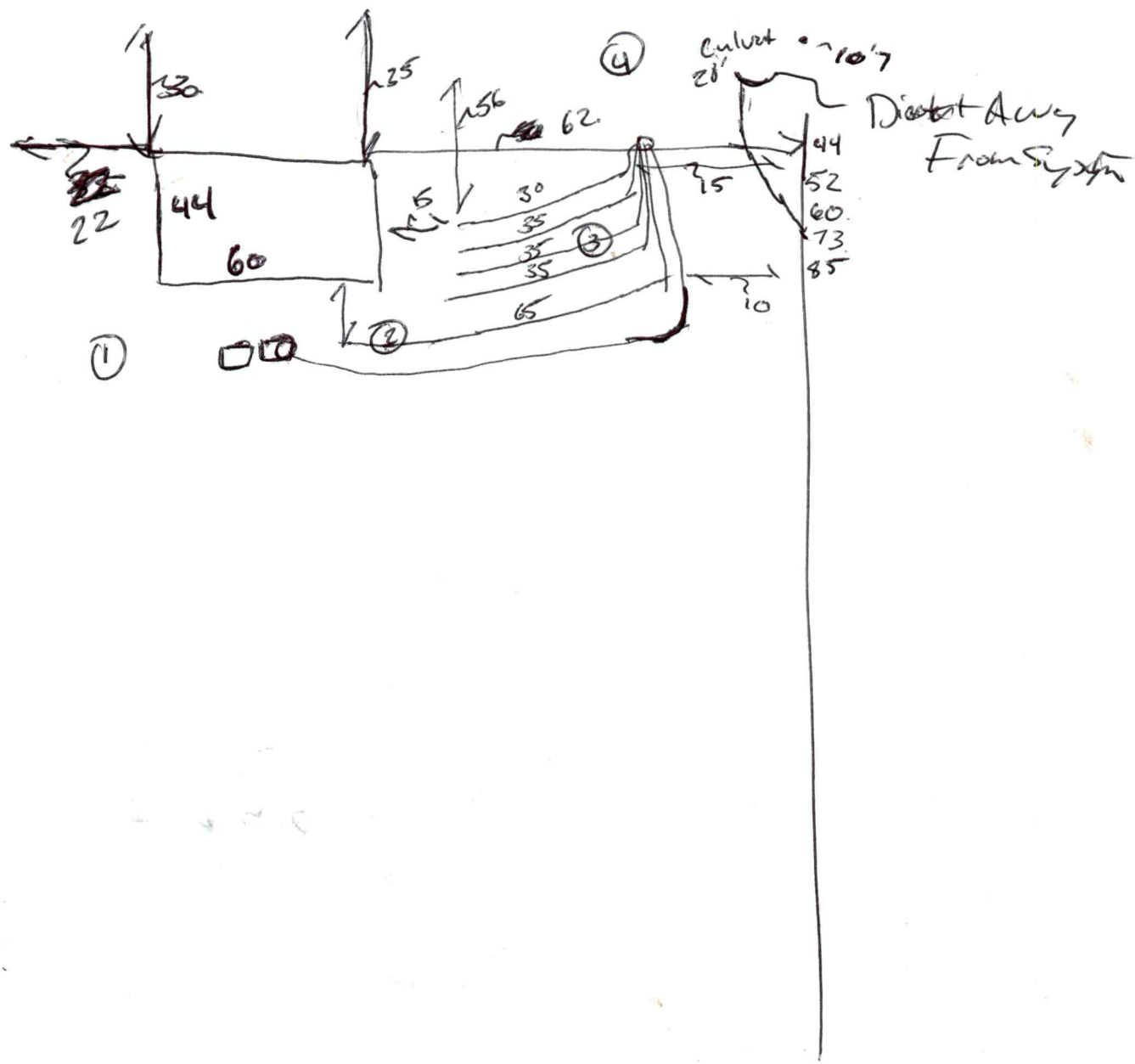
Please provide a drawing of your property in the space below (similar to drawing on the left) or attached in a separate document showing the layout of your home or business on the lot. If applicable, please clearing note expansions.

Power Pedestal
Concrete 6 in Pad.

- 1"

- 6½ Foot Diam.

- 7'7



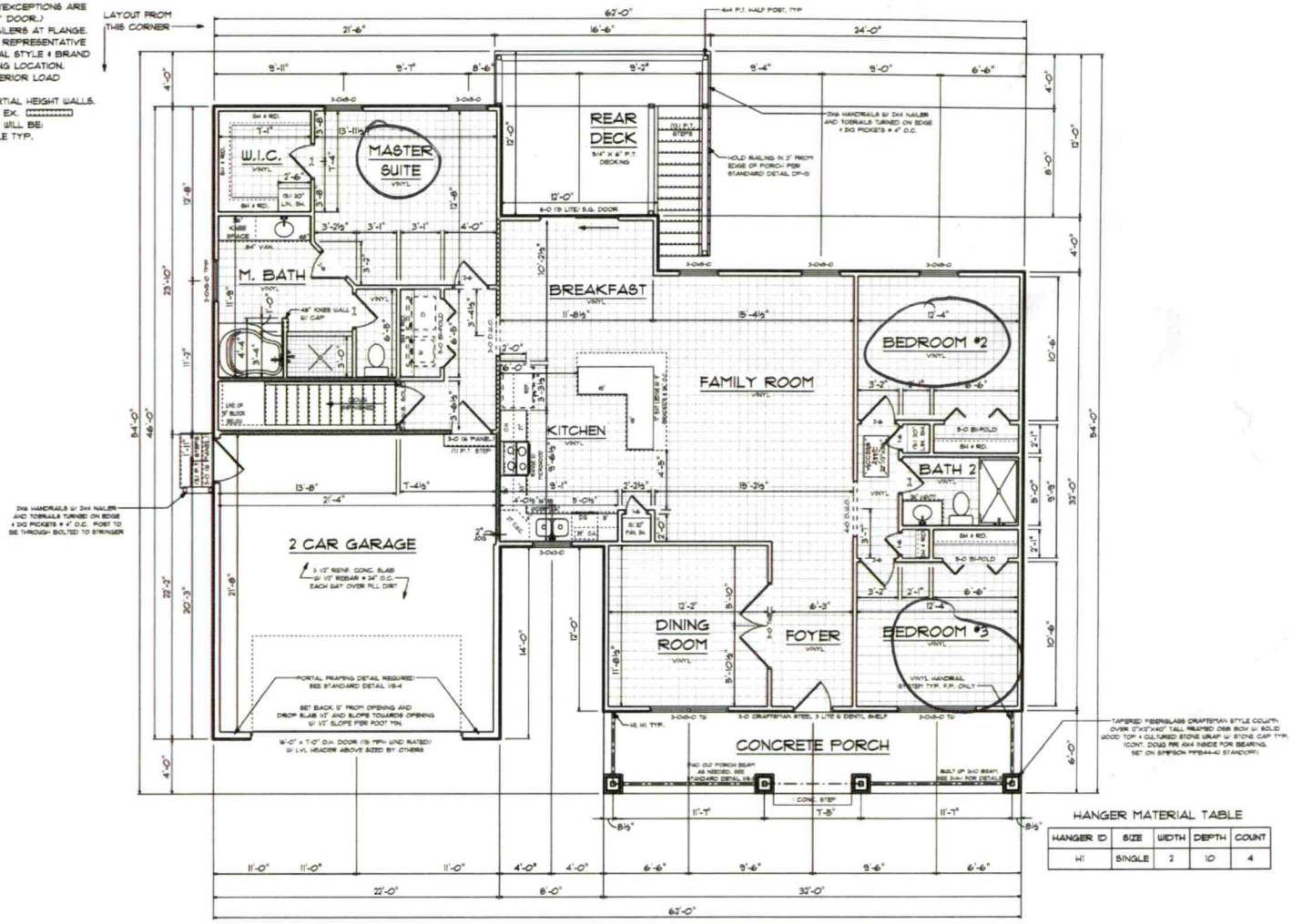
SALES PLANS

GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/8"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-10 5/8" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 65" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

Acknowledgement Of Plans Submittal ONLY!
Dan Chris Date 6/17/22
BMB Date 6/27



1 / A-3 FLOOR PLAN
SCALE 1/8"=1'-0"

HANGER MATERIAL TABLE

HANGER ID	SIZE	WIDTH	DEPTH	COUNT
H1	SINGLE	2	10	4

CONTACT INFORMATION
PHONE: (877)358-9199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: JODINA PIZZUTO

PLAN SETS	
SALES: E. SYKES	3-7-22
CONSTRUCTION: ??	?-?-??
REVISED: ??	?-?-??
??	
??	
??	

SQUARE FOOTAGES	
HEATED:	1759
BASEMENT:	1759
GARAGE:	485
FRONT PORCH:	192
REAR DECK:	160
TOTAL SQFT:	4355

SEDGEWICK HOMES PROUDLY PRESENTS THE LAUREL VALLEY POPLAR SERIES TO:

DARREN & DAYNA CHRISTIAN

JOB #: 03211034

170 MEADOW GLEN DRIVE, TROUTMAN, NC, 28166

SHEET NUMBER A-3 OF FIVE

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SALES PLANS

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

GENERAL NOTES:

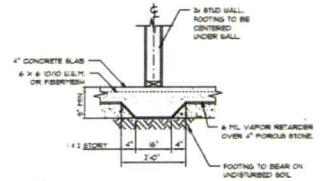
1. FILL ALL CELLS SOLID UNDER BEAM BEARING POINTS.
2. FILL ALL CELLS SOLID UNDER ANY POINT LOADS THAT FALL OVER FOUNDATION WALLS OR PIERS.
3. ALL MEASUREMENTS ARE TO THE OUTSIDE FACE OF 8" OR OUTSIDE FACE OF 12" BLOCK DEPENDING ON LOCATION.

DIAGONAL	DIMENSIONS
A TO E	78'-7 3/4"
B TO H	49'-8 1/8"
C TO E	50'-11 7/8"
D TO F	50'-11 7/8"
D TO G	50'-11 7/8"
D TO H	10'-8 1/2"
D TO I	31'-8 1/2"

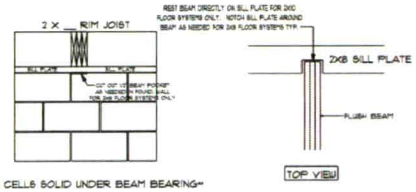
SET FOUNDATION UP FOR 2X8 FLOOR SYSTEM

SILL PLATE MATERIAL TABLE

FRAMING ID	LENGTH	WIDTH	DEPTH	COUNT
SP1	14'-0"	2	8	9
SP2	16'-0" CUT TO 14'-2"	2	8	1
SP3	16'-0" CUT TO (A) 12'-0" (B) 4'-0"	2	8	1
SP4	14'-0" CUT TO 13'-10"	2	8	1
SP5	12'-0" CUT TO (A) 7'-4" (B) 4'-0"	2	8	2
SP6	10'-0" CUT TO (A) 7'-4" (B) 2'-8"	2	8	1
SP7	8'-0"	2	10	1
SP8	14'-0"	2	10	1
SP9	16'-0" CUT TO (A) 8'-0" (B) 2'-10 1/2" (C) 2'-2 1/2"	2	10	1
SP10	12'-0"	2	10	1

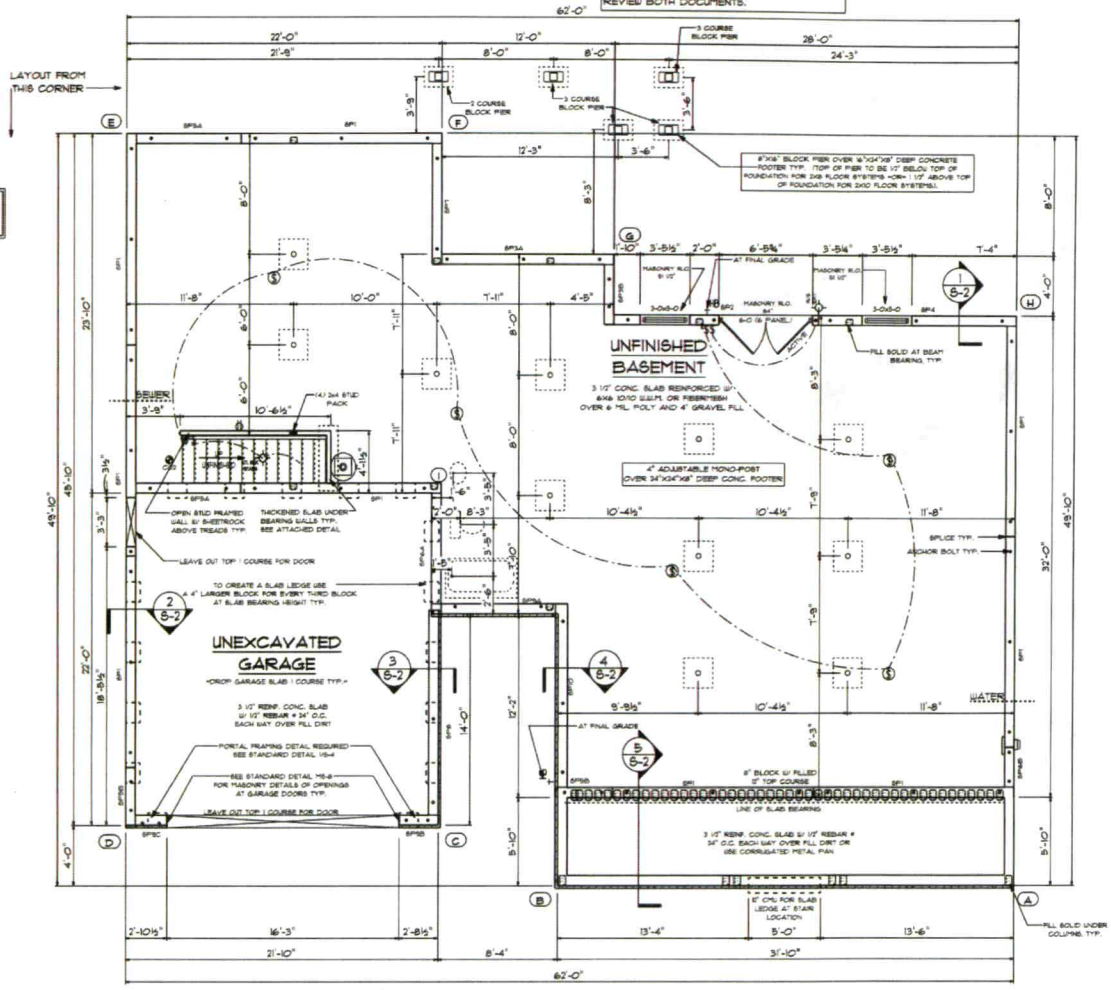


2 / A-4 THICKENED SLAB DETAIL
SCALE 3/8"=1'-0"



FILL CELLS SOLID UNDER BEAM BEARING

3 / A-4 BEAM POCKET DETAIL
SCALE 3/8"=1'-0"



1 / A-4 FOUNDATION PLAN
SCALE 1/8"=1'-0"

Acknowledgement Of Plans Submittal ONLY!

Dan Christian Date 6/26

BAB Date 6/27

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CONTACT INFORMATION
PHONE: (877)358-9199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: JODINA PIZZUTO

PLAN SETS

SALES: E. SYKES	3-7-22
CONSTRUCTION: ??	?-?-??
REVISED: ??	?-?-??
??	
??	
??	

SQUARE FOOTAGES:

HEATED:	1759
BASEMENT:	1759
GARAGE:	485
FRONT PORCH:	192
REAR DECK:	160
TOTAL SQFT:	4355

SEDGEWICK HOMES PROUDLY PRESENTS THE LAUREL VALLEY POPLAR SERIES TO:

DARREN & DAYNA CHRISTIAN

JOB #: 03210134

170 MEADOW GLEN DRIVE, TROUTMAN, NC, 28166

SHEET NUMBER A-4 OF FIVE

INSPECTION AND MAINTENANCE AGREEMENT

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

This agreement is made and entered into this **9th** day of **June 2023**, by and between **Darren Christian** (hereinafter referred to as the "Owner") and **Paul J. Chappin** (hereinafter referred to as the "Contractor").

WITNESSETH

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

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

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

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

INSPECTION AND MAINTENANCE AGREEMENT

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

170 Meadow Glen Road
Troutman, NC 28166

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** System.

b) The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit and the standard practices of the North Carolina Water Pollution Control System Operators Certification Commission.

c) The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V (b) of 15A N.C. Administrative Code 18A.1961 (b) for a Type **IV** 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 of the scope of routine maintenance described in subparagraph (b) above. The Contractors shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

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

g) The Contractor shall respond to a request for a nonscheduled service or maintenance call within **48** hours after receipt of such request.

INSPECTION AND MAINTENANCE AGREEMENT

2. The Owner's Obligations.

a) The Owner shall pay to the Contractor the sum of **$300.00** per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than **10** percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within 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 **15** percent per month.

b) Within **10** days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

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

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

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

b) Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c) Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the 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 of this Agreement, the Agreement shall continue in effect; or

b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within **10** days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

c) 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.

INSPECTION AND MAINTENANCE AGREEMENT

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** system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

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

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

8. No Implied Waiver. The waiver by either Party, of the default or a breach by the 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 a 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.

INSPECTION AND MAINTENANCE AGREEMENT

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

To the Owner: Darren Christian
170 Meadow Glen Dr.
Troutman, NC 28166

To the Contractor: Paul J. Chappin
521 Virginia Ave.
Statesville, NC 28677

To the Local Health Department: Iredell County Environmental Health
610 East Center Ave., Suite 201
Mooresville, NC 28115

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted deliver, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

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

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

INSPECTION AND MAINTENANCE AGREEMENT

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

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

Dan Chandler

(Owner)



(Contractor)