ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 319653

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

PIN # 4736--84--8553

APPLICANT/OWNER: Derik Harris | APPLICANT ADDRESS: 5604 Underwood Ave Charlotte NC 28213

SITE ADDRESS: 131 Clearview Rd Statesville NC 28625 | PHONE: 704-975-0678 | ALT. PHONE 704-226-2985

SITE DIRECTIONS: NC 115 to R on S Chipley Ford Rd, R on Clearview Rd, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

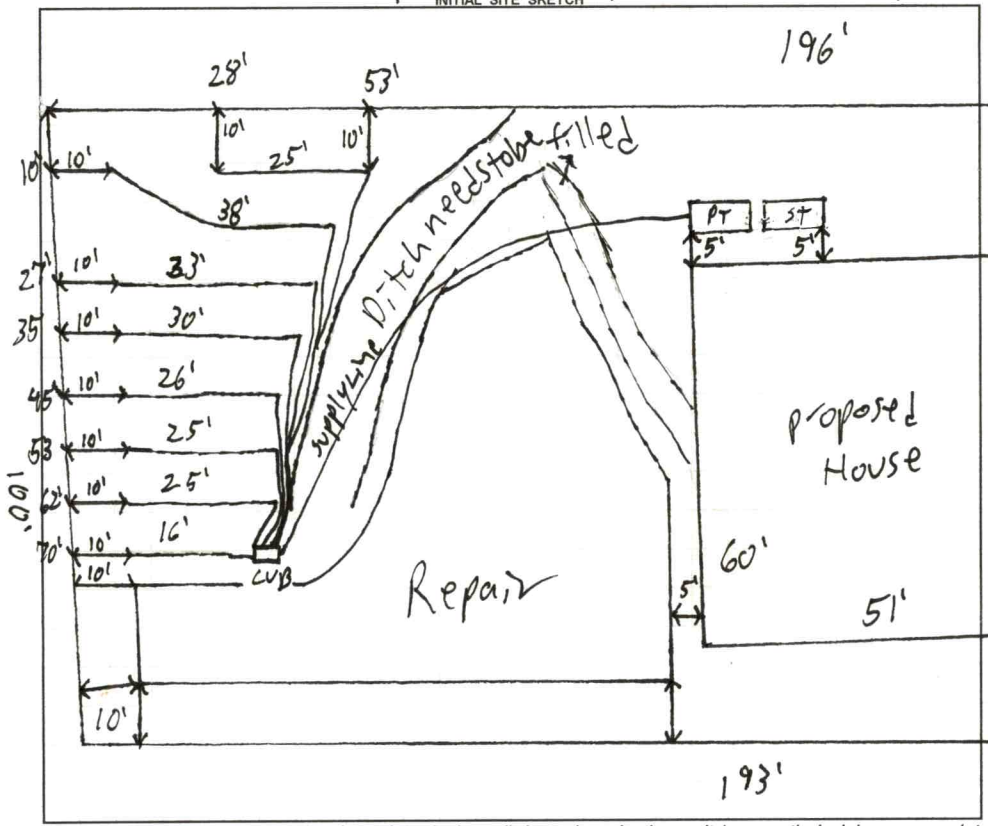
SUBDIVISION: | SECTION: — | LOT # — | LOT AREA: 0.44 | DESIGN FLOW: 360GPD | L.T.A.R.: .275

Septic Tank	1000	(gal)	STB 760	Date	7/9/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000	(gal)	PT 36"	Date	7/9/23	System Description: LPPPBPS				☐ Business	No. Persons 6	☐ Private
Pump Make			Model	Serial #		Repair System Description: LPPPBPS				☐ Other	No. Employees	☒ Public
# Nitrification Fields	1		# Lines 8	Linear Ft	218'	Maintenance Agreement Required: ☒ YES ☐ NO				☒ Slab	☐ Crawl Space	☐ Community
Trench Width	24"		Trench Bottom Depth(Low side)		32"	Gravel Depth —	☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. Do NOT drive on, store material or manipulate drainfield. All property lines and corners must be clearly marked during installation and inspection.

All parts of septic must be 10' off waterline. Foundation changed to crawl space. No foundation drain around house.

INITIAL SITE SKETCH



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.

SEE NEW SITE PLAN + FLOOR PLAN DATED 12-30-2022

Hole size = 5/32"
2' pressure head
Dosing volume = 187.2
Drawdown = 8.9
Flow Rate = 21.7
Run time = 8.6

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 site plan* 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: [signature] Date: 9-7-21 Installed by: AJ Remodeling

IMPROVEMENT PERMIT by: Patrick C Boyle III Date: 9/1/2021 OPERATION PERMIT by: [signature] Date: 10/5/23

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 12-30-2022 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? _____	

Speculative Residence for Statesville

131 Clearview Road, Statesville NC, 28625

Project Description

1. This project is the construction of a new single family home using basic wood frame constructio higher energy performance. It features single sloped roofs and a large twoi story common spac by a second floor balcony. The upper wall of the balcony area contains clerestory windows. The built on a slab and the remainder of the home is built on a closed crawl space. Most plumbing a run through joist spaces, stud spaces, and a continuous soffit that runs under the edge of the se adjoining the c ommon space. Ductwork for heating and cooling uses that same soffit.



APPROVED DEC 3 0 2022

Bryant C. White

Energy Code Compliance

Based on Table N1102.1.2 (R402.1.2) Climate Zone 3A

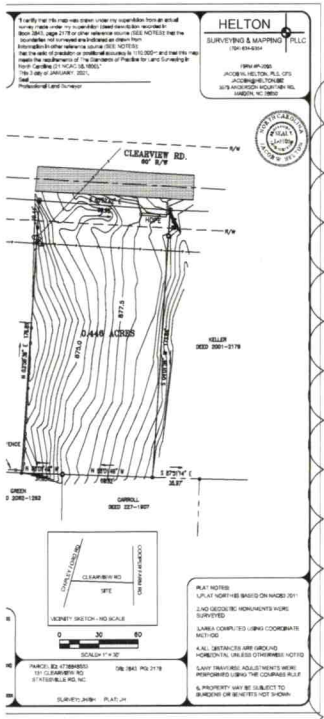
	Fenestration U-Factor	Skylight U-Factor	Glazed Fenestration SHGC	Ceiling R-Value	Wood Frame Wall R-Value	Mass Wall R-Value	Floor R-Value	Basement Wall R.-Value	Remarks
Code Requirements	0.35	0.55	0.3	38	15	5/13 0r 5/10	19	5/13	
This Project	Below	N/A	Below	38	19	23.59	19	23.59	
Door	.27/.23	N/A	.16/.16	N/A	N/A	N/A	N/A	N/A	For Light dr./Full glass dr.
Window	0.23	N/A	0.26	N/A	N/A	N/A	N/A	N/A	

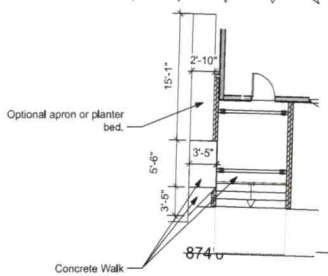
Zoning Summary

Item	Zoning Requirement	Actual	Remarks
Site Zoning: R-20 SFR			
Max Floor Area Ratio = 2	2	0.137	First Floor:1984.9' Second Floor: 683.3. Total : 2668.2
Minimum Lot size	20,000	19445.6	below by 554.4SF variance req.
Minimum Lot width	100'0"	99'10"	99.85' at front, 99.98' at rear.
Minimum Front Setback	35'0"	37'6"	
Minimum Rear Setback	35'0"	72'4"	
Minimum Side Setback	12'0"	17'7"	
Maximum site impervious coverage	-	18.9%	3,681 sq ft all paving and buildings.
Building Max Height	35'0"	23'5 3/4"	To midpoint of roof slope.
Width of drive at side	-	20'0"	

Drawing List

G-100	Cover Sheet
A-100	Footing and Foundation Plans
A-101	Floor Plans
A-102	Clerestory & Detail Plans
A-200	Elevations
A-300	Building Sections
A-301	Building Sections
A-302	Wall Sections
A-400	Door/Window Schedule
A-401	Kitchen Plan
A-500	Details
A-501	Details
I-100	Interior Finish Plans
P-100	Plumbing Supply Plans
P-101	Plumbing D/W/V Floor Plans
M-100	HVAC Floor Plans
E-100	Electrical and Power First Floor Plan
E-101	Lighting Floor Plans
E-102	Power and lighting Schedules
S-100	Structural Plans
S-101	Roof Framing Plans

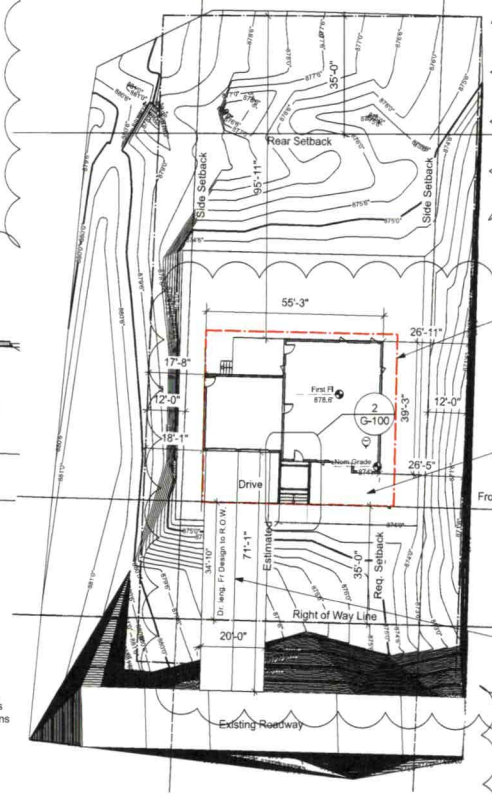




2 Site Paving Detail
Scale: 1/8" = 1'-0"

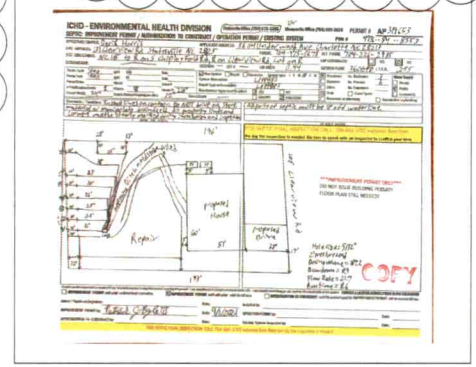
Site Paving Notes

1. Site paving slabs are intended to meet ajoining surfaces, slab, and walls even as shown even if the required dimension varies from the dimension shown on drawing. Consider the dimensions minimal.
2. All concrete paving shall be minimum 4" thick, 4,000 PSI concrete with a maximum slump of 5" on grade with formed edges.
3. Expansion joints as shown shall be 1/2" material the depth of the slab.
4. Construction joints shall be provided no more than 10' apart in each direction. Construction joints are not shown but shall be provided. Expansion joints will also serve as construction joints.
5. Excess concrete and waste from washing out the concrete mixer shall be removed from the site.



SEE SURVEY FOR PROPERTY DIMENSIONS

3 Site Plan
Scale: 1" = 20'-0"



Install septic field and septic tank per diagram

No.	Date	By
1	12/7/22	C
2	12/23/22	P
B	10/27/22	
A	10/11/22	Permit Revi
No.	Date	

LOUIS B. SMITH
NORTH CAROLINA
11199
REGISTERED
LANDSCAPE
ARCHITECT
MATTHEWS, N.C.

Design Firm
Microtecture of N
8437 SHIR
CHARLOT
734-3

Consultant

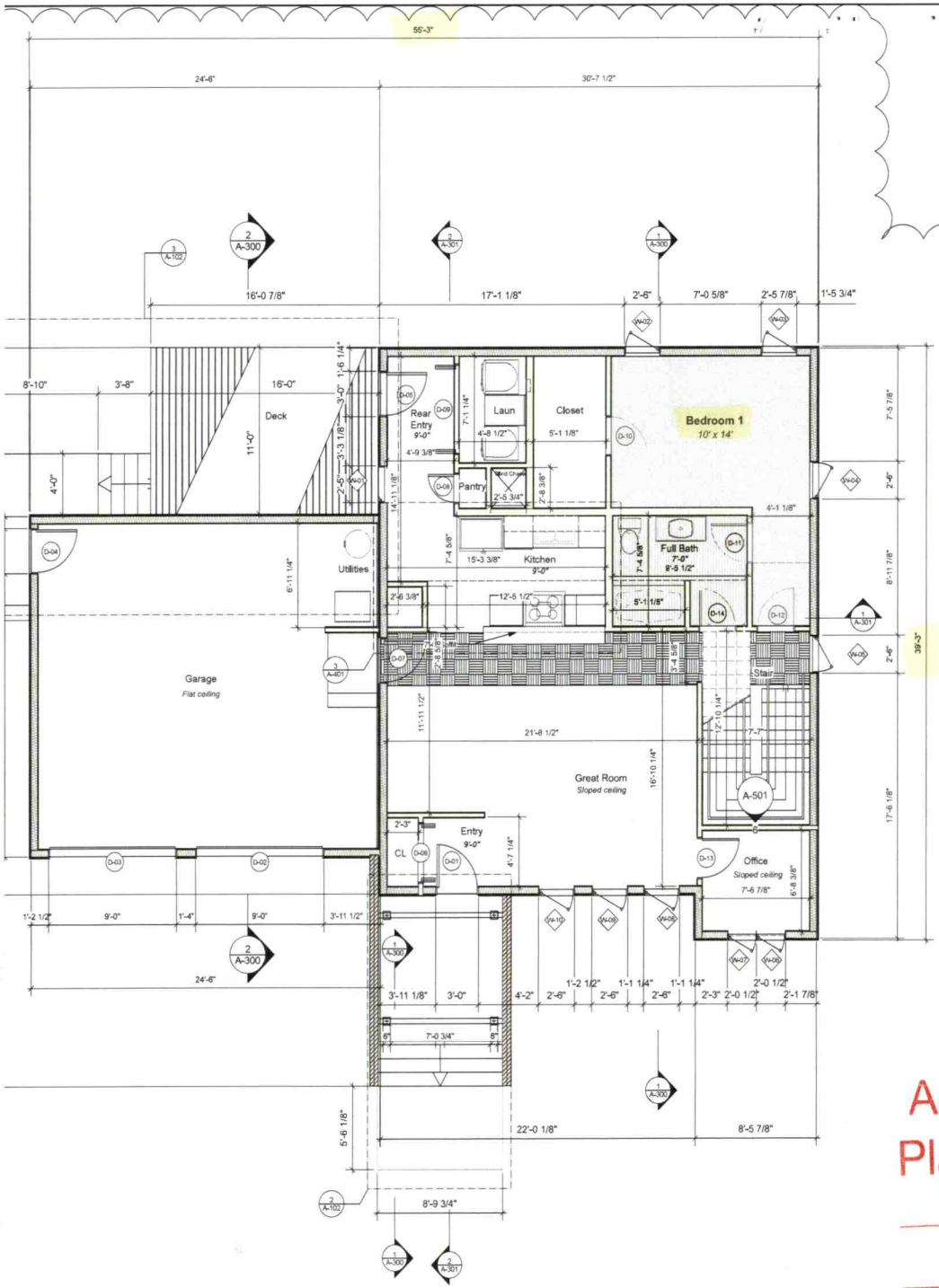
Project Title
Statesville

Sheet Title
Cove

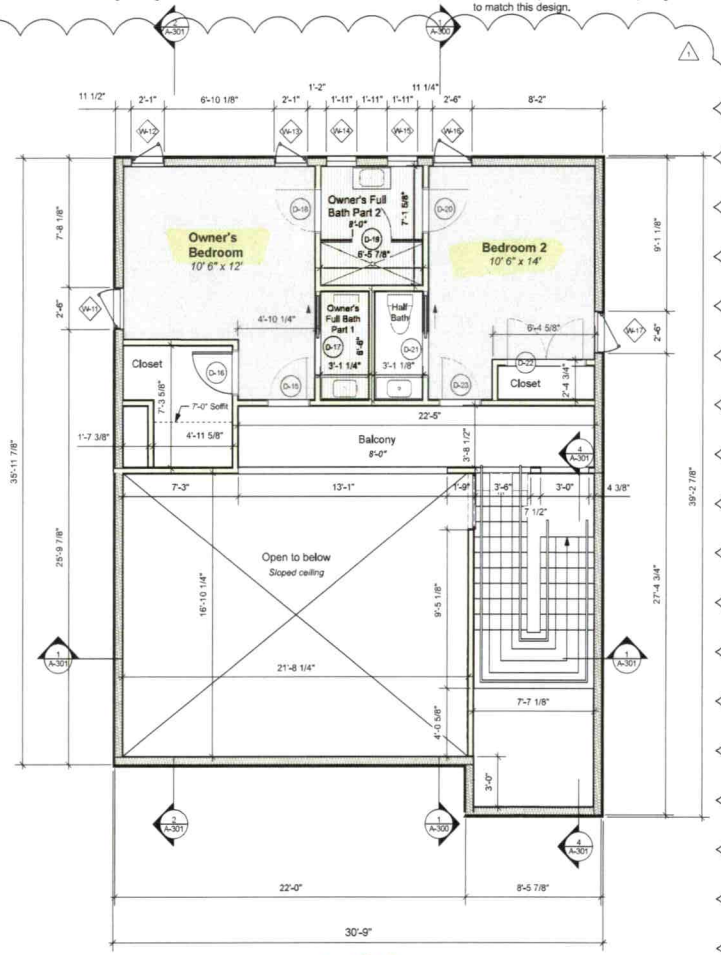
Project Manager | Project
Drawn By | Scale
Reviewed By | Sheet N
Date
CAD File Name
Statesville C.O. 3 E.vwx

Framing and Floor Plan Notes

1. All dimensions are to Framing'. This includes rough openings in walls for windows and doors.
2. All Fasteners shall be as required by code.
3. Contractor shall furnish and install millwork as shown and provide fire retardant treated blocking in walls for support of millwork.
4. Contractor shall furnish and install doors, and hardware per Door & Window Schedule. Doors finish shall match that in existing space '(paint grade)'(stain grade). Paint edges of door with lacquer to match face color. All tenant doors and frames shall be installed in full accordance with the manufacturer's written specifications and installation instructions. Door handles shall be ADA compliant levers to match existing building standard.
5. New interior walls shall be 2 x 4 dimension lumber at 16" O.C. New exterior wa dimension lumber at 16" O.C. Walls use 1/2" gyp by throughout
6. All Ceilings to have 1/2" Gyp board
7. All New Exterior walls shall have 23/32" OSB Sheathing throughout. Sheathing a jambs of window and door openings shall be treated with liquid Applied Air/Wate such as Mastershield 660 by BASF.
8. All Window and door openings to haveheaders made of 2-2"x6" pieces of dimen 1/2" or 2" spacer to force heades to the faces of the wall. Each opening to have match wall depth on each side of opening. Provide new header at existing openi to match this design.



1 First Floor Plan
Scale: 1/4" = 1'-0"



2 Second Floor Plan
Scale: 1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
OS Date -
Bryant C. White Date 12-30-2022

No.	Date	By
1	12/7/22	
2	12/23/22	
B	10/27/22	
A	10/11/22	Permit Revie
No.	Date	

LOUIS B. SMITH
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CHARLOT
734-3

Consultant

Project Title
Statesville

Sheet Title
Floc

Project Manager | Project
Drawn By | Scale
Reviewed By | Sheet No
Date
CAD File Name
Statesville C.O. 3 E.vwx

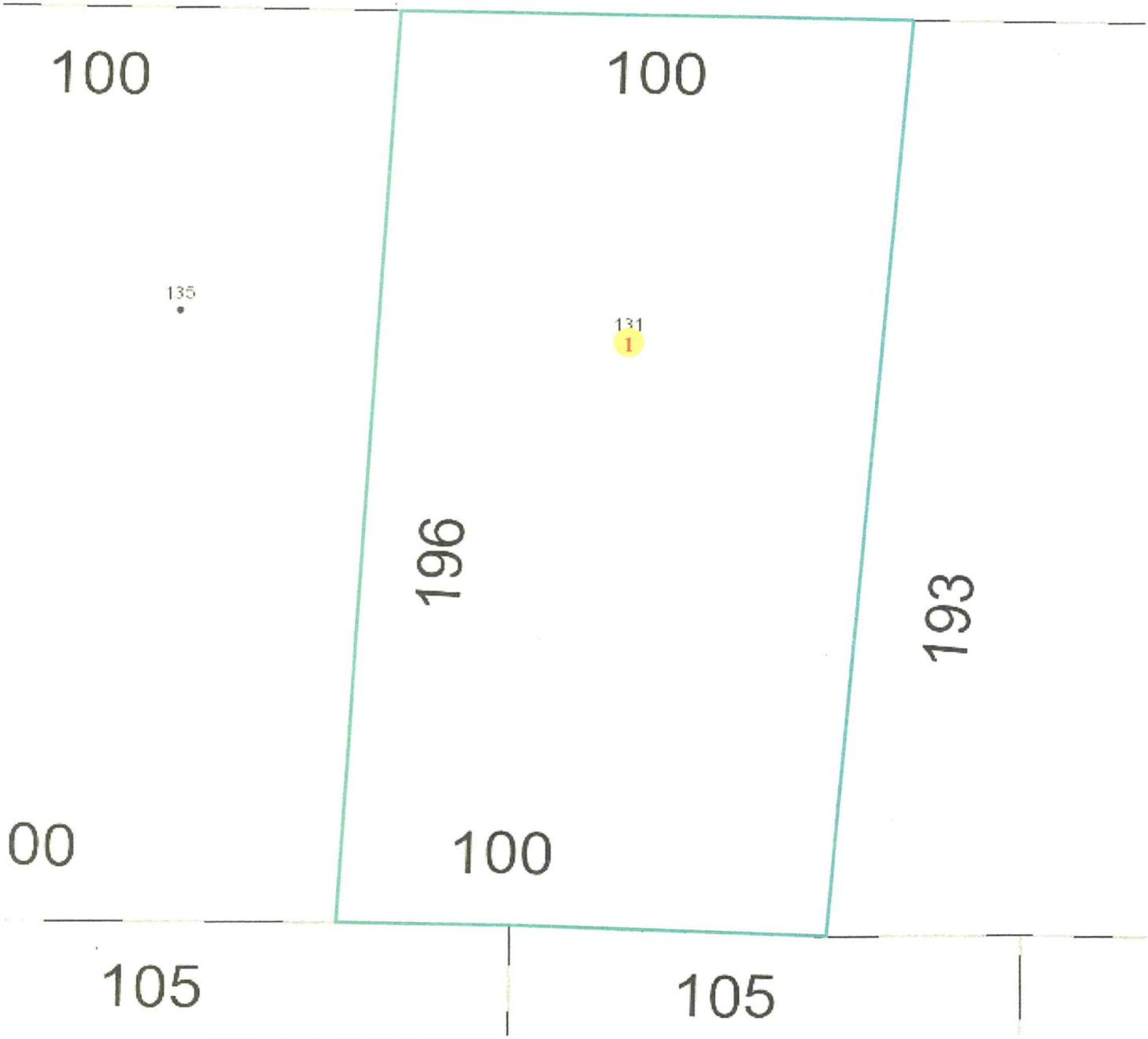
CONNECTGIS WEB HOSTING

North Carolina Iredell County

1:31

PB 29-51

Search



Excel 2000/2003 Results

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

Sheet 1 of 2
PROPERTY ID #: 4736843553
COUNTY: Iredell

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

OWNER: Derick Harris
ADDRESS: 5604 Underwood Ave Charlotte NC 28213
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 131 clearview

APPLICATION DATE 6/29/2021
DATE EVALUATED: 9/16/2021
PROPERTY SIZE: 0.44 acres
PROPERTY RECORDED: yes

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	SS 5%	0-7	Topsoil	—	—	48"	few litho inclusions at bottom	—	PS.3
		7-22	C SBK/ABK	Fr SS SP Sto P					
		22-48	CL SBK	Fr SS SP Sto P					
2	SS 9%	0-7	Topsoil	—	—	48"	few litho inclusions at bottom	many common at bottom	PS.3
		7-24	C SBK/ABK	Fr SS SP Sto P					
		24-48	CL SBK	Fr SS SP Sto P					
3	SS 8%	0-4	Topsoil	—	few 48 mottles	48"	Litho inclusions common at bottom	many common at bottom	PS.275
		4-27	C SBK/ABK	Fr SS SP Sto P					
		27-48	CL WSBK	Fr SS SP Sto P					
4	SS 7%	0-5	SCL WSBK	Fr SS SP Sto P	—	48"	few litho inclusions at bottom	—	PS.3
		5-28	C ABK	Fr SS SP Sto P					
		28-48	CL WSBK	Fr SS SP Sto P					

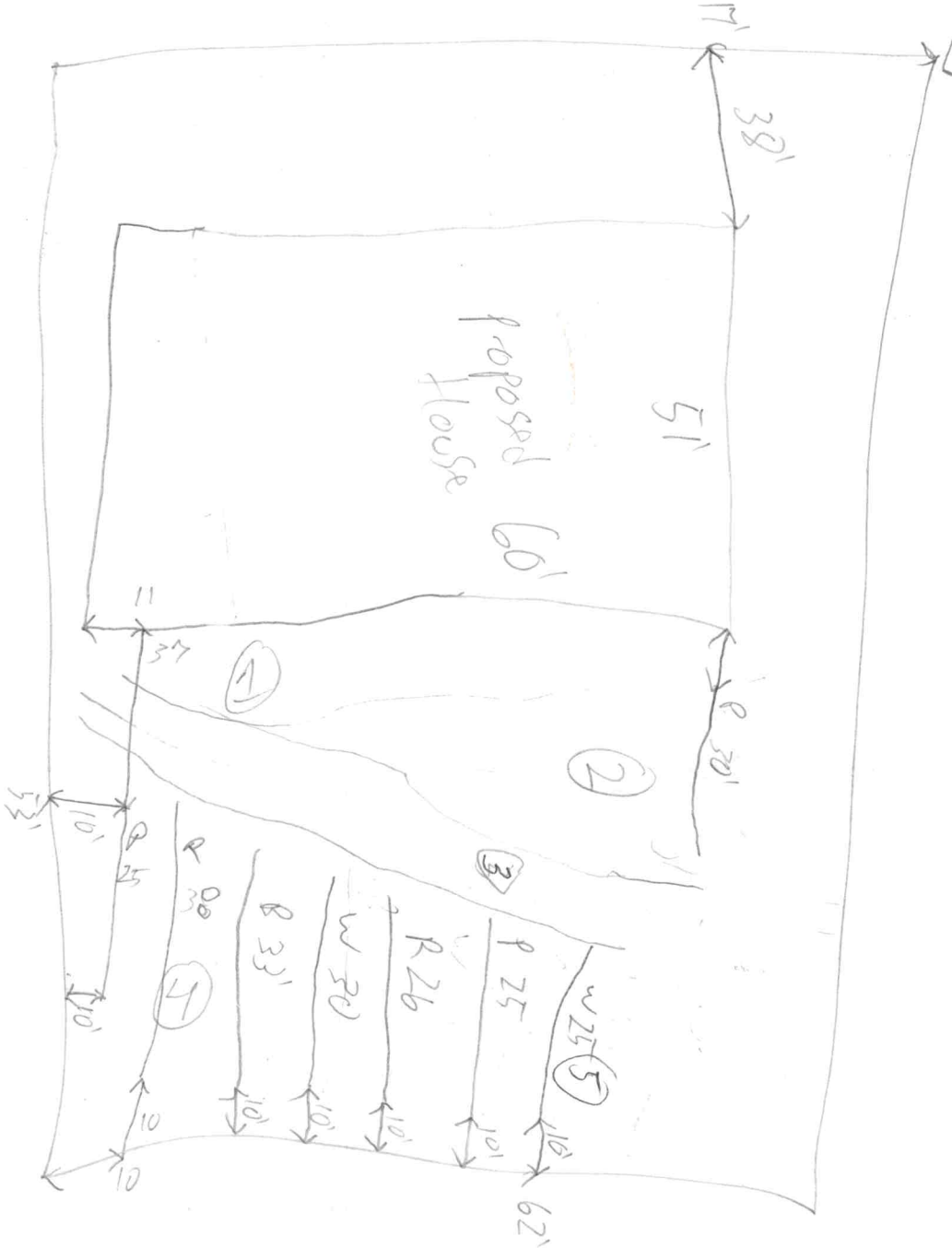
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	218	218
System Type(s)	LPPBPS	LPPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Cory W

COMMENTS: Partly cloudy

360 ÷ 275
↳ 1309 ÷ 3
↳ 436 × 5
↳ 218'

Clearview



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

Sheet 2 of 2
PROPERTY ID #: 4236648553
COUNTY: Iredell

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

OWNER: Patrick Harris
ADDRESS: 5604 Underwood Ave Charlotte NC 28213
PROPOSED FACILITY: New Single fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 131 clear view

APPLICATION DATE 6/29/2021
DATE EVALUATED: 8/18/2021
PROPERTY SIZE: 0.44 acres
PROPERTY RECORDED: yes

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	SS 9%	0-5	Topsoil	—	few YB mottles	50"	few Litho inclusions	manganese common at bottom	PS.275
		5-25	L ABK	FrSSSP Stkp					
		25-50	LL SBK/ABK	FrSSSP Stkp					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	218	218
System Type(s)	LPPBPS	LPPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Cory W

COMMENTS: Partly Cloudy

RECEIVED JUL 1 4 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- 319653 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: ( ) 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: Derik Harris, Clayton Meertins Address: 5604 Underwood Ave Zip: 28213
Applicant Email: Claymeertins@gmail.com Phone: (704) 975-0678 Alt. Phone: (704) 226-2985
Owner Name: Peggy Pyne Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 131 Clearview Road, Statesville, North Carolina
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: Vacant lot directly across from 128 Clearview Rd.

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 2
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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

( ) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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.

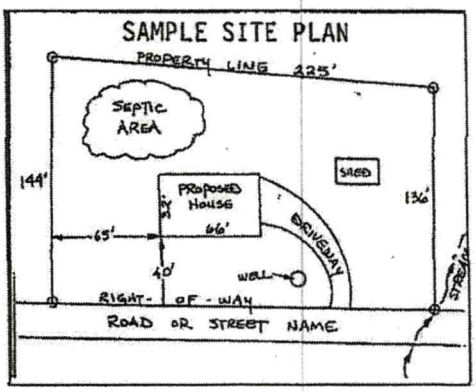
Signature: Peggy E. Rhyne 6-29-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

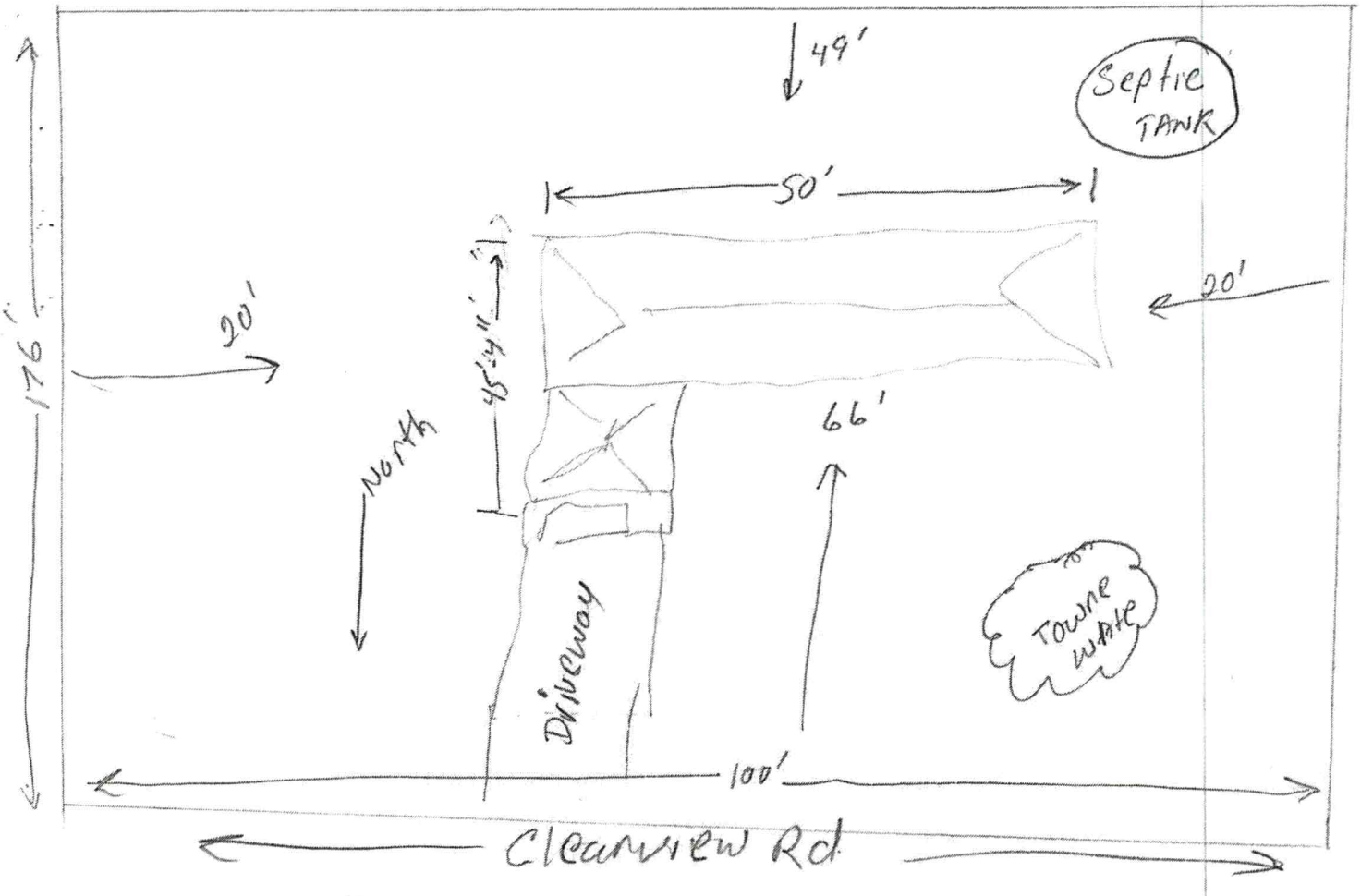
- (X) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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



Signature: Peggy E. Rhyne

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

6-29-2021

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Peggy Rhyne, am the legal owner(s) of the property located at 131 Clearview Rd, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Peggy E. Rhyne
Signature of Owner(s)

6-29-2021
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 ~~6-21-2021~~ Peggy S. Rhyne **Date** 6/29/2021

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
319653 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4736848553.000	131 CLEARVIEW RD	Iredell County

Owner Information	Applicant Information
Name: RHYNE BILLY B HEIRS	Name: Clayton Meertins
Address:	Address:
Phone:	Phone: (704)975-0678

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SFD

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: 07/14/2021

Signature of Owner/Contractor

Permit Number	319653	TOTAL FEES:	$77.25

Rec'd 6/7/22

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: ( ) 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: Derik Harris, Clayton Meertins **Address:** 5604 Underwood ave **Zip:** 28213

Applicant Email: claymeertins@gmail.com **Phone:** (704) 975 0678 **Alt. Phone:** (704) 226 2985

Owner Name: Derik Harris Clayton Meertins **Address:** 5604 Underwood ave **Zip:** 28213

Owner Email: claymeertins@gmail.com **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 131 Clearview road, Statesville, North Carolina

Subdivision Name: N/A **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Property is vacant lot directly across the street from 128 Clearview Rd

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

CHECK FOUNDATION TYPE

(✓) 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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: _____ **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 ( ) 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 (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) 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: Derik Harris, Clayton Meertins 6/6/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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*) Derik Davis, Clyde Hart

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 319653

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

PIN # 4736--84--8553

APPLICANT/OWNER: Derik Harris

APPLICANT ADDRESS: 5604 Underwood Ave Charlotte NC 28213

SITE ADDRESS: 131 Clearview Rd Statesville NC 28625

PHONE: 704-975-0678 ALT. PHONE 704-226-2985

SITE DIRECTIONS: NC 115 to R on S chipley Ford Rd, R on Clearview Rd, Lot on R

SUBDIVISION:

SECTION: — LOT # — LOT AREA: 0.44

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360GPD L.T.A.R.: .215

Septic Tank	1000	(gal)	STB		Date						
Pump Tank	1600	(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	1		# Lines	8	Linear Ft	218'					
Trench Width	24"		Trench Bottom Depth(Low side)	32"	Gravel Depth	—					

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☐ Crawl Space

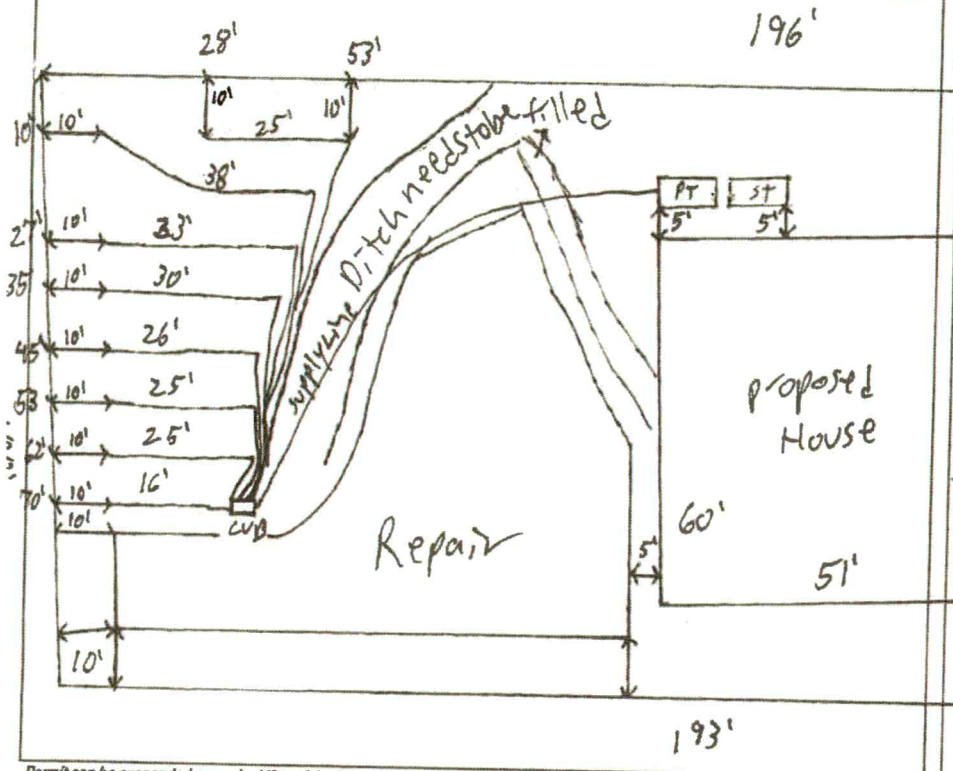
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield. All property lines and corners must be clearly marked during installation and inspection.

All parts of septic must be 10' off waterline.

INITIAL SITE SKETCH



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.

IMPROVEMENT PERMIT ONLY
DO NOT ISSUE BUILDING PERMIT!
FLOOR PLAN STILL NEEDED!

Hole size = 5/32"
2' pressure head
Dosing volume = 187.2
Drawdown = 8.9
Flow Rate = 21.7
Run time = 8.6

COPY

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: Date:

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 9/1/2021

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

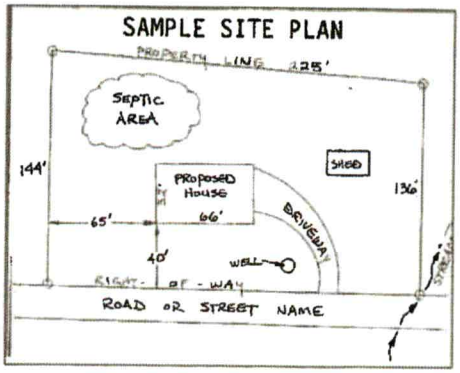
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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:

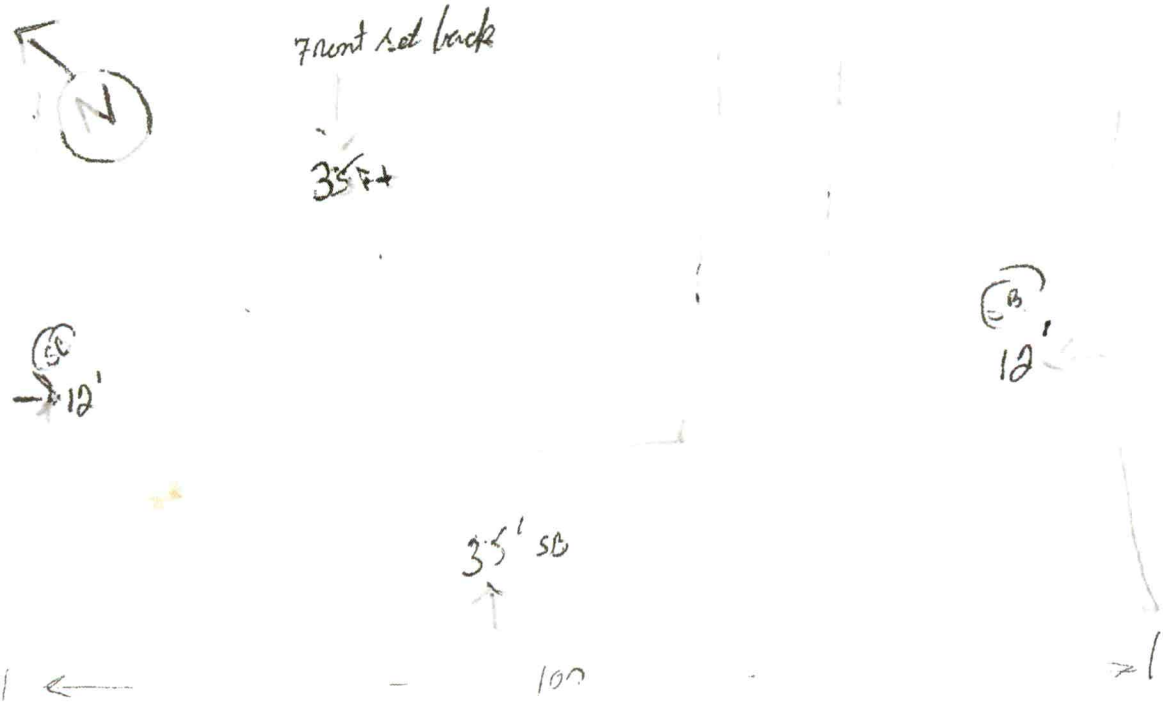
- (✓) **Property Line measurements are clearly identified**
- (✓) **All proposed structures are indicated**
- (✓) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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

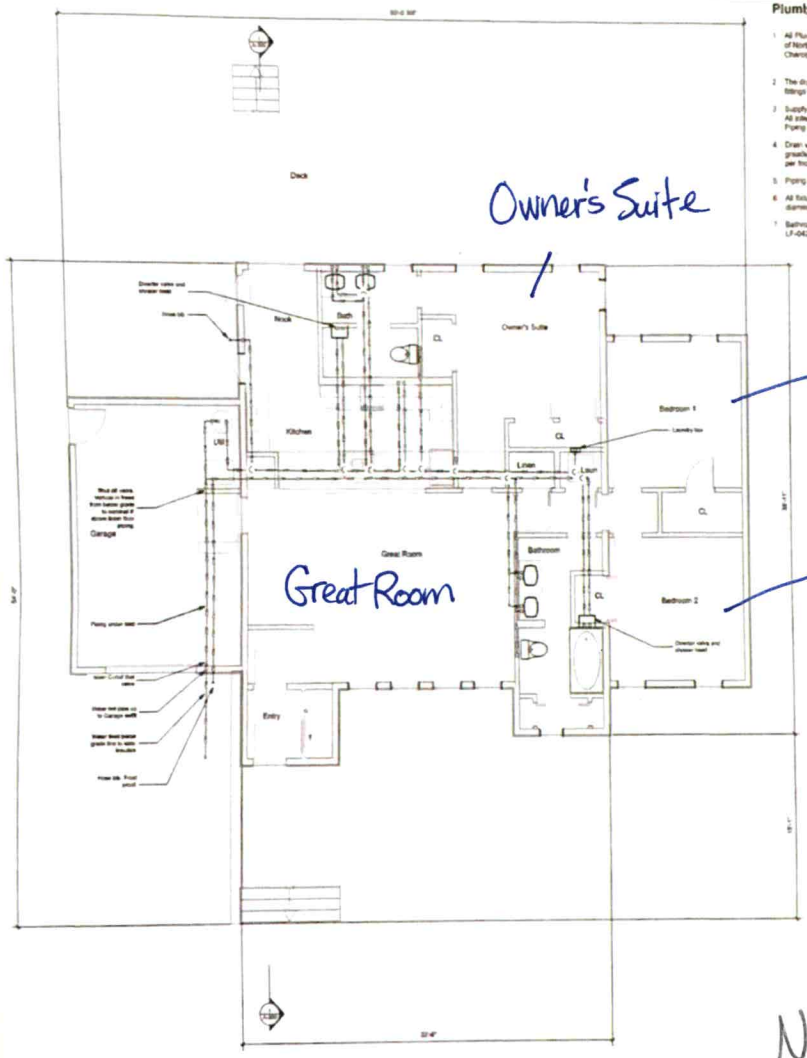


Signature: _____ 6/6/2022

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

60'-2"

54'-1"



1 First Floor Plan
Scale 1/4" = 1'-0"

Plumbing Notes

1. All Plumbing is to be installed with piping and connections in accordance with the plumbing codes of the state of North Carolina as enforced by the local building authority at the Mecklenburg County and the city of Charlotte
2. The drawings are presented solely to indicate the intent of the design. Actual placement of pipes, valves and fittings may vary. Nothing in this document is to be construed as a variation from the code.
3. Supply Piping will be fabricated of compatible materials to the existing plumbing supply lines. All interior supply piping for both hot and cold water will be code approved materials for commercial use. Piping is to be run through the plenum and walls above the slab wherever possible.
4. Drain waste and Vent piping shall be PVC of schedule 40 or schedule 80 as shown in the code. All below grade/slab fittings fittings are to be solvent welded and tested before the slab is poured. Pitch at minimum of 1/4" per foot.
5. Piping in exterior walls and below grade shall be insulated per code.
6. All fixtures shall be provided with cutoff valves on each supply line. These valves shall be ball valves with a diameter to match the piping.
7. Bathroom Sink Faucet shall be Pfister Selia/Polished Chrome, Single handle, 4" center set, model LF-042-SLCC install per manufacturers instructions.
8. Diverter valves at Shower shall be Moen 8370HD. Hand Held Shower to be Moen T8346 kit in Chrome
9. Toilet Shall be Kohler Santa Clara one piece unit in white. Model number #96093-0 with 12" rough in and elongated bowl, and chair height geometry.
10. All fixtures to be Kohler and faucets to be Moen.
11. Piping in 1st Floor Plan is on ceiling soffit or thats space unless noted otherwise.
12. Two bowl sink at kitchen with 1/2 hp Garbage disposal.
13. Frezen water lines at 9 users.

Acknowledgement Of
Plans Submittal ONLY!

Cary Wil Date 6/21/22

Derek Harris Date 6/27/22

No Foundation Drains

Microtecture of North Carolina PLLC
9437 SHREDALE LANE
CHARLOTTE NC 28212
704-347-0857

Statesville II

Plumbing Supply Plans

Lowes Sewer

P-100

A
PHYSICAL SURVEY
for
Clayton Meertins

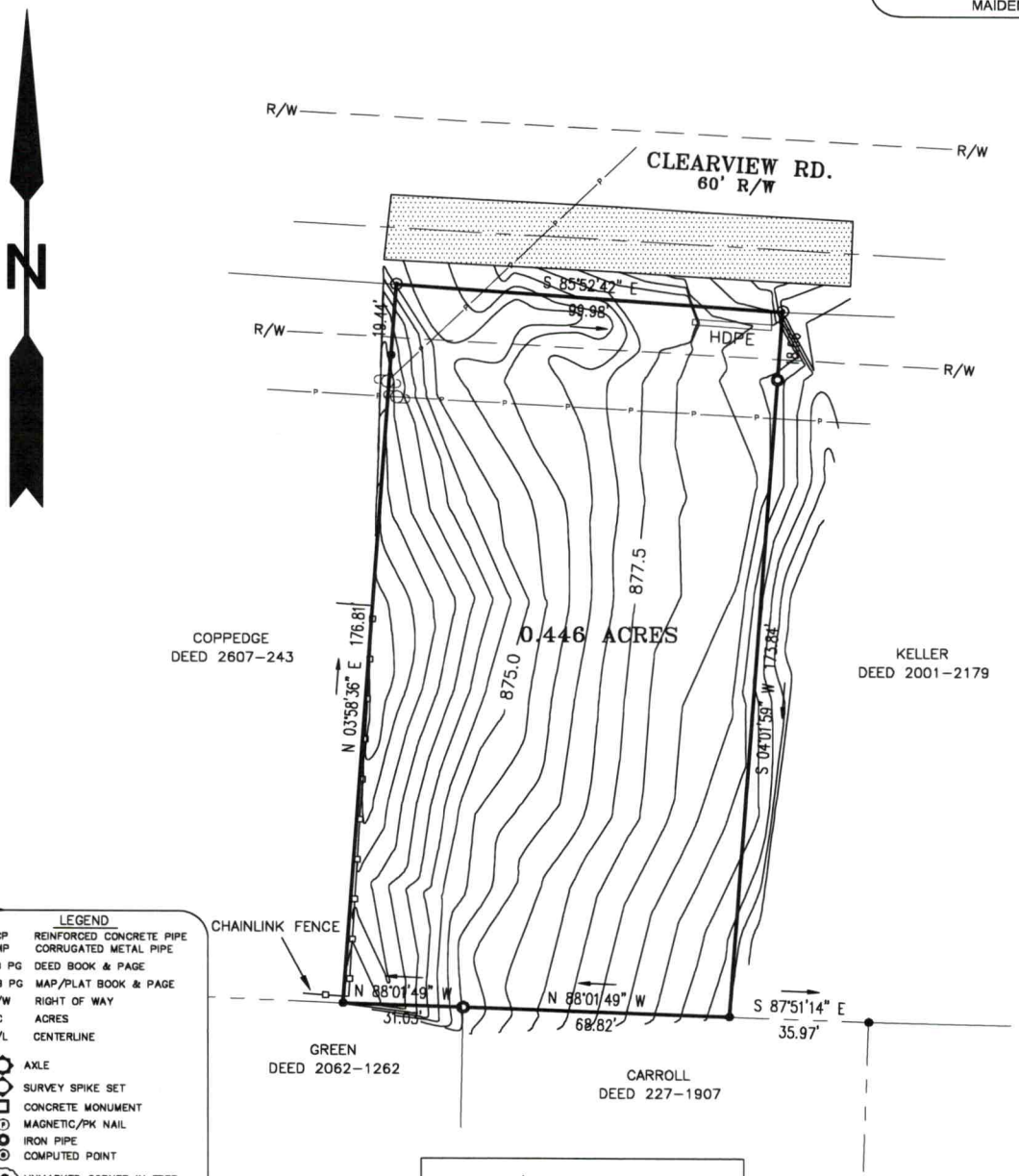
BETHANY TOWNSHIP
IREDELL COUNTY, NC
JANUARY 3, 2021

"I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2843, page 2178 or other reference source (SEE NOTES); that the boundaries not surveyed are indicated as drawn from information in other reference source (SEE NOTES); that the ratio of precision or positional accuracy is 1:10,000+; and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600)."
This 3 day of JANUARY, 2021.
Seal _____
Professional Land Surveyor

HELTON
SURVEYING & MAPPING PLLC
(704) 634-9354

FIRM #P-2095
JACOB W. HELTON, PLS, CFS
JACOBH@HELTON.BIZ
3579 ANDERSON MOUNTAIN RD.
MAIDEN, NC 28650

NORTH CAROLINA PROFESSIONAL SEAL L-5105 LAND SURVEYOR JACOB W. HELTON

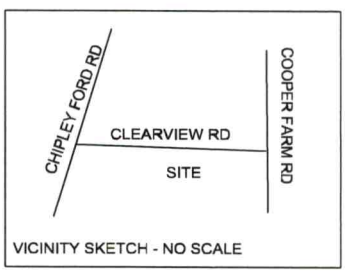


LEGEND

RCP	REINFORCED CONCRETE PIPE
CMP	CORRUGATED METAL PIPE
DB PG	DEED BOOK & PAGE
MB PG	MAP/PLAT BOOK & PAGE
R/W	RIGHT OF WAY
AC	ACRES
C/L	CENTERLINE

AXLE
SURVEY SPIKE SET
CONCRETE MONUMENT
MAGNETIC/PK NAIL
IRON PIPE
COMPUTED POINT
UNMARKED CORNER IN TREE
REBAR FOUND
BENCHMARK
GEODETIC MONUMENT
REBAR SET
SANITARY SEWER MAN.HOLE
UTILITY POLE
HVAC
WATER WELL
WATER VALVE
HYDRANT

BOUNDARY LINE (AS SURVEYED)
TIE LINE (NO SCALE)
WOODLINE
FENCE
EDGE OF GRAVEL
CURB & GUTTER
BOUNDARY LINE (BY REFERENCE)
RIGHT-OF-WAY LINE
EASEMENT LINE
TIE LINE
OVERHEAD POWER LINE
CENTERLINE OF BRANCH / CREEK
FEMA 100 YEAR FLOOD LINE



VICINITY SKETCH - NO SCALE

0 30 60

SCALE= 1" = 30'

PARCEL ID: 4736848553
131 CLEARVIEW RD
STATESVILLE RD, NC

DB: 2843 PG: 2178

SURVEY: JH/BH PLAT: JH

PLAT NOTES:
1.PLAT NORTH IS BASED ON NAD83 2011

2.NO GEODETIC MONUMENTS WERE SURVEYED

3.AREA COMPUTED USING COORDINATE METHOD

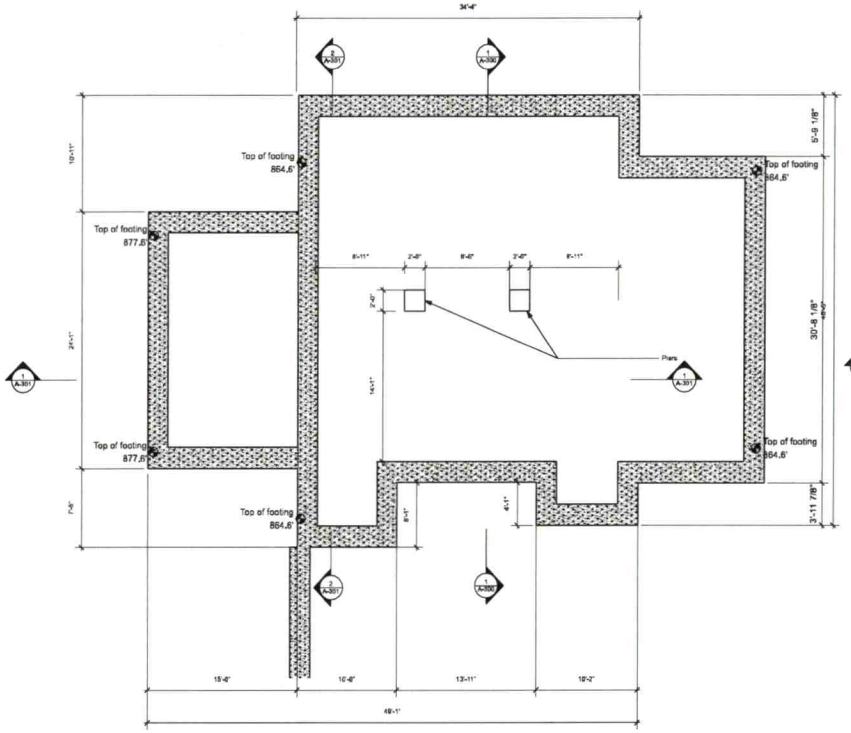
4.ALL DISTANCES ARE GROUND HORIZONTAL UNLESS OTHERWISE NOTED

5.ANY TRAVERSE ADJUSTMENTS WERE PERFORMED USING THE COMPASS RULE

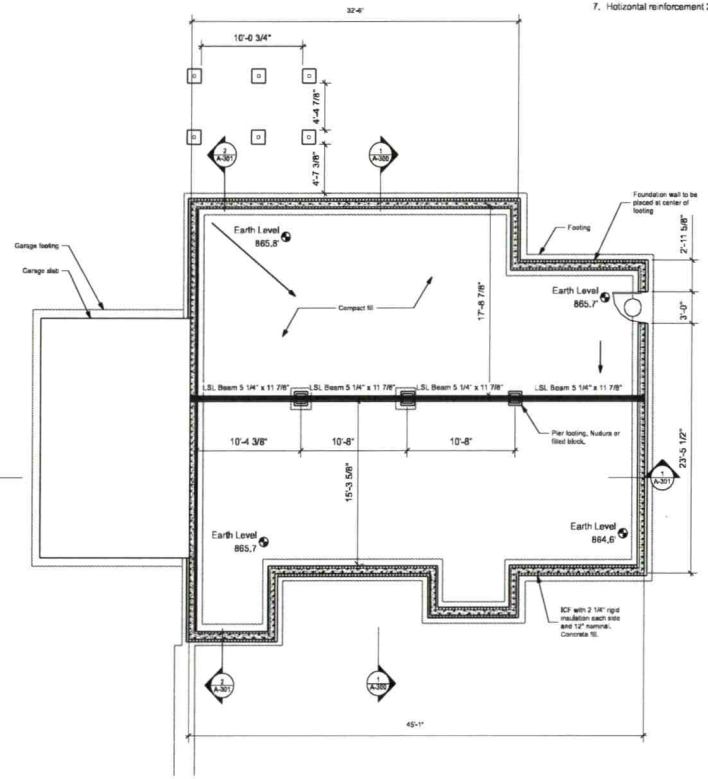
6. PROPERTY MAY BE SUBJECT TO BURDENS OR BENEFITS NOT SHOWN

Footing and Foundation Notes

1. Concrete to be Minimum 4000PSI with fiber reinforcing. It shall be a minimum of 4" thick and have a slump of no greater than 4". Perform at least one slump test for each batch of concrete.
2. Footings to be cast in place concrete, formed and a minimum of 12" deep on undisturbed soil. Excavation may need to be deeper depending on grade conditions.
3. Notify architect if field conditions do not conform to expectations. Do not proceed without consulting architect or structural engineer if existing foundations appear to be failing.Consult Engineer before underpinning sections of the existing foundation.
4. Foundation walls are to be formed with Insulated Concrete forms by Nudura or equal. Forms are to include carriers for internal reinforcing steel and have a minimm insulation thickness of 25/8". The perimeter of the occupied space is to have the outer panel of Insulation protect the slab.
5. Smooth and compact earth under garage slab.
6. Insulating foam is to be protected from moisture below grade with self stick waterproof membrane. At grade and to 6" above grade the foam is to be protected with field or shop formed 26 GA or heavier, galvanized steel painted shield from the bottom of the wall to 6" below grade. As an alternative, 1/8" panels should be used.
7. Holizontal reinforcement 2" of inner and outer faces of foundation walls.



1 Footing Plan
Scale: 3/16" = 1'-0"



2 Foundation Plan
Scale: 3/16" = 1'-0"

No.	Date	By	Revision Notes
A	5/31/22		Issue Notes

Microtecture of North Carolina PLLC.
8437 SHIREDALE LANE
CHARLOTTE NC 28212
734-347-0857

Project Title: Statesville II

Sheet Title: Footing and Foundation Plans

Project Manager: Louis Smith	Project ID: 123456789
Drawn By:	Scale:
Reviewed By:	Sheet No.: A-100
Date:	of 25

CAD File Name: Statesville II ConDoc 5.vwx

Speculative Residence for Statesville

131 Clearview Road, Statesville NC, 28625

Project Description

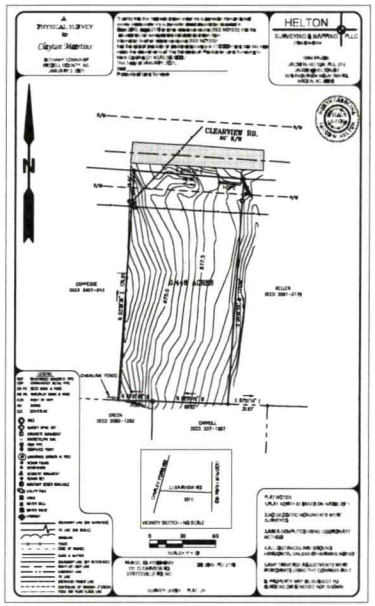
1. This project is the construction of a new single family home using basic wood frame construction adjusted for higher energy performance. It features single sloped roofs and a large twoi story common space overlooked by a second floor balcony. The upper wall of the balcony area contains clerestory windows. The garage is built on a slab and the remainder of the home is built on a closed crawl space. Most plumbing and wiring is run through joist spaces, stud spaces, and a continuous soffit that runs under the edge of the second floor adjoining the c ommon space. Ductwork for heating and cooling uses that same soffit.

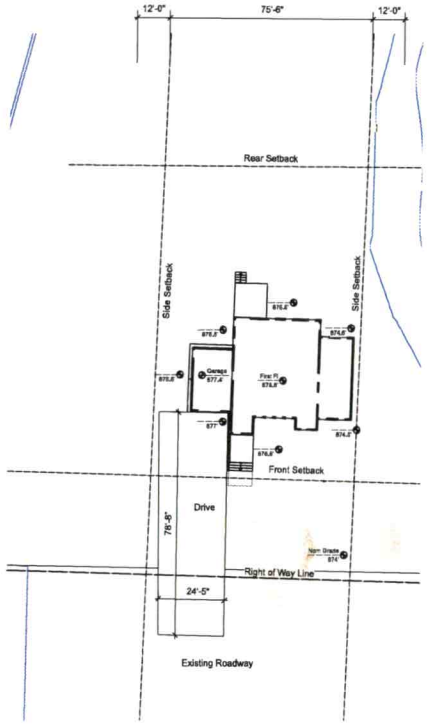


Energy Code Compliance

Based on Table N1102.1.2 (R402.1.2) | Climate Zone 3A

	Fenestration U-Factor	Skylight U-Factor	Glazed Fenestration SHGC	Ceiling R-Value	Wood Frame Wall R-Value	Mass Wall R-Value	Floor R-Value	Basement Wall R.-Value	Remarks
Code Requirements	0.35	0.55	0.3	38	15	5/13 Or 5/10	19	5/13	
This Project	Below	N/A	Below	38	19	23.59	19	23.59	
Door	.27/.23	N/A	.16/.16	N/A	N/A	N/A	N/A	N/A	For Light dr./Full glass dr.
Window	0.23	N/A	0.26	N/A	N/A	N/A	N/A	N/A	



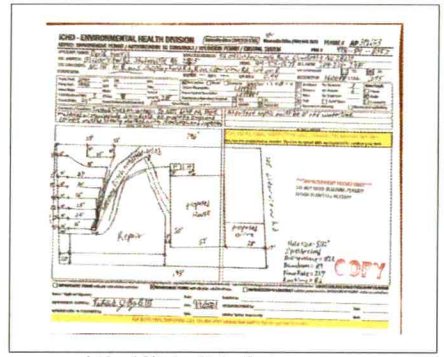


SEE SURVEY FOR PROPERTY DIMENSIONS

3 Site Plan
Scale: 1" = 20'-0"

Zoning Summary

Item	Zoning Requirement	Actual	Remarks
Site Zoning: R-20 SFR			
Max Floor Area Ratio = 2 (15,000 sf)	2 (sf)		
Minimum Lot size	20000	19445.6	below by 554.4SF variance req.
Minimum Lot width	100'0"	100'0"	
Minimum Front Setback	35'0"	37'6"	
Minimum Side Setback	12'0"	15'0"	
Maximum site impervious coverage		21%	Impervious area is 4098.42 sf
Building Max Height	35'0"	26'0"	
Width of drive at side	16'0"	16'0"	



Install septic field and sceptic tank per diagram

Drawing List

G-100	Cover Sheet
A-100	Footing and Foundation Plans
A-101	Floor Plans
A-102	First Floor Structural Plan
A-103	Porch Details
A-104	Roof Plan
A-200	Elevations
A-300	Building Sections
A-301	Building Sections
A-302	Building Sections
A-400	Door/Window Schedule
A-401	Kitchen Plan
A-500	Details
A-501	Details
A-502	Details
I-100	Interior Finish Plans
P-100	Plumbing Supply Plans
P-101	Plumbing DWV Floor Plans
M-100	HVAC Floor Plans
E-100	Electrical and Power First Floor Plan
E-101	Lighting Floor Plans
S-100	Structural Plans
S1.2	Second Floor Structural Plan
S1.3	Roof Structural Plan
S3	Roof Framing Plans

No.	Date	By	Revision Notes
A	5/31/22		

No.	Date	Issue Notes

Microtecture of North Carolina PLLC.
8437 SHIREDALE LANE
CHARLOTTE NC 28212
734-347-0657

Statesville II

Cover Sheet

Project Manager: Louis Smith | Project ID: 123456789

Sheet No.: G-100 of 25

Statesville II ConDoc 5.vwx

Water
Management

INSPECTION AND MAINTENANCE AGREEMENT

STATE OF NORTH CAROLINA

This agreement is made and entered into this 28 day of September, 2023, by and between Crystal Haile (hereinafter referred to as the "Owner") and **Water Management of North Carolina, LLC** (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(a) 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 the system.

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

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

131 Clearview Road, Statesville, NC

a) The contractor shall inspect, document, and report the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b), to satisfy conditions of the Operation Permit and to comply with manufacturers' operation requirements. These duties are listed in Addendum A.

b) If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

c) The Contractor shall notify the Owner of needed repairs, which are outside of the

scope of routine maintenance described in this contract. The Contractor 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.

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

2. The Owner's Obligations.

a) The Owner shall pay to the Contractor:

- **$450 per year, billed at $225.00 twice per year.**

The annual fee may be amended upon sixty (60) days advance notice to the Owner. 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 1.5% per month.

b) Within 30 days of receipt of notice of needed repairs, 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, but prior to the date of termination of this Agreement, this 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. 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 terminate this Agreement without cause, by notification to the Owner no less than ninety (90) days in advance of the termination date. The Contractor may also assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

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

b) Assignment by the Contractor.
The Contractor may assign its rights and duties under this Agreement to another management entity, which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage the system upon thirty (30) days written notice to the Owner and to the local health department.

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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.

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: Crystal Haile
P.O Box 44443
Charlotte NC 28215

To the Contractor: **Water Management**
4744 Celia Creek Road
Lenoir, NC 28645

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.

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.

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

(Owner)

9-28-2023

(Date)

Water Management of North Carolina, LLC

(Contractor)

Sidney L. Gaskins, Jr.

9/22/2023

(Sidney L. Gaskins, Jr.) (Date)

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ADDENDUM A

List of Duties

- Open all tanks, inspect for damage to tanks, risers, lids.
- Sample and record contents of all tanks, to determine if pumping is needed.
- Clean septic tank effluent filter.
- Record all pump logs, cycle counters, and timers.
- Observe/document any evidence of rainwater intrusion into any tank.
- Clean any pump pressure filters.
- Check operation of float switches, or other liquid level measuring devices.
- Test the high-water alarm, audible and visible.
- Test pump operation.
- Flush drainfield, and rebalance pressure among individual trenches.
- Observe/document any evidence of drainfield surfacing or failure.
- Report to the owner and local Health Department.