ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 307668.

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

PIN # 4762 -31 -9897.

APPLICANT/OWNER: Arrow Development APPLICANT ADDRESS: 1519 Mecklenburg Hwy #512 Mt Morne NC

SITE ADDRESS: 815 Bethesda Road. Statesville NC 28677 PHONE: 917-818-4002 ALT. PHONE –

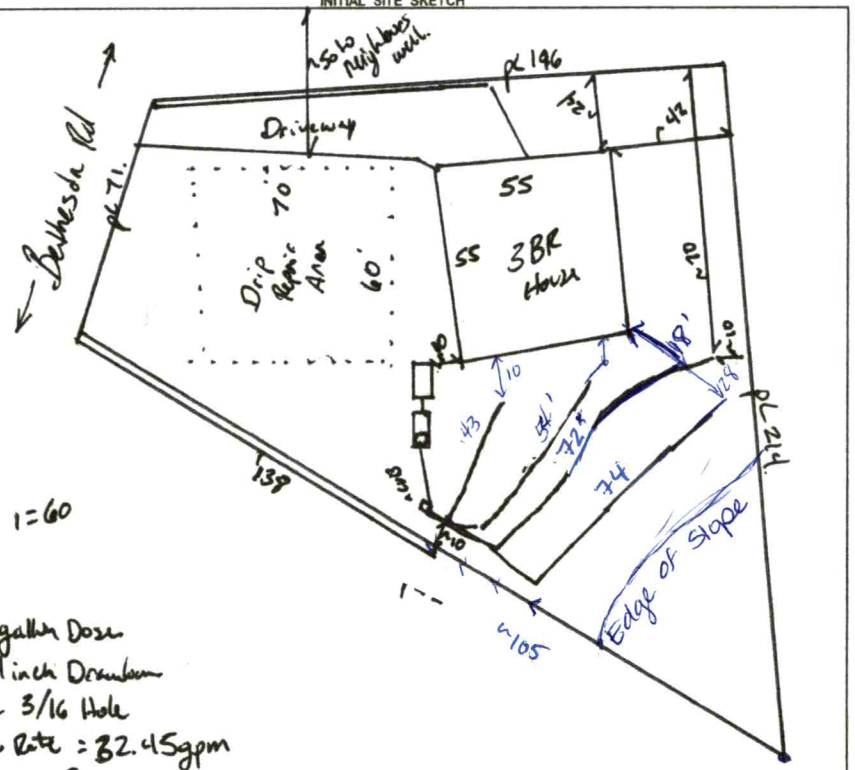
SITE DIRECTIONS: Oakwalt Amity Rd Q on Bethesda near church. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Northlake SECTION: 3 LOT # 42 LOT AREA: 704 Acres DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	12/3/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	303	Date	12/9/23	System Description: LP - Panel Blocks - 50% Reduction.				☐ Business	No. Persons	6	☐ Private
Pump Make	Worthy		Model		Serial #		Repair System Description: TS-II Drip				☐ Other	No. Employees		☒ Public
# Nitrification Fields	1		# Lines	4	Linear Ft	240	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	24.		Trench Bottom Depth	36 max	Gravel Depth	–		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install Septic Drainlines on the contour of the land, use a CVB to Distribute water. Do not Drive, park, pave, grade or bury utilities in drainfield Area.

INITIAL SITE SKETCH



198 gallon Dose
9.4 inch Drawdown
use 3/16 Hole
Flow Rate = 32.45gpm
6.1 min Runtime.

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.

2/6/24 lines, tanks, floats, CVB DW

Verify repair area still intact @ final inspection

Needs maintenance Contract
↳ Attached

BLDR - 2023-378116

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**

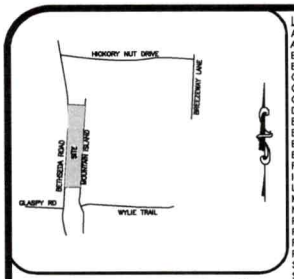
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Nabat Tayl Date: 10/21/20 Installed by: Patriot Septic

IMPROVEMENT PERMIT by: Benjamin McBride Date: 10/9/2020. OPERATION PERMIT by: Melissa Wi Date: 6/11/24

AUTHORIZATION TO CONSTRUCT by: Tony Whit Date: 11/15/23 Existing System Inspected by: Date:

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



VICINITY MAP (NTS)

LEGEND
AC=AIR CONDITIONING UNIT
AG=ABOVE GROUND
BOC=BACK OF CURB
BG=BELOW GROUND
CATV=CABLE TV
CB=CATCH BASIN
CVRD=COVERED
DW=CONC DRIVEWAY
EB=ELECTRIC BOX
EM=ELECTRIC METER
EOP=EDGE OF PAVEMENT
EP=ELECTRIC PEDESTAL
FH=FIRE HYDRANT
ICV=IRRIGATION CONTROL VALVE
LP=LIGHT POLE
MTR=METER
N/F=NOW OR FORMERLY
PO=PORCH
PP=POWER POLE
RCP=REINFORCED CONC PIPE
R/W=RIGHT OF WAY
SCO=CLEANOUT
SW=SIDEWALK
TP=TELEPHONE PEDESTAL
TF=TRANSFORMER
WM=WATER METER
WV=WATER VALVE
○ EIP=EXISTING IRON PIPE
◉ IRON PIPE SET
○ EIR=EXISTING IRON ROD

NORTH CAROLINA PROFESSIONAL SEAL L-4817 LAND SURVEYOR NICHOLAS M. FRENCH

THIS EXHIBIT MAP IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

NICHOLAS M. FRENCH, PLS L-4817 DATE

THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

THIS MAP MAY NOT BE A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS AND HAS NOT BEEN REVIEWED FOR COMPLIANCE WITH RECORDING REQUIREMENTS FOR PLATS.

GENERAL NOTES:

1. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES IN U.S. SURVEY FEET UNLESS OTHERWISE NOTED.

2. AREAS SHOWN HEREON WERE COMPUTED USING THE COORDINATE METHOD.

3. LINES NOT SURVEYED ARE SHOWN AS DASHED LINES FROM INFORMATION REFERENCED ON THE FACE OF THIS SURVEY.

4. PROPERTY MAY BE SUBJECT TO ANY/ALL EASEMENTS AND RESTRICTIONS OF RECORD. THIS SURVEY IS A CORRECT REPRESENTATION OF THE LAND PLATTED AND OR DEEDED AND HAS BEEN PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT. A NORTH CAROLINA LICENSED ATTORNEY-AT-LAW SHOULD BE CONSULTED REGARDING CORRECT OWNERSHIP, WIDTH AND LOCATION OF EASEMENTS, AND OTHER TITLE QUESTIONS REVEALED BY TITLE EXAMINATION.

5. DRIVEWAY IMPERVIOUS CALCULATION SHOWN HEREON CALCULATED TO THE FRONT PROPERTY LINE/RIGHT-OF-WAY.

6. THIS PARCEL IS NOT LOCATED WITHIN A FLOOD HAZARD ZONE AS INDICATED ON CID NO. 370313 PANEL 4762, SUFFIX J IREDELL COUNTY WITH AN EFFECTIVE DATE OF 03/18/2008.

SETBACKS PER PB 72 PG 32

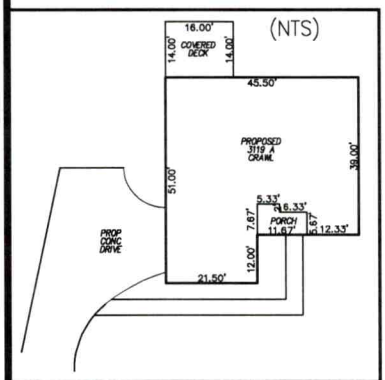
FRONT	35'
SIDE	15'
REAR	35'

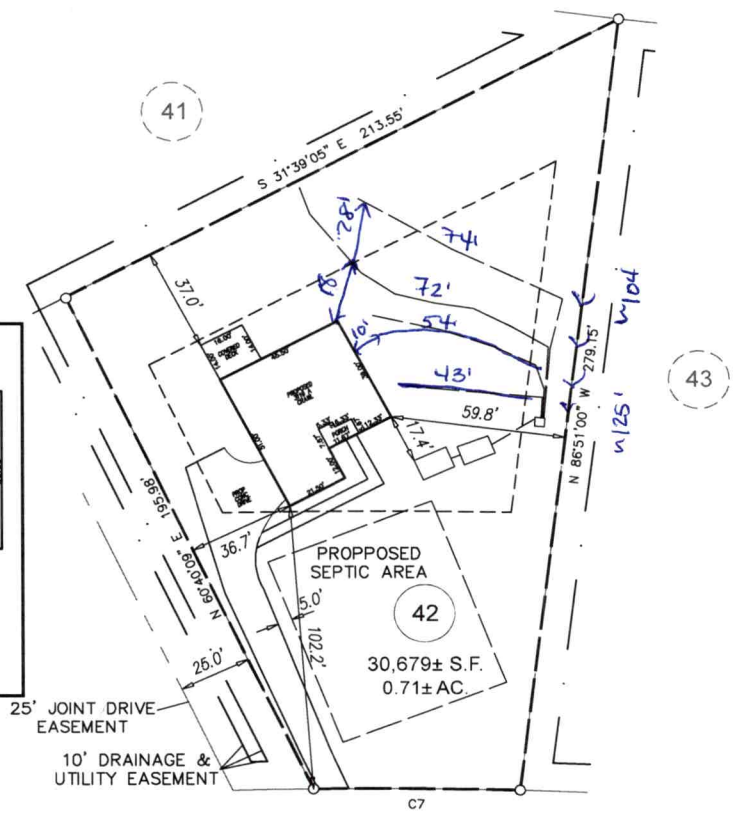
IMPERVIOUS AREA

HOUSE	2,257 SQ.FT.
DRIVE TO R/W	1,881 SQ.FT.
WALK	233 SQ.FT.
TOTAL	4,371 SQ.FT.

PLAT NORTH PB 72, PG 32

As Built





GRAPHIC SCALE
50 0 25
1 inch = 50 ft.

BETHESDA ROAD
50' PUBLIC R/W

PRELIMINARY PLOT PLAN

PROJECT:	NORTHLAKE PHASE 3
DRAWN BY:	SEER
SURVEYED BY:	N/A
SCALE:	1"=50'
FIELD WORK:	N/A
DWG DATE:	09-12-2023

FOR
ADAMS HOMES
815 BETHESDA ROAD
LOT 4203 NORTHLAKE SUBDIVISION PHASE 3
CHAMBERSBURG TWP., IREDELL CO., NC
P.B. 72, PG. 32

ECLS GLOBAL, INC
U.S. VETERAN-OWNED
19 N MCKINLEY ST
COATS, NC 27521
910.897.3257 ECLSGLOBALINC.COM
910.897.2329 (FAX) COA#C-4175

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 309668.

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

PIN # 4762 -31 -9897.

APPLICANT/OWNER: Arrow Development APPLICANT ADDRESS: 1519 Mecklenburg Hwy #512 Mt Holly NC

SITE ADDRESS: 815 Bethesda Road. Statesville NC 28677 PHONE: 817-8184022 ALT. PHONE –

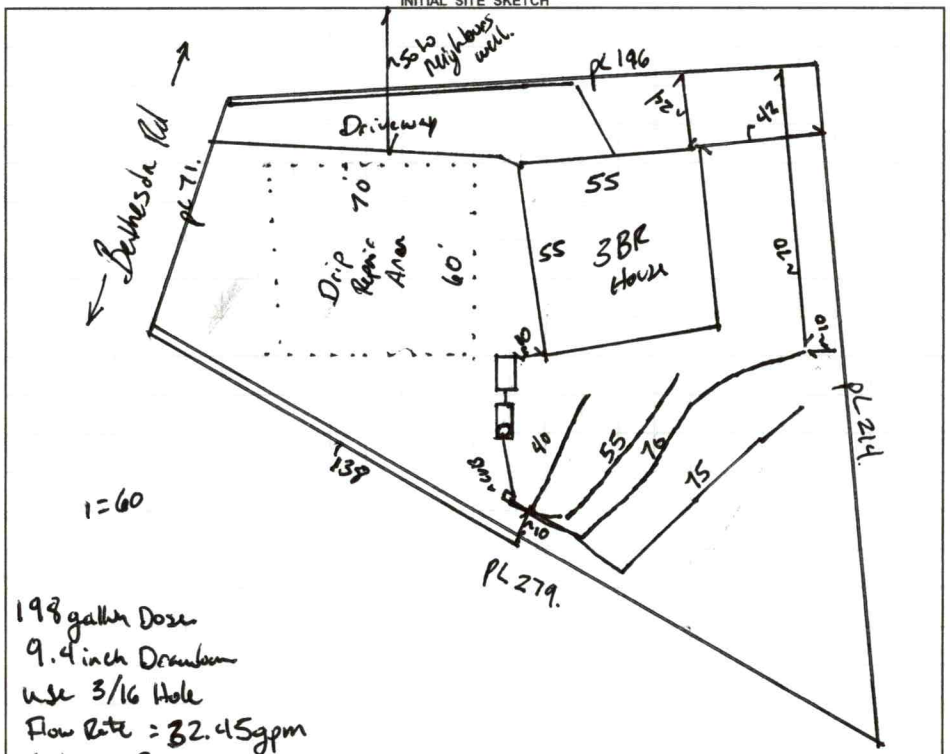
SITE DIRECTIONS: Stuart Amity Rd & on Bethesda near church. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Northlake SECTION: 3 LOT # 42 LOT AREA: .704 Acres DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	–	(gal)	PT	–	Date		System Description: LP - Panel Block - 50% Reduction.				☐ Business	No. Persons	6	☐ Private
Pump Make	–	Model		–	Serial #	–	Repair System Description: TS-II Drip				☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	4		Linear Ft	240	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	24.	Trench Bottom Depth				36 max	Gravel Depth	–	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Septic Drainlines on the contour of the land, use a CVB to Distribute water. Do not Drive, prod, park, grade or bury utilities in drainfield Area.

INITIAL SITE SKETCH



198 gallon Dose
9.4 inch Drawdown
use 3/16 Hole
Flow Rate = 32.45gpm
6.1 min Run time.

AS BUILT SKETCH

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

Owner / Applicant Signature: Natan Tayl Date: 10/21/20 Installed by:

IMPROVEMENT PERMIT by: Benjamin DeBottis Date: 10/9/2020. OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tony Hill Date: 11/15/23 Existing System Inspected by: Date:

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

8
4762-31-7517
Fair Wind Ln
107
4762-31-7713
120
4762-31-7823
4762-32-9291
Bethesda Rd
PB 72-32
71
27
196
214
279
52
476
495 (580)
4762-32-9291
4762-41-1977
811
4762-31-9897
815
42
4762-40-7326

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

42 Cont

OWNER: _____
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: _____
LOCATION OF SITE: _____ PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1		0-60	C SBK/ABK	SS SP	10YR6/2 c 26 Inc 10YR 6/1 mottles	60		H_2O Table 26	PS .1 D-P
2		0-27	C SBK/ABK	SS SP	2.5Y6/1	57		10YR 6/1 Mottles	PS .225
		27-57	CL WSBK/ABK	SS SP					
3		0-24	C SABK	SS SP	T Im Dist c 26	47		10YR 6/2 c26 Inc	PS .2
		24-47	CL SABK	SS SP					
4		0-22	C ABK/SBK	SS SP		47		10YR6/2 c30 Inc 10YR6/1 c20 Mots	PS .225
		22-47	CL WSBK	SS SP					

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

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

COMMENTS: _____


PS, 2-5
5) 0-5 - Dominant
5-26 C
26-49 CC
6) -0-8 ~ Top D
8-27 < PS
27-50 << 30
Hull
1
2
3
4
5
6

RECEIVED AUG 05 2020

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

AP-309668 $500.00

(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)

1. APPLICATION FOR: X **Improvement Permit** ___ **Authorization To Construct** ___ **Existing System Inspection**

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
The following optional attachments may also be submitted: X **Survey Plat, Scaled no more than 1 Inch = 60 Feet**
Place check ( ) beside whichever is submitted if applicable ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Arrow Development, LLC	1519 Mecklenburg Hwy #512, Mt Mourne, NC 28123	817-818-4000	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Arrow Development, LLC	1519 Mecklenburg Hwy #512, Mt Mourne, NC 28123	817-818-4000	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
815 Bethesda Road, Statesville, NC 28677	Northlake - Phase 3	42

Driving Directions: From I-77 exit 42, head towards Troutman on 21, take a Right onto Oswalt Amity Rd, take a Left onto Bethesda near church.

5. RESIDENTIAL Site Development Information: ***(Check or Complete ALL that apply)***

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water Iredell Water Corporation ( ) Other Public Water

7. Desired Septic System Type: ***(You may rank in order of preference, if any)*** ( ) **EXISTING SYSTEM installed** ____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
To The Best of Your Ability: ( ) Yes (X) No **Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 8-3-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

REBELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

X **Property Line measurements are clearly identified…** X **All proposed structures are indicated…**

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

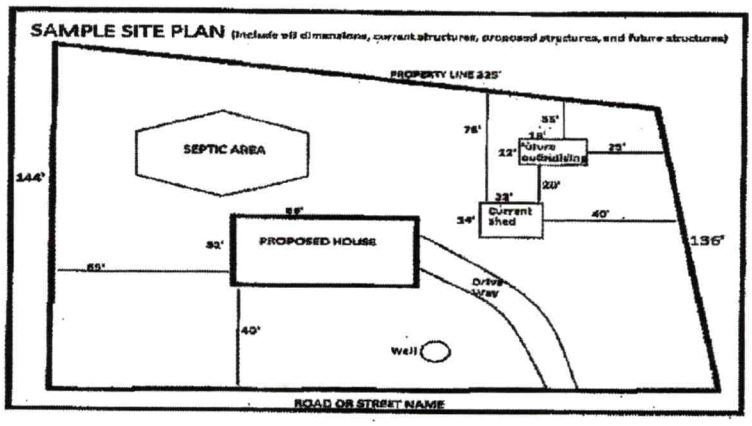
X **Front and side setbacks from property line…** X **Preferred driveway location and configuration, preferred well location…**

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:

N/A **Location of septic systems and wells within 100' of your property… N/A**

N/A **Location of easements and rights of ways on your property… N/A** N/A **Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

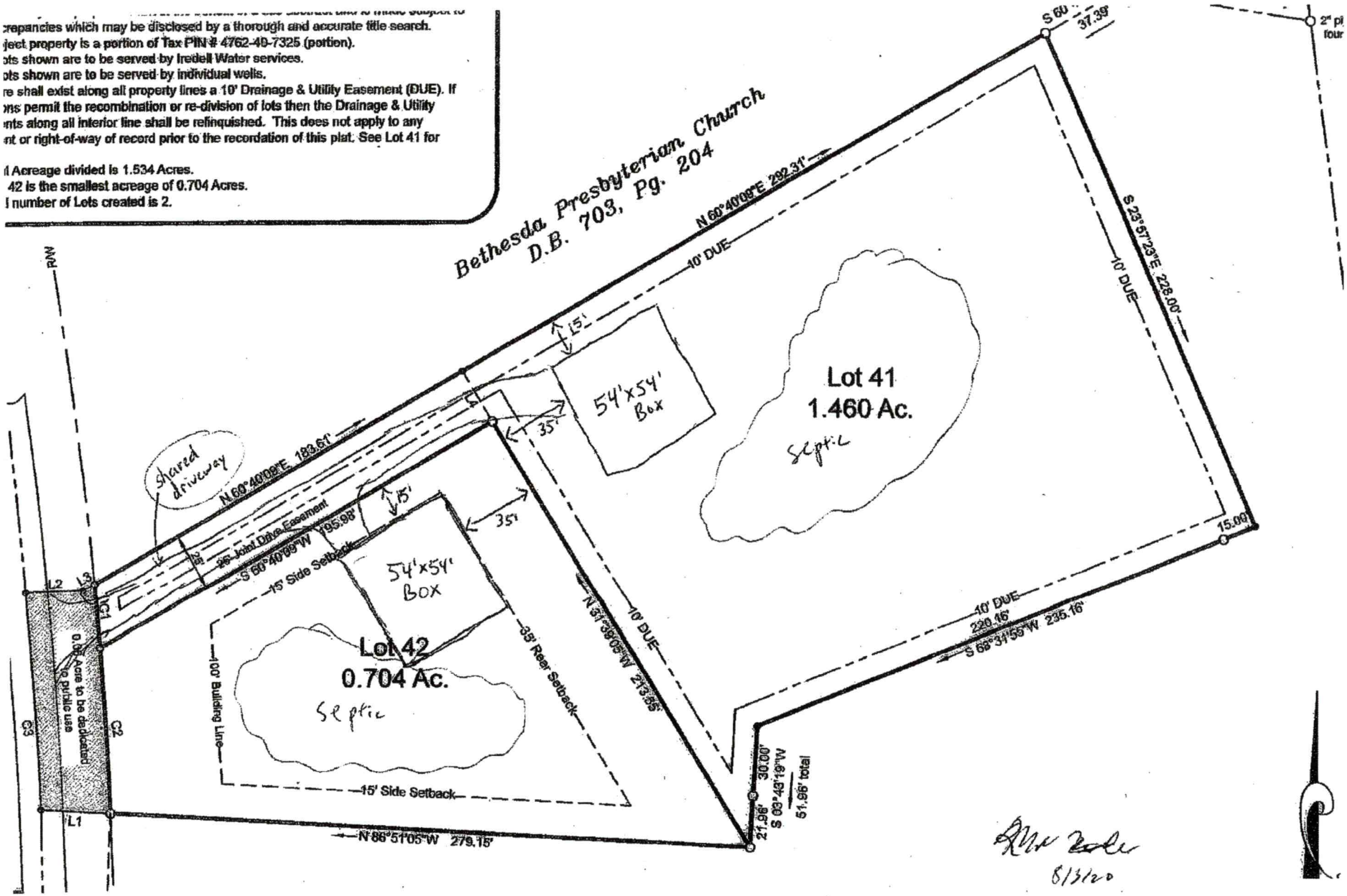
See Attached

Signature: _____ 8-3-20

REQUIRED **property owner or owner's legal representative signature.** **DATE**

crepancies which may be disclosed by a thorough and accurate title search.
ject property is a portion of Tax PIN # 4762-49-7325 (portion).
ots shown are to be served by Iredell Water services.
ots shown are to be served by individual wells.
re shall exist along all property lines a 10' Drainage & Utility Easement (DUE). If
ons permit the recombination or re-division of lots then the Drainage & Utility
nts along all interior line shall be relinquished. This does not apply to any
nt or right-of-way of record prior to the recordation of this plat. See Lot 41 for

l Acreage divided is 1.534 Acres.
42 is the smallest acreage of 0.704 Acres.
l number of Lots created is 2.



8/31/20

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Arrow Development LLC c/o Rebecca Zolzer, am the legal owner(s) of the property located at 815 Bethesda Road, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4762319897.000, 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]	8-3-20	[signature]	8-3-20
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items* must be completed *PRIOR* to the *SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

*** Initial each statement to indicate you have read and agree. ****

Lot 42

✓ **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

✓ **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

✓ Clearly **mark all property corners by locating existing iron or concrete markers**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

✓ **Stake or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

N/A Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

✓ In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. 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.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature _____ **Date** 8-3-20

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
309668 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4762319897.000	815 BETHESDA RD	Iredell County

Owner Information	Applicant Information
Name: ARROW DEV LLC	Name: ARROW DEV LLC
Address:	Address: 1518 MECKLENBURG HWY #512
,	MT MOURNE, NC 28123
Phone:	Phone: (817)818-4000

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.704	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: 08/04/2020

Signature of Owner/Contractor

Permit Number	309668	TOTAL FEES:	$77.25

STATE OF NORTH CAROLINA
COUNTY of Iredell-Statesville 2024

CONTRACT FOR INSPECTIONS OF ON-SITE WASTEWATER SYSTEMS TYPE II, III, IV and V

This Contract is entered into this 6th day of November, 2024 by and between TCW Wastewater Management, Inc., a North Carolina Corporation of Mecklenburg County, North Carolina (hereinafter "TCW") and **Joshua Griffin**

Preamble

TCW is contracting with The Owner to provide inspection services as described on Attachment A for the fees or charges also shown in Attachment A.

The Owner owns or controls the property upon which a ground absorption sewage treatment system ("System") is installed, such System being designated as a type II, III, IV or V system under the Rules for Sanitary Sewage Collection. Treatment and Disposal found at 15A N.C. Admin. Code 18E. 1301 et seq.; and 15A N.C. Admin. Code 18E.1301 requires that a condition of the Operation Permit for certain systems be that a properly executed inspection contract between the System Owner and a management entity shall be in effect for as long as the System is in use. TCW is a management entity which employees certified operators of a type authorized by 15A N.C. Admin. Code 18E.1301 to manage and inspect type II, III, IV, and V systems.

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 TCW as stipulated below.

Conditions of the Contract

A. TCW, in consideration of the payment by the Owner as set out in the schedule of services and charges in Attachment A, incorporated herein, agrees:

1) To provide the services set out in Attachment A according to the minimum schedule of inspections/services required by regulations for the lots or parcels set out in Attachment B.

2) To report results of the inspections to the local environmental regulatory agency having jurisdiction as required by applicable laws or regulations.

3) If inspections indicate the need for System repairs:

   a) to notify the local environmental regulatory agency within 48 hours.
   b) to give notice to the "Owner" of needed repairs, and, if the necessary repairs are outside the scope of the routine maintenance described in Attachment A, then The Owner may request TCW to provide an estimate. At the authorization of The Owner TCW will perform the necessary repairs at TCW's then prevailing charges for services and materials.

4) If TCW's services are terminated, TCW will notify the local environmental regulatory agency within 48 hours.

B. The Owner, in consideration of the services performed, agrees:

1) To pay TCW for its services according to the schedule of charges as set out in Attachment A.

2) Within 30 days of receipt of notice of repairs under A (3) above, the Owner(s) must provide proof that repairs have been performed by a licensed or qualified entity and the System is functioning properly or request and authorize TCW to complete the needed repairs.

3) To notify TCW promptly of any emergency or malfunction known to it which may violate environmental, health, or other laws and regulations, and to authorize immediate repair as necessary to restore the System to proper function and operation.

4) To use reasonable efforts to provide and to maintain at all times, such access to the Systems as is reasonably necessary for TCW to comply with its obligations under this Agreement.

C. **Terms of the Agreement**

1) This Agreement shall be effective for one year from the date of this contract, and will be automatically renewed from year-to-year thereafter, unless written notice of termination and non-renewal is given to the other party not less than 60 days prior to the end of the then current annual contract year.

2) The real property to be serviced under this contract is listed on Attachment B.

3) This Agreement automatically terminates if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for making an appeal has passed.

4) The parties may terminate at the end of the then current term by consent of each party or by not less than 60 days written notice to the other party prior to the end of the then current contract year, and not less than 30 days written notice to the local environmental regulatory agency.

5) This Agreement may be terminated for cause for breach which remains unremedied after 15 days written notice to the defaulting party.

D. **Limited Warranty**

TCW'S SOLE DUTIES AND RESPONSIBILITIES UNDER THIS AGREEMENT IS TO PROVIDE INSPECTION AND ROUTINE MAINTENANCE ONLY AS SPECIFIED IN THIS AGREEMENT. INSPECTIONS WILL COMPLY WITH APPLICABLE CODES, LAWS, AND REGULATIONS IN FORCE AT THE TIME OF THE INSPECTION AND REPORT. WORK AND MATERIALS USED IN REPAIRS ARE WARRANTED ONLY TO BE OF GOOD WORKMANSHIP, FREE OF DEFECTS, AND CONFORM TO THE SYSTEMS SPECIFICATIONS AND EQUAL TO THE ORIGINAL PARTS AND EQUIPMENT. THE OWNER'S SOLE REMEDY UNDER THIS EXPRESS WARRANTY IS REPAIR OR REPLACEMENT AND CONSEQUENTIAL DAMAGE OR DAMAGES FOR DELAY ARE LIMITED TO TOTAL SUMS PAID TCW UNDER THIS AGREEMENT FOR THE PARTICULAR LOT OR PARCEL FOR THE THEN CURRENT YEAR. ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE, ARE EXPRESSLY AND SPECIFICALLY EXCLUDED. REPAIRS, REPLACEMENTS, ADDITIONS AND CHANGES BY OTHERS TO THE SYSTEMS COVERED BY THIS AGREEMENT WITHOUT PRIOR NOTICE TO TCW OR ACCEPTANCE OF THE WORK BY TCW DURING THE TERM OF THIS AGREEMENT VOIDS ANY WARRANTY GRANTED HEREIN AS TO TCW.

E. **Miscellaneous**

1) Transfer of rights, responsibilities, and duties under this Agreement by any party shall be valid only on written notice and consent signed by all parties, which consent shall not be unreasonably or arbitrarily withheld.

2) TCW may perform its duties and responsibilities by subcontract but TCW will remain directly liable and responsible to the Owner under the terms of this Agreement.

3) Waiver of default or a breach of the Agreement by any party shall not operate nor be construed as a waiver of further or subsequent defaults or breach of this Agreement. Failure to take action in any default or breach does not bear action on such default at any time subsequent to such breach or default.

4) This Agreement constitutes the entire agreement of the parties, incorporating, and superseding all prior representations and negotiations and may not be changed or amended except in writing signed by the parties. The Agreement shall be interpreted under North Carolina law. Any part of the Agreement declared void, illegal, or unenforceable will not affect other provisions of the Agreement.

5) Disputes arising under this Agreement shall be determined by any method of Alternative Dispute Resolution the parties choose, including but not limited to, mediation or arbitration, under the Uniform Arbitration Act of North Carolina or its equivalent, or such means or methods as the parties agree to in writing.

6) Notices are deemed delivered if delivered in person; by certified or registered mail; by courier; or delivery service, if properly receipted, charges and postage prepaid, as follows:

Owner: Joshua Griffin
815 Bethesda Rd
Statesville, NC 28677

Operator:
TCW Wastewater Management, Inc.
5600 Lakeview Rd
Charlotte, NC 28269

Environmental Regulatory Agency:

Iredell County Health Dept
349 North Center St
Statesville, NC 28677-4063

A party may change its address my giving notice in the manner provided above.

dotloop signature verification: dtlp.us/5js-8074-7RDJ

Each party has executed this Agreement with full power, authority, and legal right to enter into; to bind itself to the rights, duties and responsibilities under this Agreement, which is binding on the parties, their successors and assigns, heirs and personal representatives, on the date first above written.

WITNESS:

OWNER:

Joshua Griffin dotloop verified 11/08/24 11:16 AM EST 4PEL-ALBW-D0YG-SANQ

TCW Wastewater Management, Inc.

:

BY: Lee Boyd

EXHIBIT A
TYPE II, III, IV

MONITORING & INSPECTION PLAN

1. **COST:** **INITIAL CONTRACT YEAR:**

$ 350.00	**(2 required inspection)**
$ N/A	**(0 required lab)**
$ 350.00	**Total Initial Year**

RENEWAL YEARS:

$ TBD	**(2 required inspection)**
$ N/A	**(0 required lab)**
$ TBD	**Total Renewal Years**

a. The Owner shall pay to TCW the aforementioned sums for each parcel listed on Attachment B. The initial annual fees are payable upon the execution of the contract. Annual billings will be made thereafter and payable within 30 days of billing. The annual billings will be made on the anniversary dates. The annual renewal fees may increase no more than 5% per year. The Owner shall pay to TCW his normal and customary fees for any authorized work performed on the System as a result of non-scheduled service or maintenance calls. These fees are due and payable within 30 days of billing. Payments due to TCW, and unpaid by the Owner after 30 days, shall be assessed late payment fee of 15% per month, accruing monthly on the unpaid balance.

2. **PERFORMANCE DUTIES:**

- Inspections and services that meet state requirements, i.e., inspections of System using an itemized check list, monitoring "septic tanks" to insure proper operation, and make adjustments of imbalances to systems through the distribution devices.
- Inspection report copies are sent to the environmental regulatory agency (if applicable) and homeowner
- Emergency service calls at an additional charge.
- 24-hour availability at an additional charge.
- The Owner will be advised of any repairs needed and estimated cost or repairs. Repairs will not be made without Owner authorization.
- The Owner will be advised when pumping is recommended

Bacteria Additive Option – Additional $60 per year:

- The addition of a bacterial product into the individual septic tank as needed to maintain the proper level of bacteria.

EXHIBIT B

1. PHYSICAL ADDRESS OF SYSTEM(S):

815 Bethesda Rd
Statesville, NC 28677

Northlake Subdivision Lot 42 PH 3

b. _____

c. _____

d. _____