Oct-14-2009 01:59 PM LUESA North 1

PO 250 10/8/09 @ North office
PO 400 8/26/10 chk# 1157 gyc
200 Construction Auth
200 Installation

OCT-09-2009 13:30 MECKLENBURG CO GWS 704 335 6854 P.01/05

1807/ 4414

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 015 181 03404
STREET ADDRESS: 11103 Manteeale Dr.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: 19, 20, 21 LOT SIZE (acres):
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☒ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT (WITH PLUMBING)
☐ CRAWL SPACE ☐ BASEMENT (WITH NO PLUMBING)

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION. ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 3

6. WATER SUPPLY: ☐ MUNICIPAL ☒ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE (DRINKING WATER) ☐ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED)
☐ N/A ☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____ ___
8A. RANK: ___ ___ ___ ___ ___

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☐ YES	☒ NO	JURISDICTIONAL WETLANDS	☐ YES	☒ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES	☒ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☒ NO
WASTE STORAGE	☐ YES	☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☒ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☒ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☐ N/A

12. PROPERTY OWNER:
NAME: Estella Owens Blackwell
ADDRESS: PO Box 667823
CITY:
STATE: ZIP: 28266
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Gerald Ulmati
ADDRESS: 9941 Caldwell Depot Rd.
CITY: Cornelius
STATE: NC ZIP: 28031
HOME PHONE: 704) 439-0701
WORK PHONE:
MOBILE PHONE: (704) 975-9145
FAX:

Realtor for buyer
Lydia Soto
704-453-9176
fax 704 288-0835

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6954

Revised 07/10

JPM

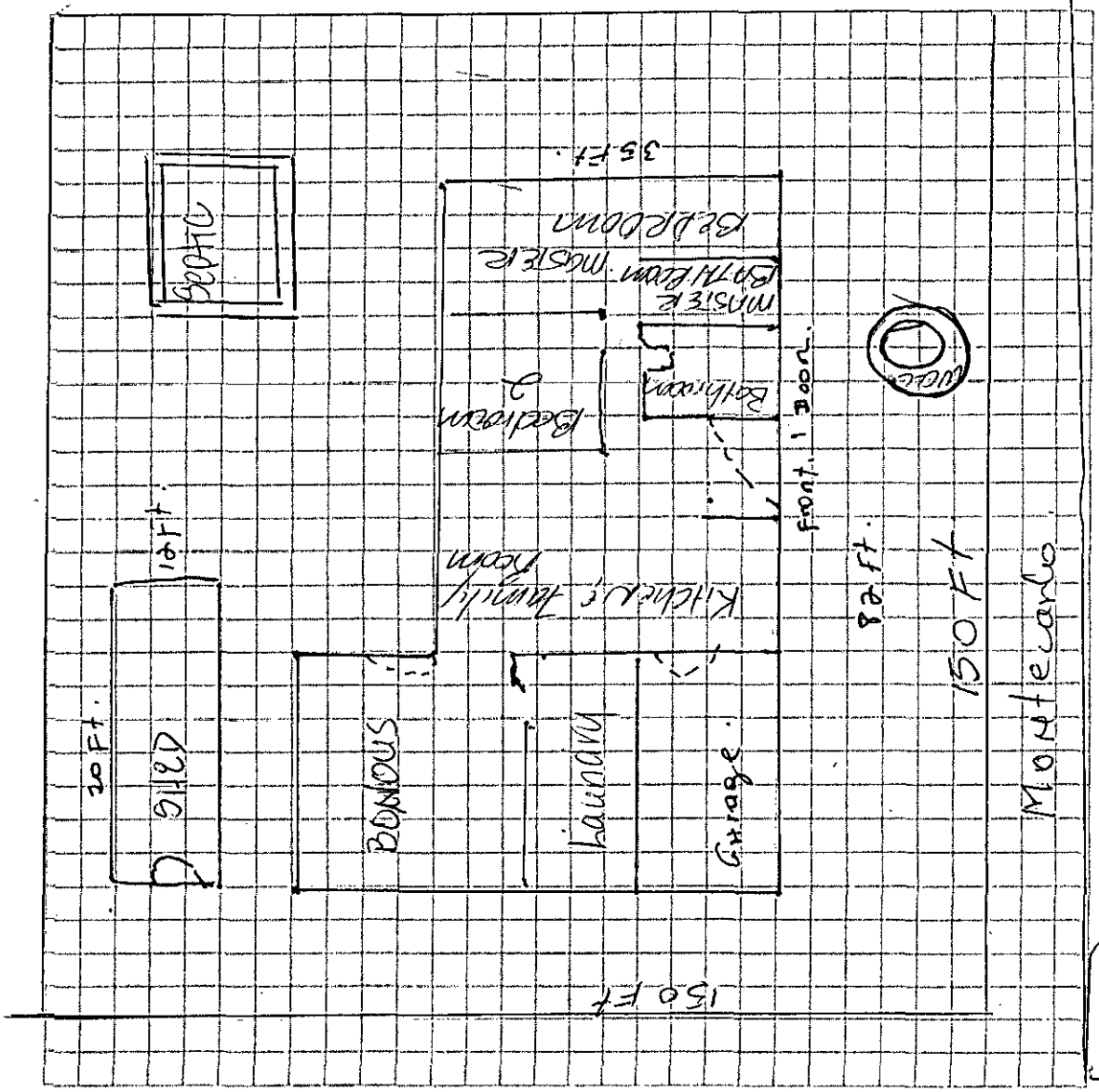
P# 313622

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Giraldo Urrutia
Date	10/14/09

LBC 12/15/04

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 01518103,04
Lot #: 19, 20
File #: 18071
AppID: 4414

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Estelle Blackwell
Applicant: Giroldo Urresti
Address: PO Box 667883, NC 28266
Date Evaluated: 10/22/2009
Proposed Facility: Residence
Design Flow (.1949): 240gpd
Property Size:
Location of Site: Montecarlo Dr. Huntersville, NC 28078
Property Recorded:
Water Supply: [ ] Public [ ] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	SOIL MORPHOLOGY 1941			PROFILE FACTORS[b]				
	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr. Horiz.	Profile Class & LTAR
1	L.S	A 0-3	GR/L	FR,SS,SP,SXP	>48" TO WETNESS	>48	N/A	NONE	.325GPD/FT2
	2	Bt3-36	SBK/C	FI,S,P,SXP					
		Bt2, 36-48	SBK/CL	FR,S,P,SXP					
2	"	Bt 0-26	SBK/C	FI,S,P,SXP	"	"	"	"	"
		Bt2, 26-48	SBK/CL	FR,S,P,SXP					
3	"	Bt 0-34	SBK/C	FI,S,P,SXP	"	"	"	"	"
		Bt 34-48	SBK/CL	FR,S,P,SXP					
					SITE LTAR .325GPD/FT2				

Description	Initial System	Repair System
Available Space (.1945)	P.S	P.S
System Type(s)		
Site LTAR	.325	.325

Other Factors (.1946):
Soil Evaluation By: Jason Jackson
Others Present: Jeremy Michelone
Site Classification (.1948): Provisionally Suitable
Site Evaluation By:
Others Present:

Sheet: 2of2

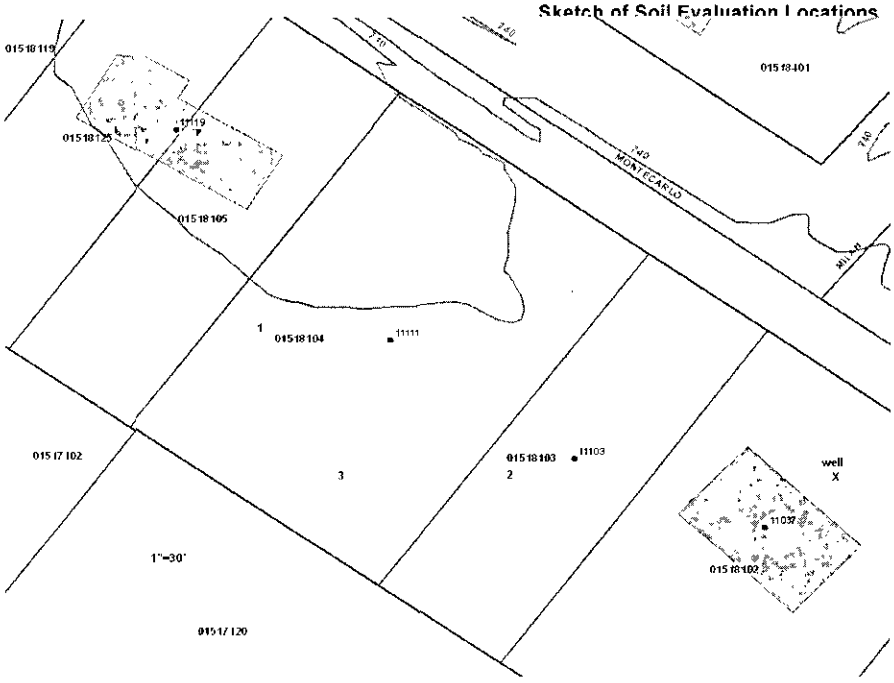
COMMENTS: FILE #: 18071

100% repair area required

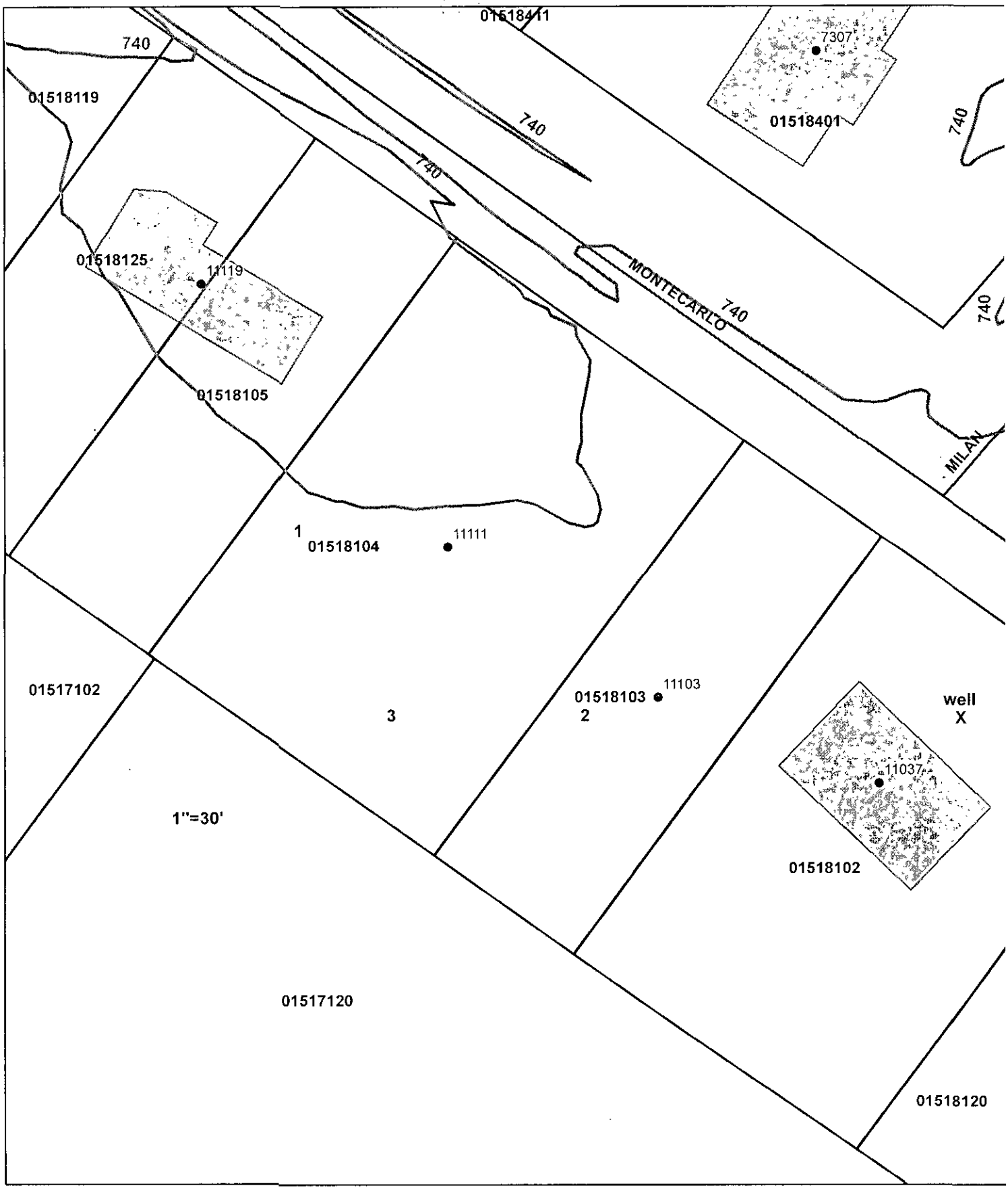
Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



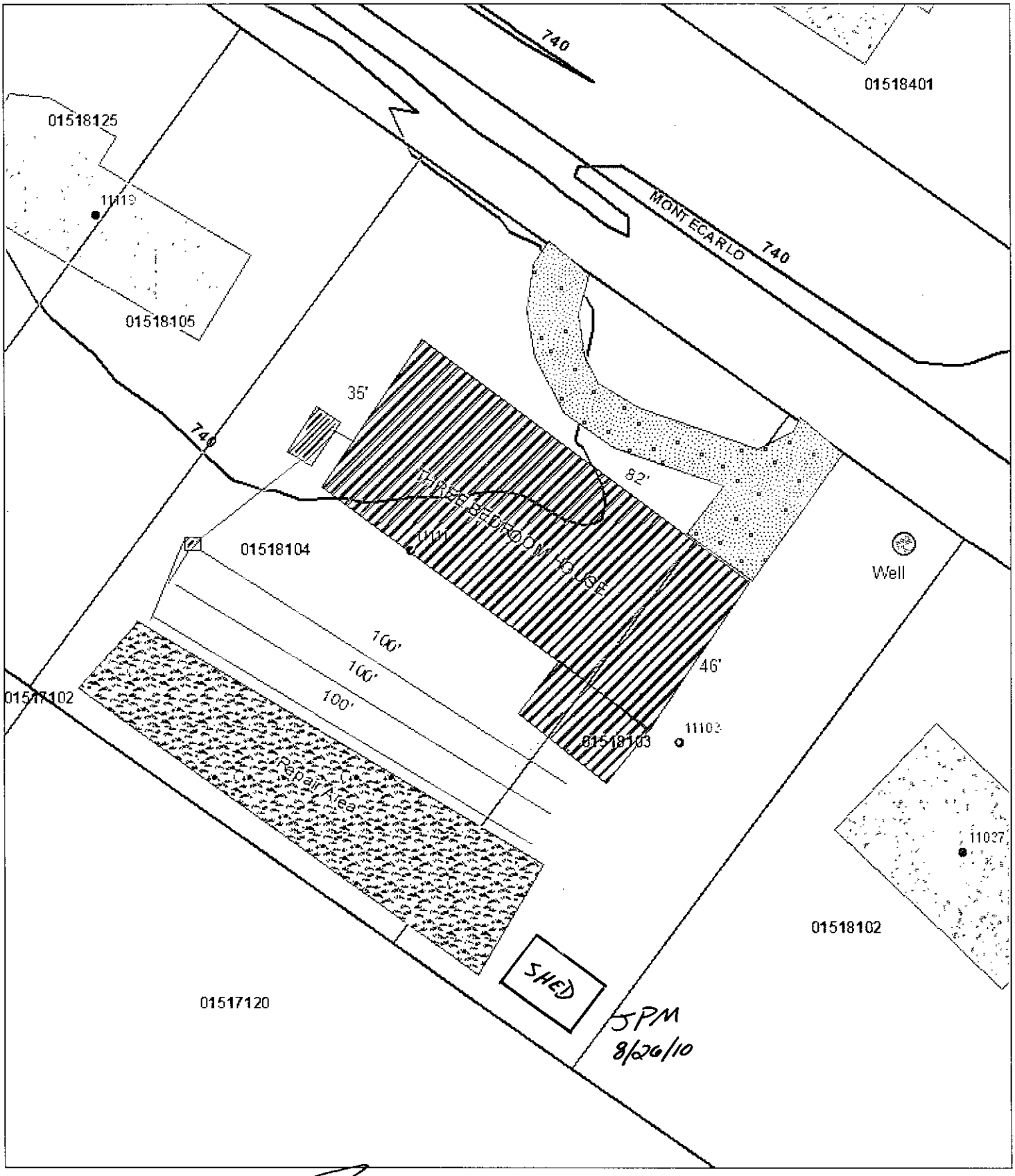
Montecarlo Dr
FILE# 18071



Map Created By: J. Jackson
Map Created On: 10/24/09

0 20 40 80 Fe

IMPROVEMENT PERMIT FOR:
MONTE CARLO DRIVE
FILE # 18071 / PERMIT # 4414



Map Created By: J. Michelonel
Map Created On: 10/26/09

10/26/09

0 15 30 60 Feet

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30004414** GWS File #: **18071** Tax Parcel #: **015-181-03**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 10/26/2014

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 3 # Occupants: 3

Building Foundation: Water Supply: Private Well

II. Initial System Type: Approved **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Conventional **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: Giraldo Arrauti

Signature: Jeremy Michelone, R.S. Signature: Print Name

Date Issued: 10/26/2009

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30004414** GWS File #: **18071**

IV. Permit Conditions/Comments:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: Girolds Arnett
Print Name

Signature: Signature:

Date Issued: 10/26/2009

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 18071 Permit #: 4414 Tax Parcel #: 015-181-03

Property Owner: GIRALDO URRESTI

Job Location Address: 11103 MONTE CARLO DRIVE

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 10/25/10

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 10/25/10, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 360 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: ____ gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 7 feet (O.C.)

Total line length: 300 feet

# of Lines: 3 @ 100 feet

Depth of Media: 12 inches (Type) 25% Red.

Distribution Device: D-Box

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: ____ inches

Bed Width: ____ feet

Total line length: ____ feet

# of Lines: ____ @ ____ feet

Depth of Media: ____ inches (Type) ____

Distribution Device: ____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other ____

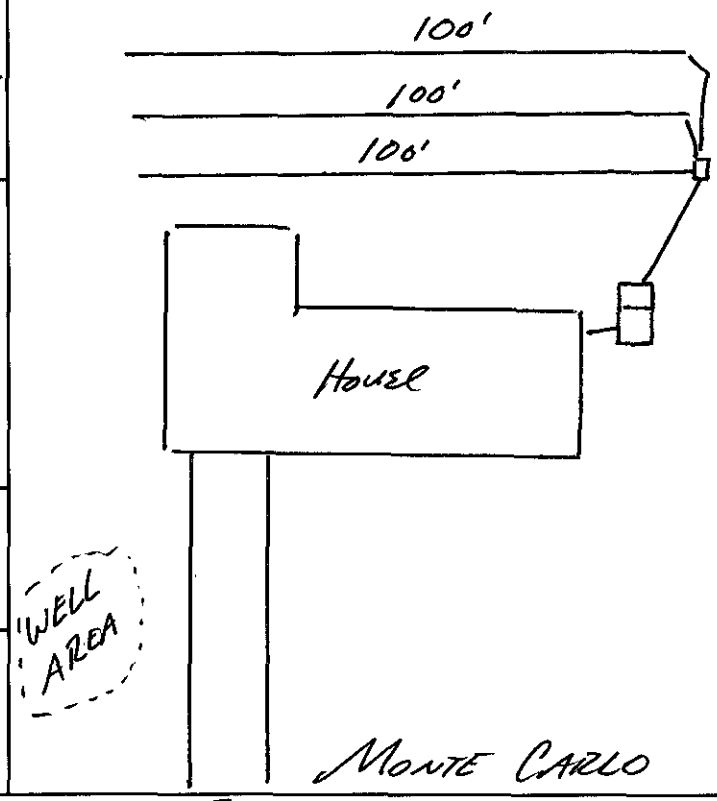
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Htg 25% Reduction System

DENR Authorized Agent: Jeremy Mecklenburg R.S. Signature: Jeremy Mecklenburg R.S.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 18071 Permit #: 4414 Tax Parcel #: 015-181-03

Property Owner: GIRALDO URROSTI

Job Location Address: 11103 MONTE CARLO DRIVE

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 11/15/10 Contractor Name: ROBBY RAY

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 3 @ 100 feet

Depth of Media: 12 inches (Type) BIOS

Depth of Cover: 18 inches

Distribution Device: DROP CHAMBER

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

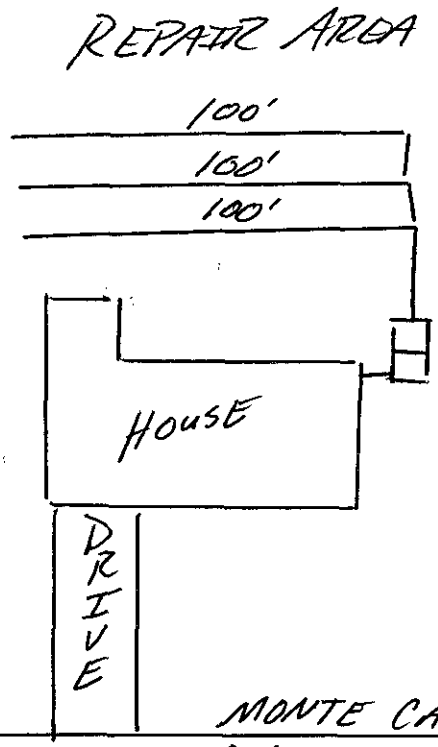
Inspection Dates

Tank(s) Inspected: 11/12/10

Excavation Inspected: 11/15/10

Pump & Controls Inspected: —

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIg, BIOS, GRAVITY, NA, NA

DENR Authorized Agent: Jenny Mechler, R.S. Signature: Jenny Mechler, R.S.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 18071 Permit #: 4414 Tax Parcel #: 015-181-03

Property Owner: GIRARDO ARREST I

Job Location Address: 11103 MONTE CARLO DRIVE

City: HUNTERSVILLE State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

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

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIg

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Jeremy Nicholson, R.S. Date: 11/15/10

Signature: Jeremy Nicholson, R.S.

PROPOSAL FOR SEPTIC SYSTEM

RAY'S

1158 Miles Road
Dallas, NC 28034
Ph# 704-922-5555
Fax# 704-748-9766

*****Please read front and back carefully. Sign, date and mail original proposal and original permit to the above address.*****

Cornelius + Angela Church
PROPOSAL SUBMITTED TO

2038 Mulberry St
MAILING ADDRESS

Cornelius, NC 28031
CITY, STATE, ZIP CODE

9/27/10
DATE

1165 Mountain to Dr
JOB ADDRESS

Huntersville NC 28078

704. 975 9148
TELEPHONE NUMBERS

DESCRIPTION

Install New Septic Tank System with 35% Reduction
Has 0.5 gpd currently

We propose to install septic system for

Payment to be made as follows:

A 5% late fee will be added to bill if not paid on time and a 1.5% finance charge will be added monthly

Proposal Submitted By: Renee Smith Date: 9/27/10

Acceptance of Proposal - The prices, specification and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature: [signature] Date: 9/30/10

Signature: Cornelius Church Date: 9/30/10

PLEASE READ REVERSE SIDE

PSA, Inc. *Manufacturers of BioDiffuser™ Leaching Chambers* A subsidiary of [redacted]

NORTH CAROLINA
FIVE-YEAR LIMITED WARRANTY
Approved Effective October 3, 2002

PSA, Inc. (hereinafter, "the Company") hereby extends, for a period of FIVE (5) YEARS, the following Limited Warranty to the system owner who supplies a new BioDiffuser™ subsurface health system, including stock chambers, endplate, angle chamber and other accessories manufactured by the Company (hereinafter collectively called "the Units") through an authorized BioDiffuser™ system installer located in the State of North Carolina. The Units are warranted to be free from defective materials and workmanship, and to perform in accordance with the *state performance requirements* (15A NCAC 18A *Section .1937*) in effect on the date of installation. This Limited Warranty applies only to those Units with a leach height combination greater than a 20% reduction as compared to the sizing standard for a conventional gravel trench as permitted by the State of North Carolina. This Limited Warranty is subject to the terms and conditions listed below:

I. WARRANTY ELIGIBILITY

The system owner is eligible for this Limited Warranty provided all of the terms and conditions of this Limited Warranty are strictly followed. The terms of this Limited Warranty shall benefit from the original system owner for the duration of this Limited Warranty. This Limited Warranty covers only the performance of the Units as manufactured and installed in accordance with the manufacturer's design specifications and current regulatory approval.

II. CONDITIONS OF THE LIMITED WARRANTY

This Limited Warranty shall only apply if the Units are installed for use with domestic sewage effluent and located in the State of North Carolina, and all of the following terms and conditions are satisfied:

(A) The design and installation of the Units is according to all applicable plumbing and building codes, ordinances, requirements and regulations;
(B) The design and installation of the Units is strictly according to the rules and regulations of the North Carolina state agency or state-authorized agency that is responsible for inspection and approval;
(C) The design and installation of the Units is strictly according to all applicable permitting procedures for the Units adopted by the North Carolina state agency or state-authorized agency that is responsible for inspection and approval;
(D) The Units are subject to use permitted by the applicable North Carolina rules and regulations for on-site systems;
(E) Only an authorized BioDiffuser installer shall perform the installation of the Units.

III. WHAT IS WARRANTED AND FOR HOW LONG

The Units are warranted for FIVE (5) YEARS from the date of issuance of the Certificate of Occupancy, or the date of issuance of the Operation Permit, whichever is later.

If Units fail within the five (5) year period of this Limited Warranty and all of the terms, conditions and requirements have been met, the Company shall provide all materials and labor that may be necessary to provide a fully functional wastewater system, at no cost to the Owner. This section shall be construed to require that a manufacturer warrant an innovative wastewater system that is not properly sized to meet the design load required for a particular use, that is incorrectly installed, or that is improperly connected or maintained, in accordance with 15A NCAC 18A .1969 et. seq. Warranty repairs such as full replacement of the distribution system, extension of the distribution system, or other repairs shall be completed pursuant to a repair Authorization to Construct, to be issued by the local Health Department in accordance with Rule .1961(l).

A system failure is defined by North Carolina 15A NCAC 18A .1900 rules.

IV. WHAT IS NOT COVERED BY THIS WARRANTY

1. The septic tank and all septic filters, unless required by under the system fully functional.
2. Effluent distribution box(es) and baffles, unless required to make the system fully functional.
3. Improper installation.
4. Failure due to wastewater use or improper use as defined by state rules for on-site wastewater systems, including, but not limited to, excessive water usage, improper grease disposal, or failure to remove septic tank solids (digested sludge).
5. Landscaping costs otherwise borne specified by the rules.
6. Failure due to improper siting as defined by state rules.
7. *Repair work performed prior to a claim, or visible to those without the Company's authorization.*
8. This Limited Warranty does not extend to incidental, consequential, special, indirect, or punitive damages.
9. Units failing required or modified by an unauthorized BioDiffuser installer.

V. THE COMPANY'S OBLIGATION

No representative of the Company has the authority to change this warranty to any manner whatsoever, or to extend this Warranty. This Warranty applies to any party other than to the original system owner or the subsequent system owner.

VI. OWNERS OBLIGATIONS

1. Must have a sign and dated Operation Permit from the duly authorized representative of the North Carolina state agency or state-authorized agency that is responsible for inspection and approval of the Units.
2. Must have a Warranty Certificate from an authorized BioDiffuser installer.
3. The system owner must notify the Company in writing of its inspection from within 90 days of being notified by an authorized agent of the State that the system has failed. Notice shall be sent to: PSA, Inc., *P.O. Box 3000*, Hilliard, OH 43026.
4. The system owner must have the septic tank solids (digested sludge) properly removed in accordance with state rules for on-site systems.

VII. DISCLAIMER AND LIMITATION ON IMPLIED WARRANTIES

ALL WARRANTIES AND REMEDIES CONTAINED HEREIN ARE EXCLUSIVE AND THERE ARE NO OTHER WARRANTIES. ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE, IMPOSED ON THE SALE OF THE UNITS TO THE NORTH CAROLINA SYSTEM OWNER ARE, BY LAW, LIMITED TO A FIVE (5) YEAR DURATION FOR THE UNITS AND THEIR CONSTITUENT PARTS, AND ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE LIMITED WARRANTY. THIS WARRANTY DOES NOT EXTEND TO INCIDENTAL, CONSEQUENTIAL, SPECIAL, DIRECT OR INDIRECT DAMAGES, WHETHER ARISING IN CONTRACT OR TORT. THE COMPANY SHALL NOT BE LIABLE FOR LOSS OR DAMAGE TO PERSONAL PROPERTY, PENALTIES OR LIQUIDATED DAMAGES, LOSS OF PRODUCTION OR PROFITS, OVERHEAD COSTS, OR OTHER LOSS OR EXPENSE. SPECIFICALLY EXCLUDED ARE DAMAGE DUE TO WATER, ORDINARY WEAR AND TEAR, ALTERATION, ACCIDENT, MISUSE, ABUSE, OR NEGLECT; THE UNITS BEING SUBJECTED TO SITE USES OR VEHICLE TRAFFIC GREATER THAN THOSE PRESCRIBED IN THE INSTALLATION INSTRUCTIONS OR OPERATION INSTRUCTIONS; FAILURE TO MAINTAIN THE MINIMUM GROUND COVER AS SET FORTH IN THE OPERATION AND INSTRUCTIONS; SYSTEM FAILURE WHICH IS OR IS FOUND TO BE DUE TO NON-COMPLIANCE WITH THE ON-SITE WASTEWATER LAW OR RULES (GEN. STAT., ET. SEQ.; 15A NCAC 18A SECTION .1939) INCLUDING BUT NOT LIMITED TO IMPROPER SIZING, EXCESSIVE WATER USAGE, IMPROPER GREASE DISPOSAL, PLACEMENT OF IMPROPER MATERIALS INTO THE SYSTEM, IMPROPER OPERATION OR IMPROPER MAINTENANCE; OR ANY OTHER EVENT NOT CAUSED BY THE COMPANY. THIS WARRANTY SHALL BE VOID IF THE PROPERTY OWNER FAILS TO COMPLY WITH ALL OF THE TERMS SET FORTH IN SECTIONS II, AND IV OF THIS WARRANTY.

THIS LIMITED WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS; NORTH CAROLINA LAW MAY GIVE YOU CERTAIN SPECIFIC OTHER RIGHTS WHICH ARE NOT MENTIONED HERE.

VIII. TRANSFER OF WARRANTY

This Limited Warranty extends to the original system owner and each subsequent owner of the system during the term of this Limited Warranty.

IX. INSTALLER CERTIFICATION

"I acknowledge to the Company and the system owner that the wastewater system and the BioDiffuser Units have been installed in accordance with the installation instructions of the Company, state wastewater laws and rules, the innovative wastewater system approval, the improvement permit and authorization to construct, and any conditions and/or permit or authorization limitations, and other applicable laws and rules."

11103 Montecello Dr. Rays
Physical Address of System Installation or Lot Number — Business Name of Installer

Huntersville, NC Renee Smith
Physical Address of System Installation or Lot Number — Printed Name of Person Signing Below

11/15/10
Signature — Date