SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☑ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) 12/2/24 LE Initial/Date

CA ($200.00) MD 10/11/24 Initial/Date

OP ($200.00) MD 10/11/24 Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____ Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____ Initial/Date

Generate CA / Approve As Noted 10/14/24 LP

Floor plans need to be submitted and reviewed before CA can be issued ☒ Review ☒

This site is served by septic and well. Verify each is complete before final hold is released ☒

Septic file complete ☒ 6/9/25 Well complete ☐ _____

Send permit for signature ☒ Signature received ☑ 11/28/22

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____

Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	11220B
WASPS App #:	12699
Primary ES assigned to project:	Heather Ray
Secondary ES assigned to project:	
Project Type:	New System
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	No
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	No
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	No
Corrections/modifications needed?	No
Comments:	Off-site easement design by Michael Athanas and Associates.
IA issued date:	
OP Issued date:	
Review performed by:	Michelone
Date performed:	11/21/2022

Created at 11/21/2022 1:21 PM by Michelone, Jeremy
Last modified at 11/21/2022 1:21 PM by Michelone, Jeremy

Close

MECKLENBURG COUNTY
HEALTH DEPARTMENT

11220B #12699

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: 01517102 New Pin# 015-171-32
STREET ADDRESS: ~~7140~~ 7108 Hambright Road
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: TBD
LOT #: N/A LOT SIZE (acres): TBD
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ◉ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER
HEATED SQUARE FOOTAGE: 3,000
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 8
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: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

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: Michael Kucera
ADDRESS: 6308 Golden Wagon Lane
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
**Owner's Authorization form is required if legal representative is submitting application*
NAME: Terry Knotts
ADDRESS: PO Box 687
CITY: Pineville
STATE: NC ZIP: 28134
WORK PHONE: (704) 575-9211
MOBILE PHONE: _____
FAX: 764 542 2703
E-MAIL: terryk@knottsdevelopment.net

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

File #: 11720B

PROPOSED PLOT PLAN

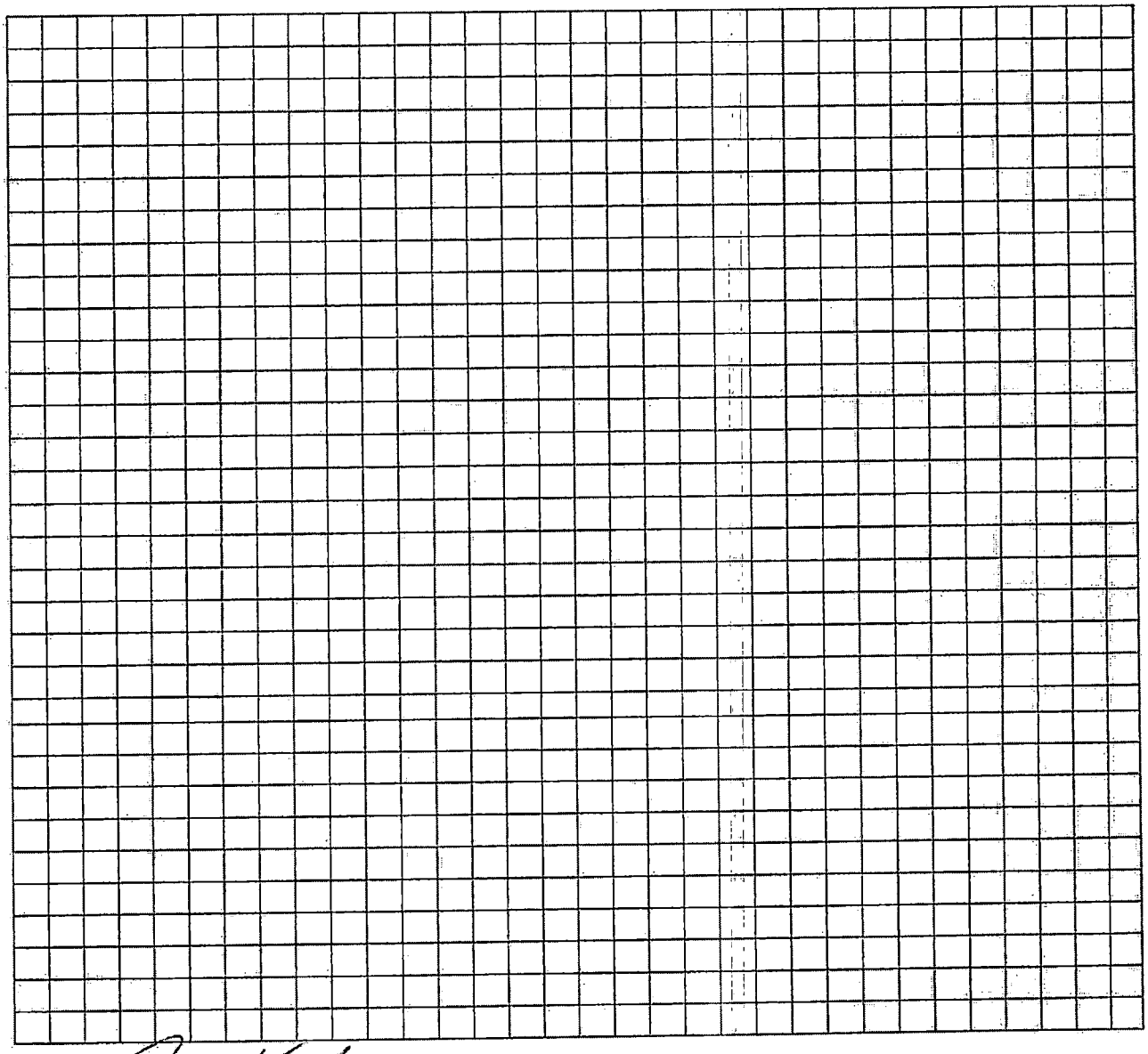
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 7708 Hambright Road

Tax Parcel #: 01517102 32

Subdivision Name: TBD

Lot #: 1



Property Owner's or Owner's Legal Representative Signature

Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208, OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. 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. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

TK (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. 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. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ _____

Property Owner's or Owner's Legal Representative Signature Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

DigiSign Verified: 0785A934-2843-4807-B134-D74AF45681C0

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Terry Knotts is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

   7140 Hambright Road Huntersville.
   Number Street Town
   (Or Parcel Number)

Mike Kucera
Property Owner (print name)

Mike Kucera
Property Owner (signature)

11-25-2021
Date

FEE: 200.00

DATE: 10/14/2024

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 11220B

PERMIT NUMBER: 30012699

PARCEL NUMBER: 01517132

JOB LOCATION INFORMATION

ADDRESS: 7108 HAMBRIGHT RD

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: MICHAEL KUCERA

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 10/14/2024

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30012699, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature

PIEDMONT DESIGN ASSOCIATES, P.A.
125 East Plaza Drive | Suite #101
Mooresville, NC 28115
Phone: 704-664-7888 | Fax: 704-664-1778
Email: dmunday@pdapa.com

Engineering
Surveying
Planning

February 27, 2024

Mecklenburg County Health Department
Groundwater & Wastewater Services
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Attn: Mrs. Heather Ray, REHS

RE: Offsite Effluent Force Mains serving Lots 1-4 & Lots 6-10
Hambright Road Subdivision
Huntersville, Mecklenburg County, North Carolina

Dear Mrs. Ray:

ENGINEERS CERTIFICATION

I, **Donald L. Munday**, as a duly registered Professional Engineer in the State of North Carolina, having been authorized to observe periodically the testing of the referenced project, (9) 2-Inch PVC Offsite Septic System Supply Lines to serve Lots 1-4 & Lots 6-10 (Lots 1A-4A & Lots 6A–10A) in Hambright Road Subdivision, located in Huntersville, Mecklenburg County, NC, hereby state that, to the best of my abilities, due care and diligence was used in the observation of the testing such that the construction was observed to be built within substantial compliance and intent of the approved plans and specifications.

Please note that this certification is NOT for the actual system but for the supply lines from the individual residences to the offsite easements area only.

Sincerely,

PIEDMONT DESIGN ASSOCIATES, P.A.

Donald L. Munday, P.E.
N.C. Registration No. 17327

Mr. Michael Knotts, Owner



02/27/2024

Comments: The purpose of the evaluation is to permit this site for a 4-bedroom residence.

- Proposed lot 1 will access a septic field easement located in the rear of the property.
- All septic field easement rules will be met through designing engineer.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
ON-SITE WASTEWATER SECTION

7140 Hambright Road.; Proposed Lot 1; PIN 01517102
COUNTY: Mecklenburg

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Michael Kucera APPLICATION DATE: _____
ADDRESS: 6308 Golden Wagon Lane Charlotte, NC 28277 DATE EVALUATED: 12/2021
PROPOSED FACILITY: 4-Bedroom Residence PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: TBD Acres
LOCATION OF SITE: 7140 Hambright Road Huntersville, NC PROPERTY RECORDED: To be recorded
WATER SUPPLY: ☐☐Private X Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐Auger Boring X 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	
Pit 1	L 2-3%	0"-36"	R C SBK	SS SP FR SEXP		60"	Few to common saprolite inclusions 36"-60".		0.3
		36"-60"	R CL WSBK	SS SP FR SEXP					
Pit 2	L 2-3%	0"-7"	Br CL WSBK	SS SP FR SEXP	YBrs 32"-56"	56"			0.25-0.275
		7"-32"	R C SBK	SS SP FR SEXP					
		32"-56"	R C ABK	SS SP FR SEXP					
Pit 3	L 2-3%	0"-42"	R C SBK	SS SP FR SEXP		58"	Few to common saprolite inclusions 42"-58"		0.3
		42"-58"	R CL WSBK	SS SP FR SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	960 Ft2	1086 Ft2
System Type(s)	PPBPS; Veritcal	PPBPS; Vertical
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT: _____

Comments:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

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

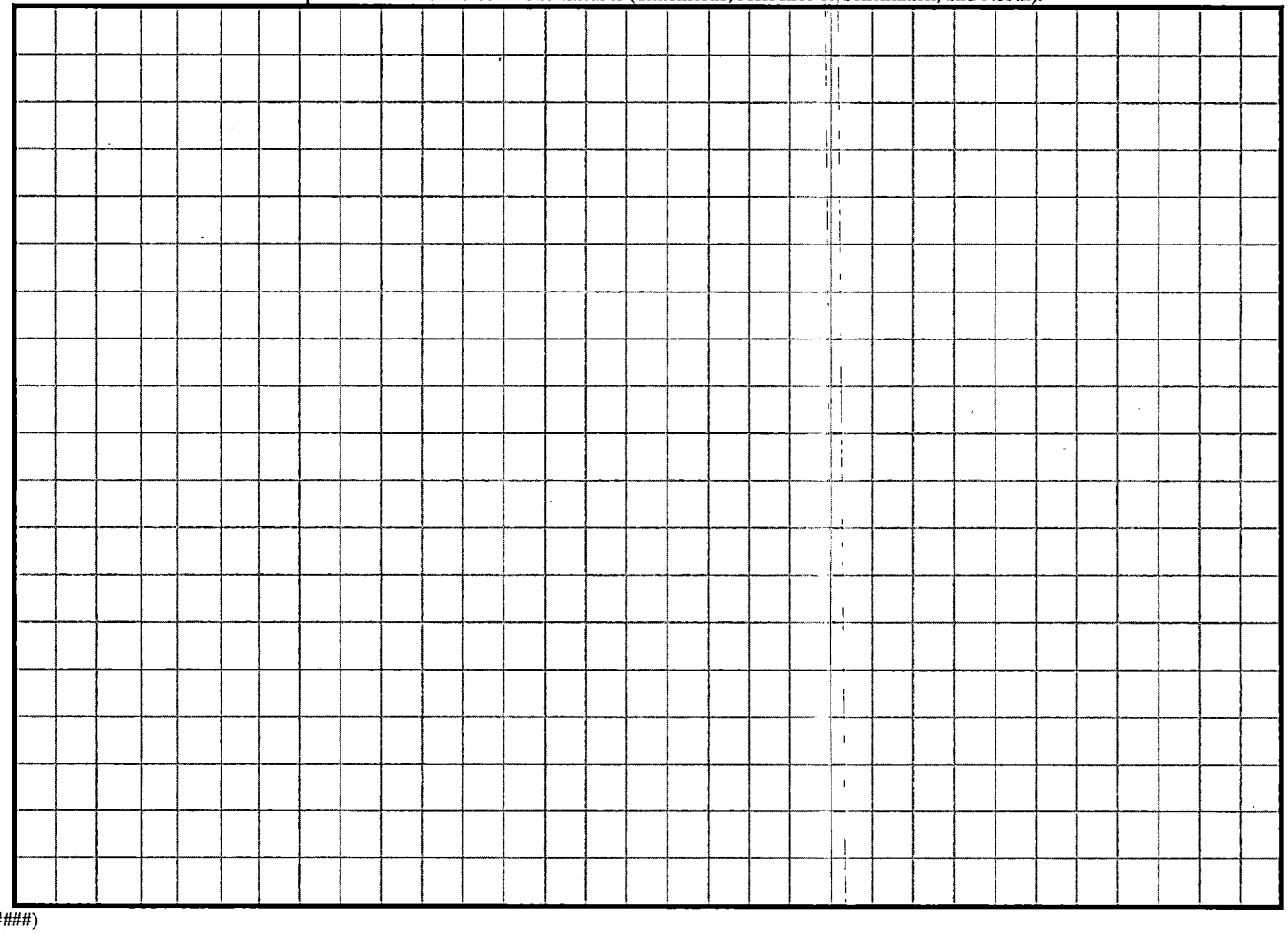
NOTES

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

Evaluation of saprolite shall be by pits.

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

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



DENR (######)

Review (#####)

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Lot 1 Hambright Road;
PID# 01517102
Mecklenburg County, NC

House Footprint: 60' x 60'
Building Setback: 25' Front; 25' Rear; 8' Side
Water Source: Public Water
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.25 gpd/ft2
Suggested Initial System Type: PPBPS; Vertical Configuration; 9' Centers
Repair System LTAR: 0.25 gpd/ft2
Repair System Type: PPBPS; Vertical Configuration; 9' Center
Distribution: LP-CVB
Flow per Orifice: 0.50 gpm
Hole Size & Material: 5/32"
Number of Panels: 72
System Flow: 36 gal/min
Dosing Volume: 259.2 gal/dose
Pump Run Time: 7.2 min
Total Linear Footage: 320'
Trench Bottom Square Footage: 960 sq.ft
Elevation Head: TBD
Friction Head: TBD
Pressure Head: 3'
Total Dynamic Head: TBD
Supply Line Length: TBD
Proposed Trench Bottom Depth: 30"
Septic/ Pump tank size: 1000 ST, 1000 PT

Line	Design Length	Actual Length	Number of Panels	Elevation
White 1	**80'**	**86'**	**18**	**Shot by surveyor**
Blue 2	**80'**	**86'**	**18**	**Shot by surveyor**
Orange 3	**80'**	**85'**	**18**	**Shot by surveyor**
White 4	**80'**	**80'**	**18**	**Shot by surveyor**
Pink 5		86'		Shot by surveyor
Orange 6		90'		Shot by surveyor
Blue 7		93'		Shot by surveyor
White 8		93'		Shot by surveyor

Initial System: 320' PPBPS
Repair System: 362' PPBPS
House Corner: TBD **Pump Tank:** TBD **Bench Mark:** Shot by surveyor **CVB:** TBD

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30012699 GWS File #: 11220B Tax Parcel #: 015-171-02

- 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. 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):** 11/10/2027

Type of Installation: Residential - New System Lot Number: 1

Structure Type: HOUSE Size (ft^2): 3000 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	960	Total Trench Length (ft):	320
Maximum Trench Depth (in):	30	Depth of Media (in):	24	Distribution Device:	Manifold (LPP Distri		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	960	Total Trench Length (ft):	320
Maximum Trench Depth (in):	30	Depth of Media (in):	24	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray

Signature:

Date Issued: 11/10/2022

Owner/Legal Agent: Terry Knotts
Print Name

Signature:

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30012699 GWS File #: 11220B

IV. Permit Conditions/Comments:

- Easement agreement forms shall be on file and the property shall be deeded and recorded prior to issuance of Construction Authorization.
- This type of septic system requires an inspection once every 3 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- LOT 1/ 4 BEDROOMS ONLY

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray

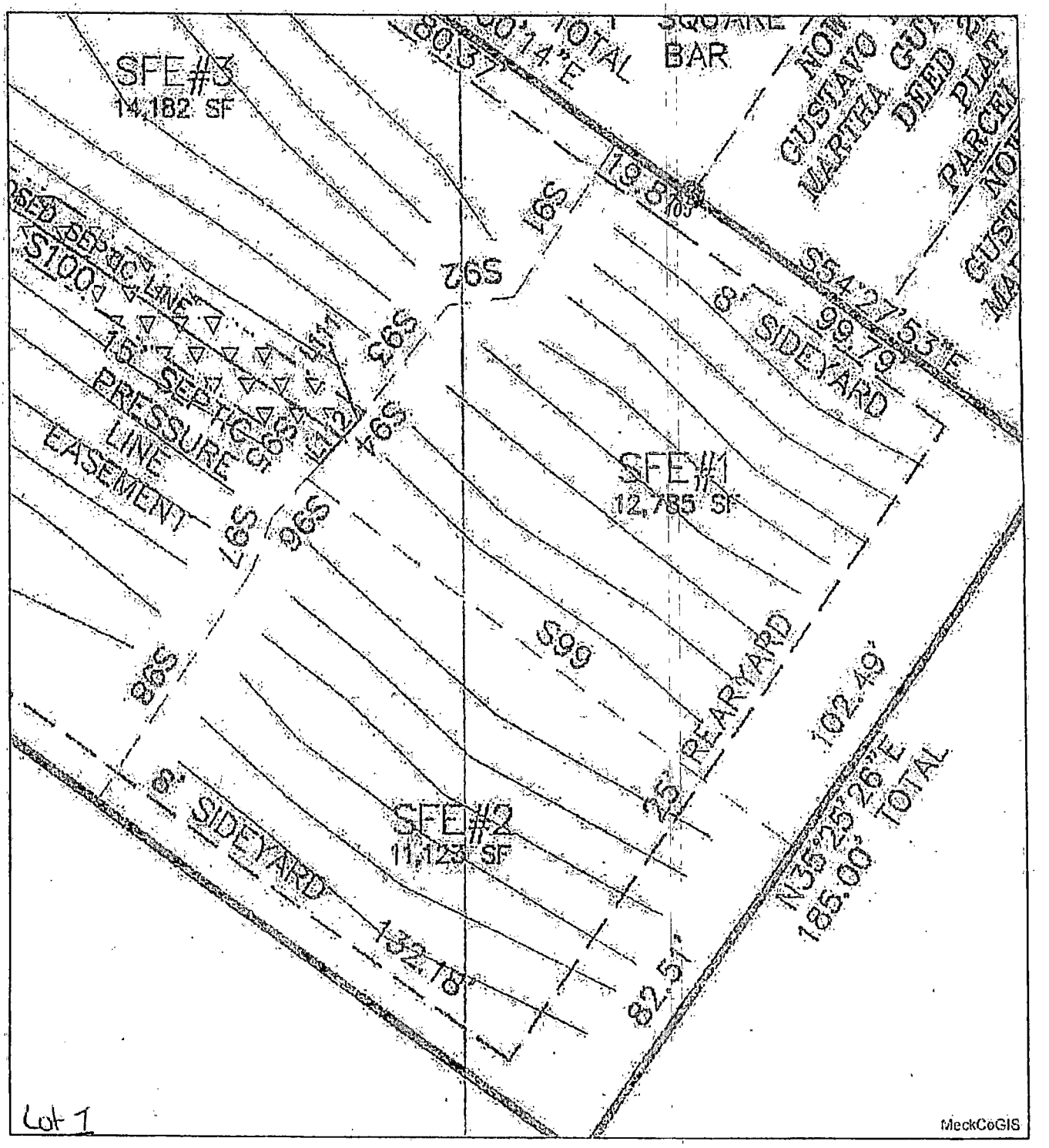
Signature:

Date Issued: 11/10/2022

Owner/Legal Agent: Terry Knotts
Print Name

Signature:

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health Program
Improvement Permit # 30012699
PID# 015-171-02
112203

Authorized Agent: Heather Ray

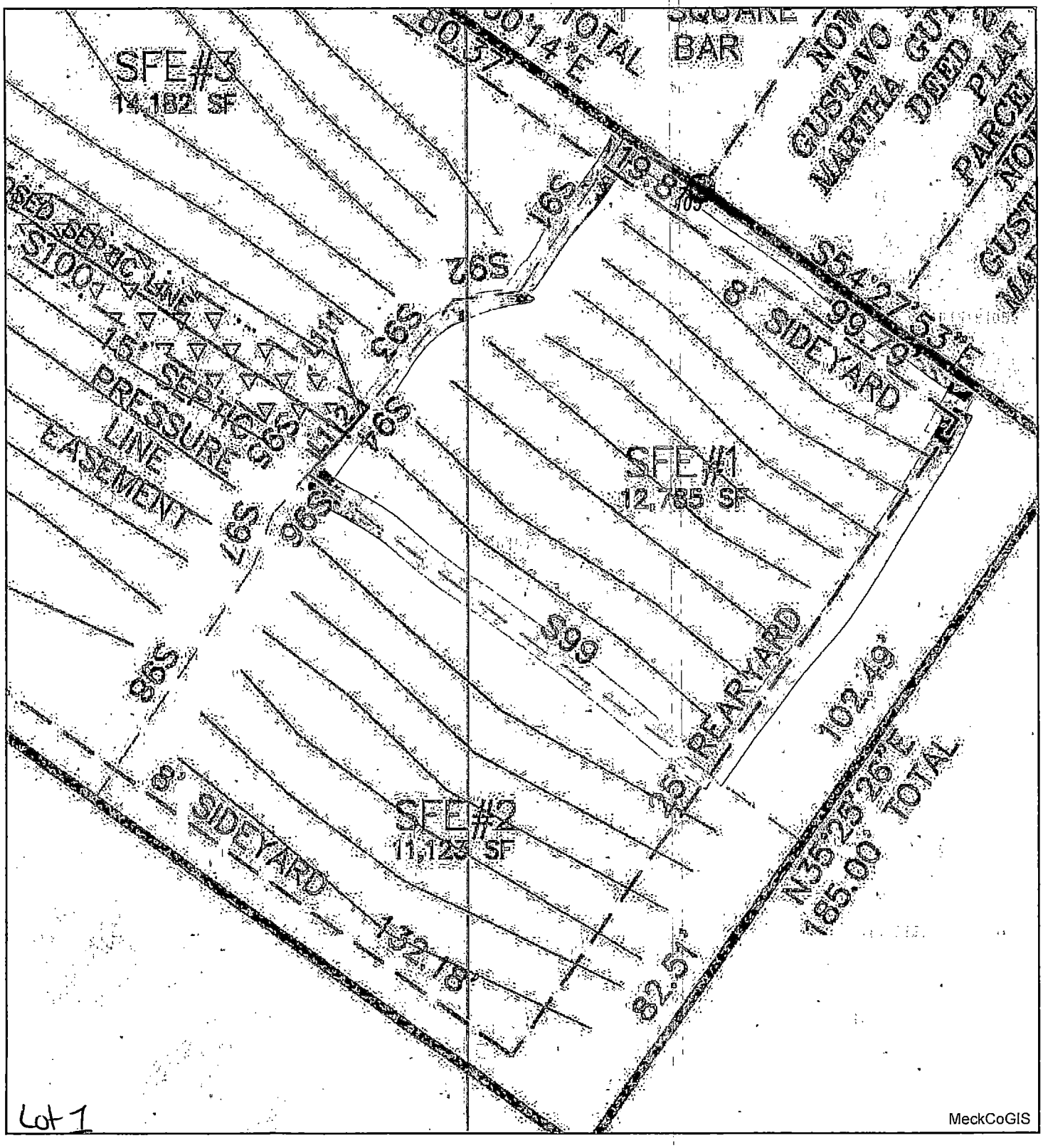
Date: 11-17-22

Owner/Legal Agent: [signature]

Date: 11/23/22

1 inch = 30 feet

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health Program
Improvement Permit # 30012699
PID# 015-171-02
11220B

Authorized Agent: Heather Ray

Date: 11-17-22

Owner/Legal Agent: _____

Date: _____

1 inch = 30 feet

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30012699** GWS File #: **11220B** Tax Parcel #: **015-171-02**

- 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. 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):** 11/10/2027

Type of Installation: Residential - New System Lot Number: 1

Structure Type: HOUSE Size (ft^2): 3000 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	960	Total Trench Length (ft):	320
Maximum Trench Depth (in):	30	Depth of Media (in):	24	Distribution Device:	Manifold (LPP Distri		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	960	Total Trench Length (ft):	320
Maximum Trench Depth (in):	30	Depth of Media (in):	24	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 11/10/2022

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30012699** GWS File #: **11220B**

IV. Permit Conditions/Comments:

- Easement agreement forms shall be on file and the property shall be deeded and recorded prior to issuance of Construction Authorization.
- This type of septic system requires an inspection once every 3 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- LOT 1/ 4 BEDROOMS ONLY

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray

Signature: _____

Date Issued: 11/10/2022

Owner/Legal Agent: _____
Print Name

Signature: _____

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 11220B App# 12699 Tax Parcel# 015 17 102

Property Owner: Knott Builders

Job Location Address: 7108 Hambright Rd

City: Huntersville State: NC Zip Code: 28078

1. Does System design match facility, flow & wastewater characteristics?

☐ YES ☐ NO

Comments: N/A

2. Is there sufficient available space for the septic systems initial and repair areas?

☑ YES ☐ NO

Comments: _____

3. Can the septic system be installed per the permit conditions and drawing on file?

☑ YES ☐ NO

Comments: _____

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☐ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Heather Ruy — Authorized Agent

3-20-25 — Date

Carlos — Others Present

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 11220b Permit #: 15142 Tax Parcel #: 01517132

Property Owner: Knotts Builders

Job Location Address: 7108 HAMBRIGHT RD

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 4/1/25 Contractor Name: Lago Vista

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture shoaf Effluent Pump Model: Zoellar

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 2 feet

Line Spacing: 8 feet (O.C.)

Total line length: 320 feet

# of Lines: 4 @ 40 feet

Depth of Media: 22 inches (Type) PPBPS

Depth of Cover: 6 inches

Distribution Device: LPP

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: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

Inspection Dates

Tank(s) Inspected: 4-1-25

Excavation Inspected: 4-1-25

Pump & Controls Inspected: 4-1-25

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Installed as designed See attached site plan

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: IVa/VPPBPS/LPP/Offsite/

DENR Authorized Agent: Heather Ray Signature: Heather Ray

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 11220b Permit #: 15142 Tax Parcel #: 01517132

Property Owner: Knotts Builders

Job Location Address: 7108 HAMBRIGHT RD

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: IVa

*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.

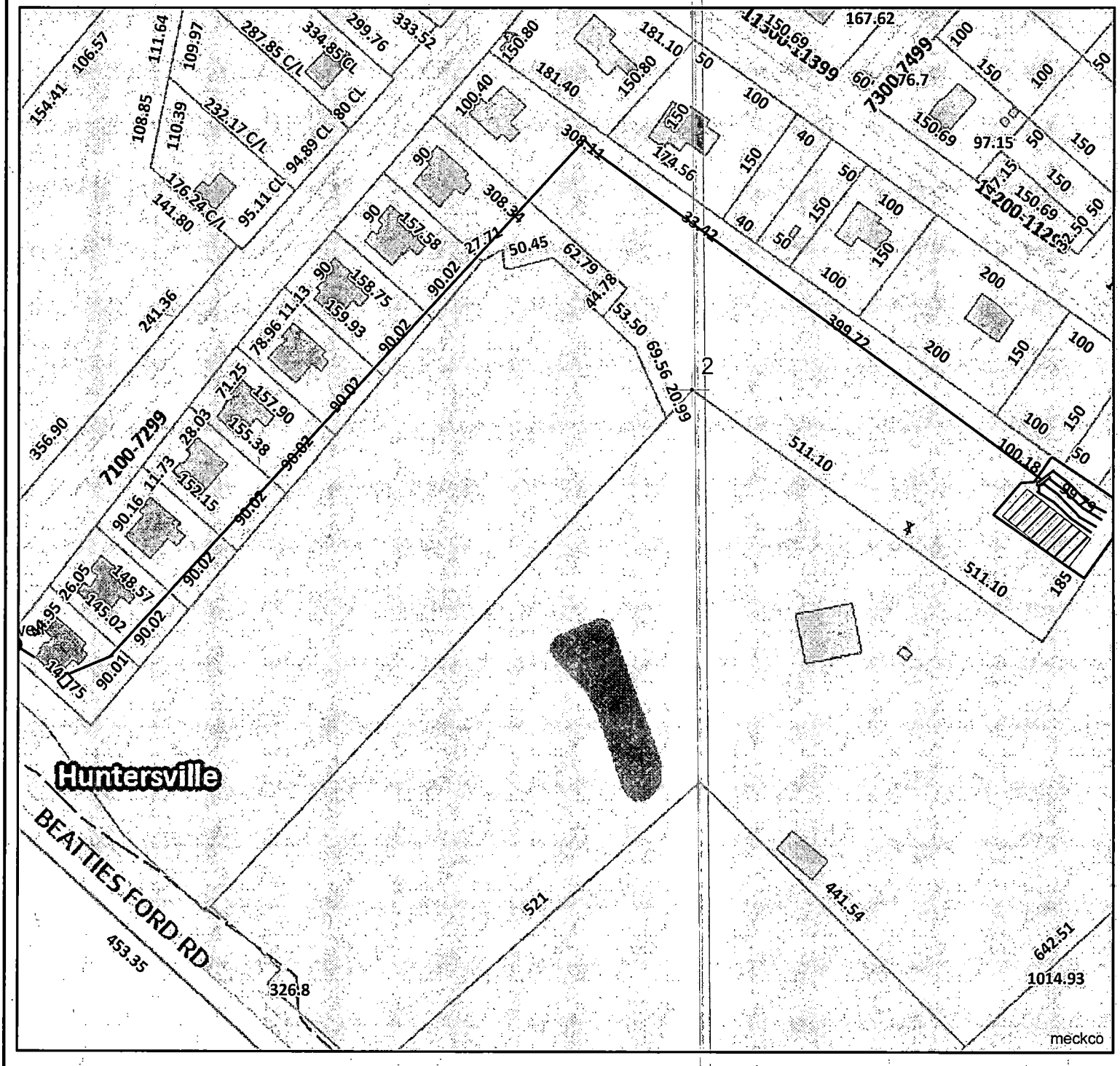
☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Heather Ray Date: 4/27/25

Signature: Heather Ray

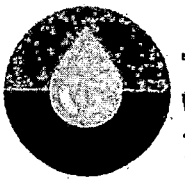
Operations Permit Site Plan



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

7108 Hambright
File #:11220B

1 inch = 167 feet



HAMBRIGHT FOREST HOMEOWNER'S ASSOCIATION
AGREEMENT FOR SERVICES

This AGREEMENT FOR SERVICES (*"Agreement"*) *is made and entered into by and between* HAMBRIGHT FOREST HOMEOWNERS ASSOCIATION (the "Association") and TCW WASTEWATER MANAGEMENT, LLC ("TCW").

RECITALS

1. The Association is a homeowner's association formed for the benefit of the property owners in Hambright Forest, a residential subdivision located in Mecklenburg County, North Carolina.

2. All homes in the Hambright Forest community have/will have septic systems. (Community being built out)

3. The Association on behalf of itself and its homeowners, desires to provide for the inspection and maintenance of the private septic systems on the individual residential lots.

4. TCW is a qualified inspection and maintenance contractor for private septic and pump systems and intends to provide maintenance services for the Association and its members. TCW desires to enter into this Agreement.

Based on the preceding Recitals and the Terms contained below, which the parties agree constitute sufficient legal consideration to make this Agreement legally binding and enforceable, the parties agree as follows.

TERMS

1. Duration of Agreement. This Agreement shall be in full force and effect for the period commencing on January 16, 2024 and ending on December 31, 2026, unless sooner terminated under the provisions of this Agreement.

2. Scope of Services to be Performed by TCW. TCW shall perform the services described in Attachment A, which is incorporated by reference. "Services" shall consist of Base Services and Additional Services, if applicable, as further described in Attachment A. TCW shall comply with all federal, state, and local laws and regulations applicable to the performance of such Services. TCW shall perform the Services diligently and completely in a good and workmanlike manner in accordance with professional industry standards of conduct and performance (with the skill, knowledge and judgment required or reasonably expected of providers of comparable services for comparable properties).

3. Compensation and Method of Payment.

a) Payment for the Base Services will be made according to the following fee schedule for the calendar service year(s).

start Aug 2024 / Feb 2025

Year 2024-2026
Type IV systems (total $270/yr - inspection months TBD)

b) The Association and TCW shall agree on the number of lots to receive services for the calendar year. Invoicing will be sent to the HOA after the inspections are performed (2x a year) and will be due within thirty (30) days after receipt by the Homeowner's Association of TCW's invoice. Any additional services or repairs shall be paid by the homeowner at the time of inspection. Additional Services is other work outside the services that are requested and approved by a Homeowner. The Association will not be responsible for payment for Additional Services requested by Homeowners.

c) The number of lots to receive Base Services for each calendar year shall include all lots identified in a spreadsheet sent over by [redacted]. Hambright Forest HOA

4. Indemnification.

a) TCW agrees to indemnify, save harmless and, at Association's sole option, defend Association and Association's directors, officers, members and agents from and against all claims, demands, damages, costs, losses, liabilities, causes of action, suits, fines, penalties and expenses (including reasonable attorneys' fees through the final appeal), whether at law, in equity, or administrative in nature, to the extent arising out of, resulting from, caused by or in connection with (i) any acts, errors or omissions of TCW in the performance of this Agreement, (ii) personal injury, death, or property damage resulting from TCW's acts, errors or omissions, or (iii) any violation of federal, state or local law, regulation, rule or ordinance by TCW.

b) The Association agrees to indemnify, save harmless and, at TCW's sole option, defend TCW and TCW's directors, officers, shareholders and agents from and against all claims, demands, damages, costs, losses, liabilities, causes of action, suits, fines, penalties and expenses (including reasonable attorneys' fees through the final appeal), whether at law, in equity, or administrative in nature, to the extent arising out of, resulting from, caused by or in connection with (i) any acts, errors or omissions of the Association in the performance of this Agreement, (ii) personal injury, death, or property damage resulting from the Association's acts, errors or omissions, or (iii) any violation of federal, state or local law, regulation, rule or ordinance by the Association.

7. Insurance. TCW shall procure and maintain for the duration of this Agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by TCW, its agents, representatives, employees or subcontractors. The cost of such insurance shall be paid by TCW. Insurance shall meet or exceed the following unless otherwise approved by the Association.

a) Minimum Scope of Insurance

1. Broad Form Comprehensive General Liability in policy form approved by the North Carolina Department of Insurance.

2. Automobile Liability activities involving other than incidental personal auto usage in policy form approved by the North Carolina Department of Insurance.

3. Workers' Compensation coverage as required under the laws and regulations of the State of

North Carolina.

b) Minimum Levels of Insurance

1. Comprehensive or Commercial General Liability: $1,000,000 per occurrence / $2,000,000 aggregate combined single limit for bodily injury, personal injury and property damage.

2. Automobile Liability: $1,000,000 combined single limit per accident for bodily injury and property damage.

3. Workers' Compensation coverage as required under the laws and regulations of the State of North Carolina.

c) Other Provisions

Wherever possible, the policies are to contain, or be endorsed to contain, the following provisions:

1. Comprehensive General Liability and Automobile Liability Coverage

i. TCW, its officials, employees and members are to be covered as additional insureds as respects: liability arising out of activities performed by or on behalf of TCW; products and completed operations of TCW; premises owned, leased or used by TCW; or automobiles owned, leased, hired or borrowed by TCW. The coverage shall contain no "special" limitations on the scope of protection afforded to the Association, its officials, employees or members. However, there are always normal limitations, such as exceptions and limits, to all insurance coverages.

ii. TCW insurance shall be primary insurance as respects the Association, its officials, employees and members. Any insurance or self-insurance maintained by the Association, its employees or members shall be in excess of TCW's insurance and shall not contribute with it.

iii. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the Association, its officials, employees or members.

iv. Coverage shall state that the Vendor's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

d) All Coverage

Each insurance policy required by this clause shall not be canceled except after thirty (30) days prior written notice has been given to the Association with proof of re-instatement within the same thirty (30) day notice.

e) Acceptability of Insurers

Insurance is to be placed with insurers with a current Bests' rating of A+ or greater.

f) Verification of Coverage

TCW shall furnish the Association with certificates of insurance affecting coverage required hereunder. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage identified in A(3) and A(4) above.

g) Subcontractors

TCW shall include all subcontractors as insureds under its policies or shall require subcontractors to provide their own coverage. All coverage for subcontractors shall be subject to all of the requirements stated herein. Upon request by the Association, TCW shall provide insurance certificates evidencing all insurance required of its subcontractors.

8. Record Keeping and Reporting.

a) TCW shall maintain accounts and records, which sufficiently and properly reflect all direct costs of any nature expended for the Services performed pursuant to this Agreement. TCW shall also consider maintaining such other records as may be deemed necessary by the Association to ensure proper accounting of all amounts paid by the Homeowners for performance of this Agreement by TCW.

b) The foregoing records shall be maintained for a period of two (2) years after termination of this Agreement.

9. Audits and Inspections. The records and documents of TCW, with respect only to inspection matters covered by this Agreement, shall be subject at all times to inspection, review or audit, at the sole expense of the Association, during the term of this Agreement.

10. Termination.

a) The Association may terminate this Agreement in the following circumstances:

1) immediately, if TCW's insurance coverage is cancelled for any reason or any other material breach of TCW's obligations under this Agreement has occurred and has not been cured within ten (10) days following TCW's receipt of written notice from the Association of such breach; or

2) upon thirty (30) days notice, if TCW fails to perform any of TCW's obligations hereunder, and such failure continues for ten (10) days following TCW's receipt of written notice for correction from the Association of such failure; or

3) upon thirty (30) days notice, at any time after the Association has sent at least three (3) notices of default to TCW pursuant to subparagraph 2, above.

4) immediately, for any reason, upon the mutual written agreement between both parties for any reason. A written letter of termination must be agreed upon and signed by both parties to this Agreement.

b) TCW may terminate this Agreement upon thirty (30) days notice if the Association fails to perform any of the Association's obligations hereunder and such failure continues for ten (10) days following the Association's receipt of written notice for correction from TCW of such failure.

c) This Agreement also terminates if Operation Permits for the systems are revoked and all revocation appeals are exhausted or waived.

d) In the event this Agreement is terminated or suspended, TCW shall be entitled to payment for all Services performed and reimbursable expenses incurred to the date of termination.

e) This provision shall not prevent either party from seeking any legal remedies it may otherwise have for the violation or nonperformance of any provisions of this Agreement.

11. Discrimination Prohibited. TCW shall not discriminate against any employee, applicant for employment, or any person seeking the services of TCW under this Agreement, on the basis of race, color, religion, creed, sex, age, national origin, marital status, or presence of any sensory, mental or physical handicap.

12. Assignment and Subcontract. TCW has the right to assign or subcontract any portion of the Services contemplated by this Agreement. However, TCW shall remain liable and responsible for all Services and conditions contemplated by this Agreement.

13. Conflict of Interest. TCW represents to the Association that it has no conflict of interest in performing any of the Services. In the event that TCW is asked to perform Services for a project with which it may have a conflict, TCW will immediately disclose such conflict to the Association.

14. Confidentiality. All information regarding the Association obtained by TCW in performance of this Agreement shall be considered confidential and shall not be disclosed without the prior written consent of the Association. All information regarding TCW obtained by the Association in performance of this Agreement shall be considered confidential and shall not be disclosed without the prior written consent of TCW.

15. Limited Warranty. TCW's SOLE DUTIES AND RESPONSIBILITIES UNDER THIS AGREEMENT ARE 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.

16. Entire Agreement. This Agreement, including its attachments, contain the entire agreement between the parties, and no other agreements, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or bind either of the parties. Either party may request changes to the Agreement. Changes which are mutually agreed upon shall be incorporated by written amendments to this Agreement.

17. Notices. a) Notices to the Association shall be sent to the following address:

Hambright Forest Homeowners Association

PO Box 687
Pineville NC 28134

Contact: Julie Hobbs

b) Notices to TCW shall be sent to the following address:

TCW Wastewater Management, Inc.
5600 Lakeview Road
Charlotte, NC 28269
Attn: Amanda Morrison

18. Applicable Law; Venue; Attorneys' Fees. This Agreement shall be governed by and construed in accordance with the laws of the State of North Carolina. In the event any suit or other proceeding is instituted to enforce any term of this Agreement, the parties specifically understand and agree that venue shall be exclusively in Iredell County, North Carolina. The prevailing party in any such action shall be entitled to its attorney's fees and costs of suit, which shall be fixed by the judge hearing the case and such fee shall be included in the judgment.

19. Severability. Any provision or part of this Agreement held to be void or unenforceable under any law or regulation shall be deemed stricken and all remaining provisions shall continue to be valid and binding upon the Association and TCW, who agree that the Agreement shall be reformed to replace such stricken provision or part with a valid and enforceable provision that comes as close as reasonably possible to expressing the intent of the stricken provision.

20. Survival. Neither completion of the Services nor any termination or cancellation of this Agreement shall be deemed to relieve a party of any obligations hereunder that by their nature survive completion of the Services, including but not limited to all warranties, guarantees, promises of indemnity, and confidentiality obligations.

IN WITNESS, the parties have executed this Agreement as provided below, pursuant to authority duly given.

HAMBRIGHT FOREST HOMEOWNER'S ASSOCIATION

Date: 1-16-24

By: Jay Knott

Title: Vice President

TCW WASTEWATER MANAGEMENT, INC.

Date: 1/16/24

By: Amanda W. Morrison

Title: Accounting

ATTACHMENT A

Services to be Performed by TCW for Hambright Forest

1) Base Services. TCW shall provide Base Services according to the minimum schedule of inspections/services required by regulations for septic systems as described below.

a) Conduct inspections of septic systems: two times per 12-month period (type IV systems) using a detailed checklist, testing all components for their proper operation, adjusting flow imbalances to systems through the distribution devices, cleaning components, flushing system distribution pipes, and report to the system owner any deficiencies that are detected at the time of the inspection or any detected potential issues that may affect the integrity of the system.

b) Recommend to the system owner that their septic tank and /or their pump tank requires pumping or cleaning based on specific measurements of the solids levels in the tanks.

c) Provide up to two (2) system "Drainfield Malfunction" or "Component Repair" consultations at no additional charge, unless continued visits are required at the request of the homeowner that may come from neglecting to act on a repair recommendation by TCW. If more than three visits within any calendar year are required to perform consultation on the same problem additional fees or charges at TCW's normal rates may apply.

d) Respond to odor problems at no additional charge except for repeat or non-related, to the septic system, requests.

e) Respond to service/alarm calls during normal business hours at the TCW service/alarm call rate.

f) Provide an Inspection Report to the system owner for each inspection. Reports are recommended electronically by email or can be requested to be sent by hard copy through USPS if email is not available. Copies are sent to the Health Department as applicable or when violations are detected.

g) Provide technician response 24-hour, 7 days a week for emergency contact.

h) Reporting of chronic non-compliant or malfunctioning systems to the Homeowners Association.

i) Provide inspection reports to local health department or other regulatory agencies having jurisdiction as required by applicable laws or regulations. If inspections indicate the need for system repairs:

a) Provide notice to the local health department within 48 hours as required.
b) Provide notice to the Association upon non-responsiveness by homeowner if system is "non-compliance" to NC State Rules and Regulations.
c) Provide notice to system owners of needed repairs, and, if the necessary repairs are outside the scope of Base Services, **then at the owner's request and option**, TCW will provide an

STK

estimate and will perform the necessary repairs at TCW's then prevailing charges for services and materials. The owners may choose any qualified service contractor to perform the needed repairs to their system as long as the work performed meets all community, state, and local specifications and rules.

j) Inspect and approve new septic system installations in accordance with the community CCR's and applicable local health department and other regulatory agencies having jurisdiction as required by applicable laws or regulations.

k) During the first year of any new construction, conduct inspections of new septic systems two (2) times using a detailed checklist, testing all components for their proper operation, adjusting flow imbalances to systems through the distribution devices, cleaning components, flushing system distribution pipes, and report to the system owner any deficiencies that are detected at the time of the inspection or any detected potential issues that may affect the integrity of the system. TCW must be contacted by the system owner, building contractor or system installer in order to be aware that new system needs to be inspected.

l) A fee of $250 shall be billed from TCW directly to the system owner or building contractor for New Construction and Base Services described in i) and j) above and shall not be included in the calculation of the number of lots to be billed per Paragraph 3 of the Agreement.

2) If TCW's services are terminated, TCW will notify the local health department within 48 hours, and notify any other regulatory agency requiring notice as required.

STK

ATTACHMENT B

Lots to be Serviced by TCW

HAMBRIDGE FOREST – HOA will provide an owner list of homes to be inspected

Any and all occupied dwelling sites and future buildable lots that are encompassed in all Phases requiring on-site septic systems, including the Amenities site.

STK

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/11/24	**Amount:**	200.00
Receipt #:	151218	**Tendered:**	200.00
Check / Auth #:	MC 06259Q	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: JULIE HOBBS
Attn: KNOTTS BUILDERS
Address: PO BOX 687
Address:
City/State/Zip: PINEVILLE, NC 28134

Item	Description	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 7108 HAMBRIGHT RD #/	1	200.00	200.00

Permit#

151218 and 151219

SALE
MECKLENBURG ENVIROMENTAL HEALTH
3200 Freedom Dr.
Suite 800
Charlotte, NC 28208
(980) 314-1651

10/11/24	16:41.27
Merchant ID :	153629
Terminal :	451-778-452
Sequence # :	000001
Auth Number	06259Q
AMOUNT:	**$ 400.00**
CARD ENTRY MODE	MANUAL
MasterCard	 0463

x2 phone pymts
SIGNATURE

I agree to pay above total amount in accordance with card issuer's agreement (merchant agreement if credit voucher) Retain this copy for statement verification

Thank you!

MERCHANT COPY

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
				2,737.50	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/11/24	**Amount:**	200.00
Receipt #:	151219	**Tendered:**	200.00
Check / Auth #:	MC 06259Q	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: JULIE HOBBS
Attn: KNOTTS BUILDERS
Address: PO BOX 687
Address:
City/State/Zip: PINEVILLE, NC 28134

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 7108 HAMBRIGHT RD #1	1	200.00	200.00

Permit#

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
				2,737.50	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/02/21	**Amount:**	250.00
Receipt #:	131698	**Tendered:**	250.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: X43281
Contractor: KNOTTS BUILDERS
Attn:
Address: P O BOX 687
Address:
City/State/Zip: PINEVILLE, NC 28134

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 7140 HAMBRIGHT ROAD #1		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
250.00					