

13514 CLIFFHAVEN LN

02121117

6/18/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

Michael W. Armistead
& Regina T.
13514 Cliffhaven Ln
Huntersville, NC 28078

021-211-17

11342

MECKLENBURG COUNTY
Health Department

August 27, 2004

Evelyn Smith
13514 Cliffhaven Lane
Huntersville, NC 28078

Dear Ms. Smith:

It has come to my attention you are recently in receipt of a letter from this department concerning the maintenance contract with your Certified Septic System Operator serving your residence. Due to a clerical error this letter was sent to you erroneously and I regret any confusion this may have caused you or Tri County Wastewater. I have personally spoken with Mr. Bannister and am assured that all contracts concerning your septic system are in force.

Please call me personally at (704) 336 5575 if you have any questions concerning this matter.

Sincerely,

Kelly H. Randall

Kelly H. Randall, R.S.
Senior Environmental Health Specialist
Mecklenburg County Health Department

Mecklenburg County
Health Department

July 10, 2002

Evelyn Smith
13514 Cliffhaven Lane
Huntersville, NC 28078

Dear Mrs. Smith:

The State required inspection of the Type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 13514 Cliffhaven Lane, Huntersville, North Carolina, was completed on 6/17/02. The results of this inspection are enclosed.

During our inspection a bacteriological as well as two inorganic water samples were taken of your private water supply. The results of the inorganic samples were in the acceptable range for private wells.

Due to an error encountered during the sampling process, the laboratory could not analyze the bacteriological sample taken on 6/17/02. We will return for a resample at your convenience. Please call the number given below so that we may know of an appropriate time to return.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Report
Inorganic Analysis Results
Septic System Owner's Guide

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
11342 — Permit/Project No.
13514 CLIFFHAVEN LN — Location
RESIDENCE — Name of Establishment / Type of Establishment
480 GPD — Design Flow
EVELYN SMITH — Owner/Agent
13514 CLIFFHAVEN LANE HUNTERSVILLE, NC 28078 — Address
Phone
TRI-COUNTY WASTEWATER — Operator
Address
Phone
Remarks IVCS

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☑	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☑	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	RECOMMEND PLANTING GRASS OVER DRAINFIELD.
Diversions/ditches/swales/tile drains properly maintained?	☐	☑	
Line cover/vegetation adequate/maintained as needed?	☐	☑	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☐	☐	
Repair area properly reserved, maintained?	☐	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 6/14/02 SIGNED: [signature] RSI AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Smith, Evelyn
Address: 13514 Cliffhaven Lane
Huntersville, NC **Zip:** 28078

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: David L. Cornelius
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: D.L. CORNELIUS **Date:** 6/17/02 **Time:** 2:50:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	6	mg/l	6/19/02
Silver	<0.05	mg/l	6/19/02
Alkalinity as CaCO3	102	mg/l	6/19/02
Arsenic	<0.001	mg/l	6/19/02
Barium	<0.1	mg/l	6/19/02
Calcium	25.6	mg/l	6/19/02
Cadmium	<0.005	mg/l	6/19/02
Chloride	12	mg/l	6/19/02
Chromium	<0.01	mg/l	6/19/02
Copper	<0.05	mg/l	6/19/02
Fluoride	<0.20	mg/l	6/19/02
Iron	<0.05	mg/l	6/19/02
Hardness as CaCO3 (Ca,Mg)	92	mg/l	6/19/02
Mercury	<0.0005	mg/l	6/19/02
Magnesium	6.8	mg/l	6/19/02
Manganese	<0.03	mg/l	6/19/02
Sodium	18	mg/l	6/19/02
Lead	<0.005	mg/l	6/19/02
pH	8.0	Std. unit	6/19/02
Selenium	<0.005	mg/l	6/19/02
Zinc	<0.05	mg/l	6/19/02

NOT A POTABLE WATER
North Carolina State Laboratory of Public Health

Date Received: 6/19/02 **Report Date:** 7/8/02 **Reported By:** DM
Today's Date: 7/9/02 **Ref:** 8369 **Login Batch:** 02060048 **Sample Number:** AA78411

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Smith, Evelyn
Address: 13514 Cliffhaven Lane
Huntersville, NC **Zip:** 28078
County: MECKLENB

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Other

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21
ATTN: David L. Corneliu
(704) 336-5101

Collected By: D.L. CORNELIUS **Date:** 6/17/02 **Time:** 2:50:00 PM
Location of sampling point: Well Head
Remarks: 704 336 5100

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	6/19/02
Nitrate as N	<1.0	mg/l	6/19/02

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 6 °C
Date Received: 6/19/02 **Report Date:** 7/2/02 **Reported By:**
Today's Date: 7/3/02 **Reference:** 8395 **Login Batch** 02060048 **Sample Number:** AA78437

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

Mecklenburg County
Health Department

April 2, 2002

Evylyn Smith
13514 Cliffhaven Lane
Huntersville, NC 28078

Dear Ms. Smith:

As you requested during our recent phone conversation, a list of certified operators in the Mecklenburg County area has been attached.

If you have an interest in becoming a certified operator, the person to contact is Joni Tanner. Her phone number is 919-513-1678; e-mail address: joni_tanner@ncsu.edu .

If you have any other questions regarding this matter, please feel free to call me at 704-336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Evelyn Smith
13514 Cliffhaven Lane
Huntersville, NC 28078

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Evylyn Smith	13514 Cliffhaven Lane	2108216	11342	IVa
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name Evelyn Smith

Site Address _____

_____

# of Bedrooms 3

BILL INFORMATION

Billing Date: 4/1/02

Payment Due Date: 5/1/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☑ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 11342 DATE: 6/28/95

TC: 021-042-16 ☐ L ☒ CRT

SERIAL Nº 14241

Name of Owner Richard W. Parker Juris.:

Address of Property 13514 Cliffhaven Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 350' LPP

Number of Lines 5 @ 70'

Cover Depth 6"-8"

Water Supply Source well

Distance to Water Source

Excavation Inspected 5/26/95

Tank(s) Inspected 5/26/95

Wash Line Inspected –

High Water Alarm Inspected 6/23/95

PLOT

Design: 1995, 1500ST, 1000DT, PI, 350' LPP series not determine CTR# Howell Grading: 174

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☒ 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 10 NCAC 10A .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.

COMMENTS: Septic system installed for 4 bedroom residence Maintenance agreement on file 6/28/95. Septic installed in accordance with approved plot plan.

Philip A. Walker R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

TRI-COUNTY WASTEWATER
P.O. Box 1830
Indian Trail, NC 28079
(704) 821-8841

Date of Inspection: 11-25-01

☒ 6 Mo. ☐ Follow-up
☐ 12 Mo. ☐ Service Call

County: Mck

System Classification & Type: 4

Michael Armistead
13514 Cliffhaven Lane
Huntersville NC 28078

Location of System

Lot #_____ Phase_____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?				
Signs of infiltration?		Septic Tank		
Tanks and access structurally sound?		Water Depth		
Sanitary tee(s) in good condition?		Septic Tank Needs Pumping		
Effluent filter cleaned?				
Effluent filter in good condition?				

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?				
Signs of infiltration?		Grease Trap		
Grease trap and access structurally sound?		Water Depth		
Sanitary tee(s) in good condition?		Grease Trap Needs Pumping		
Effluent filter cleaned?				
Effluent filter in good condition?				

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	
Signs of Infiltration?	✓	Filter in Good Condition	
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	
Control panel enclosure/components in good condition?	✓	Pump #3	
Effluent appears clear and free of solids?	✓	Pump #4	

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓
Surface water being effectively diverted away?	✓
Line cover & vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Distribution devices in good working condition?	✓
Repair area properly reserved, maintained?	✓

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?		Corrected Today
Evidence of leakage, blockage in discharge lines?		Corrected Today
Pressure head is properly adjusted?		Corrected Today

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today
Laterals free of excess solids?	✓	
Laterals flushed this inspection?	yes	
Pressure head is properly adjusted?	✓	Corrected Today

Pump Tank Size 1,000 gallons
Level Begin Dose 62 Level End Dose 69 Dose Amount (Gallons) 140
Run Tiime 3.5 Level Begin 69 Level End 76.5 Flow Amount 60 (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	5'	5'
2	2			
3	3			
4	4			
5	5			

RECOMMENDATIONS TO OWNER: Everything looks good

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT** _____

SIGNATURE OF "ORC": M. Gwinnett

DEH

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

TRI-COUNTY WASTEWATER
8037 Fairview Road, Suite G
Charlotte, NC 28227
(704) 545-1711

Date of Inspection: 6-12-00
☒ 6 Mo. ☐ Follow-up ☐ 12 Mo. ☐ Service Call

County: Mecklenburg
System Classification & Type: IV

Michael Armistead
13514 Cliffhaven Lane
Huntersville NC 28078

Location of System: same

Lot # _____ Phase _____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?	✓			
Signs of infiltration?	✓	Septic Tank	✓	___
Tanks and access structurally sound?	✓	Water Depth	✓	
Sanitary tee(s) in good condition?	✓	Septic Tank Needs Pumping	✓	
Effluent filter cleaned?	✓			
Effluent filter in good condition?	✓			

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?	✓			
Signs of infiltration?	✓	Grease Trap	___	___
Grease trap and access structurally sound?	✓	Water Depth	___	
Sanitary tee(s) in good condition?	✓	Grease Trap Needs Pumping	___	
Effluent filter cleaned?	✓			
Effluent filter in good condition?	✓			

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	___
Signs of Infiltration?	✓	Filter in Good Condition	___
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	___
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	___
Control panel enclosure/components in good condition?	✓	Pump #3	___
Effluent appears clear and free of solids?	✓	Pump #4	___

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓	
Surface water being effectively diverted away?	✓	
Line cover & vegetative cover maintained properly?	M	Natural area
Protected from traffic, destructive uses?	✓	
Distribution devices in good working condition?	✓	
Repair area properly reserved, maintained?	✓	

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?	✓	Corrected Today ___
Evidence of leakage, blockage in discharge lines?	✓	Corrected Today ___
Pressure head is properly adjusted?	✓	Corrected Today ___

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today ___
Laterals free of excess solids?	✓	
Laterals flushed this inspection?	NO	
Pressure head is properly adjusted?	NO	Corrected Today ✓

SWDSMR 3/99

Pump Tank Size 1000 gallons
Level Begin Dose N/A Level End Dose N/A Dose Amount (Gallons) N/A
Run Tiime N/A Level Begin N/A Level End N/A Flow Amount N/A (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	3'	3'
2	2	↓	↓	↓
3	3			
4	4			
5	5			

RECOMMENDATIONS TO OWNER:

Everything looks Good

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT**

SIGNATURE OF "ORC": Michael Goodnight

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

TRI-COUNTY WASTEWATER
P.O. Box 1830
Indian Trail, NC 28079
(704) 821-8841

Date of Inspection: 11-16-00

☒ 6 Mo. ☐ Follow-up
☐ 12 Mo. ☐ Service Call

County: Meck

System Classification & Type: IV

Michael Armistead
13514 Cliffhaven Lane
Huntersville NC 28078

Location of System

Lot #_____ Phase _____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

		Scum Level	Sludge Level
Tank risers accessible?			
Signs of infiltration?		Septic Tank ____	____
Tanks and access structurally sound?		Water Depth ____	
Sanitary tee(s) in good condition?		Septic Tank Needs Pumping ____	
Effluent filter cleaned?			
Effluent filter in good condition?			

TANKAGE (grease traps)

		Scum Level	Sludge Level
Grease trap risers accessible?			
Signs of infiltration?		Grease Trap ____	____
Grease trap and access structurally sound?		Water Depth ____	
Sanitary tee(s) in good condition?		Grease Trap Needs Pumping ____	
Effluent filter cleaned?			
Effluent filter in good condition?			

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	____
Signs of Infiltration?	✓	Filter in Good Condition	____
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	____
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	____
Control panel enclosure/components in good condition?	✓	Pump #3	____
Effluent appears clear and free of solids?	✓	Pump #4	____

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓	
Surface water being effectively diverted away?	✓	
Line cover & vegetative cover maintained properly?	✓	
Protected from traffic, destructive uses?	✓	
Distribution devices in good working condition?	✓	
Repair area properly reserved, maintained?	✓	

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?		Corrected Today	____
Evidence of leakage, blockage in discharge lines?		Corrected Today	____
Pressure head is properly adjusted?		Corrected Today	____

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today	____
Laterals free of excess solids?	✓		
Laterals flushed this inspection?	✓		
Pressure head is properly adjusted?	✓	Corrected Today	✓

Pump Tank Size 1000 gallons
Level Begin Dose _____ Level End Dose _____ Dose Amount (Gallons) _____
Run Tiime N Level Begin N Level End N Flow Amount _____ (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'		3'
2	2			
3	3			
4	4			
5	5			

RECOMMENDATIONS TO OWNER:

Flushed all lines, set pressures.

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT** _____

SIGNATURE OF "ORC": Michael Goodnight

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

TRI-COUNTY WASTEWATER

P.O. Box 1830
Indian Trail, NC 28079
(704) 821-8841

Date of Inspection: 5-21-01

☐ 6 Mo. ☐ Follow-up
☒ 12 Mo. ☐ Service Call

County: Mecklenburg

System Classification & Type: IV

Michael Armistead
13514 Cliffhaven Lane
Huntersville NC 28078

Location of System

Lot # _____ Phase _____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?				
Signs of infiltration?		Septic Tank		
Tanks and access structurally sound?		Water Depth		
Sanitary tee(s) in good condition?		Septic Tank Needs Pumping		
Effluent filter cleaned?				
Effluent filter in good condition?				

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?				
Signs of infiltration?		Grease Trap		
Grease trap and access structurally sound?		Water Depth		
Sanitary tee(s) in good condition?		Grease Trap Needs Pumping		
Effluent filter cleaned?				
Effluent filter in good condition?				

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	
Signs of Infiltration?	✓	Filter in Good Condition	
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	
Control panel enclosure/components in good condition?	✓	Pump #3	
Effluent appears clear and free of solids?	✓	Pump #4	

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓
Surface water being effectively diverted away?	✓
Line cover & vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Distribution devices in good working condition?	✓
Repair area properly reserved, maintained?	✓

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?		Corrected Today
Evidence of leakage, blockage in discharge lines?		Corrected Today
Pressure head is properly adjusted?		Corrected Today

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today
Laterals free of excess solids?	✓	
Laterals flushed this inspection?	yes	
Pressure head is properly adjusted?	✓	Corrected Today

Pump Tank Size 1000 gallons
Level Begin Dose _____ Level End Dose _____ Dose Amount (Gallons) _____
Run Tiime N Level Begin N Level End N Flow Amount _____ (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	4'	4'
2	2			
3	3			
4	4			
5	5			

RECOMMENDATIONS TO OWNER: Pressures adjusted high to help prevent clogging at valves. Recommend keeping over growth on field cut. Rest of system looks good!

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT _____

SIGNATURE OF "ORC": Michael Goralnight

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11342 DATE: 5-19-95

TC: 021-042-16 ☐ L

SERIAL Nº 16505

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 1-8-95. All work shall be completed on or before 6-19-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

INSTALL AS PER PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 12"

Absorption and/or Nitrification Lines:

Trench Width 12" feet

Trench Walls Scored and Porous _____

Total Line Length 350 feet

Number of Lines 5

Depth of Stone 8" inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 100'+ feet

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

NAME OF OWNER RICHARD PARKER

LOCATION OF PROPERTY 13514 CLIFFHAVEN LN

Comments: _____

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20579 SB

File: 11342 Action 2

Parcel: 021-042-16 ☐ PC

Location: 13514 Cliffhaven Lane

Subdivision:

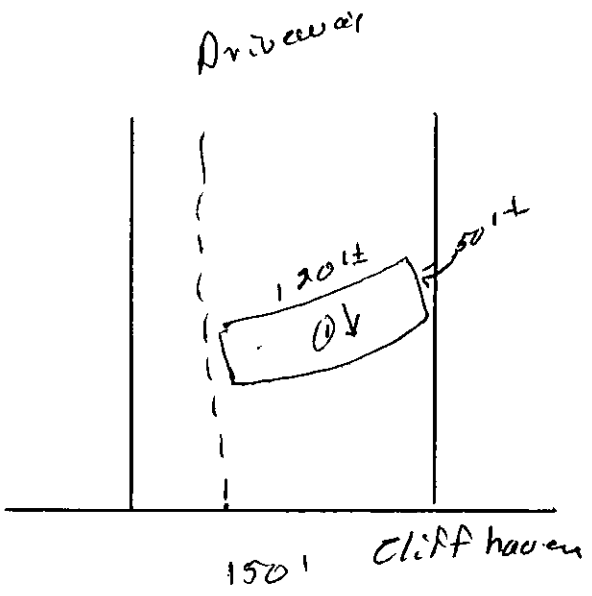
Lot: 24 Block: Acres: 3.0

Owner: Richard W. Parker
Address: 4001 Deich Road
Charlotte, N.C. 28216

Comments: .3 LTAR
Shallower soils near
Driveway end of Area
Investigated

Described by: William R. Marlin
Date: 2-15-95

*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.



FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 10-20%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	(S) PS U sandy loam	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage >36" To soil wetness	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 19"-27"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	II series Not Determined					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

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

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

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

Michael Armistead
(Owner)

Attest:

Michael W. Armistead

Bobby Howell
(Contractor)

Attest:

Bobby Howell

(hr:mecontract.gm)

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: NBR Mortgage TELECOPIER # 563-1951

Attn: Dawn

FROM: D. Webster DATE 06/28/95

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS:

Per Dawn's request

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[ ] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1134

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Bowman (last) Robert (first) B. (mi)
ADDRESS: Box 1378 PHONE: (704) 892-9770
CITY: Davidson STATE: N.C. ZIPCODE: 28078

Date: 1/4/95

PROPERTY OWNER:
NAME: Parker (last) Richard (first) W. (mi)
ADDRESS: 4001 Duck Rd PHONE: (704) 392 2470
CITY: Charlotte STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 021-42-16
STREET ADDRESS: 13514 Cliffhaven Ln.
Huntersville, N.C. 28078
ZONING: Residential

Township (check one):
[X] 0 Mecklenburg County [ ] 1 Charlotte [ ] 2 Davidson [ ] 3 Cornelius [ ] 4 Pineville [ ] 5 Matthews [ ] 6 Huntersville [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: ~~26~~ 24 LOT SIZE (in acres): 3.058

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Richard Parker Date: 1/8/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... LPP System Type IV

Management Form on file

Certified Operator Required

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head 3-20-95 Date

WATER : 1227

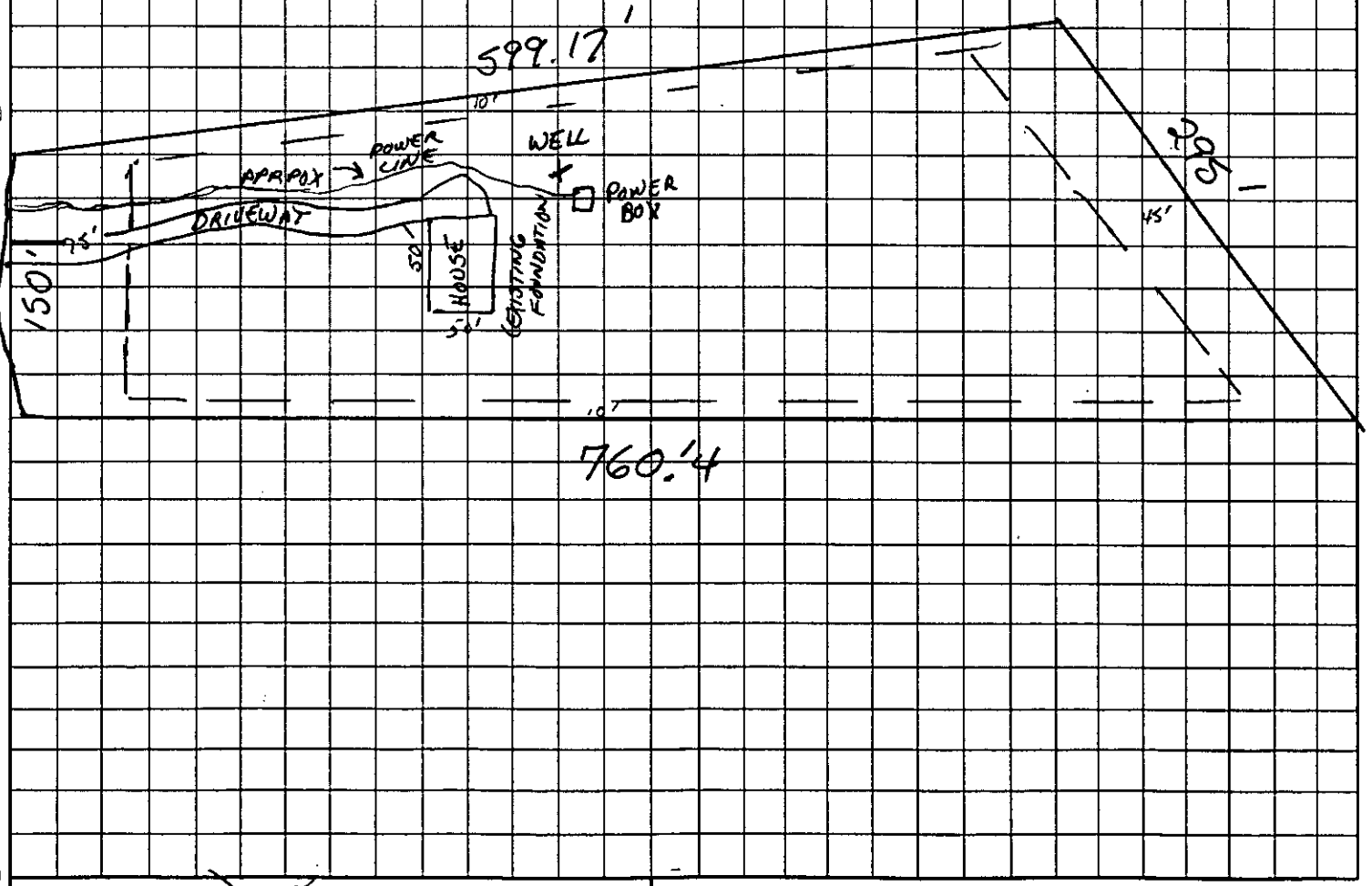
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11342

TC: 021-042-16

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield. SETBACKS



OWNER/AGENT SIGNATURE

DATE 1/9/95

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Mecklenburg County
Health Department

June 2, 1995

Richard Parker
4001 Dick Road
Charlotte, NC 28216

Re: 13514 Cliffhaven Lane
File: 11342 (Tax Parcel No. 021-042-16)

Dear Mr. Parker:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set fourth in the "Laws and Rules for Sanitary Sewage Collection, Treatment, Disposal 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design and .1961 Maintenance of Sewage Systems. "Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (**NEMA 4X** or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (**NEMA 4X** or equivalent).

3) (1) After July 1, 1992, no Improvement Permit shall be issued for Type IV, Type V or Type VI systems, unless a management entity of the type specified in Table V (b) is specifically authorized, funded, and operational to carry out this management program in the service area where the proposed system is to be located.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

4) A contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit required to be maintained by a public or private management entity. The contract shall include the specific requirements for maintenance and operation, responsibilities of the owner and system operator, provisions that the contract shall be in effect for as long as system is in use, and other requirements for the continued proper subsequent owners of the system execute such a contract.

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is **required** for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R. S.
Individual Water and Wastewater Systems

cc: Robert Bowman

Pls type
OP III letter

CC: Robert Bowman

PBW

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1134 2 — $ 1/4/95 # 230 — CERT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: BOWMAN (last) ROBERT (first) B. (mi)
ADDRESS: Box 1378 PHONE: (704) 892-9770
CITY: DAVIDSON STATE: N.C. ZIPCODE: 28078

Date: 1/4/95

PROPERTY OWNER:
NAME: PARKER (last) RICHARD (first) W. (mi)
ADDRESS: 4001 Dick Rd PHONE: (704) 392 2470
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 021 042-16
STREET ADDRESS: 13514 CUFFHAVEN LN. HUNTERSVILLE, N.C. 28078
ZONING: RESIDENTIAL

Township (check one):
[X] 0 Mecklenburg County [ ] 1 Charlotte [ ] 2 Davidson [ ] 3 Cornelius [ ] 4 Pineville [ ] 5 Matthews [ ] 6 Huntersville [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: ~~15~~ 24 LOT SIZE (in acres): 3.058

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Richard Parker Date: 1/8/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... LPP SYSTEM TYPE IV

MAINTENANCE FORM ON FILE

CERTIFIED OPERATOR REQUIRED

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist — Date

Director or Authorized Section Head — 3-20-95 Date

WATER : 12

BK: 08083 PG: 0611/0613 #:0141 12.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 03/15/95 11:12

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 11342
PARCEL # 021-642-16

The undersigned, Michael W. Armistead + Regina J. Armistead owner of property located at 13514 Cliffhaven Lane, (the "site") and described in an instrument recorded in Book 3482 at Page 416, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Michael W. + Regina J. Armistead
Mail after recording to: 7301 Gilead Road Huntersville, NC 28078

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- .When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 14th day of MARCH, 1995.

~~(Corporate Name)~~

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Michael W. Armistead (SEAL)

Regina J. Armistead (SEAL)

_____ (SEAL)

_____ (SEAL)

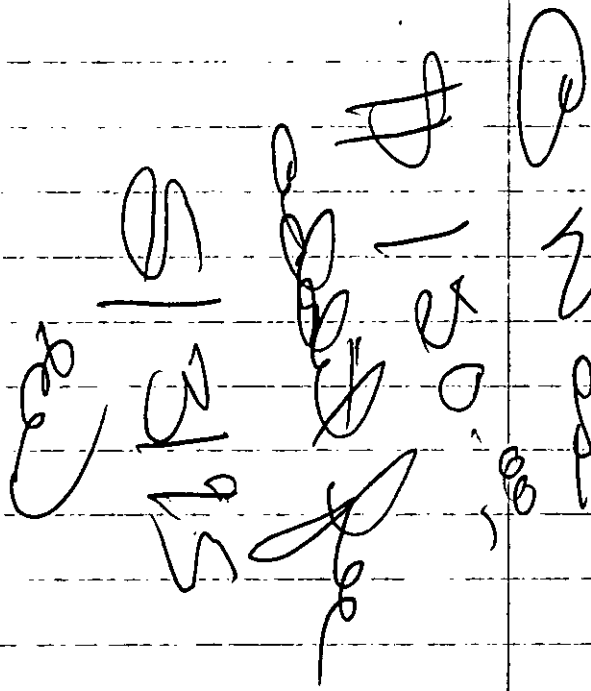
STATE OF NORTH CAROLINA
COUNTY OF Iredell

I, Schvonnah J. Dugan, a Notary Public for said County and State, do hereby certify that Michael W. Armistead and Regina J. Armistead personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 14th day of MARCH, 1995

Schvonnah J. Dugan
Notary Public

My Commission Expires:
My Commission Expires 03-19-1999



MCHD
File: 11342

4 Bedrm. LPP Plan

ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PP8PS-GRAVITY DISTRIBUTION
- 8-INCH PP8PS-PRESSURE DISTRIBUTION
- 16-INCH PP8PS-GRAVITY DISTRIBUTION
- 16-INCH PP8PS-PRESSURE DISTRIBUTION
- ✓ LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

- DROP BOX
- DISTRIBUTION BOX
- DIPPER BOX
- FLOW DIVIDER
- WASH BOX
- SPECIAL FITTINGS - LPP
- PRESSURE MANIFOLD
- SIPHON
- MULTIPLE PUMPS
- OTHER
- WELL ABANDONEMENT
- EASEMENT
- LOT COMBINATION/SURVEY
- EARTHEN SURFACE SWELL
- FRENCH/CURTAIN DRAINS
- GREASE INTERCEPTOR
- PUMP TANK - 1,000 gal.
- SAPROLITE TEST

1,500 gal. Septic Tank

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW

* SEE pg-3.

DISAPPROVED

T. Whitaker
866-9540

File: 11342

DESIGN SPECIFICATIONS

Daily waste flow		400	gal.	
Septic tank size		1,500	gal.	
Pumping tank size		1,000	gal.	
Effluent loading rate		.3	gal/ft²/day	
Absorption area		1,600	ft.	
Total length of laterals		350	ft.	
Lateral diameter		1 1/4	in.	
Lateral configuration		(5) 70	No. and length of lines	
Supply line length		150	ft.	
Supply line diameter		2	in.	
Manifold placement		END		
Hole size*		5/32	in.	
Hole spacing		5 or 6	ft.	
Number of holes		66		
Flow per hole		.41 or .50	gpm	
Total flow		31.22	gpm	1/4" siphon breaker
Elevation head		16	ft.	
Friction head		4.7	ft.	
Pressure head		3	ft.	
Total head		24	ft.	
Pump requirements	.4 HP.	31.22	gpm @ 24 ft. of head	
Storage volume in laterals		22.4	gal.	
Storage volume in supply line		24.3	gal.	
Total storage volume		136.3	gal.	
Dosing volume		140	gal.	
Dosing depth		7	in.	
Check valve needed ?		NO		

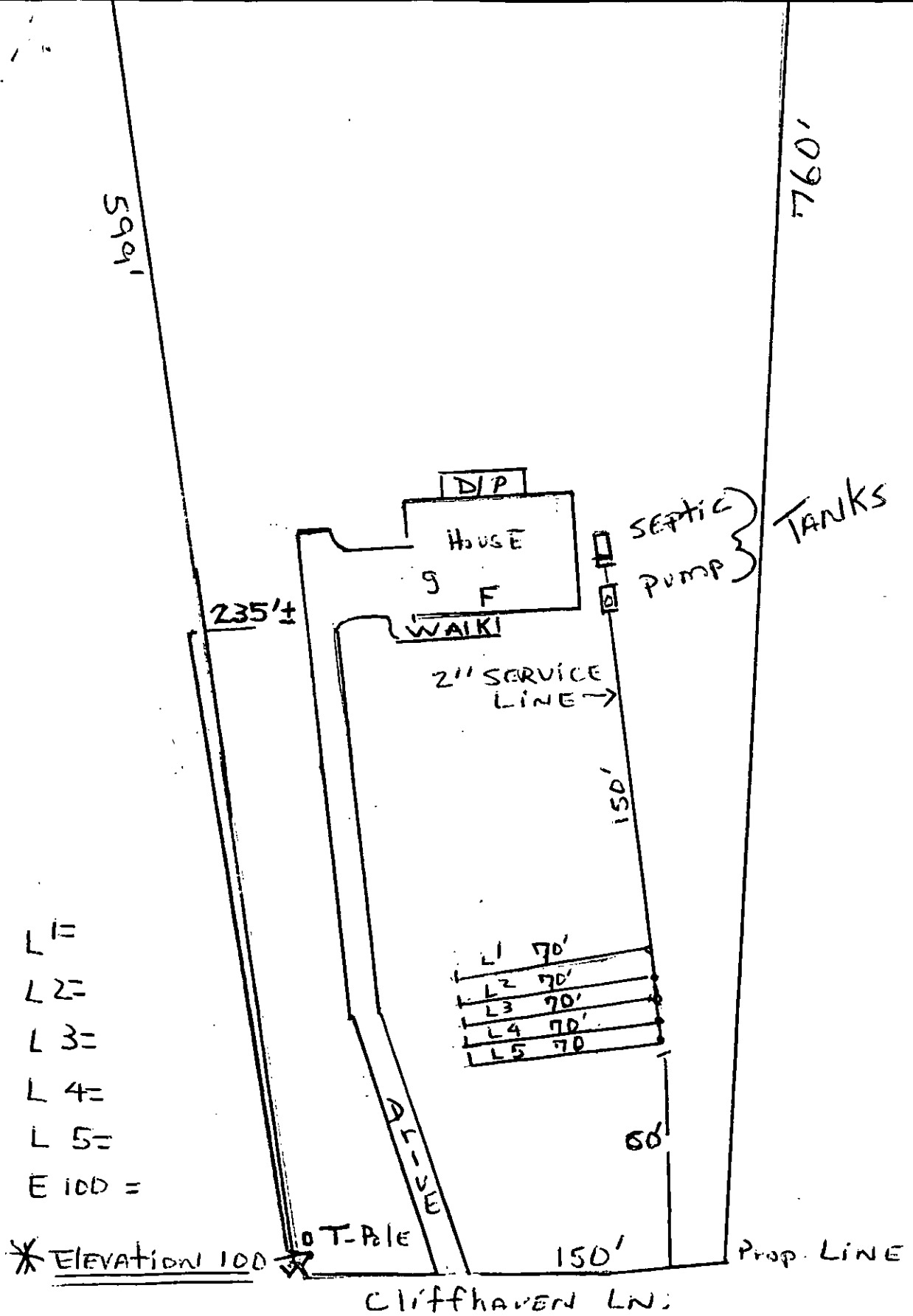
* Note: Data on hole size, spacing, pressure head and flow must be listed for each line for systems where lines are different (such as sloping lots).

Effluent Loading Rate for LPP Systems (.16) unless otherwise specified by this department.

11342

LINE	#HOLES PER LINE	HOLE SIZE	HOLE SPACE START		LINE HEAD	LINE LENGTH	HOLE FLOW	PER MIN. LINE FLOW	LOAD. PER. FT.^{2}
L^1	14	5/32	5	5	2	70	.41	5.74	.082
L^2	14	5/32	5	5	2	70	.41	5.74	.082
L^3	14	5/32	5	5	2	70	.41	5.74	.082
L^4	12	5/32	5	6	2.5	70	.50	6	.085
L^5	12	5/32	5	6	3	70	.50	6	.085
~~Total~~s	66					350		29.22 + 2 = 31.22	

11342



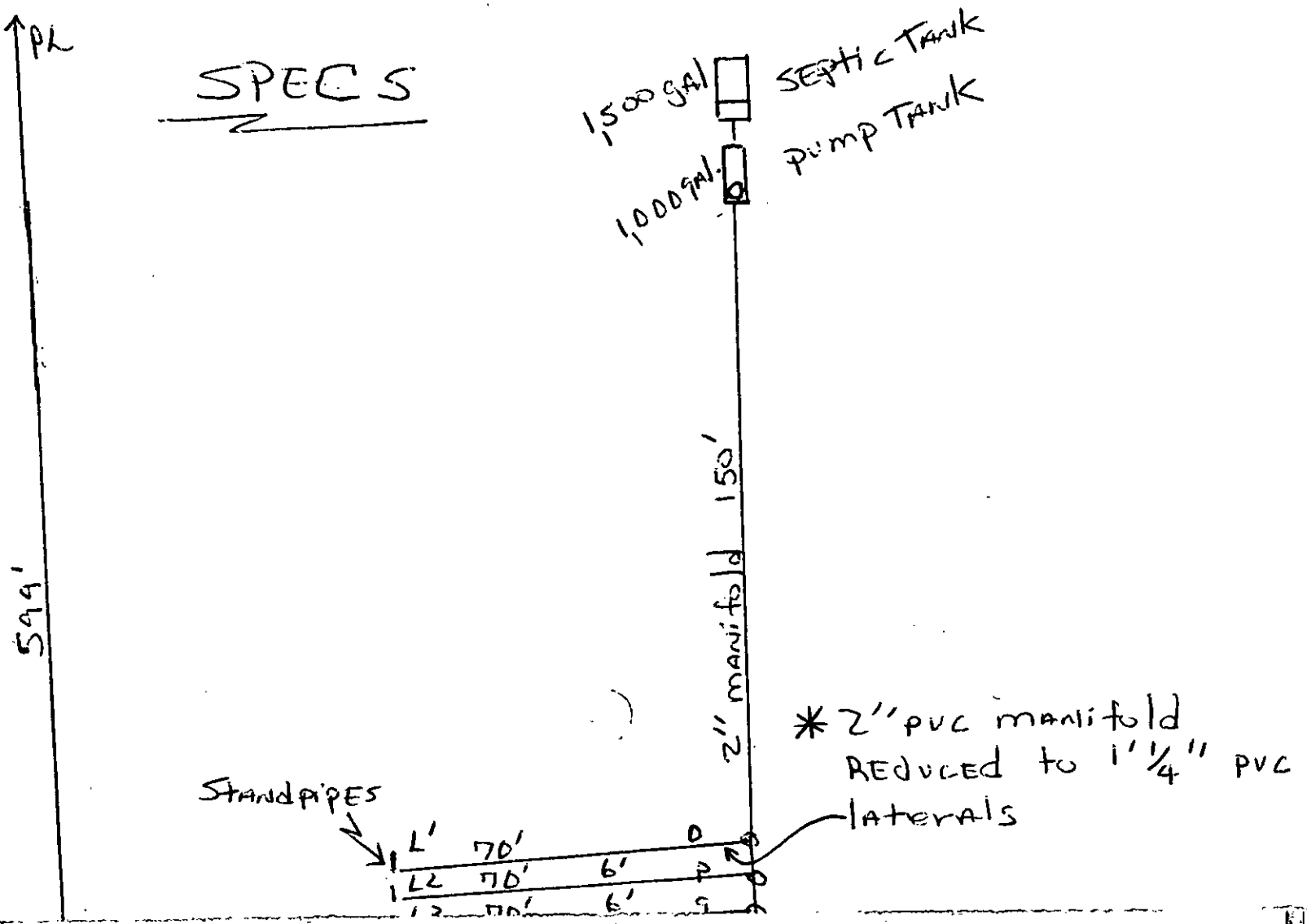
L1=
L2=
L3=
L4=
L5=
E 100 =

* ELEVATION 100

SCALE 50

(4) Bedrm./LPP PLAN

MCHD
FILE: 11342



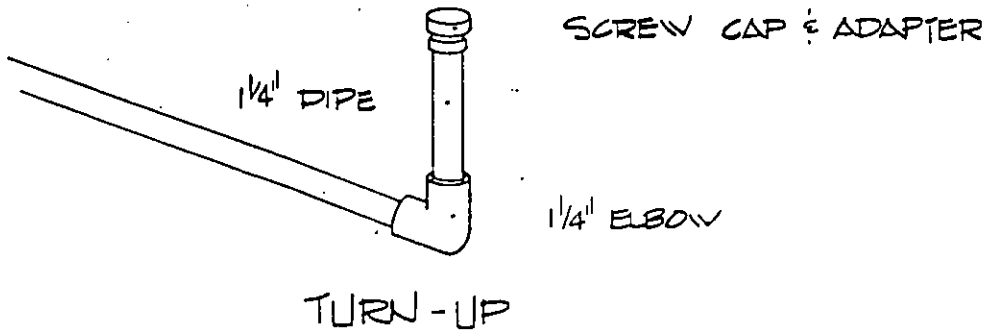


Figure 6. Details of distribution system

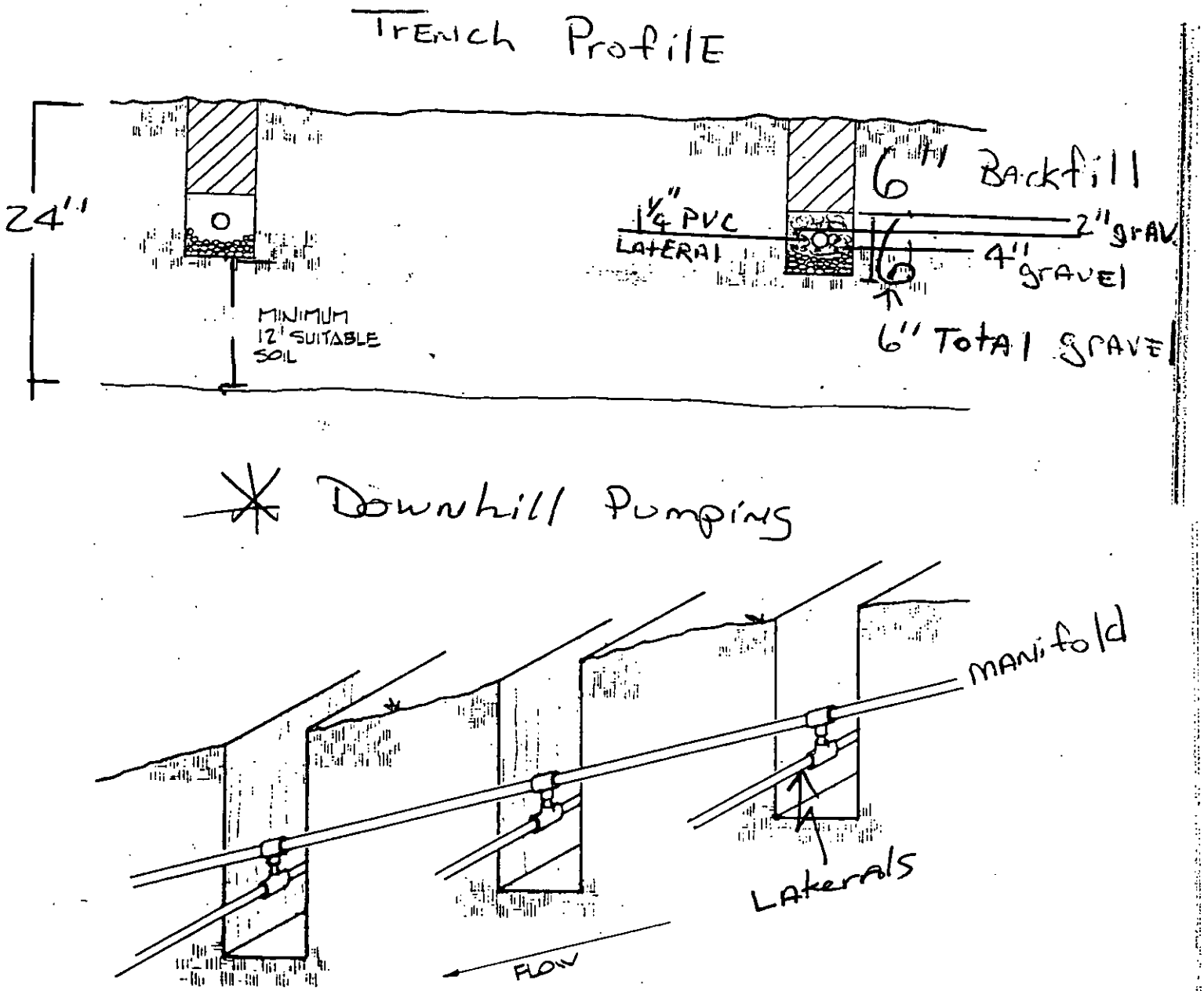


Figure 10. Manifold placement on slopes

11342

NEMA 4 or Comparable
ON A 4"X4"

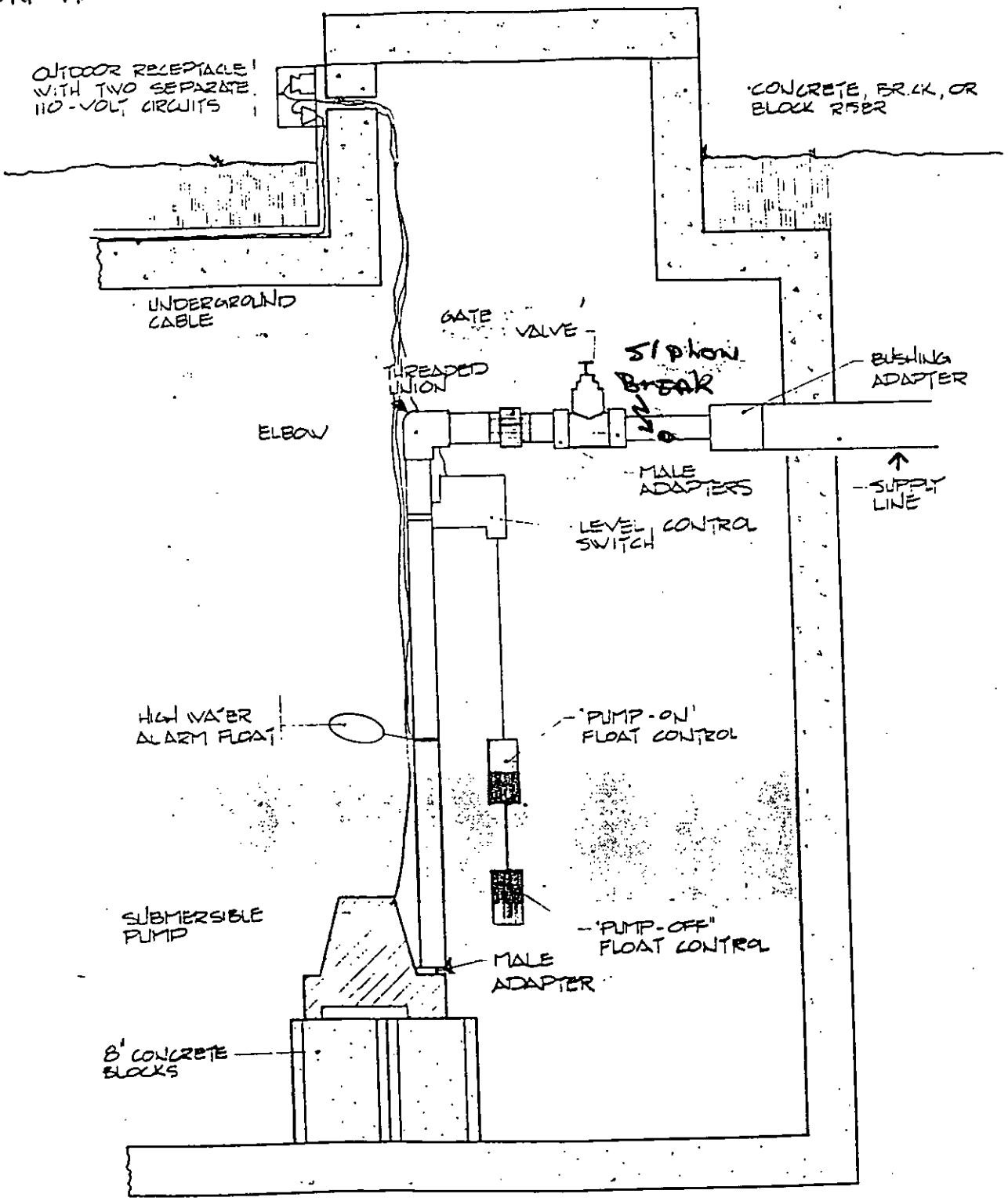


Figure 7. Details of pumping chamber

Cogger, Carlile, Osborne
N.C.S.U., May 1982, UNC-SG-82-03

MCHD
File: 11342

(4) Bedrm. LPP Plan

ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

APPROVED
ENVIRONMENTAL HEALTH
DIVISION
MECKLENBURG COUNTY
HEALTH DEPARTMENT
Date

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓ LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:
- DROP BOX
- DISTRIBUTION BOX
- DIPPER BOX
- FLOW DIVIDER
- WASH BOX
- SPECIAL FITTINGS
- PRESSURE MANIFOLD
- SIPHON
- MULTIPLE PUMPS
- OTHER
- WELL ABANDONEMENT
- EASEMENT
- LOT COMBINATION/SURVEY
- EARTHEN SURFACE SWELL
- FRENCH/CURTAIN DRAINS
- GREASE INTERCEPTOR
- ✓ PUMP TANK - 1000 gal.
- SAPROLITE TEST
- ✓ Septic Tank 1500 gal.

LINE	~~#PANELS PER LINE~~	~~#HOLES PER PANEL~~	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
L1		13	5/32	4.8	3	70'	.50	6.5
L2		13	5/32	4.8	3	70'	.50	6.5
L3		12	5/32	5.1	3	70'	.50	6.0
L4		13	5/32	4.8	2	70'	.41	5.33
L5		11	5/32	5.5	2	70'	.41	4.92
		62 Holes				350'		29.25 + 2.00 = 31.25

File: 11342

DESIGN SPECIFICATIONS

Daily waste flow		420	gal.
Septic tank size		1,500	gal.
Pumping tank size		1,000	gal.
Effluent loading rate		.3	gal/ft²/day
Absorption area		1,600	ft.
Total length of laterals		350	ft.
Lateral diameter		1 1/4	in.
Lateral configuration		(5) 70'	No. and length of lines
Supply line length		150	ft.
Supply line diameter		2	in.
Manifold placement		END	
Hole size*		5/32	in.
Hole spacing		VARIES	ft.
Number of holes		62	
Flow per hole		.41 or .50	gpm
Total flow		31.2	gpm 1/4" siphon BREAKER
Elevation head		16	ft.
Friction head		4.7	ft.
Pressure head		3	ft.
Total head		24	ft.
Pump requirements	.4 HP.	31.2	gpm @ 24 ft. of head
Storage volume in laterals		22.4	gal.
Storage volume in supply line		24.3	gal.
Total storage volume		136.3	gal.
Dosing volume		140	gal.
Dosing depth		7	in.
Check valve needed ?		NO	

* Note: Data on hole size, spacing, pressure head and flow must be listed for each line for systems where lines are different (such as sloping lots).

Effluent Loading Rate for LPP Systems ~~(.16)~~ unless otherwise specified by this department. MCHD (.3)

File: 11342

Revised

LINE	#HOLES PER LINE	HOLE SIZE	HOLE SPACE	START	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MIN. LINE FLOW	LOAD. PER. FT.^{2}
L1	13	5/32	4.8	2'	3	70'	.50	6.5	.092
L2	13	5/32	4.8	2'	3	70'	.50	6.5	.092
L3	12	5/32	5.1	3'	3	70'	.50	6	.085
L4	13	5/32	4.8	2'	2	70'	.41	5.33	.076
L5	11	5/32	5.5	4'	2	70'	.41	4.92	.070
Totals	62 Holes					350'		29.25 + 2. = 31.25	

N. C. Department of Environment and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

Owner Michael W. & Regina J. Armistead

Mailing Address 13514 Cliffhaven Lane
Huntersville, NC 28078

Occupant Same

Location 13514 Cliffhaven Lane

☒ Residence ☐ Business ☐ Other _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number (704) 336-5568/336-5103.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☒ Perform Maintenance (*specify*) Obtain a maintenance contract for the operation of your septic system in accordance with 15A NCAC 18A .1961(b)

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by May 29, 2000, appropriate legal action will be taken.

Notice Issued April 28, 2000 (Date) Signed Larry B. Thompson, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DENR 1108 (Revised 3/98)
On-Site Wastewater Section (Review 10/98)

Mecklenburg County
Health Department

March 22, 2000

Michael W. and Regina J. Armistead
13514 Cliffhaven Lane
Huntersville, NC 28078

Dear Mr. and Mrs. Armistead:

A required inspection of the Type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 13514 Cliffhaven Lane, Huntersville, North Carolina, is past due.

A review of our files reveals that the required maintenance contract for this system has expired. Periodic maintenance of this type wastewater system is an important factor in extending the life of the drain field as well as a requirement found in the General Statutes of North Carolina to protect public health. Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

Enclosed is a copy of the information that we have on file. Please submit a new contract with a certified operator to our office by April 21, 2000.

A list of certified operators in the immediate vicinity of Mecklenburg County is attached. If I can be of further assistance in this matter please feel free to contact me at (704) 336-5568 between 8:00 and 9:00 a.m., Monday through Friday, or leave a message on my voice mail.

Sincerely,

L. B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Certified Operators List
Expired Maintenance Contract

FAX COVER SHEET

FAX # 336-6894

DATE 6/26/95

SEND TO: Larry Thompson
Mecklenburg County Health Dept
700 N. Tryon St.
Charlotte

FROM: Gina Armistead
7301 Gilead Road
Huntersville, NC 28078
875-3669

ATTENTION: Larry Thompson

MESSAGE: Attached is the copy of our maintenance contract for our Septic system from 13514 Cliffhaven Lane Huntersville, NC 28078

Please complete the paperwork & issue the operation permit & cert. of occupancy as soon as possible. A hard copy was mailed to you this morning as well.

Thanks, Gina Armistead

Phone 875-3669

Confirmation Requested: ✓

Signed: Regina D Armistead

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

INSPECTION AND MAINTENANCE
SAMPLE AGREEMENT (rev. 3/91)

THIS AGREEMENT is made and entered into this 22 day of June, 19 95 by and between Michael Armistead (hereinafter the "Owner") and Bobby Howell (hereinafter the "Contractor").

WITNESSETH

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

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

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

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

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

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 13514 Cliffhaven Ln Huntersville NC 28078

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [from operation permit]
(2)
(3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

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

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

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

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

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $ 300.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 20 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1½ percent per month.

b. Within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

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

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

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

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

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 45 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

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

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type

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

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

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

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

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

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

To the Owner: Michael Armistead
13514 Cliffhaven Ln. Huntersville NC 28078

To the Contractor: Bobby Howell
12800 Sam Black Rd Midland NC 28107

To the Local Health Department: Mecklenburg County

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

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State

DEH

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg
Agreement Number _____

AGREEMENT FOR INSPECTIONS OF ON-SITE WASTEWATER SYSTEM

This Agreement is entered into this 10th day of May, 2000, by and between Tri-County Wastewater Management Inc. ("Tri-County") of Charlotte, N.C., a North Carolina Corporation and Michael W. & Regina Armistead ("Owner").

Preamble

Tri-County 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 18A.1900 et seq.; and 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for type IV and V 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. Tri-County is a management entity which employees certified operators of a type authorized by 15A N.C. Admin. Code 18A.1961 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 Tri-County as stipulated below.

Conditions of the Contract

A. Tri-County, 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 health department or other 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 health department 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 at the Owner's request, Tri-County will provide an estimate and, at the authorization of the Owner, will perform the necessary repairs at Tri-County's then prevailing charges for services and materials.

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

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

1) To pay Tri-County for its services according to the schedule of charges set out in Attachment A.

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

3) To notify Tri-county promptly of any emergency or malfunction 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 provide and to maintain at all times, such access to the System as is reasonably necessary for Tri-County 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, 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, and not less than 30 days notice to the local health department or other regulatory agency having jurisdiction.

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**

TRI-COUNTY'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 TRI-COUNTY 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 TRI-COUNTY OR ACCEPTANCE OF THE WORK BY TRI-COUNTY DURING THE TERM OF THIS AGREEMENT VOIDS ANY WARRANTY GRANTED HEREIN AS TO TRI-COUNTY.

E. **MISCELLANEOUS**

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

2) Tri-County may perform its duties and responsibilities by subcontract but Tri-County 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 either 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:
Michael & Regina Armistead
13514 Cliffhaven Lane
Huntersville NC 28078

Tri-County Wastewater Management, Inc.
8037 Fairview Road
Suite G
Charlotte, NC 28227

Health Department:

Mecklenburg DEH
700 N. Tryon St., #211
Charlotte, NC 28202

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.

Attest: I. Regina J. Armistead

Owner:
I. Michael W. Armistead

Attest: Vicki Davis

Tri-County Wastewater Management, Inc.

By: Jim Dees

Title: President

North Carolina Certified Operator

By: Jim Dees

License number: SS 12248
SI 23910
2WW 24666

ATTACHMENT A

1. **COST**: INITIAL CONTRACT YEAR - $ 250.00
RENEWAL YEARS - $ 250.00

a. The Owner shall pay to Tri-County 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 fees may be amended upon 60 days advance notice to the Owner. The Owner shall pay to Tri-County 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 Tri-County and unpaid by the Owner after 30 days shall accrue interest from the due date until paid at a rate of 1.5 percent per month.

2. **PERFORMANCE DUTIES**:

- Inspection procedures and services that meet or exceed all state and local regulatory requirements.
- Inspections performed: X bi-annually ___quarterly ___monthly ___weekly ___annually
- Inspection report copies are sent to the Health Department as required.
- Inspection report copies are sent to the homeowner at each inspection.
- Emergency service calls at no additional charge.
- 24-hour accessibility through toll free 800 number or digital pager.
- The Owner will be advised with the need for pumping the individual septic tanks.

ATTACHMENT B

1. **PHYSICAL ADDRESS OF SYSTEM(S)**

a. 13514 Cliffhaven Lane
Huntersville NC 28078

b.

c.

d.