5190B

Supervisor/Administrative Professional Checklist

New Septic ☑ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) Lwo 1/13/15 Initials/Date

CA ($200.00) BA 3/13/15 Initials/Date

OP ($200.00) BA 3/13/15 Initials/Date

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

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☑ JAM 3/4/15

generate CA form in WASP & put in file.

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

Septic file completed. ☑ JAM 8-10-16 Well file completed. ☑ JAM 8-10-16

Send permit for signature. ☑ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☑

Certified operator contract is on file. ☐ _____

B-10-15 Mitek

B-10-15 Mitek

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5190B WASPS App #: 7252

Primary ES assigned to project: Kim Garrett

Secondary ES assigned to project:

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☑	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☑	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 8			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.25	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
130A-336(a) .1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: 4/25/16

OP issued date: 7/28/16

Review performed by: JAM Date performed: 3/6/15

PIEDMONT DESIGN ASSOCIATES, P.A.
125 East Plaza Drive, Suite 101
Mooresville, NC 28115
Telephone (704) 664-7888 Fax (704) 664-1778
Email: dmunday@pdapa.com
NCBELS License No: C-1007

Engineering
Surveying
Planning

August 8, 2016

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 North Tryon Street, Suite 211
Charlotte, NC 28202
Attn: Kim Garrett

Re: SFR Low Pressure Pipe Sand-Lined Trench Distribution Septic System
15640 Huntingtowne Village Road (P.I.D. # 01132105)
Huntersville, Mecklenburg County, NC

Dear Ms. Garrett:

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 construction of the referenced project, a SFR Low Pressure Pipe Sand-Lined Trench Distribution Septic System; 15640 Huntingtowne Village Road (P.I.D. # 01132105), 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 construction such that the construction was observed to be built within substantial compliance and intent of the approved plans and specifications.

Sincerely,

PIEDMONT DESIGN ASSOCIATES, P.A.

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

NORTH CAROLINA PROFESSIONAL SEAL 17327 ENGINEER DONALD L. MUNDAY
08/09/2016

cc: Mr. Toney Jacobs, LSS

5190B

MECKLENBURG COUNTY HEALTH DEPARTMENT

App # 7252

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: 011-321-05

STREET ADDRESS: ~~14920 old Vermillion Dr~~ 15640 Hunting Downe Village Rd.

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION NAME: _____

LOT #: _____ LOT SIZE (acres): 14.1

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: ~ 12000

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 10

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 2nd

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: Joey Kara Etc

ADDRESS: 14920 old Vermillion Dr

CITY: Huntersville

STATE: NC ZIP: 28078

WORK PHONE: _____

MOBILE PHONE: 980-622-0259

FAX: _____

E-MAIL: NA

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Tracy C Jacobs, LLS

ADDRESS: 116 Brookhill Dr

CITY: Mooresville

STATE: NC ZIP: 28117

WORK PHONE: 704 662 9345

MOBILE PHONE: 582-9219

FAX: _____

E-MAIL: tracyCjacobs@gmail.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

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.

_____ (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.

_____ 1/13/15

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 DATE FEE RECEIVED: 1/13/15

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

APPLICATION PROCESSED BY: Qwa

GWS FILE NUMBER ASSIGNED: 5190B

APPLICATION ID NUMBER ASSIGNED: 7252

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/13/15	**Amount:**	200.00
Receipt #:	93944	**Tendered:**	200.00
Check / Auth #:	CHECK 272	**Returned:**	0.00
Received By:	ATKINBB		

Account Information

Account #: 200000
Contractor: JACOBS ON-SITE DEVELOPMENT IN
Attn: JACOBS C. TONEY
Address:
Address: 168 BROADBILL DRIVE
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 15640 HUNTINGTONTOWNE VILLAGE RD		1	200.00	200.00

Outstanding Balances

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/13/15	**Amount:**	250.00
Receipt #:	92197	**Tendered:**	250.00
Check / Auth #:	CHECK 266	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: JACOBS ON-SITE DEVELOPMENT IN
Attn:
Address: 168 BROADBILL DR
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 15640 HUNTINGTOWN VILLAGE RD		1	250.00	250.00

----------**Outstanding Balances**----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	10.00				

FEE: 200.00
DATE:3/18/2015

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5190B

PERMIT NUMBER: 30007252

PARCEL NUMBER: 01132105

JOB LOCATION INFORMATION

ADDRESS: 15640 HUNTINGTOWNE VILLAGE RD

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

ISSUED TO: Joey Karafla

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 3/18/2015

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30007252, 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. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

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, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 3/4/2020

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30007252** GWS File #: **5190B** Tax Parcel #: **011-321-05**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 3/4/2020

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

Structure Type: HOUSE Size (ft^2): 12000 # Bedrooms: 5 # Occupants: 10

Building Foundation: Water Supply: Private Well

II. Initial System Type: Low Pressure Pipe (LPP) **System Classification:** Va

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500		
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	2400	Total Trench Length (ft):	800		
Maximum Trench Depth (in):	48	Depth of Media (in):	36	Distribution Device:	Manifold (LPP Distri				

III. Repair System Type: Low Pressure Pipe (LPP) **System Classification:** Va

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500		
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	2400	Total Trench Length (ft):	800		
Maximum Trench Depth (in):	48	Depth of Media (in):	36	Distribution Device:	Manifold (LPP Distri				

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Kim Garrett Owner/Legal Agent: _____
Print Name

Signature: Kim Garrett Signature: _____

Date Issued: 3/4/2015

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30007252** GWS File #: **5190B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every year 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.
- All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to issuance of an Operation Permit.
- Proper well abandonment is required prior to receiving an Installation Approval from our office to install the septic system.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- 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.
- The system must be water tested during the final inspection to verify proper operation and set system pressure.

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

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

DENR Authorized Agent: Kim Garrett

Signature: Kim Garrett, REHS

Date Issued: 3/4/2015

Owner/Legal Agent: _____
Print Name

Signature: _____

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

Septic System Pre-Construction Meeting Checklist

File #5190 B App #7252 Tax Parcel #041-321-05

Property Owner: Joseph & Rosemarie Karaffa

Job Location Address: 15640 Huntingtowne Village Rd

City: Huntersville State: NC Zip Code: 28078

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

   ☒ YES ☐ NO

   Comments: _____

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.**

Kim Garrett, REHS — Authorized Agent

4/25/16 — Date

Brad Russell — Others Present

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 311 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-5594

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 20007253 GWS File #: 51908 Tax Parcel #: 011-331-03

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

I. This Improvement Permit Shall: Expire in Five (5) Years Expiration Date (If Applicable): 3/4/2020

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

Structure Type: HOUSE Size (ft²): 12000 # Bedrooms: 5 # Occupants: 10

Building Foundation: Water Supply: Private Well

II. Initial System Type: Low Pressure Pipe (LPP) System Classification: V8

Initial System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft²): 0.25 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 3 Trench Spacing (ft): 6 Absorption Area (ft²): 2400 Total Trench Length (ft): 800

Maximum Trench Depth (ft): 48 Depth of Media (in): 30 Distribution Device: Manifold (LPP Only)

III. Repair System Type: Low Pressure Pipe (LPP) System Classification: V8

Repair System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft²): 0.25 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 3 Trench Spacing (ft): 6 Absorption Area (ft²): 2400 Total Trench Length (ft): 800

Maximum Trench Depth (ft): 48 Depth of Media (in): 30 Distribution Device: Manifold (LPP Only)

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Kim Garrett Owner/Legal Agent: Terry Goldrick
Print Name

Signature: Kim Garrett 2015 Signature: Terry P. Goldrick

Date Issued: 3/4/2015

Mecklenburg County Groundwater & Wastewater Services
700 W. Tryon St., Suite 214 Charlotte, NC 28202
Phone: (704) 336-5100 Fax: (704) 336-6284

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 20007253 GWS File #: 2190R

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every year 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.
- All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to issuance of an Operation Permit.
- Proper well abandonment is required prior to receiving an Installation Approval from our office to install the septic system.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. from all private wells (separate system).
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- 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.
- The system must be water tested during the final inspection to verify proper operation and set system pressure.

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

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

DENR Authorized Agent: Kim Garrett

Signature: Kim Garrett

Date Issued: 3/4/2013

Owner/Legal Agent: Timothy L. Jones
Print Name

Signature: Timothy L. Jones, 2/22

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

Sheet: 1 of 3
Property ID: 011-321-05
Lot #: NA
File #: 5190B
AppID: 7252

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: Joey Karaffa
Address: 14920 Old Vermillion Dr, Huntersville, NC 28078
Proposed Facility: 5 Bedroom House
Design Flow (.1949): 600 GPD
Location: 15640 Huntingtowne Village Rd, Huntersville, NC 28078
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Toney Jacobs, LSS
Date Evaluated: 1/26/2015
Property Size: 14.1 ac
Property Recorded: Unknown

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 1941 Structure/ Texture	1941 Consistence Mineralogy	b. PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz.	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Pit #1	NS 11%	0 - 5	Fill		2 chroma 10 - 34"	17	US 17 - 35 PS 35 - 84	NA	water seeping into pit Need curtain drain	PS IV for sand lined trench @ 0.25 LPP	Trench bottom must be between 39 - 60"
		5 - 17	wfsbk C	S VP VFI EXP							
		17 - 35	mass SCL	S P FI SEXP							
		35 - 84	mass SL	SS SP FI SEXP							
Pit #2	NS 9%	0 - 9	gr SCL	SS SP FR SEXP	2 chroma 12 - 46"	37	US 37 - 46 PS 46 - 84	NA	water seeping into pit Need curtain drain	PS IV for sand lined trench @ 0.25 LPP	Trench bottom must be between 46 - 60"
		9 - 37	wfsbk C	S VP VFI EXP							
		37 - 43	mass CL	S P FI SEXP							
		43 - 84	mass L	SS SP FI SEXP							
Pit #3	NS 8%	0 - 3	Fill		2 chroma 12 - 56"	32	US 32 - 56 PS 56 - 84	NA	water seeping into pit Need curtain drain	PS IV for sand lined trench @ 0.25 LPP	Trench bottom must be between 59 - 60"
		3 - 10	gr SCL	SS SP FR SEXP							
		10 - 32	wfsbk C	S VP VFI EXP							
		32 - 56	mass CL	S P FI SEXP							
		56 - 84	mass L	SS SP FI SEXP							
Pit #4	NS 9%	0 - 8	gr SCL	SS SP FR SEXP	>84"	37	US 18 - 26 PS 26 - 84	NA		PS IV for sand lined trench @ 0.25 LPP	Trench bottom must be between 29 - 60"
		8 - 18	wfsbk C	S VP VFI EXP							
		18 - 26	mass SCL	S P FI SEXP							
		26 - 37	mass L	SS SP FI SEXP							
		37 - 84	mass LS	SS SP FI SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	V	V
Site LTAR (gpd/sq ft)	0.25*	0.25*

*LTAR only valid using a LPP Sand Lined Trench System
[15A NCAC 18A.1956 (7)]

Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present: Toney Jacobs, LSS
Site Classification (.1948): PS
Site Evaluation By: Kim Hancock REHS
Others Present: Toney Jacobs, LSS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN)	SOIL MORPHOLOGY a 1941 Structure/ Texture	1941 Consistence Mineralogy	PROFILE FACTORS b 1942 Soil Wetness/ Color	1943 Soil Depth (IN)	1956 Sapro Class	1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Pit	NS	0 - 3	Fill							PS IV	Trench
#5	9%	3 - 12	gr SL	S SP FR SEXP	>84"	20	US	NA		for sand	bottom must
		12 - 20	wmsbk C	S VP VFI EXP			20 - 31			lined	be between
		20 - 31	mass SCL	S P FI SEXP			PS			trench @	34 - 60"
		31 - 84	mass SL	SS SP FI SEXP			31 - 84			0.25 LPP	
Pit	NS	0 - 18	Fill							PS IV	Trench
#6	9%	18 - 26	wfsbk SCL	S P FR SEXP	2 chroma	26	US	NA	water seeping	for sand	bottom must
		26 - 34	mass SCL	S P FI SEXP	18 - 36"		26 - 36		into pit	lined	be between
		34 - 84	mass SL	SS SP FI SEXP			PS		Need curtain drain	trench @	38 - 60"
							36 - 84			0.25 LPP	
Pit	LS	0 - 36	Fill							PS IV	Trench
#7	11%	36 - 84	mass SL	SS SP FI SEXP	>84"	0		NA	water seeping	for sand	bottom must
									into pit	lined	be between
							PS		Need curtain drain	trench @	40 - 60"
							36 - 84			0.25 LPP	
Pit	LS	0 - 9	gr SCL	SS SP FR SEXP						PS IV	Trench
#8	5%	8 - 36	wfsbk C	VS VP VFI EXP	2 chroma	36		NA		for sand	bottom must
		36 - 84	mass SL	SS SP FI SEXP	8 - 36"		PS			lined	be between
							36 - 84			trench @	36 - 60"
										0.25 LPP	

COMMENTS:

Landscape Position
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain
D-Drainage Way

Group	Texture	.1955 LTAR
I	S-Sand LS-Loamy Sand	1.2 - 0.8
II	SL-Sandy Loam L-Loam	0.8 - 0.6
III	Si-Silt SiCL-Silty Clay Loam CL-Clay Loam SCL-Sandy Clay Loam SiL-Silt Loam	0.6 - 0.3
IV	SC-Sandy Clay SiC-Silty Clay C-Clay	0.4 - 0.1

Structure
sg-Single Grain
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangular Blocky
abk-Angular Blocky
pl-Platy
pr-Prismatic
Sap-Saprolite

Structure Prefixes
w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

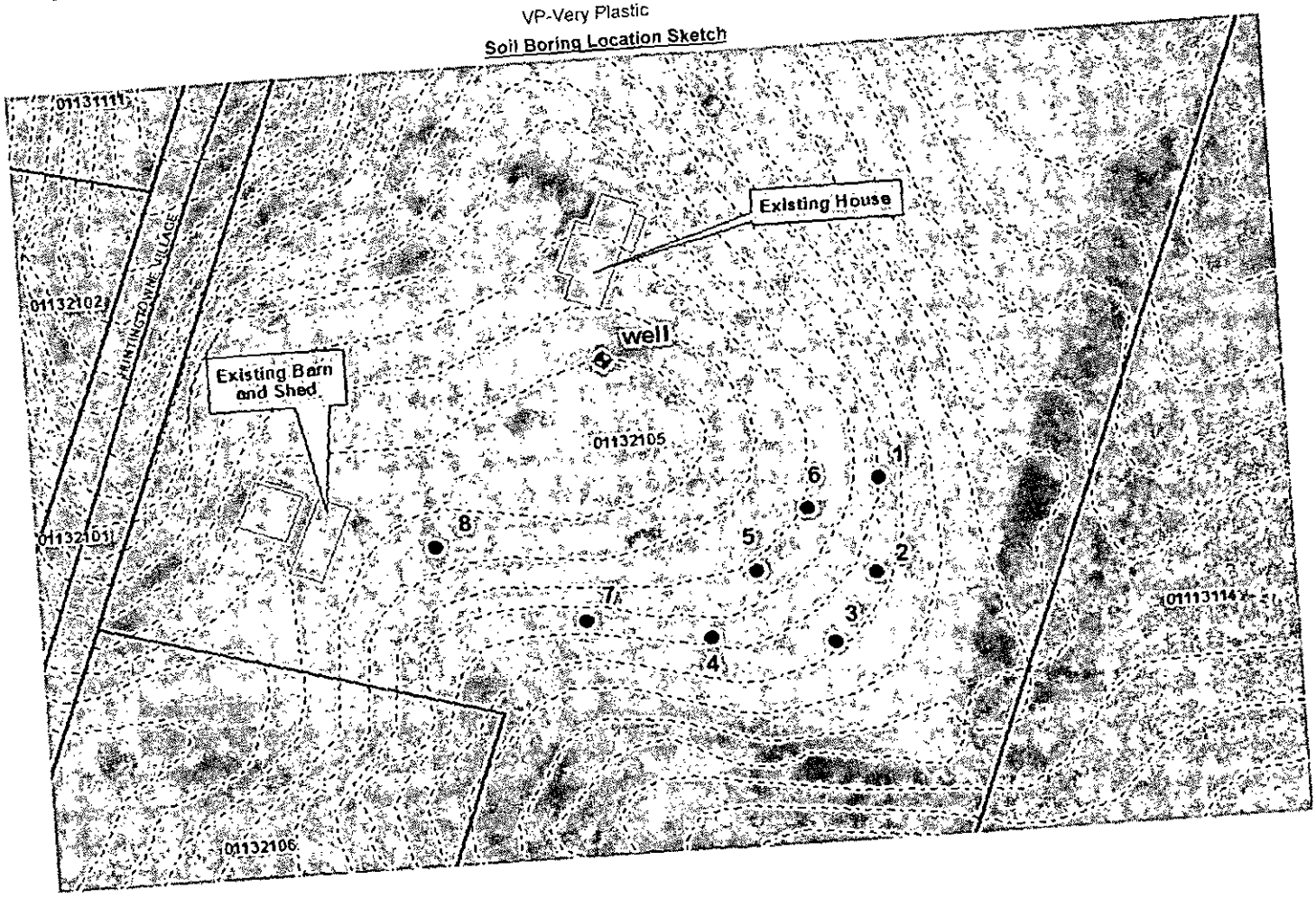
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Classification
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

Soil Boring Location Sketch



Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 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 #: 5190 B Permit #: 36007258 Tax Parcel #: 011-321-05

Property Owner: Joseph & Rosemarie Karaffa

Job Location Address: 15640 Huntingtowne Village Rd

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 7/28/16 Contractor Name: Brad Russell, R&H

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: 1550 gallons

Liquid Capacity of Septic Tank: 1500 gallons Manufacture Dellinger Effluent Pump Model: Myers ME 75 3/4hp

Drainfield Installation ☐ N/A

Trench Depth: 48 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 800 feet

# of Lines: 3 @ 268 feet center feed

Depth of Media: 36 inches (Type) Sand/tirechips

Depth of Cover: 12 inches

Distribution Device: manifold

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: >100 feet

Inspection Dates

Tank(s) Inspected:	5/5/16 KG
Excavation Inspected:	4/29/16 JM
Pump & Controls Inspected:	7/28/16 KG
Interceptor drain	5/5/16 KG

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

System installed as per design by Toney Jacobs, 2/15/15.

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: Na, pressure, TCITP, DEEP, na

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5190 B Permit #: 30007252 Tax Parcel #: 011-321-05

Property Owner: Joseph & Rosemarie Karaffa

Job Location Address: 15640 Huntingtowne Village 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: Va

*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: Kim Garrett, REHS Date: 7/28/16

Signature: Kim Garrett, REHS

kimberly.garrett@mecklenburgcountync.gov

R & H of Lake Norman Inc.

Wastewater System Installation and Management
Inspection & Maintenance Agreement

STATE OF NORTH CAROLINA, COUNTY of Iredell. This agreement is made and entered into this date of 8/11/16, by and between Kuraffa (the Owner) and R & H of Lake Norman Inc. (the Contractor).

Witnesseth

WHEREAS, the owner owns or controls the property upon which a ground absorption sewage treatment system is installed, such system being designed a Type 4 system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Adm. Code 18A 1900 et seq,; and

WHEREAS, 15A N.C. Adm. 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. Adm. Code 18A. 1961 to manage a Type 4 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 15640 Huntingtower Ln.

a. The Contractor shall inspect the system at least the frequency required in Table V(b) of 15A N.C. Adm. Code 18A 1961(b) for a Type 4 system.

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

c. The Contractor shall report results of inspections to the local department at the frequency specified in Table V(b) of 15A N.C. Adm. Code 18A 1961 for a Type 4 system.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the health department within 24 hours of the then inspection.

e. The Contractor shall notify the Owner of needed repairs, which are outside the scope of routine maintenance described in sub-paragraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment thereof 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. Adm. Code 18A 1961(b) for a Type 4 system.

g. The Contractor shall respond to a request for a non-scheduled service or maintenance call within 72 hours after receipt of such request.

2. The Owner's obligations.

a. The Owner shall pay to the Contractor the sum of $350 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon 60 days advance notice to the Owner but may not increase more than 2 percent per year. The Owner shall pay to the Contractor the 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 30 days of billing. Payments due to the Contractor and unpaid by the Owner after 30 days shall accrue interest from the due date until paid at a rate of 2 percent per month.

b. Within 7 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 repairs were satisfactorily completed.

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 within 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 30 days in advance of the date of termination.

d. Termination by the Contractor. The Contractor may terminate this Agreement for cause by giving notice of intent to terminate this Agreement to the Owner and the local Health Department 30 days in advance of the date of termination. Cause shall be defined as:

1. Failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within 30 days of receipt by the Owner. If the said bill is paid after notice of termination in this Agreement, the Agreement shall continue in effect; or

2. Failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs were completed within 2 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 due date of termination of this Agreement, this agreement shall continue in effect;

3. 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.

4. 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 it's rights and duties under this Agreement to another management entity, which is qualified pursuant to 15A N.C. Adm. Code 18A. 1961 to manage a Type C system upon 30 days written notice to the Owner and 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 the subcontractors.

6. Representatives. The parties represent to each other that each has the power, authority and legal right to enter into and perform it's obligations as set forth in this Agreement.

7. Regulatory Amendments. References in the Agreement to sections of the administrative code shall include such rules as the may be amended in the future.

8. No Implied Waiver. The waiver by either party of the default or a breach by the 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 provisions; and (b) shall not in any way affect the validity 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 a certified or registered mail, return receipt requested, postage prepaid to the party to be notified and addressed as follows:

To the Owner: Kavatha
1564 Huntington Home Ln
Huntersville NC.

To the Contractor: R & H of Lake Norman Inc.
142 Hidden Harbor Road
Mooresville, NC 28117

To the local Health Department: Iredell County Health Department
610 East Center Avenue
Mooresville, NC 28115

The date of any notice shall be date of personal delivery or the date shown on the return receipt as the date of delivery or attempt 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 of the other party.

10. Placement of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State of North Carolina notwithstanding the place of execution, or the order in which the signatures of the parties are affixed.

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

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

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.

X _____ 8/1/16
(Owner) (Date)

X _____ 8/1/16
(Contractor) (Date)