

3304 MAYHEW FORREST LN

19521117

1/8/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5182B DATE: 08-28-03

TC: 195-211-17 ☑ L ☐ CRT

SERIAL 19317

Name of Owner Mike Hantis Juris.:

Address of Property 3304 Mayhew Forest Lane.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 345'

Number of Lines 3 @ 115'

Cover Depth 12"-24"

Water Supply Source P. Well

Distance to Water Source > 100'

Excavation Inspected 08-28-03

Tank(s) Inspected 08-28-03

Wash Line Inspected N/A.

High Water Alarm Inspected 08-28-03

PLOT

See Installation approval.

2003
Design 1500ST 1000DT P/ 1040SFT INV P.S. CTR# B. McCarver.

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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/revocation of this permit.

COMMENTS: Type III D. System designed for a (4) bedroom design unit. Type III D. Repair Area. Warranty forms must be on file before release.

Joshua R. Sellers R.S. 1265

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

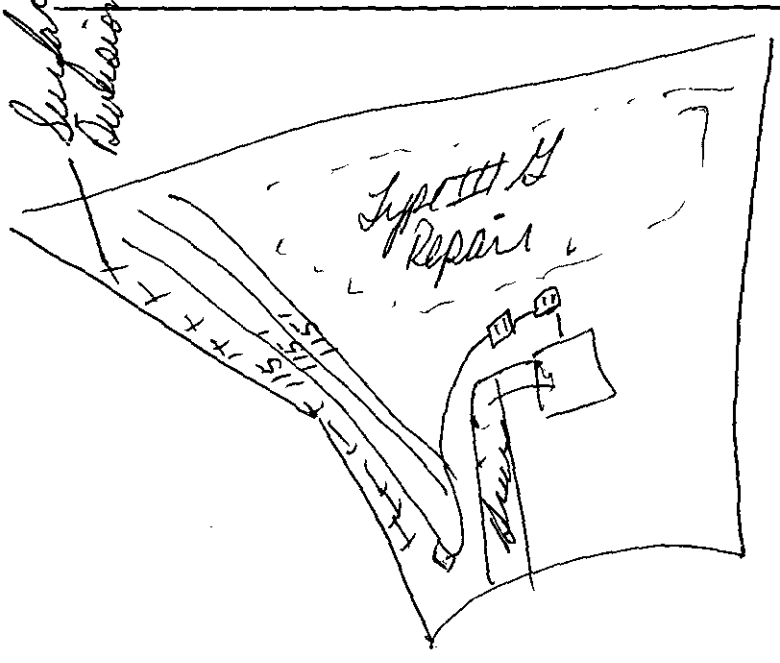
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 51823 DATE: 06-17-03

TC: 195-211-17 ☑L

SERIAL 19435

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 _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 345' feet

Number of Lines 3@115'

Depth of Stone N/A - inches

Distance from House > 5' feet

Distance from Property Line > 10' feet

Distance from Well > 50' feet

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

NAME OF OWNER Mike Hartis

LOCATION OF PROPERTY 3304 Mayhew Forest Lane

Comments: ① Type III G. 35% Reduction System designed for a (4) bedroom design unit Type III G. Repair lift station Required 5 yr. maint inspection Required

Joshua R. Sellers R.S. / REHS
Environmental Health Specialist

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

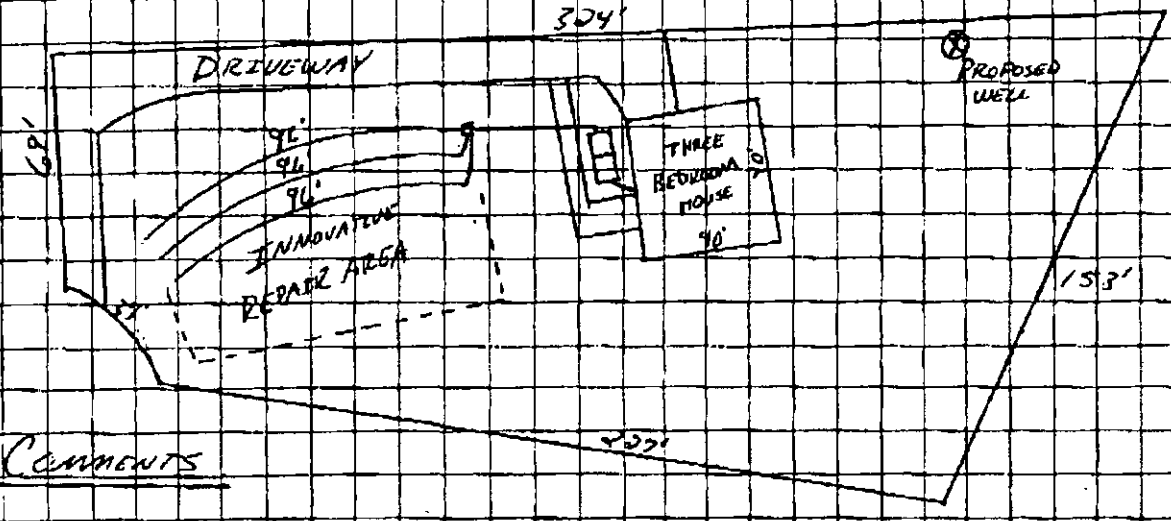
PROPOSED PLOT PLAN

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

FILE: 5185B

TC: 005-351-02

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.



Comments

- SCALE = 1" = 50'
- THREE BEDROOM HOUSE
- HOUSE LOCATED 165' off LEFT PROPERTY & 25' off BACK PROPERTY LINE
- .375 LTAR
- 3 Lines x 96' x 3'
- 288 TLF
- TYPE III, INNOVATIVE SYSTEM & REPAIR SYSTEM
- Keep plumbing as high as possible

Wildrick Homes
OWNER/AGENT SIGNATURE

DATE 6/21/05

APPROVAL DATE Tommy Thrift, R.S. 11/22/04

White - Health Department's Copy

Permit Number: 5183B

IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Tax Number: 00335102

- The 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.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.315 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	864 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	288 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	____ Gallon pump tank	__ Depth of stone (in)	

Any surface water present: NO Type: Minimum separation distance (ft):

Additional conditions: Agreement forms on file before CA release.

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.315 Absorption Area (ft^2) 288 Total trench length (ft)	__ Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Improvement permit is transferable.

Tommy Hudd, R.S. 11/22/04
DENR Authorized Agent Date

William M. Wildrick 6/21/05
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-8894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS-100195

LD# 34962

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS (JFA)
DATE: 3/13/03 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 03-12-03 PERMIT NO: 51823
PARCEL NO: 195-211-17

JOB LOCATION ADDRESS: 3304 Mayhew Forest Dr.
PROPERTY OWNER: Mike Davis
BUILDING CONTRACTOR: Chris Simpson, McClam Builders Inc.
SUBDIVISION NAME: Mayhew Forest
AUTHORIZATION ISSUED BY: Joshua R. Lillies PS/RM DATE: 03-12-03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 51823, 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, CONSTRUCTION, ALTERATION AND/OR REPAIR 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 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Existing fill must be removed before system installation. Agreement forms and Warranty forms must be filed

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE 3/13/03 DATE

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/13/03	**Amount:**	300.00
Receipt #:	15239	**Tendered:**	300.00
Check / Auth #:	CHECK 8962	**Returned:**	0.00
Received By:	JOHNSK		

Account Information

Account #: 200000
Contractor: HARRIS JOHN MICHAEL
Attn:
Address: 2708 LAUGENOUR PL
Address:
City/State/Zip: KANNAPOLIS, NC 28081

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval	5182B	1	150.00	150.00
0734	Auth for Waste Wtr Sys Constr	5182B	1	150.00	150.00

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

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

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 5182B
PARCEL # 195-211-12

The undersigned, _____, owner of property located at 3304 Mayhew Forest Lane, (the "site") and described in an instrument recorded in Book _____ at Page _____, 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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:

This instrument was prepared by: _____
Mail after recording to: _____
_____

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

- 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 theDepartment, 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.

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 _____ day of _____, 20__.

Tranquility Development LLC _____(SEAL)
(Corporate Name)

_____(SEAL)

By: _____ _____(SEAL)

~~President~~ Managing _____(SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Cabarrus

I, Diane H. Epting, a Notary Public for said
County and State, do hereby certify that John U. Harris
personally appeared before me this date and acknowledged the due execution of the foregoing instrument.
Rowan

WITNESS my hand and notarial seal, this 2nd day of December, 2003.

Diane H. Epting
Notary Public

My Commission Expires:
4/27/2008

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said
County and State, do hereby certify that _____ personally came before me
this day and acknowledged that he is _____ Secretary of _____
_____, a North Carolina corporation, and that by authority duly given and
as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____
President, sealed with its corporate seal, and attested by _____
as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02

...tal Health Dept
236-1894

INFILTRATOR SYSTEMS INC
Environmentally Sound Wastewater Solutions

North Carolina
Five Year Limited Warranty
Approved Effective April 24, 2002

Infiltrator Inc. (hereinafter "the Company") hereby extends, for a period of FIVE (5) YEARS, the following Limited Warranty to the original system owner through an authorized Infiltrator systems installer, a new residential infiltrator infiltrative leaching system including each chamber and all other accessories manufactured by Infiltrator (herein after collectively the Units) located in the State of North Carolina. The Limited Warranty is effective on the date of installation. This Limited Warranty is subject to the terms and conditions stated below.

WARRANTY ELIGIBILITY

The system is eligible for this Limited Warranty provided all of the terms and conditions of this Limited Warranty are strictly followed. This Limited Warranty shall pass/transfer from the original system owner to subsequent system owners for the duration of this limited warranty. This Limited Warranty covers the performance of the Units as manufactured and installed in accordance with the manufacturer's design specifications and current product approval.

CONDITIONS OF LIMITED WARRANTY

This Warranty shall only apply if the Units are installed for use with domestic strength effluent and used in the State of North Carolina and the following terms and conditions are satisfied:

The design and installation of the Units is according to all applicable plumbing and building codes, ordinances, requirements and regulations.

The design and installation of the Units is strictly according to the rules and regulations of the North Carolina state agency or state authorized agency that is responsible for inspection and approval.

The design and installation of the Units is strictly according to all applicable permitting requirements for the Units adopted by the North Carolina state agency or state authorized agency that is responsible for inspection and approval.

The Units are subject to use permitted by the applicable North Carolina rules and regulations for septic systems.

Only an authorized Infiltrator installer shall perform the installation of the Units.

WHAT IS WARRANTED AND FOR HOW LONG

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

If, within the five (5) year period of this Limited Warranty and all of the terms, conditions and requirements of this Limited Warranty have been satisfied, the Company shall provide all materials and labor that may be necessary to provide a fully functioning wastewater system, at no cost to the system owner. Failure is construed to require that a manufacturer warrant an innovative wastewater system that is not properly sized to meet the needs of the home, that is improperly installed, or that is improperly operated and maintained, in accordance with 15A NCAC 18A .1960. Repairs shall include such as full replacement of the infiltration system, extension of the infiltration system, or other repairs shall be completed pursuant to a Construction Authorization to Construct to be issued by the local health department in accordance with Rule .1960.

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

WHAT IS NOT COVERED BY THIS LIMITED WARRANTY

The septic tank and all septic tank filters, unless required to make the system fully functional.
Effluent distribution box(es) and headers, unless required to make the system fully functional.
Improper installation.
Failure due to excess misuse of improper use as defined by state rules for on-site wastewater systems, including, but not limited to, excessive water usage, improper grease disposal, or failure to remove septic tank solids (digested sludge).
Landscaping costs other than those specified by rule.
Failure due to improper zoning as defined by state rules.
Repair work performed prior to a claim or which is done without the Company's consent.
This Limited Warranty does not extend to incidental, consequential, special, indirect or punitive damages.
Drain fields repaired or modified by an unauthorized Infiltrator installer.

THE COMPANY'S OBLIGATIONS

No officer of the company has the authority to change this warranty in any manner whatsoever, or to extend this warranty. No warranty exists except with the original system owner or subsequent system owner.

OWNER'S OBLIGATION

Must have signed and filed Operation Permit from the duly authorized representative of the North Carolina state agency or state authorized agency that is responsible for inspection and approval of the Units.

Must have a Warranty Certificate from an authorized Infiltrator installer.

The system owner must notify the company in writing at its corporate headquarters within five days of being notified by an authorized agent of the state that the system has failed. Notice shall be sent to Infiltrator Systems Inc., 6 Business Park Road, P.O. Box 768, Old Saybrook, CT 06475.

The system owner must have the septic tank solids (digested sludge) properly removed in accordance with state rules for such systems.

DISCLAIMER AND LIMITATIONS ON IMPLIED WARRANTIES

THE OBLIGATIONS CONTAINED HEREIN ARE EXCLUSIVE AND THERE ARE NO OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, IMPOSED ON THE SALE OF THE UNITS TO THE NORTH CAROLINA SYSTEM OWNER(S), EXCEPT, LIMITED TO FIVE (5) YEARS FROM THE DATE OF ISSUANCE OF THE CERTIFICATE OF OCCUPANCY OR OPERATION PERMIT, WHICHEVER IS LATER. THIS LIMITED WARRANTY DOES NOT EXTEND TO ANY COMPONENT PARTS, AND ALL SUBJECT TO THE TERMS AND CONDITIONS OF THIS LIMITED WARRANTY. THIS WARRANTY DOES NOT EXTEND TO INCIDENTAL, SPECIAL, DIRECT OR INDIRECT DAMAGES WHETHER ARISING IN CONTRACT OR TORT. THE COMPANY SHALL NOT BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, PROPERTY, PENALTIES OR LIQUIDATED DAMAGES, LOSS OF PRODUCTION AND PROFIT, DAMAGE OR INJURY, LOSS OR EXPENSE OCCASIONED BY OR ARISING DIRECTLY OR INDIRECTLY, IN WHOLE OR IN PART, TO WATER DAMAGE, OR IN ANY WAY FROM WEAR AND TEAR, ALTERATION, ACCIDENT, MISUSE, ABUSE, NEGLECT, THE UNITS BEING SUBJECTED TO EXCESSIVE LOADS, HEAVY TRAFFIC, GREATER THAN THOSE DESCRIBED IN THE INSTALLATION INSTRUCTIONS OR IN ANY WAY CONTRARY TO THE INSTRUCTIONS SET FORTH IN THE INSTALLATION INSTRUCTIONS, THE SYSTEM FAILURES DETERMINED TO BE THE RESULT OF NON-COMPLIANCE WITH THE LOCAL CODES AND REGULATIONS (SUCH AS, BUT NOT LIMITED TO, EXCESSIVE WATER USAGE, IMPROPER SIZING OF THE SYSTEM, IMPROPER INSTALLATION OF THE SYSTEM, IMPROPER MATERIALS FOR THE SEPTIC SYSTEM, IMPROPER OPERATION OR IMPROPER MAINTENANCE OF THE SYSTEM) OR ANY EVENT NOT CAUSED BY THE COMPANY. THIS WARRANTY SHALL BE VOID IF THE SYSTEM OWNER FAILS TO COMPLY WITH ALL OF THE TERMS SET FORTH IN SECTION ____ OF THIS WARRANTY.

IN NO EVENT SHALL THE COMPANY BE RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE ORIGINAL OR SUBSEQUENT SYSTEM OWNER(S), THE UNITS, OR ANY PART THEREOF, OR ANY DELAY IN SHIPMENT OF THE UNITS, OR FROM ANY PRODUCT LIABILITY CLAIMS OF THE OWNER(S) OR SUBSEQUENT SYSTEM OWNER(S) OR ANY THIRD PARTY.

SOME STATES GIVE YOU SPECIFIC LEGAL RIGHTS, NORTH CAROLINA LAW MAY GIVE YOU CERTAIN STATUTORY RIGHTS WHICH ARE NOT MENTIONED HEREIN.

TRANSFER OF WARRANTY

This warranty is for the original system owner and each subsequent owner of the system during the term of this limited warranty.

INSTALLER CERTIFICATION

I certify to the company and the system owner that the wastewater system and the Infiltrator system were installed in accordance with the requirements of the company, state wastewater laws and rules, the innovative wastewater system approval, the improvement permit and authorization to construct any conditions on the permit or authorization to construct, and other applicable laws and rules.

Lee Forest Enterprises — McCarnes Construction
Name of System Installation or Unit Number — Business Name of Installer
Stanley Estates — Bobby L McCarnes
Name of Subdivision — Name of Person Signing (Print)
Lot #11 M.C. — Bobby L McCarnes — 12-1-03
Lot Number — Signature — Date

6 Business Park Road • P.O. Box 768 • Old Saybrook, CT 06475 • 800-221-4436 • 860-577-7000 • Fax 860-577-7001 • www.infiltratorsystems.com

NC Department of Health — Yellow Copy: System Owner — Pink Copy: Infiltrator

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 51828

Tax Number: 195-211-17

The 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.

Basement: ___ Yes ✓ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1040' Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Y Serviced by private well	1500 Gallon septic tank	346' Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: Existing fill material must be removed before system installation.!

Additional Conditions:
① Type III(B)(2) system requires warranty forms & agreement forms.
② Requires 5 year maint. inspection by local health department.

Repair Area System Type
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

1200' Absorption Area (Sq ft) 400' Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth

For existing system, enter the year originally installed:

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 Sewage, 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 Improvement permit is transferable.

Joshua R. Sillers RS/REHS
DEHNR Authorized Agent

Date 03-12-03

Owner/Agent Signature

Date 3/13/03

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

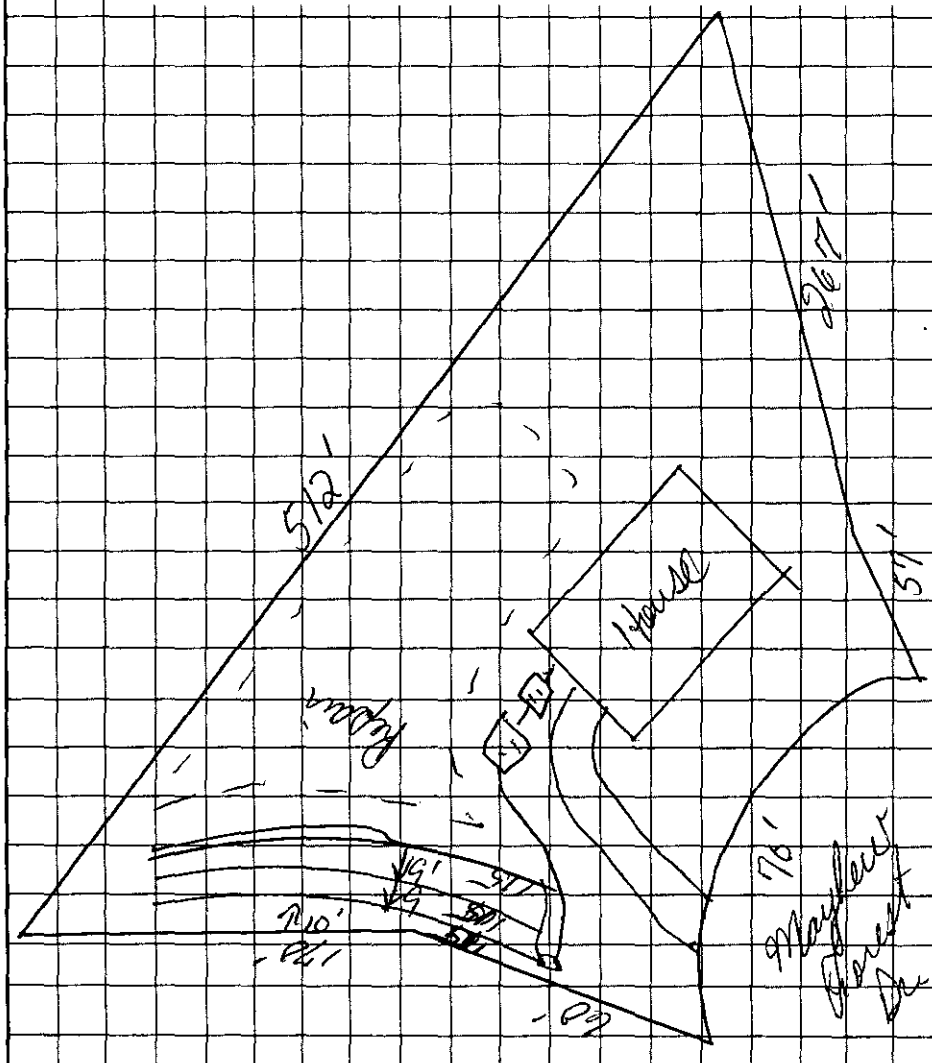
PROPOSED PLOT PLAN

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

FILE: 5182B

TC: 195-211-17

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.



(1) Not to scale

(2) 1500 ST 346' Drainline Innovative 35% Reduction.

(3) Stay >10' off all Property lines >5' off house >100' off well.

(4) Agreement forms and warranty forms must be on file.

(5) Existing tank must be removed before system installation.

OWNER/AGENT SIGNATURE

DATE 3/13/03

APPROVAL DATE Joshua L. Sellers R.S./REHS

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

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

Sheet: 1
Property ID: 195-211-17
Lot #: 9
File #: 5182B
Code: 2

ACS (JCW)

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Mike Hartis
Applicant: Chris Simpson
Address: 2708 Laugenour Place, Kannapolis, N. C. 28081
Date Evaluated: 03/10/2003
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .92a
Location of Site: 3304 Mayhew Forest Drive
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-21	FILL		>60" TO SOIL WETNESS	60	N/A	NONE	PS, IV
		21-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		48-60	SBK/C	FR/SEXP/S/P					
		SEE	COMMENTS						
2	"	0-4	FILL		>48" TO SOIL WETNESS	48	"	"	"
		4-22	GR/CL	FR/SEXP/SS/SP					
		22-48	SBK/C	FI/SEXP/S/P					
3	"	0-12	FILL		>49" TO SOIL WETNESS	49	"	"	"
		12-49	SBK/C	FI/SEXP/S/P					
4	"	0-12	FILL		>58" TO SOIL WETNESS	58	"	"	"
		12-55	SBK/C	FI/SEXP/S/P					
		55-58	SBK/CL	FR/SEXP/SS/SP					
5	"	0-29	FILL		US				

Description	Initial System	Repair System
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

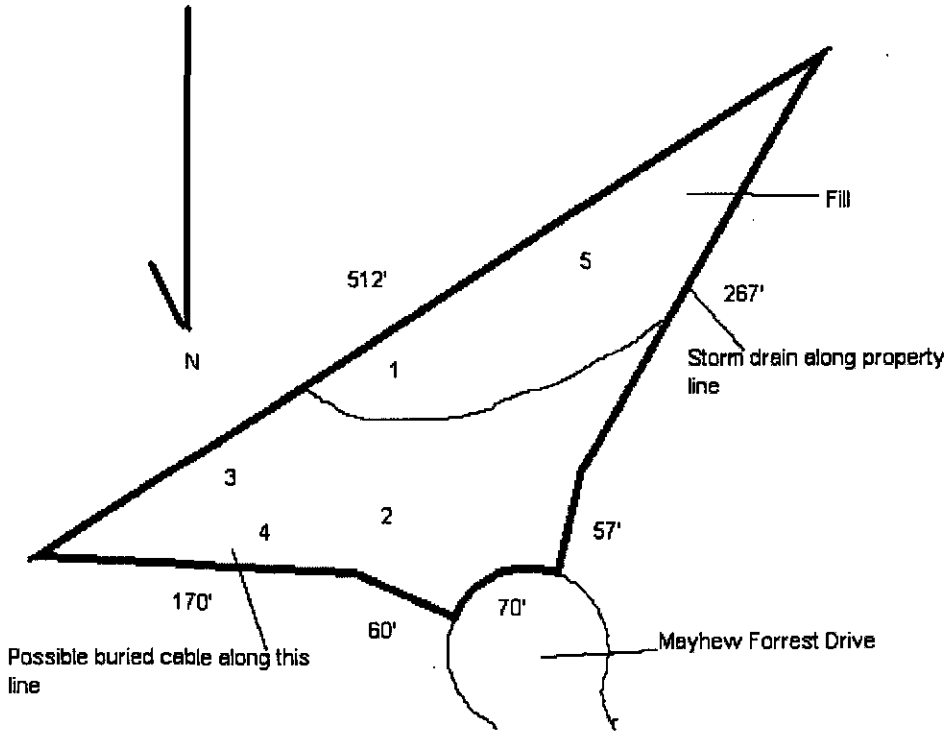
Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 3/10/2003, W. R. Marlin
Others Present:

FILE #5182B

COMMENTS: 100% Repair, some fill may need removing

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: 200 CK# 2.0

DATE: 3-6-03

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

TYPE APPLICATION: NEW SYSTEM EXPANSION/ALTERATION OF EXISTING SYSTEM REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 5182-B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 19521117

STREET ADDRESS: 3304 Mayhew Forest Drive

SUBDIVISION OR MOBILE HOME PARK NAME: Mayhew Country Estates

LOT NUMBER: 9

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 3157

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
✓ 7 MINT HILL

CLOSING DATE Asap

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE:

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES — __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS — __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS — __ YES ✓ NO
WELL, SPRINGS OR WATERLINES — __ YES ✓ NO
DESIGNATED WETLANDS — __ YES ✓ NO

PROPERTY OWNER:

NAME: Harris (LAST) Mike (FIRST) (MI)

ADDRESS: 2708 Laugenour Place

CITY: Kannapolis STATE: NC ZIP: 28081

DAYTIME PHONE: (704) 904-8143

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Simpson (LAST) Chris (FIRST) A (MI)

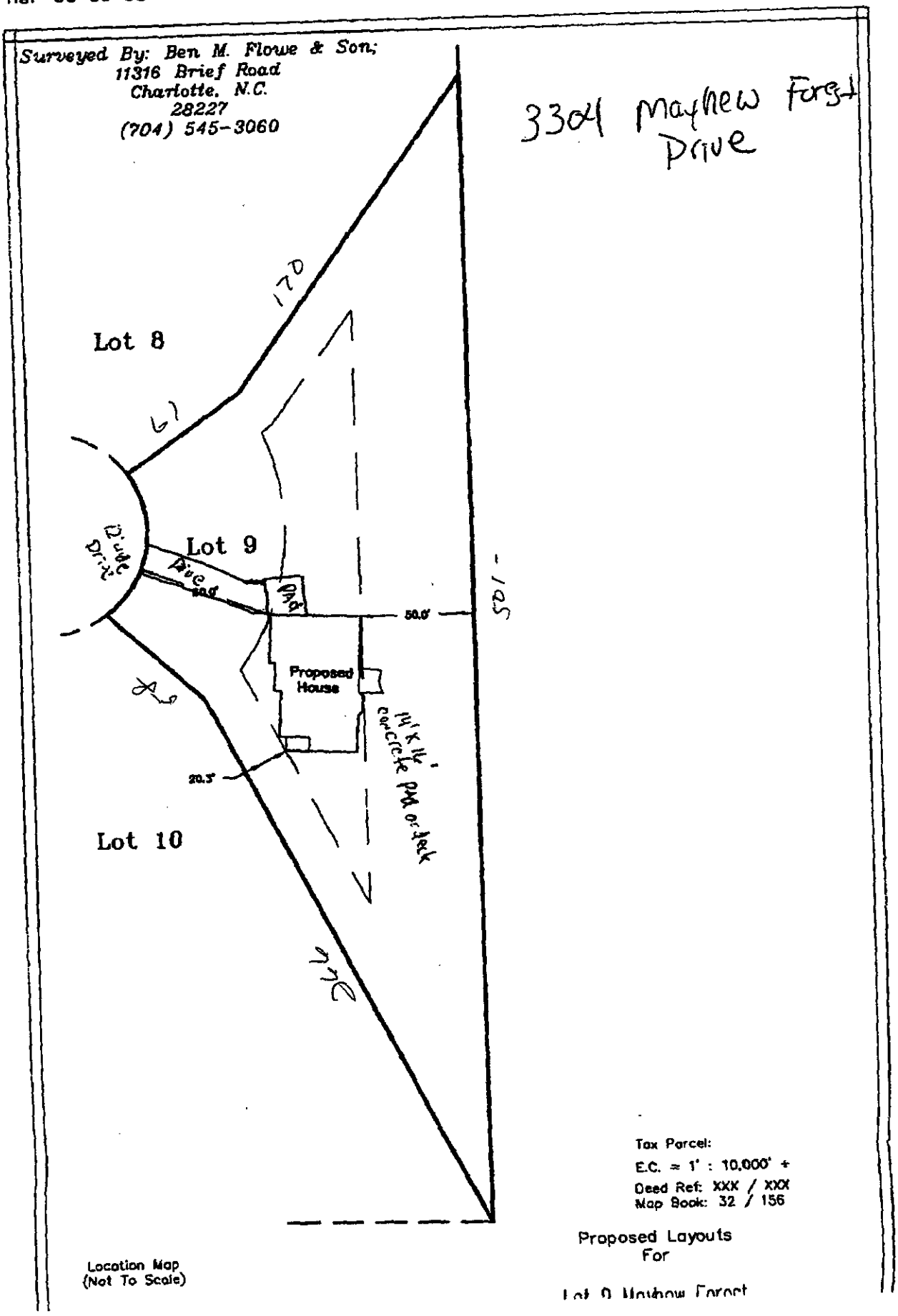
DAYTIME PHONE: (704) 309-0883

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2 years +

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: [signature] DATE: 3-6-03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102


Surveyed By: Ben M. Flowe & Son;
11316 Brief Road
Charlotte, N.C.
28227
(704) 545-3060
3304 Mayhew Forest Drive
170
Lot 8
67
Lot 9
Double Drive
Drive
50.0'
Proposed House
14' x 14' concrete PAD or deck
20.5'
Lot 10
245
Location Map
(Not To Scale)
Tax Parcel:
E.C. = 1' : 10,000' +
Deed Ref: XXX / XXX
Map Book: 32 / 156
Proposed Layouts
For
Lot 9 Mayhew Forest