



North Carolina Onsite Wastewater Contractor Inspector Certification Board  
 Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems  
 Notice of Intent (NOI) to Construct

New  Expansion  Repair  Relocation  Relocation of Repair Area

Owner or Legal Representative Information:  
 Name: Four Corners of Charlotte LLC  
 Mailing address: 1612 Seattle Slew Court City: Waxhaw State: NC Zip: 28173  
 Phone: 704-713-2602 Email: romelle03@yahoo.com

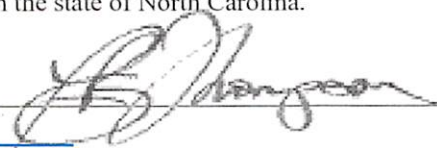

Authorized Onsite Wastewater Evaluator Information:  
 Name: Larry Thompson, LSS Certification #: 10016E  
 Mailing address: PO Box 541 City: Midland State: NC Zip: 28107  
 Phone: 704-301-4881 Email: larry@thompsonenv.com

Site Location Information:  
 Site address: Mintew Circle, Lincolnton, NC 28092  
 Tax parcel identification number or subdivision lot, block number of property: PID: 75043  
Lot 31 - Lincoln Greens County: Lincoln

System Information:  
 Wastewater System Type: Type IIb - Gravity Flow Accepted  
 Daily Design Flow: 360  
 Saprolite System:  Yes  No Subsurface Operator Required:  Yes  No  
 Water Supply Type:  Private Well  Public Water Supply  Spring  Other: \_\_\_\_\_

Facility Type:  
 Residential 3 # Bedrooms 6 Maximum # of Occupants  
 Business Type of Business and Basis for Flow: \_\_\_\_\_  
 Public Assembly Type of Public Assembly and Basis for Flow: \_\_\_\_\_

Required Attachments:  
 Plat or Site Plan  
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 16th day of March, 2024 by signature below I hereby attest that the information required to be included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest that I have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina.  
 This NOI shall expire on 16th day of March, 2029.  
 Signature of Authorized Onsite Wastewater Evaluator:   
 Signature of Owner or Legal Representative:  ramon gonzalez (Mar 16, 2024 15:48 EDT)

Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee required (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater evaluator shall be transferable to a new owner with the consent of the authorized onsite wastewater evaluator.

Local Health Department Receipt Acknowledgement:  
 Signature of Local Health Department Representative:  Date 3/21/24



# Lincoln County Environmental Health

115 W. Main Street  
Lincolnton, NC 28092  
PHONE: 704-736-8426  
FAX: 704-736-8427



## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

1. Complete this form to document his or her legal representative, or
2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Four Corners of Charlotte LLC, am the legal owner(s) of the property located at Lot 31 - Lincoln Greens, Mintew Circle, Lincolnton, NC 28092, identified as PIN (Parcel Identification Number) 75043, located in Lincoln County, North Carolina.

I do hereby authorize (print legal representative/company name) Larry Thompson, LSS, Thompson Environmental Consulting, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Lincoln County Department of Public Health, Environmental Health Division.

ramon gonzalez                      Mar 6, 2024  
Signature of Owner(s)              Date

Angela Thompson                      Mar 6, 2024  
Angela Thompson (Mar 6, 2024 18:10 EST)  
Signature of Witness                      Date

### MISSION STATEMENT

The Lincoln County Health Department provides quality health services to promote a healthy community.



### VISION STATEMENT

Lincoln County Health Department services will promote healthy lifestyles through prevention, preparedness, and education.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Higginbotham Insurance Agency, Inc. 500 W. 13th Street Fort Worth TX 76102  License#: 2081754	<b>CONTACT NAME:</b> David Vaughan <b>PHONE (A/C No. Ext):</b> 9187797880 <b>E-MAIL ADDRESS:</b> dlvrj@higginbotham.net	<b>FAX (A/C No):</b> 817-882-9284	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Thompson Environmental Consulting, Inc. PO Box 541 Midland NC 28107-0541  THOMENV-01	<b>INSURER A :</b> Mid-Continent Casualty Company		23418
	<b>INSURER B :</b> Hartford Underwriters Insurance Company		30104
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1159810537

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional			04-GL-001105131	9/25/2023	9/25/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
			MED EXP (Any one person)				\$ Excluded	
			PERSONAL & ADV INJURY				\$ 1,000,000	
			GENERAL AGGREGATE				\$ 3,000,000	
			PRODUCTS - COMP/OP AGG				\$ 3,000,000	
			OTHER:				\$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
				BODILY INJURY (Per person)	\$			
				BODILY INJURY (Per accident)	\$			
				PROPERTY DAMAGE (Per accident)	\$			
					\$			
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
				AGGREGATE	\$			
					\$			
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A			38WECNW6175	10/17/2023	10/17/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

For Informational Purposes

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**Residential Subsurface Wastewater  
Treatment and Disposal System AOWE Permit**

**for**

**Lot 31 – Lincoln Greens  
Mintew Circle  
Lincolnton, NC 28092**

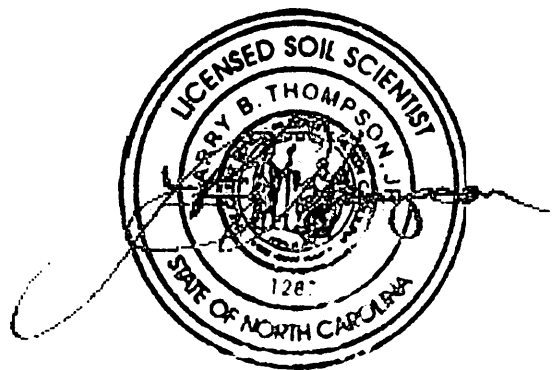
**Tax Parcel Number: 75043  
March 16, 2024**

**Prepared for:**

Four Corners of Charlotte LLC  
1612 Seattle Slew Court  
Waxhaw, NC 28173  
704-713-2602

**Prepared by:**

Larry Thompson, REHS, LSS  
Thompson Environmental Consulting, Inc.  
PO Box 541  
Midland, NC 28107-0541  
Phone: 704-301-4881  
Fax: 206-350-8895  
larry@thompsonenv.com



## Details

Four Corners of Charlotte LLC has contracted with Thompson Environmental Consulting, Inc. (TEC) to prepare an AOWE septic permit package for a 3-bedroom single-family residence to be constructed on Lot 31 – Lincoln Greens, Mintew Circle, Lincolnton, North Carolina (Lincoln County Parcel Number: 75043).

Based upon a soil and site evaluation performed by TEC, it was determined that a sufficient amount of “Provisionally Suitable” Group IV Soil is available for the initial installation and repair of a **Gravity-Flow Accepted System** for a 360 gallon-per-day residence at a 0.3 GPD/sq/ft long-term acceptance rate (LTAR). The property will be served by a private well.

**This proposal is being submitted pursuant to and meets the requirements of G.S. 130A-336.2. (AOWE Permitting).**

### Location

From Lincolnton, take N. Grove Street to Reepsville Road. Stay straight on Reepsville Road, turn left onto Mintew Circle and keep left. Lot is located on the left at the Mintew Circle split.

### References

*Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18E, Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, January 1, 2024.*

*Accepted Wastewater System No. AWW-2005-02-R6; North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, August 21, 2015.*

### Primary Investigator’s Credentials

NC Registered Sanitarian No. 1208  
NC Licensed Soil Scientist No. 1287  
NC Authorized Onsite Wastewater Evaluator No. 10016E  
SC Certified Professional Soil Classifier No. 111  
NC Subsurface Septic System Operator No. 22199  
NC Grade IV Wastewater System Installer No. 1762  
NC Certified Wastewater System Inspector No. 17621

## Plans and Specifications

### A. Septic Tank

1. The septic tank shall be State approved, watertight, structurally sound, and 1,500 gallons in capacity (minimum).

2. The septic tank will be fitted with an approved effluent filter and riser for easy access and periodic maintenance.
3. It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tank has had time to properly cure and is free of cracks or other structural deficiencies.

B. Pipe, Fittings and Supply Line

1. All discharge piping, connectors, and supply lines should be made of SCH 40 PVC and fitted with pressure-rated couplings.
2. All joints must be properly “welded” utilizing the appropriate PVC cement for each application.

C. Distribution Method

1. Individual drainlines shall be evenly fed via a distribution box.
2. Distribution box shall be water tested for equal flow at the time of the final inspection.

D. Drainfield Installation

1. The drainfield has been previously laid out on-site utilizing metal stemmed flags. The property owner/builder should mark this area and isolate it as much as possible from construction traffic
2. Under no circumstances shall any construction take place within the drainfield area while the soil is in a wet condition.
3. The specified system is an accepted wastewater system, specifically the Infiltrator Quick 4 chamber system.
4. **The drainfield addition consists of three (3) 3-foot wide by 100-foot long drainlines. Total drainline length for the complete system is 300 linear feet.**
5. The maximum trench depth for this system shall be **25 inches**.
6. The laterals are to be installed on contour with the land, keeping the individual trench bottoms level from beginning to end.
7. The trenches should be left open for the final inspection by the system designer.

E. Final Landscaping

1. The final soil cover over the drainfield shall be a minimum of 6 inches deep.
2. The drainfield shall be shaped to shed rainwater and be free from low spots.
3. The drainfield area should be planted with grass as soon as possible to prevent erosion. The soil should be properly tilled, limed (if necessary) and fertilized prior to planting. After applying grass seed, the area should be heavily mulched with straw or other suitable material.

### Maintenance

#### F. In General

1. The homeowner must maintain the drainfield area through periodic mowing. The drainfield must not be allowed to become overgrown.
2. The septic tank should be pumped every 4 years or when the solids within the septic tank reach an elevation equivalent to 25 percent of the tank's volume. In some situations, the tanks may need to be pumped more frequently. If using a garbage disposal, it is recommended that the homeowner has the septic and pump tanks cleaned out annually.
3. When cleaning the effluent filter, the filter should be removed, and the accumulated debris will be washed back into the septic tank – not onto the lawn.
4. Any damp areas, leakages, or malfunctions in the drainfield area should be addressed immediately.
5. Divert gutter downspouts and surface water runoff away from the septic and pump tanks.

### Design Specifics

Daily Design Flow:	360 GPD – 3 bedroom house
Septic Tank Size:	1,000 Gallons
Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	Accepted (25% Reduction)
Distribution Method:	Distribution Box
Number of New Drainlines	(3) 3-ft Wide x 100-ft Long
Total Drainline Length:	300 Linear Feet
Maximum Trench Depth:	25 Inches
Required Soil Cover:	6 Inches

### Repair Option

Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	Accepted (25% Reduction)
Required Drainline Length:	300 Linear Feet
Available Drainline Length:	300 Linear Feet

*Lot 31 – Lincoln Greens*

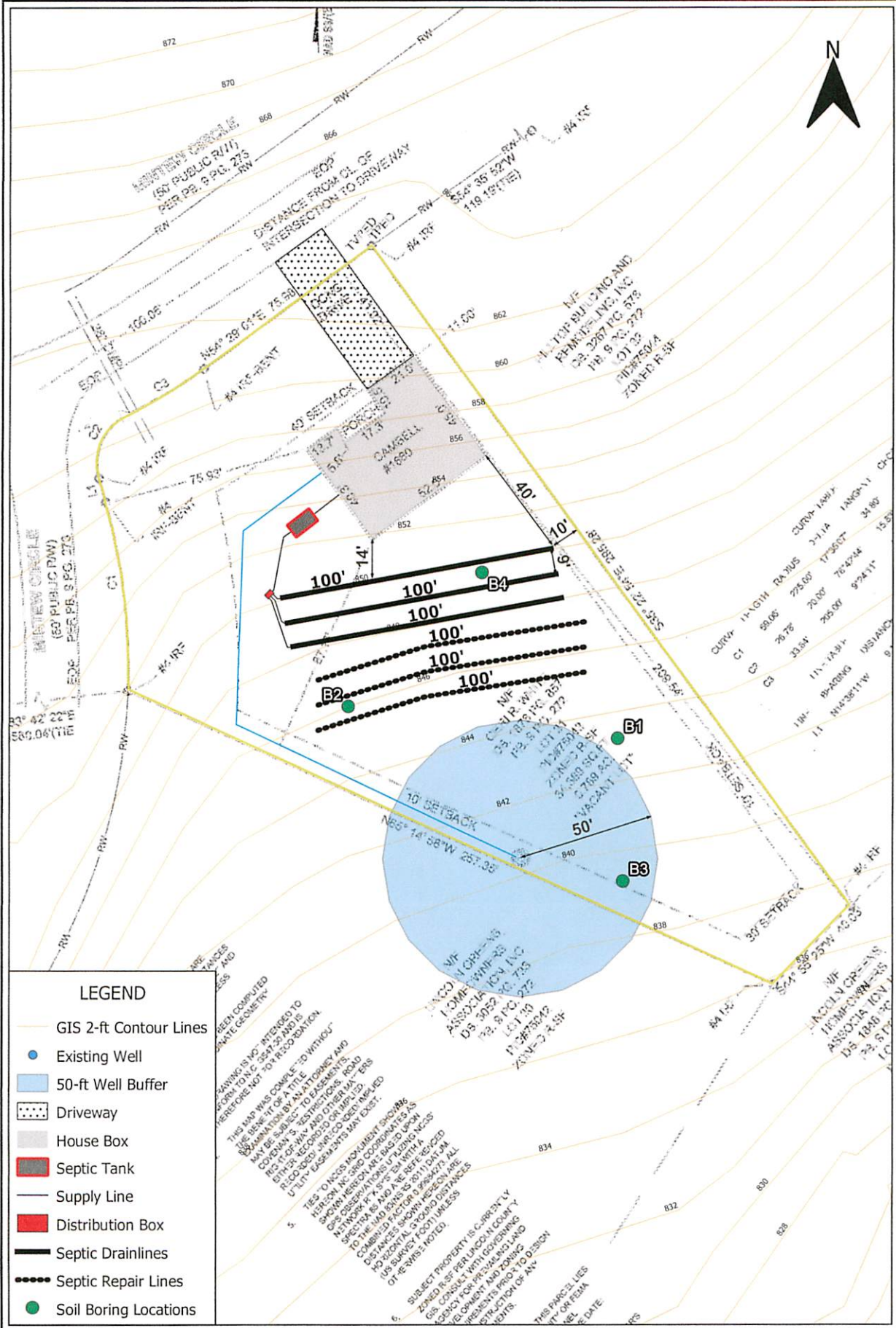
**Maximum Trench Depth:**

**25 Inches**

**Required Soil Cover:**

**6 Inches**





Prepared For:  
Four Corners of Charlotte LLC

**Soil and Site Evaluation**  
County Tax Parcel: 75043  
Lot 31 - Lincoln Greens  
Mintew Circle  
Lincolnton, NC 28092  
Lincoln County

Date:  
March 2024  
Scale:  
0 20 40 ft  
TEC Job #:  
24-62

Figure  
**1**

**SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM**  
 (Complete all fields in full)

OWNER: \_\_\_\_\_ DATE EVALUATED: 3-5-24  
 ADDRESS: \_\_\_\_\_  
 PROPOSED FACILITY: \_\_\_\_\_ PROPOSED DESIGN FLOW (GPD): 3000 PROPERTY SIZE: 0.7800  
 LOCATION OF SITE: 10000 - Newland PROPERTY RECORDED: \_\_\_\_\_  
 WATER SUPPLY:  Public  Single Family Well  Shared Well  Spring  Other \_\_\_\_\_ WATER SUPPLY SETBACK: 5ft  
 EVALUATION METHOD:  Auger Boring  Pit  Cut TYPE OF WASTEWATER:  Domestic  High Strength  IPWW

P R O F I L E	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRE CTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ		
1		3-7	SCL	FR/S/SP/SC	10YR6/2	39"			0.35	35"
2		3-21	SCL/SC	FR/SS/SP/SC	/	40"			0.3	37"
		3-40	SCL	FR/S/SP/SC						
3		3-7	SCL	FR/NS/SP/SC	10YR6/2	15"			0.1	1"
		3-5	SCL/SC	FR/SS/SP/SC						
4		3-6	SCL/SC		/	46"			0.5	43"
		6-6	SCL							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	SITE CLASSIFICATION (.0509): <u>Soilable</u> EVALUATED BY: <u>Li Thompson</u> OTHER(S) PRESENT:
Available Space (.0508)	<u>1.5</u>	<u>1.5</u>	
System Type(s)	<u>1.5</u>	<u>1.5</u>	
Site LTAR	<u>0.3</u>	<u>0.3</u>	
Maximum Trench Depth	<u>2.5"</u>	<u>2.5"</u>	
Comments:			

# LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft <sup>2</sup> )	SAPROLITE LTAR (gpd/ft <sup>2</sup> )	LPP LTAR (gpd/ft <sup>2</sup> )	MINERALOGY/ CONSISTENCE		STRUCTURE	
						MOIST	WET		
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 - 0.6	MOIST	WET	SG (Single grain)	
CV (Convex Slope)		LS (Loamy sand)		0.5 - 0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)	
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 - 0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)	
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)	
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)	
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)	
L (Linear Slope)		CL (Clay loam)		None		None	EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)		
R (Ridge/summit)		Si (Silt)						VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4	0.05 - 0.2	SEXP (Slightly expansive)				
T (Terrace)		SiC (Silty clay)			EXP (Expansive)				
TS (Toe Slope)		C (Clay)							
		O (Organic)	None						

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

\*\*Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

*HORIZON DEPTH* In inches below natural soil surface

*DEPTH OF FILL* In inches from land surface

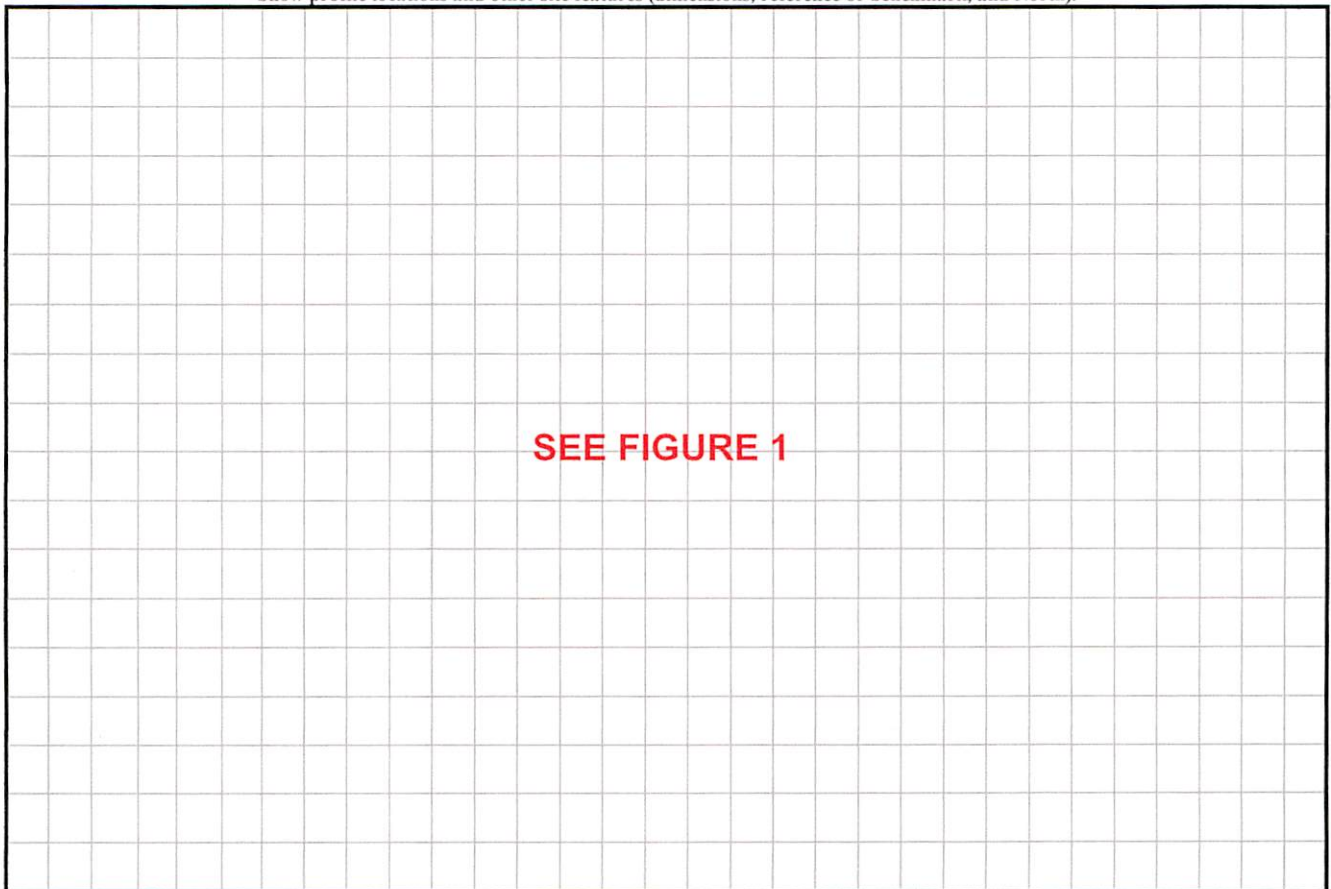
*RESTRICTIVE HORIZON* Thickness and depth from land surface

*SAPROLITE* S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.

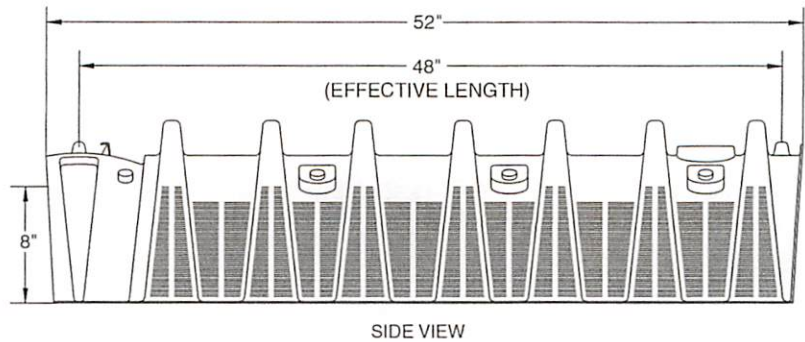
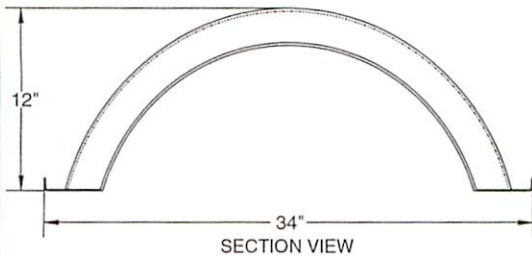
*SOIL WETNESS* Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

*CLASSIFICATION* S (Suitable) or U (Unsuitable)

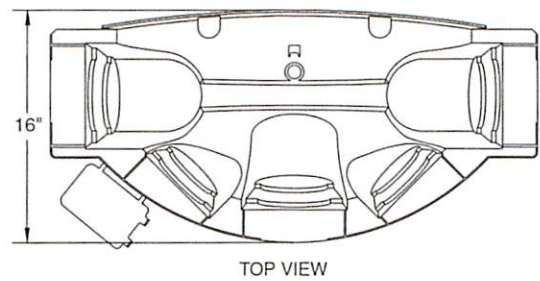
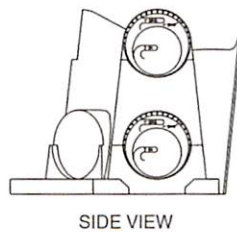
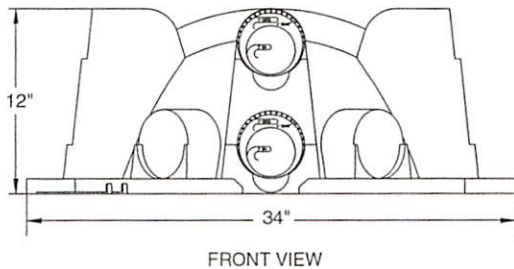
Show profile locations and other site features (dimensions, reference or benchmark, and North).



## Quick4 Standard Chamber



## MultiPort End Cap



### Quick4 Standard Chamber Nominal Specifications

Size (W x L x H)	34" x 52" x 12"
Effective Length	48"
Invert Height	8"

### MultiPort End Cap Nominal Specifications

Size (W x L x H)	34" x 16" x 12"
Invert Height	8" or 1.25"

### INFILTRATOR SYSTEMS, INC. STANDARD LIMITED WARRANTY

(a) The structural integrity of each chamber, end plate, wedge and other accessory manufactured by Infiltrator ("Units"), when installed and operated in a leachfield of an onsite septic system in accordance with Infiltrator's instructions, is warranted to the original purchaser ("Holder") against defective materials and workmanship for one year from the date that the septic permit is issued for the septic system containing the Units; provided, however, that if a septic permit is not required by applicable law, the warranty period will begin upon the date that installation of the septic system commences. To exercise its warranty rights, Holder must notify Infiltrator in writing at its Corporate Headquarters in Old Saybrook, Connecticut within fifteen (15) days of the alleged defect. Infiltrator will supply replacement Units for Units determined by Infiltrator to be covered by this Limited Warranty. Infiltrator's liability specifically excludes the cost of removal and/or installation of the Units.

(b) THE LIMITED WARRANTY AND REMEDIES IN SUBPARAGRAPH (a) ARE EXCLUSIVE. THERE ARE NO OTHER WARRANTIES WITH RESPECT TO THE UNITS, INCLUDING NO IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

(c) This Limited Warranty shall be void if any part of the chamber system is manufactured by anyone other than Infiltrator. The Limited Warranty does not extend to incidental, consequential, special or indirect damages. Infiltrator shall not be liable for penalties or liquidated damages, including loss of production and profits, labor and materials, overhead costs, or other losses or expenses incurred by the Holder or any third party. Specifically excluded from Limited Warranty coverage are damage to the Units due to ordinary wear and tear, alteration, accident, misuse, abuse or neglect of the Units; the Units being subjected to vehicle traffic or other conditions which are not permitted by the installation instructions; failure to maintain the minimum ground covers set forth in the installation instructions; the placement of improper materials into the system containing the Units; failure of the Units or the septic system due to improper siting or improper sizing, excessive water usage, improper grease disposal, or improper operation; or any other event not caused by Infiltrator. This Limited Warranty shall be void if the Holder fails to comply with all of the terms set forth in this Limited Warranty.

Further, in no event shall Infiltrator be responsible for any loss or damage to the Holder, the Units, or any third party resulting from installation or shipment, or from any product liability claims of Holder or any third party. For this Limited Warranty to apply, the Units must be installed in accordance with all site conditions required by state and local codes; all other applicable laws; and Infiltrator's installation instructions.

(d) No representative of Infiltrator has the authority to change or extend this Limited Warranty. No warranty applies to any party other than the original Holder.

The above represents the Standard Limited Warranty offered by Infiltrator. A limited number of states and counties have different warranty requirements. Any purchaser of Units should contact Infiltrator's Corporate Headquarters in Old Saybrook, Connecticut, prior to such purchase, to obtain a copy of the applicable warranty, and should carefully read that warranty prior to the purchase of Units.

# INFILTRATOR®

## SYSTEMS INC

Environmental Onsite Wastewater Solutions™

6 Business Park Road • P.O. Box 768

Old Saybrook, CT 06475

860-577-7000 • FAX 860-577-7001

**800-221-4436**