



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

COMMON FORM FOR LICENSED SOIL SCIENTIST COVID-19 PERMIT OPTION FOR NON-ENGINEERED SYSTEMS
See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the LSS in accordance with S.L. 2020-3, Section 4.18 and G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: _____ by _____
Date Initials

PART 1: Notice of Intent to Construct (NOI)

- Options for NOI type: New, Expansion, Repair - LHD Permit Number (checked), Repair - EOP/LSS Permit Number

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): Robin Walker

Mailing address: 2664 Cypress Rd. City: Cameorn State: NC Zip: 28326
Telephone number: (602)463-6020 E-mail Address: imabizkit@aol.com

2. Licensed Soil Scientist (LSS) name: Thomas Boyce LSS License number: 1241
Mailing address: PO Box 81 City: Pittsboro State: NC Zip: 27312
Telephone number: 9198688135 E-mail Address: nclss1241@gmail.com

3. Licensed Geologist (LG) (if applicable) name: N/A License Number: N/A
Mailing address: N/A City: N/A State: N/A Zip: N/A
Telephone number: N/A E-mail Address: N/A

4. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

- Options for insurance: LSS (checked), LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 2664 Cypress Rd. Cameron NC 28326
County Name: Harnett

6. Type of facility: Place of residence (checked) No. Bedrooms: 3 No. Occupants: Max 6
Place of business Basis for flow calculation:
Place of public assembly Basis for flow calculation:

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Raleigh, NC 27609
MAILING ADDRESS: 1642 Mail Service Center, Raleigh, NC 27699-1642
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

7. Factors that would affect the wastewater load: N/A

8. Type, location, and classification (per Rule .1961) of wastewater system: III(g)

9. Design wastewater flow: 360 gpd

Design wastewater strength: domestic high strength industrial process *(For high strength and industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)*

10. A plat as defined in G.S. 130A-334(7a) is attached: Yes No

A site plan as defined in G.S. 130A-334(13a) is attached: Yes No

In accordance with G.S. 130A-335(f), an LSS COVID-19 Permit with a plat is valid without expiration and an LSS COVID-19 Permit with a site plan is valid for five years.

11. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): Yes No

12. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): Yes No
If yes, documentation filed in _____ County Register of Deeds in Deed book _____ Page _____

13. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h): Yes No
If yes, agreements filed in _____ County Register of Deeds in Deed book _____ Page _____

14. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: Yes No

This is a saprolite system. Yes No

15. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: Yes No

16. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA

17. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

Attestation by LSS pursuant to S.L. 2020-3, Section 4.18 and G.S. 130A-336.2

I, Thomas Boyce hereby attest that the information required to be included with

Licensed Soil Scientist (Print Name)

this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances, and that the proposed system does not require a Professional Engineer, licensed in accordance with G.S. 89C, and in accordance with 15A NCAC 18A .1938 and activities determined to be engineering as determined by the North Carolina Board of Examiners for Engineers and Surveyors."

Thomas Boyce
Signature of Licensed Soil Scientist

03/22/2021
Date

NOTES:

LIABILITY: The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an LSS COVID-19 Permit Option [S.L. 2020-3, Section 4.18(d) and G.S. 130A-336.2]

*RIGHT OF ENTRY: The submittal of this **Notice of Intent to Construct** grants right of entry to the Local Health Department and the State to the referenced property.*

ISSUANCE OF BUILDING PERMIT: Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section below, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner.

LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <i>Date</i> <i>Initials</i> </div> Date of Post-construction Conference: _____
--

The following items are included in this submittal for an Authorization to Operate under an LSS COVID-19 permit:

1. Signed and sealed copy of the LSS's report that includes:

a. Signed and sealed evaluation of soil conditions and site features	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. Drawings, specifications, plans	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
c. Reports on special inspections and final inspection	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
d. Management Program manual, including ORC contract, when applicable	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
e. On-site Wastewater Contractor's signed statement	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Fee (as applicable)
3. Notarized letter documenting Owner's acceptance of the system from the LSS
4. On-site Wastewater Contractor name: Marlin Wastewater Services License number: 19231
 Mailing address: PO Box 865 City: West End State: NC Zip: 27376
 Telephone number: (919)798-5888 E-mail Address: jeff@marlinw.com
5. Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
 Yes No

Attestation by the Owner for Authorization to Operate

I, Robin Walker hereby attest that all items indicated above have been provided to the _____
Print name of Owner
Harnett County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances.

<i>Signature of Owner</i>	<i>Date</i>
---------------------------	-------------

This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE
Based upon review of information submitted by the Owner in the Section above, the following items are missing from the information required for an Authorization to Operate for an LSS COVID-19 permit: _____

Copies of this signed form were sent to the LSS and the Owner on _____ via _____

Date
Email, FAX, USPS, Hand-delivered

<small>Print name of authorized Agent of the LHD</small>	<small>Signature of authorized Agent of the LHD</small>	<small>Date</small>
--	---	---------------------

COMPLETE
Based upon review of information submitted by the Owner in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on _____ via _____

Date
Email, FAX, USPS, Hand-delivered

<small>Print name of authorized Agent of the LHD</small>	<small>Signature of authorized Agent of the LHD</small>	<small>Date</small>
--	---	---------------------

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/19/2020

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 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).

PRODUCER Terry Riney Agency, Inc. 11 Trotter Hills Circle Pinehurst NC 28374-7930	CONTACT NAME: Kelli R. Starr	FAX (A/C, No.): (910)295-8980
	PHONE (A/C, No, Ext): (910)295-1121	E-MAIL ADDRESS: kelli@rineyagency.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :Erie Insurance Exchange		E28
INSURED Marlin Wastewater Services, LLC P.O. Box 865 West End NC 27376-	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
	INSURER G :	

COVERAGES

CERTIFICATE NUMBER:

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.

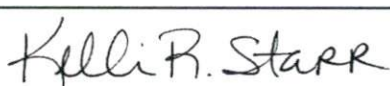
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Q31-0122835	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			Q07-0132925	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						OCCUR CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Q91-0104617	07/01/2020	07/01/2021	<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
A	Contractor's Errors & Omissions			Q31-0122835	07/01/2020	07/01/2021	Each Occurrence 1,000,000 Aggregate 1,000,000 Deductible 1,000

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

CERTIFICATE HOLDER

CANCELLATION

AI 2NE1SZ

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 

Fax: () -

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD



PROFESSIONAL LIABILITY INSURANCE DECLARATIONS

Claims Made and Reported Coverage: The coverage afforded by this policy is limited to liability for only those Claims that are first made against the Insured during the Policy Period or the Extended Reporting Period, if exercised, and reported to Markel Insurance Company during the Policy Period or the Extended Reporting Period, if exercised, or within 60 days after the expiration of the Policy Period or the Extended Reporting Period, if exercised.

Notice: This policy contains provisions that reduce the Limits of Liability stated in the policy by the costs of legal defense and permit legal defense costs to be applied against the deductible, unless the policy is amended by endorsement. Please read the policy carefully.

POLICY NUMBER: MEO1522-02

RENEWAL OF POLICY: MEO1522-01

NAMED INSURED: Thomas Boyce

BUSINESS ADDRESS: 2560 Silk Oak Rd Siler City, NC 27344

POLICY PERIOD: From 10/15/2020 to 10/15/2021

12:01 A.M. Standard Time at address of Insured stated above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES WITH THE NAMED INSURED TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

1. PROFESSIONAL SERVICES: soil scientist

2. LIMITS OF LIABILITY

Professional Liability Coverage

- A. Each Claim: \$1,000,000
B. Policy Aggregate: \$1,000,000

Additional Payments

- A. Contingent Bodily Injury And Property Damage \$0
B. Pollution \$10,000
C. Pre-Claim Assistance Expenses \$20,000
D. Sexual Abuse \$10,000
E. Third Party Discrimination \$25,000

Supplementary Payments

- A. Disciplinary Proceeding \$25,000 per Policy Period
B. Loss Of Earnings And Expense Reimbursement \$10,000
C. Public Relations Expenses \$5,000
D. Subpoena And Record Request Assistance \$5,000

Table with 1 column: Producer Number, Name and Mailing Address. Row 1: 98496, Wade Associates, LLC. - New Bern, 301 S Front St, Suite 3, New Bern, NC, 28560

Statement of Special Inspections

Property Address: 2664 Cypress Rd. Cameron NC 28326

System Components:

Infiltrator IM-1060 1094 Gallon Septic Tank connected to existing leach field.

System Review Frequency:

N/A

Maintenance Requirement:

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. NCAC 18A .1961(a)(2)

This system was inspected upon completion and installed in accordance with applicable laws, rules and permit conditions.

Thomas Boyce, LSS



I verify the system was installed in accordance with all applicable laws, rules and permit conditions.

Jeffrey Kerr, NC Certified Onsite Wastewater Contractor 19231

Owners Acceptance of Wastewater System

I, _____ accept the system as designed by Thomas Boyce, LSS and installed by Marlin Wastewater Services.

Owner

NORTH CAROLINA NOTARY ACKNOWLEDGMENT
THE STATE OF NORTH CAROLINA
COUNTY OF MOORE.

I, _____, Notary Public, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal this _____ day of January, 2021.

Notary Public Signature

Print _____

My commission expires: _____

(Seal)



MARLIN

Onsite Wastewater System Inspection

Audit Title

2664 Cypress Rd

Conducted on

6/13/19

Location

2664 Cypress Rd
Cameron, NC 28326
United States
(35.24927359041173, -79.1748545123206)

Prepared by

Marlin

Completed on

6/13/19, 11:30 AM

Adverse conditions present that require repair or warrant further evaluation:

1. Tank shows strong deterioration, small cracks and root intrusion.
 - a. A septic tank or dosing tank shall be watertight, structurally sound, and not subject to excessive corrosion or decay. Septic tanks shall be of two-compartment design (NCAC .1952)
 - i. Client should contact the environmental health department for a permit to repair/replace septic tank.

Other pertinent facts noted at the time of inspection:



1. A copy of the operation permit was requested from the local environmental health department but we did not receive it prior to inspection. The number of bedrooms/GPD this system was designed to serve is unknown. Location / presence of repair area is unknown. Technicians were able to locate approximately 100' of leach line at the time of inspection. Consult with the local health department for further information.







Disclaimer

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection. The inspectors do not accept responsibility for any consequences arising from the use of the information herein. The report is based on matters which were observed or came to the attention of the inspectors during the day of the inspection and should not be relied upon as an exhaustive record of all possible issues that may exist or potential improvements that can be made.

Confidentiality Statement

In order to maintain the integrity and credibility of the inspection processes and to protect the parties involved, it is understood that the the inspectors will not divulge to unauthorized persons any information obtained during this inspection unless legally obligated to do so. Unless otherwise specified, Marlin will only discuss the results of this inspection with the buyer, seller and their respective representatives.

Question	Response	Details
Approximate total holding capacity:	1000 Gallon	
Date of Inspection	6/13/19	
Septic System Location		
Tank Location:	Right Side Center	
Approximate distance from house or other structure to septic tank (ft):	30	
Distance from well, if applicable (ft):	N/A	
Septic Tank Location		
 <p>Media 1</p>		
Distance from water lines / property lines unknown.		
Evidence of irrigation within 10 feet any system component?	No	
Evidence of traffic over the septic system:	No	
System appears to be as shown on operations permit from local Environmental Health Department.		
	Unknown	
Septic Tank		
Single Tank or Double Tank?	Single Tank	
Approximate total holding capacity:	1,000	
Subsurface wastewater pollution control system operator required?	No	
Septic Tank is accessible.	Yes	
Percentage of solids (sludge and scum) in tank:	30	
Tank pumped at time of inspection:	Yes	
Did any water return to the tank from the next component when the tank was pumped?	No	
Tank Structure is in good condition. No strong signs of deterioration or cracks:	Small cracking, root intrusion and strong deterioration in tank.	
 <p>Media 2</p>		
Access risers are present:	N/A	
Both access lids on tank are accessible and were opened during inspection:	Yes	
Tank lids are in tact and in good condition. No strong signs of deterioration or cracks:	Yes	
Baffle is in tact and in good condition:	Yes	
Water level in tank relative to tank outlet:	Yes	
Water level in tank is below the invert of the inlet.	Yes	

Question	Response	Details
Signs of root intrusion in tank:	Yes	
    <p>Media 3 Media 4 Media 5 Media 6</p>		
Root growth is entering the tank at:	Outlet Port, Access Lid	
Evidence of tank leakage.	No	
Outlet Tee / Baffle		
Outlet Tee / baffle is present:	Yes	
Outlet baffle / tee is constructed of:	PVC Built	
Outlet tee is in good condition. No strong signs of deterioration.	Yes	
Outlet tee is at an appropriate height relative to the inlet.	Yes	
Connection present from tank to next component:	Yes	
Does the system have a pump and pump tank?	No	
Distribution device present:	No	
Drain Field		
Drain Field Location		
  <p>Media 7 Media 8</p>		
Method for dosing to the field.	Gravity	
Configuration for dispersal in the field:	Serial Trench	
Nature of media:	Gravel	
Evidence of past or current surfacing at time of inspection:	No	
Evidence of surface water inflow:	No	
Adequate ground cover over drain field (6" or more):	Yes	
Objects or structures that may affect the condition of the system or system components:	No	
Leach lines probed:	Yes	Found 1@ approximately 100'
System effluent is reaching the leach field:	Yes	
Soil Condition at Leach Lines:	Normal	
Number of leach lines:	1	
Vegetation, grading and drainage noted that may affect the condition of the system or system components.	No	
Additional Information		

Media



Media 1



Media 2



Media 3



Media 4



Media 5



Media 6



Media 7



Media 8

Onsite Wastewater System Repair

2664 Cypress Rd. Cameron NC 28326

- Replace existing septic tank with approved septic tank.
- Maintain all applicable setbacks as required by NCAC 18A .1950
- No change to existing leach field.
- Properly abandon existing septic tank.

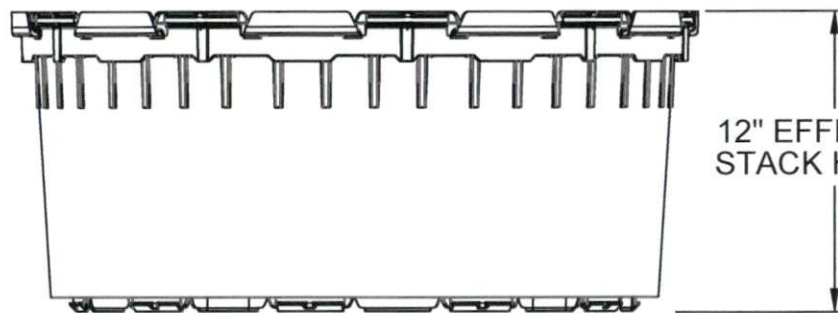
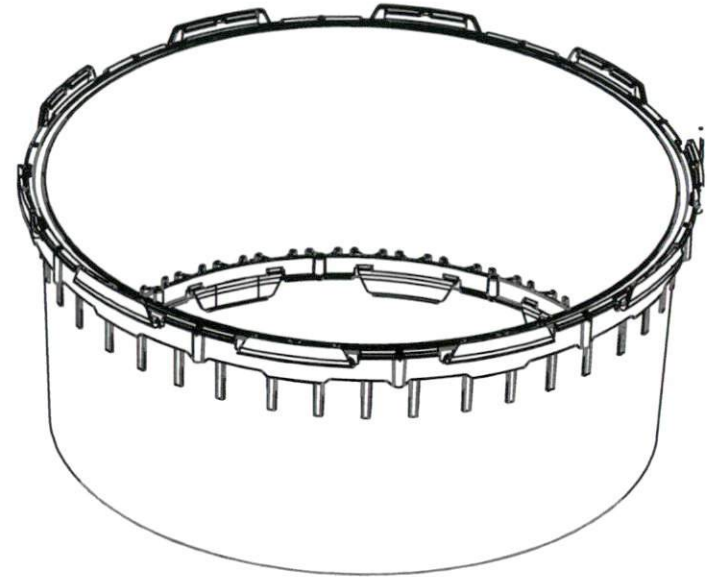
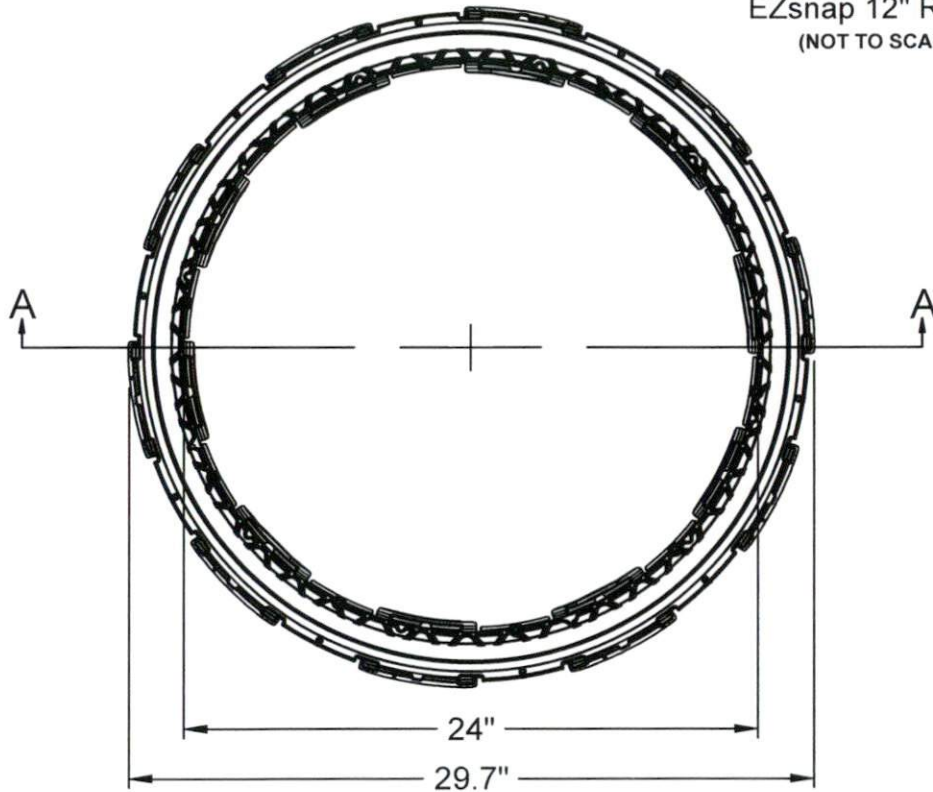


Q:\Technical Resources New\02--ISI_PRODUCTS\15 - RISERS\EZsnap\Archived\EZsnap Product Specifications


INFILTRATOR WATER TECHNOLOGIES

EZsnap 12" RISER

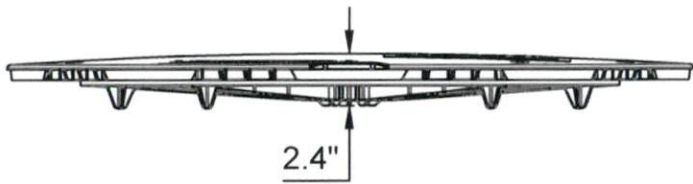
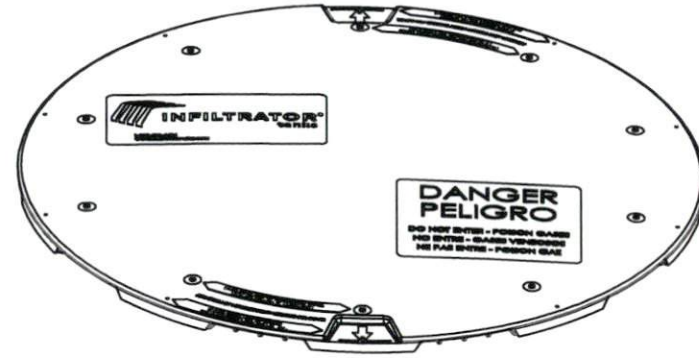
(NOT TO SCALE)




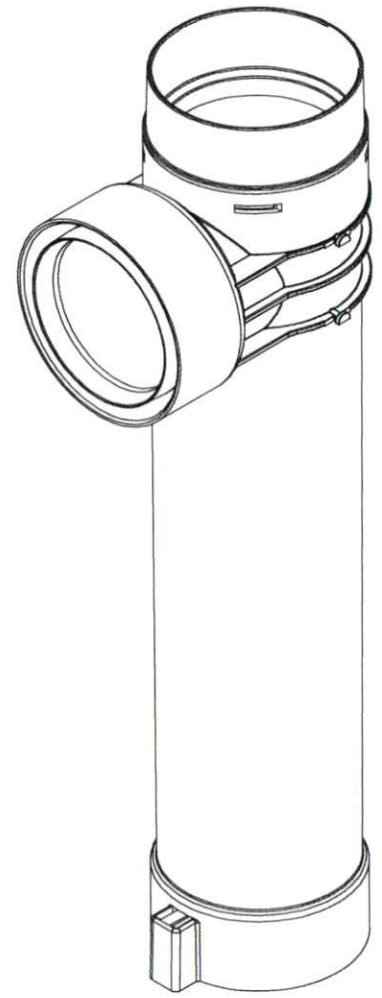
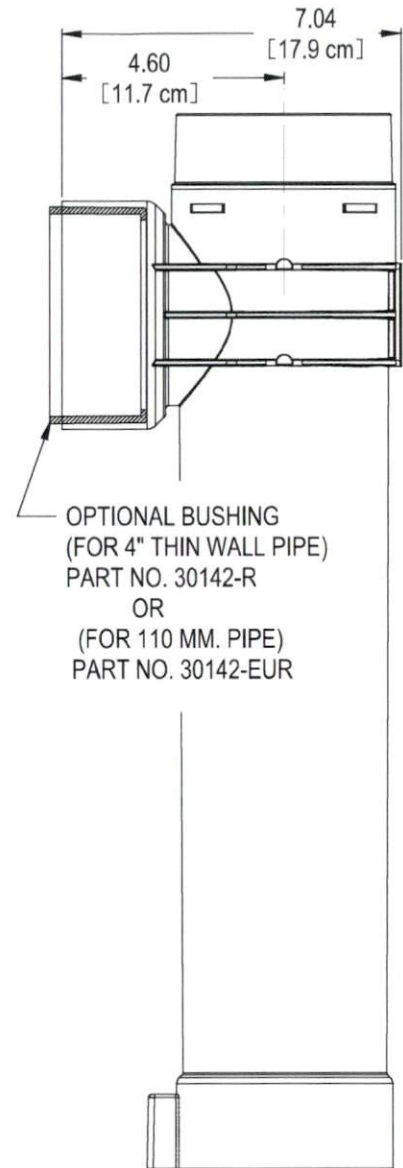
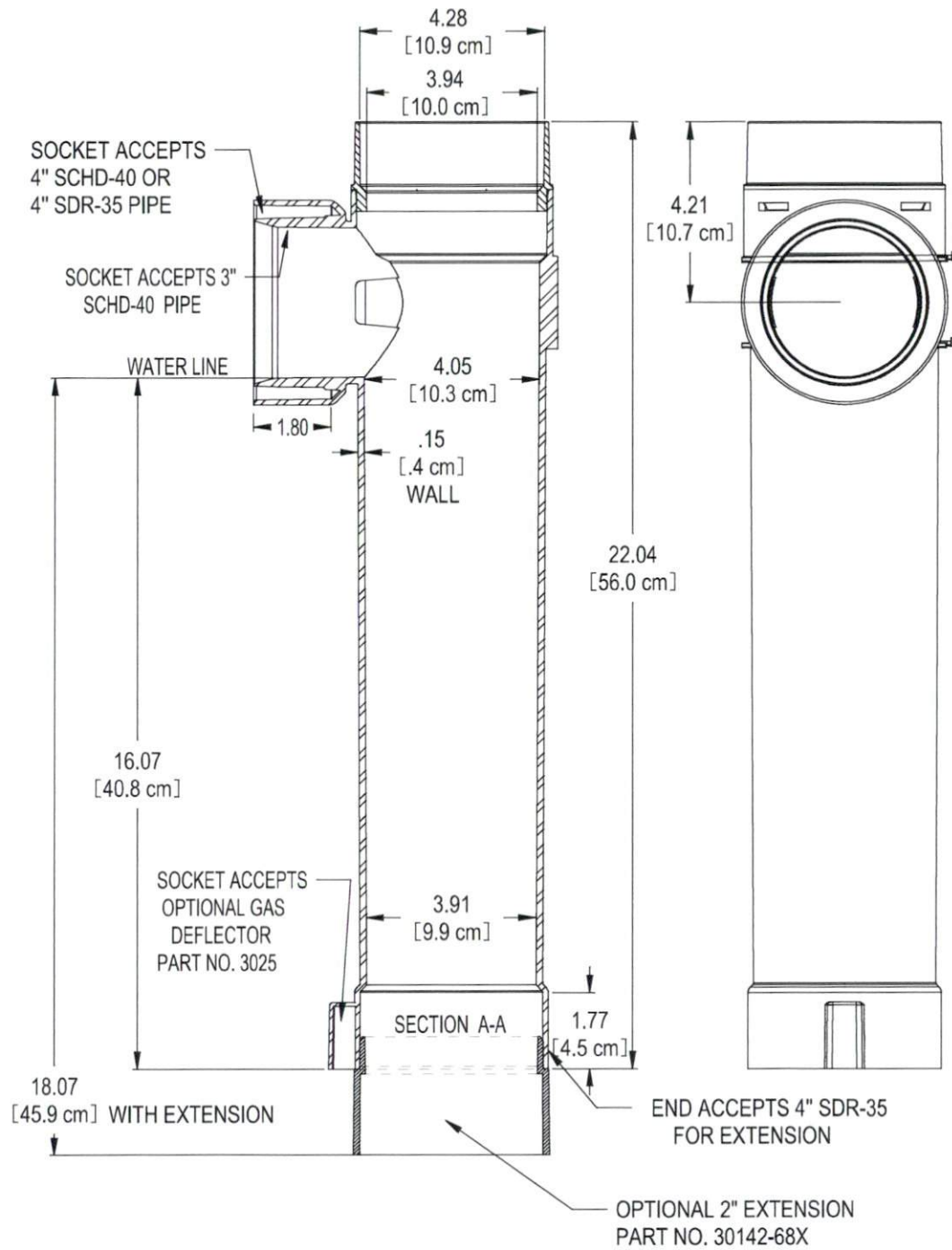
SECTION A-A

 INFILTRATOR Water Technologies		
INFILTRATOR WATER TECHNOLOGIES 4 Business Park Rd. Old Saybrook, CT 06475 (800) 221-4436		
12" EZsnap RISER SNAPRIS - 2412		
Drawn by: EMB	Date: 01/25/2017	
Scale: NOT TO SCALE	Checked by: DFH	Sheet: 1 of 1

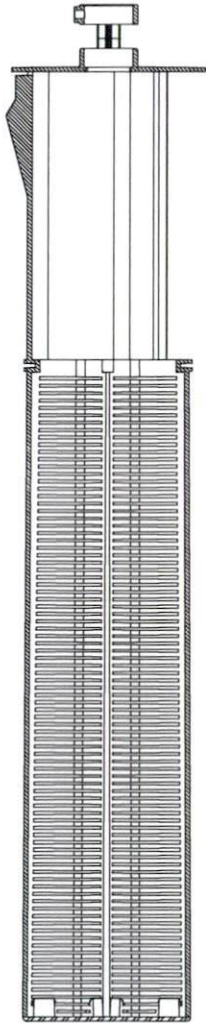
INFILTRATOR WATER TECHNOLOGIES
24" RISER - TANK LID
 (NOT TO SCALE)



 INFILTRATOR water technologies		
INFILTRATOR WATER TECHNOLOGIES 4 Business Park Rd. Old Saybrook, CT 06475 (800) 221-4436		
EZsnap LID IMLID - 2400		
Drawn by: E. Alv.		Date: 02/13/2018
Scale: NOT TO SCALE	Checked by:	Sheet: 1 of 1



POLYLOK PL-68 HOUSING 3" & 4"
PART NO. 30142-68-3
MATERIAL - ABS
COLOR - BLACK

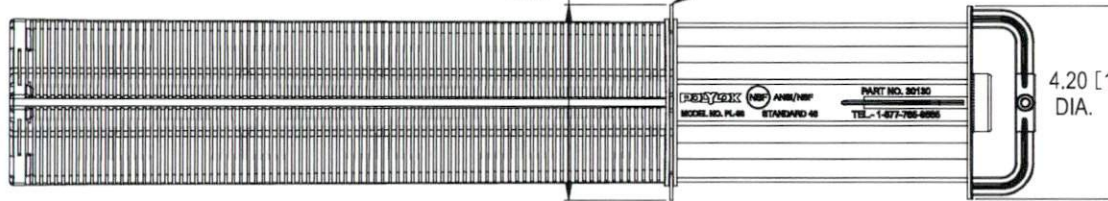


SECTION A-A

68 FT. (20.73 METERS OF 1/16" (.158 CM SLOTS)

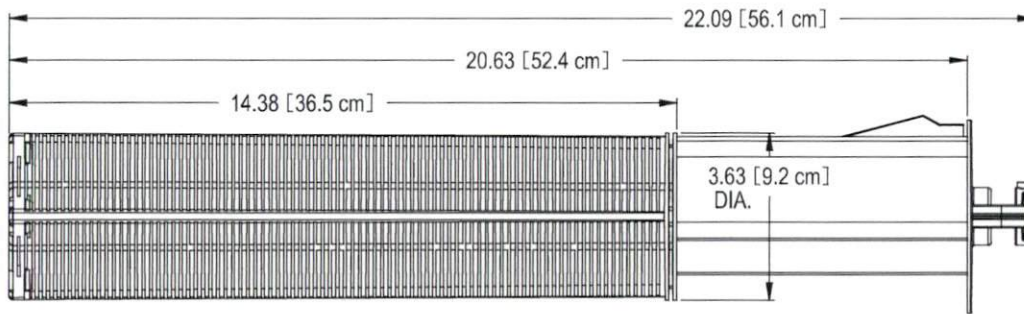
4.25 [10.8 cm]
DIA.

NEOPRENE GASKET



4.20 [10.7 cm]
DIA.

ACCEPTS 3/4" PIPE FOR HANDLE



PL-68 FILTER CARTRIDGE
 PART NO. - 30130
 MATERIAL - POLYPROPYLENE
 COLOR - RED
 TOTAL FILTER AREA - 1.1 SQ. FT.(1021 SQ. CM)

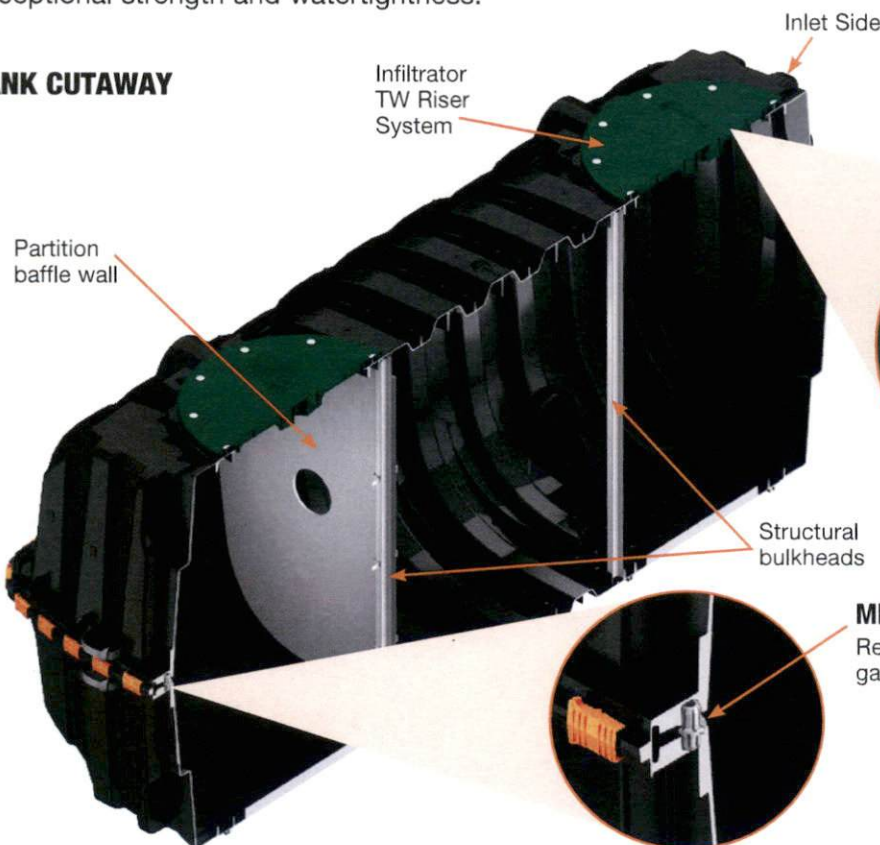


Features & Benefits

- Strong injection molded polypropylene construction
- Lightweight plastic construction and inboard lifting lugs allow for easy delivery and handling
- Integral heavy-duty green lids that interconnect with TW™ risers and pipe riser solutions
- Structurally reinforced access ports eliminate distortion during installation and pump-outs
- Reinforced structural ribbing and fiberglass bulkheads offer additional strength
- Can be installed with 6" to 48" of cover
- Can be pumped dry during pump-outs
- Suitable for use as a septic tank, pump tank, or rainwater (non-potable) tank
- No special installation, backfill or water filling procedures are required

The Infiltrator IM-1060 is a lightweight strong and durable septic tank. This watertight tank design is offered with Infiltrator's line of custom-fit risers and heavy-duty lids. Infiltrator injection molded tanks provide a revolutionary improvement in plastic septic tank design, offering long-term exceptional strength and watertightness.

TANK CUTAWAY



HEAVY DUTY LID CUTAWAY

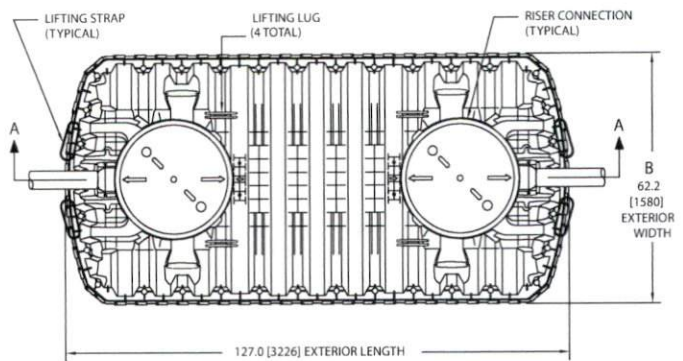
Reinforced 24" structural access port

MID-SEAM CUTAWAY

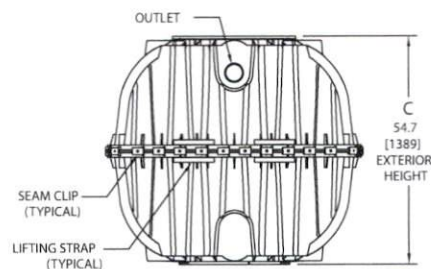
Reinforced water tight mid-seam gasketed connection

IM-1060 General Specifications and Illustrations

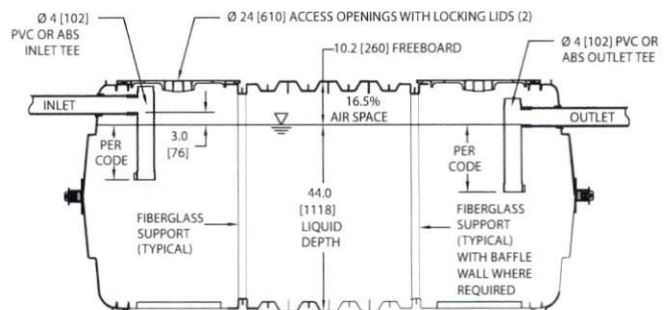
The IM-1060 is an injection molded two piece mid-seam plastic tank. The IM-1060 injection molded plastic design allows for a mid-seam joint that has precise dimensions for accepting an engineered EPDM gasket. Infiltrator's gasket design utilizes technology from the water industry to deliver proven means of maintaining a watertight seal. The two-piece design is permanently fastened using a series of non-corrosive plastic alignment dowels and locking seam clips. The IM-1060 is assembled and sold through a network of certified Infiltrator distributors.



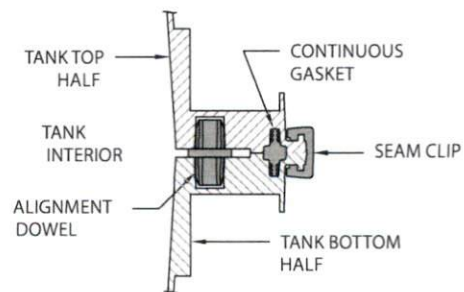
TOP VIEW



END VIEW



SIDE VIEW



MID-HEIGHT SEAM SECTION

IM-1060	
Working Capacity	1094 gal (4141 L)
Total Capacity	1287 gal (4872 L)
Airspace	16.5%
Length	127" (3226 mm)
Width	62.2" (1580 mm)
Length-to-Width Ratio	2.3 to 1
Height	54.7" (1389 mm)
Liquid Level	44" (1118 mm)
Invert Drop	3" (76 mm)
Fiberglass Supports	2
Compartments	1 or 2
Maximum Burial Depth	48" (1219 mm)
Minimum Burial Depth	6" (152 mm)
Maximum Pipe Diameter	6" (152 mm)
Weight	320 lbs (145 kg)



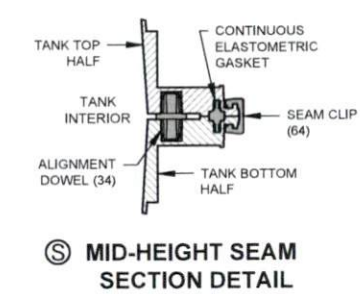
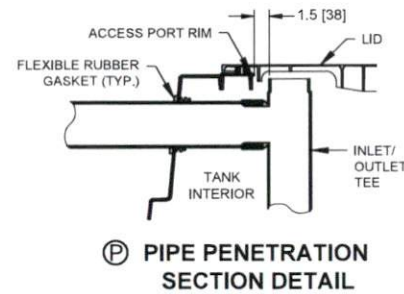
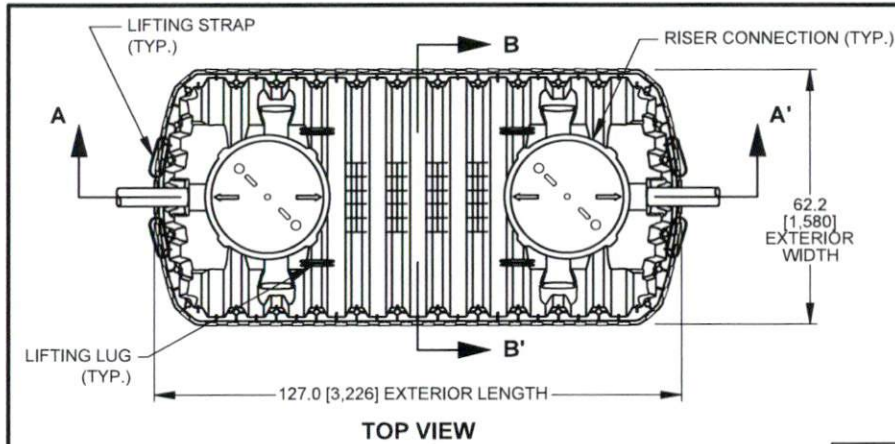
4 Business Park Road
P.O. Box 768
Old Saybrook, CT 06475
860-577-7000 • Fax 860-577-7001
1-800-221-4436
www.infiltratorwater.com

U.S. Patents: 4,759,661; 5,017,041; 5,156,488; 5,336,017; 5,401,116; 5,401,459; 5,511,903; 5,716,163; 5,588,778; 5,839,844 Canadian Patents: 1,329,959; 2,004,564 Other patents pending. Infiltrator, Equalizer, Quick4, and SideWinder are registered trademarks of Infiltrator Water Technologies. Infiltrator is a registered trademark in France. Infiltrator Water Technologies is a registered trademark in Mexico. Contour, MicroLeaching, PolyTuff, ChamberSpacer, MultiPort, PosiLock, QuickCut, QuickPlay, SnapLock and StraightLock are trademarks of Infiltrator Water Technologies. PolyLok is a trademark of PolyLok, Inc. TUF-TITE is a registered trademark of TUF-TITE, INC. Ultra-Rib is a trademark of IPEX Inc.

© 2013 Infiltrator Water Technologies, LLC. All rights reserved. Printed in U.S.A.

IM02 1213

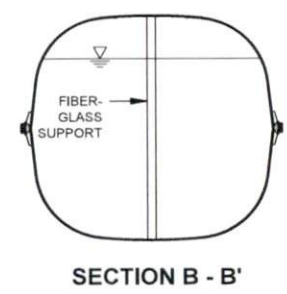
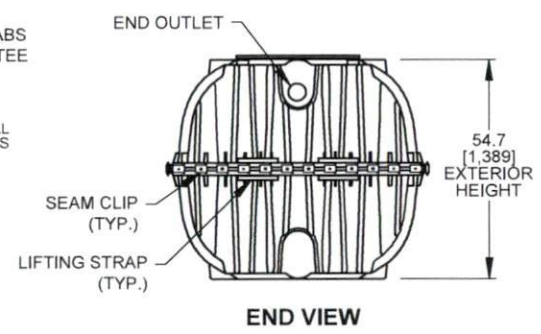
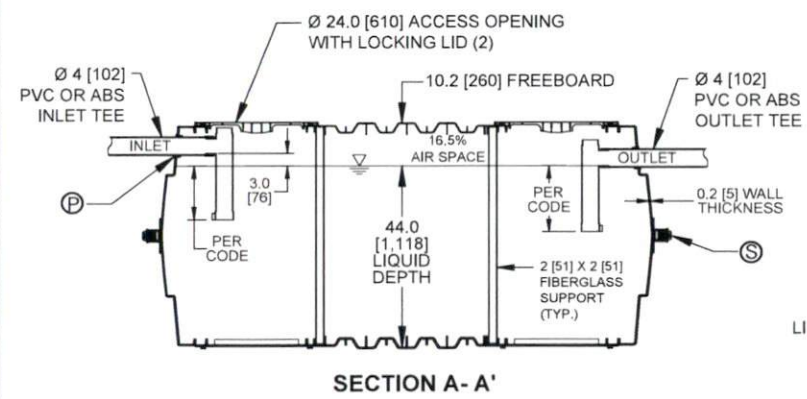
Contact Infiltrator Water Technologies' Technical Services Department for assistance at 1-800-221-4436



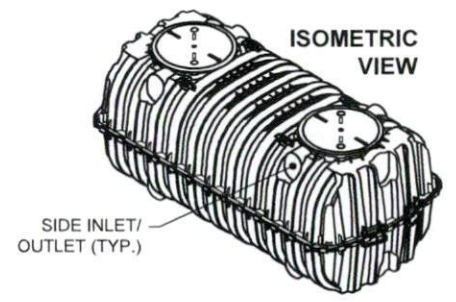
TANK EXTERIOR	
LENGTH	127.0 [3,226]
WIDTH	62.2 [1,580]
HEIGHT	54.7 [1,389]

LIQUID DEPTH	44.0 [1,118]
INVERT DROP	3.0 [76]
FREEBOARD	10.2 [260]

TOTAL CAPACITY	1,247 GAL [4,720 L]
WORKING VOLUME	1,070 GAL [4,050 L]



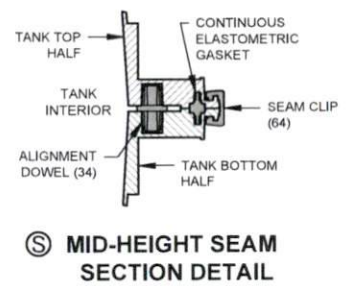
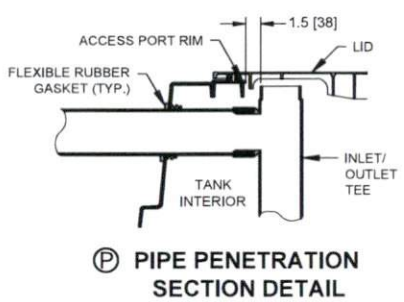
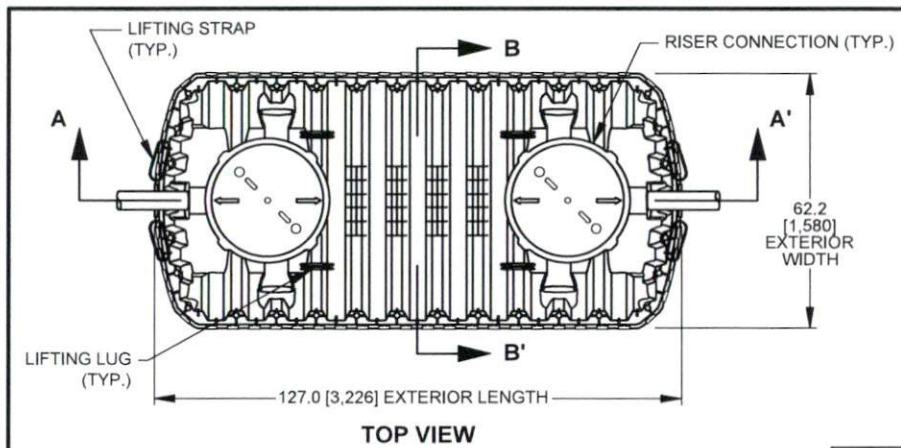
- NOTES:**
1. ALL DRAWING DIMENSIONS IN INCHES [MILLIMETERS] OR AS NOTED.
 2. EXTERIOR OF ACCESS OPENING LID INCLUDES THE FOLLOWING WARNING IN ENGLISH, FRENCH & SPANISH: "DANGER DO NOT ENTER: POISON GASES."
 3. TANK MARKINGS WILL INCLUDE: MANUFACTURER NAME, MODEL NUMBER, LIQUID CAPACITY, DATE OF MANUFACTURE, MAXIMUM BURIAL DEPTH, INLET, AND OUTLET.
 4. MAXIMUM BURIAL DEPTH IS 48 in [1,219 mm].
 5. MINIMUM BURIAL DEPTH IS 6 in [152 mm].
 6. MAXIMUM VEHICLE LOAD IS 4,500-lb [20-kN] AXLE LOAD.
 7. TANK IS FOR NON-TRAFFIC APPLICATIONS.
 8. AIRSPACE IS 16.5%.
 9. OUTLET TEE IS COMPATIBLE WITH EFFLUENT FILTER.
 10. INTERIOR LENGTH TO WIDTH RATIO IS 2.3:1 (118.8-INCH INTERIOR LENGTH / 51.7-INCH INTERIOR WIDTH = 2.3).



INFILTRATOR SYSTEMS INC.
4 Business Park Rd. Old Saybrook, CT 06475
(800) 221-4436

**INFILTRATOR IM-1060 TANK
1-COMPARTMENT CONFIGURATION**

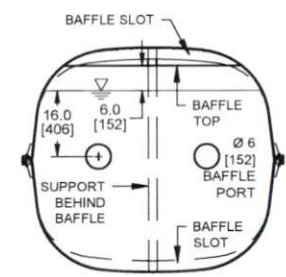
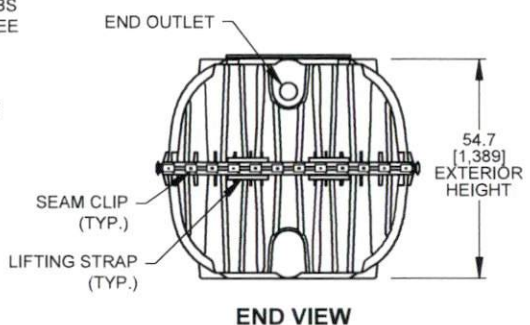
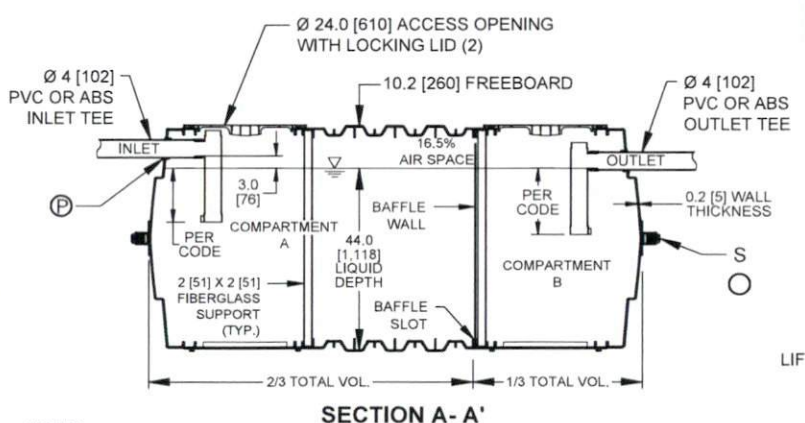
Drawn by: EMB	Date: 08/05/2013
Scale: NOT TO SCALE	Checked by: DFH Sheet: 1 of 1



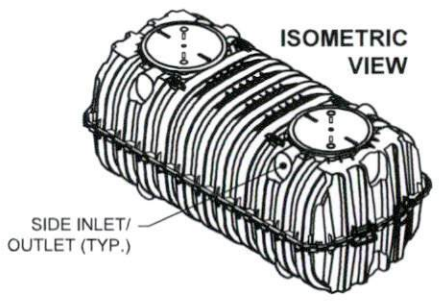
TANK EXTERIOR	
LENGTH	127.0 [3,226]
WIDTH	62.2 [1,580]
HEIGHT	54.7 [1,389]

LIQUID DEPTH	44.0 [1,118]
INVERT DROP	3.0 [76]
FREEBOARD	10.2 [260]

TOTAL CAPACITY	1,247 GAL [4,720 L]
WORKING VOLUME	1,070 GAL [4,050 L]
COMPARTMENT A VOL.	713 GAL [2,700 L]
COMPARTMENT B VOL.	357 GAL [1,350 L]



- NOTES:**
- ALL DRAWING DIMENSIONS IN INCHES [MILLIMETERS] OR AS NOTED.
 - EXTERIOR OF ACCESS OPENING LID INCLUDES THE FOLLOWING WARNING IN ENGLISH, FRENCH & SPANISH: "DANGER DO NOT ENTER: POISON GASES."
 - TANK MARKINGS WILL INCLUDE: MANUFACTURER NAME, MODEL NUMBER, LIQUID CAPACITY, DATE OF MANUFACTURE, MAXIMUM BURIAL DEPTH, INLET, AND OUTLET.
 - MAXIMUM BURIAL DEPTH IS 48 in [1,219 mm].
 - MINIMUM BURIAL DEPTH IS 6 in [152 mm].
 - MAXIMUM VEHICLE LOAD IS 4,500-lb [20-kN] AXLE LOAD.
 - TANK IS FOR NON-TRAFFIC APPLICATIONS.
 - AIRSPACE IS 16.5%.
 - OUTLET TEE IS COMPATIBLE WITH EFFLUENT FILTER.
 - INTERIOR LENGTH TO WIDTH RATIO IS 2.3:1 (118.8-INCH INTERIOR LENGTH / 51.7-INCH INTERIOR WIDTH = 2.3).
 - FREE VENT AREA BETWEEN TOP OF BAFFLE WALL AND BOTTOM OF TOP BAFFLE SLOT IS 39.7 in².
 - BAFFLE WALL THICKNESS IS 0.31 in [8 mm].



INFILTRATOR SYSTEMS INC.
4 Business Park Rd. Old Saybrook, CT 06475
(800) 221-4436

**INFILTRATOR IM-1060 TANK
2-COMPARTMENT CONFIGURATION**

Drawn by: EMB	Date: 08/05/2013
Scale: NOT TO SCALE	Checked by: DFH Sheet: 1 of 1

© Electrical Resources, Inc. 03-09 Product/Tank Injection-Molded Form 1000 Generic Drawing/IM 1060 1 AND 2 Comp. IPEC-06052013



INFILTRATOR®
systems inc.

INFILTRATOR SYSTEMS, INC. STANDARD LIMITED WARRANTY

(a) This limited warranty is extended to the end user of an Infiltrator Tank. A Tank manufactured by Infiltrator, when installed and operated in accordance with Infiltrator's installation instructions and local regulation by a licensed installer, is warranted to you: (i) against defective materials and workmanship for five (5) years after installation. Infiltrator will, at its option, (i) repair the defective product or (ii) replace the defective materials. Infiltrator's liability specifically excludes the cost of removal and/or installation of the Tank.

(b) In order to exercise its warranty rights, you must notify Infiltrator in writing at its corporate headquarters in Old Saybrook, Connecticut within fifteen (15) days of the alleged defect.

(c) YOUR EXCLUSIVE REMEDY WITH RESPECT TO ANY AND ALL LOSSES OR DAMAGES RESULTING FROM ANY CAUSE WHATSOEVER SHALL BE SPECIFIED IN SUBPARAGRAPH (a) ABOVE. INFILTRATOR SHALL IN NO EVENT BE LIABLE FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND, HOWEVER OCCASIONED, WHETHER BY NEGLIGENCE OR OTHERWISE. SOME STATES DO NOT ALLOW THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES, SO THIS LIMITATION OR EXCLUSION MAY NOT APPLY TO YOU. THIS WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS AND YOU MAY ALSO HAVE OTHER RIGHTS WHICH VARY FROM STATE TO STATE.

(d) THIS LIMITED WARRANTY IS THE EXCLUSIVE WARRANTY GIVEN BY INFILTRATOR AND SUPERSEDES ANY PRIOR, CONTRARY, ADDITIONAL, OR SUBSEQUENT REPRESENTATIONS, WHETHER ORAL OR WRITTEN. INFILTRATOR DISCLAIMS AND EXCLUDES TO THE GREATEST EXTENT ALLOWED BY LAW ALL OTHER WARRANTIES, WHETHER EXPRESS OR IMPLIED, OR STATUTORY, INCLUDING ANY WARRANTY OF MERCHANTABILITY, FINESSE FOR A PARTICULAR PURPOSE AND ANY IMPLIED WARRANTIES OTHERWISE ARISING FROM COURSE OF DEALING, COURSE OF PERFORMANCE, OR USAGE OF TRADE. NO PERSON (INCLUDING ANY EMPLOYEE, AGENT, DEALER, OR REPRESENTATIVE) IS AUTHORIZED TO MAKE ANY REPRESENTATION OR WARRANTY CONCERNING THIS PRODUCT, EXCEPT TO REFER YOU TO THIS LIMITED WARRANTY. EXCEPT AS EXPRESSLY SET FORTH HEREIN, THIS WARRANTY IS NOT A WARRANTY OF FUTURE PERFORMANCE, BUT ONLY A WARRANTY TO REPAIR OR REPLACE.

(e) YOU MAY ASSIGN THIS LIMITED WARRANTY TO A SUBSEQUENT PURCHASER OF YOUR HOME.

(F) NO REPRESENTATIVE OF INFILTRATOR HAS THE AUTHORITY TO CHANGE THIS LIMITED WARRANTY IN ANY MANNER WHATSOEVER, OR TO EXTEND THIS LIMITED WARRANTY.

CONDITIONS AND EXCLUSIONS

There are certain conditions or applications over which Infiltrator has no control. Defects or problems as a result of such conditions or applications are not the responsibility of Infiltrator and are NOT covered under this warranty. They include failure to install the Tank in accordance with instructions or applicable regulatory requirements or guidance, altering the Tank contrary to the installation instructions and disposing of chemicals or other materials contrary to normal tank usage.

The above represents the Standard Limited Warranty offered by Infiltrator. A limited number of states and counties have different warranty requirements. Any purchaser of a Tank 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 a Tank.

4 Business Park Road PO Box 768 • Old Saybrook, CT 06475

Phone 1-800-221-4436 • Fax 860-577-7001

www.infiltratorsystems.com

Signature Certificate

Document Ref.: WEC2T-A9PGA-5KPVZ-TSWNP

Document signed by:

	<p>Thomas Boyce Verified E-mail: nclss1241@gmail.com</p>	<p><i>Thomas Boyce</i></p>
<p>IP: 174.247.20.97 Date: 22 Mar 2021 13:00:24 UTC</p>		

Document completed by all parties on:

22 Mar 2021 13:00:24 UTC

Page 1 of 1



Signed with PandaDoc.com

PandaDoc is the document platform that boosts your company's revenue by accelerating the way it transacts.

