

# Orange County Health Department

(919) 245-2360  
(919) 644-3006 (FAX)



131 West Margaret Lane  
Suite 100  
P.O. Box 8181  
Hillsborough, NC 27278

## IMPROVEMENT PERMIT

**PIN:** 9884633834  
**Application Date:** 8/31/2023 7:32:12AM

**Property Address:**

**Permit Number:** IP23-0259

**Township:** ENO-5

**Applicant:** Ligon, Justin  
5408 Newhall Road  
Durham NC 27713  
**Phone:** 540-558-8476  
**Email:** justinjligon@gmail.com

**Owner:** Ligon, Justin  
5408 Newhall Road  
Durham NC 27713  
**Phone:** 540-558-8476  
**Email:** justinjligon@gmail.com

**Description:** 3B JLCI FAMILY TRUST P126/44  
**Water Supply:** Private Well  
**Facility Type:** Single Family Home

**Lot Size:** 5.97 Acres

### Initial System

### Replacement System

**Wasteflow:** 480 GPD  
**System Classification:** IIlg: Accepted Trench,  
25% Reduction  
**No. of Bedrooms:** 4  
**Useable Soil Depth:** 35  
**Site Classification**  
Provisionally suitable  
**LTAR:** 0.275 gpd/ft2

**System Classification:** IIIbg: Pump-Other  
Trench  
**Useable Soil Depth:** 35  
**LTAR:** 0.275 gpd/ft2

### Conditions:

1. This Improvement Permit is issued pursuant to G.S. 130A-335 (a2), (a3), and (a4) using the signed and sealed LSS/LG evaluation(s) attached here.
2. Construction Authorization Required For This Project
3. Well Permit Required For This Project

*Refer to the attached site plan for specific information regarding location of the designated area. Soil and site descriptions are located on file at Environmental Health.*

*There may be other types of systems which are applicable to this site.*

*The applicant for the Construction Authorization must specify the system types to be considered.*

*The permit and evaluation are valid only for the site as designated on the attached site plan.*

*A Construction Authorization must be issued prior to the issuance of the Building Permit and before any construction or system installation can commence.*

*This permit is subject to revocation if the site plan, plat, or intended use changes or if the site is altered.*

*Subsequent changes to the site plan or information in the application require a new application and additional fees.*

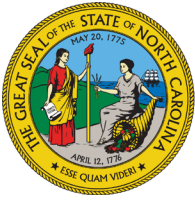
**ISSUED:** 09/11/2023

A handwritten signature in black ink, appearing to read "Kathryn Hobby".

Kathryn Hobby, Environmental Health  
Specialist

**NC 811: Call Before You Dig**

**EXPIRES:** 09/11/2028



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: [x] (a2) Improvement Permit [ ] (a2) Construction Authorization [ ] Fee \$ \_\_\_\_\_

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Orange
PIN/Lot Identifier: 9884-63-3834
Issued To: Justin Ligon, 5408 Newhall Road, Durham, NC 27713
Property Location: Franklin Road, Hillsborough, NC
Subdivision (if applicable) N/A Lot #: New 3B Block: Section:
LSS Report Provided: Yes [x] No [ ]
If yes, name and license number of LSS: Michael Wood, 1219
New [x] Expansion [ ] System Relocation [ ] Change of Use [ ]
Proposed Structure: Single-Family Residence
Number of bedrooms: 4 Number of Occupants: 8 Other:
Design Wastewater Strength: [x] domestic [ ] high strength [ ] industrial process
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.275 Proposed LTAR (Repair): 0.275
Proposed Wastewater System Type\*: Type IIIb (Accepted) (Initial) Pump Required: [ ] Yes [ ] No [x] May be required
Proposed Wastewater System Type\*: Type IIIb (Accepted) (Repair) Pump Required: [x] Yes [ ] No [ ] May be required
\*Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)
Saprolite System (initial): [ ] Yes [x] No Saprolite System (repair): [ ] Yes [x] No
Fill System (Initial): [ ] Yes [x] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (repair): [ ] Yes [x] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Soil Depth (Initial): 35 inches Usable Soil Depth (Repair): 19 inches
Max. Trench Depth (Initial)\*: 35 inches Max. Trench Depth (Repair)\*: 19 inches \* Measured on the downhill side of the trench
Artificial Drainage Required: [ ] Yes [x] No If yes, please specify details:
Type of Water Supply: [x] Private well [ ] Public well [ ] Shared well [ ] Municipal Supply [ ] Spring [ ] Other:
Drainfield location meets requirements of Rule .1945: Yes [x] No [ ] Drainfield location meets requirements of Rule .1950: Yes [x] No [ ]
Permit valid for: [x] Five years [site plan submitted pursuant to GS 130A-334(13a)] [ ] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Licensed Soil Scientist Print Name: Michael G. Wood
Licensed Soil Scientist Signature: [Signature] Date: August 24, 2023

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).
\*See attached site sketch\*

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

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

### ***This Section for Local Health Department Use Only***

Initial submittal received: \_\_\_\_\_ by \_\_\_\_\_  
*Date* *Initials*

G.S. 130A-335(a3) states the following:

*When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.*

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

Incomplete (If box is checked, information in this section is required.)

The following items are missing:

\_\_\_\_\_  
\_\_\_\_\_

Copies of this were sent to the LSS and the Applicant on \_\_\_\_\_  
*Date*

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Complete

State Authorized Agent: *Kathryn Shelby, RPHS* Date: 9-11-2023

**This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.**

**The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).**

Improvement Permit Expiration Date: 9-11-2028

**\*See attached site sketch\***

**Re-submittal of Improvement Permit**

LHD USE ONLY: This IP resubmittal received: 9-8-2023 by KGH  
Date Initials

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

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I, \_\_\_\_\_ hereby attest that the information required to be included with this re-submittal  
Licensed Soil Scientist (Print Name)  
 is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

\_\_\_\_\_  
Signature of Licensed Soil Scientist Date

*The section below is for Local Health Department use after submittal of items noted as missing above.*

**LHD Follow-up Completeness Review of Improvement Permit**

The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

Incomplete (If box is checked, information in this section is required.)

The following items are missing:

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Copies of this were sent to the LSS and the Applicant on \_\_\_\_\_  
Date

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Complete

State Authorized Agent: Kathryn Hobby, REHS *Kathryn Hobby, REHS* Date: 9-11-23

**CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)**

County: \_\_\_\_\_

PIN/Lot Identifier: \_\_\_\_\_

Issued To: \_\_\_\_\_

Property Location: \_\_\_\_\_

AOWE/PE Plans/Evaluations Provided: Yes  No  If yes, name and license number of AOWE/PE: \_\_\_\_\_

Facility Type: \_\_\_\_\_

 New       Expansion       Repair       System Relocation       Change of UseBasement?       Yes       No      Basement Fixtures?       Yes       No

Type of Wastewater System\* \_\_\_\_\_ (Initial) \_\_\_\_\_ (Repair)

*\*Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*Design Daily Flow: \_\_\_\_\_ GPD      Wastewater Strength:  domestic       high strength       industrial processSession Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies?  Yes       No  
*(if yes, please provide engineering documentation)***Installation Requirements/Conditions**

Septic Tank Size: \_\_\_\_\_ gallons      Total Trench/Bed Length: \_\_\_\_\_ feet      Trench/Bed Spacing: \_\_\_\_\_ feet on center

Trench/Bed Width: \_\_\_\_\_ inches      LTAR: \_\_\_\_\_ gpd/ft<sup>2</sup>Soil Cover: \_\_\_\_\_ inches      Slope Corrected Maximum Trench/Bed Depth<sup>†</sup>: \_\_\_\_\_ inches      *† Measured on the downhill side of the trench*

Aggregate Depth: \_\_\_\_\_ inches above pipe      \_\_\_\_\_ inches below pipe      \_\_\_\_\_ inches total

Pump Tank Size (if applicable): \_\_\_\_\_ gallons      Requires more than 1 pump?  Yes       No

Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM      Grease Trap Size (if applicable): \_\_\_\_\_ gallons

Distribution Method:  Serial       D-Box or Parallel       Pressure Manifold(s)       LPP       Other: \_\_\_\_\_Artificial Drainage Required: Yes  No  If yes, please specify details: \_\_\_\_\_**Legal Agreements** *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*Multi-party Agreement Required [.1937(h)]:  Yes       NoEasement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]:  Yes       NoDeclaration of Restrictive Covenants:  Yes       NoPre-Construction Conference Required: Yes  No 

Conditions: \_\_\_\_\_

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

AOWE/PE Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).****\*See attached site sketch\***

**This Section for Local Health Department Use Only**Initial submittal received: \_\_\_\_\_ by \_\_\_\_\_  
Date Initials

G.S. 130A-335(a5) states the following:

*When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.*

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

Incomplete (If box is checked, information in this section is required.)

The following items are missing: \_\_\_\_\_  
\_\_\_\_\_

Copies of this were sent to the AOWE/PE and the Applicant on \_\_\_\_\_  
Date

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Complete

State Authorized Agent: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

**This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.**

**The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.**

**Construction Authorization Expiration Date:** \_\_\_\_\_

**\*See attached site sketch\***

**Re-submittal of Construction Authorization**

LHD USE ONLY: This CA resubmittal received: \_\_\_\_\_ by \_\_\_\_\_  
Date Initials

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

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I, \_\_\_\_\_ hereby attest that the information required to be included with this re-submittal  
Authorized Onsite Wastewater Evaluator (Print Name)  
 is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

\_\_\_\_\_  
Signature of Authorized On-Site Wastewater Evaluator Date

*The section below is for Local Health Department use after submittal of items noted as missing above.*

**LHD Follow-up Completeness Review of Construction Authorization**

The review for completeness of this Construction Authorization re-submittal was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

Incomplete (If box is checked, information in this section is required.)

The following items are missing:

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Copies of this were sent to the AOWE/PE and the Applicant on \_\_\_\_\_  
Date

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Complete

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**LICENSED SOIL SCIENTIST EVALUATION  
G.S. 130A-335 (a2) (a3) (a4) SL 2022-11**

**for**

**New Lot 3B  
Franklin Road  
Hillsborough, NC 27278**

Orange County PIN: 9884-63-3834  
August 24, 2023

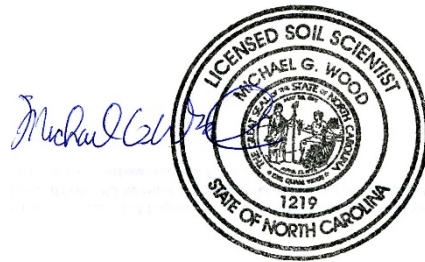
**Prepared for:**

Justin Ligon  
5408 Newhall Road  
Durham, NC 27713

**Prepared by:**



Michael G. Wood, LSS, AOWE  
620 Lee Fox Lane  
Hillsborough, NC 27278



The LSS Evaluation is being submitted to issue a Construction Authorization in accordance with G.S. 130A-335(a2) (a3) (a4) SL 2022-11

SL-2022-11 LSS Evaluation  
Ligon New Lot 3B  
Franklin Road  
Hillsborough, NC 27278  
Parcel Number: 9884-63-3834

The LSS/LG Evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3).

Justin Ligon 9/7/23  
Owner's Signature Date

Michael G. Wood September 7, 2023  
LSS Signature Date



\*Septic drainfield area must be protected from construction traffic and grading throughout the life of the project. Orange barrier fencing is recommended to protect the septic drainfield area.

### **Details**

Justin Ligon has contracted with Wood Soil Consultants, PLLC (WSC) to prepare a septic proposal for a new 4-bedroom, 480 GPD, single-family residence on New Lot 3B on Franklin Road, Hillsborough, North Carolina (Orange County PIN: 9884-63-3834).

Based upon a soils investigation performed by WSC, it has been determined that a sufficient amount of “Suitable” Group IV soils is available for the installation of Gravity-fed “Accepted” system that yields a 25% drainfield reduction for the initial and repair systems at a 0.275 GPD/ft. sq. long term acceptance rate (LTAR).

### References

*Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A, Section .1900, Department of Environment and Natural Resources, Division of Environmental Health, On-site Wastewater Section, December 6, 2018.*

*Accepted Wastewater System No. AWWWS-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 Licensed Soil Scientist No. 1219  
NC AOWE No. 10025E  
SC Professional Soil Classifier No. 114  
VA Professional Soil Scientist No. 415

Drainfield Installation

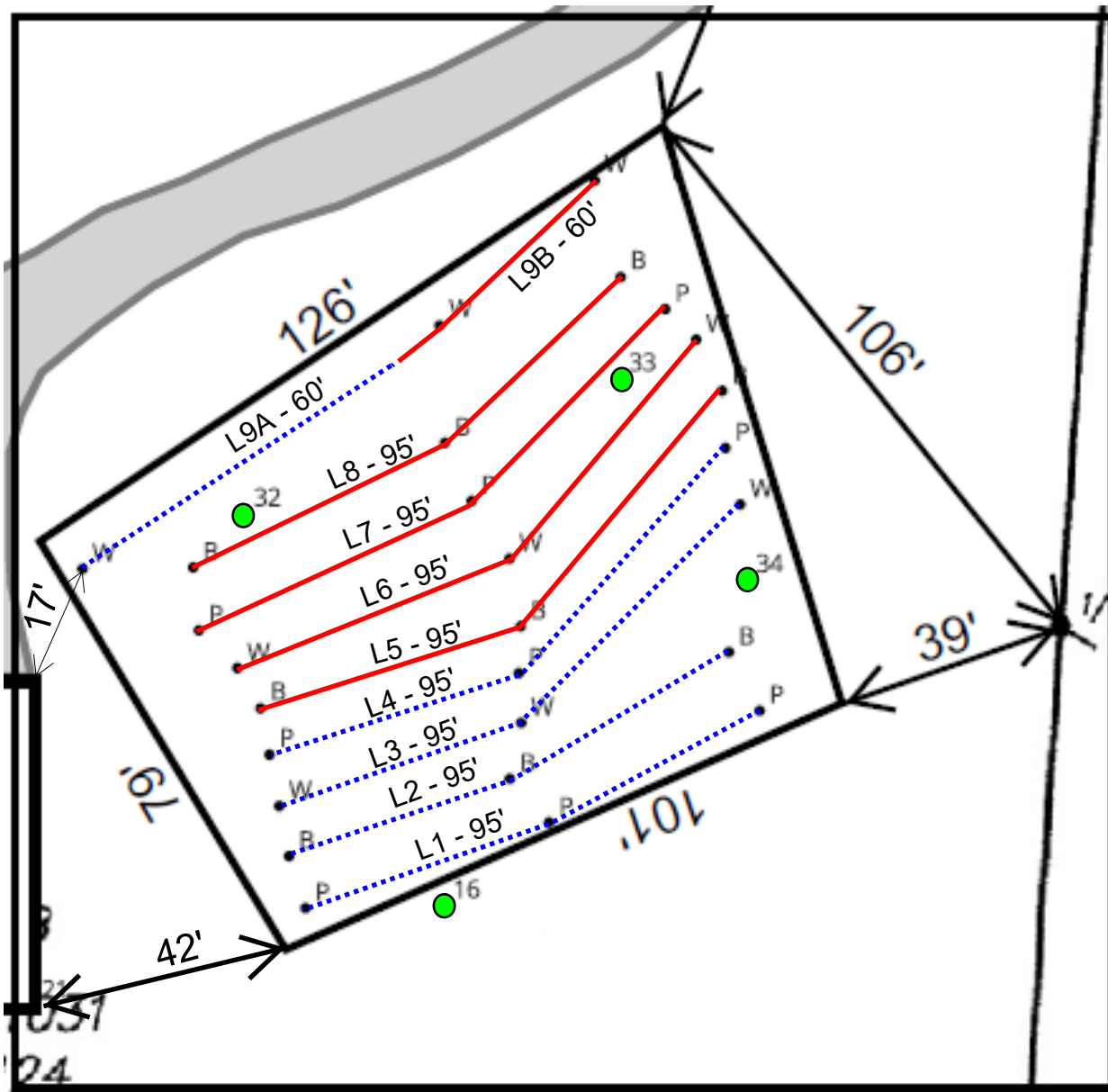
1. The initial and repair drainfields have been laid out on-site utilizing metal stemmed flags. The property owner/builder should mark this area and isolate it as much as possible from construction traffic.
2. Under no circumstances shall any construction take place within the drainfield area while the soil is in a wet condition.
3. The specified system is an innovative wastewater system Infiltrator Quick4 Chamber System or any other system with a state-approved 25% reduction in required drainline length.
4. The initial drainfield consists of four (4) lateral trenches 3-foot wide and 95 feet long and one (1) trench 3-foot wide and 60 feet long. Total drainline length is 440 feet.
5. Maximum trench depth for the initial system shall be **19-inches on the low-side**.
6. Each trench shall be placed on minimum 9-foot on centers.
7. The laterals are to be installed on contour with the land, keeping the individual trench bottoms level from beginning to end.
8. A minimum of 6 inches of soil cover, after settling, will need to be maintained over the entire drainfield and extend 5-feet beyond in all directions.

<b>Ligon New Lot 3B Initial &amp; Repair</b>						
Field Line #	Color	Initial/Repair	Field Length	System Length	Setup #1	Relative Elevation
1	Pink	Initial	95	95	4.85	100.00
2	Blue	Initial	100	95	5.85	99.00
3	White	Initial	105	95	6.85	98.00
4	Pink	Initial	105	95	7.45	97.40
5	Blue	Initial	105	95	8.05	96.80
6	White	Initial	105	95	8.85	96.00
7	Pink	Initial	100	95	9.55	95.30
8	Blue	Repair	105	95	10.55	94.30
9A	White	Repair	60	60	11.7	93.15
9B	White	Repair	60	60	11.7	93.15
				880		

Justin Ligon and WSC request that Orange County Environmental Health issue the appropriate permits for a subsurface wastewater treatment and disposal system based upon the enclosed **Licensed Soil Scientist Evaluation which is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2) (a3) and (a4).**



Figure 2. Ligon New Tract 3B



- Initial Drainlines
- ⋯ Repair Drainlines
- Soil Borings

# Soil Evaluation Form

Thompson Environmental Consulting, Inc.  
 PO Box 541  
 Midland, NC 28107

Sheet 1 of 1  
 Job:  
 County: ORANGE  
 Date: 3-2-23

LIGON TRACT

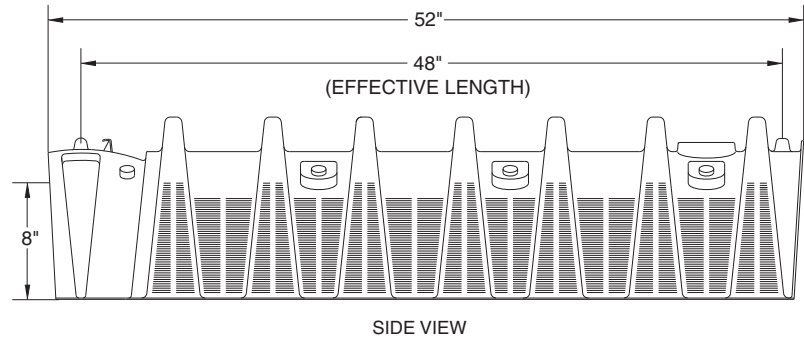
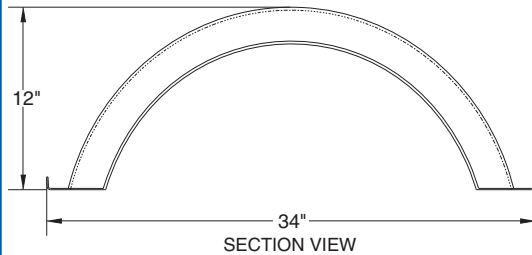
### Soil Borings

	31	32	33	34	16				
Landscape Position	LS	LS	LS	LS	LS				
Slope (%)	12	12	11	11	11				
Horizon 1 Depth	0-9	0-6	0-6	0-6	0-8				
Texture	CL	CL	SL	CL	Gr SI				
Consistence	FR	FR	FR	FR	Fr				
Structure	GL	GR	GR	GR	Gr				
Clay Mineralogy	N	<del>S</del>	N	S	N				
Horizon 2 Depth	9-22	6-42+	6-13	6-30	8-14				
Texture	C	C	CL	C	SiCl				
Consistence	FI	FI-FR	FR	FI	Fi				
Structure	SBK	SBK	SBK	SBK	Sbk				
Clay Mineralogy	S	S	S	S	S				
Horizon 3 Depth			13-40+	20-41+	14-35				
Texture			C	C	c				
Consistence			FI-FR	FI-FR	Fi				
Structure			SBK	SBK	Sbk				
Clay Mineralogy			S	S	S				
Horizon 4 Depth					35+				
Texture					Cr				
Consistence									
Structure									
Clay Mineralogy									
Horizon 5 Depth									
Texture									
Consistence									
Structure									
Clay Mineralogy									
Soil Wetness	21								
Restrictive Horizon					35				
Saprolite									
Other		>42	>40	>41					
CLASSIFICATION	DRIP	FS	FS	PS	PS				
LTAR (gpd/ft <sup>2</sup> )		0.275	0.275	0.25	0.275	0.275			

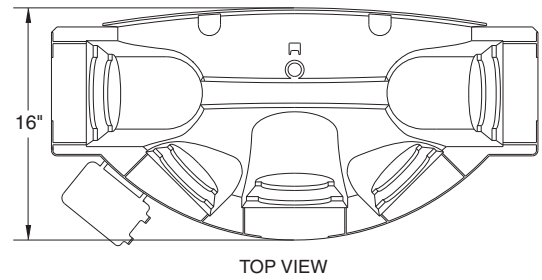
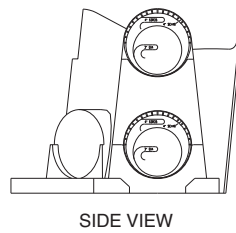
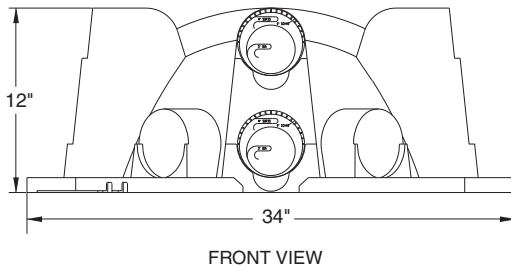
Comments:

Evaluated by: M. Wood

## 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™

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