B

Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) lw 7/3/14 Initials/Date

CA ($200.00) lw 2/9/15 Initials/Date

OP ($200.00) lw 2/9/15 Initials/Date

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

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

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

Modified Plot Plan Fee Paid: $100.00 12/2/15 Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☑ Reviewed ☑ JAM

OK to issue CA

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

Septic file completed. ☑ JAM Well file completed. ☐ _____

modified

Send permit for signature. ☑ Signature received. ☑ 8/25/14 12/29/15

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

Certified operator contract is on file. ☑ JAM

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 8993B WASPS App #: ~~6942~~ 7915

Primary ES assigned to project: Shelby Ledford

Secondary ES assigned to project:

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

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☐	No ☐	N/A ☑
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☑	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☑	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 4			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR ~~.23~~ .275	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☑
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☑	N/A ☐

SCALE IO 1" = 40'

Operation Permit

.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: 2-1-16

OP issued date: 2-2-16

Review performed by: JAM Date performed: _____

8993B #7915

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ○ REPAIR ● MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ● N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 13928236
STREET ADDRESS: 15009 Bagley Lane
CITY: CHARLOTTE, NC 28227
STATE: NC ZIP: 28227
SUBDIVISION NAME: OAKRIDGE AT WATERLEAF
LOT #: 51 LOT SIZE (acres): 0.838

TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ● MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
● HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 4000+
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 6

FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 2 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 2

6. **WATER SUPPLY:** ● MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ● N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☒ ACCEPTED 2 ☒ INNOVATIVE 3 ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ 1 2 3 ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ● NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ● NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ● NO	JURISDICTIONAL WETLANDS	○ YES ● NO
WELLS, SPRINGS, OR WATER LINES	○ YES ● NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ● NO
EASEMENTS OR RIGHT-OF-WAYS	● YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ● NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ● NO
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ● NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** ~~BEFORE~~ AFTER 1993 ☒ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** ASAP ☐ N/A

12. **PROPERTY OWNER:**

NAME: TRUE Homes
ADDRESS: 2046 Baker Ridge Center Dr.
CITY: Monroe,
STATE: NC ZIP: 28173
WORK PHONE: 704-283-1229
MOBILE PHONE: As Above
FAX: 704-684-1469
E-MAIL: Septicenvsol@yahoo.com

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

NAME: Septic ENV. Sol, Inc
ADDRESS: 3149 Spring Fancy Lane
CITY: Indian Trail,
STATE: NC ZIP: 28079
WORK PHONE: 704-502-5588
MOBILE PHONE: 704-322-5588
FAX: 704-684-1469
E-MAIL: Septicenvsol@yahoo.com

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

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 12-1-15

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

Revised on: 12/15/10

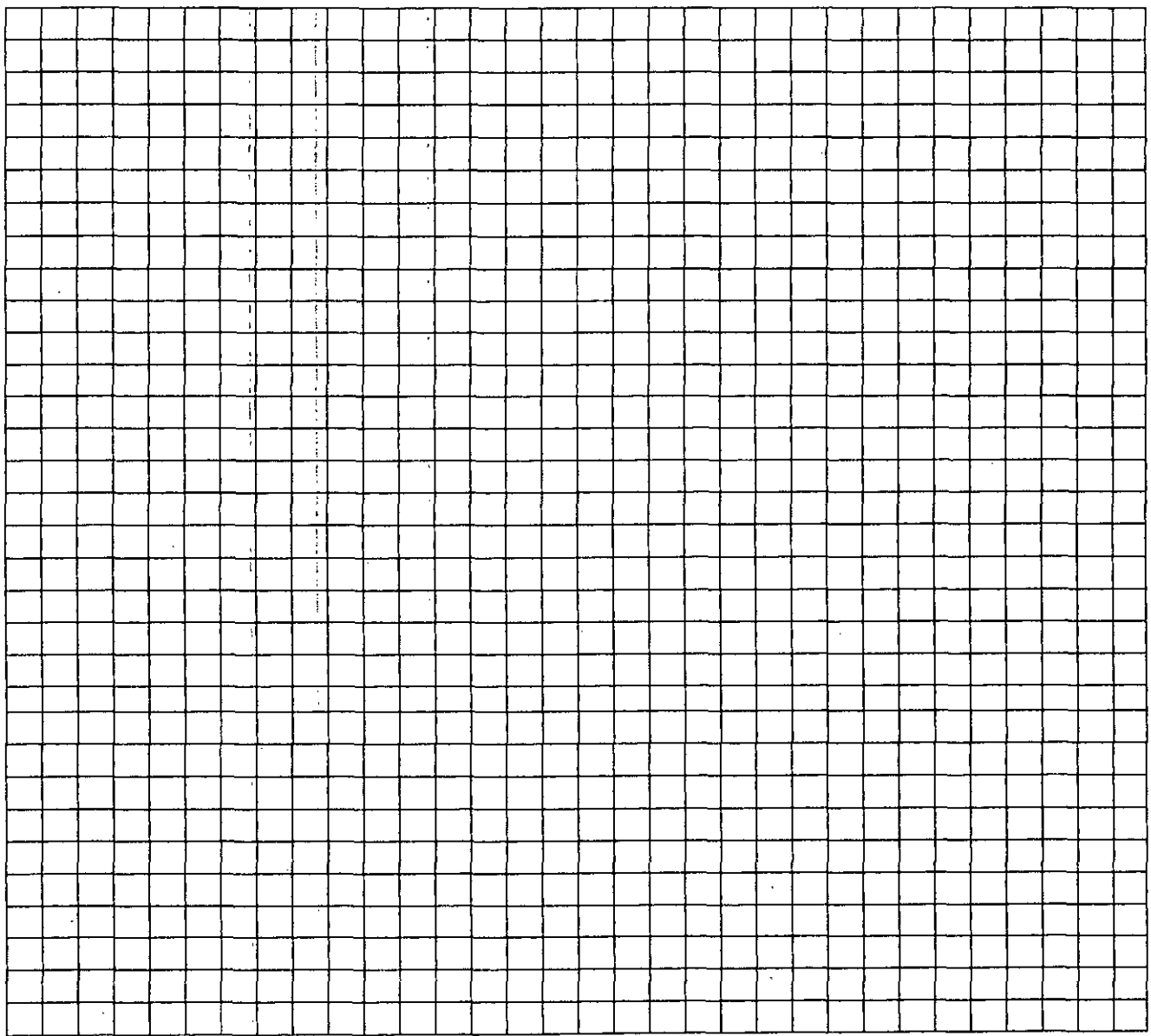
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 13018 Bagley Lane Tax Parcel #: 13928236

Subdivision Name: OAKBRIDGE @ WAXHAW Lot #: 51



Property Owner's or Owner's Legal Representative Signature

12-1-15
Date

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

Revised on: 12/15/10

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

Sheet: 1 of 2
Property ID: 139-282-36 + offsite easement
Lot #: 51
File #: 8993B
AppID: 6942

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: True Homes
Applicant:
Address: 2649 Brekonridge Centre Dr., Monroe, NC 28110
Date Evaluated: 7/22/2014
Proposed Facility: 5BR House
Design Flow (.1949): 600 GPD
Property Size: 0.828 ac
Location of Site: 15009 Bagley Ln, Charlotte, NC 28227
Property Recorded: Unknown
Water Supply: [X] Public [X] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 1941 Structure/ Texture	1941 Consistence Mineralogy	b PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 3%	0 - 10	wfsbk CL	FR SEXP	>49"	49	NA	NA		PS IV 0.3	36"
		10 - 49	mfsbk C	FI SEXP							
Boring #2	LS 3%	0 - 6	wfsbk CL	FR SEXP	>49"	49	NA	NA		PS IV 0.3	36"
		6 - 40	mfsbk C	FI SEXP							
		40 - 49	mfabk C	FI SEXP					yellow brown		
Boring #3	LS 3%	0 - 8	wfsbk CL	FR SEXP	>49"	49	NA	NA		PS IV 0.3	36"
		8 - 49	mfsbk C	FI SEXP							
Boring #4	LS 3%	0 - 8	wfsbk CL	FR SEXP	>49"	49	NA	NA		PS IV 0.3	36"
		8 - 34	mfsbk C	FR SEXP							
		34 - 49	wfsbk CL	FR SEXP							
Boring #49-1	LS 4%	0 - 6	wfsbk CL	FR SEXP	>50"	50	NA	NA		PS IV 0.3	36"
		6 - 46	mfsbk C	FI SEXP							
		46 - 50	mfsbk CL	FR SEXP							
Boring #49-2	LS 3%	0 - 3	gr L	FR SEXP	>49"	49	NA	NA		PS IV 0.3	36"
		3 - 19	wfsbk CL	FR SEXP							
		19 - 49	mfsbk C	FI SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IVa	IVa
Site LTAR (gpd/sq ft)	0.3	0.3

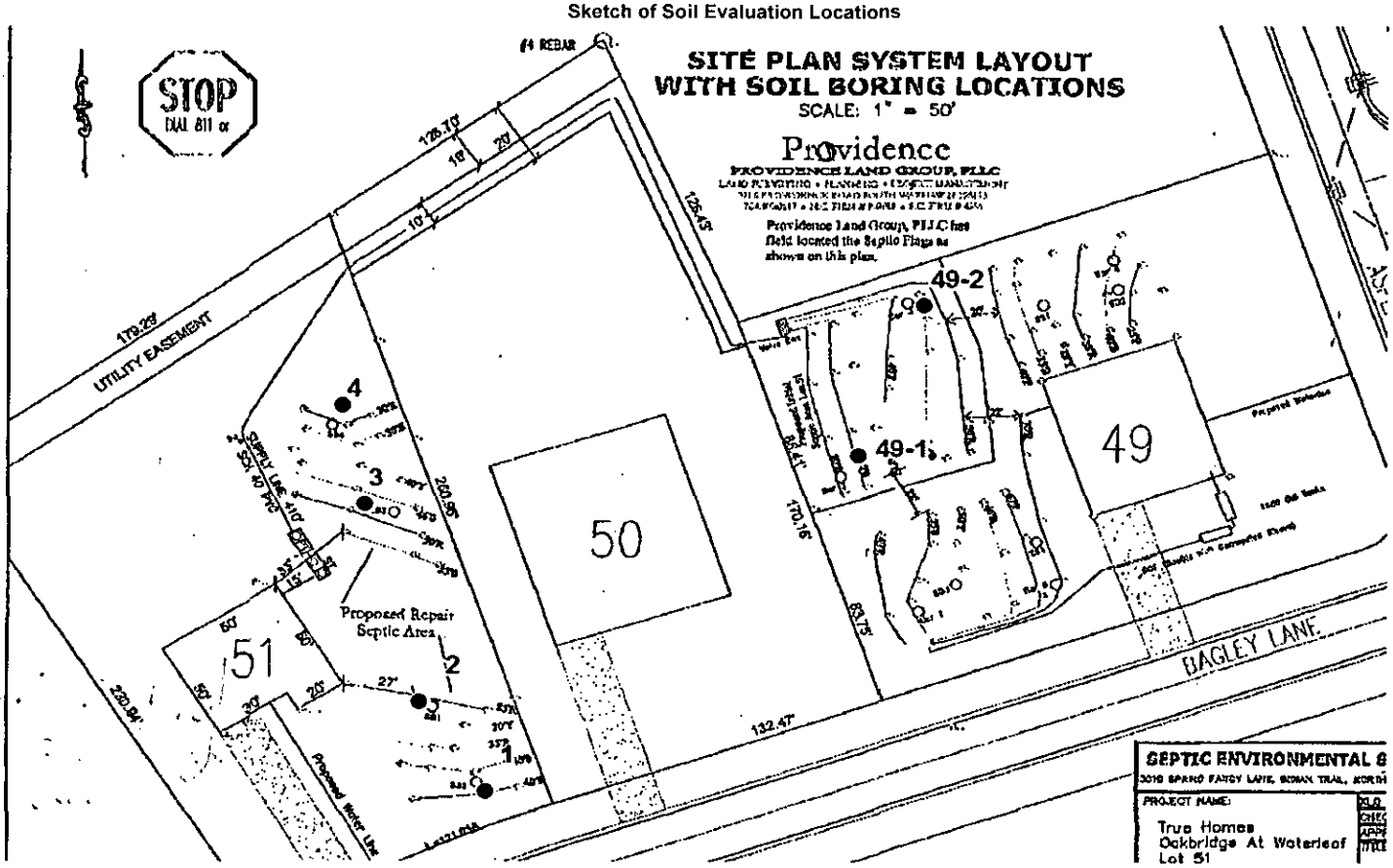
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jacob Presley, REHS, LSS
Others Present:

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
		SiL-Silt Loam		m-moderate
				s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence	Consistence	Mineralogy
Moist	**Wet**	SEXP-Slightly Expansive
VFR-Very Friable	SS-Slightly Sticky	EXP-Expansive
FR-Friable	S-Sticky	
FI-Firm	VS-Very Sticky	**Classification**
VFI-Very Firm	NP-Non-Plastic	US-Unsuitable
EFI-Extremely Firm	SP-Slightly Plastic	PS-Provisionally Suitable
	P-Plastic	S-Suitable
	VP-Very Plastic	NA-Not Applicable

Sketch of Soil Evaluation Locations



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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30007915** GWS File #: **8993B** Tax Parcel #: **139-282-36**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 12/23/2020

Type of Installation: Residential - Modified Plot Plan Lot Number: 51

Structure Type: HOUSE Size (ft^2): 4000 # Bedrooms: 5 # Occupants: 6

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): 0.275 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 2 Trench Spacing (ft): 8 Absorption Area (ft^2): 758 Total Trench Length (ft): 376

Maximum Trench Depth (in): 34 Depth of Media (in): 22 Distribution Device: Manifold (LPP Distri

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 2 Trench Spacing (ft): 8 Absorption Area (ft^2): 666 Total Trench Length (ft): 333

Maximum Trench Depth (in): 34 Depth of Media (in): 22 Distribution Device: Manifold (LPP Distri

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jacob Presley Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 12/23/2015

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30007915** GWS File #: **8993B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 3 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.
- THE SYSTEM LINES WILL NEED TO BE FLAGGED IN FIELD BY SURVEYOR BEFORE INSTALLATION. ALL LINES ON PLAT HAVE BEEN SURVEYED BY PROVIDENCE LAND GROUP (704-400-0117).

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

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jacob Presley

Signature: _____

Date Issued: 12/23/2015

Owner/Legal Agent: _____
Print Name

Signature: _____

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

Septic System Pre-Construction Meeting Checklist

File # 8993B App # 7915 Tax Parcel # 137-282-36

Property Owner: True Homes

Job Location Address: 15009 Bagley Ln

City: Charlotte State: NC Zip Code: 28227

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

   ☑ YES ☐ NO

   Comments:

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☑ YES ☐ NO

   Comments:

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☑ YES ☐ NO

   Comments:

*** If "NO" is checked for any of the above the existing permit may need to be revoked.**

Permission is hereby given to ☐ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

April Barragan — 2-1-16

Authorized Agent **Date**

Others Present

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 8993B Permit #: 7915 Tax Parcel #: 139-282-36

Property Owner: True Homes

Job Location Address: 15009 Bagley In

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 2-23-16 Contractor Name: Stevens Septic

Permitted Design Flow: 600 GPD Date: 12-18-15 Dellinger PT-477 Liquid Capacity of Dosing Tank: 1500 gallons

Liquid Capacity of Septic Tank: 1500 gallons Manufacture Dellinger STB-332-1500 Effluent Pump Model: Gould 1½hp

Drainfield Installation ☐ N/A

Trench Depth: 34" inches

Trench Width: 2 feet

Line Spacing: 8 feet (O.C.)

Total line length: 376 feet

# of Lines: 6 @ Various lengths feet

Depth of Media: 22 inches (Type) PPBPS

Depth of Cover: 12 inches

Distribution Device: ~~Pressure Manifold~~ Valve Box

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 15 feet

Distance from Property Line: 10'+ feet

Distance from Water Supply Source: 10' feet

Inspection Dates

Tank(s) Inspected: 2-2-16

Excavation Inspected: 2-2-16

Pump & Controls Inspected: 2-2-16

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Installed as consultant designed.

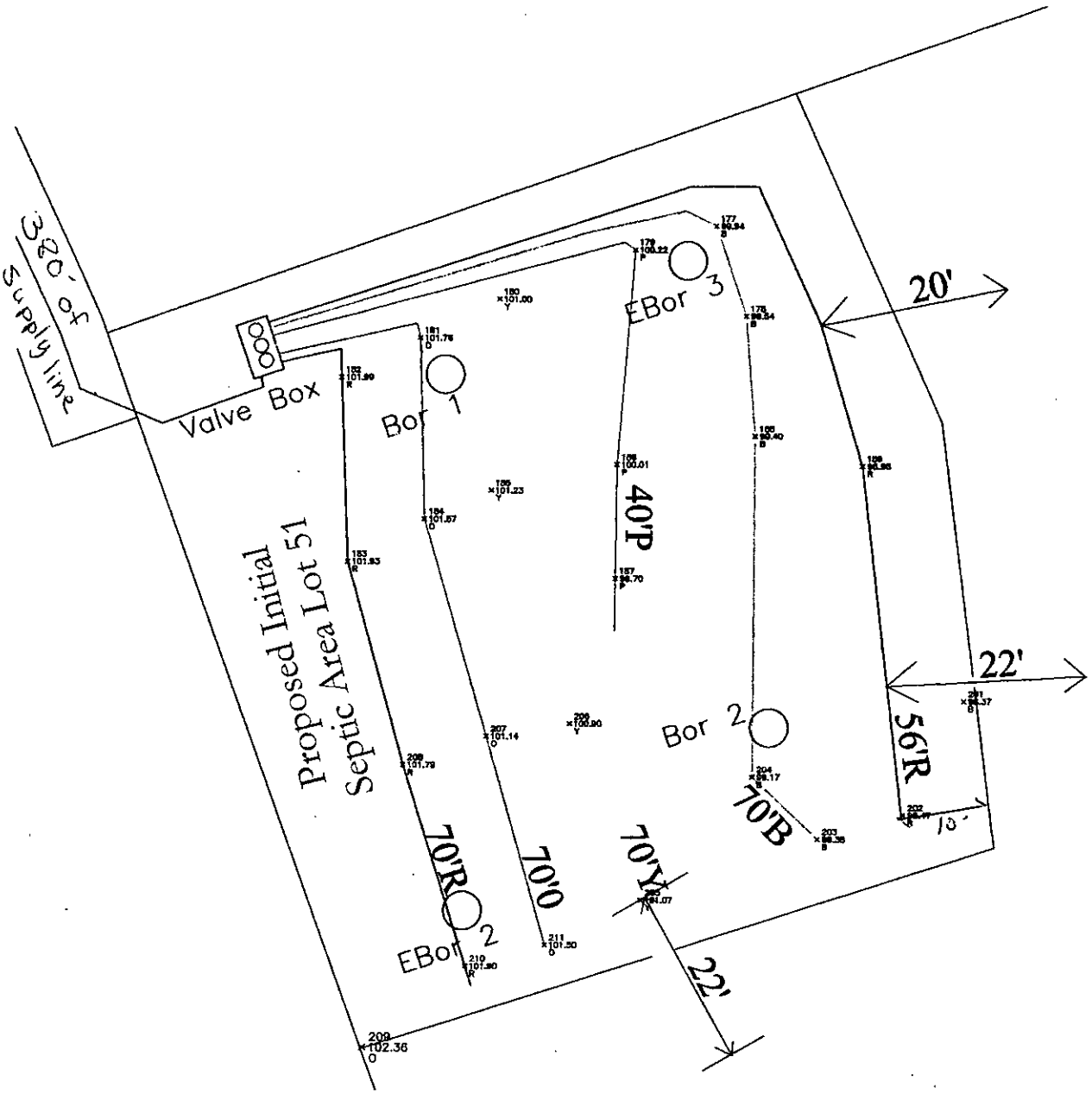
The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of *15A NCAC 18A. 1900*, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IVa/PPBPS/P/OS/NA

DENR Authorized Agent: April Bumgarner Signature: April Bumgarner, REHS

OAKBRIDGE AT WATERLEAF SUBDIVISION



Providence

PROVIDENCE LAND GROUP, PLLC

LAND SURVEYING • PLANNING • PROJECT MANAGEMENT

3716 PROVIDENCE ROAD SOUTH WAXHAW NC 28173

704.400.0117 • N.C. FIRM # P-0910 • S.C. FIRM # 4356

Providence Land Group, PLLC has field located the Septic Flags as shown on this plan.

NOTE:

ENGINEERING ASPECT OF THE DESIGN WAS COMPLETED UNDER THE DIRECTION OF MR. G. CARTER MOORE III, PE.

SEPTIC ENVIRONMENTAL SOLUTIONS, INC.

3019 SPRING FANCY LANE, INDIAN TRAIL, NORTH CAROLINA, 704-502-5588

PROJECT NAME: True Homes Oakbridge At Waterleaf Lot 51	KLO	DATE: 11/28/15
	CHECKED:	DATE:
	APPROVED:	DATE:
COUNTY : MECKLENBURG COUNTY, NC	TITLE : DRAINFIELD LAYOUT MAP	
	SCALE: AS INDICATED	SHEET: 2 OF 3

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 8993B Permit #: 7915 Tax Parcel #: 139-282-36

Property Owner: True Homes

Job Location Address: 15009 Bagley Ln

City: Charlotte State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IVA

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☒ No ☐

☒ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☒ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: April Bumgarner Date: 2-23-16

Signature: April Bumgarner

GCM3
Engineering, P.L.L.C.
Civil & Structural Design Services

3031 Spring Fancy Lane
Indian Trail, N.C. 28079
Phone 704.821.4205
Fax 704.821.3714
Email GCM3@windstream.net

February 16, 2016

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon Street, Suite 211
Charlotte, N.C. 28202
Attn: Mr. Jacob Pressley

Re: On-Site Septic System
Site Address: Oakbridge at Waterleaf Lot 51 (P.I.D. # 13928236)
GCM3 Project 16-003

Dear Sir:
As you requested, we would offer the following:

Engineers Certification

I, G. Carter Moore III, P.E. as a duly registered Professional Engineer in the State of North Carolina, having been authorized to periodically observe the construction of the referenced project at Site Address: Oakbridge at Waterleaf Lot 51 (P.I.D. # 13928236) for the Permittee, hereby state that to the best of my abilities, due care and diligence was used in the observation of the construction such that the construction was observed to be built within substantial compliance and intent of the approved Permit, approved plans, specifications, and other supporting materials.

Signature: G. Carter Moore III

Date: 02/16/2016

Registration Number: 16835

If you have any questions or need any additional information, do not hesitate to call me.

Very truly yours,
GCM3 ENGINEERING, P.L.L.C.

Carter Moore

G. Carter Moore III, N.C. P.E. 16835

NORTH CAROLINA PROFESSIONAL SEAL 16835 ENGINEER GALARD CARTER MOORE III

G. Carter Moore III
2/16/16

INSPECTION AND MAINTENANCE AGREEMENT

STATE OF NORTH CAROLINA

This agreement is made and entered into this **14th** day of **January 2016**, by and between **True Homes** (hereinafter referred to as the "Owner") and **Mr. Kenneth L. Owens** (hereinafter referred to as the "Operator")

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IV (a) system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Administrative Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Administrative Code 18A.1961 requires a contract to be executed between the system owner and management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Administrative Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity, shall be in effect for as long as the system is in use; and

WHEREAS, the Operator is a management entity, of a type authorized by 15A N.C. Administrative Code 18A.1961 to manage the system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Operator as stipulated below.

1. The Operator Obligations. The Operator shall perform the following services on the Owner's system located at:

   Attén: True Homes
   Oakbridge at Waterleaf
   15009 Bagley Ln, Lot 51
   Charlotte, NC 28227

   a. The Operator shall inspect, document, and report the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b), to satisfy conditions of the Operation Permit and to comply with manufacturers' operation requirements. A schedule of these duties is detailed in APPENDIX A, at the back of this contract.
   b. If an inspection indicates the need for system repairs, the Operator shall notify the local health department within 48 hours of the inspection.
   c. The Operator shall notify the Owner of needed repairs, which are outside of the scope of routine maintenance described in this contract.. The Operator shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefore at the Operators normal charge for services and materials.
   d. The Operator shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Administrative Code 18Z.1961(b) for the system.
   e. The Operator shall respond to a request for a nonscheduled service or maintenance call within 48 hours after receipt of such request.

2. The Owner's Obligations

a. The Owner shall pay to the Operator:

- Deposit fee of $200.00 upon first visit (waived)
- $300.00 total per year, (two visits each billed at $150.00).
- Any charges for necessary replacement parts.
- Any charges for pumping/removal of solids from tanks.
- Additional maintenance (clearing around any septic components such as, septic tank, pump tank, drainfield lines etc) or labor repair and service calls requested by client billed at a minimum of $55.00/hour.

The annual fee may be amended upon sixty (60) days advance notice to the Owner. The Owner shall pay to the Operator his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Operator and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1.5% per month.

b. Within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e above, the Owner shall request the Operator to complete needed repairs that were not satisfactorily completed by another entity.

c. The Owner shall provide the Operator with such access to the system as is reasonably necessary for the Operator to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated:

a. Automatic Termination
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or the time for taking an appeal has passed.

b. Termination by Mutual Consent
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner
The Owner may terminate this Agreement by giving notice to the Operator and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Operator

1) The Operator may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

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

b. Failure of the Owner to provide to the Operator authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity. If said authorization to

complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

c. Failure of the Owner to allow the Operator such access to the system as is reasonably necessary in order for the Operator to comply with the terms of this Agreement.

2) The Operator may terminate this Agreement without cause, by notification to the Owner no less than ninety (90) days in advance of the termination date. The Operator may also assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner.
The Owner shall notify the Operator of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Operator.
The Operator may assign its rights and duties under this Agreement to another management entity, which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage the system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Operator may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Operator's duties under this Agreement. The Operator shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

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

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party, of the default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: **Atten: True Homes**
Oakbridge at Waterleaf
15009 Bagley Ln, Lot 51
Charlotte NC 28227

To the Operator: **Septic Environmental Solutions, Inc.**
Mr. Kenneth L. Owens
3019 Spring Fancy Lane
Indian Trail, North Carolina 28079

To the Local Health Department: **Mecklenburg County Environmental Health**
700 N. Tryon St. Suite 211
Charlotte, North Carolina 28202

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted deliver, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other Party.

97. Place of Agreement. This Agreement and any questions concerning its validity, the system construction, or performance shall be governed by the laws of the State of North Carolina. Notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

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

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

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

Meredith Aguilar 1/19/16
~~(Mrs. Jackie Dracup)~~ (Date)
Meredith Aguilar

(Mr. Kenneth L. Owens) (Date)

Appendix A
Low Pressure Pipe (LPPPBPS)

Specific Operation and Maintenance Requirements listed by system components.

15A NCAC 18A.1961 requires the LPP disposal system to be classified as a minimum Type IV(c) system, requiring the following:

- Detailed operation and maintenance, as required by the system designer, manufacturers of specific components, and state regulations as they pertain to those specific components.
- Inspection and maintenance by a certified subsurface wastewater system operator 2 times per year.
- Reporting by the operator to the local health department once every year.
- At each inspection and if applicable:
  - Check liquid level in pump tanks.
  - Check effluent filter. Clean if necessary (must be accessible).
  - Check water tightness of components.
  - Check operation of floats and electrical components.
  - Record pump run time meters and cycle counters.
  - Visual inspection of drainfield for obvious failures.
  - Check vegetative cover and drainfield.
  - Sample effluent to verify compliance with treatment standards (if applicable).
  - Check sludge and scum levels in septic tank every three to four years after first visit. Clean if necessary (must be accessible).
  - Record pump dose rate and drawdown test (if applicable).
  - Record dose volume and pump run time (if applicable).