

9424 WINDYGAP RD

19939113

6/6/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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SHS YJ

Reviewer JCL

5942 County Permit Review Worksheet

Rule or Law		1	2	3	4	5	6	7	8	9	10
	Permit Application										
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?	✓									
.1940 (a-q)	Slope % Recorded?	✓									
.1939 (a)(2)	Texture Class Recorded?	✓									
.1939 (a)(2)	Structure type Recorded?	✓									
.1939 (a)(2)	Consistence Recorded?	✓									
.1939 (a)(3)	Mineralogy Recorded?	✓									
.1939 (a)(4)	Soil Wetness Condition Recorded?	✓									
	Soil Depth to Rock or Parent Material Recorded When Encountered?	✓									
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	✓									
.1939 (a)(6)	Sufficient Available Space Recorded?	✓									
.1937(m)	Are the Profile Locations Shown?	✓									
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?	✓									
	Number of auger borings made:	4									
	Were sufficient auger borings made?	4									
.1939(d), .1955, .1956, .1957	LTAR	3									
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial	✓									
.1945(b)	Proposed System Type stated-Repair	✓									
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial	✓									
.1937(g) & .1945(b)	System components shown - Initial	✓									
.1945(b)	Repair area shown	✓									
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?	✓									
.1937 (f)(g)	Is System design consistent with soil/site conditions?	✓									
.1937 (f)(g)	Is the System located in the approved area?	✓									
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?	✓									
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	✓									
.1937(g)	Trench depth indicated?	✓									
.1937(g)	Trench width indicated?	✓									
.1937(g)	Trench length indicated?	✓									
G.S. 130A-336(a)(1)	Proposed/existing well shown?	✓									
G.S. 130A-336(a)(1)	Property line lengths shown?	✓									
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	✓									
	OP										
.1937(i)	System type as described in table V(a) of rule .1961	✓									
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting	✓									

If system design is incorrect or inconsistent with site conditions, indicate why for each below

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

Posse

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

File #: 5942 A Permit #: _____ Tax Parcel #: 199-391-13

Property Owner: Richard + Michell Love Agent Paul Petrillo

Job Location Address: 9424 Windy Gap Rd.

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 4-10-07 Contractor Name: Steve Autry (Autry Septic)

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: ST-750 (Fralo Pump Tank 1000 gal Plastic) gallons

Liquid Capacity of Septic Tank: 1500 gallons Fralo Plastic Effluent Pump Model: Myers ½ hp 4/2

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 6 @ _____ feet (6@40 4@50 1@60)

Depth of Media: 12 inches (Type) EZ Flow

Depth of Cover: ~~24~~ 12 inches

Distribution Device: Drop Boxes

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: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50'+ feet

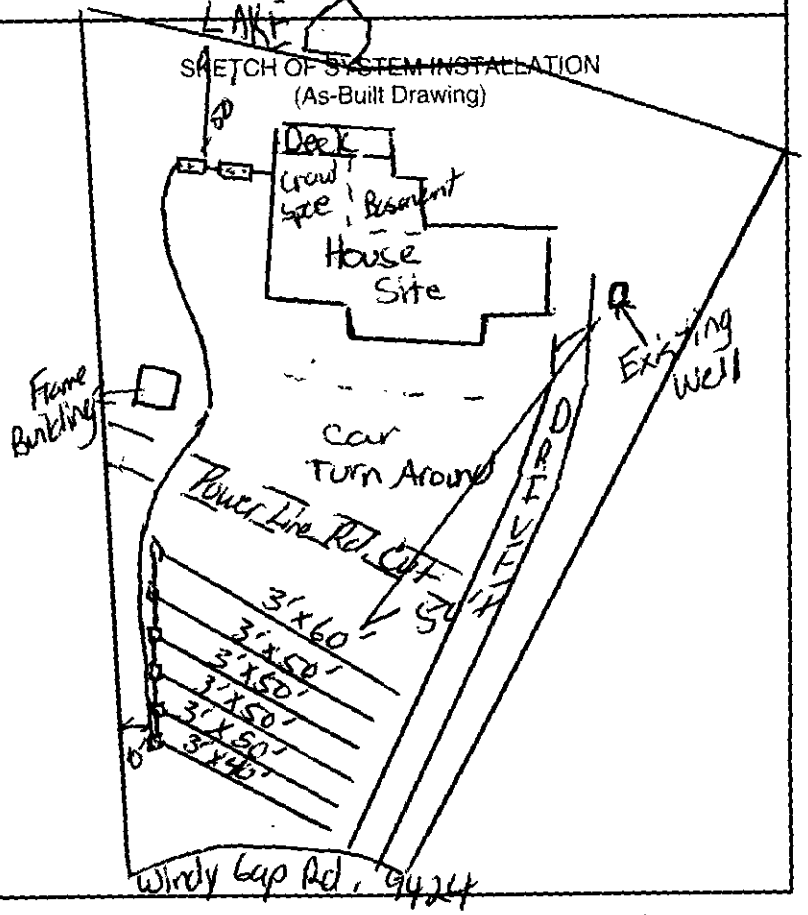
Inspection Dates

Tank(s) Inspected: 02-12-07 JN

Excavation Inspected: 02-13-07 JN

Pump & Controls Inspected: 4-10-07 CS

SKETCH OF ~~SYSTEM INSTALLATION~~
(As-Built Drawing)



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: III b Pump to 25% Red EZ Flow System needs to be inspected Once every 5 years by our Department.

DENR Authorized Agent: _____ Signature: Christopher M Glenn
Jeremy Mabry

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

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5942A Permit #: _____ Tax Parcel #: 199-391-13

Property Owner: Richard + Michell Love Agent: Paul Petrillo

Job Location Address: 9424 Windy Gap Rd.

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 02-05-07

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with *subsurface soil* absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 03-05-07, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ 60 feet

Depth of Media: 12 inches (Type) 25% Red

Distribution Device: Pressure Manifold or D Box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet min

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install according to attached plot plan.

O.K to install Drop Boxes instead of pressure manifold for different line lengths.
J.M

Comments: System Classification & Type: III bg

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

FEE: 0.00
DATE: 2/8/2007

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5942A

PERMIT NUMBER: 30001782

PARCEL NUMBER: 19939113

JOB LOCATION INFORMATION

ADDRESS: 9424 WINDYGAP RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28278

ISSUED TO: RICHARD & MICHELL LOVE

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 1/19/2007

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30001782, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 1/18/2012

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 #: **30001782** GWS File #: **5942A** Tax Parcel #: **199-391-13**

- 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):** 1/18/2012

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 3028 # Bedrooms: 3 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Pump to Approved Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: N/A **System Classification:** VIb

Repair System Specifications:

Design Flow (gpd):	0	LTAR (gpd/ft^2):	0.0	Septic Tank Size (gal):	0	Pump Tank Size (gal):	0
Trench Width (ft):	0	Trench Spacing (ft):	0	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	0	Distribution Device:	N/A		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael Owner/Legal Agent: PAUL R PETRILLO
Print Name

Signature: Jeremy Michael R.S. Signature:

Date Issued: 1/18/2007

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 #: **30001782** GWS File #: **5942A**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 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.
- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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:

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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael R.S.

Date Issued: 1/18/2007

Owner/Legal Agent: Paul R. Petrillo
Print Name

Signature:

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/25/07	**Amount:**	150.00
Receipt #:	47912	**Tendered:**	150.00
Check / Auth #:	CHECK 1379	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: PIEDMONT BUILDING GROUP IN
Attn:
Address: P O BOX 79061
Address:
City/State/Zip: CHARLOTTE, NC 28271

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 9424 WINDYGAP RD		1	150.00	150.00

Outstanding Balances

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/25/07	**Amount:**	150.00
Receipt #:	47911	**Tendered:**	150.00
Check / Auth #:	CHECK 1379	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: PIEDMONT BUILDING GROUP INC
Attn:
Address: P O BOX 79061
Address:
City/State/Zip: CHARLOTTE, NC 28271

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 9424 WINDYGAP ROAD		1	150.00	150.00

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

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

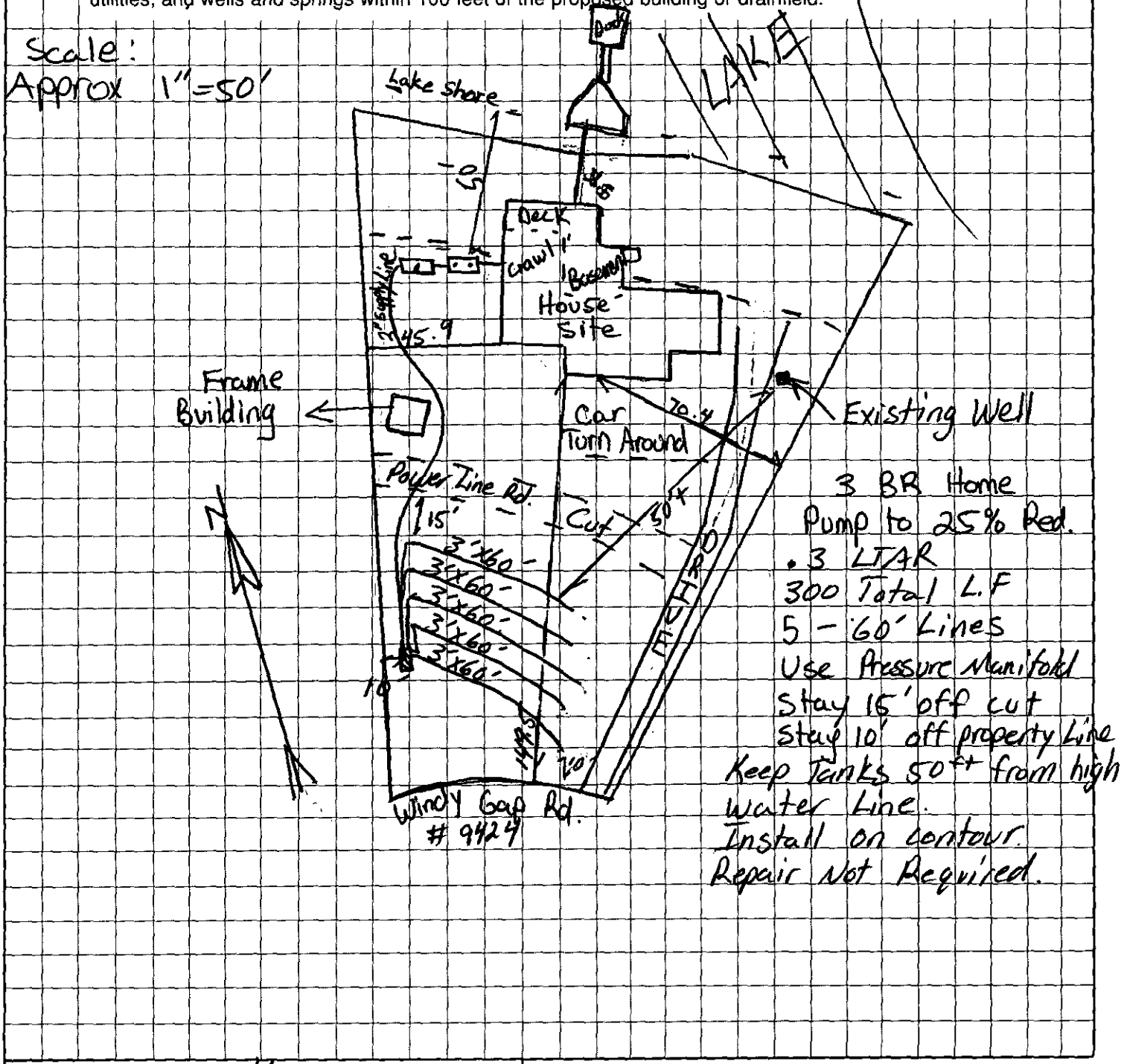
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5942 A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 1-25-07

APPROVAL DATE 01-18-07

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

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

Sheet: 1 of 2
Property ID: 199-391-13
Lot #:
File #: 5942A
AppID: 1782

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Richard & Michelle Love
Applicant: Paul Petrillo
Address: 9834 Hofstna Ct., Charlotte, N. C. 28277
Date Evaluated: 1/12/2007
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .7a
Location of Site: 9424 Windy Gap Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 1941 Structure/ Texture	1941 Consistence Mineralogy	b PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 12	0-4	GR/CL	FR/SEXP/SS/SP	>36" TO SOIL WETNESS	36	N/A	NONE	PS, IV
		4-36	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	LS, 8	0-6	GR/CL	FR/SEXP/SS/SP	>37" TO SOIL WETNESS	37	"	"	"
		6-27	SBK/C	FI/SEXP/S/P					
		27-37	SBK/SCL	FR/SEXP/SS/SP					
3	LS, 10	0-4	GR/CL	"	>43" TO SOIL WETNESS	43	"	"	"
		4-43	SBK/C	FI/SEXP/S/P					
4	LS, 15	0-2	GR/CL	FR/SEXP/SS/SP	>33" TO SOIL WETNESS	33	"	"	US, IV
		2-23	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		23-33	SBK/CL	FR/SEXP/SS/SP					
					SITE LTAR- .3GPD/FT^2				

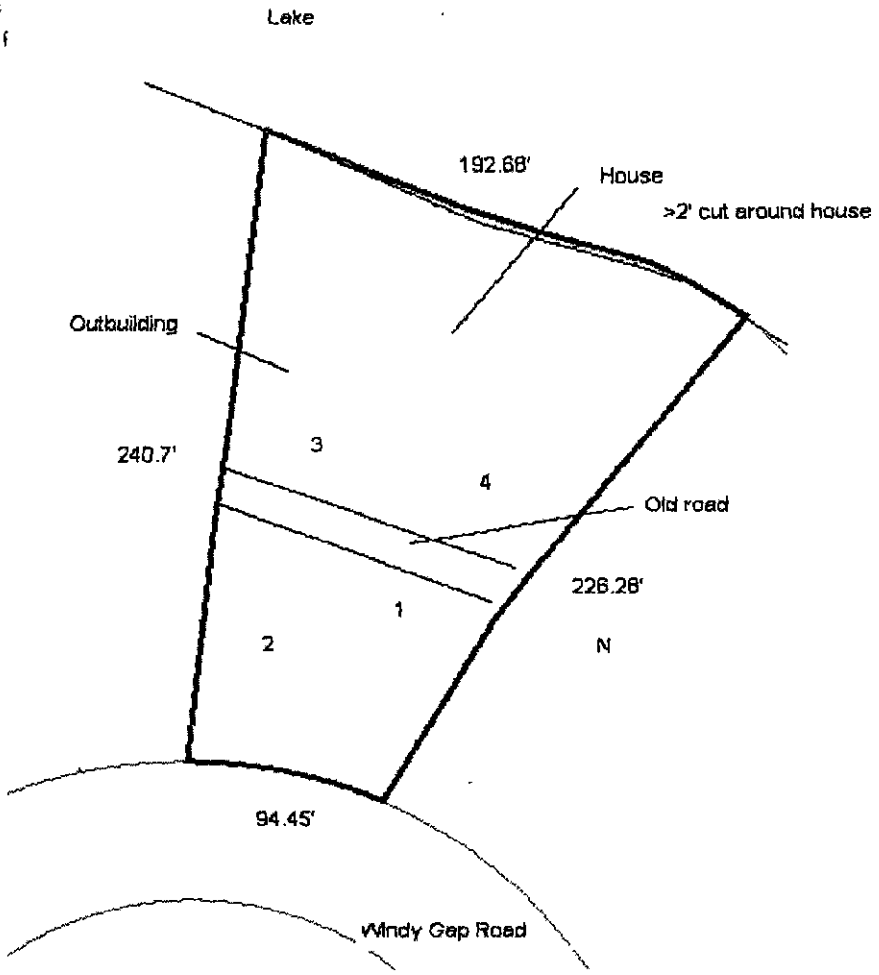
Description	Initial System	Repair System
Available Space (.1945)	PS	N/A
System Type(s)	III.bg	
Site LTAR		

Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 1/12/2007
Others Present:
Site Classification (.1948): PROV. SUITABLE
Site Evaluation By:
Others Present:

COMMENTS:
Not 100% repair, permit for house issued 7/21/06

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		M-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				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-F	
	SP-Slightl	
	P-Plastic	
	VP-Very f	



$200.00 pd chk #1782

GWS – RES. APP 07/05

SEPTIC FEE: _____
DATE: 1/5/07
CRT [ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 5942 A

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 1993913
STREET ADDRESS: 9424 Windy Gap Rd
CITY: Charlotte
STATE: NC **ZIP:**
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 3028
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☑ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☑ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☑ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☑ YES	☐ NO

PROPERTY OWNER:

NAME: Richard & Michell Love
ADDRESS: 9834 Hofstra Ct.
CITY: Charlotte
STATE: NC ZIP: 28277
HOME PHONE: 704-573-4880 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Paul Petrillo
ADDRESS: P.O. Box 79061
CITY: Charlotte
STATE: NC ZIP: 28271
HOME PHONE: WORK PHONE: 704-708-5179
MOBILE PHONE: 704-400-0347 FAX: 704-708-9197

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 1-5-07 Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 1-5-07 Date

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

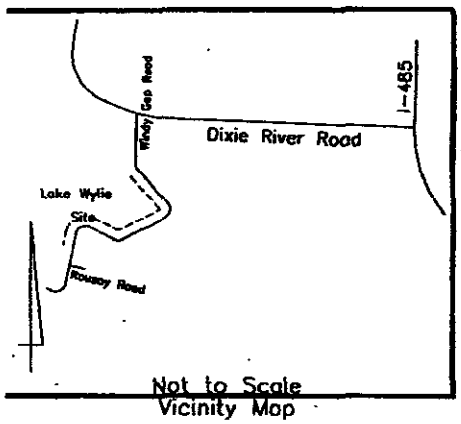
5942 A

THIS IS TO CERTIFY THAT ON THE 14 DAY OF June 20 06 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOW HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED Martin L Baucom

BAUCOM-DAVIS & ASSOCIATES, PROFESSIONAL LAND SURVEYORS
WWW.BAUCOM-DAVIS.COM
5100-12 REAGAN DRIVE
CHARLOTTE N.C. 28206
PHONE (704) 596-8088

NORTH CAROLINA PROFESSIONAL SEAL L-2733 LAND SURVEYOR MARTIN L. BAUCOM

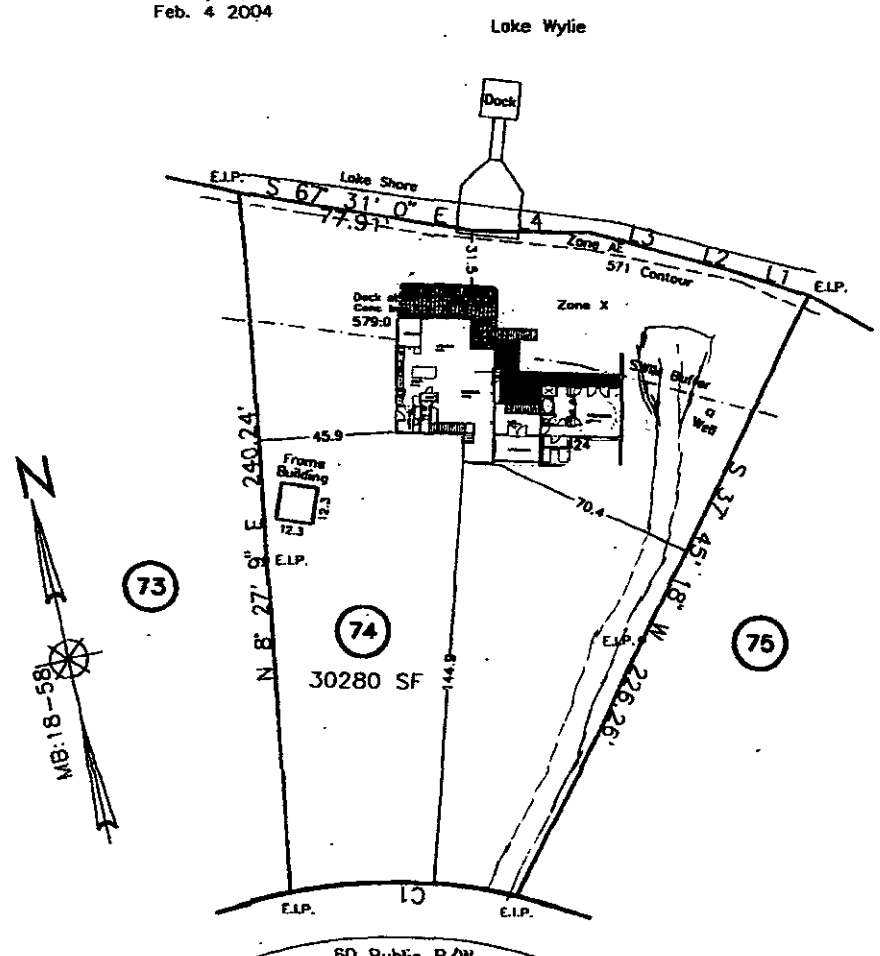


LEGEND
- PROPERTY LINE
- S.I.P. RE-SET IRON PIN
- E.I.P. EXISTING IRON PIN
- CLOSURE EXCEEDS 1'in 10,000'
- P.O.E. PUBLIC DRAINAGE EASEMENT
- E.C.M. EXISTING CONCRETE MONUMENT
- THIS PROPERTY SUBJECT TO EASEMENTS OF RECORD
- — — ADJOINER PROPERTY LINE BY DEED OR PLAT

Curve	Radius	Arclength	Chord Bearing	Chord
C1	R=177.02	L=75.37	N 76° 58' 20" W	74.80'

Line	Bearing	Distance
L1	S 58° 50' 00" E	24.51'
L2	S 62° 4' 0" E	17.15'
L3	S 61° 32' 00" E	33.76'
L4	S 76° 47' 00" E	39.35'

Community Panel #370159 0203 E
Zone X, and AE
Feb. 4 2004



Physical SURVEY OF

Lot 74, Recreation Lots, Section 38, Lots 67-79
Steele Creek Township, Mecklenburg County, NC

SCALE 1"=50'

50 25 0 25 50

THE PROPERTY OF Gary Lawn

MAP RECORDED IN BOOK 18 AT PAGE 58 DEED RECORDED IN BOOK _____ PAGE _____

Drawn By: PIERRE

Job Number: 61174

06/19/2006 14:21 7045966189 BAUCOM DAVIS PAGE 01/01

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 01/05/07
Receipt #: 47459
Check / Auth #: CHECK 1362
Received By: EDWARMT

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: PIEDMONT BUILDING GROUP INC.
Attn:
Address: P.O. BOX 79061
Address:
City/State/Zip: CHARLOTTE, NC 28271

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 9424 WINDY GAP RD		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	10.00				

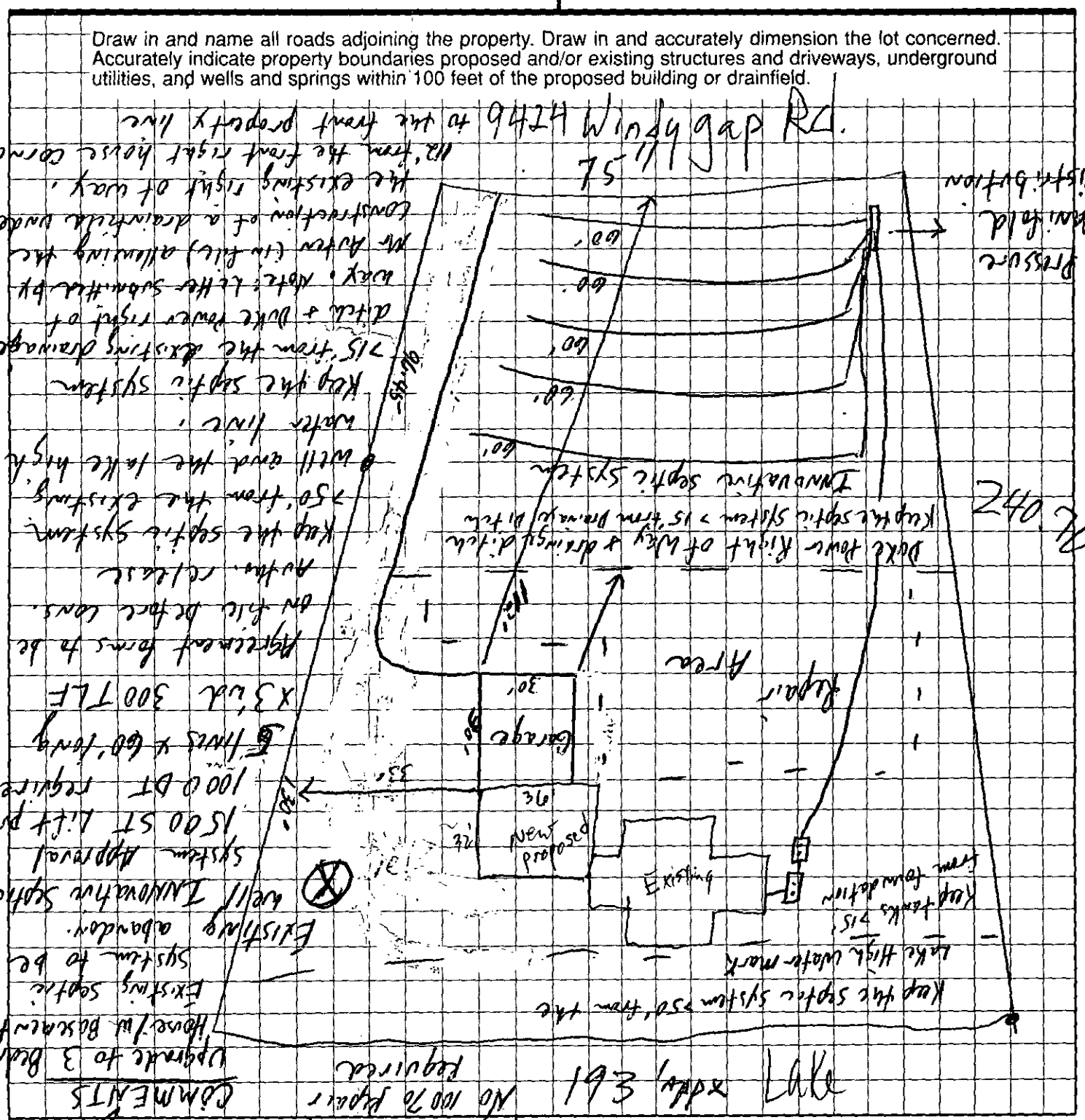
PROPOSED PLOT PLAN

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

FILE: 5942A

TC: 19939113

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS

Upgrade to 3 Bedroom House w/ basement

Existing septic System to be Existing abandon.

well Innovative Septic System approval

1500 GT Lift pump

100.0 BT required

5 lines x 60' long

x3 sub 300 TLF

Pressure manifold forms to be on file before cons.

Maybe relocate

Keep the septic system 50' from the existing well and the lake high water line.

Keep the septic system 15' from the existing drainage ditch & Duke Power right of way. Note: the submittal by Mr. Ayden (in file) allowing the construction of a drainage under the existing right of way, 112' from the front right house corner to the front property line

No 100% Repair required

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE 9/17/99

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

To Mr. Phil Walker 1 page
From. Sandy Auten to 336-6894
office - 377-[redacted] 5306
[redacted] 2468

Duke Power Company
Charlotte Division
6325 Wilkinson Boulevard
Charlotte, N.C. 28214

DUKE POWER

September 6, 1989

Sandy C. Auten
2219 Maplecrest Drive
Charlotte, N.C. 28212

RE: Lot 74 Section 38 Lake Wylie also known as
9424 Windy Gap Road, Charlotte N.C. 28217

Dear Mr. Auten,

This letter is to confirm our agreement with you to allow the construction of a drain field under our existing right-of-way.

It is our intent to abandon the existing right-of-way when the new road is constructed. We will relocate our facilities to one foot off the new road right-of-way.

Please contact me if I may be of further assistance to you. You may reach me at 704 373 5607.

Sincerely,

Donald L. Harris

Donald L. Harris
Duke Power Company
Charlotte Division Engineering

DLH/tal

Permit Number: 5942A

199 391 13

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

Basement	✓ Yes w/ plumbing	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III IV V VI To be abandon	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
Yes Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		

Any surface waters present: yes Type: Lake Wylie Minimum separation distance: > 50'

Site modifications required: Keep the septic system > 50' from the lake high water mark

Additional Conditions: Upgrade to 3 bedroom, Existing septic system to be abandon, 1500 ST, 1000 DT pl, INNOvative septic system approval, 5 lines x 60' long x 3' wd, Keep the septic system > 50' from the existing well & the lake high water mark, Keep the septic system > 15' from the foundation. No 100 % Repair Required

Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
900' Absorption Area (Sq ft) 300' Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Philo S. Walker RS 10/
DEHNR Authorized Agent Date

x [signature] 10/18/99
Owner/Agent Signature Date

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

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2000 FEB 10 12:04 PM
BOOK: 11079 PAGE: 257-260 FEE: $12.00
INSTRUMENT # 20000017915

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE # 5942 A
PARCEL # 199-391-13

The undersigned, SANDY CHARLES AUTEN, Lorie Grapes Auten, owner of property located at 9424 Windygap Rd., (the "site") and described in an instrument recorded in Book 6107 at Page 0447, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

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

This instrument was prepared by: SANDY AUTEN
Mail after recording to: SANDY AUTEN
9424 Windygap Rd. CHARlotte, N.C. 28208

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 199__.

_____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, SANDRA G. BURKE, a Notary Public for said County and State, do hereby certify that SANDY CHARLES AUTEN and LORIE GRAPES AUTEN personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 18th day of October, 1999.

SANDRA G. BURKE NOTARY PUBLIC MECKLENBURG COUNTY

Sandra G. Burke
Notary Public

My Commission Expires:
5/22/2000

CK#3493

FEE: 150 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 3/6/00 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 10/14/99 PERMIT NO: 5942A
PARCEL NO: 199 391 13

JOB LOCATION ADDRESS: 9424 Windy gap Rd
PROPERTY OWNER: Sandy Auten
BUILDING CONTRACTOR: —
SUBDIVISION NAME: —
AUTHORIZATION ISSUED BY: Phillo S. Walker RS DATE:
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5942A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms to be on file before Const. Authz. release.

OWNER CERTIFICATION

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

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 100.00 CK#3550
DATE: 9-17-99
WW

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

[ ] CRT

TYPE APPLICATION: [ ] NEW SYSTEM [X] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

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

FILE #: 5942A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199 391 13

STREET ADDRESS: 9424 Windygap Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Crescent Sect 3B

LOT NUMBER: # 74

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

- [X] 0 MECKLENBURG
- [ ] 1 CHARLOTTE
- [ ] 2 DAVIDSON
- [ ] 3 CORNELIUS
- [ ] 4 PINEVILLE
- [ ] 5 MATTHEWS
- [ ] 6 HUNTERSVILLE
- [ ] 7 MINT HILL

HEATED SQUARE FOOTAGE: 1500 Appx

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT ON SLAB
- [ ] CRAWL SPACE
- [X] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [X] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- [ ] COMMUNITY (C)
- [ ] MUNICIPAL (M)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES	[ ] YES [ ] NO	WELL, SPRINGS OR WATERLINES	[X] YES [ ] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES [ ] NO	DESIGNATED WETLANDS	[ ] YES [ ] NO
EASTMENTS OR RIGHT-OF-WAYS	[ ] YES [ ] NO		

PROPERTY OWNER:

NAME: (LAST) Auten (FIRST) Sandy (MI) C.

ADDRESS: 9424 Windygap Rd.

CITY: Charlotte STATE: N.C. ZIP: 28208

DAYTIME PHONE: ( ) 704-377-2488

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ~~7/26~~ 1/28/76

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 7/14/99

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

FEE: 100.00
DATE: 7/7/04
Visa JBA

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

New Ownership Change in Plot Plan
1 1 CRT

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

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

FILE #: 5942A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199 391 13

STREET ADDRESS: 9424 Windygap Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Crescent Sect. 3B

LOT NUMBER: #74

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: Main House 1746 Guest House 433 Current 1005

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: Lawn Gary D.
(LAST) (FIRST) (MI)

ADDRESS: 9424 Windygap Rd. 3255 Open Field Ln. 28215

CITY: Charlotte STATE: NC ZIP: 28226

DAYTIME PHONE: ( ) 704-309-1997

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1-28-76

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Gary Lawn DATE: 7-7-04

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

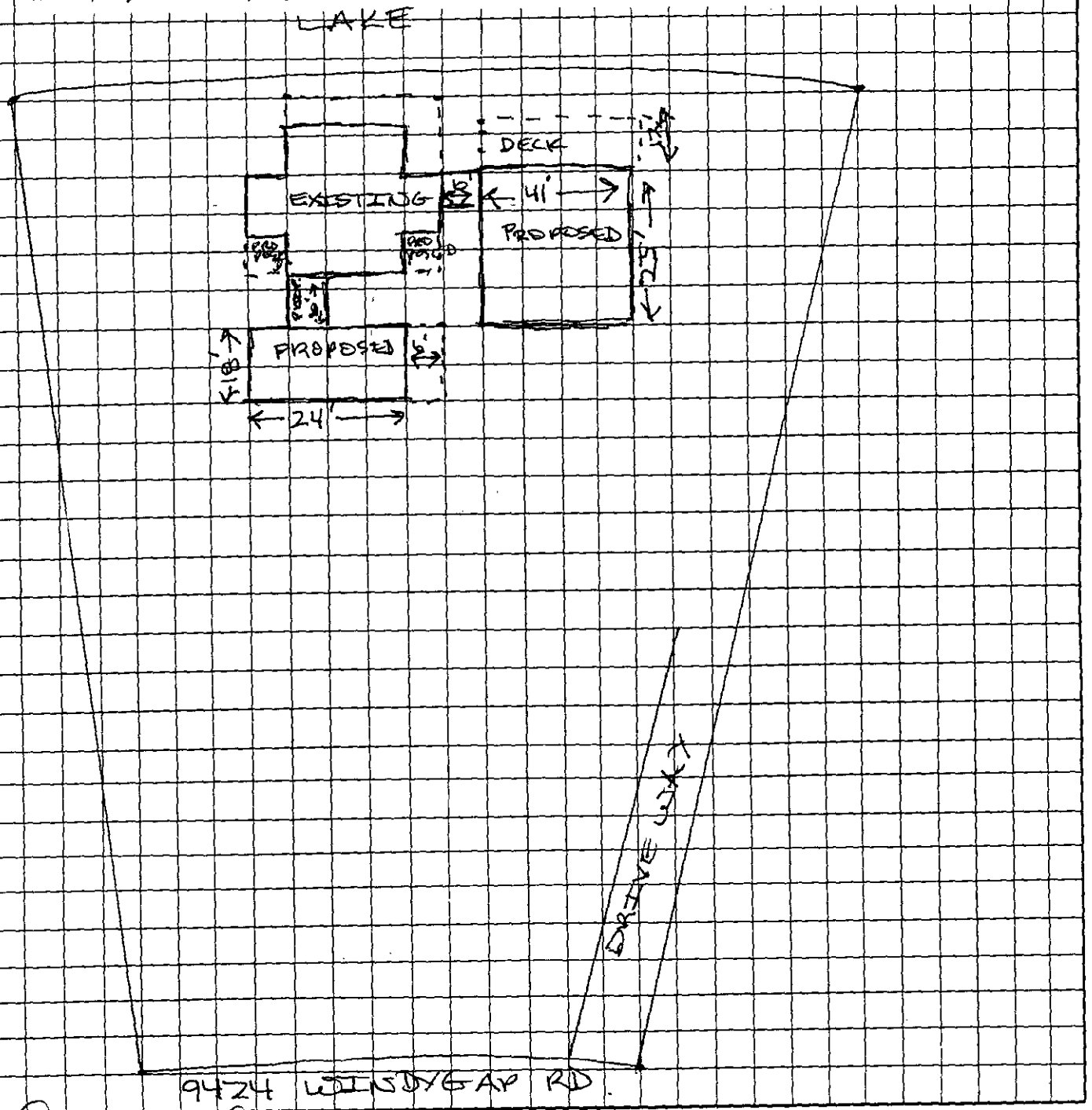
PROPOSED PLOT PLAN

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

FILE: 5942A

TC: 199-391-13

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Gary Larson

OWNER/AGENT SIGNATURE

DATE 7-7-04

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12153

File: 5942-A

Parcel: 199-391-13

Action 1

☐ PC

Location: Windy Gap Rd.

Subdivision:

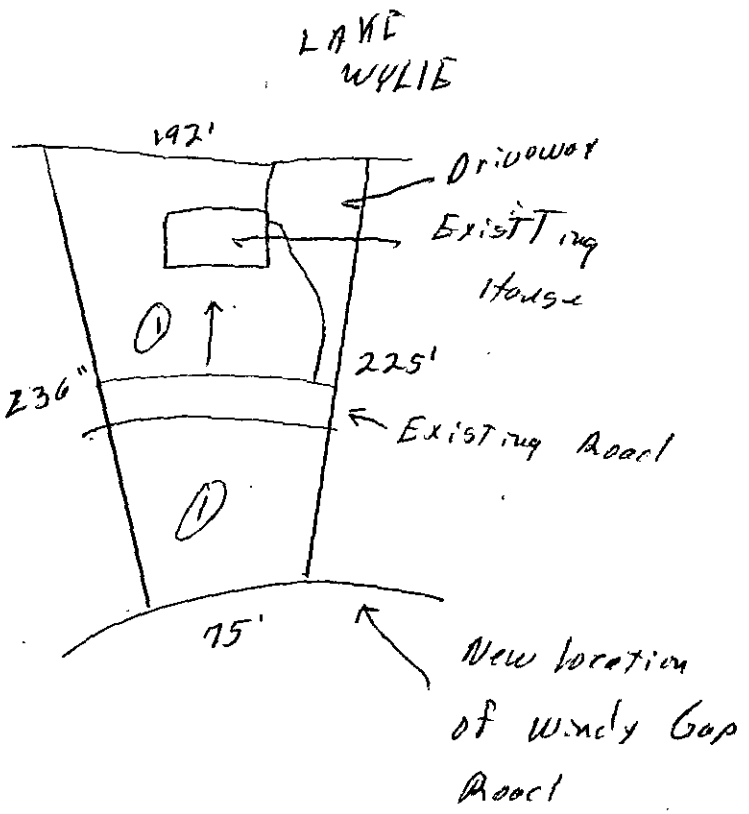
Lot: Block: Acres: .7

Owner: Sandy Auten
Address: 2219 Maplecrest Drive
Charlotte, NC 28212

Comments: _____

Described by: William A. Marks

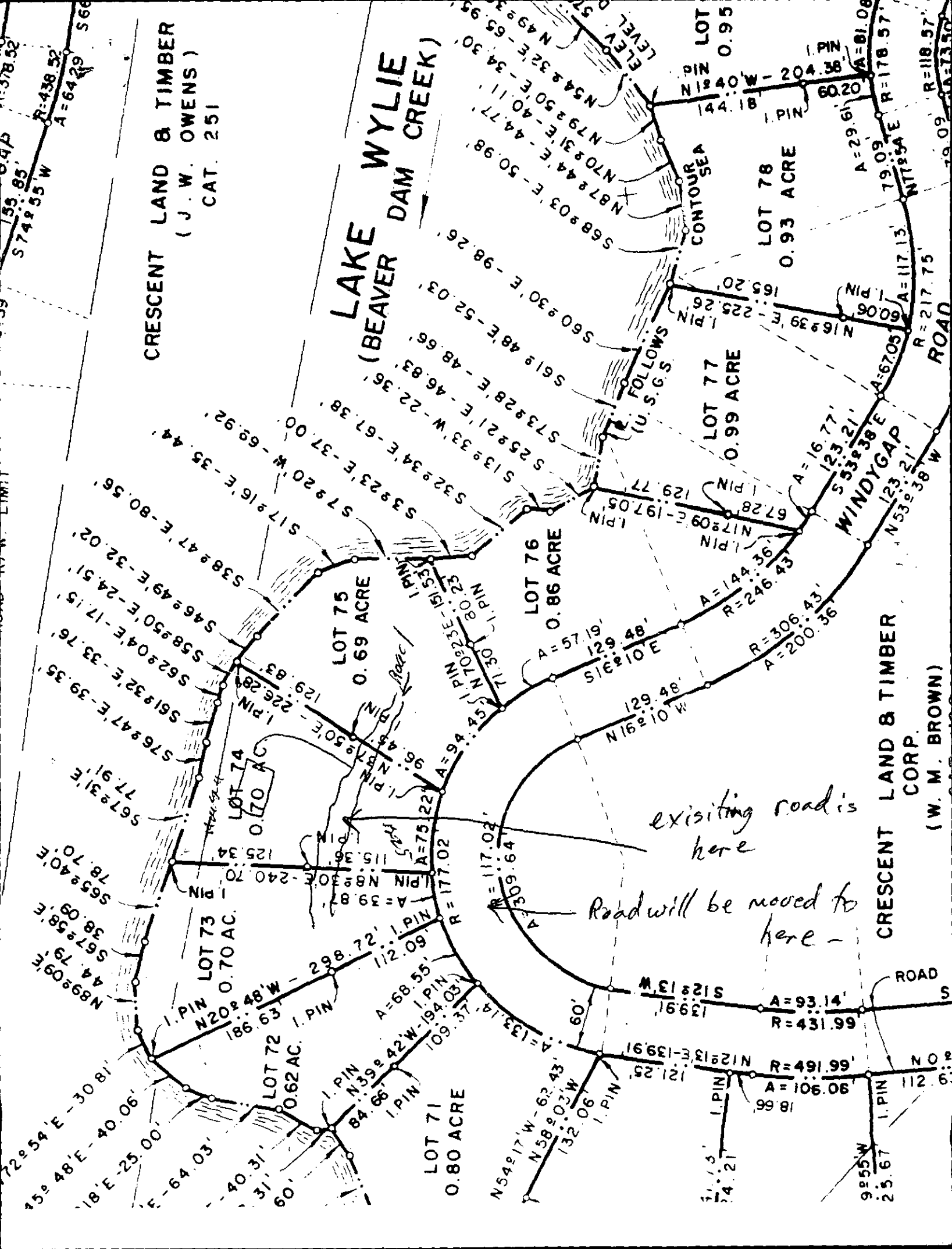
Date: 8-3-89



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = *Provisionally* Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 6-20%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U. 736"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Cecil-Like					
Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U


LAKE WYLIE
(BEAVER DAM CREEK)
CRESCENT LAND & TIMBER
(J. W. OWENS)
CAT. 251
CONTOUR
SEA LEVEL
LOT 78
0.93 ACRE
LOT 77
0.99 ACRE
LOT 76
0.86 ACRE
LOT 75
0.69 ACRE
LOT 74
0.70 AC.
LOT 73
0.70 AC.
LOT 72
0.62 AC.
LOT 71
0.80 ACRE
FOLLOWS
U.S.G.S.
WINDYGAP
ROAD
CRESCENT LAND & TIMBER
CORP.
(W. M. BROWN)
existing road is here
Road will be moved to here
I PIN
N 1° 40' W - 204.38'
144.18
60.20
A=81.08
R=178.57'
A=29.61
79.09
N 11° 54' E
A=117.13'
R=217.75'
ROAD
A=67.05
N 16° 39' E - 225.26'
165.20'
60.06
A=16.77'
123.21'
S 53° 38' E
N 53° 38' W
129.77'
N 17° 09' E - 197.05'
67.28'
A=144.36'
R=246.43'
S 16° 10' E
A=57.19'
129.48'
R=306.43'
A=200.36'
N 16° 10' W
A=94.45'
R=177.02'
A=75.22'
A=39.87'
N 8° 30' E - 240.70'
125.34'
115.36'
N 7° 50' E
96.48'
N 70° 25' E - 151.23'
80.00'
A=133.14'
R=491.99'
A=106.06'
N 12° 13' E - 139.91'
121.25'
S 12° 13' W
139.91'
A=93.14'
R=431.99'
N 20° 48' W - 298.72'
186.63'
112.09'
A=68.55'
109.37'
N 39° 42' W - 194.03'
84.66'
N 58° 03' W
132.06'
N 54° 17' W - 62.43'
S 74° 55' W
R=438.32'
A=64.29
S 72° 54' E - 30.81'
S 35° 48' E - 40.06'
S 18° E - 25.00'
S 64.03'
40.31'
60'
S 68° 32' E - 59.93'
N 54° 32' E - 34.30'
N 79° 50' E - 40.11'
N 70° 31' E - 44.77'
N 87° 44' E - 50.98'
S 88° 03' E - 98.26'
S 60° 30' E - 52.03'
S 61° 48' E - 48.66'
S 73° 28' E - 46.83'
S 25° 21' W - 22.36'
S 13° 33' E - 67.38'
S 32° 34' E - 37.00'
S 39° 23' E - 35.44'
S 79° 20' W - 69.92'
S 17° 16' E - 80.56'
S 38° 47' E - 32.02'
S 46° 49' E - 24.51'
S 58° 50' E - 17.15'
S 62° 04' E - 33.76'
S 61° 32' E - 39.35'
S 76° 47' E - 77.91'
S 67° 31' E
S 65° 40' E - 78.70'
S 67° 58' E - 38.09'
N 89° 09' E - 44.79'
S 72° 54' E - 30.81'
S 35° 48' E - 40.06'
S 18° E - 25.00'
S 64.03'
40.31'
60'
N 54° 17' W - 62.43'
N 58° 03' W
132.06'
I PIN
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N 1° 40' W - 204.38'
144.18
60.20
A=81.08
R=118.57'
S 74° 55' W
R=438.32'
A=64.29

Mecklenburg County Environmental Health Dept.
1200 Blythe Blvd.

To Whom It May Concern:

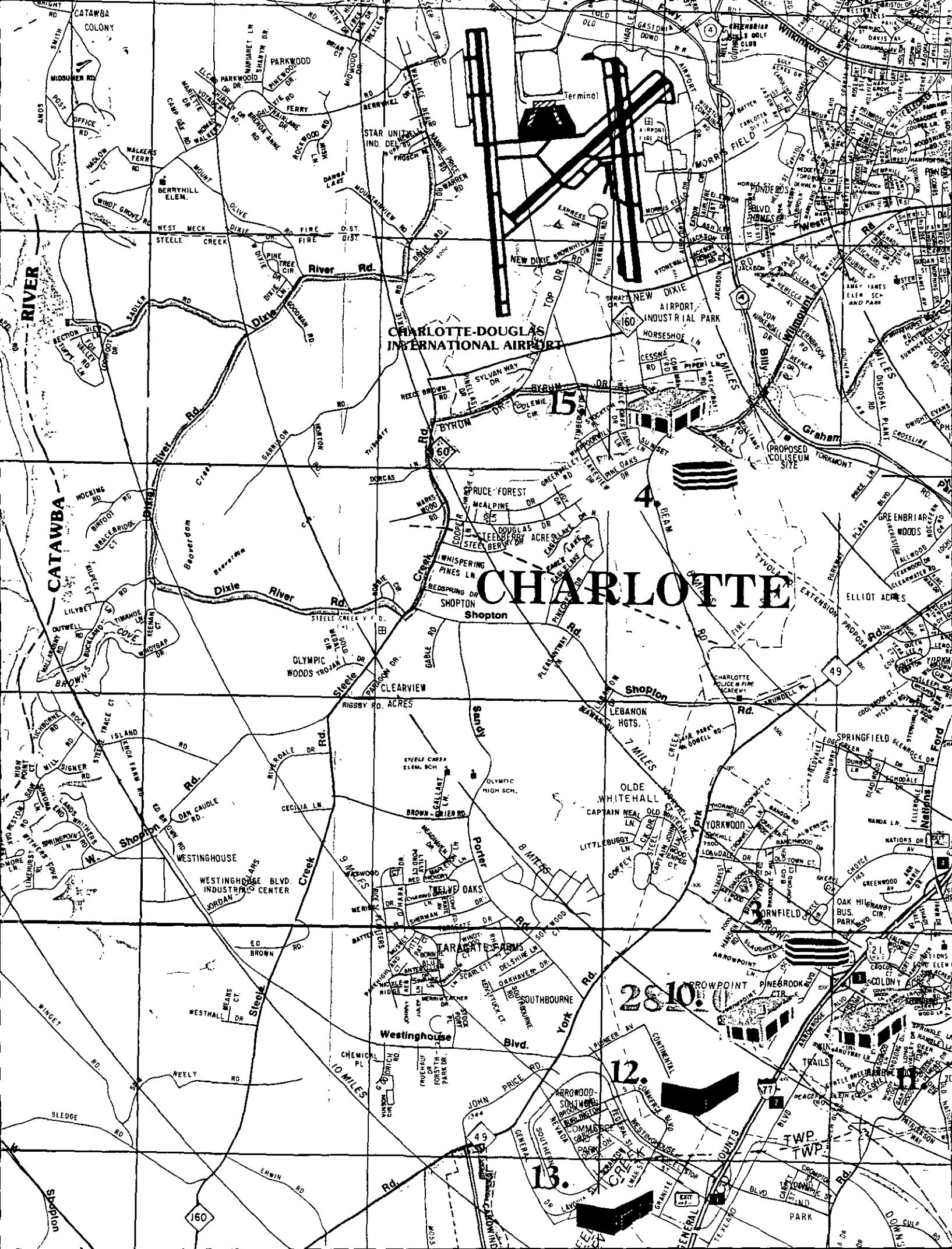
I would appreciate it, if you would give me a call when you get ready to go out and walk this lot.

My #'s are listed below -

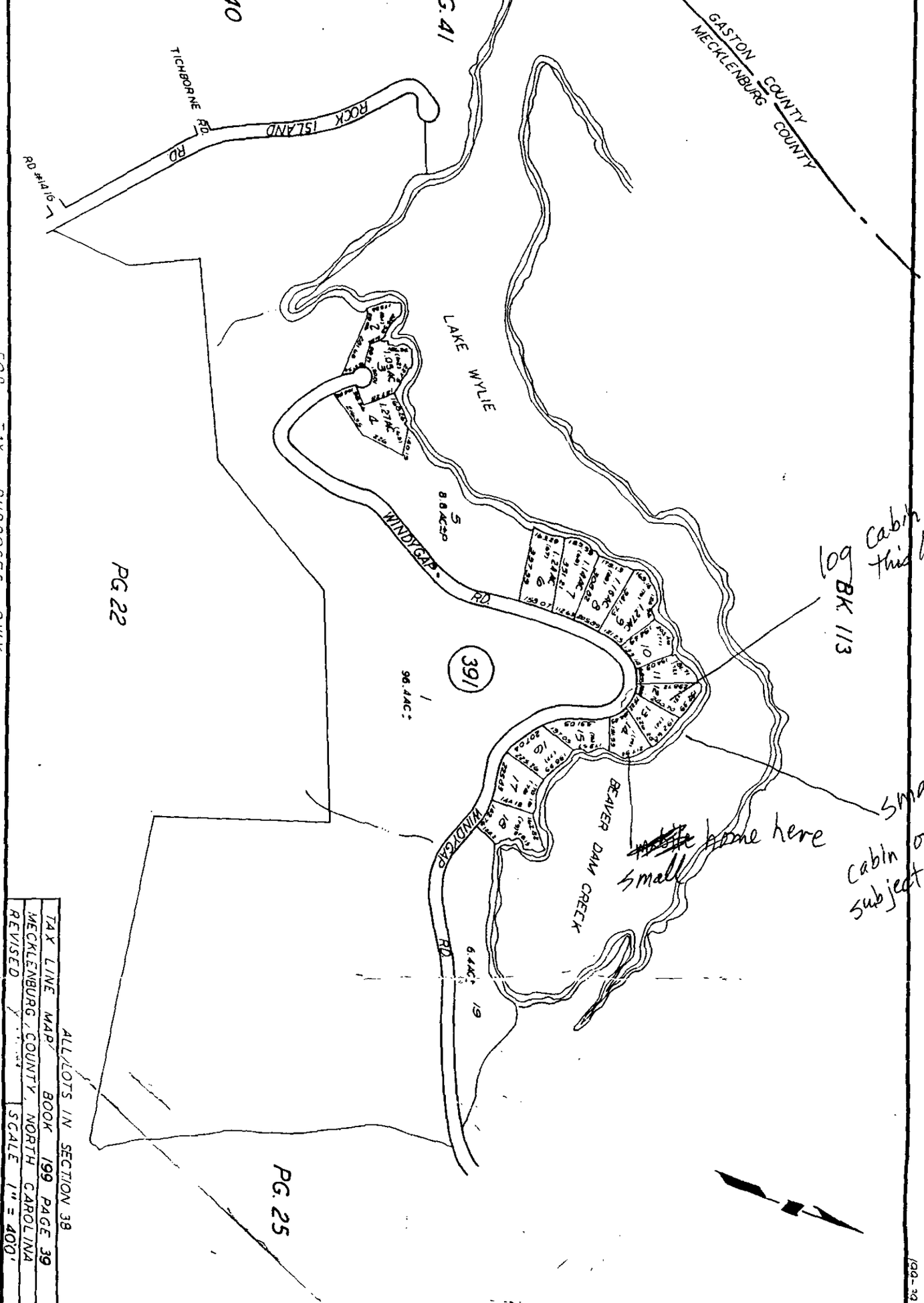
Thanks,

Sandy Auten

office 335-1000
home 532-6006
mobile 534-7798


CHARLOTTE
CHARLOTTE-DOUGLAS INTERNATIONAL AIRPORT
Terminal
MORRIS FIELD
NEW DIXIE AIRPORT INDUSTRIAL PARK
PROPOSED COLISEUM SITE
CATAWBA COLONY
PARKWOOD
BERRYHILL ELEM.
STAR UNITED IND. DEL.
STEELE CREEK
WEST MECK FIRE DIST.
CATAWBA RIVER
Dixie River Rd.
Beaverdam Creek
SADDLER RD
GOODMAN RD
GARRISON RD
TYVOLA RD
BYRUM DR
SYLVAN WAY DR
SPRUCE FOREST
McALPINE DR
DOUGLAS DR
TEEBERRY ACRES
WHISPERING PINES LN
REDSPRING DR
SHOPTON
Shopton Rd.
OLYMPIC WOODS TROJAN DR
CLEARVIEW
RIGSBY RD. ACRES
LEBANON HGTS.
SPRINGFIELD
OLDE WHITEHALL
CAPTAIN NEAL LN.
YORKWOOD
OAK HIGHLANDS BUS. PARK BLVD. CIR.
CORNFIELD
COLONY ACRES
PINEBROOK BLVD
TRAILS
ELLIOT ACRES
GREENBRIAR WOODS
WESTINGHOUSE
WESTINGHOUSE BLVD. INDUSTRIAL CENTER
TWELVE OAKS
TARAGATE FARMS
SOUTHBOURNE
Westinghouse Blvd.
ARROWOOD-SOUTHWOOD
COMMERCE PARK
OLYMPIC HIGH SCH.
STEELE CREEK ELEM. SCH
CHARLOTTE POLICE & FIRE ACADEMY
PROPOSED
Graham
York
Sandy Porter
Steele
Billy Wilmington
Wilkinson
5 MILES
7 MILES
8 MILES
9 MILES
10 MILES
12.
13.
28
49
160
77
2
3
4
5
15
21

There is existing road running across the property - This road will be closed off and the new state maintained road will be built ~~across~~ adjoining the back of the lot



ALL LOTS IN SECTION 38

TAX LINE MAP BOOK 199 PAGE 39

MECKLENBURG COUNTY, NORTH CAROLINA

REVISED

SCALE 1" = 400'

199-39

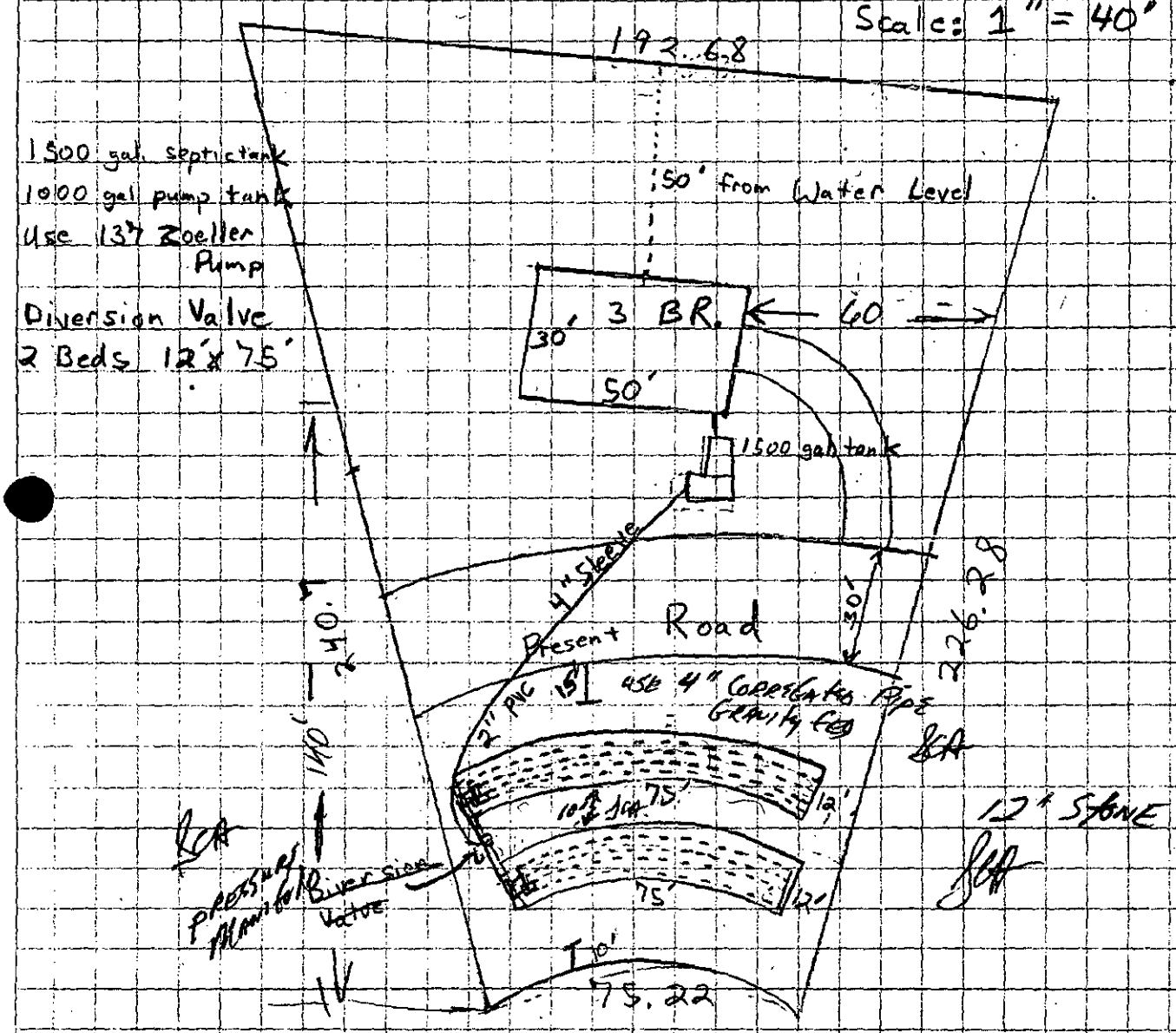
PROPOSED PLOT PLAN

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5942A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Sandy Auten
Lot 74

Signed: Richard P. Williams

Date: 8/14/89

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

August 3rd, 1989

Attn: Sandy C. Auten
Mary B. Sparrow
2219 Maplecrest Drive
Charlotte, NC 28212

RE: Property located at Windy Gap Road
FILE: 5942A
PARCEL: 19939113

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 12153) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

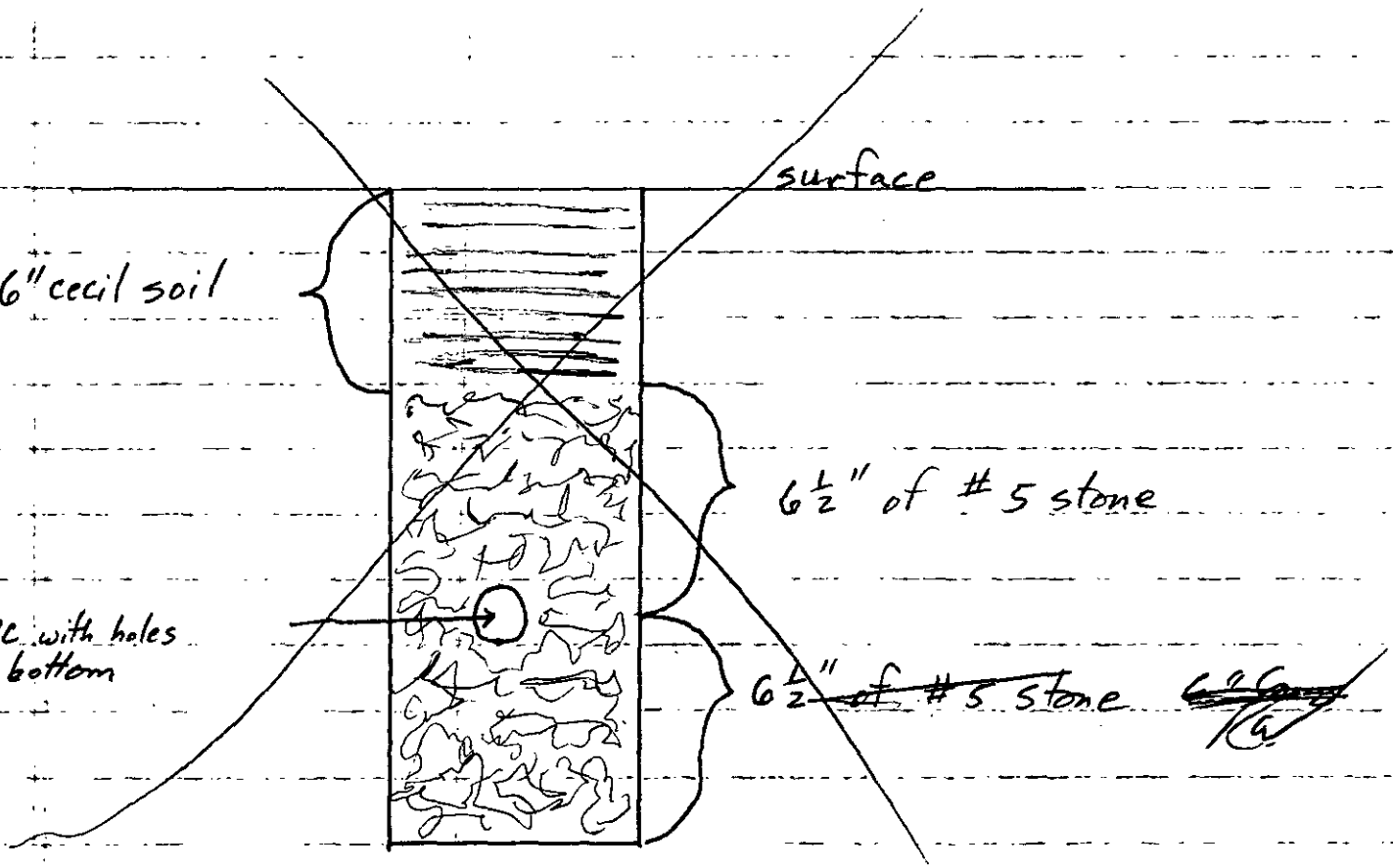
Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply
Environmental Health Division

Enclosure (2)

1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

File 5942 A



Sandy C. Auten
8/15/89

DATE: 8/8/89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 199-391-13

ASSIGNED ADDRESS 9424 Windygap Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☐
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Rudy

OPWEAR 02/86

POWER OF ATTORNEY

I, Mary B. Sparrow, give Sandy C. Auten, full power of attorney to sign all documents concerning soil test by Mecklenburg County Environmental Health Department. The tests are to be done on tax parcel #199-391-13, lot on Windy Gap Road in Mecklenburg County.

Mary B. Sparrow
Mary B. Sparrow Date

Mary B. Sparrow personally appeared before me -

Margaret B. Keeter Notary Public
date 7-29-89

My commission expires 9-14-92

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5948A ~~5948A~~

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Windy Gap Rd. Map 18 page 58

② SUBDIVISION: on Lake Wylie tax code 199-391-13 ③ LOT: 74 ④ ~~BLOCK~~ Section: 38

⑤ PARCEL REFERENCE: BOOK NO.: 199 PAGE NO.: 39 PARCEL NO.: 13

⑥ DEED REFERENCE: BOOK NO.: 3973 PAGE NO.: 0091

OWNER

⑦ NAME: ~~[redacted]~~ Sandy (FIRST) Charles (MIDDLE) Auten (LAST) and Mary B. Sparrow

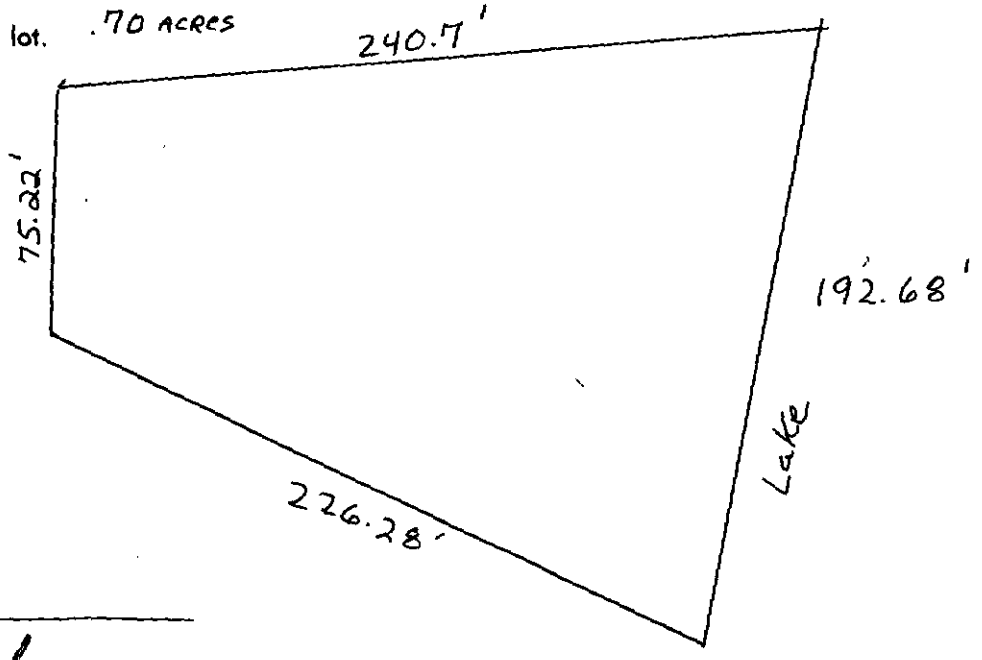
⑧ MAILING ADDRESS: 2219 Maplecrest Drive

⑨ CITY: Charlotte ⑩ STATE: N.C ⑪ ZIP: 28212

⑫ PHONE: (WORK) 335-1000 (HOME) 532-6006 mobile 534-7798

⑬ Accurately diagram and dimension lot. .70 acres

1" = 60' Appx



white flagging on corner pins & soil test sign up

existing Septic tank will be marked

⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Sandy C. Auten power of attorney for Mary B. Sparrow

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

Date: 7/28/89

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

DEED BOOK PAGE

3973 0091

STATE OF NORTH CAROLINA }
COUNTY OF MECKLENBURG }

PRESENTED FOR REGISTRATION
'77 Aug 4 AM 11:25?
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

17

THIS DEED, made this 15th day of July, 1977, from CRESCENT LAND & TIMBER CORP., a corporation organized under the laws of the State of South Carolina, hereinafter called "Grantor", to

C. K. CATHEY and C. B. SPARROW

hereinafter called "Grantee" (whether one or more, individual or corporation);

WITNESSETH:

That the said Grantor in consideration of the sum of Ten ($10.00) Dollars and other good and valuable consideration to it paid, the receipt of which is hereby acknowledged, has bargained and sold and by these presents does grant, bargain, sell and convey unto the said Grantee and Grantee's heirs, successors and assigns, all of that certain tract of land situate, lying and being in Mecklenburg County, State of North Carolina, said land being more particularly described as follows:

BEING Lot 74 in Section 38, as shown on map recorded in Map Book 18 at page 58 in the office of the Register of Deeds for Mecklenburg County AND BEING a part of the property conveyed to Crescent Land & Timber Corp. by deed of Duke Power Company recorded in Book 3146 at page 165 in the office of the Register of Deeds for said County.

This conveyance is made subject to the following easements, reservations, conditions and restrictions:

1. That said lot shall be used only for single family recreation and/or single family residence purposes;

2. That not more than one private single family residential dwelling, together with accessory buildings and facilities normally incident to a private single family residential home site shall be constructed upon the said lot;

3. Said lot shall not be used for business, commercial, industrial, condominium, apartment or other multi-family residential uses;

4. Subdivision of the land conveyed by this deed into two or more lots is expressly prohibited except where:

A. Every lot resulting from such subdivision shall contain at least 30,000 square feet in area; and

B. Every lot resulting from such subdivision, if any part of any boundary line of that lot is within one hundred fifty (150') feet distance from one of the Catawba River lakes, shall have a lake or water front width of seventy-five (75') feet or more. The lake or water front width shall be measured on a straight line between the two points at which the side lines of said lot intersect with Duke Power Company's lake property;

5. No part of any building shall be constructed nearer than ten (10') feet from any lot line or nearer than fifty (50') feet from the contour shown on the aforesaid map; provided, however, existing buildings located on the land conveyed hereby may remain where they are;

6. No trucks, trailers or other vehicles (other than permanently installed mobile homes) shall be placed upon said lot and used as a building;

3973 0092

DEED BOOK PAGE

July 28, 1989

Mr. Bill Marlin
Mecklenburg County Environmental
Health Department
1200 Blythe Boulevard
Charlotte, NC 28203

Dear Mr. Marlin:

Please send all correspondence concerning the application for soil analysis for my septic tank installation on my Windy Gap Road lot (tax code #199-391-13) to Sandy C. Auten at 2219 Maplecrest Drive, Charlotte, NC 28212. Mr. Auten will be paying for this service, and, by my signature on the application, I have authorized your department to do the analysis and have given Mr. Auten permission to handle this.

Thank you for your help in this matter.

Sincerely,

Mary B. Sparrow

Mary B. Sparrow

MBS/tjd

Mary B. Sparrow personally appeared before me.
Margaret B. Keeter - Notary Public date 9-29-89

My commission expires 9-14-92

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 5942A
TC: _____
SERIAL: № 18965 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9424 (STREET NO.) Windygap (STREET) Road ② FILE: 5942 A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 199-391-13
⑤ SUBDIVISION: Lake Wylie ⑥ LOT: 74 ⑦ BLOCK: Section 38

OWNER

⑧ NAME: SANDY (FIRST) CHARLES (MIDDLE) AUTEN (LAST)
⑨ MAILING ADDRESS: 2219 Maplecrest Drive
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: _____
⑬ PHONE: (WORK) 335-1000 ⑭ (HOME) 532-6006

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☒ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type? _____
㉓ Maximum occupancy? 4
㉖ Maximum number of employees? _____
㉔ Basement? ☒ yes ☐ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____
Date: 8/15/09

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:
... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.
... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist _____ Date _____

Director or Authorized Section Head _____ Date _____

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.