Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) V. W 2/12/15 Initials/Date

CA ($200.00) LE 7/15/15 Initials/Date

OP ($200.00) LE 10/30/15 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 _____ Initials/Date

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

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

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☑ Signature received. ☑ LE

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

Certified operator contract is on file. ☐ _____

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 911aB WASPS App #: 7301

Primary ES assigned to project: Jeremy Michelone

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: 6			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.3	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 ☐
	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: 10/21/15

OP issued date: 10/21/15

Review performed by: JAM Date performed: _____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/30/15	**Amount:**	200.00
Receipt #:	96583	**Tendered:**	200.00
Check / Auth #:	MC 01325B	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: PROKOPENKO, MARGARET
Attn:
Address: 15115 NORMAN VIEW LN
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 7501 BABE STILLWELL FARM RD		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
150.00	70.00				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/12/15	**Amount:**	250.00
Receipt #:	92773	**Tendered:**	250.00
Check / Auth #:	CHECK 4985	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: PROKOPENKO, MARGARET B.
Attn:
Address: 231 HISTORIC DRIVE
Address:
City/State/Zip: MOUNT PLEASANT, SC 29464

em	Description	Permit#	Quantity	Unit Price	Total Price
701	Improvment Permit App-Residen 7501 BABE STILLWELL FARM ROAD		1	250.00	250.00

Outstanding Balances

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/15/15	**Amount:**	200.00
Receipt #:	95402	**Tendered:**	200.00
Check / Auth #:	VISA 03169C	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: PROKOPENKO,ANDRIY
Attn:
Address: 15116 NORMAN VIEW LN
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 7501 BABE STILLWELL FARM RD		1	200.00	200.00

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

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

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
ANDRIY PROKOPENKO

Bill To:

ANDRIY PROKOPENKO
15116 NORMAN VIEW LN

Huntersville, NC 28078

Single Payment

Transaction Date:	07/15/2015 5:28 AM Pacific Time
Pay Method:	VISA **********4748
Approval #:	03169C
Trace Number:	846b3297-f9ed-4ed3-b172-e9a287d70a9a
Amount:	$200.00

Payment Amount:	$200.00
Total:	**$200.00**

Thank you for your payment.

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
MARGARET PROKOPENKO

Bill To:

MARGARET PROKOPENKO
15115 NORMAN VIEW LN

Huntersville, NC 28078

Single Payment

Transaction Date: 10/30/2015 7:25 AM Pacific Time
Pay Method: [redacted] **********5903
Approval #: 013258
Trace Number: 13d98b48-56a5-4eb6-8627-31a38984ed4e
Amount: $200.00

Payment Amount: $200.00

Total: $200.00

Thank you for your payment.

9110B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APP# 7301

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: 09-15-140
STREET ADDRESS: 7501 Babe Stillwell Farm Road
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: N/A
LOT #: N/A LOT SIZE (acres): 1.32

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: 2,400- 3,000
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3

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: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

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 ☑ INNOVATIVE ☑ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** 1 2 3 4 5

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?** _____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 3/13/15 ☐ N/A

12. **PROPERTY OWNER:**

NAME: James Illing
ADDRESS: 7305 Windalier e. Dr.
CITY: Cornelius
STATE: NC ZIP: 28031
WORK PHONE: 704-655-7943
MOBILE PHONE: 980-322-3652
FAX: _____
E-MAIL: jimilling@aol.com
megpro@me.com

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

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

J. Presley

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.

JEL (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.

James E Illing
Property Owner's or Owner's Legal Representative Signature

2/13/15
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ⊙ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ 250.00 DATE FEE RECEIVED: 2/12/15

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

APPLICATION PROCESSED BY: BA

GWS FILE NUMBER ASSIGNED: 9110B

APPLICATION ID NUMBER ASSIGNED: 7301

COMMENTS:

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

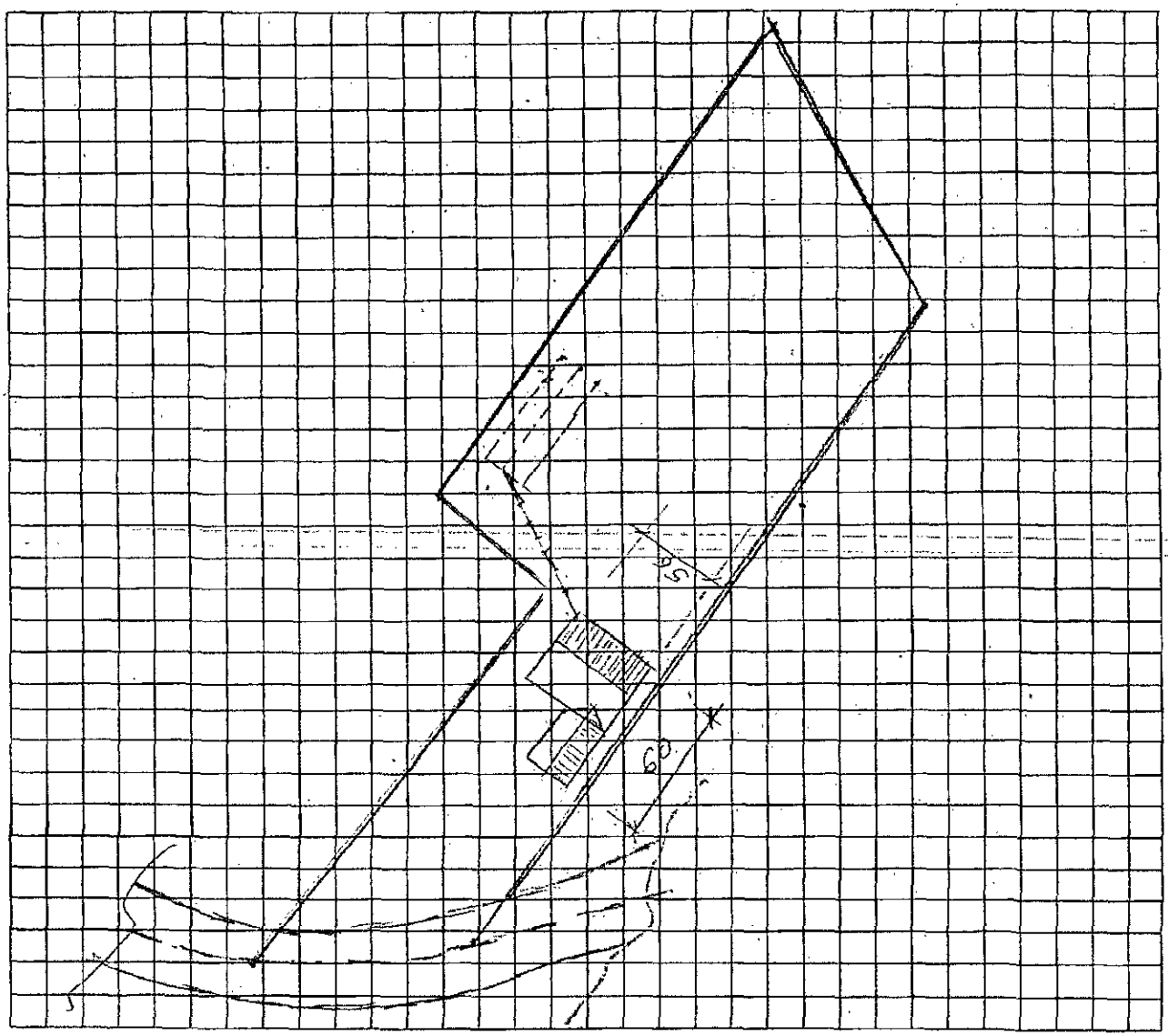
File #: _____

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: 7501 Babe Stillwell Farm Road Tax Parcel #: 09-15-140

Subdivision Name: N/A Lot #: N/A



James E Illung
Property Owner's or Owner's Legal Representative Signature

2/13/15
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: 009-151-40
Lot #: NA
File #: 9110B
AppID: 7301

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: James Illing
Address: 7305 Windaliere Dr, Cornelius, NC 28031
Proposed Facility: 4 Bedroom House
Design Flow (.1949): 480 GPD
Location: 7501 Babe Stillwell Farm Rd, Huntersville, NC 28078
Water Supply: [X] Public [X] Individual [ ] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: owner
Date Evaluated: 2/25/2015
Property Size: 1.32 ac
Property Recorded: Unknown
[ ] Spring [ ] Other
[ ] Cut
[ ] 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 - 7	wfsbk SCL	SS SP FR SEXP	>50"	50	NA	NA		PS IV 0.3	36"
		7 - 40	mfsbk C	S P FI SEXP							
		40 - 50	mfsbk CL	SS SP FR SEXP							
Boring #2	LS 4%	0 - 8	wfsbk SCL	SS SP FR SEXP	>49"	49	NA	NA		PS IV 0.3	36"
		8 - 35	mfsbk C	S P FI SEXP							
		35 - 49	wfsbk CL	SS SP FR SEXP							
Boring #3	LS 3%	0 - 42	mfsbk C	S P FI SEXP	>50"	50	NA	NA		PS IV 0.3	36"
		42 - 50	mfsbk CL	SS SP FR SEXP							
Boring #4	LS 3%	0 - 40	mfsbk C	S P FI SEXP	>50"	50	NA	NA		PS IV 0.3	36"
		40 - 50	mfsbk CL	SS SP FR SEXP							
Boring #5	LS 3%	0 - 10	wfsbk SCL	SS SP FR SEXP	>49"	49	NA	NA		PS IV 0.3	36"
		10 - 35	mfsbk C	S P FI SEXP							
		35 - 49	wfsbk CL	SS SP FR SEXP							
Boring #6	LS 3%	0 - 5	wfsbk SCL	SS SP FR SEXP	>49"	49	NA	NA		PS IV 0.3	36"
		5 - 36	mfsbk C	S P FI SEXP							
		36 - 49	wfsbk CL	SS SP FR SEXP							

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

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

COMMENTS:

Sheet: 2 of 2
File #: 9110B
AppID: 7301

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		CL-Clay Loam		Sap-Saprolite
FP-Flood Plain		SCL-Sandy Clay Loam		**Structure Prefixes**
D-Drainage Way		SiL-Silt Loam		w-weak
				m-moderate
				s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

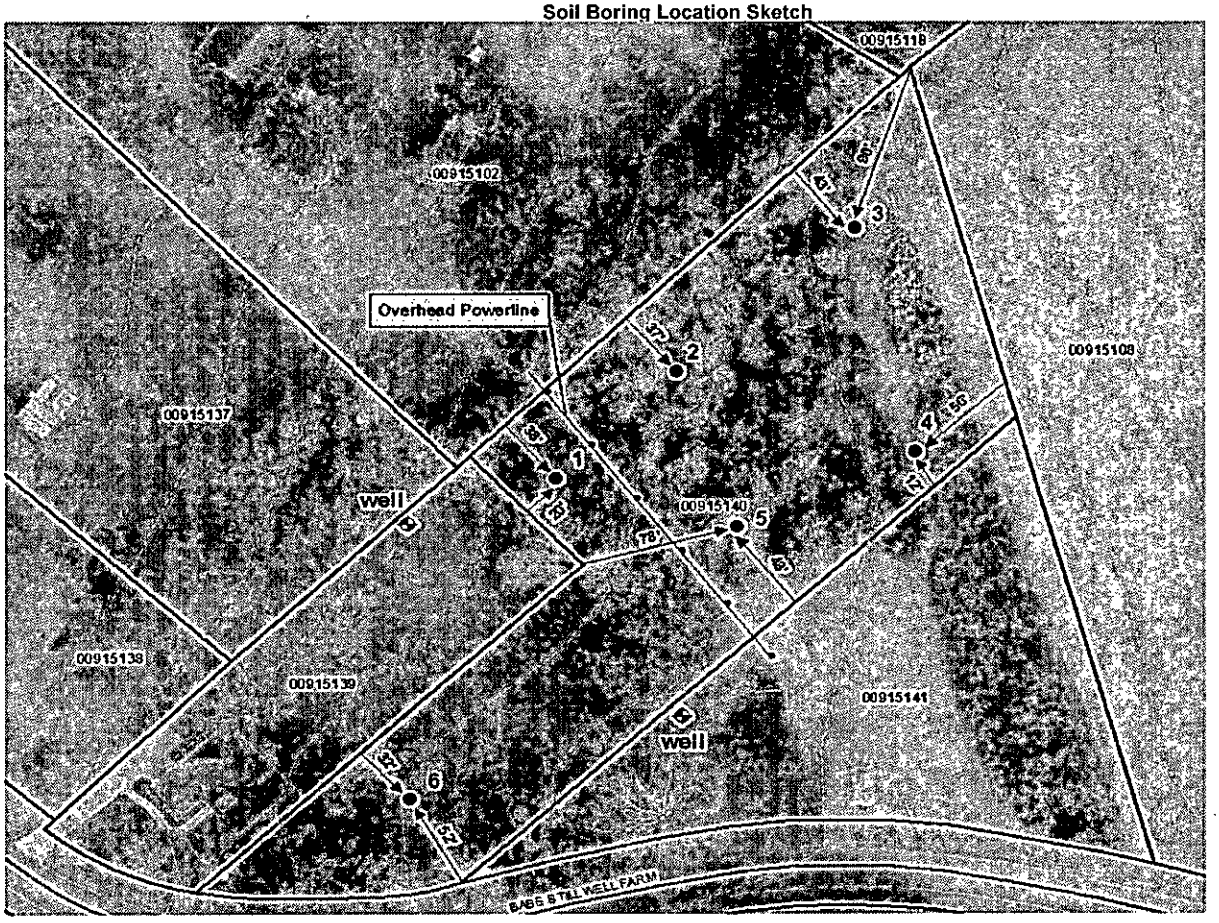
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Classification
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

Soil Boring Location Sketch



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

Sheet: 1 of 2
Property ID: 009-151-40
Lot #: NA
File #: 9110B
AppID: 7301

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

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Water Supply: [X] Public [X] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: owner
Date Evaluated: 2/25/2015
Property Size: 1.32 ac
Property Recorded: Unknown

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
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Boring #5	LS 3%	0 - 10	wfsbk SCL	SS SP FR SEXP	>49"	49	NA	NA		PS IV 0.3	36"
		10 - 35	mfsbk C	S P FI SEXP							
		35 - 49	wfsbk CL	SS SP FR SEXP							
Boring #6	LS 3%	0 - 5	wfsbk SCL	SS SP FR SEXP	>49"	49	NA	NA		PS IV 0.3	36"
		5 - 36	mfsbk C	S P FI SEXP							
		36 - 49	wfsbk CL	SS SP FR SEXP							

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

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

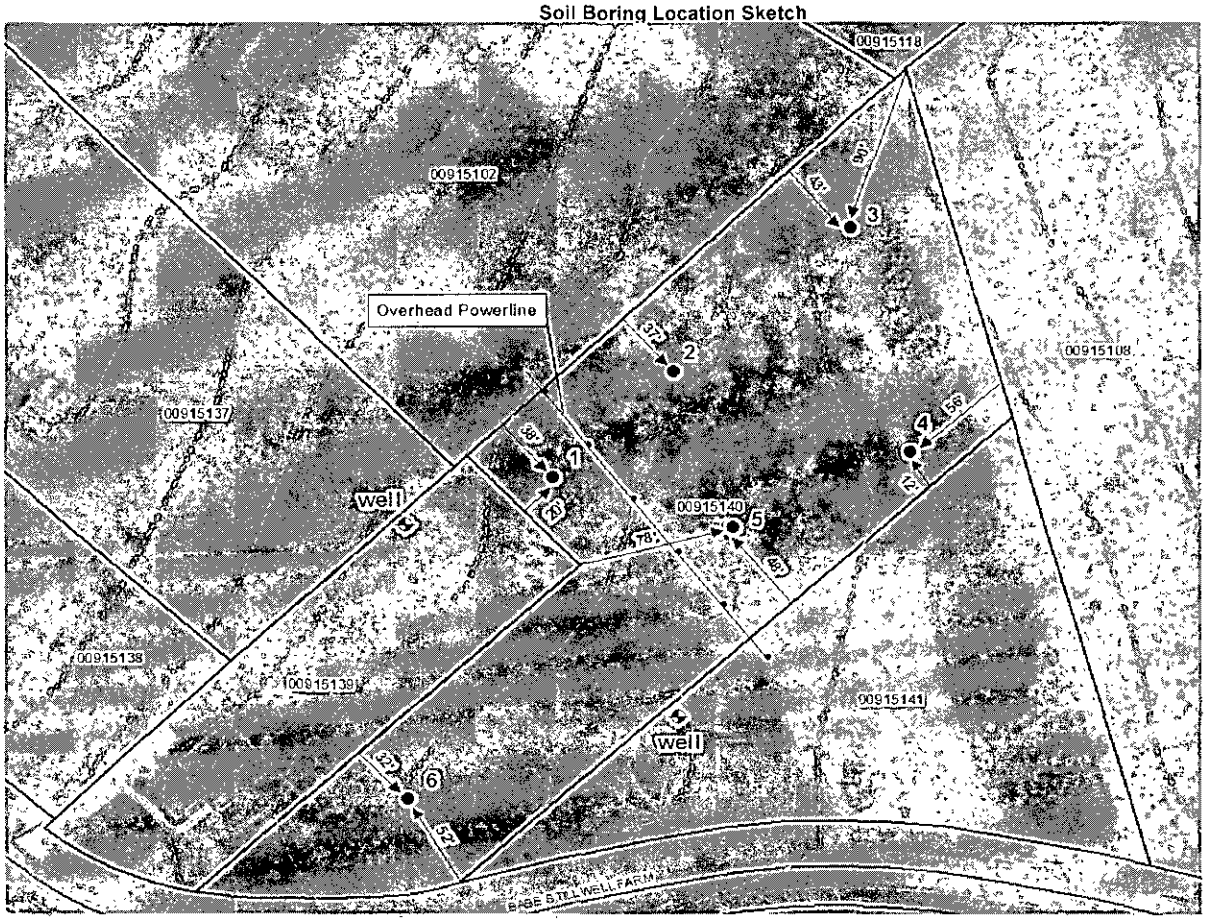
Sheet: 2 of 2
File #: 9110B
AppID: 7301

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
				m-moderate
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

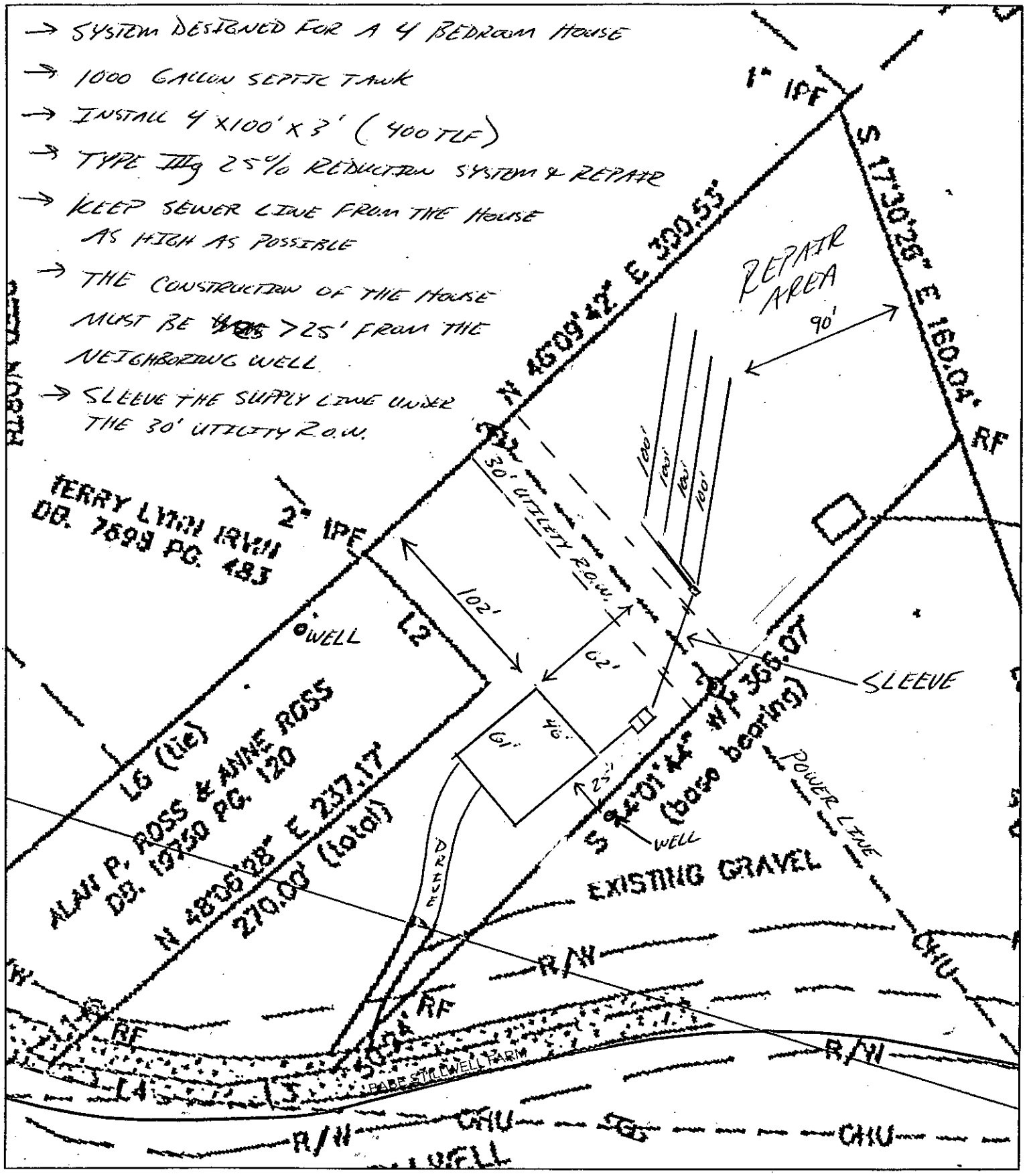
Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	*US-Unsuitable*
	P-Plastic	PS-Provisionally Suitable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

Soil Boring Location Sketch



PID: 009-151-40
FILE #: 9110B
APP ID: 7301

Improvement Permit Sketch 7501 BABE STILLWELL FARM ROAD



Drawn By: Jeremy Michelone
Date: 3/20/15

0 30 60 Feet



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 #: 30007301 GWS File #: 9110B Tax Parcel #: 009-151-40

- 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):** 3/12/2020

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

Structure Type: HOUSE Size (ft^2): 3000 # Bedrooms: 4 # Occupants: 3

Building Foundation: Concrete Slab Water Supply: Municipal

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Accepted **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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 Michelone Owner/Legal Agent: Andrey Poskopenko
Print Name

Signature: Jeremy Michelone Signature:

Date Issued: 3/12/2015

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 #: 30007301 GWS File #: 9110B

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.

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 Michelone Owner/Legal Agent: Andriy Prokopenko
Print Name

Signature: Jeremy Michelone, REHS Signature:

Date Issued: 3/12/2015

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 #: **30007301** GWS File #: **9110B** Tax Parcel #: **009-151-40**

- 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):** 3/12/2020

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

Structure Type: HOUSE Size (ft^2): 3000 # Bedrooms: 4 # Occupants: 3

Building Foundation: Concrete Slab Water Supply: Municipal

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A		
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400		
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box				

III. Repair System Type: Accepted **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A		
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400		
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box				

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:

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: _____

Date Issued: 3/12/2015

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30007301** GWS File #: **9110B**

IV. Permit Conditions/Comments:

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- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
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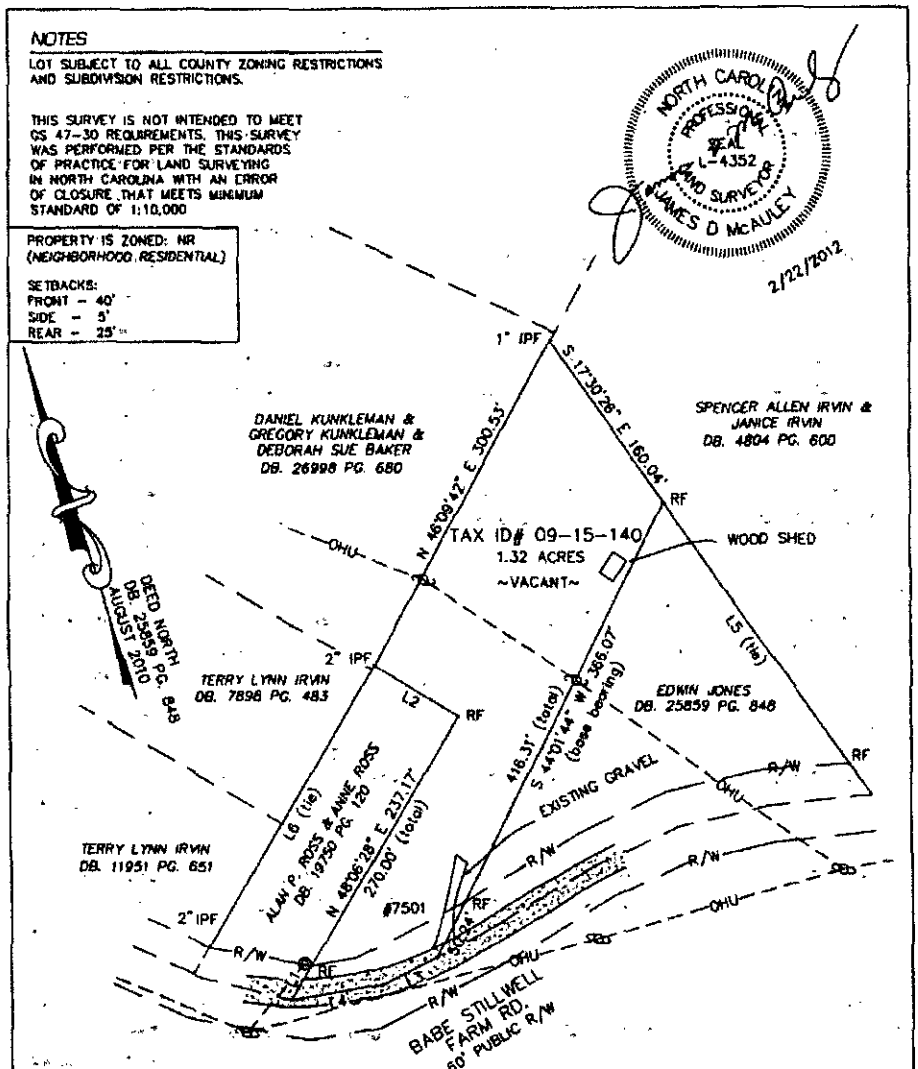
- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent:_____
Print Name

Signature: Jeremy Michelone Signature:_____

Date Issued: 3/12/2015

Current Survey



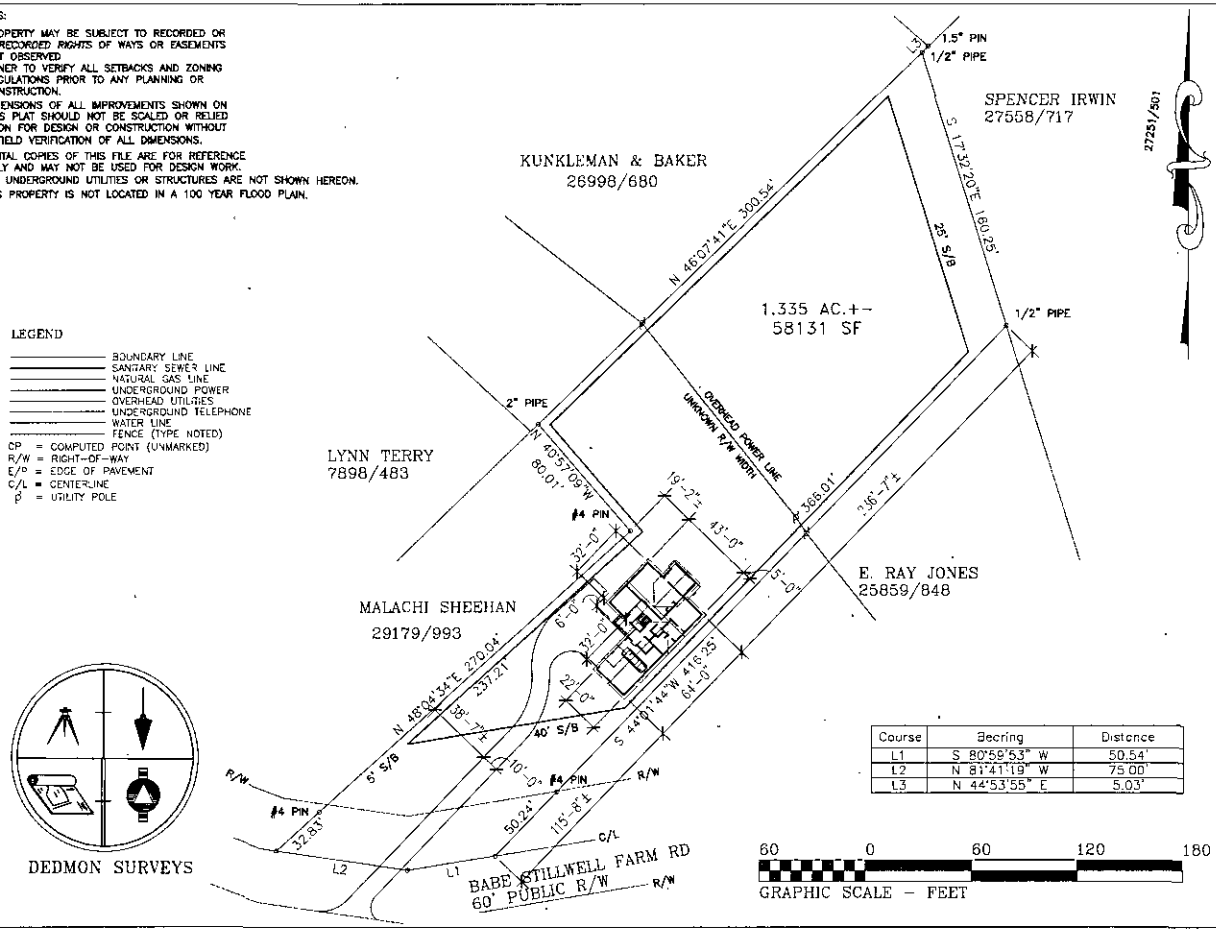
NOTES:

- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
- ALL UNDERGROUND UTILITIES OR STRUCTURES ARE NOT SHOWN HEREON.
- THIS PROPERTY IS NOT LOCATED IN A 100 YEAR FLOOD PLAIN.

LEGEND

- BOUNDARY LINE
- SANITARY SEWER LINE
- NATURAL GAS LINE
- UNDERGROUND POWER
- OVERHEAD UTILITIES
- UNDERGROUND TELEPHONE
- WATER LINE
- FENCE (TYPE NOTED)

CP = COMPUTED POINT (UNMARKED)
R/W = RIGHT-OF-WAY
E/P = EDGE OF PAVEMENT
C/L = CENTERLINE
ø = UTILITY POLE



Course	Bearing	Distance
L1	S 80°59'53" W	50.54'
L2	N 81°41'19" W	75.00'
L3	N 44°53'55" E	5.03'

DEDMON SURVEYS

PHYSICAL SURVEY
FOR
ANDRIY & MARGARET PROKOPENKO

PARCEL ID 00915140

7501 BABE STILLWELL FARM RD, HUNTERSVILLE NC

LEMLEY TOWNSHIP - MECKLENBURG COUNTY
SCALE: 1" = 60' DATE 3-20-15

DEDMON SURVEYS
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM

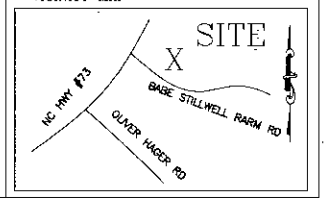
NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR DAVID C. POOVEY

I, DAVID C. POOVEY, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 27251, PG 501)(PB , PG ; THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 20 DAY OF MARCH, AD 2015.

PROFESSIONAL LAND SURVEYOR — L-3762 LICENSE NO.

SURV. BY: JF	DRAWN: CP	JOB# BABE2

VICINITY MAP



ALTENBACH DESIGN, LLC
Residential Design Services
Hans Altenbach, Designer
2029 Pierce Street
Daniel Island, Sc 29492
Phone-(843) 557-7973
hansalt94@gmail.com

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PROKOPENKO RESIDENCE
7501 BABE STILLWELL FARM RD
HUNTERSVILLE, NC
MECKLENBURG COUNTY

GENERAL NOTES

1. BUILDER IS RESPONSIBLE FOR ALL WORK MEETING THE REQUIREMENTS OF ALL GOVERNING AGENCIES
2. BUILDER MUST VERIFY ALL MATERIALS AND MANNER OF INSTALLATION MEET ALL APPLICABLE CODE REQUIREMENTS, WARRANTY COVERAGE & INDUSTRY STANDARDS PRIOR TO IMPLEMENTATION. BUILDER MUST REQUIRE SUPPLY REPRESENTATIVES TO VERIFY & PROVIDE APPROPRIATE MATERIALS FOR PURCHASE WITH FULL GUIDANCE FOR INSTALLATION INCLUSIVE OF ROUGH OPENING DIMENSIONS, SEQUENCE, ETC PER SELECTED MANUF. SPECS, WARRANTY & INDUSTRY STANDARDS. BUILDER MUST APPROVE SUPPLY REPS DETAILED MATERIALS SCHEDULES WITH CONSIDERATION OF ALL CONSTRUCTION DOCUMENTS & PLANNED SITE CONDITIONS
3. BUILDER IS RESPONSIBLE FOR ADHERING TO IRC 2012 AND ANY OTHER APPLICABLE GOVERNING CODES, REGULATIONS OR ENTITIES, EVEN IF OMISSIONS OR ERRORS OCCUR IN DRAWINGS.
4. BUILDER SHOULD ENSURE NEW CONSTRUCTION COMPLIES WITH ALL APPLICABLE REQUIREMENTS FOR LOT. COORDINATION WITH SURVEYOR, INCLUSIVE OF RESPONSIBILITY FOR STAKE OUT, IS REQUIRED.
5. BUILDER IS RESPONSIBLE FOR CAREFULLY REVIEWING AND REPORTING ANY AMBIGUOUS, INCORRECT, OMITTED OR INCONSISTENT INFORMATION DEPICTED ON THE DRAWINGS PRIOR TO PURCHASING MATERIALS & BEGINNING CONSTRUCTION SO THAT DESIGNER MAY CLARIFY OBJECTIVE. DESIGNER WILL MAKE HIMSELF AVAILABLE TO BUILDER TO REVIEW DRAWINGS AND ANSWER ANY QUESTIONS OR CONCERNS. DESIGNER IS NOT FINANCIALLY RESPONSIBLE FOR ANY ERRORS IN THE PLANS. PLAN PURCHASER & IST INSPECT PRODUCT PRIOR TO IMPLEMENTATION. BUILDER IS RESPONSIBLE FOR ALL DETAILS OF CONSTRUCTION THAT MAY OR MAY NOT BE PRESENTED IN THESE PLANS. DRAWINGS ARE A GUIDE, AND NOT COMPREHENSIVE OF EVERY POSSIBLE DETAIL. NO SINGLE DOCUMENT SHOULD BE USED BY ITSELF IN THE COURSE OF CONSTRUCTION. PROVIDE FULL CONSTRUCTION DOCUMENTS TO ALL TRADES INVOLVED, AND INSTRUCT THEM TO BE CONSCIOUS OF THE OVERLAP OF DRAWING GUIDANCE AND THE NEED TO REPORT ANY INCONSISTENCIES, OMISSIONS, OR OTHERWISE
6. COORDINATE TERMINATION/RELOCATION/ADDITION OF ANY UTILITIES WITH APPROPRIATE AUTHORITIES

SQUARE FOOTAGE

1ST FLOOR CONDITIONED SPACE	1,472 SF
2ND FLOOR CONDITIONED SPACE	1,523 SF
TOTAL CONDITIONED SPACE	2,995 SF
HOUSE FOOTPRINT	2,254 SF
HARDSCAPE (WALKS & DRIVE)	2,885 SF
TOTAL COVERAGE	5,139 SF
LOT SQUARE FOOTAGE	58,131 SF
LOT COVERAGE	5,139 SF
PERCENT OF LOT COVERAGE	8.8%

CODE REVIEW

JURISDICTION OF PROPERTY	MECKLENBURG COUNTY, NC
OCCUPANCY	SINGLE FAMILY RESIDENTIAL
CODE COMPLIANCE	2012 NC RESIDENTIAL
CONSTRUCTION TYPE	TYPE VI
EXTERIOR FINISH	FIBER CEMENT SIDING
ROOF MATERIAL	METAL
RIDGE ELEVATION	25'-6 1/2"±
NUMBER OF BEDROOMS/BATHROOMS	4 BEDROOMS/3 1/2 BATHS

DRAWING INDEX

ARCHITECTURAL PLANS

SP-1 SITE PLAN, NOTES, INDEX & CODE
A-1 FIRST & SECOND FLOOR PLANS
A-2 FRONT & REAR ELEVATIONS & ROOF PLAN
A-3 RIGHT & LEFT ELEVATIONS
A-4 BUILDING SECTION & DETAILS

ELECTRICAL PLANS

E-1 1ST & 2ND FLOOR ELECTRICAL PLANS

STRUCTURAL PLANS

BY OTHER, APPEND AFTER ELECTRICAL

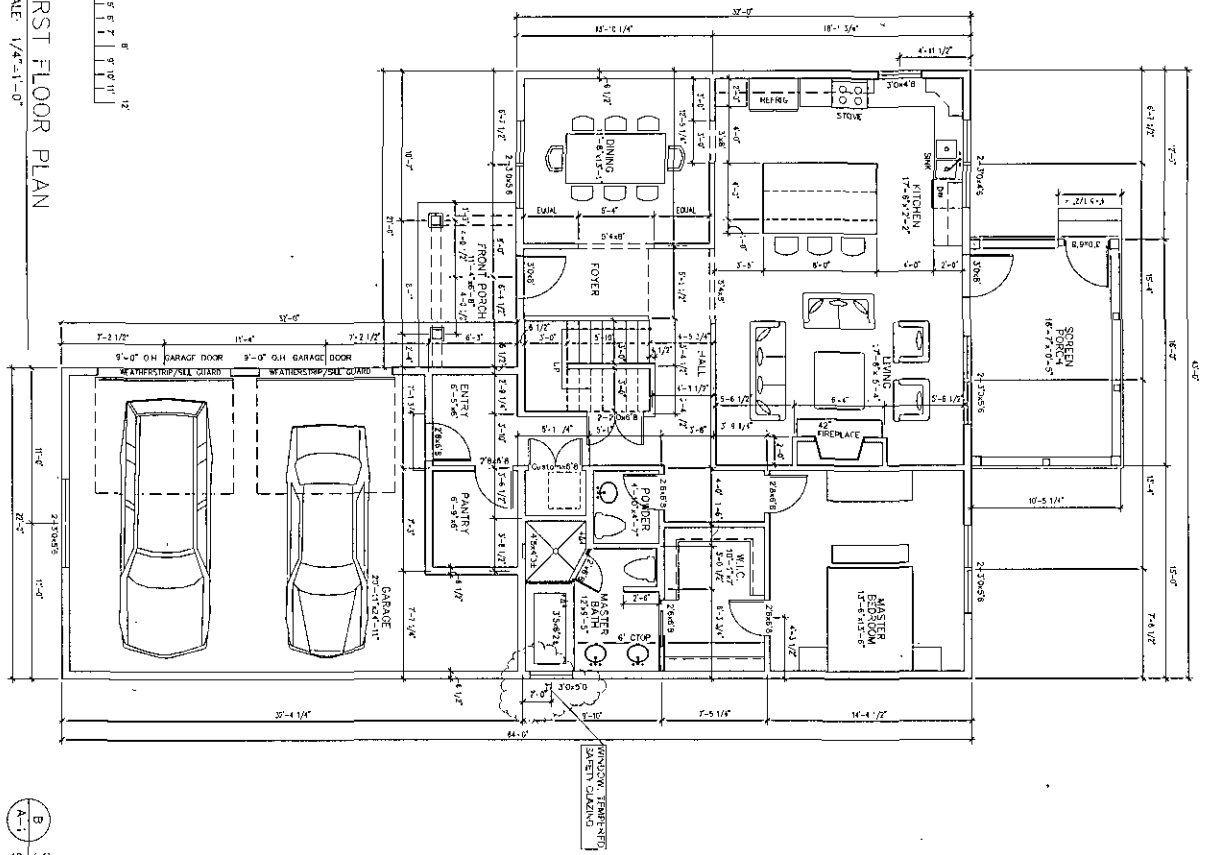
REVISIONS:	NUM	DATE	DESCRIP.
	1.	4/22/15	PERMIT
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		

DRAWING TITLE
SITE PLAN, NOTES
INDEX & CODE

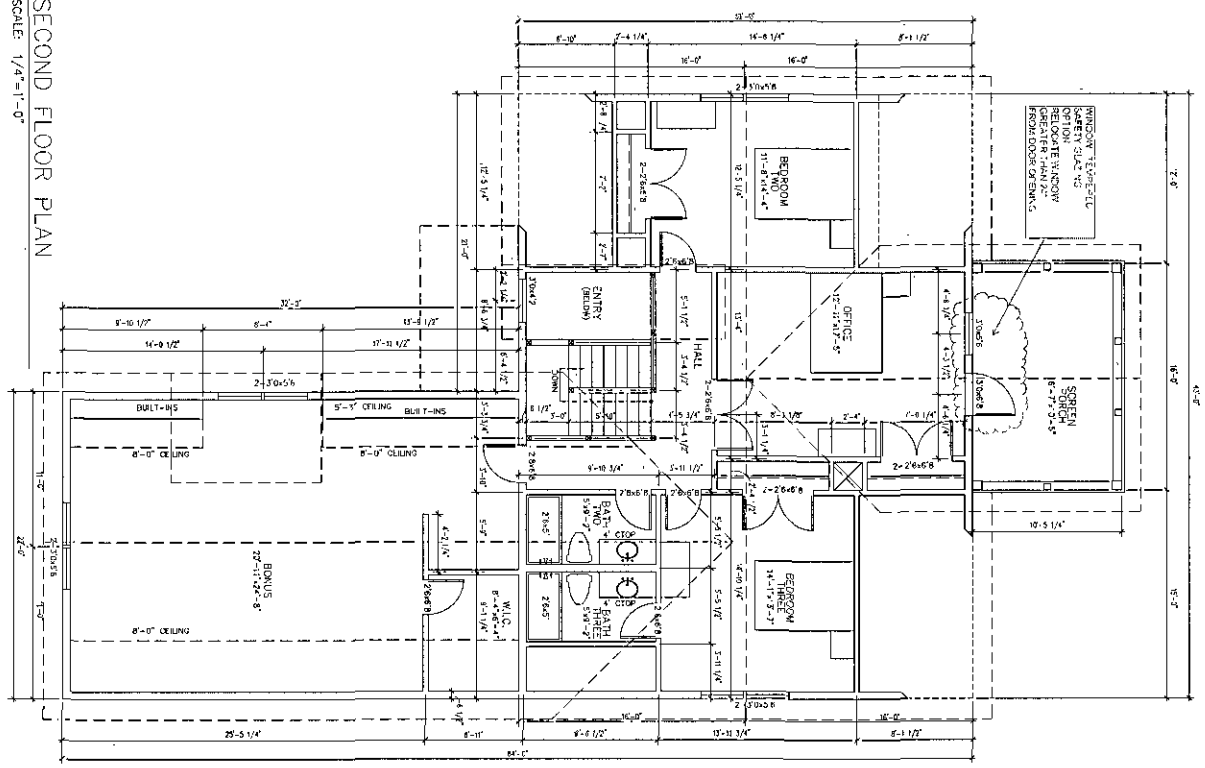
SP-1

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A-1 FIRST FLOOR PLAN
SCALE: 1/4"=1'-0"



B A-1 SECOND FLOOR PLAN
SCALE: 1/4"=1'-0"



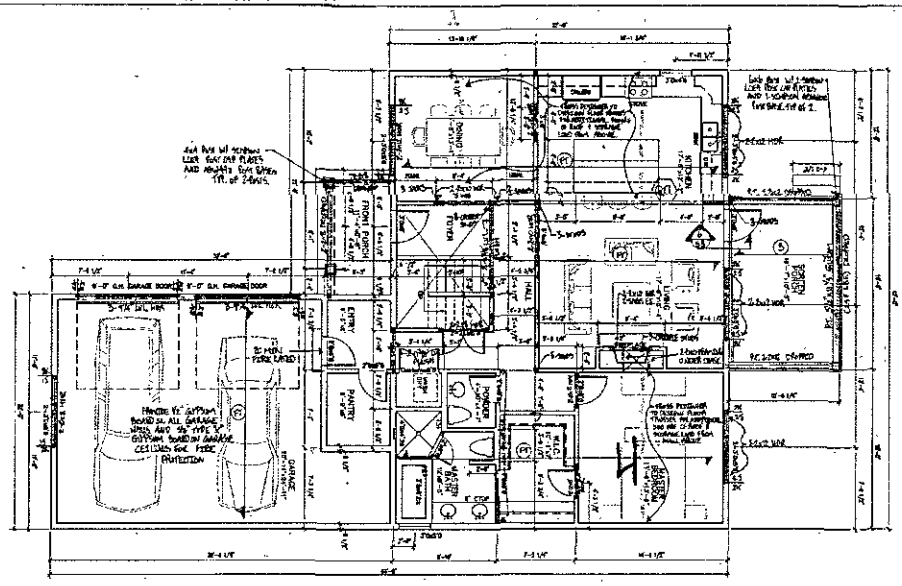
A-1
DRAWING TITLE: FIRST & SECOND FLOOR PLAN

REVISIONS		
NUM	DATE	DESCP.
1	10/12/15	PERMIT
2		
3		
4		
5		
6		
7		
8		
9		
10		

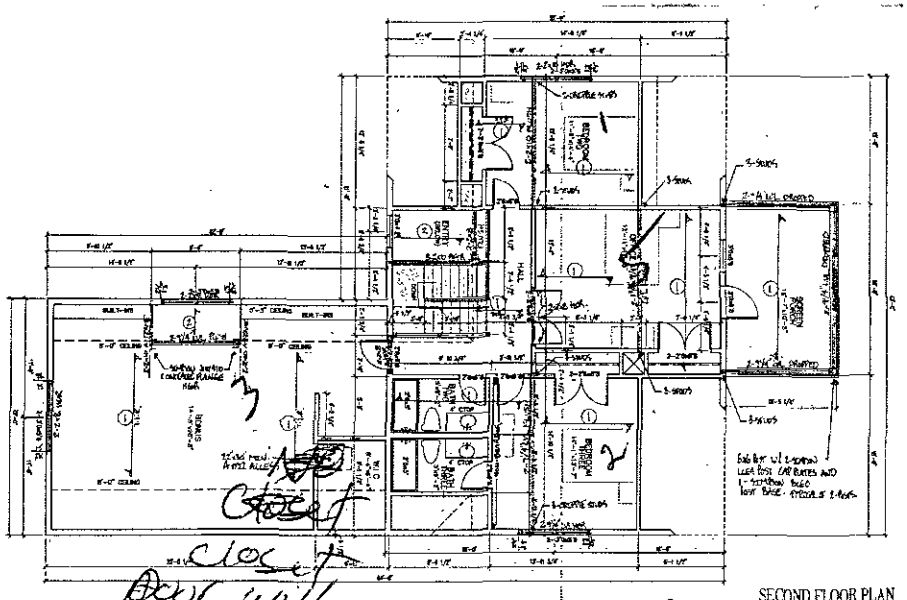
PROKOPENKO RESIDENCE
7501 BABE STILWELL FARM RD
HUNTERSVILLE, NC
MECKLENBURG COUNTY

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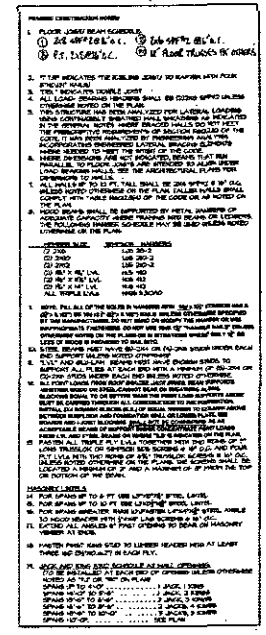
ALTENBACH DESIGN, LLC
Residential Design Services
Hans Altenbach, Designer
2029 Pierce Street
Daniel Island, Sc 29492
Phone-(843) 557-7973
hansalt94@gmail.com

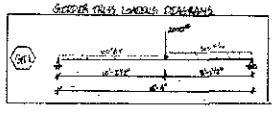


FIRST FLOOR PLAN
SCALE: 3/16"=1'-0"



SECOND FLOOR PLAN
SCALE: 3/16"=1'-0"





Closet
closet door will be < 6 ft to not count 3rd for bedroom

INTELLIGENT ENGINEERING
DOCUMENTS PREPARED BY:
PO BOX 1000
CORNELIUS, NC 28031
704.896.2992
WWW.IEDESIGNANDSTUDY.COM

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 27098 JOSEPH A. MESSINA
5/15/15

Prokopenko Residence
7501 Babe Stilwell Farm Rd
Huntersville, NC 28078

FRAMING PLANS

DATE: MAY 12, 2015
DRAWN BY: ARG

S1
SHEET:

Walker, Valerie

From: Jim Illing <jimilling@aol.com>
Sent: Friday, March 27, 2015 2:25 PM
To: 'Meg'; 'Andre Prokopenko'
Cc: Walker, Valerie
Subject: FW: Need Signature on PAge 1 & 2 for Improvement Permit
Attachments: 7501 Babe Stillwell Farm Rd Improvement Permit.pdf

Thank you Valerie. I am forwarding this permit to the new owners for signature since we closed last Friday and my name is not on the permit.

Andre and Meg, Valerie said that you can return via e-mail or fax.

Jim Illing

From: Walker, Valerie [mailto:Valerie.Walker2@mecklenburgcountync.gov]
Sent: Friday, March 27, 2015 2:12 PM
To: jimilling@aol.com
Subject: Need Signature on PAge 1 & 2 for Improvement Permit

Hi Mr. Illing,

Please sign Page 1 and 2 on the attached Improvement Permit for 7501 Babe Stillwell Farm Road. If you have any questions, call me at 704-336-5561.

Thank you

Valerie Walker

S

FEE: 200.00
DATE:7/15/2015

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 9110B

PERMIT NUMBER: 30007301

PARCEL NUMBER: 00915140

JOB LOCATION INFORMATION

ADDRESS: 7501 BABE STILLWELL FARM RD

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: JAMES ILLING

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 7/15/2015

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30007301, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

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.

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 # 9110B App # 7301 Tax Parcel # 009-151-40

Property Owner: JAMES ILLING

Job Location Address: 7501 BABE STILLWELL ROAD

City: Huntersville State: NC Zip Code: 28078

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

   ☒ YES ☐ NO

   Comments: 4 BEDROOM

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.**

Authorized Agent — Date: 10/21/15

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 #: 9110B Permit #: 7301 Tax Parcel #: 009-151-40

Property Owner: JAMES ICLING

Job Location Address: 7501 BABE STILLWELL FARM ROAD

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 10/21/15 Contractor Name: ROWAN

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture ROWAN (EST) Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 24" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100' feet

Depth of Media: 12 inches (Type) IQ4W

Depth of Cover: 12 inches

Distribution Device: END-CAP

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: 710' feet

Distance from Water Supply Source: 52' feet

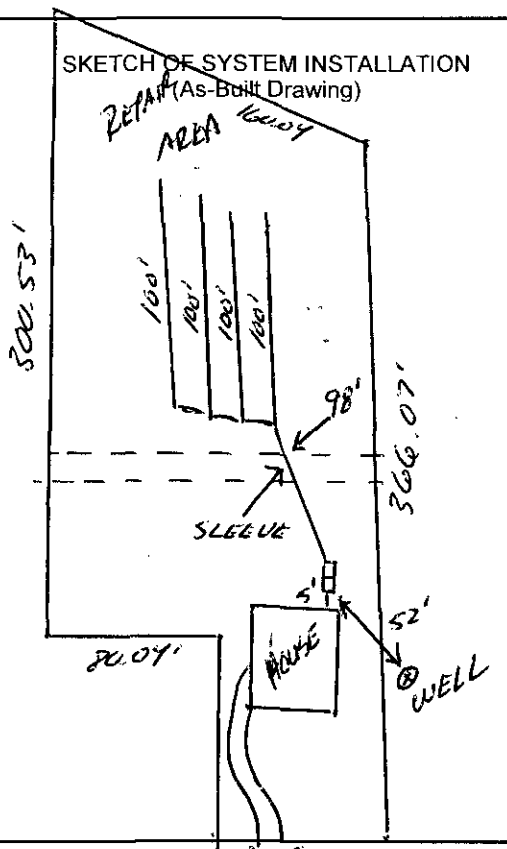
Inspection Dates

Tank(s) Inspected: 10/21/15

Excavation Inspected: 10/21/15

Pump & Controls Inspected: —

SKETCH OF SYSTEM INSTALLATION (As-Built Drawing)

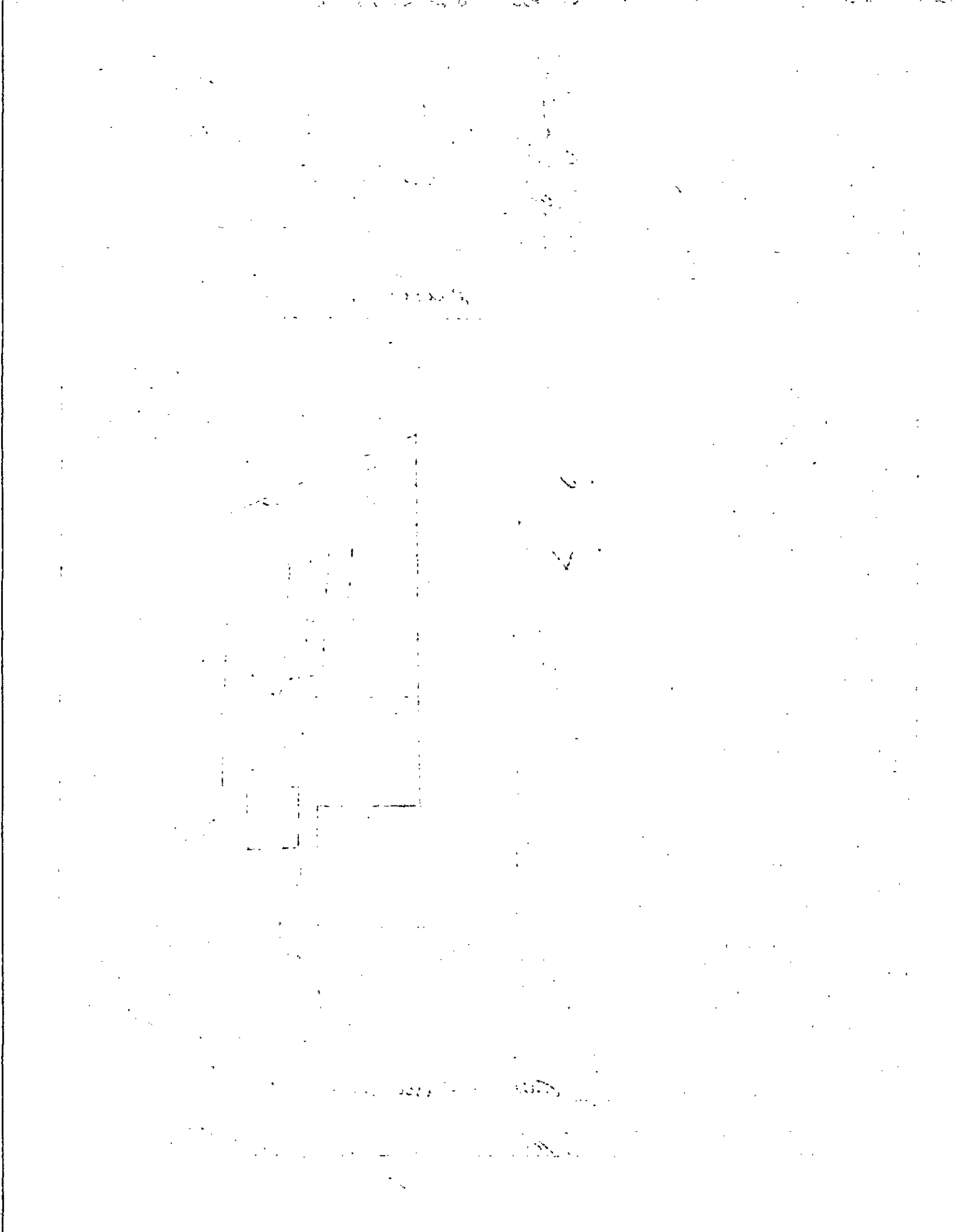


The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" 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: IIIg, GRAVITY, IQ4W, N/A, N/A

DENR Authorized Agent: Jeremy Mitchell, REHS Signature: Jeremy Mitchell, REHS



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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 9110B Permit #: 7301 Tax Parcel #: 009-151-40

Property Owner: James Illing

Job Location Address: 7501 Babe Stillwell Farm Road

City: Huntersville State: NC Zip Code: 28078

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: IIIg

*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: Jeremy Michelone, REHS Date: 10/21/15

Signature: Jeremy Michelone, REHS