

9426 STONEBRIDGE WY

13903338

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

POSSE

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 61738 Permit #: 61738 Tax Parcel #: 139-033-38

Property Owner: RYAN HOMES

Job Location Address: 9426 STONEBRIDGE WAY LOT 45

City: MINT HILL State: NC Zip Code: 28227

Operation Permit Issuance Date: 5/31/06 Contractor Name: SID GASKIN

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 28 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 268 feet

# of Lines: 4 @ 67 feet

Depth of Media: _____ inches (Type) PPBPS

Depth of Cover: 12 inches

Distribution Device: PRESSURE MANIFOLD

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: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 7100 feet

Inspection Dates

Tank(s) Inspected: 5/31/06

Excavation Inspected: 5/31/06

Pump & Controls Inspected: 5/31/06

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

SYSTEM INSTALLED ACCORDING TO PLANS ON FILE SUBMITTED BY LARRY THOMPSON & THE CATENA GROUP. 1/25/05

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: IIIa. SYSTEM INSTALLED ACCORDING TO PLANS ON FILE. MAINTENANCE AGREEMENT REQUIRED

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: DAVID CORNELIUS, RS

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NC DENR
Division of Environmental Health
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INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 61738 Permit #: 61738 Tax Parcel #: 139-033-38

Property Owner: RYAN HOMES

Job Location Address: 9426 STONEBRIDGE WAY

City: CHARLOTTE State: NC Zip Code: 28227

Installation Approval Issuance Date: 6/17/06

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 6/1/06, 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: 600 GPD

Site LTAR: 0.3 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: 28 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 268 feet

# of Lines: 4 @ 67 feet

Depth of Media: _____ inches (Type) AGGS

Distribution Device: PRESSURE MANIFOLD

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: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 7100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

INSTALL SYSTEM ACCORDING TO PLANS ON FILE SUBMITTED BY LARRY THOMPSON @ THE CATENA GROUP. 1/25/05

Comments: System Classification & Type: II-a. INSTALL ACCORDING TO PLANS ON FILE. AGREEMENT FORMS & MAINTENANCE AGREEMENT REQUIRED BEFORE CO RELEASE.

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: David Cornelius, RS

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 #: **30000350** GWS File #: **6173B** Tax Parcel #: **139-033-38**

- 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):** 2/7/2011

Type of Installation: Residential - New System Lot Number: 45
Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 4 # Occupants: 4
Building Foundation: Concrete Slab Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	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):	801	Total Trench Length (ft):	267
Maximum Trench Depth (in):	28	Depth of Media (in):	N/A	Distribution Device:	Pressure Manifold		

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

Repair System Specifications:

Design Flow (gpd):	480	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):	801	Total Trench Length (ft):	267
Maximum Trench Depth (in):	0	Depth of Media (in):	N/A	Distribution Device:	Pressure Manifold		

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 tank system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic tank 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: David Cornelius Owner/Legal Agent: Patrice Garner

Signature: Signature: Patrice Garner

Print Name

Date Issued: 2/7/2006

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 #: **30000350** GWS File #: **6173B**

IV. Permit Conditions/Comments:

- Owner agreement forms for site reclassification shall be on file prior to issuance of Construction Authorization.
- This type of septic system requires an inspection once every 3 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of septic systems requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This Improvement Permit is being issued based on a supplemental soil investigation performed by staff from our office.
- Septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

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 tank system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic tank 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: David Cornelius

Signature: _____

Date Issued: 2/7/2006

Owner/Legal Agent: Patrice Garner
—Print Name

Signature: Patrice Garner

FEE: 300.00

DATE: 2/16/2006

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

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6173B

PERMIT NUMBER: 30000350

PARCEL NUMBER: 13903338

JOB LOCATION INFORMATION

ADDRESS: 9426 STONEBRIDGE WAY

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28227

ISSUED TO: Ryan Homes

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 2/7/2006

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000350, 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: 2/7/2011

Water
Management

INSPECTION AND MAINTENANCE AGREEMENT

STATE OF NORTH CAROLINA

This agreement is made and entered into this 6TH day of JUNE, 2006, by and between N.V.R. INC. DBA RYAN HOMES (hereinafter referred to as the "Owner") and **Water Management** (hereinafter referred to as the "Contractor").

WITNESSETH

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

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

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

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

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

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at:
Stonebridge Subdivision, Lot 45, Mecklenburg County, NC.

a) The contractor shall inspect, document, and report the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b), to satisfy conditions of the Operation Permit and to comply with manufacturers' operation requirements.

b) If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

c) The Contractor shall notify the Owner of needed repairs, which are outside of the scope of routine maintenance described in this contract. The Contractor shall

perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

d) The Contractor shall respond to a request for a nonscheduled service or maintenance call within 48 hours after receipt of such request.

2. The Owner's Obligations.

a) The Owner shall pay to the Contractor:

- **$300 per year, billed at $150.00 twice per year;**
- **Any charges for necessary replacement parts.**
- **Any charges for pumping/removal of solids from tanks.**
- **Any fees charged by the Mecklenburg County Health Department.**

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

b) Within 30 days of receipt of notice of needed repairs, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

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

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

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

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

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

termination.

d) Termination by the Contractor.

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

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

b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

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

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

4. Assignment.

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

b) Assignment by the Contractor.
The Contractor may assign its rights and duties under this Agreement to another management entity, which is qualified pursuant to 15A N.C. Admin. Code

18A.1961 to manage the system upon thirty (30) days written notice to the Owner and to the local health department.

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

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

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

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

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

To the Owner: N.V.R. DBA Ryan Homes
10815 David Taylor Dr
Charlotte, NC 28262

To the Contractor: **Water Management**
4744 Celia Creek Road
Lenoir, NC 28645

To the Local Health Department: **Mecklenburg County Environmental Health**
700 N. Tryon Street
Suite 211
Charlotte, NC 28202

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

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

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

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

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

Richard Tino (RYAN HOMES)
(Owner)

6/6/06
(Date)

Water Management
(Contractor)

Sidney L. Gaskins, Jr. 5/23/06
(Sidney L. Gaskins, Jr.) (Date)

FEE: $300.00
DATE: 2/8/06

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

X335751 V.W.

Project #166017
LO

PERMIT NUMBER: 6173B
PARCEL NUMBER: 139-03-225

JOB LOCATION ADDRESS: 9426 Stonebridge Way
PROPERTY OWNER: NVR, Inc.
BUILDING CONTRACTOR: Ryan Homes
SUBDIVISION NAME: Stonebridge
AUTHORIZATION ISSUED BY: David Cornelius, RS DATE: 02/07/06

DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 6173B, 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 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.

5. OTHER CONDITIONS:
   Install according to plans on file submitted by Larry Thompson for The Catena Group, 1/25/06. Agreement forms required before CO release. Maintenance agreement with a certified operator required on file before CO release.

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **6173B** Tax Number: **139-03225**

- 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 ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ 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:

0.3 Long-term acceptance rate (GPD/ft^2)	**480** Max gallons/day wastewater flow	**800** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** Gallon septic tank	**268** Total trench length (ft)	**28** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	**1000** Gallon pump tank	**na** Depth of stone (in)	

Any surface water present: **No** Type: Minimum separation distance (ft):

Additional conditions: **Install according to plans on file submitted by Larry Thompson for the Catena Group, 1/25/06. Agreement forms required before CO release. Maintenance agreement with a certified operator required before CO release.**

Repair Area System

Type: ☐ 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:

800 Absorption Area (ft^2) **268** Total trench length (ft)	**na** Depth of stone (in)	**9** Trench spacing (min. on centers) (ft)	**28** Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

DENR Authorized Agent — Date 2/7/06

Owner/Agent Signature — Date 2/8/06

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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

Application #350 WWP

GWS – RES. APP 07/05

SEPTIC FEE: $ 200.00
DATE: 9/28/05
CK # 256844 WW

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

FILE # 61738

WELL FEE:
DATE:
CK #:

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 #: 139-03-225 PO
STREET ADDRESS: STONEBRIDGE HWAY
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME: STONEBRIDGE
LOT #: #45
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:
NUMBER OF BEDROOMS: 4-5
NUMBER OF OCCUPANTS: 6

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: RYAN HOMES
ADDRESS: 10815 David Taylor Dr, SUITE 100
CITY: Charlotte
STATE: NC. ZIP: 28227
HOME PHONE: — WORK PHONE: 704-548-3534
MOBILE PHONE: — FAX: 704-503-4576

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: KENNY OWENS
ADDRESS: 6206 BIRKDALE VALLEY DR. APT 515
CITY: CHARLOTTE
STATE: NC ZIP: 28277
HOME PHONE: — WORK PHONE: 704-540-0771
MOBILE PHONE: 704-502-5588 FAX: 704-541-8094

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.

Kenny J. Owens 9-21-05
Owner's/Agent's Signature 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 Date

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

Residential Subsurface Wastewater Treatment and Disposal System Design

for

Lot 45 – Stonebridge
Stonebridge Way
Mint Hill, North Carolina

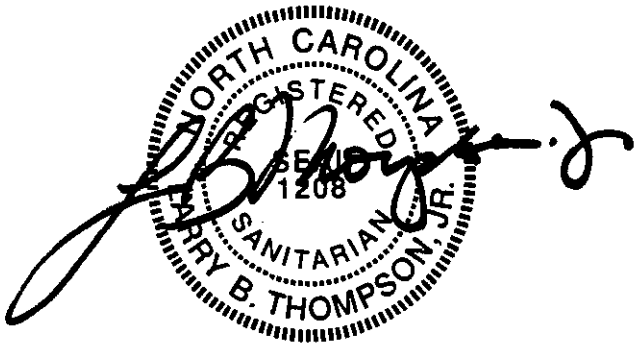
Tax Parcel # 139-03-225 PO
Mecklenburg County File # 6173B
January 25, 2005

Prepared for:

NVR, Inc.
10815 David Taylor Drive, Ste. 100
Charlotte, NC 28262

Prepared by:

Larry Thompson, RS, PWS
The Catena Group, Inc.
410-B Millstone Drive
Hillsborough, NC 27278
Phone: 704-301-4881
Fax: 704-888-1496



CC: Mr. David Cornelius, RS
Mecklenburg County Environmental Health

Details

In an application for an Improvement Permit filed with the Mecklenburg County Health Department (MCHD) by NVR, Inc., the subject property was proposed to be developed with a single family 5-bedroom residence served by a municipal water supply. Based upon this information, a soil and site evaluation was conducted by the MCHD where the lot was determined to be "Unsuitable" for the installation of a conventional subsurface wastewater treatment and disposal system in accordance with the *Laws and Rules for Sewage Treatment, and Disposal Systems* 15A NCAC 18A .1900 (North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section).

Upon further investigation by The Catena Group, Inc. (TCG), it was determined that a sufficient amount of "Suitable" Group IV soils are located on the property which would allow for the installation of a Type IV pressure dosed prefabricated porous block panel system (PPBPS) for a 4-bedroom residence. It is the desire of the owner that the MCHD consider reclassifying this lot as "Suitable", allowing for the issuance of a Construction Authorization, based upon the following proposal.

Location

The subject property is located in Stonebridge Subdivision (Lot 45 – Stonebridge Way) in the town of Mint Hill, North Carolina. From NC 51, travel south on NC 218 approximately 0.9 mile, turn left onto SR 3109 (Bartlett Road). Stonebridge is the first subdivision on the right after crossing the I-485 overpass. Lot 45 is located on the right side of Stonebridge Way.

References

Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A, Section .1900, Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, February 1, 2005.

Onsite Wastewater Treatment and Disposal Systems; EPA 625/R-00/008 Design Manual, February 2002.

Design, Installation and Maintenance of the T & J Panel Wastewater Treatment System; Sixth Edition, published by T & J Panel.

Design and Installation of Low Pressure Pipe Wastewater Treatment Systems; by Craig Cogger, Bobby Carlisle; Dennis Osborne and Ed Holland. Published by UNC Sea Grant College Pub. UNC-SC-82-03, May 1982.

Plans and Specifications

Septic Tank

- The septic tank shall be State approved (Section .1953 of 15A NCAC 18A), watertight, structurally sound, and 1500 gallons in capacity.
- The septic tank will be fitted with an approved effluent filter and riser for easy access and periodic maintenance.
- It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tank has had time to properly cure and is free of cracks or other structural deficiencies.

Pump Tank

- The pump tank shall be State approved, of one-piece construction, watertight, structurally sound and 1000 gallons in capacity. Again, it is the responsibility of the septic tank contractor to thoroughly inspect each pump tank prior to accepting delivery.
- The pump tank shall have access risers that extend, at a minimum, 6 inches above finished grade and must have less than 36 inches of fill over its top once finished grade has been established (a reinforced concrete tank will be required if finished soil cover is 36 inches or greater in depth).
- The pump and alarm controls shall be provided with manual circuit disconnects within a watertight, corrosion resistant, Nema 4X rated control panel. The control panel must be securely mounted outside, adjacent to the pump tank riser and at a minimum of 12 inches above finished grade. Pump and float control wiring should be long enough to reach from the tank to the control panel without splicing, routed through wire conduit, and sealed at the openings within the pump tank as well as the control panel enclosure. It is paramount that the conduit is properly sealed to prevent the escape of flammable gases from the pump tank. Furthermore, there must be two electrical circuits for the pump tank controls: one for the pump and one for the alarm controls.
- The pump tank shall have a properly functioning high water alarm incorporated into the control panel. The alarm circuit shall be supplied separate from any pump overload and short circuit devices. The alarm shall be both audible and visible by the system users.
- The float switch for the high water alarm should be mounted at a location slightly above the "pump on" elevation for the pump float control switch. The high water alarm float switch shall not be set more than 3 inches above this elevation.
- Pump float(s) shall be mounted so that the effluent at the end of a pump cycle is above the top of the effluent pump. The septic contractor must determine pump draw down and set the float switch accordingly.
- Float switch tie downs must be made of a corrosion resistant material (do not use electrical tape or metal hose clamps to secure these switches). Floats should be mounted on a separate "float tree" rather than the pump supply line (see pump tank detail).

- The pump must be placed on two 4-inch concrete blocks to allow for some settling of solid particulates within the pump tank.
- There shall be a threaded PVC union above each pump to facilitate easy removal of the pumps for maintenance or replacement.

Pump Tank Effluent

- The pump discharge piping shall be fitted with a pressure effluent filter. The filter must be equivalent to the GAG Sim Tech Filter, Boyne City, Michigan, 49712, telephone: 1-888-999-3290. This device provides a very high degree of filtration and is highly recommended.

Pipe and Fittings

- All discharge piping, supply lines, valves and disconnects should be made of PVC.
- All joints must be properly "welded" utilizing the appropriate PVC cement for each application.
- The supply line from the pump tank to the pressure manifold shall be 2 inch Schedule 40 PVC (approximate length of supply line is 25 feet). Supply line should be sleeved by a larger PVC pipe where it crosses underneath the drive.
- The lateral distribution lines shall be 1¼ inch Schedule 40 PVC. Holes in the laterals should be drilled on site and at the 12 o'clock position (one hole per panel). Lateral hole size is 5/32 of an inch.
- The end of each lateral is to be provided with a "turn up", contained within a turf/gate valve box, that provides above ground access for periodic clean out and pressure head adjustment.

Supply Manifold

- The control valves (gate valves) for each lateral distribution line shall be contained within one manifold box/vault of adequate size. The box should be placed upon a gravel base.
- The supply manifold conveys effluent from the pump to the lateral distribution lines.
- The supply manifold should be constructed by connecting a series of (4) 2" x 2" x 1 ¼" tees to the 2 inch supply line (see valve box detail).

Backfill

- Backfill sand shall be a clean, washed, medium sand that is naturally occurring and falls within the gradation of ASTM C-33 specification (used in the ready mix industry and is readily available).

Drain Field Installation

- The drain field has been previously laid out on-site utilizing metal stemmed flags. Once this area has been approved by the MCHD, the property owner/builder should

mark this area and isolate it as much as possible from construction traffic. Prior to the system installation, the septic contractor shall contact the MCHD and the system designer for a preconstruction conference at which time the drain field area will be re-verified.

- Under no circumstances shall any construction take place within the drain field area while the soil is in a wet condition. If the installer has doubts as to whether or not the drain field area is dry enough to begin construction, the Mecklenburg County Health Department should be contacted for permission to proceed with the installation.
- The specified system is a Type IVa, pressure dosed, pre-fabricated permeable block panel system – specifically the 16 inch high panel system manufactured by T&J Panel Wastewater Treatment System, Patent No. 4013559; telephone: 1-800-222-2577. The installer must follow the manufacturer's guidelines for installing the T&J Panel System and should request an installation manual from the manufacturer prior to beginning construction.
- The initial drain field consists of (4) lateral trenches to be constructed 3 feet wide by 67 feet long (actual length of panels = 65 feet). It is essential that the lateral trenches be constructed on contour with the land, with each trench being excavated level from beginning to end. The use of a tripod mounted engineer's level is essential to assure that each trench is constructed as level as possible.
- The maximum trench depth for this system shall be 28 inches and each trench shall be placed on a minimum of 9 foot on centers.
- Once trenches are dug, the side walls shall be raked and a light dusting of lime applied.
- Backfill the trench with 6 inches of sand and level to grade. Once leveled, place 1 x 4 or 6 inch boards on top of the sand the entire length of each trench. Once the grade boards have been set, the panels may be set into the trench. The panels should be placed 6 inches apart.
- Once the panels have been set, line the top chamber of each panel with 10 – 12 pounds of clean particle sand (medium sand blasting sand). Coverage depth should be approximately 1 inch thick. *Please note that this sand is not the same material specified for backfill.*
- Tar seal rope should be placed in the "U" outs of each end of the panel to form seals. Once the tar rope is in place, the 1 ¼ inch Schedule 40 PVC laterals can be added and the seal completed by the addition of more tar rope on the top and sides of the pipe. Now that the connection and seals are complete, a block cap is placed on each end of the panel so that all openings are covered.
- The end of each lateral should be fitted with a short turn up consisting of elbows topped by a threaded female coupling with cap. Each turn up must be fitted with a turf/gate valve box with lid fitted flush to finished grade.
- Once the lateral has been installed and the panels closed, the trench is ready to be backfilled to the top with the sand used in the trench bottom. At this point, the trenches should be left open for the final inspection by the MCHD.

Proper Operation Check

- After all components of the waste water disposal system have been installed and connected, the system shall be checked for proper operation.
- With the electrical power turned off, fill the pump tank with water until the liquid rises to a level high enough to activate the high water alarm float. Turn on the electrical power. The alarm, alarm light and pump should activate at this time. Turn off the electrical power once these checks have been performed and prepare to set the head pressure at the manifold box.

Pressure Head Adjustment

- The pressure head must be adjusted to match the design specifications (2 feet). The pressure head is measured by the height of the liquid coming from the turn ups at the end of each lateral when the pump is running (utilizing stand pipes).
- Prepare a length of pipe (stand pipe), cut to the desired head pressure height and fitted with a threaded adapter that will screw into the turn up couplings at the end of each lateral. Thread the stand pipes into each lateral and then turn the power on to the pump, allowing the water to rise within the stand pipes. Adjust the gate valves within the supply manifold box to achieve the specified head pressure (liquid height in the stand pipes should equal the design head pressure).
- Once the pressure head has been adjusted, allow the pump to run through the remainder of the cycle. The pump float switch will automatically turn the pump off if it is operating properly. Make sure that the effluent pump is completely submerged in the remaining water, making adjustments to the float switch(es) as needed. This completes the checks for proper operation of the pump, alarm and float switches.
- At this point, the standpipes may be removed and replaced with the threaded turn up caps.

Final Landscaping

- The drainfield shall be shaped to shed rainwater and be free from low spots.
- The entire area of the drainfield should be planted with grass as soon as possible to prevent erosion. The soil should be properly tilled, limed (if necessary) and fertilized prior to planting. After applying grass seed, the area should be heavily mulched with straw or other suitable material.

Utility Conflicts

- The builder and property owner must take special care in planning for water, power, gas, telephone and cable lines. These utilities shall be kept clear of all parts of the septic system and its proposed repair area. The utilities for Lot 45 must be routed on the left side of the home. Improper planning for underground utilities can negatively impact the installation and, in some cases, cause irreparable damage. If there are any questions regarding preferred routes, contact the MCHD as soon as possible.

Maintenance

Operation and Maintenance

The designed system is classified as a Type IVa wastewater treatment and disposal system and will require ongoing maintenance. State regulations require that a system of this type be managed by a person certified (Certified Subsurface System Operator) by the North Carolina Department of Environment and Natural Resources to operate subsurface wastewater systems (Section .1961 Maintenance of Sewage Systems). A "Maintenance Contract" between the system owner and a Certified Operator will be required by the MCHD prior to the issuance of a final system approval or Operation Permit.

- The minimum inspection/maintenance and reporting frequency for a Type IVa system is twice a year by the Certified Operator. The local health department is required to inspect the system once every three years.
- The septic and pump tanks shall be pumped every 4 years or when the solids within the septic tank reach an elevation that is equivalent to 1/3 of the volume of the tank. In some situations, the tanks may need to be pumped more frequently; for example, if you are using a garbage disposal, it is recommended that the septic and pump tanks be cleaned out annually. Regardless, the Certified Operator will be able to advise when it is necessary to pump out tank solids.
- Pressure head for laterals should be checked and adjusted semi-annually, flushing with clean water as necessary to remove any accumulated solids.
- The effluent filters should be inspected semi-annually. When it becomes necessary to clean the effluent filters, the filters should be removed and the accumulated debris washed back into the septic or pump tank – not onto the lawn.
- All piping and valves should be inspected semi-annually for damage and corrections/repairs made immediately.
- The pump and float controls/switches should be inspected semi-annually to assure proper operation
- The drain field area should be maintained to prevent over growth of vegetation. Any damp areas, leakages or malfunctions should be addressed immediately.
- Divert gutter downspouts and surface water runoff away from the septic and pump tanks.

Suggestions to the Homeowner

- As previously mentioned, if you plan to use a garbage disposal in your home you should plan to have your septic and pump tanks cleaned out annually. The ground up garbage adds large amounts of solids into a septic tank that tend to degrade at a very slow rate.
- Grease, cooking oils, coffee grounds and non-degradable solids (disposable diapers, cigarettes and solid paper wastes) should never be put into a septic tank.
- Used motor oil or any oily liquids should not be disposed of in a septic tank.

- Be aware of the amount of water that you are using in your home. Water saving fixtures and devices can be installed on sinks, toilets and showers to reduce the volume of wastewater that you are sending to your drain field.
- Run dishwashers and washing machines only when you have a full load.
- Use liquid detergents. Powdered detergents have binding agents in them that tend to solidify in the wastewater disposal system.
- Repair leaky faucets and toilets. Small drips equal large volumes of water over time and can over burden your drain field.
- Do not use chemical additives in your system. Studies have indicated that they do not increase the biological activity that naturally occurs in the septic system and in some cases certain additives have been found to be detrimental to the life of a system.
- Finally, taking good care of your septic system will help to assure that you experience years of trouble free service at a relatively low cost. On-site wastewater treatment and disposal is still the most environmentally friendly method of treating residential/commercial waste and you should keep your system in use for as long as it is properly functioning! If you have additional questions, please feel free to contact your system designer or the MCHD.

Design Specifics

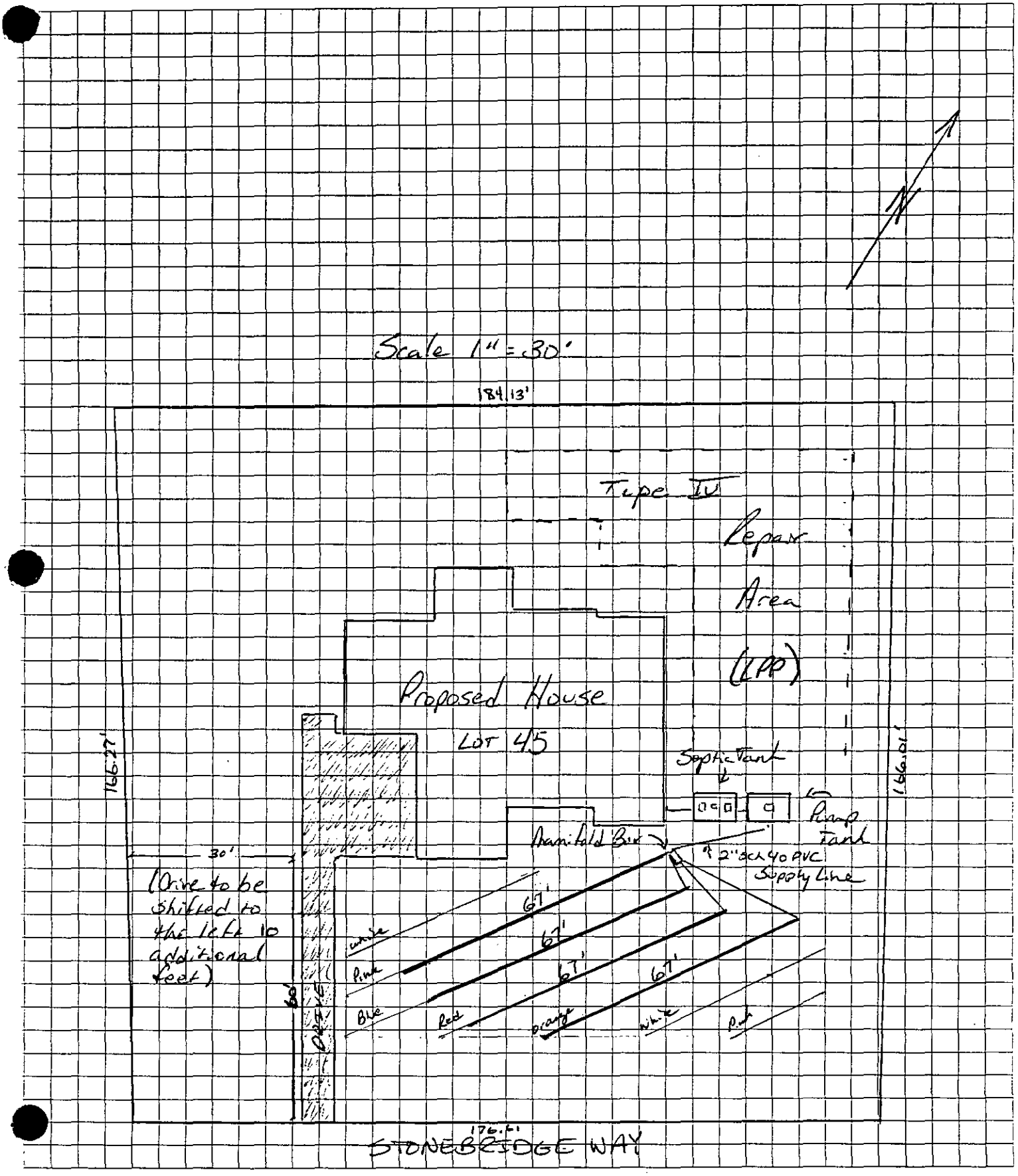
Daily Design Flow:	480 GPD – 4 bedroom house
Septic Tank Size:	1500 gallons (2 compartments)
Pump Tank Size:	1000 gallons (one piece)
Effluent Loading Rate:	Design = 0.3 GPD per sq. ft. (50 % reduction for the PPBPS)
Supply Length and Diameter:	Approx. 25 feet of 2 inch Sch. 40 PVC (please see note at the bottom of this page.)
Number and Size of Laterals:	(4) 1 1/4 inch x 67 feet (actual length of panels = 65 feet)
Hole Size:	5/32 inch
Hole Spacing:	1 per panel = 60 total
Dosing Volume:	216 gallons per dose
Flow Rate Through System:	24.6 gallons per minute
Elevation Head:	3 feet
Pressure Head:	2 feet
Pump Requirements:	24.6 GPM at 10.0 feet of head
Depth of Water Pumped:	10.29" (J&S STB-97-1000 used) check with individual tank manufacturer (1 cu. Ft. of water equals 7.5 gal.)
Pump Run:	8.78 minutes
Check Valve:	Yes
Vapor Lock Hole:	Yes

* Please note that supply line and elevation head measurements are approximate. It is the contractor's responsibility to confirm these values based upon the actual house and plumbing location. If there is a discrepancy, contact the system designer prior to beginning construction.

The Catena Group
410-B Millstone Drive
Hillsborough, NC 27278

Location: Lot 45 – Stonebridge

Date: January 25, 2006



SITE DEVELOPMENT PLAN

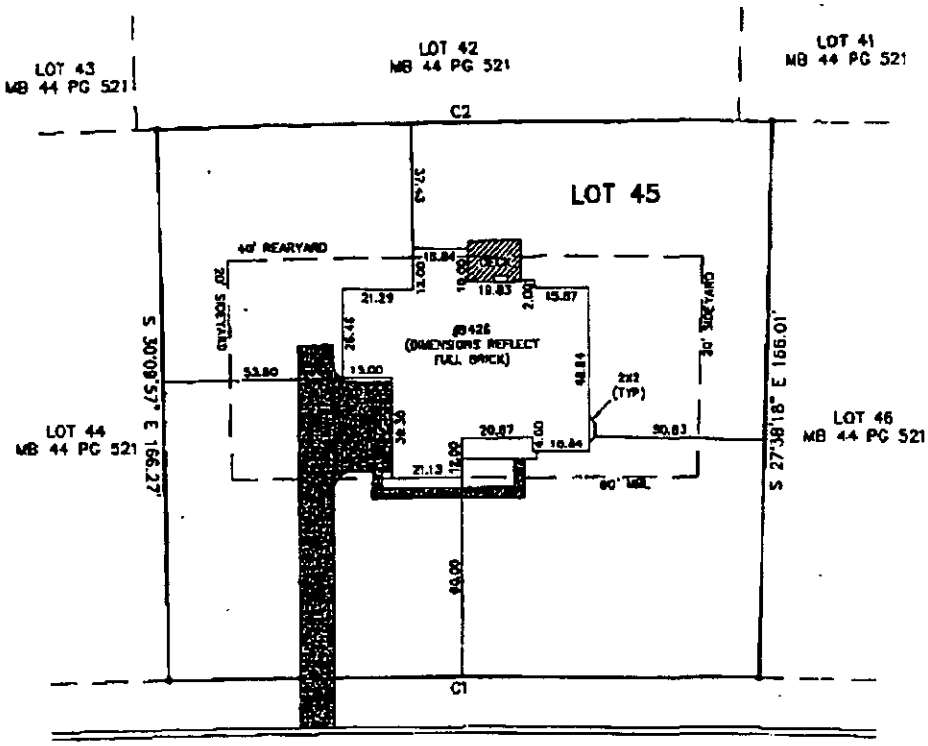
PREPARED BY:

DELTA LAND SERVICES, INC.
8033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

THIS SITE PLAN IS TO SHOW THE PROPOSED LOCATION OF THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.

SCALE: 1"=40'





STONEBRIDGE WAY

60' PUBLIC R/W

NO FIT

HOUSE ENCROACHES INTO REARYARD

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	4548.82	176.82	176.81	S80°39'35"W	02°13'38"
C2	4083.80	184.15	184.13	S80°45'22"W	02°35'01"

ESTIMATED DRIVEWAY AREA = 1657.4 SQ.FT.±

STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision STONEBRIDGE SUBDIVISION, PHASE 1, MAP 1 (REVISED) County MECKLENBURG
Address 9426 STONEBRIDGE WAY Owner RYAN HOMES
Lot 45 Block ___ Plan AMBERCREST Elevation A Drive (Left) SIDE (Right) ___ (Courtyard) ___ Deck X
Patio ___ Fireplace X Garage (1 Car) ___ (2 Car) ___ (3 Car) X Brick FULL Basement ___ Curtain Wall ___ X
Crawl ___ Slab ___ Other IN-LAW SUITE, MORNING ROOM, PARTIAL FRONT PORCH, BAY WINDOW @ LIVING ROOM SIDE

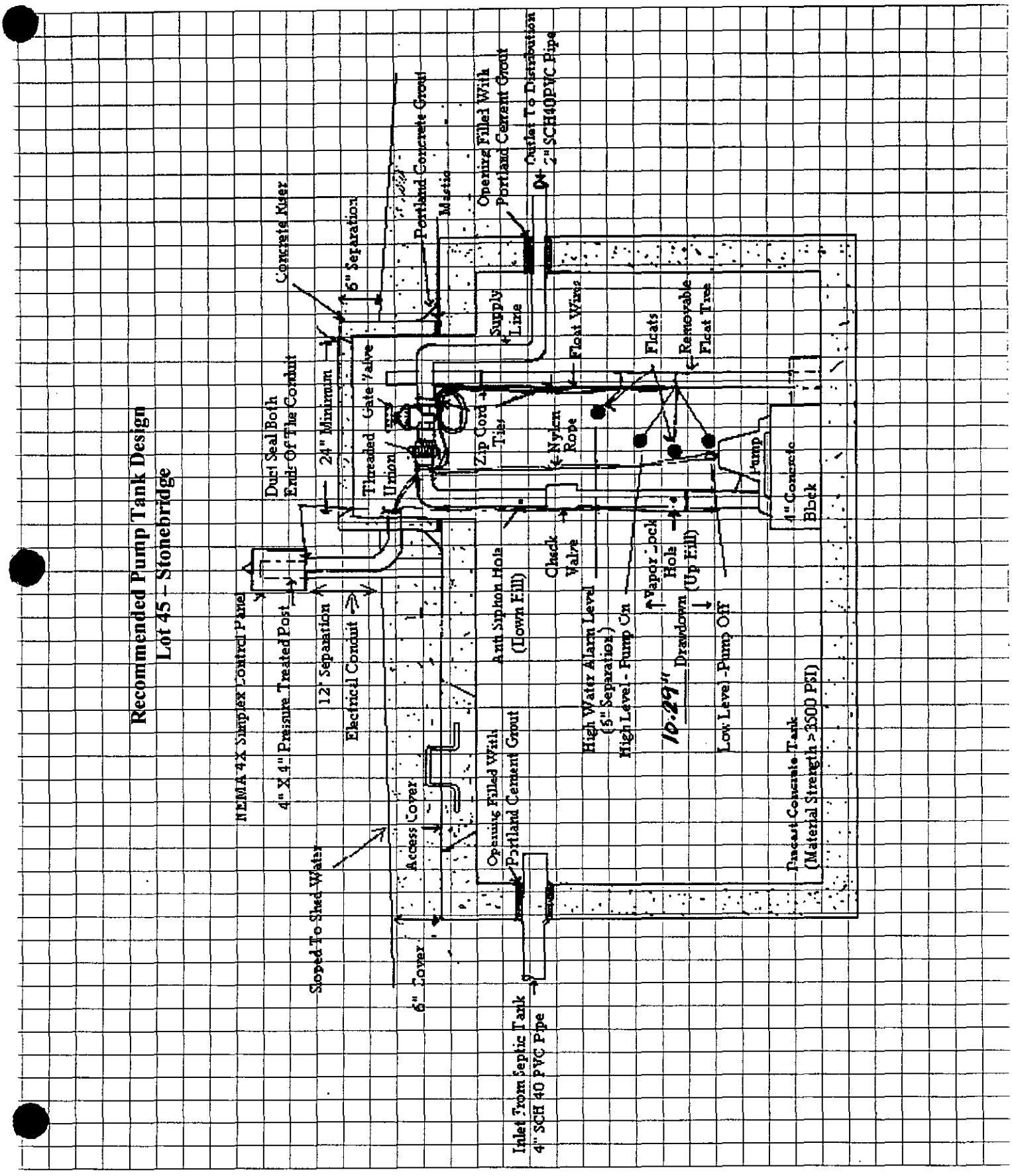
REVISED: CHANGED TO SITE PLAN W/NEW MODEL DWN: GHL CKD: [illegible] DATE: 01/ 06/ 06

The Catena Group
410-B Millstone Drive
Hillsborough, NC 27278

Location: Lot 45 – Stonebridge

Date: January 25, 2006

Recommended Pump Tank Design
Lot 45 – Stonebridge

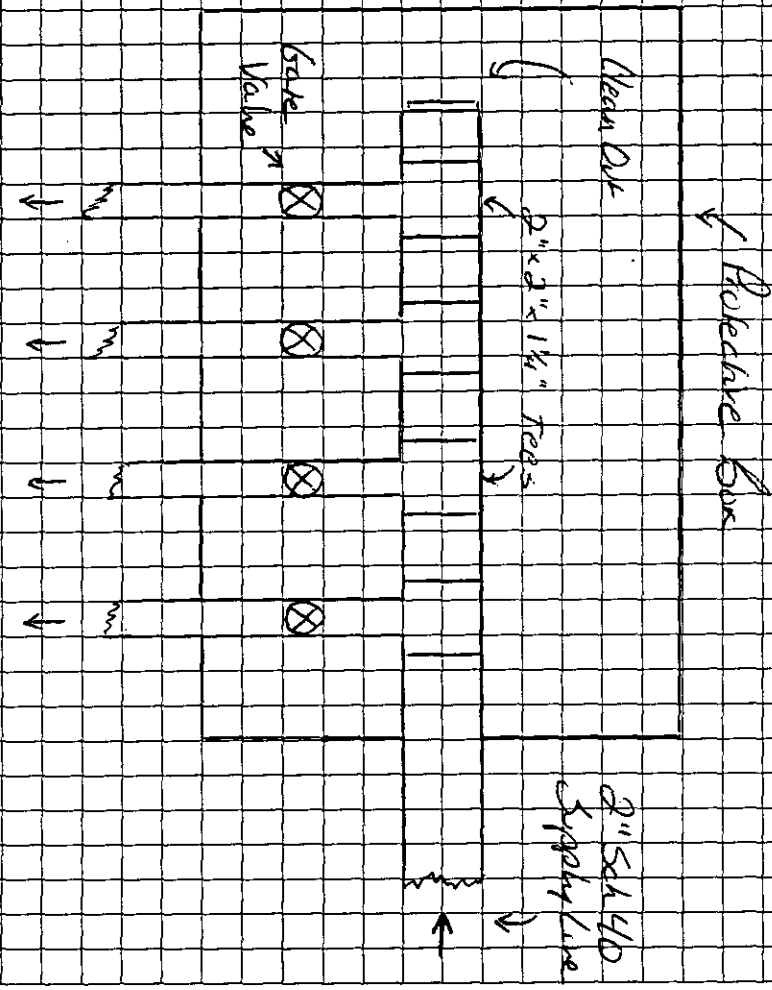


The Catena Group
410-B Millstone Drive
Hillsborough, NC 27278

Location: Lot 45 – Stonebridge

Date: January 25, 2006

Valve Box Detail



On-site Wastewater Section

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

File #: 61738
Code: 3

Owner: RYAN HOMES, INC.
Applicant: KENNY OWENS
Address: 10815 DAVID TAYLOR DRIVE, SUITE 100, CHARLOTTE, NC 28262
Date Evaluated: 1/6/06
Proposed Facility: 5 BR
Design Flow (.1949): 600 GPD
Property Size: 1
Location of Site: STONEBRIDGE WAY, MINT HILL, NC 28227
Property Recorded: NO
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 Structure/ Texture	SOIL MORPHOLOGY 1941 Consistence/ Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-12	SBK/SCL	FR/SS/SP/SEXP	>48"	>48"	NA	NA	PS, IV .3 GPD/FT²
		12-32	ABK/SBK/C	FI/S/P/SEXP					
		32-48	SBK/SCL	FR/S/P/SEXP					
2	"	0-12	FILL	MASSIVE	"	36"	"	"	PS, IV .25 GPD/FT²
		12-48	ABK/SBK/C	FI/S/P/SEXP					
3	"	0-10	FILL	MASSIVE	"	13"	U	"	U NA
		10-13	SBK/CL	FR/SS/SP/SEXP					
		13-23	ABK/SBK/C	FI/S/P/SEXP					
		23-48	SAP/CL	MASSIVE					
4	"	0-6	FILL	MASSIVE	"	27"	"	"	PS, IV .1 GPD/FT²
		6-33	ABK/SBK/C	FI/S/P/SEXP					
		33-48	SAP/CL	MASSIVE					
5	"	0-10	SBK/SCL	FR/SS/SP/SEXP	"	>48"	NA	"	PS, IV .3 GPD/FT²
		10-48	ABK/SBK/C	FI/S/P/SEXP					

Description	Initial System	Repair System
Available Space (.1945)	U	U
System Type(s)		
Site LTAR	.3 GPD/FT²	.1 GPD/FT²

Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: CHRIS SHERRILL, RS, LSS
Others Present: KIM STANLEY, RYAN HOMES

1-10-06

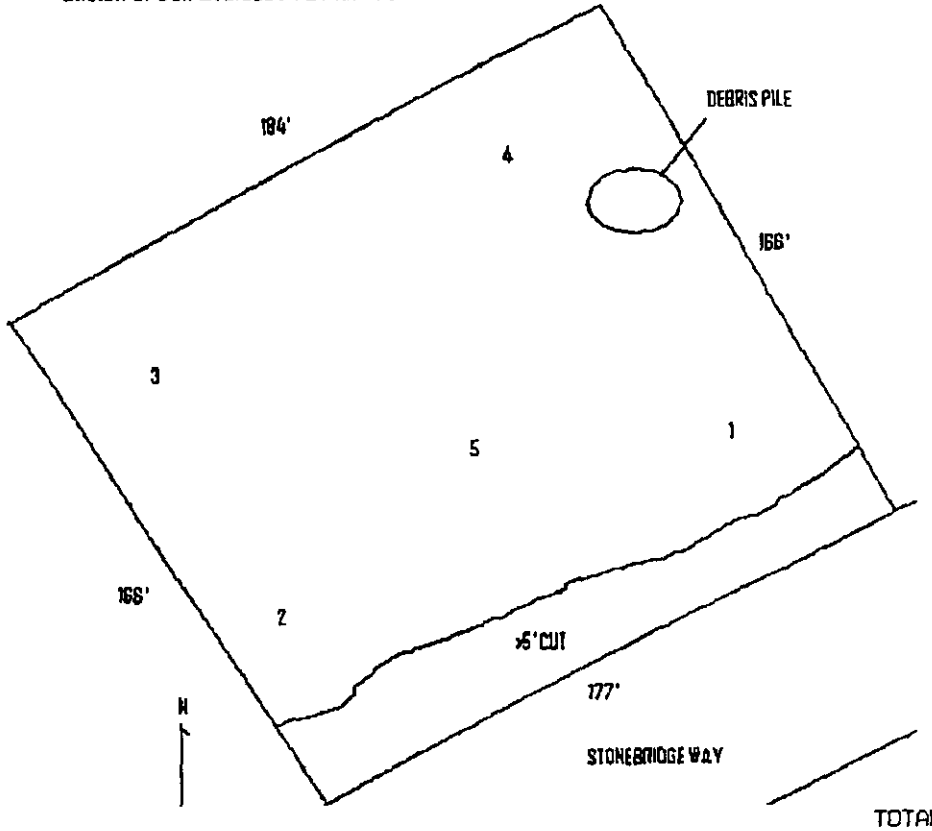
COMMENTS: 100% REPAIR AREA

FILE #: 61738

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-Food 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		
FP-Flood Plain		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-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



TOTAL P.04

Project No. 166017

FILE COPY	
FILED FOR REGISTRATION	DOC. # 926069
DATE 1/26/06	TIME 12:41 pm
BOOK 19936	PAGE 602
STAMPS	REC FEE 20.00
JUDITH A. GIBSON, REGISTER OF DEEDS MECKLENBURG COUNTY, NC	

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

BR1045

FILE # 61736

PARCEL # 139-032-38

The undersigned, NUR, INC DBA Ryan Homes, owner of property located at 9426 Stonebridge Pkwy, (the "site") and described in an instrument recorded in Book 44 at Page 521, 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:

This instrument was prepared by: NUR, INC DBA Ryan Homes

Mail after recording to: 10815 David Taylor Dr
Charlotte, NC 28262

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

Sheet: 1 OF 2
Property ID: 139-03-225
Lot #: 45
File #: 6173B
Code: 3

AGS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: RYAN HOMES, INC.
Applicant: KENNY OWENS
Address: 10815 DAVID TAYLOR DRIVE, SUITE 100, CHARLOTTE, NC 28262
Date Evaluated: 1/6/06
Proposed Facility: 5 BR
Design Flow (.1949): 600 GPD
Property Size: 1
Location of Site: STONEBRIDGE WAY, MINT HILL, NC 28227
Property Recorded: NO
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] 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	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-12	SBK/SCL	FR/SS/SP/SEXP	>48"	>48"	NA	NA	PS, IV
		12-32	ABK/SBK/C	FI/S/P/SEXP					.3 GPD/FT^2
		32-48	SBK/SCL	FR/S/P/SEXP					
2	"	0-12	FILL	MASSIVE	"	36"	"	"	PS, IV
		12-48	ABK/SBK/C	FI/S/P/SEXP					.25 GPD/FT^2
3	"	0-10	FILL	MASSIVE	"	13"	U	"	U
		10-13	SBK/CL	FR/SS/SP/SEXP					NA
		13-23	ABK/SBK/C	FI/S/P/SEXP					
		23-48	SAP/CL	MASSIVE					
4	"	0-6	FILL	MASSIVE	"	27"	"	"	PS, IV
		6-33	ABK/SBK/C	FI/S/P/SEXP					.1 GPD/FT^2
		33-48	SAP/CL	MASSIVE					
5	"	0-10	SBK/SCL	FR/SS/SP/SEXP	"	>48"	NA	"	PS, IV
		10-48	ABK/SBK/C	FI/S/P/SEXP					.3 GPD/FT^2

Description	Initial System	Repair System
Available Space (.1945)	U	U
System Type(s)		
Site LTAR	.3 GPD/FT^2	.1 GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: CHRIS SHERRILL, RS, LSS
Others Present: KIM STANLEY, RYAN HOMES

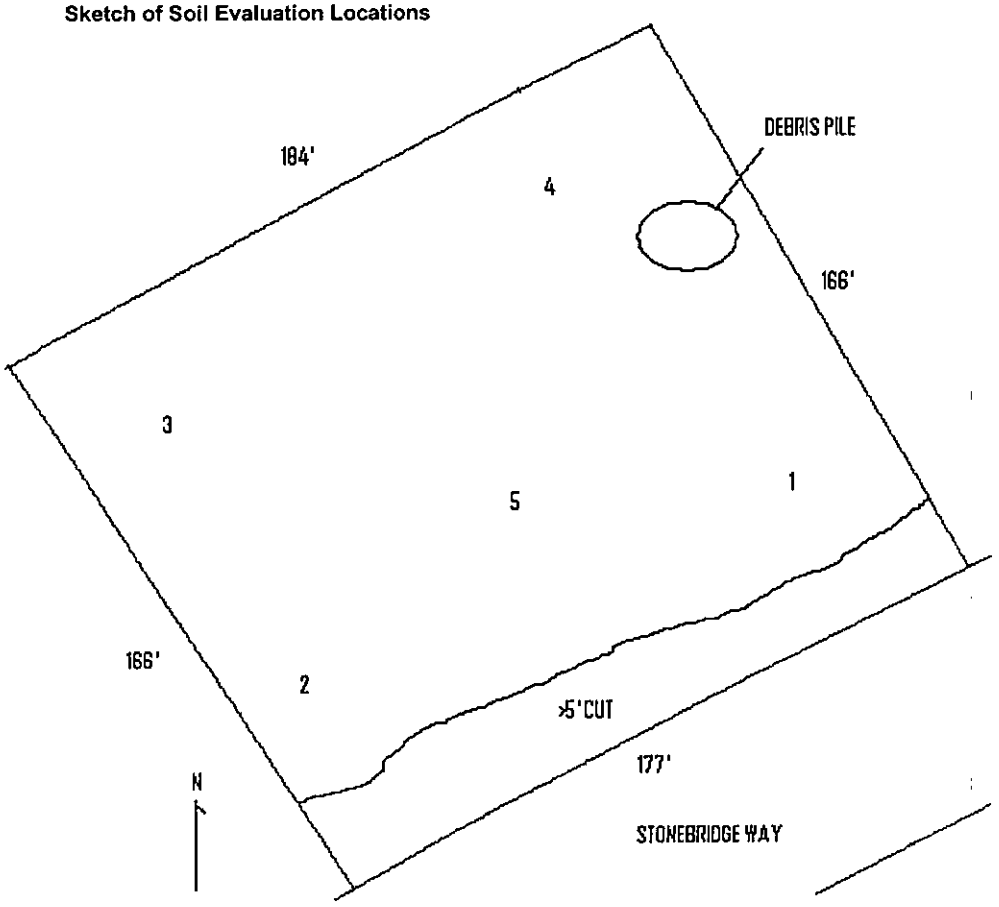
1-10-06

COMMENTS: 100% REPAIR AREA

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-Food 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-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



MECKLENBURG COUNTY
Health Department

January 9, 2006

Ryan Homes, Inc.
10815 David Taylor Drive, Suite 100
Charlotte, NC 28262

Re: Application for improvement permit for
Property Site: Lot 45, Stonebridge
Health Department file number: **6173B**

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on **January 6, 2006** evaluated the above-referenced property at the site designated on the site plan that accompanied your improvement permit application. According to your application the site is to serve a 5-bedroom residence, with a design wastewater flow of 600 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE for** a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☐ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☐ Unsuitable soil wetness condition (Rule .1942)
- ☐ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☐ Unsuitable for meeting required setbacks (Rule .1950)
- ☒ Other (Rule .1946) FILL

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of

sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the
N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926 or from the OAH web site at www.oah.state.nc.us/form.htm. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **January 9, 2006.** Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Chris Sherrill, R.S, L.S.S.
Authorized Agent - DENR

Encl: (2)

PROPOSED MODEL FIT

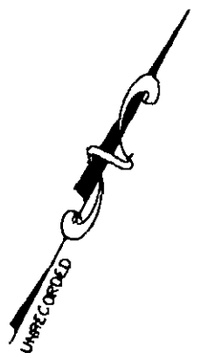
PREPARED BY:

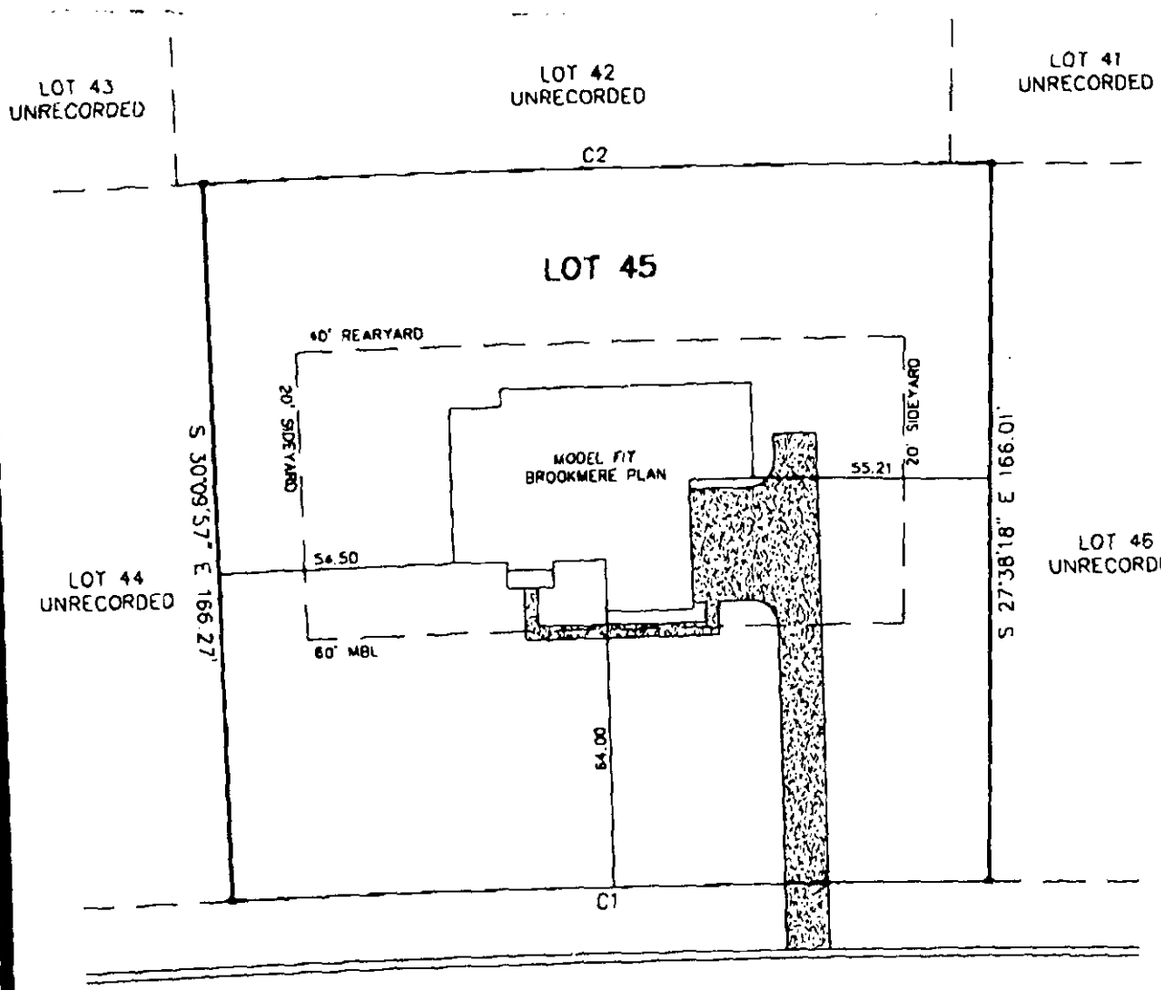
DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

**MODEL FIT ONLY
NOT TO BE USED
FOR CONSTRUCTION
OR STAKING**

NOTE: ALL LOT INFORMATION TAKEN FROM UNAPPROVED SITE PLAN. DELTA LAND SERVICES IS NOT RESPONSIBLE FOR ANY CHANGES DUE TO RECORDED PLAT AND RECORDED COVENANTS AND RESTRICTIONS

SCALE: 1"=40'





STONEBRIDGE WAY

60' PUBLIC R/W (PROPOSED)
UNRECORDED

ESTIMATED DRIVEWAY
AREA = 1737.8 SQ.FT.±

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	4548.82	176.82	176.81	S60°38'35"W	02°13'38"
C2	4083.80	184.15	184.13	S60°45'22"W	02°35'01"

STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision STONEBRIDGE (UNRECORDED) County MECKLENBURG
Address STONEBRIDGE WAY Owner RYAN HOMES
Lot 45 Block ___ Plan BROOKMERE Elevation A Drive (Left) ___ (Right) SIDE (Courtyard) ___ Deck ___
Patio ___ Fireplace ___ Garage (1 Car) ___ (2 Car) ___ (3 Car) X Brick ___ Basement ___ Curtain Wall ___
Crawl ___ Slab X Other IN-LAW SUITE

REVISED:

DWN: GHL CKD: MHB DATE: 07/ 26/ 05

G:\STONEBRIDGE\38-0045.DWG - GHL

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/08/06	**Amount:**	150.00
Receipt #:	41009	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: X33575
Contractor: NVR INC (EAST)
Attn:
Address: 10815 DAVID TAYLOR DR 100
Address:
City/State/Zip: CHARLOTTE, NC 28262

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 9426 STONEBRIDGE WAY		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
8,818.24	18,953.04				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/08/06
Receipt #: 41010
Check / Auth #: CHARGE
Received By: WALKEVA

Amount: 150.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X33575
Contractor: NVR INC (EAST)
Attn:
Address: 10815 DAVID TAYLOR DR 100
Address:
City/State/Zip: CHARLOTTE, NC 28262

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 9426 STONEBRIDGE WAY		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
8,968.24	18,953.04				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/28/05
Receipt #: 37205
Check / Auth #: CHECK 2569
Received By: WALKEVA

Amount: 3,000.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: RYAN HOMES
Attn:
Address: 10815 DAVID TAYLOR DR., SU 100
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen STONEBRIGE LOT 25-47		1	3,000.00	3,000.00

Outstanding Balances

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

WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources - Division of Water Quality

61736 DC

WELL CONTRACTOR CERTIFICATION # 20236

1. WELL CONTRACTOR:

Kelvin Belk
Well Contractor (Individual) Name

DL Mullis Well Drilling
Well Contractor Company Name

STREET ADDRESS 9200 Surface Hill Rd

Charlotte NC 28227
City or Town State Zip Code

(704) - 5455694
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable) 10000350

DWQ or OTHER PERMIT # (if applicable)

WELL USE (Circle applicable use): Monitoring (Residential) Municipal/Public Industrial/Commercial Agricultural Recovery Injection Irrigation

Other (list use)

3. WELL LOCATION:

COUNTY Meck QUADRANGLE NAME

NEAREST TOWN: Mint Hill

9426 Stonebridge Way

(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

Slope Valley Flat (Ridge) Other

(Circle appropriate setting)

LATITUDE 35° 11.046

LONGITUDE 80° 37.409

May be in degrees, minutes, seconds, or in a decimal format

Latitude/longitude source: ~~GPS~~ Topographic map

(Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable)

NAME OF FACILITY

STREET ADDRESS

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME NVR

STREET ADDRESS 10815 David Taylor #100

Charlotte NC 28262
City or Town State Zip Code

(704) - 2485119
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: Unknown ft. Diameter: 6 1/4" in.

b. Water Level (Below Measuring Point): ft.

Measuring point is ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	Unknown ft.	6 in.
b. Casing Removed:	ft.	in.

7. DISINFECTION: HTH

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement	Sand Cement
Cement 1350 lb.	Cement lb.
Water 50 gal.	Water gal.

Bentonite

Bentonite lb.
Type: Slurry Pellets
Water gal.

Other

Type material

Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

pumped by grouter

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 9-20-'06

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

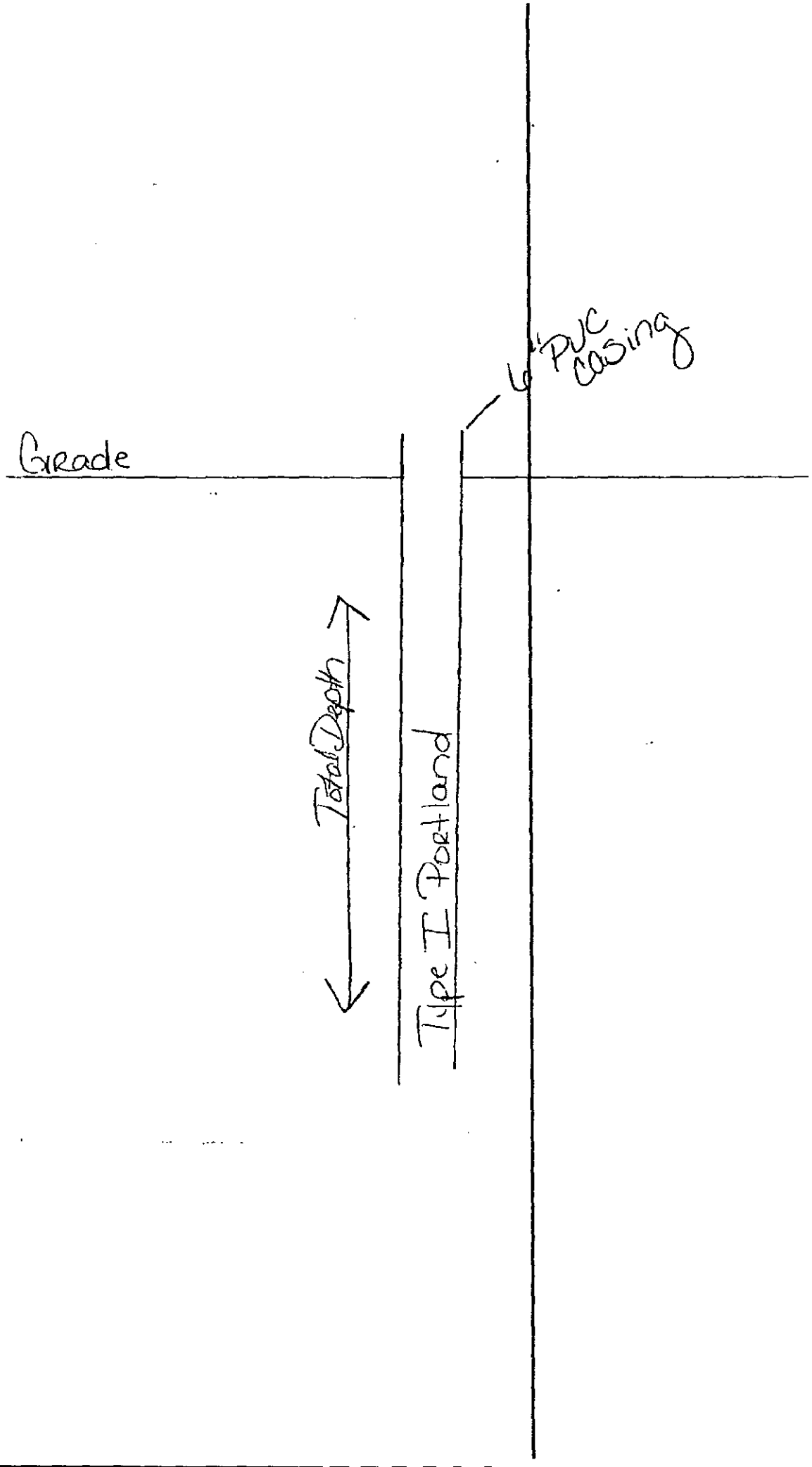
D.L. Mullis 9-20-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

KELVIN BELK
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.

Form GW-30


6" PVC casing
Grade
Total Depth
Type I Portland

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

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10000350 **Tax Parcel #:** 139-033-38
Property Owner: Ryan Homes
Job Location Address: 9426 STONEBRIDGE WAY
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 9/20/2006
Use of Well:
Type of Facility Served by Well: House
Sewage System Type: New System

Type of Repair/Abandonment

- ○ Major Repair Before Placing the Well in Service
- ○ Major Repair Before Temporary Abandonment
- ○ Temporary Abandonment
- ◉ Permanent Abandonment

Area of Regulated Groundwater Usage Restrictions Apply: YES

If Yes, see requirements in Specific Conditions of This Permit.

General Conditions of This Permit:

- The Water Supply Well repair and abandonment must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- Repair of any Water Supply Well with the well head terminating below ground surface (buried seal) shall include extending the well casing at least twelve inches above the surface.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

- ☐ Grout must be placed the full extent of the casing.
- ☐ Initial water sample to taken and analyzed for (check all that apply):
  - ☐ Volatile Organic Compounds (VOC's)
  - ☐ Semi-volatile Compounds
  - ☐ Metals (Specify in Other Conditions)
  - ☐ Pesticides
  - ☐ Herbicides
  - ☐ Other (See Below)

Other Conditions of This Permit:

No additional abandonment requirements prescribed per ARGU review DFT 8/30/06.

DAVID CORNELIUS, RS
Authorized Agent: Print Name

Signature:

Allison Price - DL Mullis Well
Owner/Legal Agent: Print Name

Signature:

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

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City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 9/20/2006
Use of Well:
Type of Facility Served by Well: House
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  - ☐ Semi-volatile Compounds
  - ☐ Metals (Specify in Other Conditions)
  - ☐ Pesticides
  - ☐ Herbicides
  - ☐ Other (See Below)

Other Conditions of This Permit:

No additional abandonment requirements prescribed per ARGU review DFT 8/30/06.

DAVID CORNELIUS, RS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

#350

GWS – RES. APP 07/05

SEPTIC FEE: _____
DATE: _____
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

FILE # 61736

WELL FEE: Ø
DATE: 8/30/06
CRT [JKA

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 #: 13903338
STREET ADDRESS: 9426 STONEBRIDGE WAY
CITY: MINT HILL
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME: STONEBRIDGE
LOT #: 45
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: w/ PUBLIC WATER
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

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: N/A NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: N/A
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: NVR
ADDRESS: 10815 David Taylor #100
CITY: CHARLOTTE
STATE: NC ZIP: 28262
HOME PHONE: WORK PHONE: 704 2485119
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 10/14/05
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? n/a

*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 8/28/06 Date

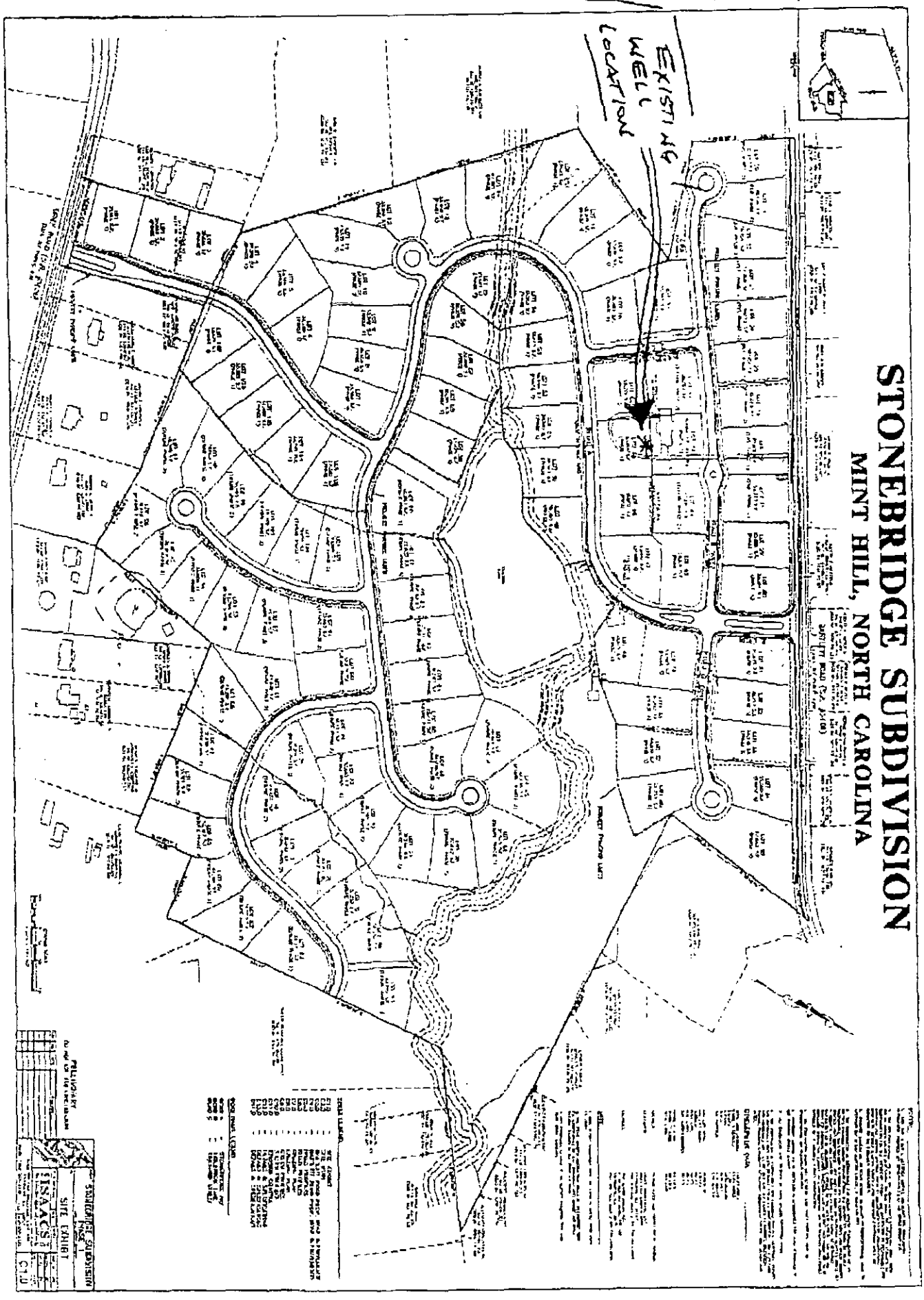
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*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 Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5100 / FAX 704-336-6894

file # 61736


EXISTING WELL LOCATION
STONEBRIDGE SUBDIVISION
MINT HILL, NORTH CAROLINA
SITE EXHIBIT
ISAACS
C1.0