

10526 GREEN HERON CT

19935302

1/10/2008

duponbj

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

EHS YJ

Reviewer ICR

6348B County Permit Review Worksheet

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓			MAP	PLAT	PLAN				
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?	✓									
.1940 (a-g)	Slope % Recorded?	✓									
.1939 (a)(2)	Texture Class Recorded?	✓									
.1939 (a)(2)	Structure type Recorded?	✓									
.1939 (a)(2)	Consistence Recorded?	✓									
.1939 (a)(2)	Mineralogy Recorded?	✓									
.1939 (a)(3)	Soil Wetness Condition Recorded?	✓									
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?	✓									
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	✓									
.1939 (a)(6)	Sufficient Available Space Recorded?	✓									
.1937(m)	Are the Profile Locations Shown?	✓									
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?	✓									
	Number of auger borings made:	✓									
	Were sufficient auger borings made?	✓									
.1939(d), .1955, .1956, .1957	LTAR	.275									
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial	✓									
.1945(b)	Proposed System Type stated-Repair	✓									
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial	✓									
.1937(g) & .1945(b)	System components shown - Initial	✓									
.1945(b)	Repair area shown	✓									
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?	✓									
.1937 (f)(g)	Is System design consistent with soil/site conditions?	✓									
.1937 (f)(g)	Is the System located in the approved area?	✓									
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?	✓									
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?										
.1937(g)	Trench depth indicated?	✓									
.1937(g)	Trench width indicated?	✓									
.1937(g)	Trench length indicated?	✓									
G.S. 130A-336(a)(1)	Proposed/existing well shown?	✓									
G.S. 130A-336(a)(1)	Property line lengths shown?	✓									
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	✓									
	OP										
.1937(i)	System type as described in table V(a) of rule .1961	✓									
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	✓									

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

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6348B Permit #: _____ Tax Parcel #: 199-353-02

Property Owner: KINGSWOOD CUSTOM HOMES, INC.

Job Location Address: 10526 GREEN HERON CT. (LOT #109)

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: 7/26/07 Contractor Name: SPECIALTY SEPTIC

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: ME3F-21P

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 548 feet

# of Lines: 4 @ 137 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Depth of Cover: 12 inches

Distribution Device: PRESSURE MANIFOLD

Inspection Dates

Tank(s) Inspected: 7/24/07

Excavation Inspected: 7/26/07

Pump & Controls Inspected: 7/26/07

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

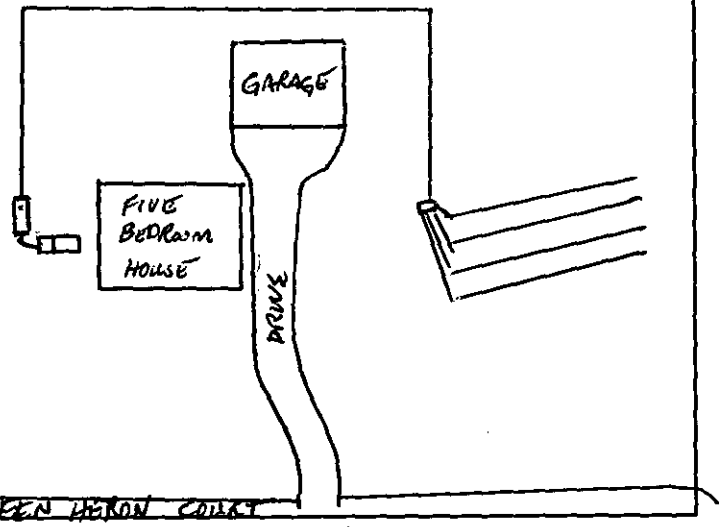
System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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

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

Comments: System Classification & Type: III b PUMP 25% REDUCTION; INFILTRATOR; TO BE INSPECTED BY GWS/5YRS; ~~TO BE~~ INSTALLED IN ACCORDANCE W/ APP

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
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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 #: 6348B Permit #: _____ Tax Parcel #: 199-353-02

Property Owner: KINGSWOOD CUSTOM HOMES, INC

Job Location Address: 10526 GREEN HERON CT (LOT #109)

City: CHARLOTTE State: NC Zip Code: 28278

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: III-b

*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: Chris Sherrill, RS, LSS Date: 7/26/07

Signature: Chris M Sherrill

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700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6348B Permit #: _____ Tax Parcel #: 199-353-02

Property Owner: KINGSWOOD CUSTOM HOMES, INC.

Job Location Address: 10526 GREEN HERON CT. (LOT #109)

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 7/24/07

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 8/24/07, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 600 GPD

Site LTAR: 0.275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 548 feet

# of Lines: 4 @ 137 feet

Depth of Media: 12 inches (Type) INNOVATIVE

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

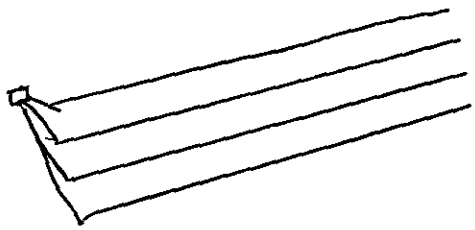
Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

INSTALL PER PLANS ON FILE
CMS
7/24/07



Comments: System Classification & Type: IIIb PUMP 25% REDUCTION; INSPECTED BY GWS/5YRS; INSTALLED IN ACCORDANCE W/ 1961

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Chris Sherrill

S&ME

Date: January 26, 2007

To: Mr. Jeremy Michael, R.S.
Mecklenburg County Env. Health Dept.

From: Paul G. Penninger, LSS

RE: Request for a revision to the Improvement Permit for Lot 109 at The Sanctuary: MCHD File #6348B

Kingwood Custom Homes, Inc. is requesting a revision to the Improvement Permit for the above referenced lot. The garage for the proposed house is in the original permitted system area and we are proposing to move the primary system and part of the repair to the right side of the proposed house. Mr. Bill Marlin has evaluated the soils (see attached MCHD soil sheets) and S&ME, Inc. has flagged the system and repair on the lot. We augered two additional holes in the new primary system area for the MCHD to review. The attached sketch and specifications are not an Improvement Permit and are intended only to assist the MCHD in permitting the revisions for the above referenced lot at The Sanctuary. The proposed primary system is a 25% reduction and the proposed repair is a PPBPS as was originally permitted.

We understand that a building permit cannot be issued until your office issues an Authorization to Construct (ATC). **No grading shall take place on the lot prior to obtaining the ATC from the MCHD.**

Tri-County Wastewater (TCWW) is under contract to supply maintenance services for each septic system installed at The Sanctuary. TCWW will have a list of preferred septic contractors for the subdivision and will also have requirements for septic system installation that are greater than the MCHD and State requirements. It will be the responsibility of TCWW to enforce any requirements above State requirements or the MCHD conditions on the Improvement Permit.

Please review the attached system sketch and design specifications for the revised Improvement Permit. Any additions or revisions you feel are necessary can be made on the Improvement Permit. Please call in you have and questions or comments.

Design Specifications for Lot 109 at The Sanctuary
MCHD File # 6348B (revisions to original permit)

Daily Design Flow:	600 gpd
Number Bedrooms:	5 bedroom
Basement or Crawl Space:	Crawl Space
Septic Tank Size:	1500 gal
Pump Tank Size:	1500 gal
Primary System Loading Rate:	**0.275 gpd/ft^2**
Primary System:	**25% Reduction**
Number and length of laterals:	4 @ 137 ft. endfed
Total ft. of primary system:	548 ft.
Flow Rate through system:	22 gpm – use ½ in. SCH 80 taps with 2 ft. head pressure on pressure manifold (5.5 gpm per tap)
Pump Requirements:	to be calculated by installer when specific pump tank locations are available
Dosing Volume:	approx. 270 gal. – 2.2 doses/day at design flow
Depth of effluent pumped per dose:	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Check Valve:	yes
Siphon break hole:	no
Repair System Loading Rate:	**0.275 gpd/ft^2**
Repair System:	**LPPPBPS**
Total ft. of repair	490 ft. (364 required)

Notes:

SEPTIC LINES

CLASS 'C' BUFFER

FOUND
#4 REBAR
W/ CAP

S 83°46'41" W 524.66'

FOUND
#4 REBAR
W/ CAP

N 34°47'29" E
127.22' (TIE ONLY)

N 34°39'11" E
208.26' (TIE ONLY)

FOUND
#4 REBAR
W/ CAP

S 36°07'41" E 432.12'

WOODS ROAD

40' SIDEYARD

5' SIDE YARD

118.8'

GARAGE

4" SCH 40 PVC

HOUSE

ADDITIONAL REPAIR

FILL

65' BLUE REPAIR

RED

WHITE

BLUE

RING

10' SIDE YARD

5' SIDE YARD

210.5'

95' RED REPAIR

DRIVE

SDE

118.00'

N 70°13'12" E

80.1'

30' MBL

20' MBL

C1

SIDEWALK
EASEMENT

N 12°00'43" W 230.86'

LOT 110
THE SANCTUARY
PHASE 4, MAP 1, SHEET 2
MB 46 PAGE 719

GRAPHIC SCALE
1 inch = 100 ft.

100 0 50 100

GREEN HERON COURT
50' PUBLIC R/W

Environmental Health
Onsite Wastewater Section

Property ID: PO 199-353-02
Lot #: 109
File #: 6348B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary of Lake Wylie, LLC
Applicant: Paul Penninger, S &ME
Address: 11104 Limehurst Place
Date Evaluated: 2/15/06
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: Approx. .7a inv.
Location of Site: Green Heron Ct.
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	SOIL MORPHOLOGY				OTHER PROFILE FACTORS				
	.1940 Landscape Position/ Slope%	Horizon Depth (IN)	.1941 Structure/ Texture	.1941 Consistence/ Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN)	.1956 Sapro Class	.1944 Restr. Horiz	Profile Class & LTAR
1	LS, 6	0-5	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		5-48	SBK/C	FI/SEXP/S/P					.275GPD/FT²
2	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					
3	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					
4	"	0-3	GR/CL	FR/SEXP/SS/SP	>41" TO SOIL WETNESS	41+	"	"	"
		3-41	SBK/C	FI/SEXP/S/P					
5	LS, 8	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IV	IV
Site LTAR	.275GPD/FT²	.275GPD/FT²

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 2/16/2006. W. R. Marlin
Others Present:

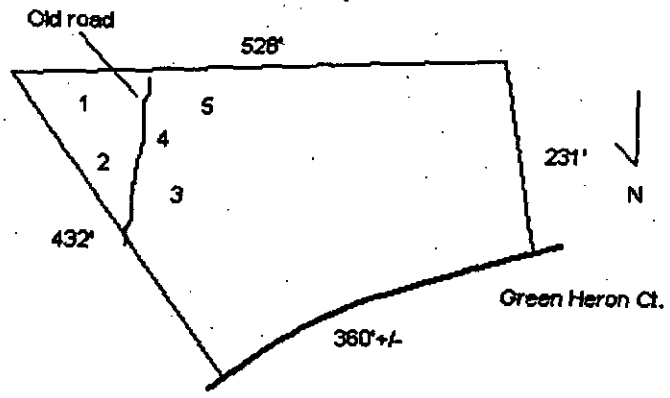
MENTS:
100% repair, do not install system when soils are wet

Landscape Position	Group	Texture	.1955 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
SS-Shoulder Slope		LS-Loamy Sand	
LS-Linear Slope			
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6
NS-Nose Slope		L-Loam	
HS-Head Slope			
CC-Concave Slope	III	SI-Silt	0.6 - 0.3
CV-Convex Slope		SICL-Silty Clay Loam	
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	

Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

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



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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30001823** GWS File #: **6348B** Tax Parcel #: **199-353-41**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 1/29/2012

Type of Installation: Residential - Modified Plot Plan Lot Number: 0

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 5 # Occupants: 10

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

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

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1636 Total Trench Length (ft): 545

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Pressure Manifold

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

Repair System Specifications:

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

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1092 Total Trench Length (ft): 364

Maximum Trench Depth (in): 36 Depth of Media (in): 24 Distribution Device: Manifold (LPP Distri

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael Owner/Legal Agent: Justin Tuttle
Print Name

Signature: Jeremy Michael Signature:

Date Issued: 1/29/2007

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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 #: **30001823** GWS File #: **6348B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to issuance of an Operation Permit.
- 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 system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 1/29/2007

Owner/Legal Agent: Justin Tuttle
Print Name

Signature:

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

Sheet: 1 of 2
Property ID: PO 199-353-02
Lot #: 109
File #: 6348B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary of Lake Wylie, LLC
Applicant: Paul Penninger, S &ME
Address: 11104 Limehurst Place
Date Evaluated: 2/15/06
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: Approx. .7a inv.
Location of Site: Green Heron Ct.
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-5	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		5-48	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
2	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					
3	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					
4	"	0-3	GR/CL	FR/SEXP/SS/SP	>41" TO SOIL WETNESS	41+	"	"	"
		3-41	SBK/C	FI/SEXP/S/P					
5	LS, 8	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	T IV	T IV
Site LTAR	.275GPD/FT^2	.275GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 2/16/2006, W. R. Marlin
Others Present:

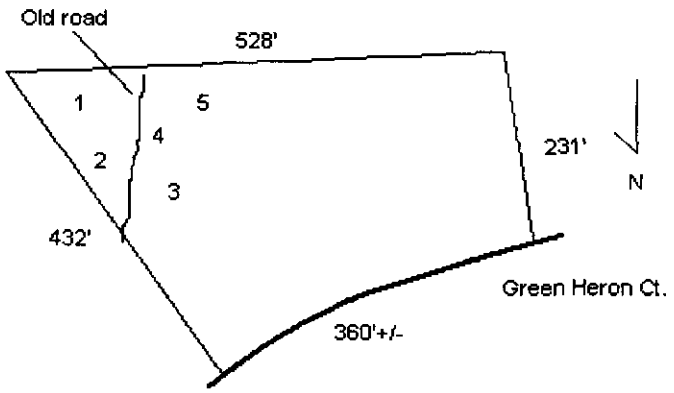
COMMENTS:

100% repair, do not install system when soils are wet

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



01/10/2007 08:21 1

JAN 12 2007 09:56 MECKLENBURG CO G&S JAM #1823 704 336 6894 P.02/05

FILE NUMBER: 63488 Revised On: January 3, 2007 APPLICATION NUMBER: _____

SEPTIC FEE: 100
DATE: 1/8/07 1/10/07
JKA X3595

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

WELL FEE: _____
DATE: _____

1. SEPTIC TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☒ MODIFIED PLOT PLAN

2. WELL TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 19935302
STREET ADDRESS: 10526 Green Heron CT
CITY:
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 8-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 10
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING
7. PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 6-LEAST DESIRED):
☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
8A. RANK: ____ ____ ____ ____ ____ ____

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 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

10. PROPERTY OWNER:
NAME: Kingswood Custom Homes, Inc.
ADDRESS: 8033 Corporate Center Dr. #400
CITY: Charlotte
STATE: NC ZIP: 28226
HOME PHONE: WORK PHONE: 704-544-6546
MOBILE PHONE: FAX: 704-544-6545

11. OWNER'S LEGAL REPRESENTATIVE IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 month, complete plat = non-expiring.

Abnelle Stewart 1/10/07
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
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 location 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 12 months from the date of issuance.

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

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

01/12/2007 15:02 1 Contact MECKLENBURG CO GWS 1 New Owner 704 336 6894 PAGE 03
JAN-12-2007 09:56 P.02/04

FILE NUMBER: 6348B

Revised On: January 3, 2007

APPLICATION NUMBER: ____

SEPTIC FEE: 300.00
DATE: 1/16/07

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

WELL FEE: ____
DATE: ____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 19935302
STREET ADDRESS: 10526 Green Heron CT
CITY:
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:

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

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER ____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 6 LEAST DESIRED):

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8A. RANK: ____ ____ ____ ____ ____

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HOME PHONE: WORK PHONE: 704-544-6546
MOBILE PHONE: FAX: 704-544-6545

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

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Danielle Stewart 1/12/07
Property Owner's or Owner's Legal Representative Signature Date

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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 12 months from the date of issuance.

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

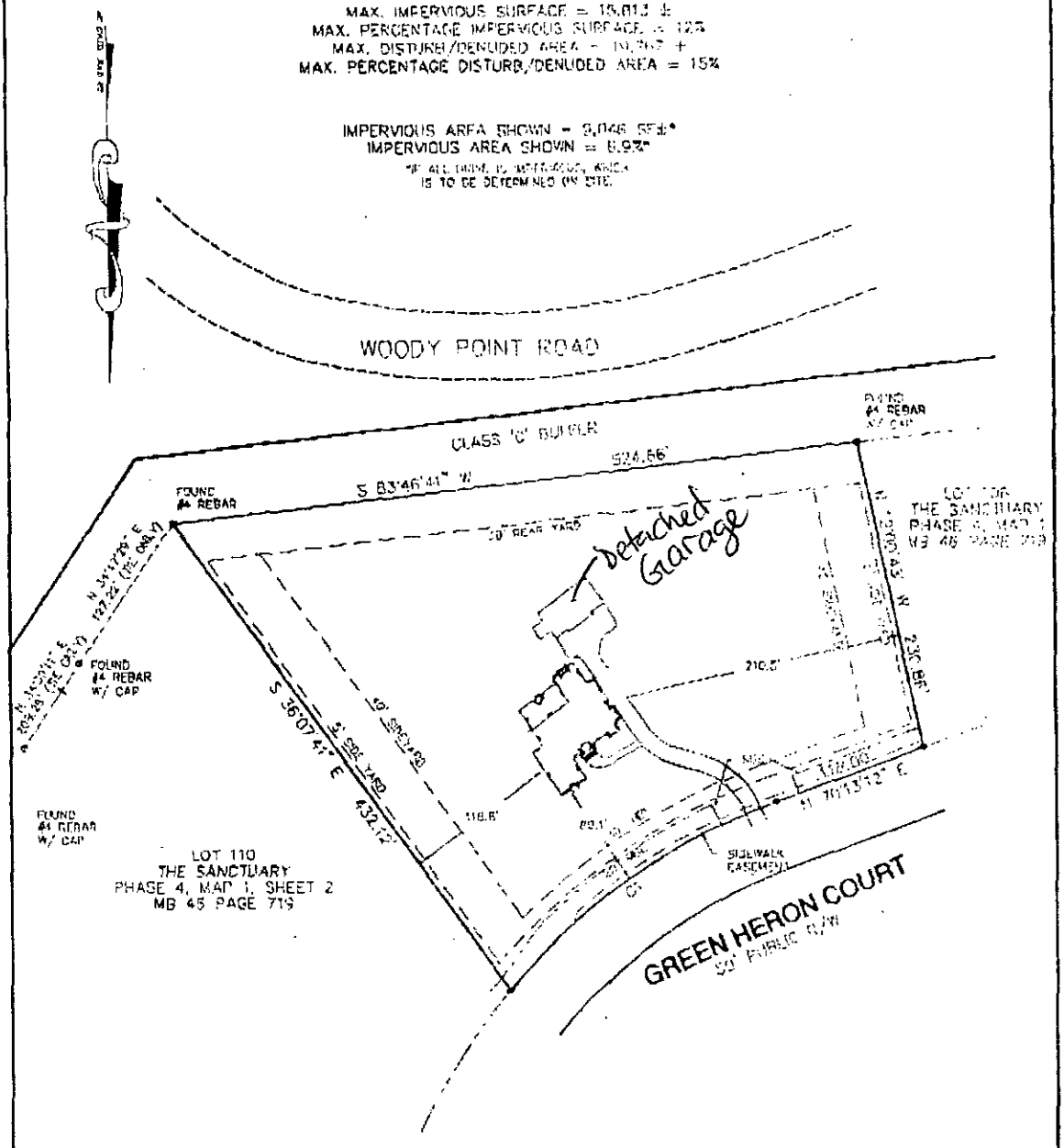
☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SITE DEVELOPMENT PLAN SHEET 2 OF 2

LOT 109
13,779 SF±
0.025 AC.±
#10526

MAX. IMPERVIOUS SURFACE = 15,813 ±
MAX. PERCENTAGE IMPERVIOUS SURFACE = 12%
MAX. DISTURB/DENUDED AREA = 10,767 ±
MAX. PERCENTAGE DISTURB./DENUDED AREA = 15%

IMPERVIOUS AREA SHOWN = 9,046 SF±*
IMPERVIOUS AREA SHOWN = 8.9%*
* IF ALL DRIVE IS IMPERVIOUS, AREA IS TO BE DETERMINED ON SITE.



** SETBACKS SHOWN REPRESENT THOSE RECORDED IN MAP BOOK 45 PAGE 719 AND THOSE SUPPLIED ON PROPOSED DRAFT FIELD LOCATION SHEET BY BURDUS

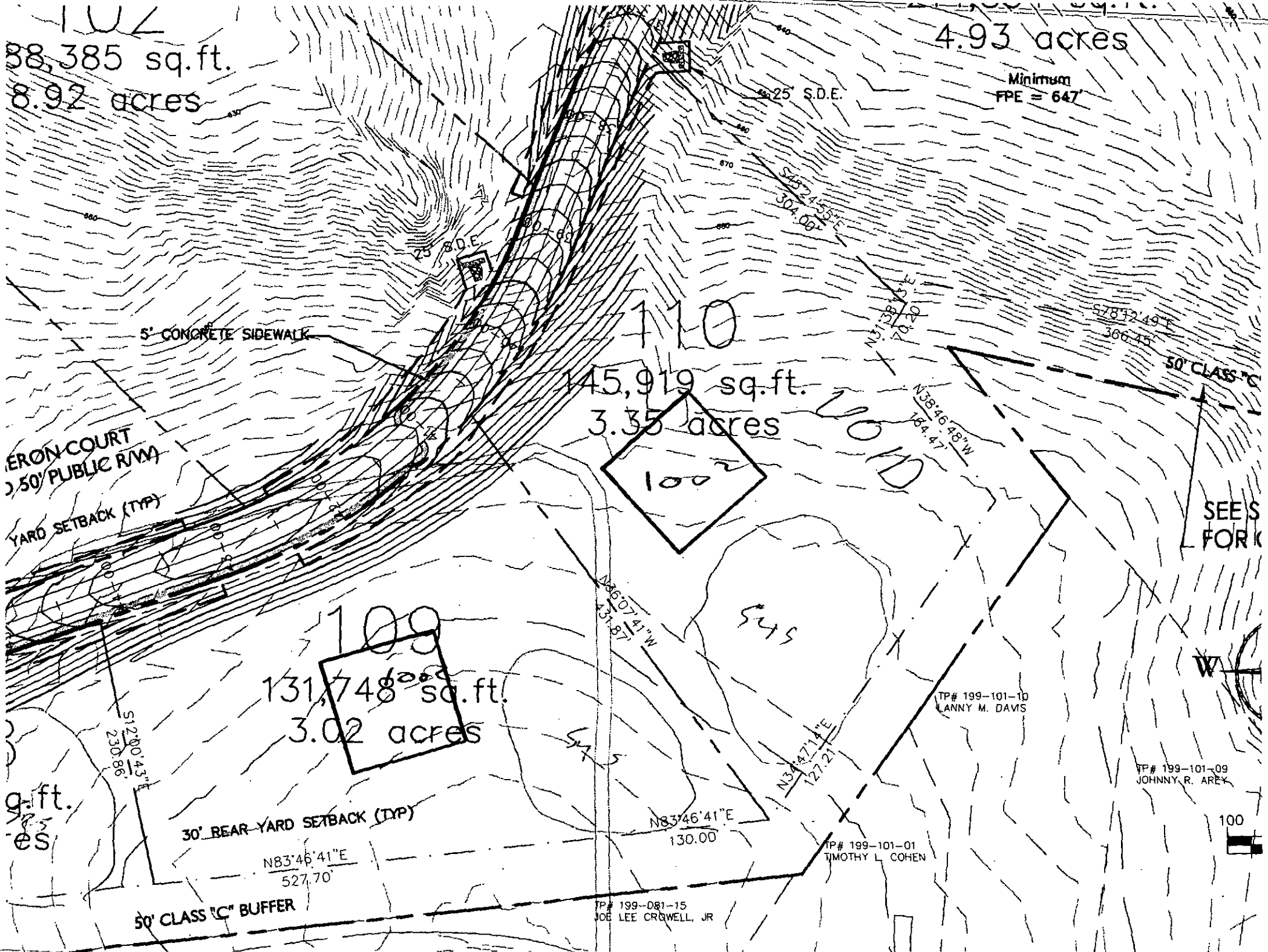
GRAPHIC SCALE
1 inch = 100 ft.
100 0 50 100

CURVE TABLE

CURVE	RADIUS	LENGTH	TANGENT	BEARING	DELTA	CHORD
C1	400.27'	250.00'	127.99'	N 54°00'00" E	35°47'56"	245.96'

NOT FOR RECORDATION, CONVEYANCES, OR SALES

REV. 1/17/07 – MOVED HOUSE AND GARAGE FORWARD
REV. 1/16/07 – ADDED SEWER EASEMENT


38,385 sq.ft.
8.92 acres
4.93 acres
Minimum
FPE = 647'
25' S.D.E.
S45°24'55"E
304.06'
25' S.D.E.
110
145,919 sq.ft.
3.35 acres
100
N31°38'13"E
70.20'
S78°12'49"E
366.45'
50' CLASS "C
5' CONCRETE SIDEWALK
ERON COURT
50' PUBLIC R/W
YARD SETBACK (TYP)
N38°46'48"W
164.47'
VOID
SEE S
FOR
109
131,748 sq.ft.
3.02 acres
N26°07'41"W
431.87'
S12°20'43"E
230.86'
30' REAR YARD SETBACK (TYP)
N83°46'41"E
527.70'
N34°47'14"E
127.21'
N83°46'41"E
130.00'
TP# 199-101-10
LANNY M. DAVIS
TP# 199-101-09
JOHNNY R. AREY
TP# 199-101-01
TIMOTHY L. COHEN
TP# 199-081-15
JOE LEE CROWELL, JR
50' CLASS "C" BUFFER
100

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 #: **30000417** GWS File #: **6348B** Tax Parcel #: **199-353-02**

- 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):** 7/17/2011

Type of Installation: Residential - New System Lot Number: 109

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 5 # Occupants: 10

Building Foundation: Basement With Plumbing Water Supply: Community

II. Initial System Type: Pump to Innovative or Experimental **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1636	Total Trench Length (ft):	545
Maximum Trench Depth (in):	30	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):	600	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1092	Total Trench Length (ft):	364
Maximum Trench Depth (in):	40	Depth of Media (in):	N/A	Distribution Device:	N/A		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Zach Petersen Owner/Legal Agent: Paul Pennington

Signature: Signature:

Print Name

Date Issued: 7/17/2006

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 #: **30000417** GWS File #: **6348B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

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: Zach Petersen

Signature: _____

Date Issued: 7/17/2006

Owner/Legal Agent: PAUL PENNINGTON
Print Name

Signature: _____

S&ME

Date: June 23, 2006

VOID

To: Mr. Zach Petersen, R.S.
Mecklenburg County Env. Health Dept.

From: Paul G. Penninger, LSS
Kathleen Saunders, LSSIT

RE: Request for an Improvement Permit for Lot 109 at The Sanctuary:
MCHD File #6348B

The Sanctuary at Lake Wylie is requesting an Improvement Permit for the above referenced lot. Mr. Bill Marlin has evaluated the soils (see attached MCHD soil sheets) and S&ME, Inc. has flagged the system and repair on the lot. The septic lines have been located by the surveyor and are shown on the attached maps provided by LandDesign Engineering. The attached sketch and specifications are not an Improvement Permit and are intended only to assist the MCHD in permitting the referenced lot at The Sanctuary.

We understand that a building permit cannot be issued until your office issues an Authorization to Construct (ATC). The buyer will apply for the ATC. If the buyer's house pad does not fit in the "building envelope" shown on the Improvement Permit, we understand that the proposed system may have to be modified prior to your office issuing the ATC. **No grading shall take place on the lot prior to obtaining the ATC from the MCHD.**

Tri-County Wastewater (TCWW) is under contract to supply maintenance services for each septic system installed at The Sanctuary. TCWW will have a list of preferred septic contractors for the subdivision and will also have requirements for septic system installation that are greater than the MCHD and State requirements. It will be the responsibility of TCWW to enforce any requirements above State requirements or the MCHD conditions on the Improvement Permit.

Please review the attached system sketch and design specifications for the Improvement Permit. Any additions or revisions you feel are necessary can be made on the Improvement Permit. Please call in you have and questions or comments.

Design Specifications for Lot 109 at The Sanctuary
MCHD File # 6348B

Daily Design Flow:	600 gpd
Number Bedrooms:	5 bedroom
Basement or Crawl Space:	Crawl Space
Septic Tank Size:	1500 gal
Pump Tank Size:	1500 gal
Primary System Loading Rate:	**0.275 gpd/ft^2**
Primary System:	**25% Reduction**
Number and length of laterals:	4 @ 137 ft. endfed
Total ft. of primary system:	548 ft.
Flow Rate through system:	22 gpm – use ½ in. SCH 80 taps with 2 ft. head pressure on pressure manifold (5.5 gpm per tap)
Pump Requirements:	to be calculated by installer when specific house and pump tank locations are available
Dosing Volume:	approx. 270 gal. – 2.2 doses/day at design flow
Depth of effluent pumped per dose:	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Check Valve:	yes
Siphon break hole:	no
Repair System Loading Rate:	**0.275 gpd/ft^2**
Repair System:	**LPPPBPS**
Total ft. of repair	463 ft. (364 required)

Notes:

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

Sheet: 1 of 2
Property ID: PO 199-353-02
Lot #: 109
File #: 6348B
Code: 1

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary of Lake Wylie, LLC
Applicant: Paul Penninger, S &ME
Address: 11104 Limehurst Place
Date Evaluated: 2/15/06
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: Approx. .7a inv.
Location of Site: Green Heron Ct.
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	SOIL MORPHOLOGY (.1941)				OTHER PROFILE FACTORS				
	(.1940) Landscape Position/ Slope%	(.1941) Horizon Depth (IN)	(.1941) Structure Texture	(.1941) Consistence Mineralogy	(.1942) Soil Wetness/ Color	(.1943) Soil Depth (IN)	(.1956) Sapro Class	(.1944) Restr. Horiz	Profile Class & LTAR
1	LS, 6	0-5	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		5-48	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
2	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					
3	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					
4	"	0-3	GR/CL	FR/SEXP/SS/SP	>41" TO SOIL WETNESS	41+	"	"	"
		3-41	SBK/C	FI/SEXP/S/P					
5	LS, 8	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.275GPD/FT^2	.275GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 2/16/2006, W. R. Marlin
Others Present:

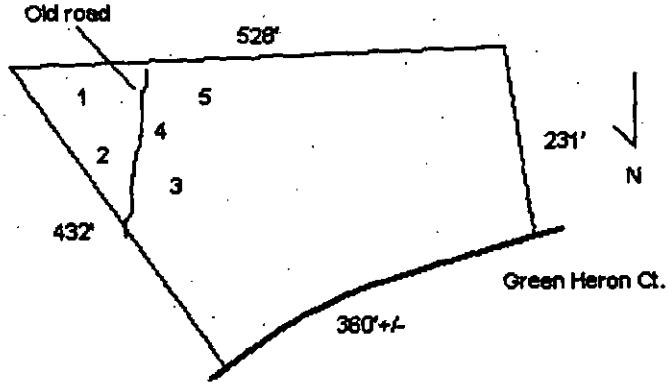
COMMENTS:
100% repair, do not install system when soils are wet

Landscape Position	Group	Texture	.1955 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
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CV-Convex Slope		SICL-Silty Clay Loam	
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Structure
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PR-Prismatic

Consistence Moist	Consistence Wet	Mineralogy
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EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



GREEN HERON COURT

PROPOSED 50' PUBLIC (R/W)

Green Heron

20' FRONT YARD SETBACK (TYP)

L=385.17'
R=461.22'

S70°13'12"W
171.30'

110
145,969.385 sq.ft.
3.350 acres

131,779.074 sq.ft.
3.025 acres

109

131,748 sq.ft.
3.02 acres

Lot

2" SEWER & WATER SUPPLY

DRIVE

S12°00'43"E
230.86'

45'

140' BERM

140' BERM

R 137

W 137

O 137

B 137

R 105

W 90'

ROAD BED

N36°07'41"W
431.87'

5' SIDE YARD SETBACK

5' SIDE YARD SETBACK

ST

ST

30' REAR YARD SETBACK (TYP)

N83°46'41"E
527.70'

PRESSUR MANIFOLD

N83°46'41"E
130.00'

50' CLASS C BUFFER

50' CLASS C BUFFER

FP # 199-081-15
JOE LEE CROWELL JR

GRAPHIC SCALE
50 25 0 50
SCALE: 1" = 50'

LOT 109
THE SANCTUARY
MECKLENBURG COUNTY, NORTH CAROLINA

SCALE: AS SHOWN	DRAWN BY: JBP	CHECKED BY: PGP	
JOB NO. 1588-05-067	DATE: JUNE, 2006	FIGURE NO.	1

S&ME
ENGINEERING · TESTING
ENVIRONMENTAL SERVICES

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/16/07	**Amount:**	150.00
Receipt #:	47641	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X35951
Contractor: KINGSWOOD CUSTOM HOMES INC
Attn:
Address: 8033 COMPORATE CENTER DR
Address: SUITE 400
City/State/Zip: CHARLOTTE, NC 28226

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 10526 Green Heron Ct./file 6348B		1	150.00	150.00

Outstanding Balances

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/16/07	**Amount:**	150.00
Receipt #:	47642	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X35951
Contractor: KINGSWOOD CUSTOM HOMES INC
Attn:
Address: 8033 COMPORATE CENTER DR
Address: SUITE 400
City/State/Zip: CHARLOTTE, NC 28226

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 10526 Green Heron Ct./file 6348B		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
300.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/14/06	**Amount:**	1,000.00
Receipt #:	41267	**Tendered:**	1,000.00
Check / Auth #:	CHECK 9425	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: S&ME
Attn:
Address: 3718 OLD BATTLEGROUND ROAD
Address:
City/State/Zip: GREENSBORO, NC 27410

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen THE SANTUARY LOT 106-110		1	1,000.00	1,000.00

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

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

#691

GWS – RES. APP 07/05

SEPTIC FEE: 200
DATE: 2/14/06
CRT [ ] Check #009425
UKA

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 # 03488

WELL FEE: _____
DATE: _____
CRT [ ]

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 #: 19935302
STREET ADDRESS: ~~Sage Thrasher Lane~~
CITY: Charlotte Green Heron Ct
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME: The Sanctuary
LOT #: 109
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: 5
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: 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: The Sanctuary of Lake Wylie, LLC
ADDRESS: 11104 Limehurst Place
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: — WORK PHONE: 295-1106
MOBILE PHONE: — FAX: —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Paul Penninger, S+ME, Inc
ADDRESS: 385 Timber Rd Suite 104
CITY: Mooresville
STATE: NC ZIP: 28115
HOME PHONE: WORK PHONE: 662-8625
MOBILE PHONE: 996-6330 FAX: 662-8735

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2005
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ~ 120 days

*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.

2-13-06

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