#1214

GWS – RES. APP 07/05

SEPTIC FEE: 100.00
DATE: 8/3/06 CK#4724
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 # 5486B

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 #: 19935310
STREET ADDRESS: 10835 HERMIT THRUSH LN
CITY: CHARLOTTE
STATE: NC ZIP: 29
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 77
TOWNSHIP: STEEL CREEK

☐ 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: 4

FOUNDATION FOR RESIDENCE:
☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: MOVING HOUSE CLOSER TO ROAD
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: MUKESH PATEL
ADDRESS: PO BOX 3388
CITY: FORT MILL
STATE: SC ZIP: 29708
HOME PHONE: 803 547 4177 WORK PHONE: 803 547 7100
MOBILE PHONE: 704 396 252 FAX: 803 547 7820

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?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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

Owner's/Agent's Signature 8/2/06 Date

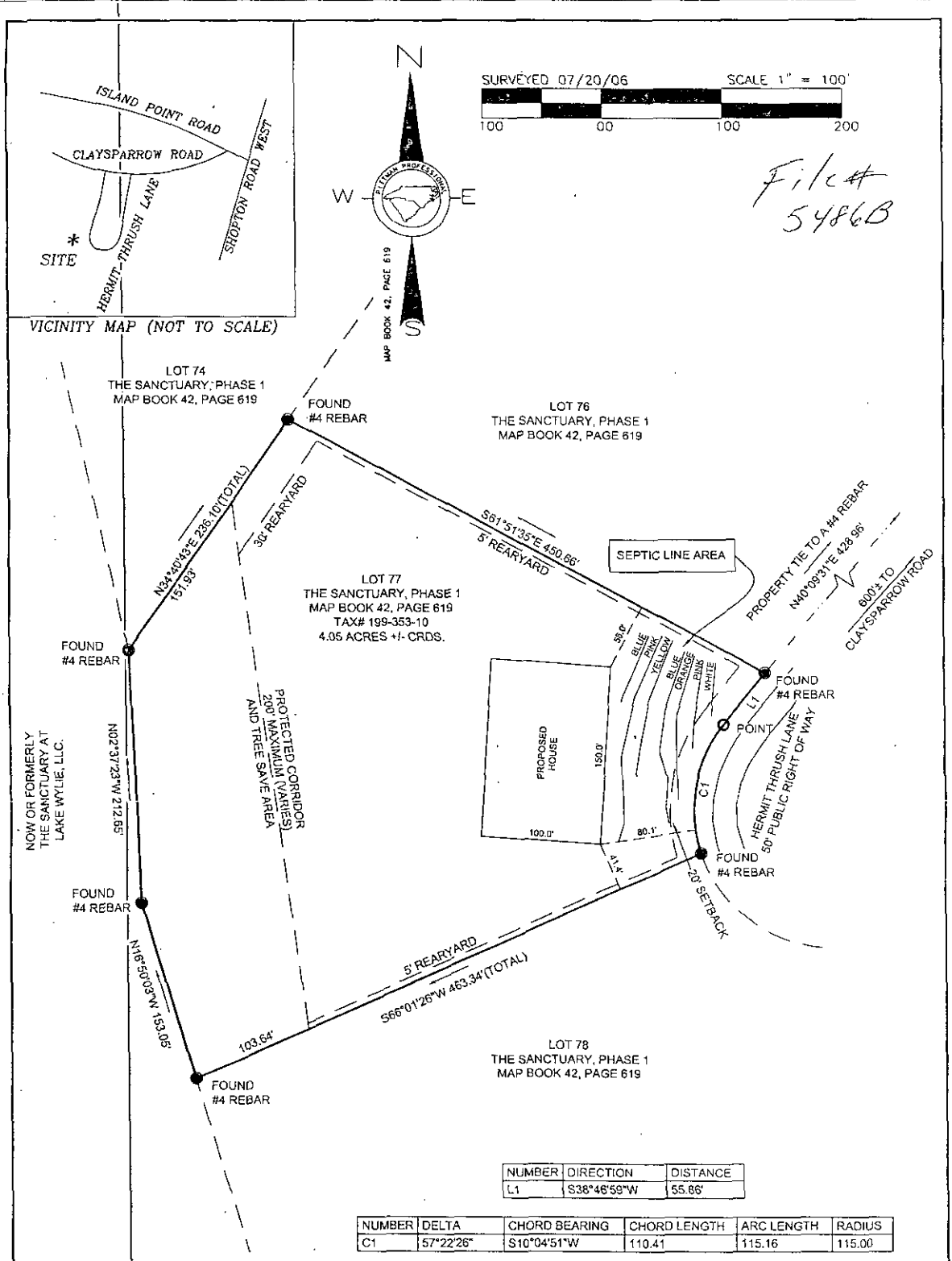
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*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 704-336-5103 / FAX: 704-336-6894

704



NUMBER	DIRECTION	DISTANCE
L1	S38°46'59"W	55.86'

NUMBER	DELTA	CHORD BEARING	CHORD LENGTH	ARC LENGTH	RADIUS
C1	57°22'26"	S10°04'51"W	110.41	115.16	115.00

GENERAL NOTES:

1. MEASUREMENTS ON THIS MAP ARE IN FEET AND DECIMALS THEREOF.
2. ALL SET CORNERS ARE 5/8" REBAR UNLESS OTHERWISE NOTED.
3. THIS IS A PLAT OF AN EXISTING PARCEL OF LAND.
4. THIS PLAT IS SUBJECT TO ANY EASEMENTS, AGREEMENTS, OR RIGHTS-OF-WAY OF RECORD PRIOR TO DATE OF THIS PLAT, WHICH WAS NOT VISIBLE AT THE TIME OF OUR SURVEY.
5. NO NCGS MONUMENT WITHIN 2000 FEET.

REFERENCES :

1. MAP BOOK 42, PAGE 619

NOTE :

THIS SURVEY NOT INTENDED TO MEET GS47-30 REQUIREMENTS. THIS SURVEY WAS PERFORMED PER THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA WITH AN ERROR OF CLOSURE IN EXCESS OF 1:10,000.

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR SEAL L-4285 CHARLES D. MACKAY

File Name: P:\1158\E1\1158E1.DWG

PLOT PLAN FOR

MUKESH PATEL

OF

10835 HERMIT THRUSH LANE

LOT #77 THE SANCTUARY PHASE 1

MECKLENBURG COUNTY\STEELE CREEK TOWNSHIP\NORTH CAROLINA

PITTMAN PROFESSIONAL LAND SURVEYING

TOPOGRAPHIC MAPS
ROUTE SURVEYS
SUBDIVISIONS
SITE PLANS

PHOTO CONTROL SURVEYS
CONSTRUCTION SURVEYS
BOUNDARY SURVEYS
PHYSICAL SURVEYS

P.O. BOX 1512, FORT MILL, SC 29716 (803) 547-7369 FAX (803) 547-0766

S&ME

Date: August 4, 2006

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

From: Paul G. Penninger, LSS

RE: Request for a revision to Improvement Permit for Lot 77 at The Sanctuary:
MCHD File #5486B

Mukesh Patel is requesting a revison to the Improvement Permit for the above referenced lot. The lot was previously permitted by The Santuary at Lake Wylie, LLC for a 5 bedroom home with a 25% reductions system with a PPBPS repair. Mr. Patel wants to move the house closer to the street and change the primary system type to a PPBPS. The system will be in the same area previously evaluated by Mr. Bill Marlin and has been approved at a 0.3 gpd/ft^2 LTAR.

The system has been re-flagged and the lines have been located by Mr. Patel's surveyor. Please review the attached site plan and system specifications for the proposed revisions to the septic system and house location. 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). Mr. Patel will apply for 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.

Any additions or revisions you feel are necessary can be made on the Improvement Permit. Please call in you have and questions or comments.

S&ME, INC. / 385 Timber Road, Suite 104 / Mooresville, NC 28115-7899 / p 704.662.8625 f 704.662.8735 / www.smeinc.com

Design Specifications for revisions to Lot 77 at The Sanctuary
MCHD File # 5486B

Daily Design Flow:	600 gpd
Number Bedrooms:	5 bedroom
Basement or Crawlspace:	Basement
Septic Tank Size:	1500 gal
Pump Tank Size:	1500 gal
Primary System Loading Rate:	0.3 gpd/ft^2
Primary System:	LP PPBPS
Number and length of laterals:	3 @ 114 ft. centerfed
Total ft. of primary system:	342 ft.
Number of T&J Panels:	26 per 114 ft. line for a total of 78 panels
Flow Rate through system:	39 gpm – use 5/32 in. holes with 3 ft. head pressure
Pump Requirements:	to be calculated by installer
Dosing Volume:	approx. 280 gal. – (3.6 gal per panel)*
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:	yes
Repair System Loading Rate:	0.3 gpd/ft^2
Repair System:	LP PPBPS
Total ft. of repair	342+ ft.

Notes: Before placement of cap block, one panel on each line, near the center of the field should be observed filling to male certain that it does not overflow the top chamber into the air chambers. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.

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 #: **30001214** GWS File #: **5486B** Tax Parcel #: **199-353-10**

- 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):** 8/11/2011

Type of Installation: Residential - Modified Plot Plan Lot Number: 77

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 5 # Occupants: 4

Building Foundation: Basement With Plumbing Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	999	Total Trench Length (ft):	333
Maximum Trench Depth (in):	42	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

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

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	999	Total Trench Length (ft):	333
Maximum Trench Depth (in):	42	Depth of Media (in):	N/A	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: Zach Petersen

Signature: Zach Petersen ESPS

Date Issued: 8/11/2006

Owner/Legal Agent: _____
Print Name

Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30001214** GWS File #: **5486B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 3 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

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.
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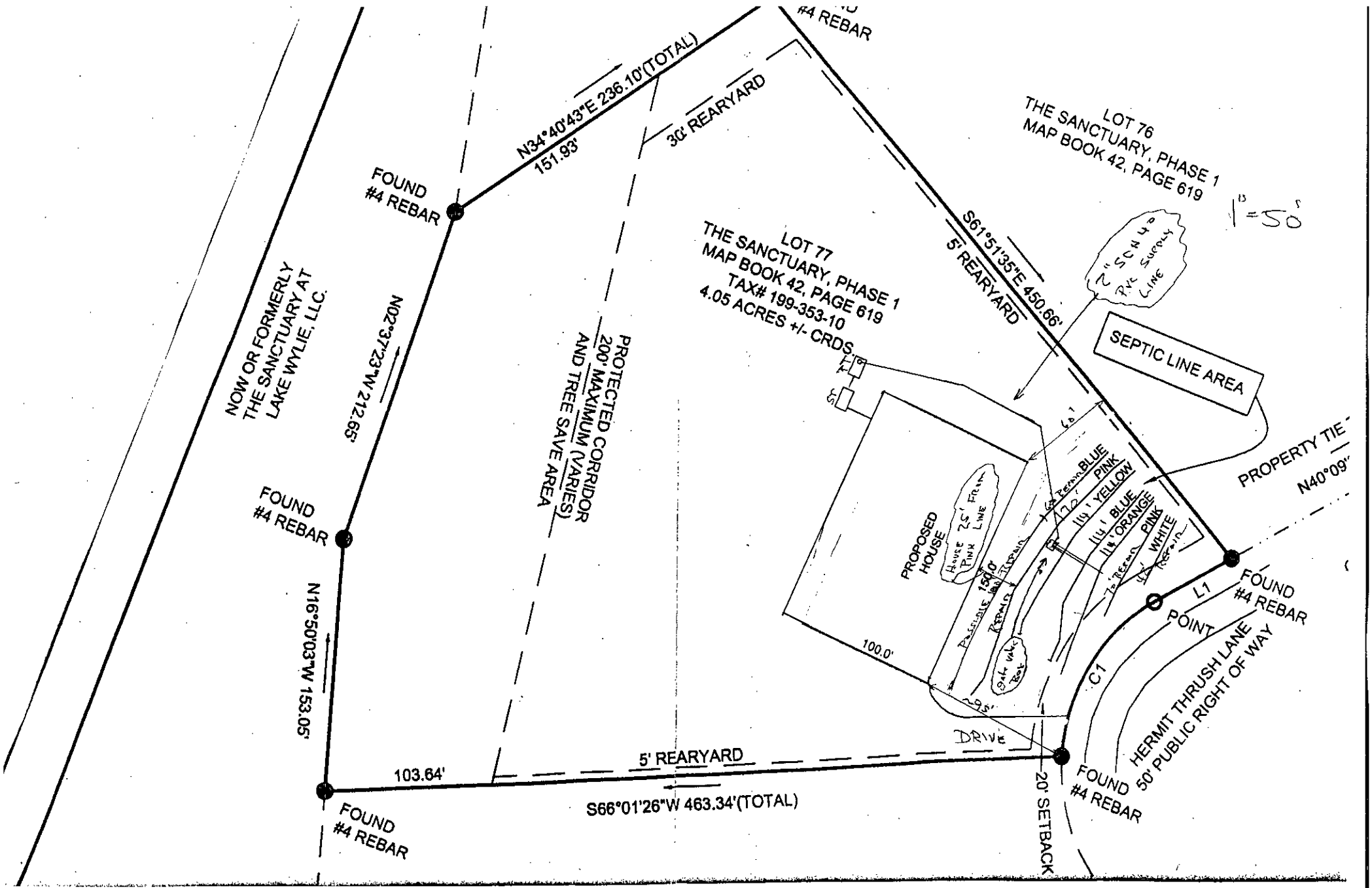
DENR Authorized Agent: Zach Petersen

Signature: _____

Date Issued: 8/11/2006

Owner/Legal Agent: _____
Print Name

Signature: _____


#4 REBAR
N34°40'43"E 236.10'(TOTAL)
151.93'
30' REARYARD
LOT 76
THE SANCTUARY, PHASE 1
MAP BOOK 42, PAGE 619
1"=50'
FOUND
#4 REBAR
LOT 77
THE SANCTUARY, PHASE 1
MAP BOOK 42, PAGE 619
TAX# 199-353-10
4.05 ACRES +/- CRDS
S61°51'35"E 450.66'
5' REARYARD
2" SCH 40 PVC SUPPLY LINE
SEPTIC LINE AREA
NOW OR FORMERLY
THE SANCTUARY AT
LAKE WYLIE, LLC.
N02°37'23"W 212.65'
PROTECTED CORRIDOR
200' MAXIMUM (VARIES)
AND TREE SAVE AREA
PROPERTY TIE
N40°09'
PROPOSED
HOUSE
HOUSE 25' FROM PINK LINE
60'
70'
114' BLUE
114' ORANGE
114' PINK
114' WHITE
REPAIR
PERVIOUS
OAK WAKE
ROCK
100.0'
FOUND
#4 REBAR
L1
POINT
C1
HERMIT THRUSH LANE
50' PUBLIC RIGHT OF WAY
DRIVE
FOUND
#4 REBAR
N16°50'03"W 153.05'
103.64'
5' REARYARD
S66°01'26"W 463.34'(TOTAL)
20' SETBACK
FOUND
#4 REBAR

5486B

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 #: 30001214 GWS File #: 5486B Tax Parcel #: 199-353-10

- 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):** 8/11/2011

Type of Installation: Residential - Modified Plot Plan Lot Number: 77

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 5 # Occupants: 4

Building Foundation: Basement With Plumbing Water Supply: Municipal

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

Initial System Specifications:

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

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 900 Total Trench Length (ft): 333

Maximum Trench Depth (in): 42" 36 Depth of Media (in): N/A Distribution Device: Manifold (LPP Distri

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

Repair System Specifications:

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

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 900 Total Trench Length (ft): 333

Maximum Trench Depth (in): 42" 36 Depth of Media (in): N/A 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: Zach Petersen

Signature: 8/8/25

Date Issued: 8/11/2008

Owner/Legal Agent: MUKESH PATEL

Print Name

Signature: MUKESH PATEL

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 #: 30001214 GWS File #: 5486B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 3 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

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 Peterson

Signature: Zach Peterson ESP

Date Issued: 8/11/2006

Owner/Legal Agent: MUKESH PATEL
Print Name

Signature:

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5486B Permit #: _____ Tax Parcel #: 199-353-10

Property Owner: MUKESH PATEL

Job Location Address: 10835 HERMIT THRUSH LN. (LOT 77)

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 5/6/08

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 6/6/08, 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: .3 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: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 342 feet

# of Lines: 3 @ 114 feet CENTER-FED

Depth of Media: 24 inches (Type) SAND

Distribution Device: GATE VALVES

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: 25 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

INSTALL IN ACCORDANCE WITH PLANS ON FILE.

CMS
5-6-08

Comments: System Classification & Type: IIIa PPBPS 50% REDUCTION

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

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 #: 5486B Permit #: _____ Tax Parcel #: 199-353-10

Property Owner: MUKESH PATEL

Job Location Address: 10835 HERMIT THRUSH LN. (LOT #77)

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: 5/20/08 Contractor Name: TRENT RHEA

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: WE0712 HH

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 342 feet

# of Lines: 3 @ 114 feet

Depth of Media: 24 inches (Type) SAND

Depth of Cover: 12 inches

Distribution Device: GATE VALVES

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: 25 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

Inspection Dates

Tank(s) Inspected: 5/8/08

Excavation Inspected: 5/8/08

Pump & Controls Inspected: 5/16/08

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

INSTALLED PER PLANS ON FILE

CMS 5/20/08

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 PPBPS P LP NA

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

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

File #: 5486 B Permit #: _____ Tax Parcel #: 199-353-10

Property Owner: MUKESH PATEL

Job Location Address: 10835 HERMIT THRUSH LN. (LOT #77)

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: IV a

*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, CSS Date: 5/26/08

Signature: Christopher M Sherrill

54865

ON SITE SEWAGE TREATMENT CONTRACT AND AGREEMENT

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

CONTRACT FOR INSPECTION AND MAINTENANCE GROUND ABSORPTION SEWAGE TREATMENT AND DISPOSAL SYSTEM LOT NUMBER 77, PARCEL A ('THE LOT') THE SANCTUARY

(I), (WE), as the owners of Lot(s) Number 77 , Parcel A of the subdivision known as The Sanctuary, have certain duties and responsibilities for the maintenance of any ground absorption sewage treatment and disposal system as regulated and set out in N.C.G.S. Article II, Chapter 130A; T15A-C18-S18A.1961 "Maintenance of Sewage Systems"; and under the "Declaration of Covenants, Conditions and Restrictions-The Sanctuary", (the "Declaration") as recorded in the Register of Deeds of Mecklenburg County, North Carolina, in Book 17763, Page 774, and under the Bylaws of The Sanctuary Owners Association, Inc.

The Sanctuary Owners Association, Inc. ("The Association") in order to provide for uniform inspection, maintenance, and repair and operation of sewage treatment and disposal systems within The Sanctuary, has entered into a Master Agreement dated the 8th day of November, 2004, which Master Contract with Tri-County Wastewater Management, Inc., a memorandum of which is recorded in Deed Book 18067, Page 130-138 in the office of the Register of Deeds for Mecklenburg County, North Carolina and is incorporated fully by this reference thereto.

The undersigned lot(s) owner(s) hereby agrees and contracts with Tri-County Wastewater Management, Inc. and with The Sanctuary Owners Association, Inc. as follows:

1. The Master Contract referred to above is hereby accepted, agreed, and is binding upon the undersigned with Tri-County Wastewater Management, Inc. and its successors and assigns. The undersigned lot owner(s), their successors, and assigned agree to be bound by this Master Contract and any further or future contracts in substitution thereof.

2. The undersigned lot owner(s) further acknowledge and agree that The Sanctuary Owners Association, Inc. acting by and under it's Declaration of Covenants, Conditions, and Restrictions-The Sanctuary, has recorded in Book 17763 at Page 774 in the office of the Register of Deeds for Mecklenburg County, North Carolina has and is hereby granted the full power and authority to assess the undersigned for fees, expenses, and costs associated with the inspection, maintenance, and or repair of septic disposal systems on the lot.

This agreement is binding upon the undersigned, their heirs, administrators, personal representatives, successors, and assigns, and the transfer and assignment of the duty and responsibility to contract with a qualified maintenance contractor (operator) is a covenant running with the land ("The Lot"). This agreement will terminate: (1) when The Association is dissolved or liquidated; or (2) when the undersigned has no legal duty to maintain a sewage disposal system on "The Lot".

Witness our hands and legal seals, this 19 day of MAY, 2008.

_____(SEAL)
Signature

MUKESH PATEL
Owners Printed Name

_____(SEAL)
Signature

_____
Owners Printed Name

Final Inspection Check List

File #: 5486B
Date: 5/20/08
Inspected By: CS

Septic Tank

Tank construction PCC

Septic tank installed in correct orientation and is level? Yes ☑ No ☐

Septic tank is in good condition with no visible defects or leaks? Yes ☑ No ☐

Septic tank stamped with appropriate markings? Yes ☑ No ☐

Id Number: STB - 338 Date: 3/28/08 Size: 1500 Gallons

Lids present and in good condition? Yes ☑ No ☐

Tank air vent unobstructed? Yes ☑ No ☐

Baffle wall with 4" opening unobstructed? Yes ☑ No ☐

Effluent filter installed correctly in tank? Yes ☑ No ☐

Outlet pipe has a watertight seal with cast in place boot and clamp? Yes ☑ No ☐

1/8" per ft. of fall on outlet pipe? Yes ☑ No ☐

Risers used appropriately if required? Yes ☑ No ☐

Pump Tank (If Applicable)

Pump tank installed with riser above grade and is level? Yes ☑ No ☐

Pump tank is in good condition with no visible defects or leaks? Yes ☑ No ☐

Inlet pipe properly sealed/grouted? Yes ☑ No ☐

Discharge pipe properly sealed/grouted? Yes ☑ No ☐

Pump tank stamped with appropriate markings? Yes ☑ No ☐

Id Number: PT-477 Date: 4/1/08 Size: 1500 Gallons

Lids present and in good condition? Yes ☑ No ☐

Pump installed in tank? Yes ☑ No ☐

Pump Make GOULDS Model WE0712HU (.75 HP)

Control floats installed correctly? Yes ☑ No ☐

Check valve installed correctly? Yes ☑ No ☐

Gate valve installed on discharge piping? Yes ☑ No ☐

Discharge pipe size? 2 in.

Nema 4X control panel used? Yes ☑ No ☐

Electrical conduits sealed from gas entry? Yes ☑ No ☐

Distribution Box (If Applicable)

1/8" per ft. of fall on inlet pipe? Yes ☐ No ☐

Distribution box installed at least 2' from septic tank? Yes ☐ No ☐

Distance from tank outlet _____ ft.

Distribution box and lid in good condition? Yes ☐ No ☐

D-box level and stable? Yes ☐ No ☐

Inlet and outlet/s properly sealed and watertight? Yes ☐ No ☐

Speed levels present and adjusted properly? Yes ☐ No ☐

Pressure Manifold (If Applicable)

Manifold material, Schedule _____ PVC

Manifold diameter _____ in.

Size of taps _____ in. / Number of taps _____

Shutoff valves provided for each tap? Yes ☐ No ☐

Cleanout installed and accessible? Yes ☐ No ☐

Access provided to set head pressure? Yes ☐ No ☐

Gate valve installed to regulate flow through manifold? Yes ☐ No ☐

Location of valve: _____

Manifold housed in appropriate enclosure? Yes ☐ No ☐

Manifold installed level and secured to enclosure? Yes ☐ No ☐

Pressure head set to _____ ft.

Drainfield (Conventional)

Number of lines installed _____

Total length of drainline installed _____ft.

Trench width _____ft.

Trench spacing O.C. _____ft.

Trench depth _____in.

Tire Chips Used? Yes ☐ No ☐

Geotextile fabric in place? Yes ☐ No ☐

Depth of stone / tire chips _____in.

Distance from house _____ft.

Distance from property lines: Left _____ft. Right _____ft. Front _____ ft. Rear _____ft.

Distance from well _____ft.

Drainlines installed level and on contour? Yes ☐ No ☐

Drainfield (Innovative 25% Reduction)

Number of lines installed _____

Total length of drainline installed _____ft.

Trench width _____ft.

Trench spacing O.C. _____ft.

Trench depth _____in.

Protective barrier installed over polystyrene? Yes ☐ No ☐

Distance from house _____ft.

Distance from property lines: Left _____ft. Right _____ft. Front _____ ft. Rear _____ft.

Distance from well _____ft.

Drainlines installed level and on contour? Yes ☐ No ☐

Drainfield (PPBPS 50% Reduction)

Number of lines installed 3

Total length of drainline installed 114 x 3 ft. 342

Trench width 3 ft.

Trench spacing O.C. 9 ft.

Trench depth 36 in.

6" sand bed on trench bottom? Yes ☑ No ☐

Correct type & amount of sand installed inside panels? Yes ☑ No ☐

Distance from house 25+ ft.

Distance from property lines: Left 10+ ft. Right 10 ft. Front 10+ ft. Rear 10+ ft.

Distance from well NA ft.

Drainlines installed level and on contour? Yes ☑ No ☐

Grade Shots with Level

Trench #: 1

Shot #	Reading
1	3'6"
2	"
3	"
4	"
5	"
6	"

Trench #: 2

Shot #	Reading
1	4'10"
2	"
3	"
4	"
5	"
6	"

Trench #: 3

Shot #	Reading
1	7'8"
2	"
3	"
4	"
5	"
6	"

Trench #: ___

Shot #	Reading

Trench #: ___

Shot #	Reading

Trench #: ___

Shot #	Reading

Trench #: ___

Shot #	Reading

Trench #: ___

Shot #	Reading

Trench #: ___

Shot #	Reading

FEE: _____

DATE: _____

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

#1213

( ) CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 54863

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: L Hermick Thrush Lane

TAX/PARCEL NUMBER: 199-352-02

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME: The Sanctuary at Lake Wylie, LLC

LOT NUMBER: 77

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) The Sanctuary at Lake Wylie, LLC (FIRST) (MI)	NAME: (LAST) Jacobs (FIRST) Tonya (MI) C
ADDRESS: 10933 Ballantyne Commons Blvd	DAYTIME PHONE: 704 663 - 6905
CITY: Charlotte STATE: NC ZIP: 28277	m 704 582 9219
DAYTIME PHONE: 704 544 - 0201 ext 226	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Tonya C Jacobs, CPSS (AGENT) DATE: 12/19/03

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

STREAM BUFFER
RESTRICTED ZONE
RESTRICTED ZONE

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

Sheet: 1 of 2
Property ID: PO 199-352-02
Lot #: 77
File #: 5486B
Code: 1

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary at Lake Wylie
Applicant: Toney Jacobs
Address: 10933 Ballantyne Crossing Ave., Charlotte, N. C. 28277
Date Evaluated: 05/03/2004
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .5a inv.
Location of Site: Hermit Thrush Lane
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%	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, 8	0-10	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		10-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-7	GR/CL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	"	"	"	"
		7-50	SBK/C	FI/SEXP/S/P					
3	LS, 8	0-5	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	PS, IV
		5-30	SBK/C	FI/SEXP/S/P					.325GPD/FT^2
		30-49	SBK/CL	FR/SEXP/SS/SP					
4	LS, 15	0-2	GR/L	FR/SEXP/NS/NP	>48" TO SOIL WETNESS	48	"	"	PS, IV
		2-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
5	"	0-5	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	"
		5-49	SBK/C	FI/SEXP/S/P					

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

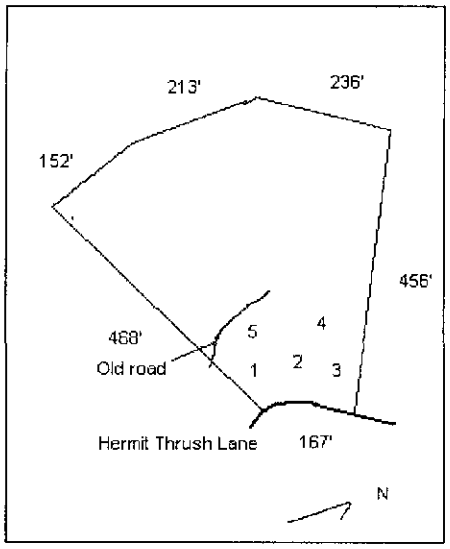
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 5/4/2004, W. R. Marlin
Others Present:

COMMENTS:
100% repair, system will need pump

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		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

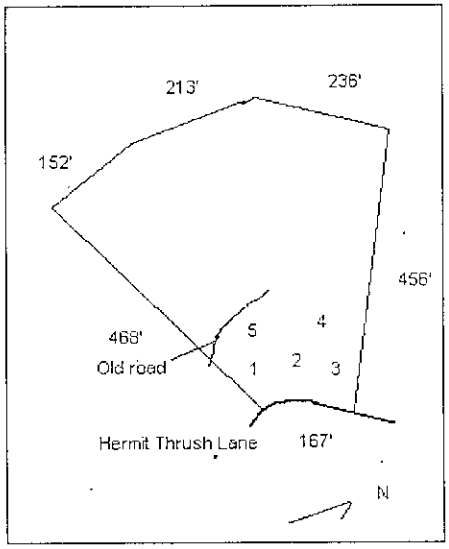


COMMENTS:
100% repair, system will need pump

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NS-Nose Slope		L-Loam		SBK-Subangular Blocky
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	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: **5486B** *Tax Number:* **199-352-02**

- The IMPROVEMNET 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)	600 Max gallons/day wastewater flow	1500 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	500 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	1500 Gallon pump tank	na Depth of stone (in)	

Any surface water present: **Yes** Type: Minimum separation distance (ft): **100**

Additional conditions: **Pressure Manifold**

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:

1000 Absorption Area (ft^2) 333 Total trench length (ft)	na Depth of stone (in)	8 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HELTH 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 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.

R.S. 6/29/04

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

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

TONEY C. JACOBS & ASSOCIATES, INC.

Consulting Soil Scientists

Licensed by the North Carolina Board for Licensing of Soil Scientists
Certified by the American Registry of Certified Professionals in Agronomy, Crops and Soils

168 Broadbill Drive
Mooresville, NC 28117
Phone (704) 663-6905
Fax (704) 662-9845 E-mail jacobs@i-america.net

June 21, 2004

199-353-10

To: Mr. David Cornelius, R.S.
Mecklenburg County Env. Health Dept.

10835

From : Toney C. Jacobs
Paul G. Penninger

RE: Request for an Improvement Permit for lot 77 at The Sanctuary:
MCHD file # 5486B

Crescent Resources is requesting an Improvement Permit for lot 77at The Sanctuary Subdivision for a **5** bedroom, basement home. Mr. Bill Marlin of the MCHD evaluated the soils on 5-10-04 and determined the septic area is PS at an 0.3 gpd/ft^2 LTAR. Toney C. Jacobs and Associates, Inc. has flagged a 25% reduction septic system and PPBPS repair on the lot, as shown on the attached sketch.

We understand a building permit cannot be issued until your office issues an Authorization to Construct (ATC). The buyer of the lot 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 the proposed system may have to be modified prior to your office issuing the ATC. **No grading shall take place on 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 the installation of the septic systems that are greater that the state requirements. It will be the responsibility of TCWW to enforce any requirements above state requirements or the conditions on the Improvement Permit or ATC.

Please review the attached system sketch and design specifications for the Improvement Permit. Please call if you have and questions, comments, or corrections.

Design Specifications for Lot 77 at

The Sanctuary, MCHD File # 5486B

System Type:	primary: repair:	pressure manifold , 25% reduction PPBPS
Daily design flow:		600 gpd
Septic tank size:		1500 gal. (2 compartments)
Pumping tank size:		1500 gal.
Effluent loading rate:		0.3 gpd/ft^2 for primary and repair
Number and length of laterals:		6@ 84 ft. 25% reduction
Flow rate through the system:		33 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 or owners agent when specific house and pump tank location are available
Dosing volume:		approx. 270 gal. – 2.2 doses/day at design flow
Depth of water 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



10835 HERMIT THRUSH LN

19935310

1/8/2008

duponbj

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

Poss

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5486B WASPS App #: 1214

Primary ES assigned to project: CS

Secondary ES assigned to project: ✓

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

I. File Review:

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

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☑
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments: INSTALLATION APPROVAL – 10835 HERMIT THRUSH LN
FILE 5486B
PRESSURE TEST, CONTROL PANEL - INSPECTION -

IA issued date: 5/6/08

OP issued date: 5/20/08

Review performed by: _____ Date performed: 5.6.08

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	PATEL RESIDENCE **Name of Establishment**	5486B **Permit/Project No.**
10835 HERMIT THRUSH LN **Location**	RESIDENCE **Type of Establishment**	600 **Design Flow**
MUKESH AND ANITA PATEL **Owner/Agent**	552 BEACON HILL **Address** FORT MILL SC 29708	**Phone**
Operator	**Address**	**Phone**
IIIb **System Type**	6/7/11 **Date of Inspection**	6/7/14 **Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☐	☐	INACCESSIBLE
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☐	☐	☐	INACCESSIBLE
b. High-water alarm present and operating properly?	☐	☐	☐	"
c. Floats/pipe/valves/disconnects in good working condition?	☐	☐	☐	"
d. Control panel enclosure/components in good condition?	☐	☐	☐	"
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:
GOOD

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:
*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.
*Please visit http://groundwater.charmeck.org for additional information.

DATE: 6/7/11

SIGNED: Philo Walker RS AGENT
Division of Environmental Health

Printed Name: PHILO WALKER RS
Phone #: 704-336-5570



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
19935310	INDIVIDUAL		19935310

Owner(s)

Owner Name	Mailing Address		City/State
PATEL MUKESH J	PO BOX 3388	552 BEACON KNOLL	FORT MILL SC 29708
PATEL ANITA M WIFE	PO BOX 3388	552 BEACON KNOLL	FORT MILL SC 29708

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L77 M42-619	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	4.05

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	V/i	DeedBook	Type	Legal Ref.	Grantor
Apr 6 2006	300000	600.0000		VAC	20251 - 613	WARRANTY D	20251-613	MCNALLY HOMES INC,
Dec 21 2004	230000	460.0000		VAC	18150 - 768	SPEC WARRNTY	18150-768	

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	4.05	AC	T916	

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	2009	10835 HERMIT THRUSH LN UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	2.0 STORY	1	15260	6902	CRAWL SPACE	STUCCO HRDCT - STONE	EXCELLENT 03	

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	GAS	2 - 14	AC-CENTRAL		4	4		1

Sub Areas

Bldg	Description	Size
1	PORCH - OPEN - FINISHED	336
1	UPPER STORY - FINISHED	2486
1	PORCH - OPEN - FINISHED	651
1	PORCH - SCREENED - FINISHED	200
1	PORCH - OPEN - FINISHED	255
1	GARAGE - FINISHED	675
1	PORCH - OPEN - FINISHED	200
1	PORCH - OPEN - FINISHED	55
1	ATTIC - UNFINISHED	898
1	BASEMENT - UNFINISHED	4416
1	BASE (FIRST FLOOR)	4416
1	GARAGE - FINISHED	672

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 2.00%				

Notes

Tax Year	Notes	Note Date

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	2009	TERRACE	1	315	

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	270900	0
Jul 7 2005	2005	Division of Land and/or New Parcel	221700	0
Jul 7 2005	2005	Division of Real Estate and/or New Parce	221700	0