

12811 NINEBARK TL

19937146

1/8/2008

duponbj

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

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 #: 5400 Permit #: _____ Tax Parcel #: 199-371-46

Property Owner: Brian Speers

Job Location Address: 12811 Ninebark Trail

City: Charlotte State: NC Zip Code: 28273

Operation Permit Issuance Date: 4/12/06 Contractor Name: Stanly Septic

Permitted Design Flow: 600 GPD
Liquid Capacity of Septic Tank: 1500 gallons
Liquid Capacity of Dosing Tank: 1500 gallons
Effluent Pump Model: ME50

Drainfield Installation ☐ N/A
Trench Depth: 24 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 500 feet
# of Lines: 3 @ 170' feet
Depth of Media: 12 inches (Type) EZ Flow
Depth of Cover: 12 inches
Distribution Device: Pressure Manifold

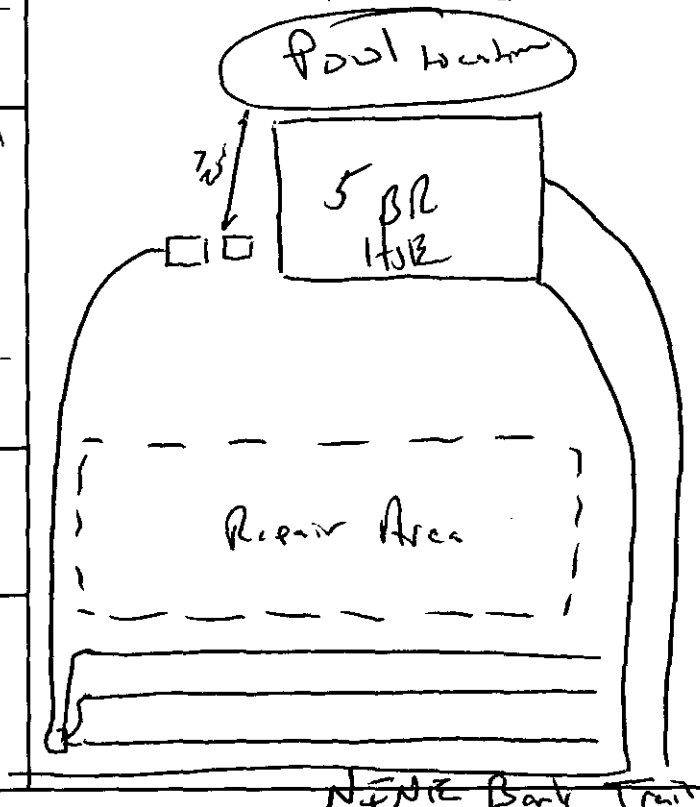
Bed Installation *(For Repair Installations ONLY.)* ☐ N/A
Bed Depth: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Depth of Cover: _____ inches
Distribution Device: _____

Water Supply Source
☒ Municipal ☐ Private Well ☐ Community Well
☐ Other _____

System Installation Setbacks
Distance from Building Foundation: >5' feet
Distance from Property Line: >10' feet
Distance from Water Supply Source: >50' feet

Inspection Dates
Tank(s) Inspected: 4/12/06
Excavation Inspected: 4/12/06
Pump & Controls Inspected: 4/26/06

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: ~~II~~ 5

DENR Authorized Agent: Zach Patterson ESRS Signature: Zach Patterson ESRS

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700 N. Tryon St., Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 54200 Permit #: _____ Tax Parcel #: 199-371-46

Property Owner: Brian Speers

Job Location Address: 12811 Nine Bark Trail NE

City: Charlotte State: _____ Zip Code: 28273

Installation Approval Issuance Date: 4/5/06

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

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

Permitted Design Flow: 600 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 510 feet

# of Lines: 3 @ 170 feet 25% Red.

Depth of Media: 12 inches (Type) [redacted]

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: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install as shown in Tony Jacobs + Assoc. Design.

(29)

Comments: System Classification & Type: IIIb3

DENR Authorized Agent: Zach Peterson Signature: [signature]

Ref: Permit# 5420-B

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 11, PARCEL A ("THE LOT") THE SANCTUARY

(I), (WE), as the owners of Lot(s) Number 11, 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-B18A: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 its 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 18th day of July, 2006

(SEAL)
Signature

Brad Whitford
Owners Printed Name

(SEAL)
Signature

Owners Printed Name

FEE: 300.00
DATE: 2/16/2006

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5420B

PERMIT NUMBER: 30000341

PARCEL NUMBER: 19937146

JOB LOCATION INFORMATION

ADDRESS: 12811 NINEBARK TRL

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

ISSUED TO: REGAL CUSTOM HOMES

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 3/14/2005

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000341, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 8/2/2009

Change in plot Plan & Ownership

100 00
3/14/05 90310

Wasp #391

OWS – RES. APP 12/04

[redacted]

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

[redacted]

FILE # 5420B

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION:

TAX/PARCEL #:
STREET ADDRESS: 12811 NINEBARK TRAIL
CITY: CHARLOTTE
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME: SANCTUARY
LOT #: 11
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: 6194
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: 0 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: BRIAN SPEELS
ADDRESS: P.O. Box 2669
CITY: MATHEWS
STATE: NC ZIP: 28106
HOME PHONE: WORK PHONE: 704-243-0570
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
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.

3-12-05
Owner's/Agent's Signature Date

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

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

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-5894

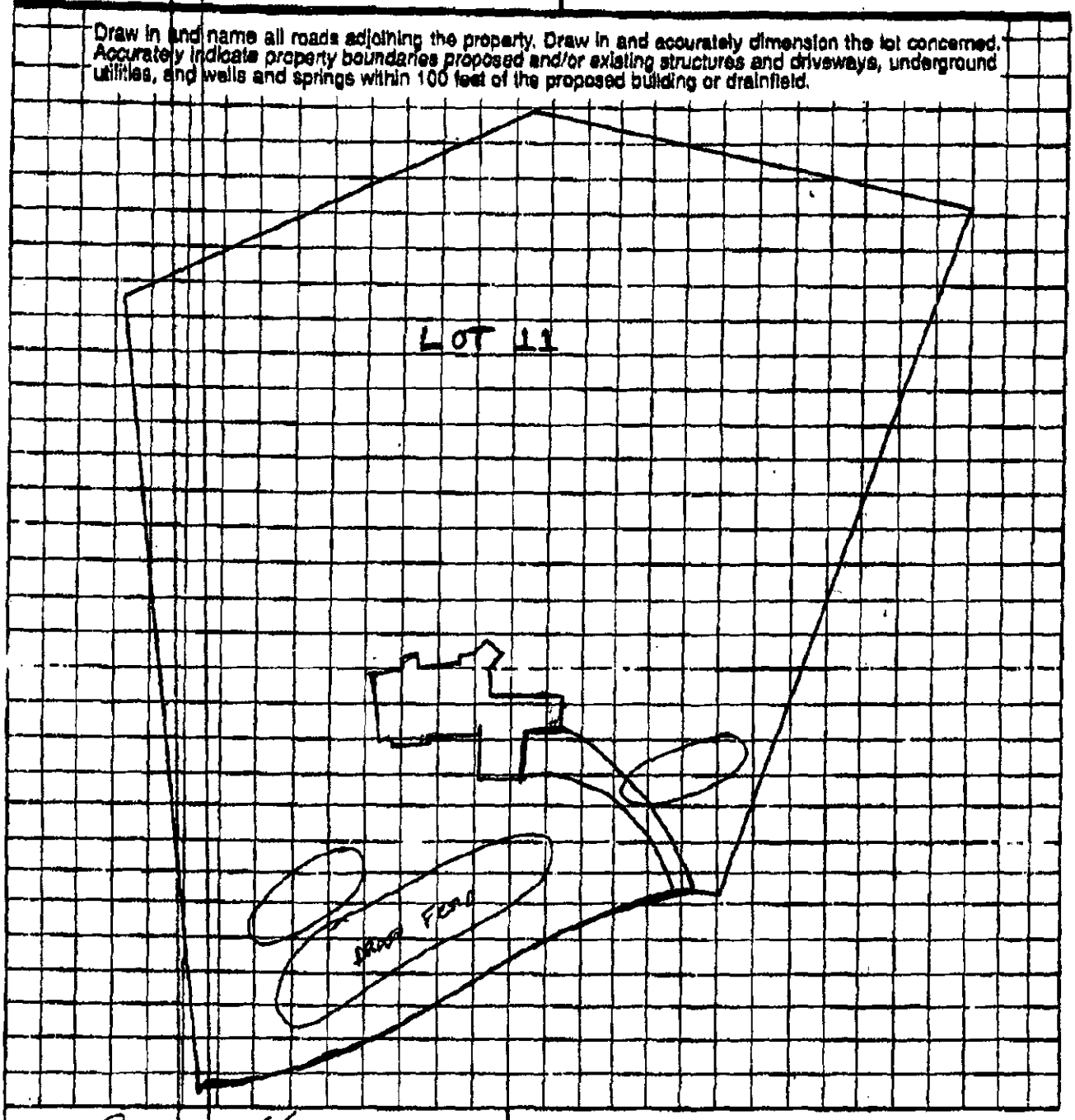
PROPOSED PLOT PLAN

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

FILE: #5420B

TO: _____

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



OWNER/AGENT SIGNATURE

DATE 3-14-05

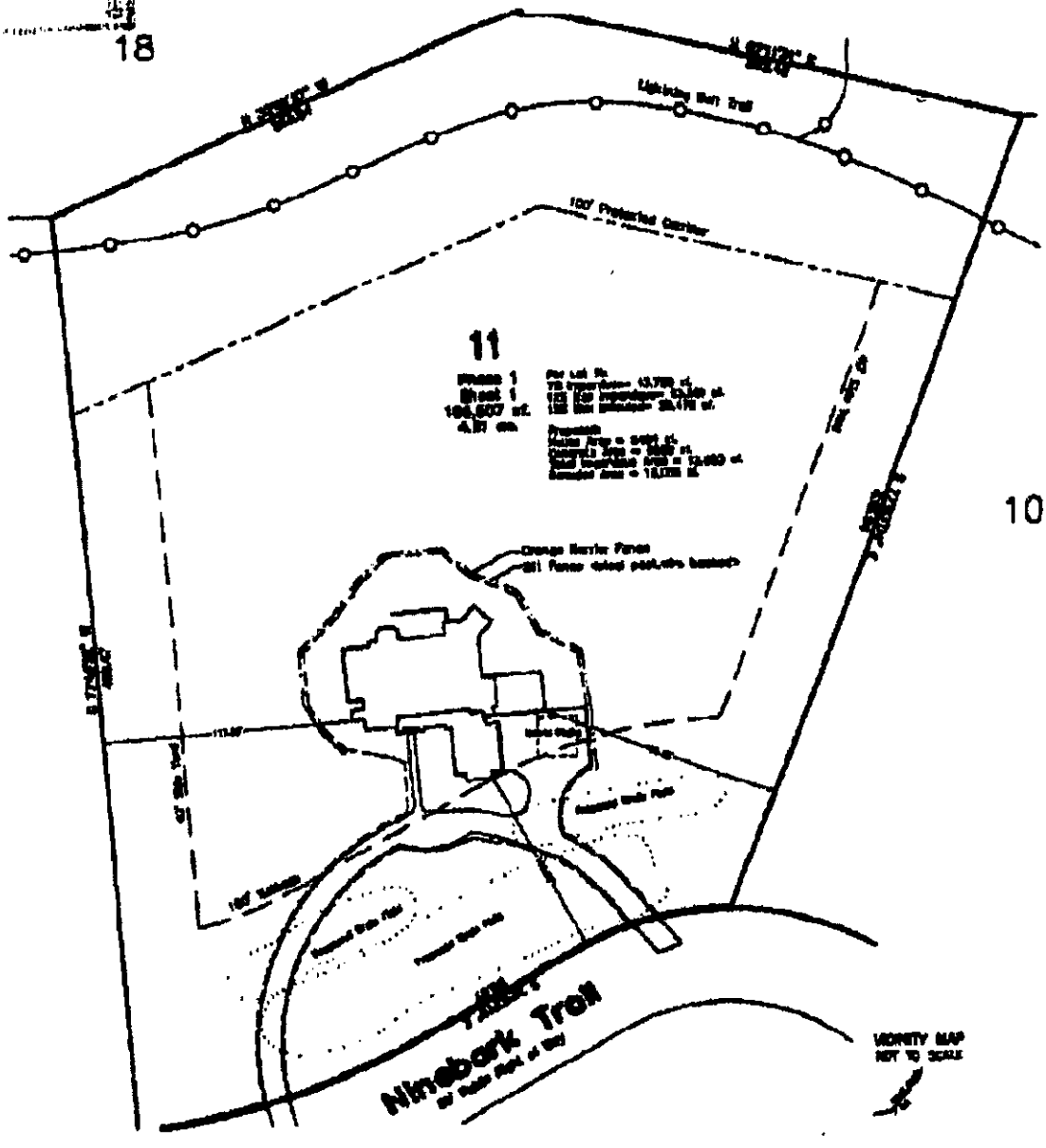
APPROVAL DATE _____

White - Health Department's Copy

[redacted] Here is a [illegible] Site Plan.
The Sanctuary II
Check out the driveway and let us know if this looks good.

FEB 17 2005

18



Regal Custom Homes

Date: 3-14-05

To: DAVID CORNELIUS

MECKLENBURG COUNTY

HEALTH DEPT.

Fax #: 704-336-6894

From: **Jason J. Hughes**

Cell: 704-201-6254
Nextel: 21*55626
Fax #: 704-679-3995

Message:

DAVID:

I HOPE THAT HAVE FILLED OUT THIS FORM AND PLOT PLAN CORRECTLY. IF YOU NEED ANYTHING ELSE FROM ME PLEASE CALL ME. I HAVE SENT ALONG WITH THIS FAX A PLOT PLAN. THIS DRIVEWAY ON THE PLOT PLAN IS CHANGING AS WE SPOKE ABOUT ON FRIDAY WHEN WE MET AT THE LOT.

THANK YOU!

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/14/05	**Amount:**	100.00
Receipt #:	33220	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: B90310
Contractor: REGAL CUSTOM HOME BUILDERS L
Attn:
Address: P O BOX 2669
Address:
City/State/Zip: MATTHEWS, NC 28106

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 12811 NINEBARK TL		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00	7.49				

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: DAVID E CAROLINA SURVEY TELECOPIER # 704-889-7614

FROM: DAVID CORNELIUS MCHD DATE 3/24/05

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS: RE: SANCTUARY LOT #11, REGAL CUSTOM HOMES
SEPTIC SYSTEM LOCATION REVISION

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5103

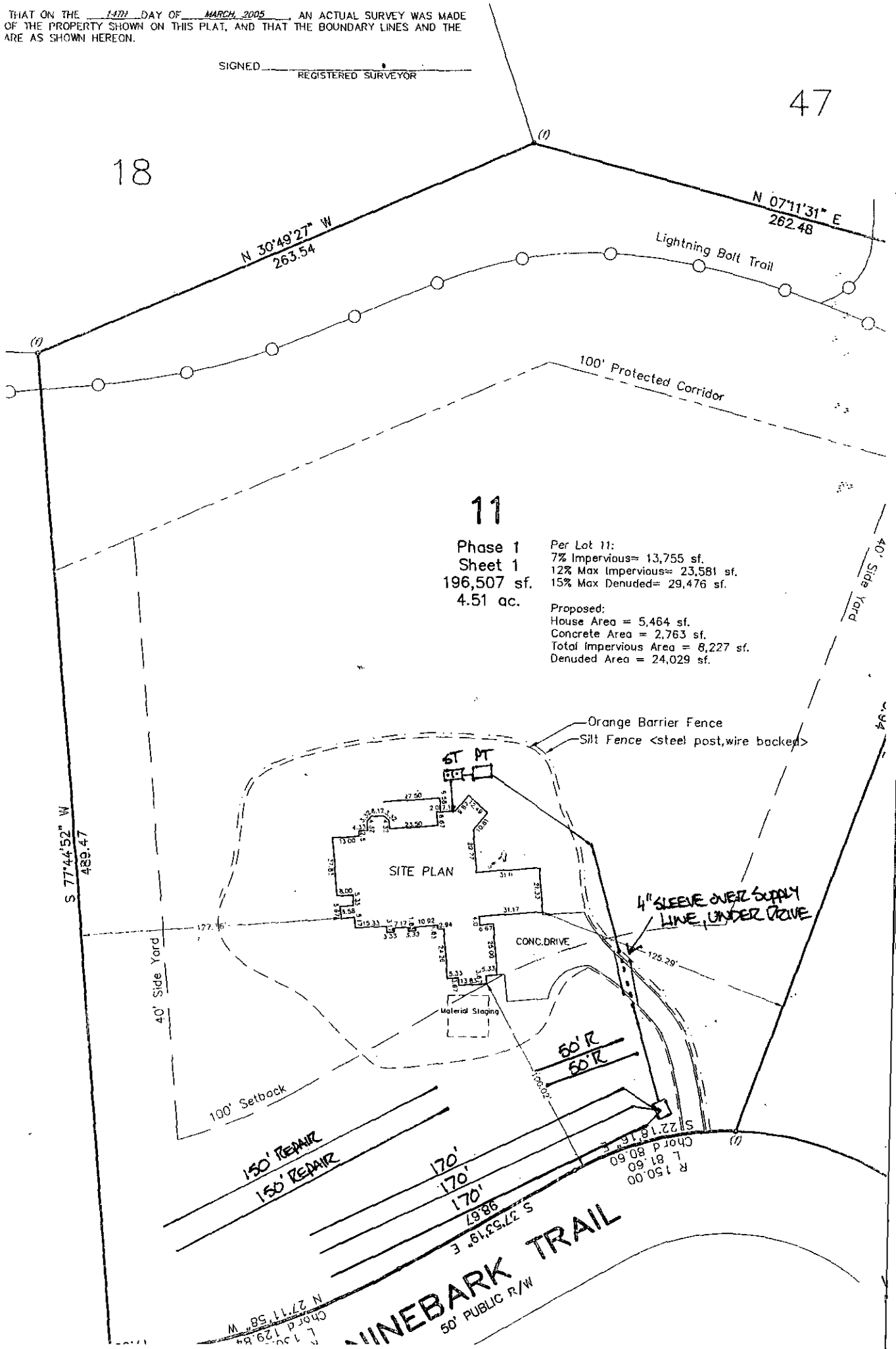
[X] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

THAT ON THE 14TH DAY OF MARCH, 2005, AN ACTUAL SURVEY WAS MADE OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE ARE AS SHOWN HEREON.

SIGNED _____
REGISTERED SURVEYOR



199-371-4L

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5420B

Tax Number: 199-~~521-01~~

- 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: no Type: *Minimum separation distance (ft):*

Additional conditions: **Install according to plans on file submitted by Toney Jacobs and associates. Install 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., 8/2/04

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

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 #: **30000341** GWS File #: **5420B** Tax Parcel #: **199-371-46**

- *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):** 8/2/2009

Type of Installation: Residential - New System Lot Number: 11
Structure Type: HOUSE Size (ft^2): 6194 # Bedrooms: 5 # Occupants: 2
Building Foundation: Basement With Plumbing Water Supply: Community

II. Initial System Type: Pump to Shallow Placed Conventional **System Classification:** IIIb

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): 1500 Total Trench Length (ft): 500
Maximum Trench Depth (in): 24 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): 0.3 Septic Tank Size (gal): 1500 *Pump Tank Size (gal): 1500*
Trench Width (ft): 2 Trench Spacing (ft): 8 Absorption Area (ft^2): 666 Total Trench Length (ft): 333
Maximum Trench Depth (in): 0 Depth of Media (in): N/A Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: David Cornelius Owner/Legal Agent: _____
Print Name
Signature: _____ Signature: _____
Date Issued: 8/2/2004

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 #: **30000341** GWS File #: **5420B**

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.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- Septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

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

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

DENR Authorized Agent: David Cornelius

Signature: _____

Date Issued: 8/2/2004

Owner/Legal Agent: _____
Print Name

Signature: _____

B90310

FEE: 300.00
DATE: 3/18/05
JKA

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS
MD 115030

PERMIT NUMBER: 5420B
PARCEL NUMBER: 199-371-46

JOB LOCATION ADDRESS: 12811 Ninebark Trail, Lot 11
PROPERTY OWNER: Regal Custom Homes
BUILDING CONTRACTOR: Regal Custom Homes
SUBDIVISION NAME: The Sanctuary @ Lake Wylie
AUTHORIZATION ISSUED BY: David Cornelius, RS DATE: 03/14/05

DC, RS 3/14/05
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5420B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

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

5. OTHER CONDITIONS:
   Install according to plans on file submitted by Toney Jacobs and Associates.
   Change in plot plan approved for moving driveway location.

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** AC S
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 4/26/04 PERMIT NO: 5418B
PARCEL NO: 199-521-01

JOB LOCATION ADDRESS: NINEBARK TRAIL, LOT #10
PROPERTY OWNER: THE SANCTUARY @ LAKE WYLIE
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: THE SANCTUARY @ LAKE WYLIE
AUTHORIZATION ISSUED BY: PAUL L. CORNELIUS DATE: 4/26/04
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5418B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: INSTALL ACCORDING TO PLANS SUBMITTED BY TONEY JACOBS & ASSOC.

OWNER CERTIFICATION

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

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE 4/26/04

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 11, 2004

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

From : Toney C. Jacobs
Paul G. Penninger

RE: Request for an Improvement Permit for lot 11 at The Sanctuary:
MCHD file # 5420B

Crescent Resources is requesting an Improvement Permit for lot **11** at The Sanctuary Subdivision for a **5** bedroom, basement home. Mr. Bill Marlin of the MCHD evaluated the soils on 12-19-03 and determined the lot is PS at an 0.3 gpd/ft^2 LTAR. Toney C. Jacobs and Associates, Inc. has flagged 25% reduction septic system and PPBPS repair system 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.**

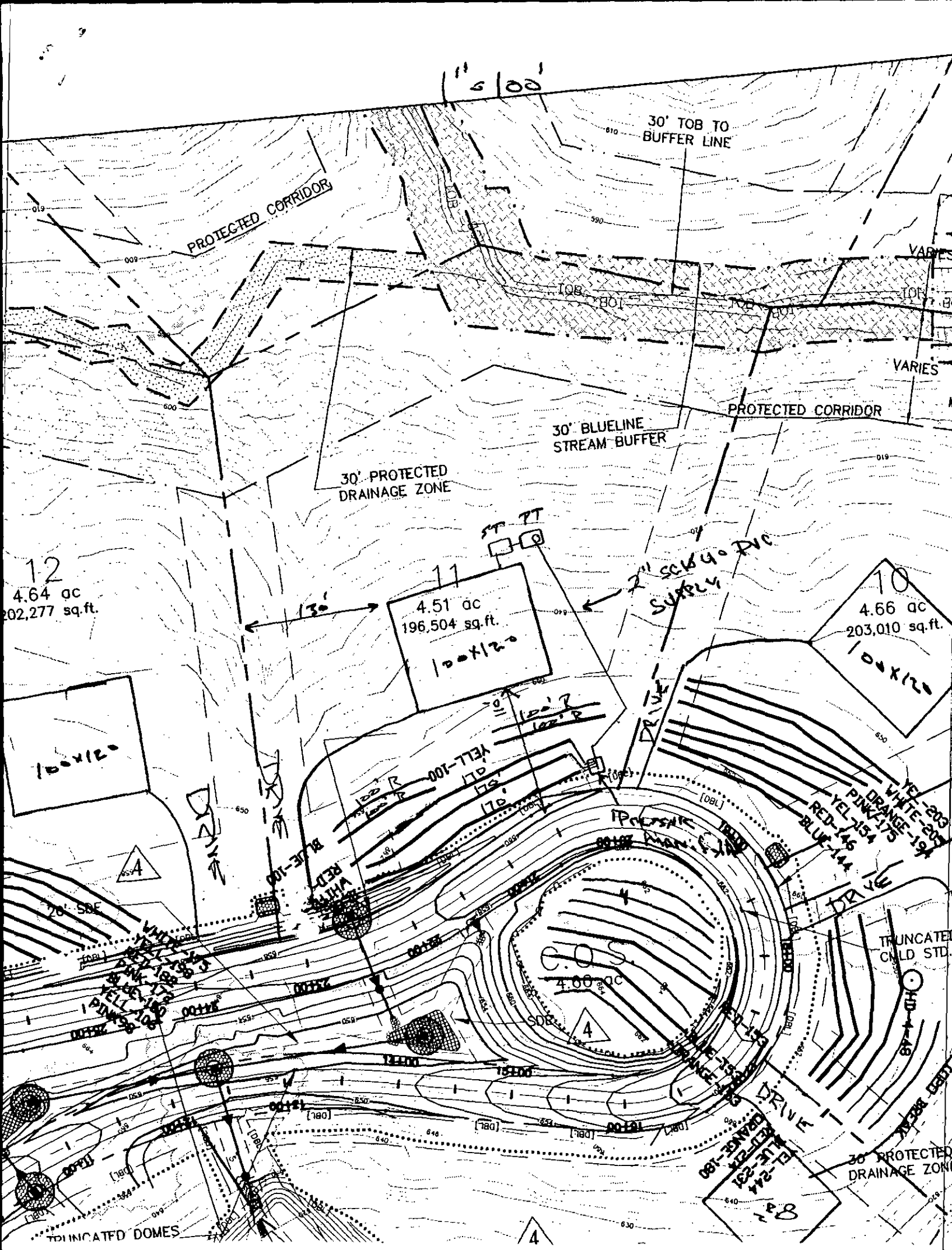
Tri-County Wastewater (TCWW) is under contract to supply maintenance services for each septic system installed at The Sanctuary. TCWW will have a list of preferred septic contractors for the subdivision and will also have requirements for the installation of the septic systems that are greater that the 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 for Lot 11. Please call if you have and questions, comments, or corrections.

Design Specifications for Lot 11 at

The Sanctuary, MCHD File # 5420B

System Type:	primary: repair:	pressure manifold , 25% reduction LP 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:		3@ 170 ft. 25% reduction primary
Flow rate through the system:		16.5 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


30' TOB TO BUFFER LINE
PROTECTED CORRIDOR
VARIES
TOB
BOT
VARIES
PROTECTED CORRIDOR
30' BLUELINE STREAM BUFFER
30' PROTECTED DRAINAGE ZONE
12
4.64 ac
202,277 sq.ft.
11
4.51 ac
196,504 sq.ft.
10
4.66 ac
203,010 sq.ft.
2" SCH 40 PVC SUPPLY
13'
C.O.S.
4.00 ac
20' SDE
SDE
DRIVE
TRUNCATED DOMES
30' PROTECTED DRAINAGE ZONE

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

Sheet: 1
Property ID: PO 199-521-01
Lot #: 11
File #: 5420B
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: 12/18/2003
Proposed Facility: Residence
Design Flow (.1949): 840gpd
Property Size: 1.0a inv.
Location of Site: Ninebark Trail
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, 15	0-3	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	N/A	NONE	PS, IV
		3-29	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		29-46	SBK/CL	FR/SEXP/SS/SP					
2	LS, 20	0-8	GR/CL	"	>20" TO SOIL WETNESS	20	"	"	US, IV
		8-20	SBK/C	FI/SEXP/S/P					
3	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		5-20	SBK/C	FI/SEXP/S/P					
4	LS, 10	0-3	GR/CL	FR/SEXP/SS/SP	>28" TO SOIL WETNESS	23	"	"	US, IV
		3-23	SBK/C	FI/SEXP/S/P					.15GPD/FT^2
		23-28+	M/SL	FR/SEXP/NS/NP					LPP
			SAPROLITE	PROMISING					
5	"	0-3	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	"	"	PS, IV
		3-21	SBK/C	FI/SEXP/S/P					.35GPD/FT^2
		21-46	SBK/SCL	FR/SEXP/SS/SP					
6	"	0-4	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	PS, IV
		4-32	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		32-48	SBK/SCL	FR/SEXP/SS/SP					
7	LS, 8	0-5	GR/CL	"	>46" TO SOIL WETNESS	46	"	"	"
		5-24	SBK/C	FI/SEXP/S/P					
		24-46	SBK/SCL	FR/SEXP/SS/SP					

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

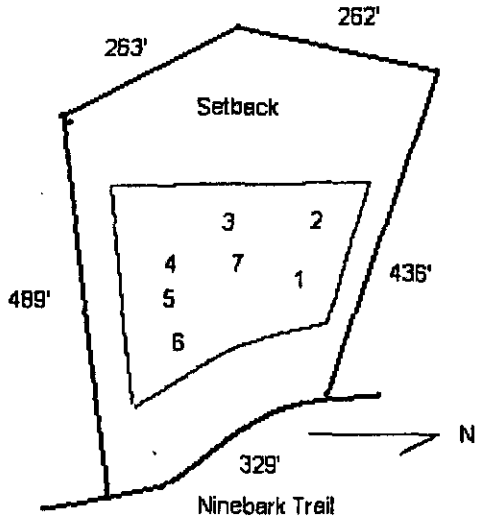
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 12/19/2003, W. R. Marlin
Others Present: P. Foster

FILE # 5420B

COMMENTS: 100% repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	JJ	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



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

Sheet: 1 / 99-371-46
Property ID: ~~PO 199-521-01~~
Lot #: 11
File #: 5420B
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: 12/18/2003
Proposed Facility: Residence
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Location of Site: Ninebark Trail
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

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		3-23	SBK/C	FI/SEXP/S/P					
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Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

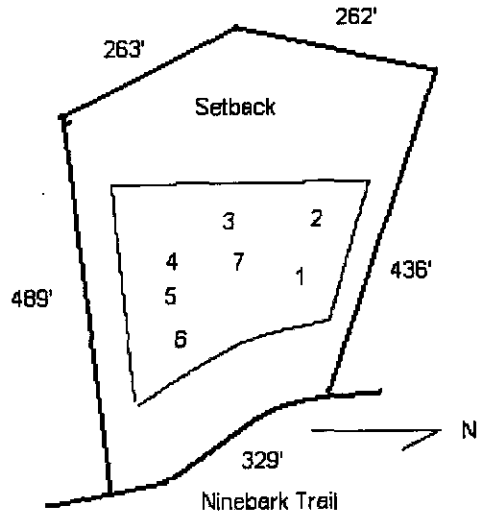
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 12/19/2003, W. R. Marlin
Others Present: P. Foster

FILE # 5420B

COMMENTS:100% repair

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CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: 200.00 CK #8

DATE: 10/27/03

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

[ ] 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 #: 54203

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 371-96

TAX/PARCEL NUMBER: 199-521-01 20

STREET ADDRESS: 11 Leland Point Rd

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

LOT NUMBER: 11

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

PROPERTY OWNER:

NAME: The Sanctuary at Lake Wylie, LLC (LAST) (FIRST) (MI)

ADDRESS: 10933 Ballantyne Crossing Ave

CITY: Charlotte STATE: NC ZIP: 28277

DAYTIME PHONE: (704) 544-0201 ext 226

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Jacobs Tonya C (LAST) (FIRST) (MI)

DAYTIME PHONE: 704 663-6905

m 704 582 9219

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: 10/23/03

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

8
12
1
V
5420B405'
486.71
460'
50' R/W
320'
190'
325'
147'
489.47
435.95
262.47

PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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

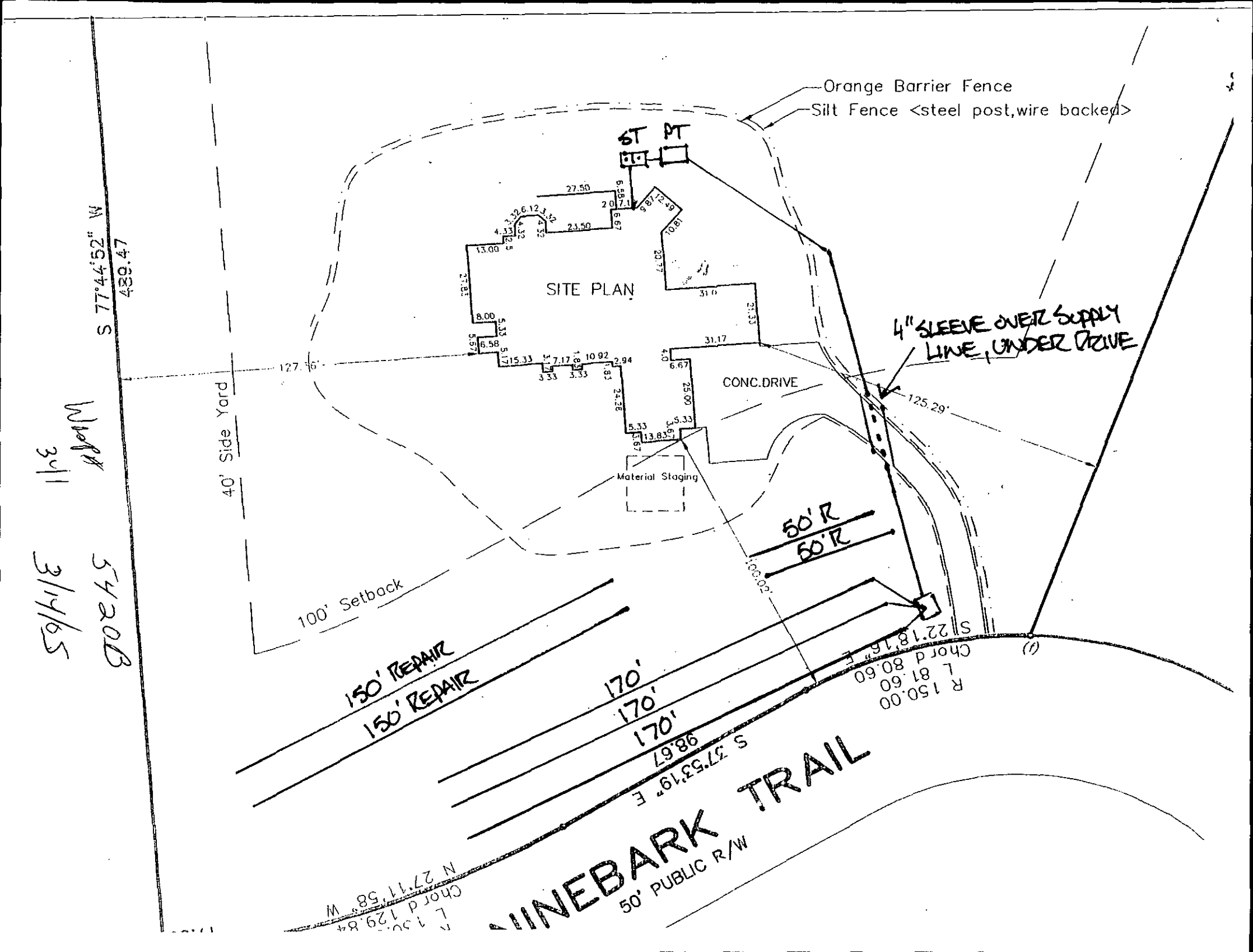
"See Attached"

OWNER/AGENT SIGNATURE

DATE 10/23/03

APPROVAL DATE _____

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


Orange Barrier Fence
Silt Fence <steel post,wire backed>
ST
PT
SITE PLAN
4" SLEEVE OVER SUPPLY LINE, UNDER DRIVE
CONC. DRIVE
125.29'
Material Staging
50' R
50' R
100.00'
40' Side Yard
127.16'
100' Setback
150' REPAIR
150' REPAIR
170'
170'
170'
98.67
S 37°53'19" E
S 77°44'52" W
439.47
S 22°18'16" E
Chord 80.60
L 81.60
R 150.00
N 27°11'58" W
Chord 129.84
VINEBARK TRAIL
50' PUBLIC R/W
Wood
3/11
5420B
3/14/05

THAT ON THE 14TH DAY OF MARCH, 2005, AN ACTUAL SURVEY WAS MADE OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE ARE AS SHOWN HEREON.

SIGNED _____
REGISTERED SURVEYOR

47

18

N 30°49'27" W
263.54

N 07°11'31" E
262.48

Lightning Bolt Trail

100' Protected Corridor

11

Phase 1
Sheet 1
196,507 sf.
4.51 ac.

Per Lot 11:
7% Impervious= 13,755 sf.
12% Max Impervious= 23,581 sf.
15% Max Denuded= 29,476 sf.

Proposed:
House Area = 5,464 sf.
Concrete Area = 2,763 sf.
Total Impervious Area = 8,227 sf.
Denuded Area = 24,029 sf.

Orange Barrier Fence
Silt Fence <steel post,wire backed>

ST PT

SITE PLAN

CONC.DRIVE

4" SLEEVE OVER SUPPLY LINE, UNDER DRIVE

Material Staging

40' Side Yard

100' Setback

S 77°44'52" W
489.47

127.36'

125.29'

100.02'

40' Side Yard

50' R
50' R

150' REPAIR
150' REPAIR

170'
170'
170'

S 37°53'19" E
98.67

S 22°18'16" E
Chord 80.60
L 81.60
R 150.00

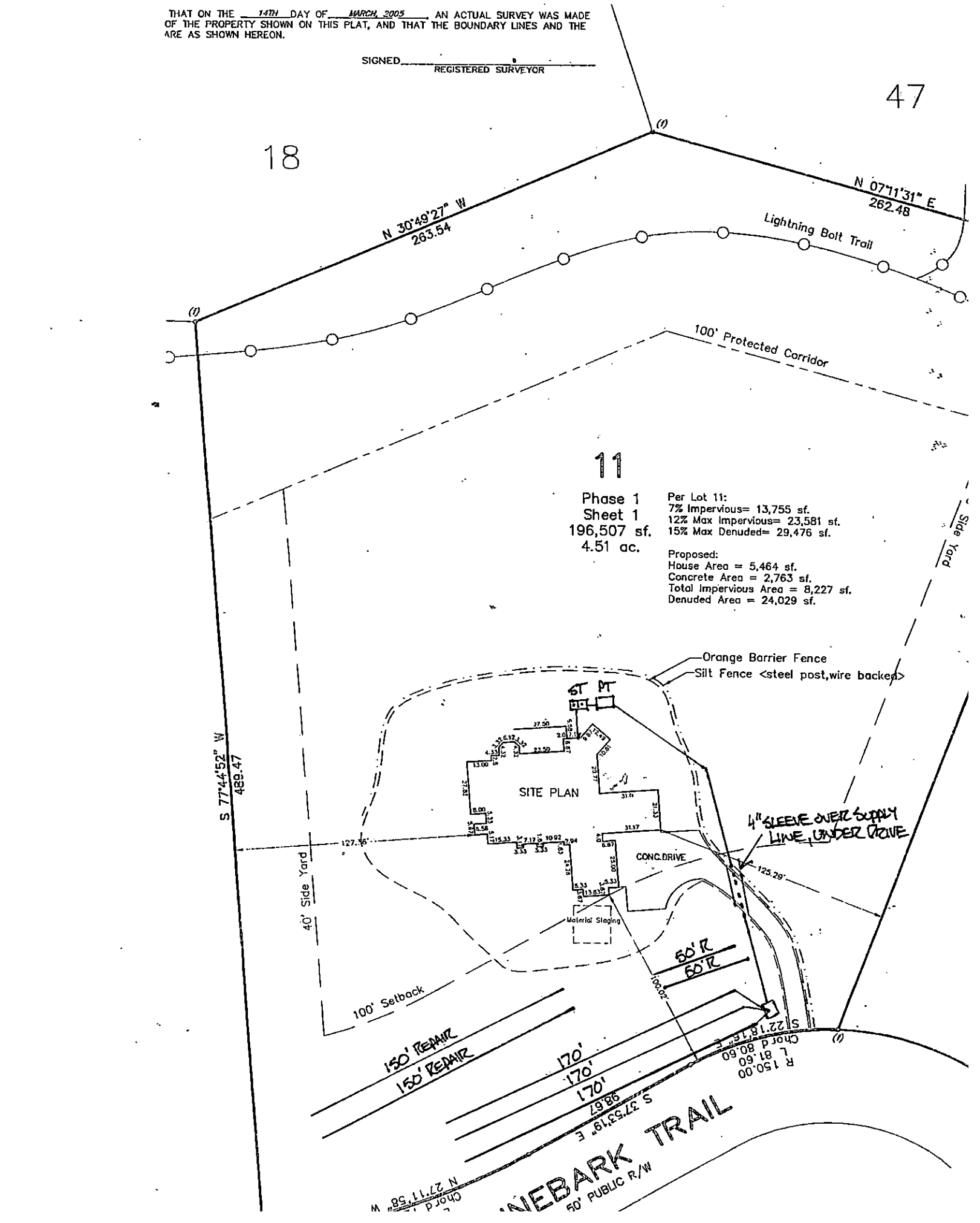
N 27°11'58" W
Chord 129.84
L 150.

TRAIL

PINEBARK
50' PUBLIC R/W

THAT ON THE 14TH DAY OF MARCH, 2005, AN ACTUAL SURVEY WAS MADE OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE ARE AS SHOWN HEREON.

SIGNED_____
REGISTERED SURVEYOR



Ref: Permit# 5420-B

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 11, PARCEL A ("THE LOT") THE SANCTUARY

(I), (WE), as the owners of Lot(s) Number 11, 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-C18-818A.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 18th day of July, 2006

(SEAL)
Signature
Brad Whitford
Owners Printed Name

(SEAL)
Signature

Owners Printed Name

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	TRUST LYNNEST	5420B
Health Department	**Name of Establishment**	**Permit/Project No.**
12811 NINEBARK TRAIL	RESIDENCE	600
Location	**Type of Establishment**	**Design Flow**
TRUST LYNNEST	12811 NINEBARK TRAIL	
Owner/Agent	**Address**	**Phone**
	CHARLOTTE, NC	
Operator	**Address**	**Phone**
IIIb	6/7/11	6/7/16
System Type	**Date of Inspection**	**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

Real Estate Lookup

Print Close

Parcel Information

Parcel ID	Account	Parent	Previous
19937146	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
TRUST LYNNEST	6301 ROYAL ABERDEEN CT	CHARLOTTE NC 28277

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L11 M42-619	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	4.51

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
1388800	295400	56700	1740900				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Aug 3 2006	1870000	3740.0000		IMP	20853 - 126	WARRANTY D	20853-126	REGAL CUSTOMS HOME B
Aug 3 2006			LESS $3000	IMP	20853 - 123	WARRANTY D	20853-123	MJ LARIAN LLC,
Dec 30 2004	260000	520.0000		VAC	18191 - 130	SPEC WARRNTY	18191-130	

Land Use

Use	Units	Type	Neighborhood	Assessment
R120	4.51	AC	T916	295400

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	2005	12811 NINEBARK TL UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	2.0 STORY	1	9424	7306	CRAWL SPACE	CEDAR,RDWD - STONE	CUSTOM 03	1388800

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	GAS	5 - FP3	AC-CENTRAL		5	5		1

Sub Areas

Bldg	Description	Size
1	UPPER STORY - FINISHED	1788
1	PORCH - OPEN - FINISHED	321
1	PORCH - OPEN - FINISHED	321
1	PORCH - OPEN - FINISHED	265
1	GARAGE - FINISHED	480
1	GARAGE - FINISHED	696
1	PORCH - OPEN - FINISHED	35
1	BASE (FIRST FLOOR)	2992
1	BASEMENT - FINISHED	2526

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 6.00%				

Notes

Tax Year	Notes	Note Date

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	2006	POOL-CONC.	1	16x44	56700

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred

Feb 8 2011	2011	Countywide Revaluation	1740900	0
Apr 27 2007	2007	Imp/Addn/Remod Completed for Tax Year	1305300	0
Apr 27 2007	2007	Improvement/Addition/Remodeled Completed	1305300	0
Apr 11 2006	2006	Bldg/Addn/Remod/Partially Completed	736800	0
Apr 11 2006	2006	Building Partially Complete	736800	0
Jul 7 2005	2005	Division of Land and/or New Parcel	241700	0
Jul 7 2005	2005	Division of Real Estate and/or New Parce	241700	0

Building Photography

Return to Parcel Ownership Summary

PHOTO #1
Location: 12811 NINEBARK TL



19937146 001

Information contained within this web site may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

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 #: **30000341** GWS File #: **5420B** Tax Parcel #: **199-371-46**

- 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):** 8/2/2009

Type of Installation: Residential - New System Lot Number: 11
Structure Type: HOUSE Size (ft^2): 6194 # Bedrooms: 5 # Occupants: 2
Building Foundation: Basement With Plumbing Water Supply: Community

II. Initial System Type: Pump to Shallow Placed Conventional **System Classification:** IIIb

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):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	24	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):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	2	Trench Spacing (ft):	8	Absorption Area (ft^2):	666	Total Trench Length (ft):	333
Maximum Trench Depth (in):	0	Depth of Media (in):	N/A	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: David Cornelius Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 8/2/2004