FILE NUMBER: 7032B C S APPLICATION NUMBER: 3657

Revised On: August 31, 2007

SEPTIC FEE: 400.00 on part
DATE: 6/30/08

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

WELL FEE: ___
DATE: ___

0704 0734 0703

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

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

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 19935217
STREET ADDRESS: 9105 ~~Waneden La~~ Island Point Rd
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: The Sanctuary
LOT #: 129 LOT SIZE (acres): 0.251
TOWNSHIP:
☒ 5-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER ___
HEATED SQUARE FOOTAGE: 4,681
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: ___ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE

6. WATER SUPPLY: ☒ MUNICIPAL ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING
7. PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED):

☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER ___ ___
8A. RANK: 1 2 5 3 4

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☐ YES	☒ NO	JURISDICTIONAL WETLANDS	☐ YES	☒ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☒ NO

10. PROPERTY OWNER:
NAME: Ronald & Eleanor Barkey
ADDRESS: 2311 Moortown DR.
CITY: Tustin
STATE: CA ZIP: 92782-1142
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Kingswood Custom Homes, Inc.
ADDRESS: 106 Oakley Ave #100
CITY: Pineville
STATE: NC ZIP: 28134
HOME PHONE: WORK PHONE: 704-889-1600
MOBILE PHONE: 704-226-6766 FAX: 704-544-6545

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 11/26/03
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 3/09 Construction to be completed on home!

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted; complete site plan = 60 months, complete plat = non-expiring.

Property Owner's or Owner's Legal Representative Signature: Arnold Stewart Date: 6/11/08

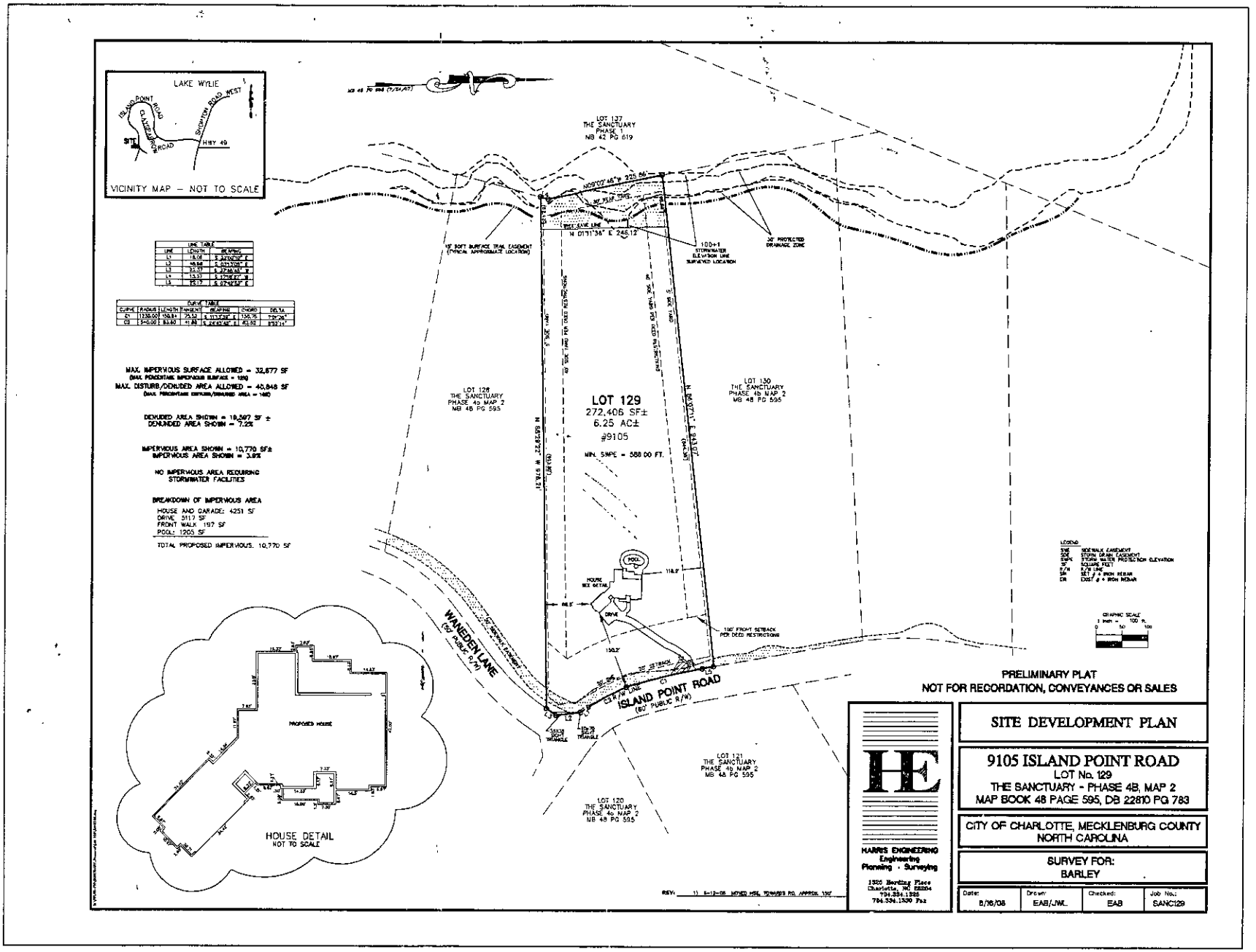
15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

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

New Owners - Chg in # of bedrooms

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

0734 0703 0704


LAKE WYLIE
ISLAND POINT ROAD
CLOVER LEAF ROAD
STORTON ROAD WEST
HWY 49
SITE
VICINITY MAP – NOT TO SCALE
LOT 137
THE SANCTUARY
PHASE 1
MB 42 PG 619
N09°07'46"W 225.66'
REF. SAME LINE
N 01°11'38" E 245.12'
15' SOFT SURFACE TRAIL EASEMENT
(TYPICAL APPROXIMATE LOCATION)
100+1
STORMWATER
ELEVATION LINE
SURVEYED LOCATION
30' PROTECTED
DRAINAGE ZONE
LOT 126
THE SANCTUARY
PHASE 4B MAP 2
MB 48 PG 595
LOT 129
272,406 SF±
6.25 AC±
#9105
MIN. SWPE = 588.00 FT.
LOT 130
THE SANCTUARY
PHASE 4B MAP 2
MB 48 PG 595
N 84°27'21" E 843.97'
(N84°28'E)
N 12°57'16" W 274.59'
(N12°57'W)
POOL
HOUSE
SEE DETAIL
DRIVE
118.9'
84.5'
150.2'
WANEDEN LANE
(50' PUBLIC R/W)
50' SETBACK
30' SETBACK
C1
C2
L1
L2
L3
ISLAND POINT ROAD
(60' PUBLIC R/W)
LOT 121
THE SANCTUARY
PHASE 4B MAP 2
MB 48 PG 595
LOT 120
THE SANCTUARY
PHASE 4B MAP 2
MB 48 PG 595
PROPOSED HOUSE
HOUSE DETAIL
NOT TO SCALE
LINE TABLE
CURVE TABLE
MAX. IMPERVIOUS SURFACE ALLOWED = 32,677 SF
MAX. DISTURB/DENUDED AREA ALLOWED = 40,848 SF
DENUDED AREA SHOWN = 19,597 SF ±
DENUDED AREA SHOWN = 7.2%
IMPERVIOUS AREA SHOWN = 10,770 SF±
IMPERVIOUS AREA SHOWN = 3.9%
NO IMPERVIOUS AREA REQUIRING STORMWATER FACILITIES
BREAKDOWN OF IMPERVIOUS AREA
HOUSE AND GARAGE: 4251 SF
DRIVE: 5117 SF
FRONT WALK: 197 SF
POOL: 1205 SF
TOTAL PROPOSED IMPERVIOUS: 10,770 SF
LEGEND
GRAPHIC SCALE
PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES OR SALES
SITE DEVELOPMENT PLAN
9105 ISLAND POINT ROAD
LOT No. 129
THE SANCTUARY - PHASE 4B, MAP 2
MAP BOOK 48 PAGE 595, DB 22810 PG 783
CITY OF CHARLOTTE, MECKLENBURG COUNTY
NORTH CAROLINA
SURVEY FOR:
BARLEY
HARRIS ENGINEERING
Engineering
Planning · Surveying
1325 Sterling Place
Charlotte, NC 28204
704.334.1325
704.334.1330 Fax
Date: 8/16/08
Drawn: EAB/JWL
Checked: EAB
Job No.: SANC129

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

Sheet: 1 of 2
Property ID: 199-352-17
Lot #: 129
File #: 7032B
AppID: 3657

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Ronald and Elanor Barley
Applicant: Kingswood Custom Homes, Inc
Address: 2311 Moortown Dr., Tustin, CA 92782-1142
Date Evaluated: 7/7/2008
Proposed Facility: Residence
Design Flow (.1949): 360 gpd
Property Size: 6.251a
Location of Site: 9105 Island Point Rd.
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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr. Horiz	Profile Class & LTAR
1	LS,8	0-3	GR/CL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48	N/A	NONE	PS,IV
		3-40	SBK/C	FI/S/P/SEXP					.3 GPD/FT2
		40-48	SBK/CL	FR/S/P/SEXP					
2	"	0-2	GR/CL	FR/SS/SP/SEXP	"	"	"	"	"
		2-32	SBK/C	FI/S/P/SEXP					
		32-48	SBK/CL	FR/S/P/SEXP					
3	"	0-6	GR/CL	FR/SS/SP/SEXP	"	"	"	"	"
		6-48	SBK/C	FI/S/P/SEXP					
4	"	0-2	GR/L	FR/SS/SP/SEXP	"	"	"	"	"
		2-37	SBK/C	FI/S/P/SEXP					
		37-48	SBK/CL	FR/S/P/SEXP					
					SITE LTAR				.3 GPD/FT2

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

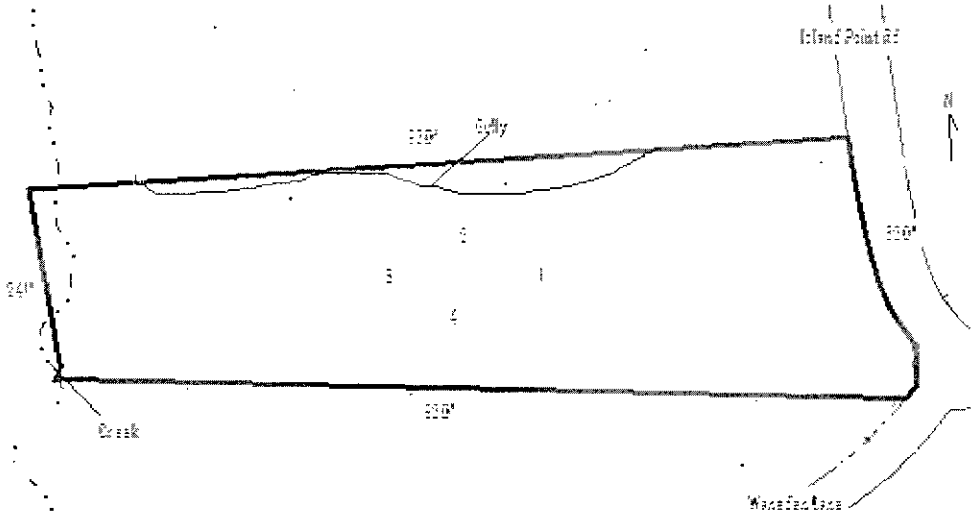
Other Factors (.1946):
Soil Evaluation By: C.Sherrill,RS;LSS
Others Present: B.Provine,Kingswood Homes
Site Classification (.1948): PS
Site Evaluation By: C.Sherrill
Others Present: B.Provine,Kingswood Homes

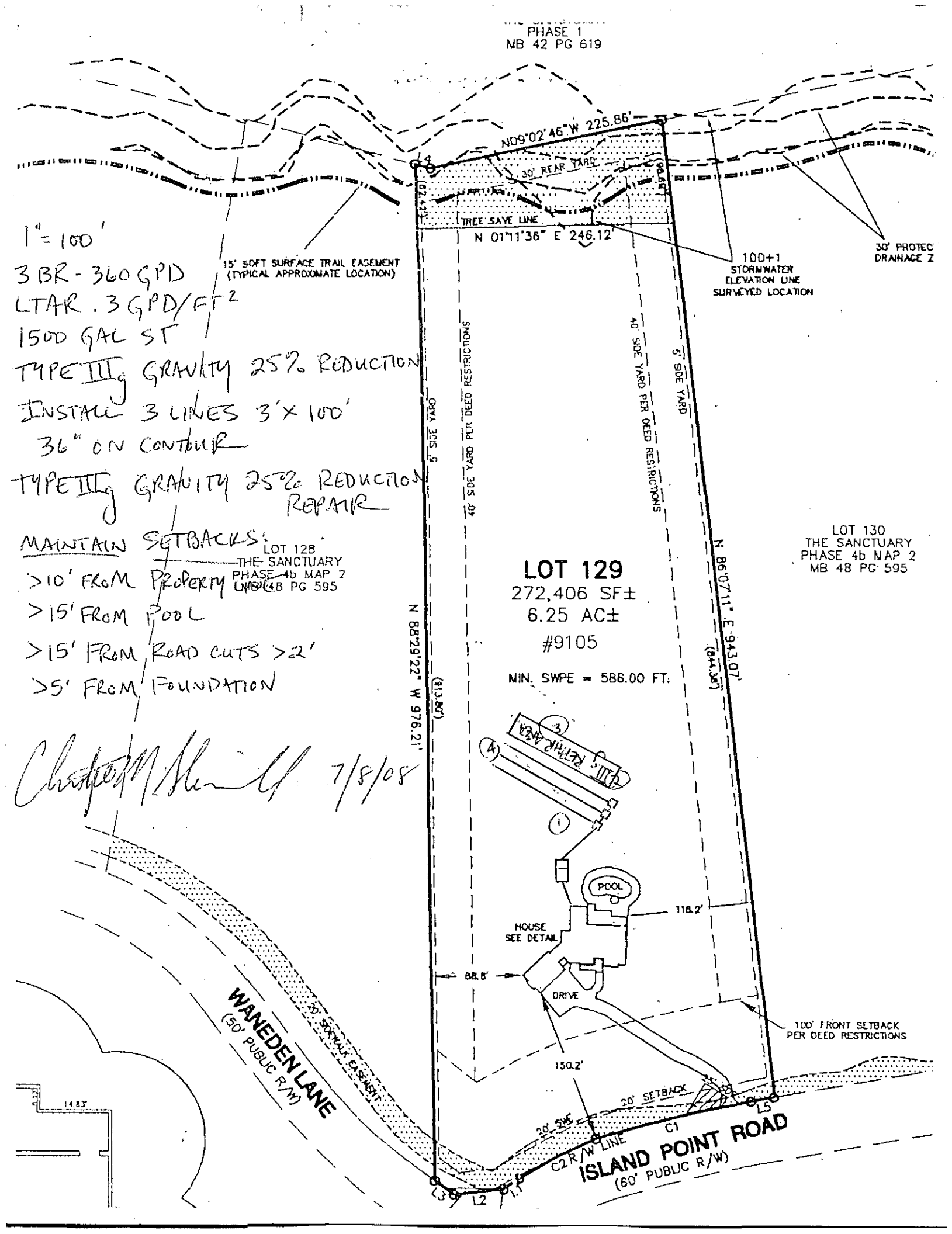
COMMENTS: 100% Repair Required

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				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations




PHASE 1
MB 42 PG 619
N09°02'46"W 225.86'
30' REAR YARD
TREE SAVE LINE
N 01°11'36" E 246.12'
15' SOFT SURFACE TRAIL EASEMENT (TYPICAL APPROXIMATE LOCATION)
100+1 STORMWATER ELEVATION LINE SURVEYED LOCATION
30' PROTEC DRAINAGE E
1" = 100'
3 BR - 360 GPD
LTAR .3 GPD/FT²
1500 GAL ST
TYPE III, GRAVITY 25% REDUCTION
INSTALL 3 LINES 3'X 100'
36" ON CONTOUR
TYPE III, GRAVITY 25% REDUCTION
REPAIR
MAINTAIN SETBACKS:
>10' FROM PROPERTY
>15' FROM POOL
>15' FROM ROAD CUTS >2'
>5' FROM FOUNDATION
7/8/08
LOT 128
THE SANCTUARY
PHASE 4b MAP 2
MB 48 PG 595
40' SIDE YARD PER DEED RESTRICTIONS
5' SIDE YARD
LOT 129
272,406 SF±
6.25 AC±
#9105
MIN. SWPE = 586.00 FT.
N 88°29'22" W 976.21'
N 86°07'11" E 943.07'
LOT 130
THE SANCTUARY
PHASE 4b MAP 2
MB 48 PG 595
REPAIR AREA
POOL
HOUSE SEE DETAIL
DRIVE
118.2'
88.8'
150.2'
100' FRONT SETBACK PER DEED RESTRICTIONS
20' SETBACK
20' SWE
C1
C2
R/W LINE
WANEDEN LANE
(50' PUBLIC R/W)
20' SIDEWALK EASEMENT
ISLAND POINT ROAD
(60' PUBLIC R/W)
14.83'
L1
L2
L3
L5

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 #: **30003657** GWS File #: **7032b** Tax Parcel #: **199-352-17**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 7/8/2013

Type of Installation: Residential - Modified Plot Plan Lot Number: 129

Structure Type: HOUSE Size (ft^2): 4681 # Bedrooms: 3 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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: Chris Sherrill

Signature: [signature]

Date Issued: 7/8/2008

Owner/Legal Agent: _____
Print Name

Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30003657 GWS File #: 7032b

IV. Permit Conditions/Comments:

- This Improvement Permit is being issued based on a supplemental soil investigation performed by staff from our office.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.

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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DENR Authorized Agent: Chris Sherrill

Signature: Christopher M. Sherrill

Date Issued: 7/8/2008

Owner/Legal Agent: _____
Print Name

Signature: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 210 Charlotte, NC 28202
Phone: (704) 336-5163 Fax: (704) 336-4894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit # 30003657 GWS File #: 7032b Tax Parcel #: 199-352-17

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Type of Installation: Residential - Modified Plot Plan — Lot Number: 129

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III. Repair System Type: Approved — System Classification: IIIg

Repair System Specifications:

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- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Chris Sheriff

Signature: [signature]

Date Issued: 7/8/2008

Owner/Legal Agent: Brian Hedgepeth (Print Name)

Signature: [signature]

DEC-01-2008 16:36 MECKLENBURG CO GWS 704 336 4894 P.02/02

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-5894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit # 30003657 GWS File #: 7032b

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DENR Authorized Agent: Chris Sherrill

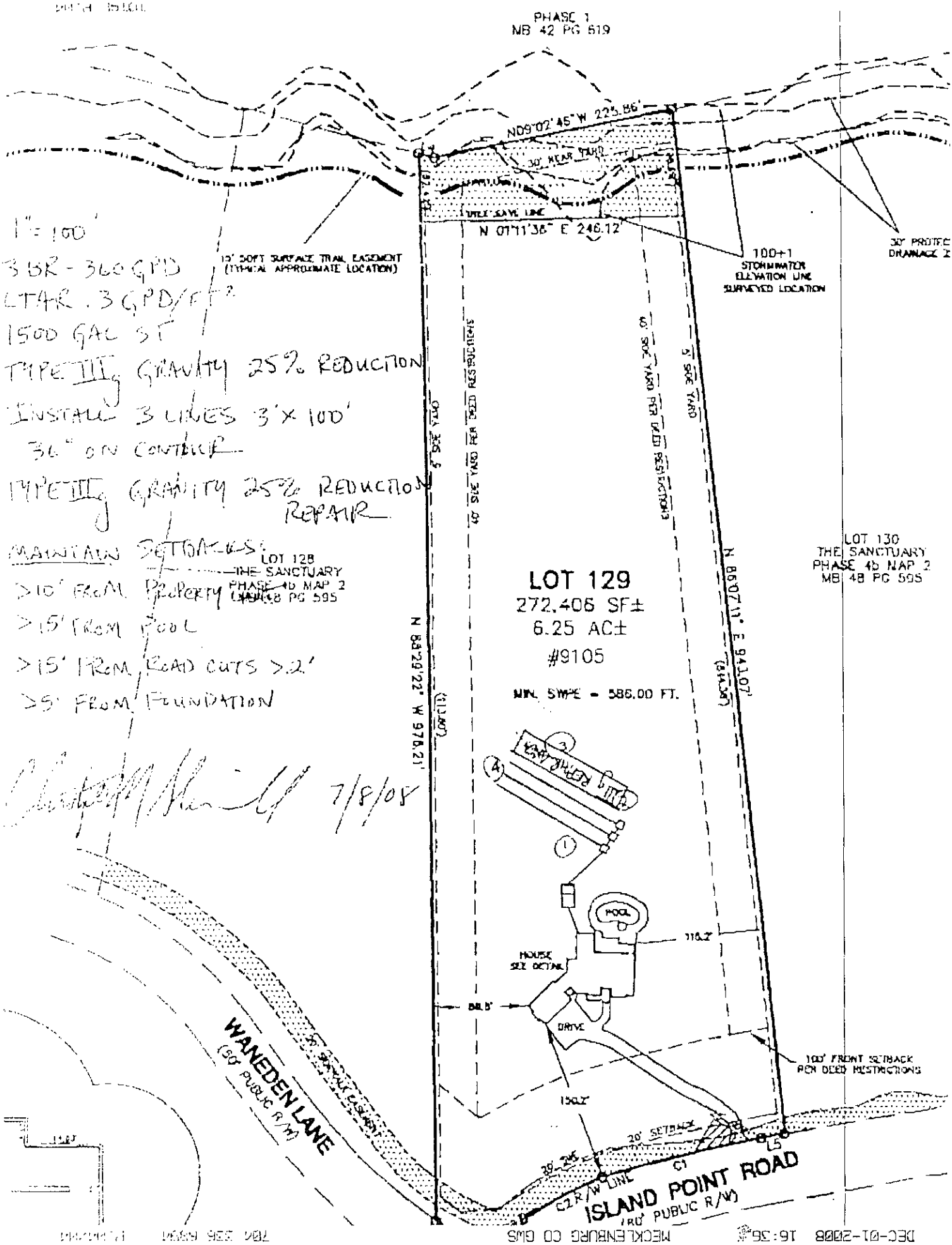
Signature:

Date Issued: 7/8/2008

Owner/Legal Agent: Brian Hedgepeth
Print Name

Signature:

DEC-01-2008 16:36 MECKLENBURG CO GWS 704 336 5894 P.23/23


PHASE 1
MB 42 PG 619
N09°02'45"W 225.86'
30' REAR YARD
N 07°11'38" E 246.12'
15' SOFT SURFACE TRAIL EASEMENT (TYPICAL APPROXIMATE LOCATION)
100+1 STORMWATER ELEVATION LINE SURVEYED LOCATION
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1" = 100'
3 BR - 360 GPD
LTAR .3 GPD/FT²
1500 GAL ST
TYPE III GRAVITY 25% REDUCTION
INSTALL 3 LINES 3' X 100'
36" ON CONTOUR
TYPE III GRAVITY 25% REDUCTION
REPAIR
MAINTAIN SETBACKS:
>10' FROM PROPERTY
>15' FROM POOL
>15' FROM ROAD CUTS >2'
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272,406 SF±
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HOUSE SEE DETAIL
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116.2'
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100' FRONT SETBACK PER DEED RESTRICTIONS
20' SETBACK
WANEDEN LANE
(50' PUBLIC R/W)
ISLAND POINT ROAD
(70' PUBLIC R/W)
C1
L5
MECKLENBURG CO GWS
DEC-01-2008 16:36

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 #: 7032B Permit #: 3657 Tax Parcel #: 199-352-17

Property Owner: RONALD + ELANOR BARLEY

Job Location Address: 9105 ISLAND POINT RD. (LOT # 129)

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 12/18/08

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 1/18/09, 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: 360 GPD

Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 4 @ VAR feet

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: DROP BOXES

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

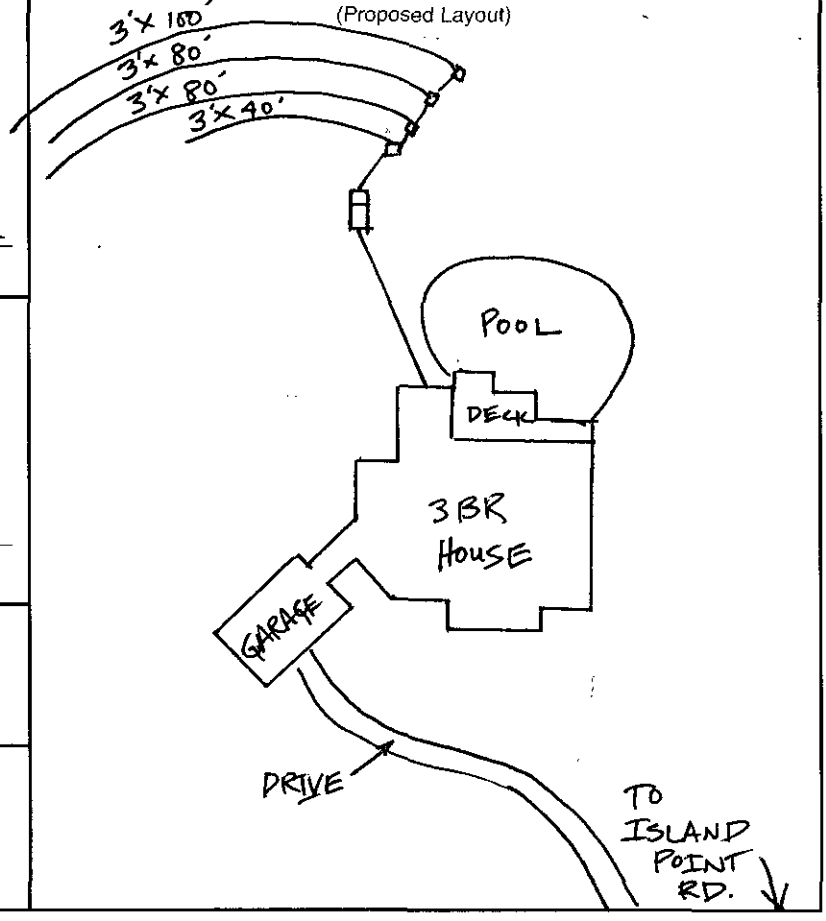
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III g

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: [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 #: 7032B Permit #: 3657 Tax Parcel #: 199 35217

Property Owner: Kingswood Custom Homes

Job Location Address: 9105 Island Point

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 4/15/09

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 5/15/09, 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: 360 GPD Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ VAR feet

Depth of Media: 12 inches (Type) chambers

Distribution Device: Drop boxes

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

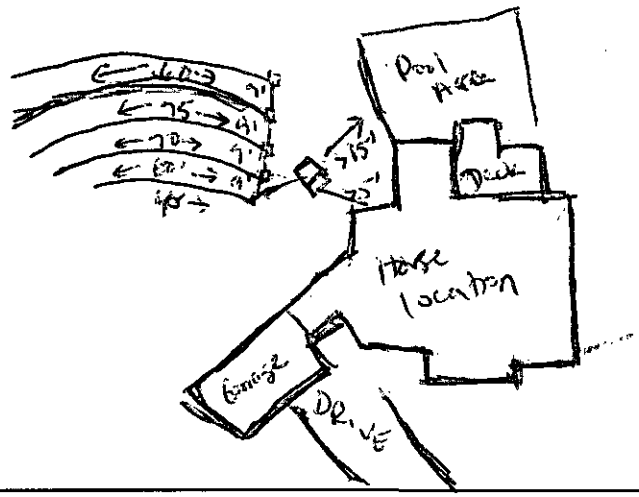
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Partial type IIIa system - chambers OK

keep system > than 15' from pool area, > 5' from house foundation

DENR Authorized Agent: Tom Jackson Signature: Tom Jackson

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 #: 7032B Permit #: 3657 Tax Parcel #: 19935217

Property Owner: Kingswood Custom Homes

Job Location Address: 9105 Island point Rd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 4/16/09 Contractor Name: Jamie McDaniel

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons
Shoaf-1500 STP 350 7-14-09

Liquid Capacity of Dosing Tank: _____ gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3' feet

Line Spacing: 9' feet (O.C.)

Total line length: 300' feet

# of Lines: 6 @ VAR feet

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 6 inches

Distribution Device: Drop Boxes

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: ~~36~~ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 75' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: 150' feet

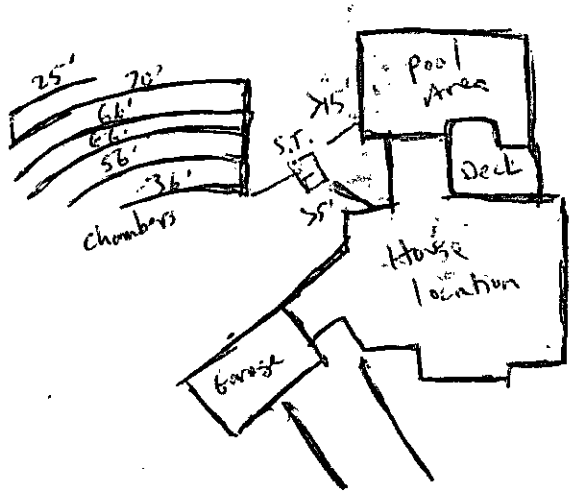
Inspection Dates

Tank(s) Inspected: 4/16/09

Excavation Inspected: 4/16/09

Pump & Controls Inspected: N/A

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: Type IIIb chamber system 1004 initial Gravity

DENR Authorized Agent: Jason Jackson Signature: Jason Jackson

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 #: 7032 B Permit #: 3657 Tax Parcel #: 19931217

Property Owner: Kilgariff Homes

Job Location Address: 9105 Island Point Rd

City: Char/Hal 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: Type III

*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: Type III chamber system IGP

DENR Authorized Agent: Jason Jackson Date: 4/16/14

Signature: Jason Jackson

FILE NUMBER: 20328 Revised On: January 3, 2007 APPLICATION NUMBER: 2073

SEPTIC FEE: 200.00
DATE: 3/19/07
CK# 0102716 gl/A

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

WELL FEE: _____
DATE: _____

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

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 19935214-PO
STREET ADDRESS: Island Point Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: The Sanctuary of Lake Wylie
LOT #: 129 LOT SIZE (acres): 6.25+
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: ~10,000 Ft²
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 10 MAX
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☒ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☒ MUNICIPAL ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

8A. RANK: ☒ ANY TYPE ☐ CONVENTIONAL ☒ ACCEPTED 1 ☒ INNOVATIVE 2 ☒ ALTERNATIVE 3 ☐ OTHER _____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☒ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES ☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO

10. PROPERTY OWNER:
NAME: The Sanctuary of Lake Wylie
ADDRESS: 11104 Limehurst PL
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-295-1638 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Paul Penninger, S+ME, Inc.
ADDRESS: 385 Timber Rd., St. 104
CITY: Mooresville
STATE: NC ZIP: 28115
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-996-6330 FAX: 704-662-8735

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

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

[signature] 03/16/07
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

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

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

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

Sheet: 1 of 2
Property ID: PO 199-352-14
Lot #: 129
File #: 7032B
AppID: 2073

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary of Lake Wylie
Applicant: S & ME- P. Penninger
Address: 11104 Limehurst Place, Charlotte, N. C. 28278
Date Evaluated: 4/16/07
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .5a inv.
Location of Site: Island Point Road
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	b PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr. Horiz.	Profile Class &LTAR
1	LS, 15	0-8	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV .3GPD/FT^2
		8-40	SBK/C	FI/SEXP/S/P					
		40-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-7	GR/CL	"	"	"	"	"	"
		7-48	SBK/C	FI/SEXP/S/P					
3	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-43	SBK/C	FI/SEXP/S/P					
		43-48	SBK/CL	FR/SEXP/SS/SP					
					SITE LTAR .3GPD/FT				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III b	IV a
Site LTAR	.3	.3

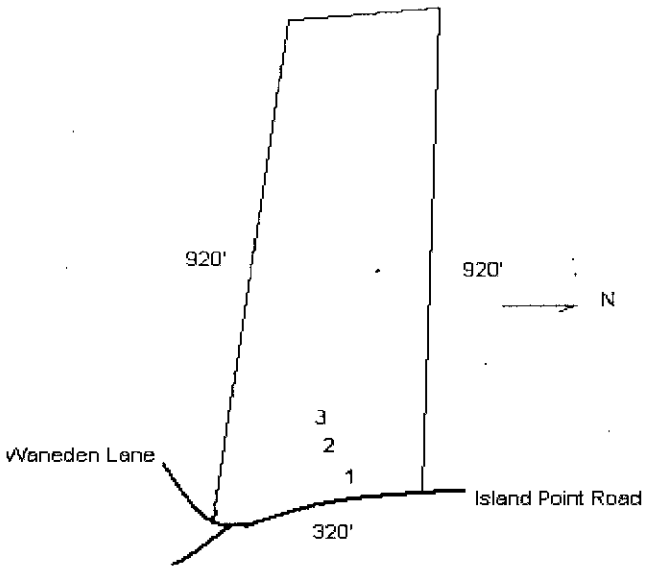
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 4/19/2007. w/ R. Marlin
Others Present:
Site Classification (.1948): PROV. SUITABLE
Site Evaluation By:
Others Present:

COMMENTS:
100% repair

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				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



S&ME

May 9, 2007

Mr. James Martin
The Sanctuary at Lake Wylie
11104 Limehurst Place
Charlotte, North Carolina 28278

Reference: **Request for a Septic Improvement Permit for Lot 129 at The Sanctuary at Lake Wylie Phase 4b**
Mecklenburg County Health Department (MCHD) File # 7032B

Dear Mr. Martin,

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

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

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

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

Sincerely,

S&ME, Inc.

Paul G. Penninger, LSS
Licensed Soil Scientist

Rob Willcox, LSS
Natural Resources Department Manager

Attachments:
1. System Specifications
2. Site Plan
3. MCHD Soil Evaluation

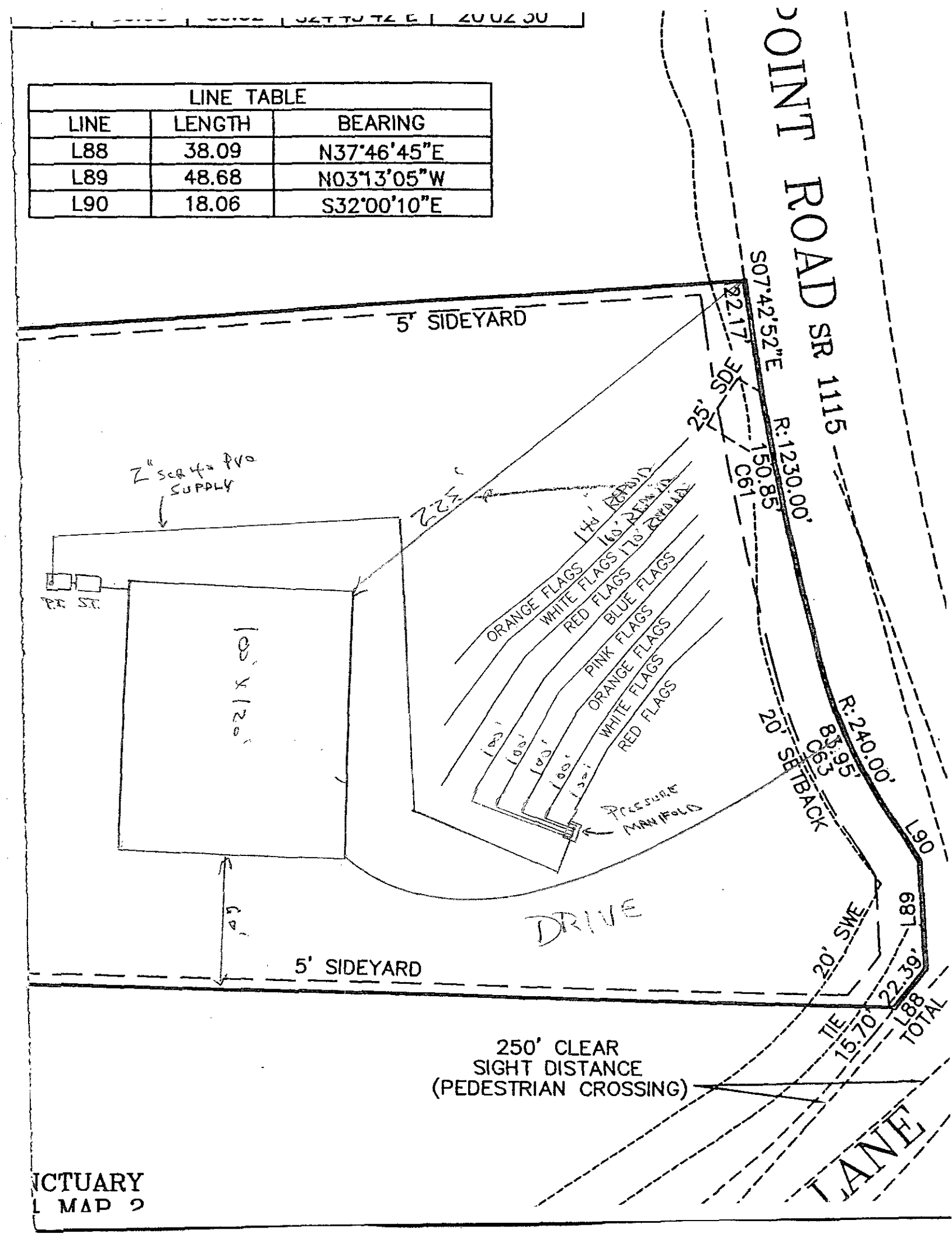
Copy: Mr. Philo Walker, R.S.
MCHD

Design Specifications for Lot 129 at The Sanctuary
MCHD File # 7032B

Daily Design Flow:	600 gpd
Number Bedrooms:	5 bedroom
Basement or Crawl Space:	Basement
Septic Tank Size:	1500 gal
Pump Tank Size:	1500 gal
Primary System Loading Rate:	**0.3 gpd/ft^2**
Primary System:	**25% reduction**
Number and length of laterals:	5 @ 100 ft. endfed
Total ft. of primary system:	500 ft.
Flow Rate through system:	27.5 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 when specific house and pump tank locations are available
Dosing Volume:	approx. 270 gal. – 2.2 doses/day at design flow
Depth of effluent pumped per dose:	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Check Valve:	yes
Siphon break hole:	no
Repair System Loading Rate:	**0.3 gpd/ft^2**
Repair System:	**LPPPBPS**
Total ft. of repair	470 ft. (334 ft. required)

Notes:

LINE TABLE		
LINE	LENGTH	BEARING
L88	38.09	N37°46'45"E
L89	48.68	N03°13'05"W
L90	18.06	S32°00'10"E



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 #: **30002073** GWS File #: **7032B** Tax Parcel #: **199-352-14**

- 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):** 6/27/2012

Type of Installation: Residential - New System Lot Number: 129

Structure Type: HOUSE Size (ft^2): 10000 # Bedrooms: 5 # Occupants: 10

Building Foundation: Water Supply: Municipal

II. Initial System Type: Pump to Approved **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):	30	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):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1000	Total Trench Length (ft):	333
Maximum Trench Depth (in):	30	Depth of Media (in):	24	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Chris Shefrill Owner/Legal Agent: Ryan Johnson
Print Name

Signature: Signature:

Date Issued: 6/27/2007

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 #: **30002073** GWS File #: **7032B**

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 installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- 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.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.

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: Chris Sherrill
Signature: Chris M Sherrill
Date Issued: 6/27/2007

Owner/Legal Agent: Ryan Johnson
Print Name
Signature: Ryan Johnson

Page 2 of 2



1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 70323 WASPS App #: ~~2073657~~

Primary ES assigned to project: CS

Secondary ES assigned to project:

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

LD passed 4/17/09

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: 34 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) 130A-336	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
(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?			
.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 ☑
		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 ☐

H. 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:

LP - 7032B 7/8/08

IA - 12/18/08

IA issued date: 4-15 09

OP issued date: 4 16 09

Review performed by: ICL

Date performed: 7-8-08

7-8 08

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/30/08	**Amount:**	100.00
Receipt #:	57999	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: B97390
Contractor: KINGSWOOD HOMES INC
Attn:
Address: 106 OAKLEY AVE
Address: #100
City/State/Zip: PINEVILLE, NC 28134

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 9105 ISLAND POINT RD/FILE 7032B		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/30/08	**Amount:**	150.00
Receipt #:	58000	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: B97390
Contractor: KINGSWOOD HOMES INC
Attn:
Address: 106 OAKLEY AVE
Address: #100
City/State/Zip: PINEVILLE, NC 28134

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 9105 ISLAND POINT RD/FILE 7032B		1	150.00	150.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
250.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/30/08	**Amount:**	150.00
Receipt #:	58001	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

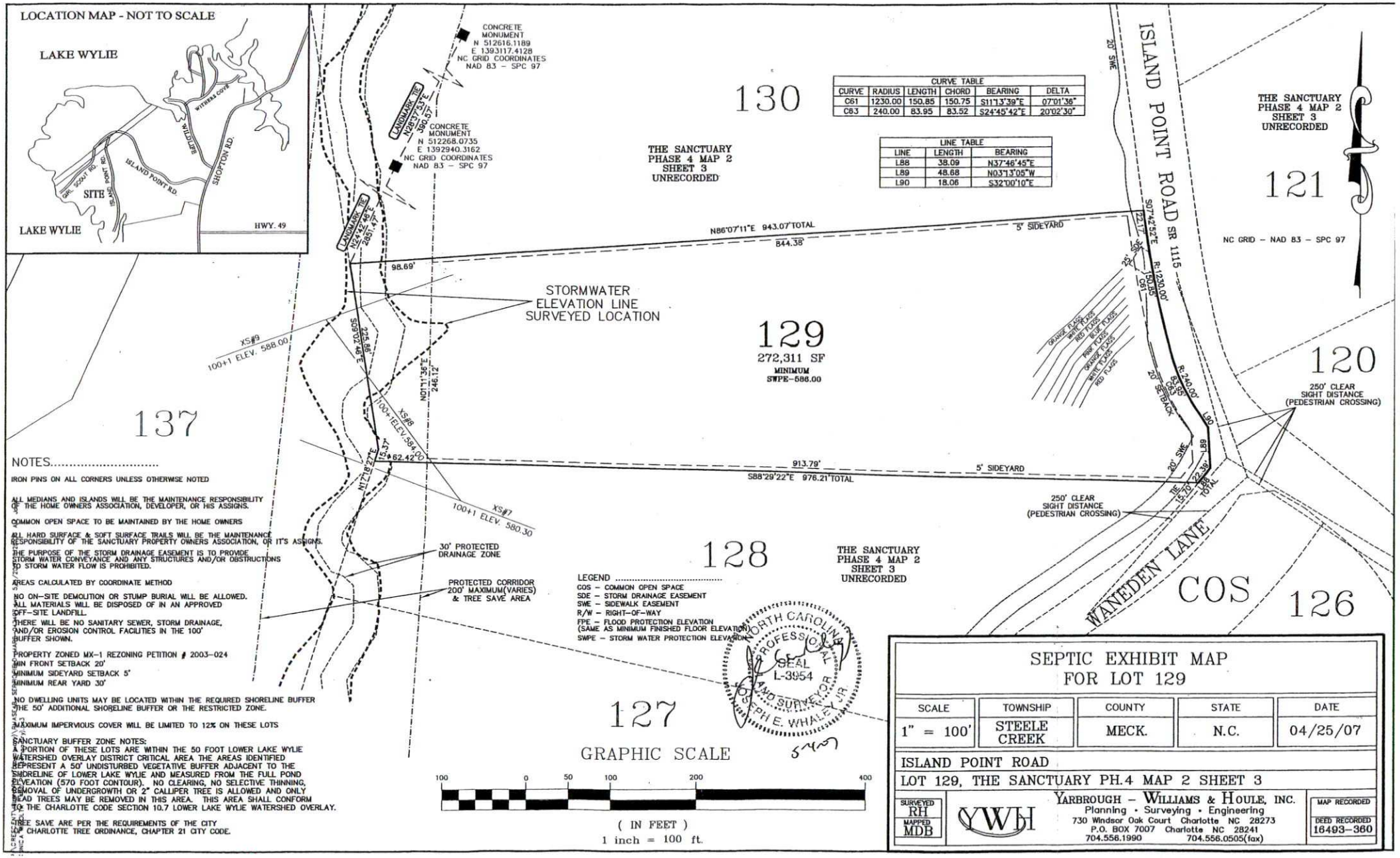
Account Information

Account #: B97390
Contractor: KINGSWOOD HOMES INC
Attn:
Address: 106 OAKLEY AVE
Address: #100
City/State/Zip: PINEVILLE, NC 28134

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 9105 ISLAND POINT RD/FILE 7032B		1	150.00	150.00

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

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


LOCATION MAP - NOT TO SCALE
LAKE WYLIE
WITHERS COVE
WILDLIFE
SHOPTON RD.
ISLAND POINT RD.
GIRL SCOUT RD.
SITE
HWY. 49
LAKE WYLIE
CONCRETE MONUMENT N 512616.1189 E 1393117.4128 NC GRID COORDINATES NAD 83 - SPC 97
LANDMARK TIE N28°37'53"E 390.57'
CONCRETE MONUMENT N 512268.0735 E 1392940.3162 NC GRID COORDINATES NAD 83 - SPC 97
LANDMARK TIE N24°42'46"E 2851.47'
130
THE SANCTUARY PHASE 4 MAP 2 SHEET 3 UNRECORDED
CURVE TABLE
CURVE | RADIUS | LENGTH | CHORD | BEARING | DELTA
C61 | 1230.00 | 150.85 | 150.75 | S11°13'39"E | 07°01'36"
C63 | 240.00 | 83.95 | 83.52 | S24°45'42"E | 20°02'30"
LINE TABLE
LINE | LENGTH | BEARING
L88 | 38.09 | N37°46'45"E
L89 | 48.68 | N03°13'05"W
L90 | 18.06 | S32°00'10"E
ISLAND POINT ROAD SR 1115
20' SWE
THE SANCTUARY PHASE 4 MAP 2 SHEET 3 UNRECORDED
121
NC GRID - NAD 83 - SPC 97
N86°07'11"E 943.07'TOTAL
844.38'
5' SIDEYARD
98.69'
S07°42'52"E 22.17'
25' SBL
R=1230.00'
C61 150.85'
STORMWATER ELEVATION LINE SURVEYED LOCATION
129
272,311 SF
MINIMUM SWPE=586.00
XS#9 100+1 ELEV. 588.00
S03°20'46"E 225.86'
N01°11'36"E 246.12'
XS#8 100+1 ELEV. 584.00
N17°18'27"E 15.37'
62.42'
913.79'
S88°29'22"E 976.21'TOTAL
5' SIDEYARD
20' SWE
20' SETBACK
R=240.00'
C63 83.95'
L90
68.18'
TIE 15.20' 22.38' TOTAL
XS#7 100+1 ELEV. 580.30
30' PROTECTED DRAINAGE ZONE
PROTECTED CORRIDOR 200' MAXIMUM(VARIES) & TREE SAVE AREA
128
THE SANCTUARY PHASE 4 MAP 2 SHEET 3 UNRECORDED
120
250' CLEAR SIGHT DISTANCE (PEDESTRIAN CROSSING)
250' CLEAR SIGHT DISTANCE (PEDESTRIAN CROSSING)
WANEEDEN LANE
COS
126
137
127
GRAPHIC SCALE
100 0 50 100 200 400
(IN FEET)
1 inch = 100 ft.
NOTES.....
IRON PINS ON ALL CORNERS UNLESS OTHERWISE NOTED
ALL MEDIANS AND ISLANDS WILL BE THE MAINTENANCE RESPONSIBILITY OF THE HOME OWNERS ASSOCIATION, DEVELOPER, OR HIS ASSIGNS.
COMMON OPEN SPACE TO BE MAINTAINED BY THE HOME OWNERS
ALL HARD SURFACE & SOFT SURFACE TRAILS WILL BE THE MAINTENANCE RESPONSIBILITY OF THE SANCTUARY PROPERTY OWNERS ASSOCIATION, OR IT'S ASSIGNS.
THE PURPOSE OF THE STORM DRAINAGE EASEMENT IS TO PROVIDE STORM WATER CONVEYANCE AND ANY STRUCTURES AND/OR OBSTRUCTIONS TO STORM WATER FLOW IS PROHIBITED.
AREAS CALCULATED BY COORDINATE METHOD
NO ON-SITE DEMOLITION OR STUMP BURIAL WILL BE ALLOWED. ALL MATERIALS WILL BE DISPOSED OF IN AN APPROVED OFF-SITE LANDFILL.
THERE WILL BE NO SANITARY SEWER, STORM DRAINAGE, AND/OR EROSION CONTROL FACILITIES IN THE 100' BUFFER SHOWN.
PROPERTY ZONED MX-1 REZONING PETITION # 2003-024
MIN FRONT SETBACK 20'
MINIMUM SIDEYARD SETBACK 5'
MINIMUM REAR YARD 30'
NO DWELLING UNITS MAY BE LOCATED WITHIN THE REQUIRED SHORELINE BUFFER THE 50' ADDITIONAL SHORELINE BUFFER OR THE RESTRICTED ZONE.
MAXIMUM IMPERVIOUS COVER WILL BE LIMITED TO 12% ON THESE LOTS
SANCTUARY BUFFER ZONE NOTES:
A PORTION OF THESE LOTS ARE WITHIN THE 50 FOOT LOWER LAKE WYLIE WATERSHED OVERLAY DISTRICT CRITICAL AREA THE AREAS IDENTIFIED REPRESENT A 50' UNDISTURBED VEGETATIVE BUFFER ADJACENT TO THE SHORELINE OF LOWER LAKE WYLIE AND MEASURED FROM THE FULL POND ELEVATION (570 FOOT CONTOUR). NO CLEARING, NO SELECTIVE THINNING, REMOVAL OF UNDERGROWTH OR 2" CALLIPER TREE IS ALLOWED AND ONLY DEAD TREES MAY BE REMOVED IN THIS AREA. THIS AREA SHALL CONFORM TO THE CHARLOTTE CODE SECTION 10.7 LOWER LAKE WYLIE WATERSHED OVERLAY.
TREE SAVE ARE PER THE REQUIREMENTS OF THE CITY OF CHARLOTTE TREE ORDINANCE, CHAPTER 21 CITY CODE.
LEGEND
COS - COMMON OPEN SPACE
SDE - STORM DRAINAGE EASEMENT
SWE - SIDEWALK EASEMENT
R/W - RIGHT-OF-WAY
FPE - FLOOD PROTECTION ELEVATION (SAME AS MINIMUM FINISHED FLOOR ELEVATION)
SWPE - STORM WATER PROTECTION ELEVATION
NORTH CAROLINA PROFESSIONAL SEAL L-3954 LAND SURVEYOR JOSEPH E. WHALEY JR
SEPTIC EXHIBIT MAP FOR LOT 129
SCALE | TOWNSHIP | COUNTY | STATE | DATE
1" = 100' | STEELE CREEK | MECK. | N.C. | 04/25/07
ISLAND POINT ROAD
LOT 129, THE SANCTUARY PH.4 MAP 2 SHEET 3
SURVEYED RH
MAPPED MDB
YARBROUGH - WILLIAMS & HOULE, INC.
Planning • Surveying • Engineering
730 Windsor Oak Court Charlotte NC 28273
P.O. BOX 7007 Charlotte NC 28241
704.556.1990 704.556.0505(fax)
MAP RECORDED
DEED RECORDED 16493-360