Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7369B WASPS App #: 2796

Primary ES assigned to project: Christopher Sherrill

Secondary ES assigned to project: —

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

I. File Review:

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

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐

Operation Permit

.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

IA issued date: 12/5/07

OP issued date: 3-27-08

Review performed by: Philo Walker

Date performed: 10/17/07

FILE NUMBER: 7369B

SEPTIC FEE: _____
DATE: _____

Revised On: January 3, 2007
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

APPLICATION NUMBER: 2796

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:
STREET ADDRESS: 6751 Timahoe Lane
CITY: Charlotte
STATE: NC NC ZIP: 28278
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:
☑ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 2108
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2
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)*:

☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

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

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

10. PROPERTY OWNER:

NAME: Mavis Bullock
ADDRESS: 6747 Timahoe Lane
CITY: Charlotte
STATE: N.C. ZIP: 28278
HOME PHONE: WORK PHONE:
MOBILE PHONE: 1803-370-0032 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Chuck Averitt
ADDRESS: 5500 Dixie River Rd
CITY: Charlotte
STATE: N.C. ZIP: 28278
HOME PHONE: WORK PHONE:
MOBILE PHONE: 1803-370-0032 FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Check _____
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.

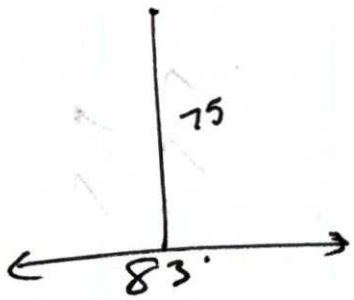
Chuck Averitt 10/17/07
Property Owner's or Owner's Legal Representative Signature Date

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

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



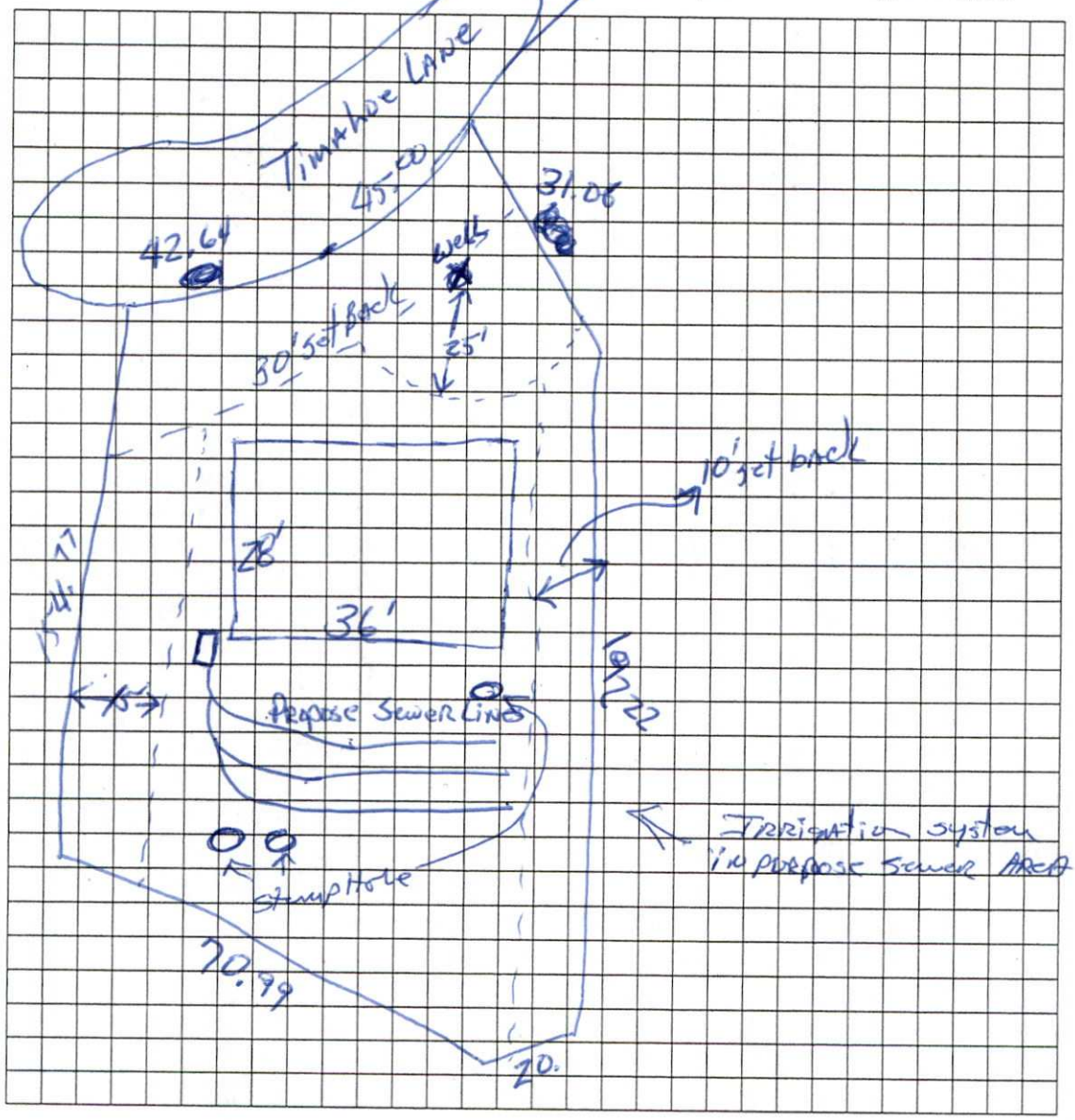
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Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature
Date

LBC 12/15/04

2 of 2
10/

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

Sheet: 1 of 2
Property ID: PO 113-311-04
Lot #:
File #: 7369B
AppID: 2796

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Mavis Bullock
Applicant: Chuck Averitt
Address: 6747 Timahoe Lane, Charlotte, N. C. 28278
Date Evaluated: 10/12/07
Proposed Facility: Residence
Design Flow (.1949): 240gpd
Property Size: .39a
Location of Site: Timahoe Lane
Property Recorded:
Water Supply: [ ] Public [ ] Individual [x] Well--Shared [ ] 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, 10	0-9	DISTURBED		>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		9-40	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		40-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-5	GR/SCL	"	"	"	"	"	"
		5-28	SBK/C	FI/SEXP/S/P					
		28-48	SBK/CL	FR/SEXP/SS/SP					
3	LS, 15	0-3	GR/SCL	"	"	"	"	"	"
		3-48	SBK/C	FI/SEXP/S/P					
					SITE LTAR .3GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	111g	111g
Site LTAR	.3	.3

Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 10/12/2007, W. R. Marlin
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:

100% repair, 2-inch well needs abandoning, no buried debris where "stumpholes" are shown on plot plan, two trees were removed and stumps ground out to approximately 24" deep

Landscape Position	Group	Texture	.1955 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
SS-Shoulder Slope		LS-Loamy Sand	
LS-Linear Slope			
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6
NS-Nose Slope		L-Loam	
HS-Head Slope			
CC-Concave Slope	III	SI-Silt	0.6 - 0.3
CV-Convex Slope		SICL-Silty Clay Loam	
T-Terrace			
FP-Flood Plain		CL-Clay Loam	
		SCL-Sandy Clay Loam	
	IV	SC-Sandy Clay	0.4 - 0.1
		SIC-Silty Clay	
		C-Clay	

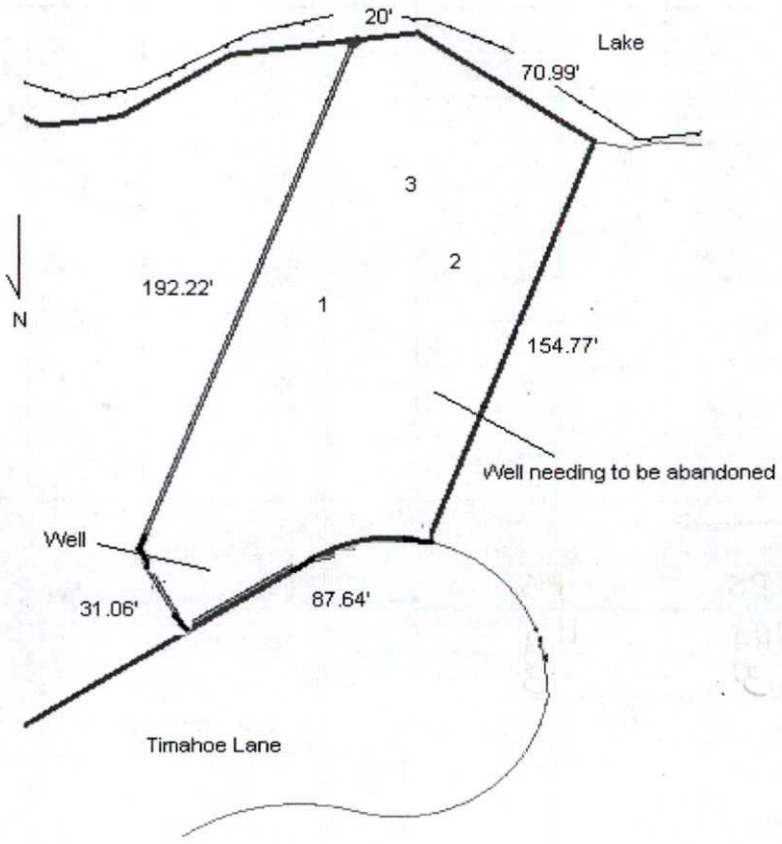
Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

Consistence Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence Wet
NS-Non-Sticky
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Sketch of Soil Evaluation Locations



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

Sheet: 1 of 2
Property ID: PO 113-311-04
Lot #:
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Proposed Facility: Residence
Design Flow (.1949): 240gpd
Property Size: .39a
Location of Site: Timahoe Lane
Property Recorded:
Water Supply: [ ] Public [ ] Individual [x] Well--Shared [ ] 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, 10	0-9	DISTURBED		>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		9-40	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		40-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-5	GR/SCL	"	"	"	"	"	"
		5-28	SBK/C	FI/SEXP/S/P					
		28-48	SBK/CL	FR/SEXP/SS/SP					
3	LS, 15	0-3	GR/SCL	"	"	"	"	"	"
		3-48	SBK/C	FI/SEXP/S/P					
					SITE LTAR .3GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946):
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Others Present:
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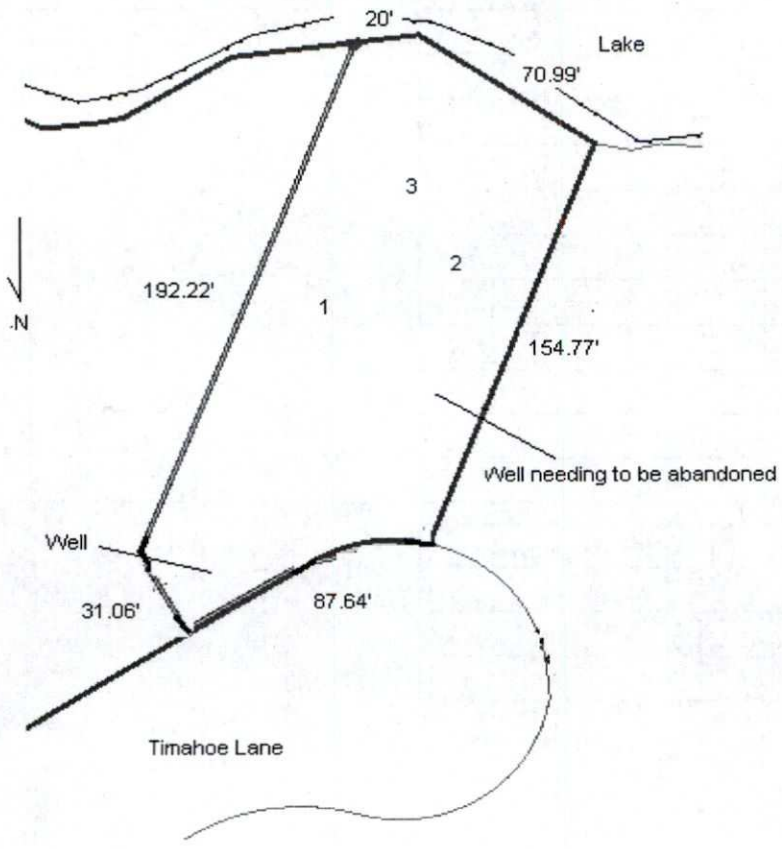
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R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
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	

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

Sheet: 1 of 2
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Lot #:
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					SITE LTAR .3GPD/FT^2				

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: W. R. Marlin, LSS, 10/12/2007,
Others Present:
Site Classification (.1948): PS
Site Evaluation By: C.Sherrill,RS,LSS
Others Present: C.Averitt

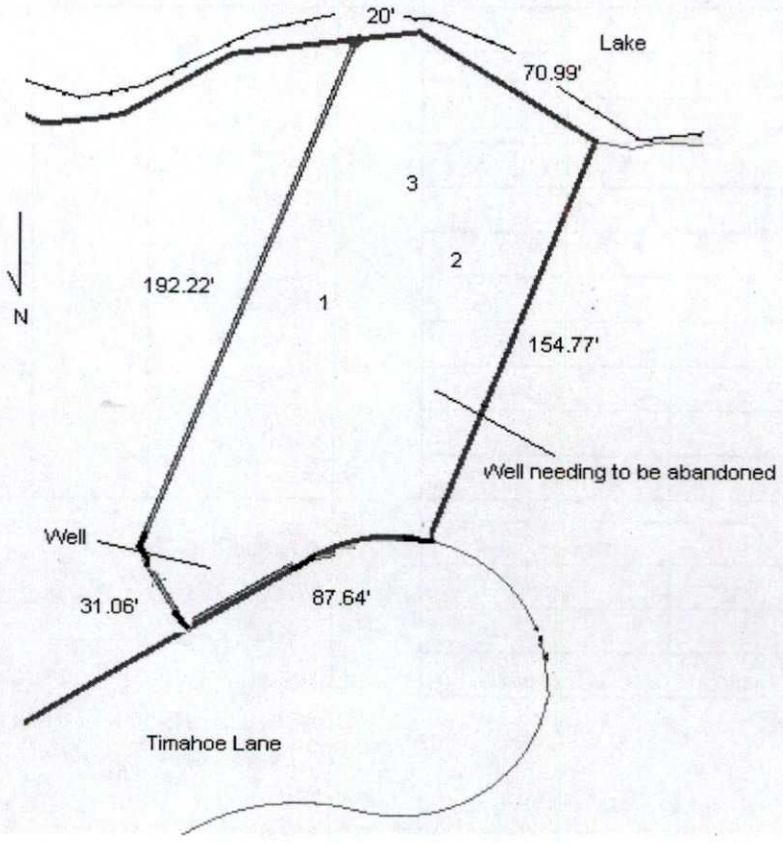
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	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

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

Sketch of Soil Evaluation Locations



Mecklenburg County 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 #: **30002796** GWS File #: **7369B** Tax Parcel #: **113-311-04**

- 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):** 10/17/2012

Type of Installation: Residential - New System Lot Number: 3

Structure Type: HOUSE Size (ft^2): 2108 # Bedrooms: 2 # Occupants: 2

Building Foundation: Basement With Plumbing Water Supply: Shared Well

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

Initial System Specifications:

Design Flow (gpd):	240	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):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	240	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):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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 Owner/Legal Agent: Chuck Averitt
Print Name

Signature: Signature:

Date Issued: 10/17/2007

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 #: **30002796** GWS File #: **7369B**

IV. Permit Conditions/Comments:

- Proper well abandonment is required prior to receiving an Installation Approval from our office to install the septic system.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

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: Christopher M Sherrill

Date Issued: 10/17/2007

Owner/Legal Agent: Chuck Averitt
Print Name

Signature: Chuck Averitt

7369B

1"=40'
240 GPD
LTAR .3 GPD/FT²
TYPE III_g SYSTEM GRAVITY 25% REDUCTION
INSTALL LINES 30" ON CONTOUR (3 LINES 3'x67')
TYPE III_g REPAIR
MAINTAIN SETBACKS:
>10' FROM FOUNDATION + PROPERTY LINE
>50' FROM WELL

* MUST PROPERLY ~~ABANDON~~ OLD WELL ON SITE AND HAVE RECORD SENT TO OFFICE

REF. DEED (MAG.)

TIMAHOE LANE
60' PUBLIC R/W

IPF
N58°03'00"E 158.54'
123.54'
S31°57'00"E 128.83'
IPF

45.00'
C1
L6
30' SETBACK (M18 PG 47)
GARAGE
CONCRETE DRIVE
GRAVEL DRIVE
1 STORY HOUSE
WALL
DECK
STORAGE BUILD.

11331105
N/F ADAM & ROSANA MARTY
DB 14265 PG 34
M18 PG 47

LOT 3B
46,581 sq. ft.
0.39 acres

30'
28'
36'
10'
10'
3'x67'
3'x67'
3'x67'
10'
TYPE III_g REPAIR AREA

154.77'
N22°00'00"E
OHU
OHU
OHU
OHU
OHU
196.22'
S22°00'00"W

50' BUFFER (M18 PG 47)

LOT 3A
38,830 sq. ft.
0.89 acres

CHAIN LINK FENCE
S13°51'00"W 204.78'

L4 L3
L5
60.00'
N64°43'00"W
L2
L1
70.99'
N58°00'00"W
20.00'
43.48'
S84°06'00"W

ROPERTY LINE FOLLOWS 570' CONTOUR
UKE POWER PROJECT BOUNDARY

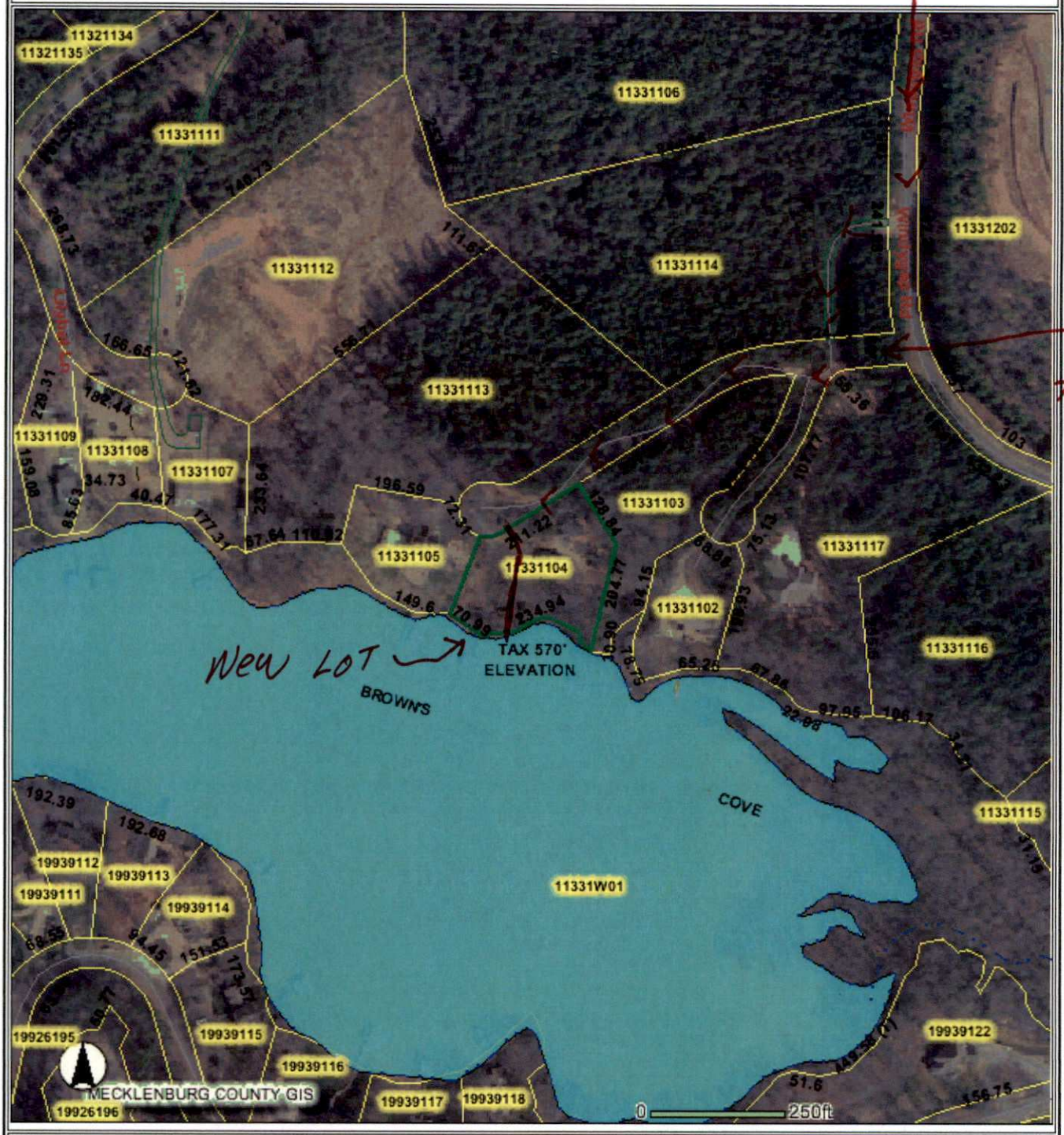
10/17/07
10/22/07

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Fri Oct 12 09:08:03 EDT 2007



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

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 #: 7369B Permit #: _____ Tax Parcel #: 113-311-04

Property Owner: MAVIS BULLOCK

Job Location Address: 6751 TIMAHOE LN.

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 12/10/07

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 1/10/08, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 240 GPD

Liquid Capacity of Septic Tank: 1500 gallons

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

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 4 @ 50 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: D-BOX

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 _____

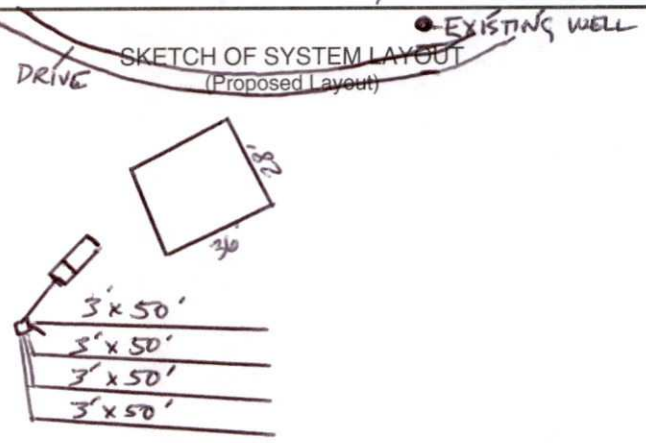
Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIg GRAVITY 25% REDUCTION; INSTALL PER, 1961

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

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

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

File #: 7369B Permit #: _____ Tax Parcel #: 113-311-04

Property Owner: MAVIS BULLOCK

Job Location Address: 6751 TIMAHOE LN.

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: 3/27/08 Contractor Name: AUTRY

Permitted Design Flow: 240 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 4 @ 50 feet

Depth of Media: 12 inches (Type) EZFLOW

Depth of Cover: 12 inches

Distribution Device: D-BOX

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: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

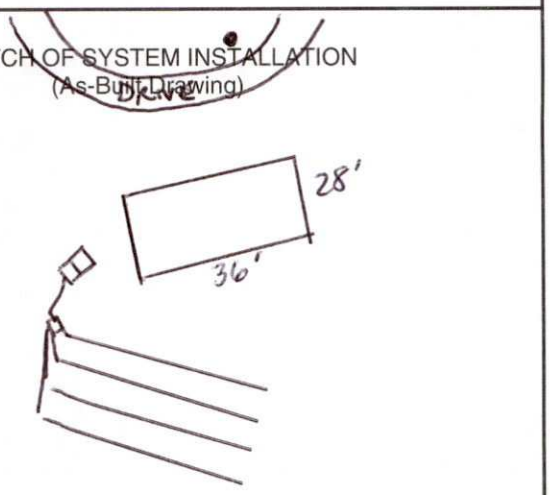
Inspection Dates

Tank(s) Inspected: 12/11/07

Excavation Inspected: 12/11/07

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: III g INSTALLED PER .1961, EZ FLOW 1203H, G, NA, NA

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

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
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 #: 7369 B Permit #: _____ Tax Parcel #: 113-311-04

Property Owner: MAVIS BULLOCK

Job Location Address: 6751 TIMAHOE LN.

City: CHARLOTTE State: NC Zip Code: 28278

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: III-g

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☑ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

_____

_____

_____

_____

DENR Authorized Agent: Chris Sherrill Date: 3/27/08

Signature: Christopher M. Sherrill

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2220

Job # 50033167

1. WELL CONTRACTOR:
GARY H. Sherrill
Well Contractor (Individual) Name
McCALL Bros. INC.
Well Contractor Company Name
STREET ADDRESS 6700 BROOKSHIRE BLVD.
CHARLOTTE N.C. 28216
City or Town State Zip Code
704-399 1506
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable) NA
STATE WELL PERMIT # (if applicable) NA
COUNTY WELL PERMIT # (if applicable)
DWQ or OTHER PERMIT # (if applicable) NA
WELL USE (Circle applicable use): Monitoring (Residential) Municipal/Public Industrial/Commercial Agricultural Recovery Injection Irrigation
Other (list use)

3. WELL LOCATION:
COUNTY Meck QUADRANGLE NAME
NEAREST TOWN: CHARLOTTE NC.
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)
LATITUDE 35° 10.231
LONGITUDE 80° 59.638
May be in degrees, minutes, seconds, or in a decimal format
Latitude/longitude source: (GPS) Topographic map
(Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and4b. (If a residential well, skip 4a; complete 4b, well owner information only.)
FACILITY ID #(if applicable) NA
NAME OF FACILITY PRIVATE Residence
STREET ADDRESS 6751 TIMAHOE LN.
CHARLOTTE NC. 28278
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:
NAME MARIS BULLOCK
STREET ADDRESS 6751 TIMAHOE LN
CHAR N.C. 28278
City or Town State Zip Code
704-907 9983
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 98 ft. Diameter: 2 in.
b. Water Level (Below Measuring Point): 22 ft.
Measuring point is [illegible] ft. above land surface.

6. CASING: Length Diameter
a. Casing Depth (if known): 69 ft. 2 in.
b. Casing Removed: 3 ft. 2 in.

7. DISINFECTION: NTH 202.
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement 94 lb.
Water 6 gal.

Sand Cement
Cement lb.
Water gal.

Bentonite
Bentonite 50 lb.
Type: Slurry Pellets ✓
Water 5 gal.

Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
GRAVITY FLOW BENTONITE & POSITIVE DISPLACEMENT OF CEMENT

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

11. DATE WELL ABANDONED 2-11-08

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

Gary H. Sherrill 2-13-08
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

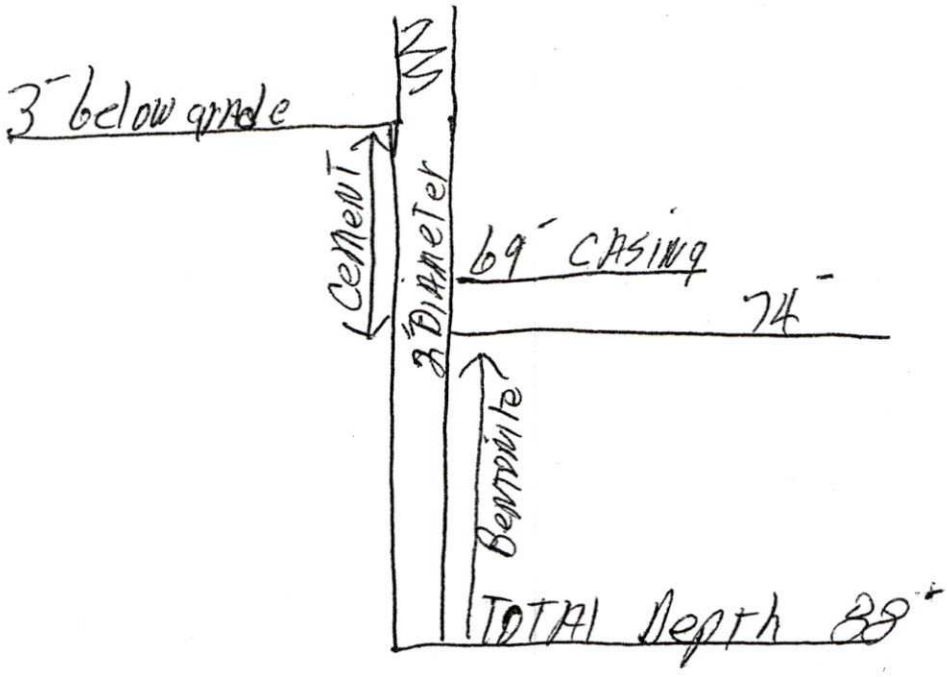
Maris Bullock 2/18/08
SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

MARIS BULLOCK
PRINTED NAME OF PERSON ABANDONING THE WELL

GARY H. Sherrill

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568

Form GW-30
Rev. 5/06


3' below grade
Cement
3" Diameter
69' CASING
74'
Bentonite
TOTAL Depth 89'

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/22/07
Receipt #: 53294
Check / Auth #: MC 455817
Received By: CRAIGGY

Amount: 150.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: AVERITT CHUCK
Attn:
Address: 5500 DIXIE RIVER RD
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 6751 TIMAHOE LANE/FILE 7369B		1	150.00	150.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
125.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/22/07	**Amount:**	150.00
Receipt #:	53295	**Tendered:**	0.00
Check / Auth #:	MC 455817	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	AVERITT CHUCK
Attn:	
Address:	5500 DIXIE RIVER RD
Address:	
City/State/Zip:	CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 6751 TIMAHOE LN/FILE 7369B		1	150.00	150.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
125.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/04/07
Receipt #: 53015
Check / Auth #: MC 283905
Received By: CRAIGGY

Amount: 200.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: AVERITT CHUCK
Attn:
Address: 5500 DIXIE RIVER RD
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 6751 TIMAHOE LN		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,750.00					

FEE: 300.00
DATE: 10/24/2007

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 7369B

PERMIT NUMBER: 30002796

PARCEL NUMBER: 11331104

JOB LOCATION INFORMATION

ADDRESS: 6751 TIMAHOE LN

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28278

ISSUED TO: MAVIS BULLOCK

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 10/24/2007

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30002796, 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:** 10/17/2012