

13940 CLAYSPARROW RD

19935319

1/8/2008

duponbj

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

150.00 Rec't B3328 5/15/06

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5477B DATE: ~~2/17/06~~ 5/22/06

TC: 19935319 ☑ L ☐ CRT

SERIAL Nº 20096

Name of Owner Sanctuary @ Lake Wylie Juris.:

Address of Property 13940 Clayspar Rd Lot 68 Sanctuary

Inspection Data:

Tank Material PCC

Total Length of Drainfield 333'

Number of Lines 6 @ 55'±

Cover Depth 12"

Water Supply Source Municipal

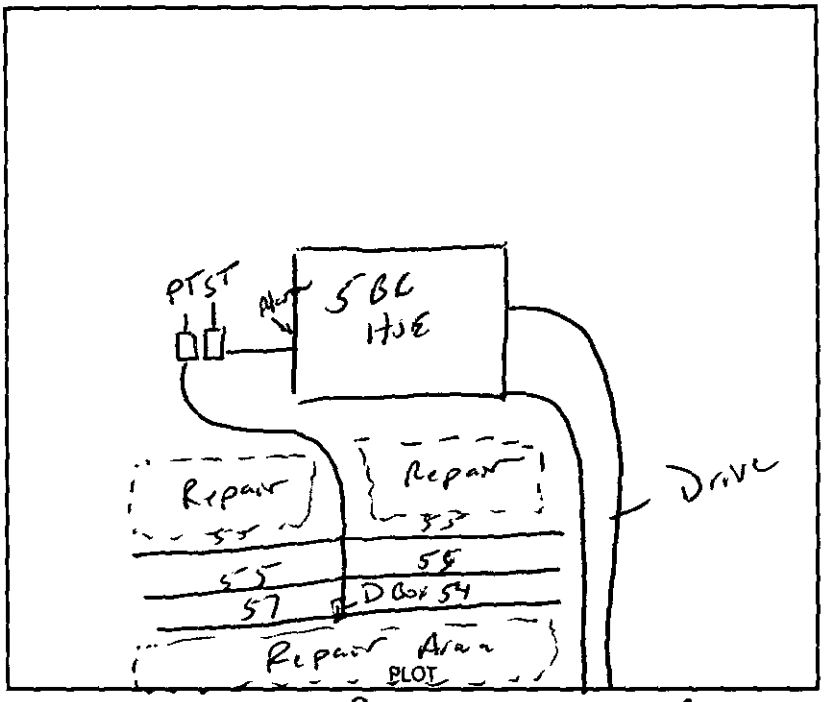
Distance to Water Source >50'

Excavation Inspected ☑ 2/17/06

Tank(s) Inspected 2/17/06

Wash Line Inspected N/A

High Water Alarm Inspected



Design PCC 1500 ST, 1000 PT, Distribution Box, 333' 50% RR BPS CTR# R+H

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

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. This issuance of this

☐ Certificate of Completion ☑ 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/revocation of this permit.

COMMENTS: System Reclassified as 50% Reduction due to driveway movement ☑ 2/17/06
Pump + Manifold checked on 5/19/06

Mark J. Pelt
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

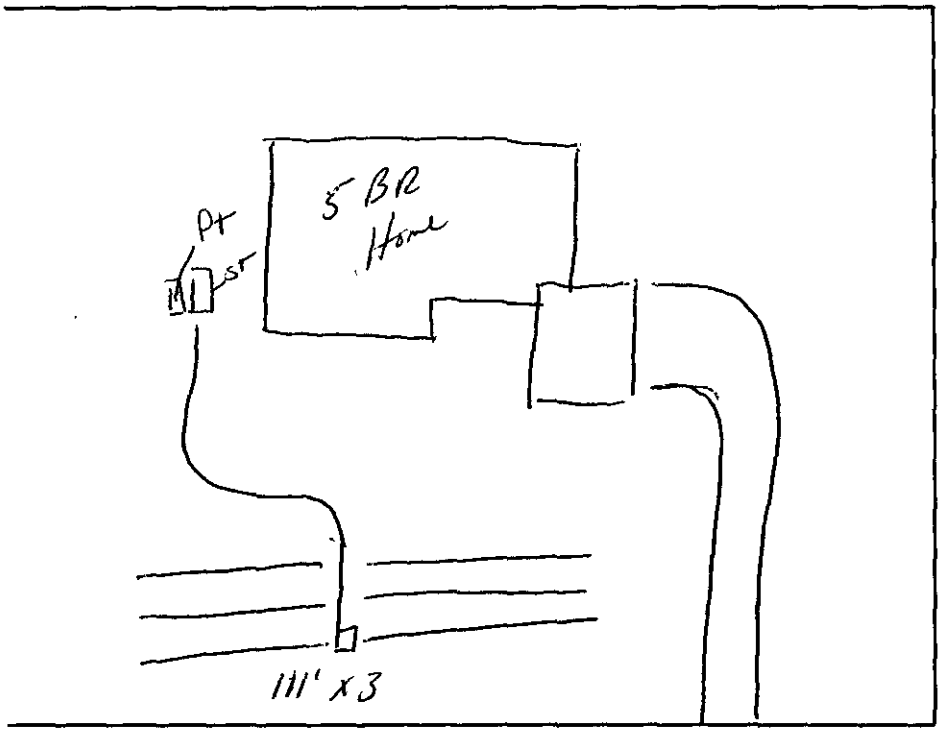
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5477B DATE: 2-15-06

TC: 199-352-02 ☑ L

SERIAL Nº 20442

Permission is hereby given to _____ (Install) or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated ~~2-1-06~~ Aug 4,04. All work shall be completed on or before 3/15/06, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank PCC-1500 gallons

Liquid Capacity of Dosing Tank PCC-1000 gallons

Tank Construction PCC

Trench Depth 42"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 333' feet

Number of Lines 3

Depth of Stone N/A inches

Distance from House >25' feet

Distance from Property Line 210' feet

Distance from Well N/A feet

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

NAME OF OWNER Morris & Associates

LOCATION OF PROPERTY Lot 68 Sanctuary 13940 Claysparrow Rd

Comments: Change in Systems from 25% Reduction to 50% Reduction.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

ON SITE SEWAGE TREATMENT CONTRACT AND AGREEMENT

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

CONTRACT FOR INSPECTION AND MAINTENANCE GROUND ABSORPTION SEWAGE TREATMENT AND DISPOSAL SYSTEM LOT NUMBER 68, PARCEL A ('THE LOT') THE SANCTUARY

(I), (WE), as the owners of Lot(s) Number 68, Parcel A of the subdivision known as The Sanctuary, have certain duties and responsibilities for the maintenance of any ground absorption sewage treatment and disposal system as regulated and set out in N.C.G.S. Article II, Chapter 130A; T15A-C18-S18A.1961 "Maintenance of Sewage Systems"; and under the "Declaration of Covenants, Conditions and Restrictions-The Sanctuary", (the "Declaration") as recorded in the Register of Deeds of Mecklenburg County, North Carolina, in Book 17763, Page 774, and under the Bylaws of The Sanctuary Owners Association, Inc.

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

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

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

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

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

Witness our hands and legal seals, this 18 day of May, 2006.

Joseph A Morris Pres (SEAL)
Signature

JOSEPH A MORRIS
Owners Printed Name

Morris & Associates (SEAL)
Signature

MORRIS & ASSOCIATES
Owners Printed Name

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/15/06	**Amount:**	150.00
Receipt #:	43890	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: B33280
Contractor: MORRIS & ASSOC REALTY JOSEPH
Attn:
Address: 2426 RED FOX TL
Address:
City/State/Zip: CHARLOTTE, NC 28211-

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 13940 CLAYSPARROW ROAD/FILE 5477B		1	150.00	150.00

Outstanding Balances

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

FEE: 150.00
DATE: 2/20/2006

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5477B

PERMIT NUMBER: 30000370

PARCEL NUMBER: 19935319

JOB LOCATION INFORMATION

ADDRESS: 13940 CLAYSPARROW RD

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

ISSUED TO: THE SANCTUARY AT LAKE WYLIE

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 1/20/2006

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000370, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

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

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 #: **30000370** GWS File #: **5477B** Tax Parcel #: **199-353-19**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 8/2/2009

Type of Installation: Residential - New System Lot Number: 68
Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 5 # Occupants: 5
Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Innovative or Experimental **System Classification:** IIIb

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):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	0	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: David Cornelius Owner/Legal Agent: JOSEPH A. MORRIS, PRES
Print Name

Signature:_____ Signature: Joseph A Morris, PRES

Date Issued: 8/2/2004

Page 1 of 2 MORRIS & ASSOCIATES

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 #: **30000370** GWS File #: **5477B**

IV. Permit Conditions/Comments:

- Owner agreement forms for site reclassification shall be on file prior to issuance of Construction Authorization.
- 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.
- Septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

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

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

DENR Authorized Agent: David Cornelius

Signature:_____

Date Issued: 8/2/2004

Owner/Legal Agent: JOSEPH A. MORRIS, PRES.
Print Name

Signature: Joseph A Morris, Pres
MORRIS & ASSOCIATES

Page 2 of 2

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 MAY 15 11:11 AM
BK:20427 PG:469-472 FEE:$20.00

INSTRUMENT # 2006093645

2006093645

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AN ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); OR .1957(c); OR .1969

FILE #: 5477B

PARCEL #: 141-353-19

The undersigned, Joseph A. Chavis and Associates Realty, Inc., owner of property located at 13940 Jay Sparrow Road (the "site") and described in an instrument recorded in Book 19083 at Page 481, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as 'provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following will apply to the site:

lot #68 only

This instrument was prepared by: Joseph A. Chavis and Associates Realty, Inc.

Mail after recording to:

2426 Red Fox Trail Charlotte NC 28211

- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to rule .1961, Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulation in effect at the time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 15 day of MAY, 2006.

JOSEPH A. MORRIS & ASSOCIATES REALTY, INC (SEAL)
(Corporate Name)

(SEAL)

By: [signature] (SEAL)

JOSEPH A. MORRIS President (SEAL)

ATTEST: Alicia V. Morris

Alicia V. Morris Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA

COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal this _____ day of _____, 20 _____.

_____
Notary Public

My Commission Expires:

_____

CORP SEAL

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

I, Heather Lynn Smith, a Notary Public for said County and State, do hereby certify that Joseph A. Sposio personally came before me this date and acknowledged that he is President Secretary of Joseph A. Sposio & Associates, Inc., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its Joseph A. Sposio President, sealed with its corporate seal, and attested by Alicia V. Morris as its Secretary.

WITNESS my hand and notarial seal this 13 day of May, 20 06.

Heather Lynn Smith
Notary Public

My Commission Expires:

8-10-2009

HEATHER LYNN SMITH Mecklenburg County NOTARY PUBLIC EXPIRES 08-10-2009 NORTH CAROLINA

REVISED 8-13-02



JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

****

Filed For Registration: 05/15/2006 11:11 AM

Book: RE 20427 Page: 469-472

Document No.: 2006093645

PRMIT 4 PGS $20.00

Recorder: SERENA ROSS



2006093645



Judith A. Gibson, Register of Deeds
720 E. 4th Street, Room 103
Charlotte, North Carolina 28202
(704) 336-2443

State of North Carolina
County of Mecklenburg

I do hereby certify this to be a true copy of the attached document filed and recorded in the aforesaid county as evidenced in Instrument/ Book No. 20427 **Page No.** 469 **and ends with Page No.** 472 **.**

Witness my hand and seal this 15th **day of** May **, 200** 6 **.**

Judith A. Gibson

Nancy R Jones

Register of Deeds, Assistant or Deputy Register of Deeds



FEE: 150.00 ck # B 33280
DATE: 1-21-05 SC

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS 4D

PERMIT NUMBER: 5477B
PARCEL NUMBER: 199-352-02

13940

JOB LOCATION ADDRESS: Claysparrow Road Lot #68
PROPERTY OWNER: Morris and Associates
BUILDING CONTRACTOR:
SUBDIVISION NAME: The Sanctuary at Lake Wylie
AUTHORIZATION ISSUED BY: David Cornelius, RS DATE: 01/20/05

DENR/DEH AUTHORIZED AGENT 1/20/05

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5477B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

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

5. OTHER CONDITIONS:
   Install according to plans on file submitted by Toney Jacobs and Associates.
   Install Pressure Manifold

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: **5477B** Tax Number: **199-352-02**

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

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	600 Max gallons/day wastewater flow	1000 Absorption Area (ft^2)	8 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	333 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	1500 Gallon pump tank	na Depth of stone (in)	

Any surface water present: **No** Type: Minimum separation distance (ft):

Additional conditions: **Install according to plans on file submitted by Toney Jacobs and associates. Install pressure manifold.**

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

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

The undersigned, an authorized agent of the MECKLENBURG COUNTY HELTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.

*** This Improvement permit is transferable.

DENR Authorized Agent — Date: 8/2/04

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

MORRIS & ASSOCIATES

Owner/Agent Signature — Date: 1-20-05

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

TONEY C. JACOBS & ASSOCIATES, INC.

Consulting Soil Scientists

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

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

June 21, 2004

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

From : Toney C. Jacobs
Paul G. Penninger

RE: Request for an Improvement Permit for lot 68 at The Sanctuary:
MCHD file # 5477B

Crescent Resources is requesting an Improvement Permit for lot **68** at The Sanctuary Subdivision for a **5** bedroom, basement home. Mr. Bill Marlin of the MCHD evaluated the soils on 2-26-2004 and determined the septic area is PS at an 0.3 gpd/ft^2 LTAR. Toney C. Jacobs and Associates, Inc. has flagged a 25% reduction septic system and repair on the lot, as shown on the attached sketch.

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

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

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

Design Specifications for Lot 68 at

The Sanctuary, MCHD File # 5477B

System Type:	primary: repair:	pressure manifold , 25% reduction pressure manifold , 25% reduction
Daily design flow:		600 gpd
Septic tank size:		1500 gal. (2 compartments)
Pumping tank size:		1500 gal.
Effluent loading rate:		0.3 gpd/ft^2 for primary and repair
Number and length of laterals:		4@ 125 ft. 25% reduction
Flow rate through the system:		22 gpm –use ½ in. SCH 80 taps with 2 ft. head pressure on pressure manifold (5.5 gpm per tap)
Pump requirements:		to be calculated by installer or owners agent when specific house and pump tank location are available
Dosing volume:		approx. 270 gal. – 2.2 doses/day at design flow
Depth of water pumped per dose:		calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Check valve:		YES
Siphon break hole:		No

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

Sheet: 1
Property ID: PO 199-352-02
Lot #: 68
File #: 5477B
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary at Lake Wylie
Applicant: Toney Jacobs
Address: 10933 Ballantyne Crossing Ave., Charlotte, N. C. 28277
Date Evaluated: 02/26/2004
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: 2.7a
Location of Site: Claysparrow 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	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-5	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	N/A	NONE	PS, IV .3GPD/FT^2
		5-31	SBK/C	FI/SEXP/S/P					
		31-49	SBK/CL	FR/SEXP/SS/SP					
2	"	0-4	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	"
		4-30	SBK/C	FI/SEXP/S/P					
		30-48	SBK/CL	FR/SEXP/SS/SP					
3	LS, 10	0-3	GR/CL	"	"	"	"	"	"
		3-33	SBK/C	FI/SEXP/S/P					
		33-48	SBK/CL	FR/SEXP/SS/SP					
4	LS, 12	0-4	GR/SCL	"	>49" TO SOIL WETNESS	49	"	"	"
		4-34	SBK/C	FI/SEXP/S/P					
		34-49	SBK/CL	FR/SEXP/SS/SP					

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

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 2/26/2004, W. R. Marlin
Others Present:

FILE #5477B

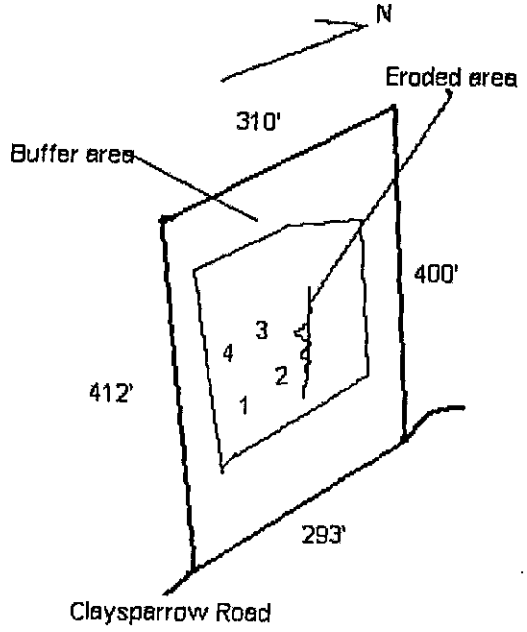
COMMENTS: 100% repair

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

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

MINERALOGY
SLIGHTLY EXPANSIVE

EXPANSIVE



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

Sheet: 1
Property ID: PO 199-352-02
Lot #: 68
File #: 5477B
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ACS

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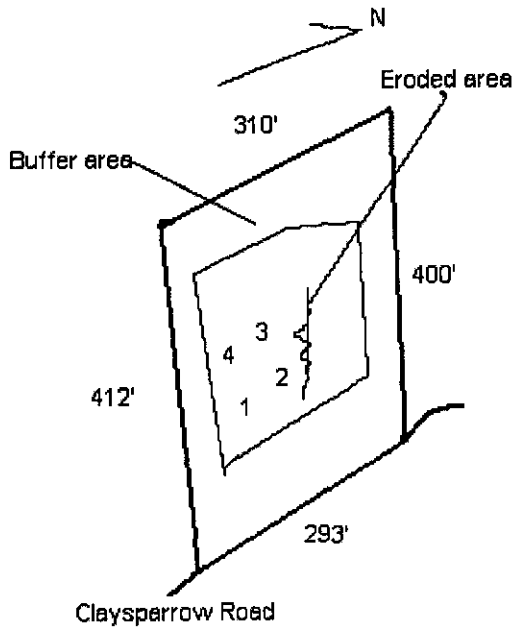
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 2/26/2004, W. R. Marlin
Others Present:

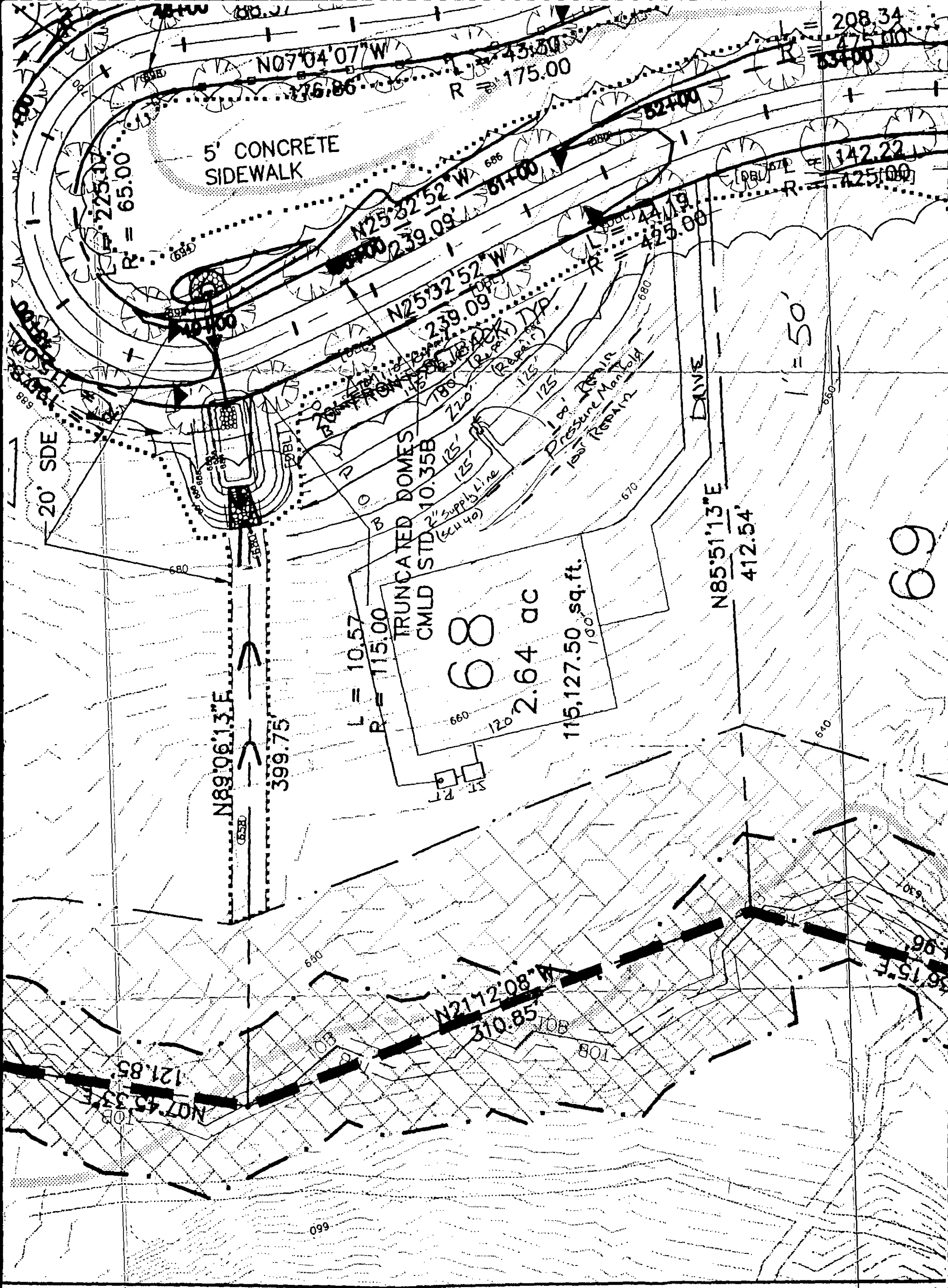
FILE #5477B

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




N07°04'07"W
176.86
R = 175.00
5' CONCRETE SIDEWALK
L = 225.17
R = 65.00
N25°32'52"W
239.09
L = 44.19
R = 425.00
L = 208.34
R = 475.00
L = 142.22
R = 425.00
20' SDE
20' FRONT SETBACK (REPAIR) TYP.
180'
220'
125'
125'
125'
1 of Repair
Pressure Manifold
1 of Repair
2" Supply Line (SCH 40)
DOMES
10.35B
L = 10.57
R = 115.00
TRUNCATED DOMES CMLD STD
68
2.64 ac
115,127.50 sq.ft.
DRIVE
1" = 50'
N85°51'13"E
412.54'
N89°06'13"E
399.75'
N21°12'08"W
310.85'
N07°45'33"E
121.85'
TOB
660
650
640
630
680

FEE: 200

DATE: 12-19-03 JKA

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

#370 WWSS

I | CRT

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

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

FILE #: 5477B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-352-02

STREET ADDRESS: 64

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

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

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

ADDRESS: 10933 Ballantyne Crossing Ave

CITY: Charlotte STATE: NC ZIP: 28277

DAYTIME PHONE: 704 544-0201 ext 226

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

DAYTIME PHONE: 704 663-6905

m 704 582 9219

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Tony C Jacobs, CPSS (Agent) DATE: 12/19/03

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

Phase
24.0 deg
30.0 deg
23.5 deg
HOLLOW PARK CT

PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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

"See Attached"

OWNER/AGENT SIGNATURE

DATE 12/19/03

APPROVAL DATE _____

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

Jay,

Call Alicia at 704-293-2350

Charge acct B33280 $~~150~~.00

Morris + Associates

She said Pump + Alarm box has been set!

Duke Power told her to call us

Why is there a hold? I told her Fee + Signature