Supervisor/Administrative Professional Checklist.

New Septic ☐ New Well ☐ Use Existing ☐ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 QS 9/15/17 Initials/Date

Use Existing

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

9279B
#9140
15 SEP '17 AM11:28

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ○ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
⊗ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Ruth Builders, Inc
ADDRESS: PO Box 5429
CITY: Clover
STATE: SC ZIP: 29710
PHONE: 803-518-7345
ALTERNATE PHONE:
E-MAIL: dave@ruthbuilders.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Murphy
ADDRESS: 15639 Chatfield Dr
CITY: Charlotte
STATE: N.C ZIP: 28278
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 217-272-26
STREET ADDRESS: 15639 Chatfield Dr
CITY: Charlotte
STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ⊗ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
⊗ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☒ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 9-15-17

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

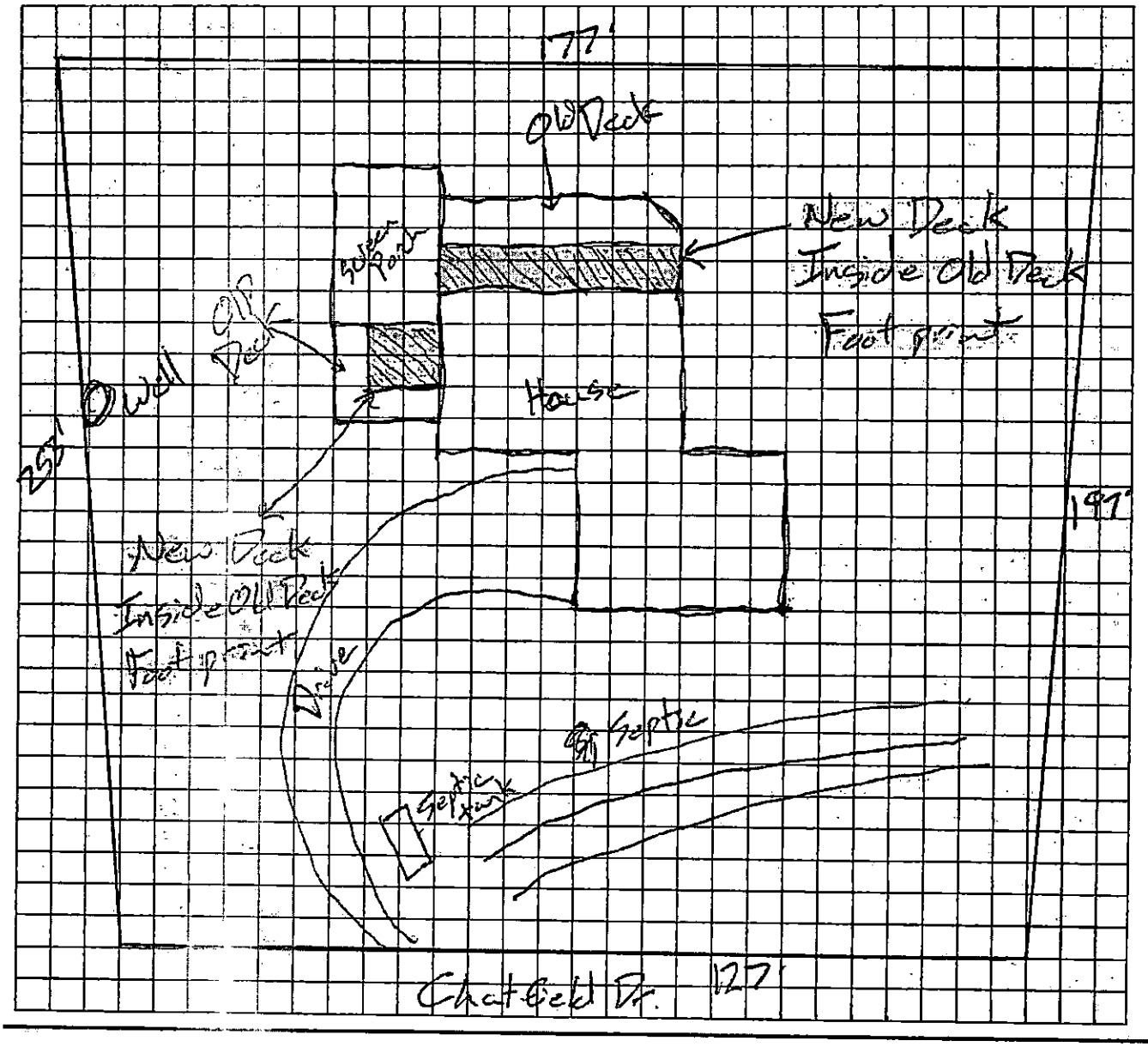
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 15639 Chatfield Dr Tax Parcel #: 21722226



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells 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 permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exit approval valid 6 months from issuance date

9-15-17

REHS Signature

9/19/17

Date

Approved / Construction meets all required setbacks to well & septic

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

Revised on: 01/03/11

MECKLENBURG COUNTY
Health Department

E. Winters Mobry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Aaron Ruth Ruth Builders, Inc is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

15639 CHATFIELD DR. CHARLOTTE, NC 28278
Number Street Town
(Or Parcel Number)

WILLIAM M. MURPHY
Property Owner (print name)

William M Murphy
Property Owner (signature)

9/15/17
Date

704 564-0503

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/15/17	**Amount:**	100.00
Receipt #:	107426	**Tendered:**	100.00
Check / Auth #:	MC 47311E	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: RUTH, AARON
Attn:
Address: PO BOX 5429
Address:
City/State/Zip: CLOVER, SC 29710

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15639 CHATFIELD DR		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: AARON RUTH

Bill To:

AARON RUTH
PO BOX 5429

Clover, SC 29710

Single Payment

Transaction Date:	09/15/2017 8:37 AM Pacific Time
Pay Method:	**********1972
Approval #:	47311E
Trace Number:	56058a7c-2bb8-4a6a-8b39-d3894a272929
Amount:	$100.00

Payment Amount:	$100.00
Total:	**$100.00**

Thank you for your payment.

Supervisor/Administrative Professional Checklist

New Septic ☒ New Well ☐ Use Existing ☐ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid:

IP ($250.00) LE 12/10/15 Initials/Date

CA ($200.00) EA 2/2/17 Initials/Date

OP ($200.00) EA 2/2/17 Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☑ Reviewed ☑ RBC

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☑ Signature received. ☑ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 92798 WASPS App #: 7937

Primary ES assigned to project: Jeremy Michael

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: 2			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.3	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

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

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: 8-25-17

OP issued date: 8-30-17

Review performed by: JAM Date performed: _____

MECKLENBURG COUNTY
HEALTH DEPARTMENT

9219B #7931

10 DEC '15 AM11:01

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

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ● NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 217-222-26
STREET ADDRESS: 15639 CHATFIELD DRIVE
CITY: CHARLOTTE
STATE: NC ZIP: 28278
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): _____
TOWNSHIP:

● MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
● HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 900 SQFT
NUMBER OF BEDROOMS: 2
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 SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ● PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ● POTABLE (DRINKING WATER) ○ OTHER _____

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

☐ N/A ☒ 3 ANY TYPE ☐ CONVENTIONAL ☒ 2 ACCEPTED ☒ 4 INNOVATIVE ☒ 5 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 (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
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ● NO
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ● NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 1967 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☒ N/A

12. **PROPERTY OWNER:**

NAME: WILLIAM M. MURPHY
ADDRESS: 717 STRATFORD WOODS ROAD
CITY: MATTHEWS,
STATE: NC ZIP: 28105
WORK PHONE: 704 716-9021
MOBILE PHONE: 704 564-0503
FAX: 704 716 9001
E-MAIL: WMURPHY752@AOL.COM

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

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 sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring. WMM (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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 twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

William McMenamy — 11/29/15

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

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

Sheet: 1 of 2
Property ID: 217-222-26
Lot #: NA
File #: 9279B
AppID: 7742

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: William M Murphy
Address: 717 Stratford Woods Rd, Matthews, NC 28105
Proposed Facility: 3 Bedroom House (Existing 2 BR) Design Flow (.1949): 360 GPD
Location: 15639 Chatfield Rd, Charlotte, NC
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Municipal
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: owner
Date Evaluated: 10/31/15
Property Size: 0.682 ac
Property Recorded: Unknown

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	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Pit #1	LS 3%	0 - 10	gr SL	SS SP FR SEXP	>72"	30	PS	NA		PS IV 0.3*	Install trenches at 48"
		10 - 30	mmabk C	S P FI SEXP							
		30 - 72	mass SL	SS SP FI SEXP							
Pit #2	LS 3%	0 - 15	gr SL	SS SP FR SEXP	>80"	38	PS	NA		PS IV 0.3*	Install trenches at 48"
		15 - 38	mmabk C	S P FI SEXP							
		38 - 80	mass SL	SS SP FI SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIe	IIIe
Site LTAR (gpd/sq ft)	0.3*	0.3*

Existing 2 BR Repair Exempt

*LTAR only valid if trench depth is 48".

Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Jeremy Mitchell
Others Present:

COMMENTS: LTAR only valid if trench depth is 48".

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		mass-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
		SiCL-Silty Clay Loam		pr-Prismatic
CV-Convex Slope				
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
				s-strong f-fine
				m-medium
		Silt		c-coarse
	IV	SC-Sandy Clay	0.4 - 0.1	
		SiC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Soil Boring Location Sketch



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 #: 30007937 GWS File #: 9279B Tax Parcel #: 217-222-26

- 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):** 12/17/2020

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 900 # Bedrooms: 3 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: PPBPS (gravity) **System Classification:** IIIe

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	2	Trench Spacing (ft):	8	Absorption Area (ft^2):	400	Total Trench Length (ft):	200
Maximum Trench Depth (in):	48	Depth of Media (in):	N/A	Distribution Device:	Distribution Box		

III. Repair System Type: PPBPS (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd):	120	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	2	Trench Spacing (ft):	8	Absorption Area (ft^2):	134	Total Trench Length (ft):	67
Maximum Trench Depth (in):	48	Depth of Media (in):	36	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michael Owner/Legal Agent: W. M. MURPHY

Signature: Jeremy Michael Signature: W M Murphy

Print Name

Date Issued: 12/17/2015

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 #: 30007937 GWS File #: 9279B

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- Install two 1000 gallon septic tanks. One is to be used for a settling tank. Install trench depth at 48 inches

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

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 12/17/2015

Owner/Legal Agent: WM MURPHY
(Print Name)

Signature: WM MURPHY

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 #: **30007937** GWS File #: **9279B** Tax Parcel #: **217-222-26**

- 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):** 12/17/2020

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 900 # Bedrooms: 3 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: PPBPS (gravity) **System Classification:** IIIe

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	2	Trench Spacing (ft):	8	Absorption Area (ft^2):	400	Total Trench Length (ft):	200
Maximum Trench Depth (in):	48	Depth of Media (in):	N/A	Distribution Device:	Distribution Box		

III. Repair System Type: PPBPS (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd):	120	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	2	Trench Spacing (ft):	8	Absorption Area (ft^2):	134	Total Trench Length (ft):	67
Maximum Trench Depth (in):	48	Depth of Media (in):	36	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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Authorized Agent: Jeremy Michael Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michael Signature: _____

Date Issued: 12/17/2015

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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 #: **30007937** GWS File #: **9279B**

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- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 12/17/2015

Owner/Legal Agent: _____
Print Name

Signature: _____

Notes:

Grinder Pump to settling tank which will be ~1000 gal septic tank. Then plumb into another 1000 gallon septic tank.

System Type: Gravity Panel Type III e

Install D-Box feed to (4) 50ft lines equal

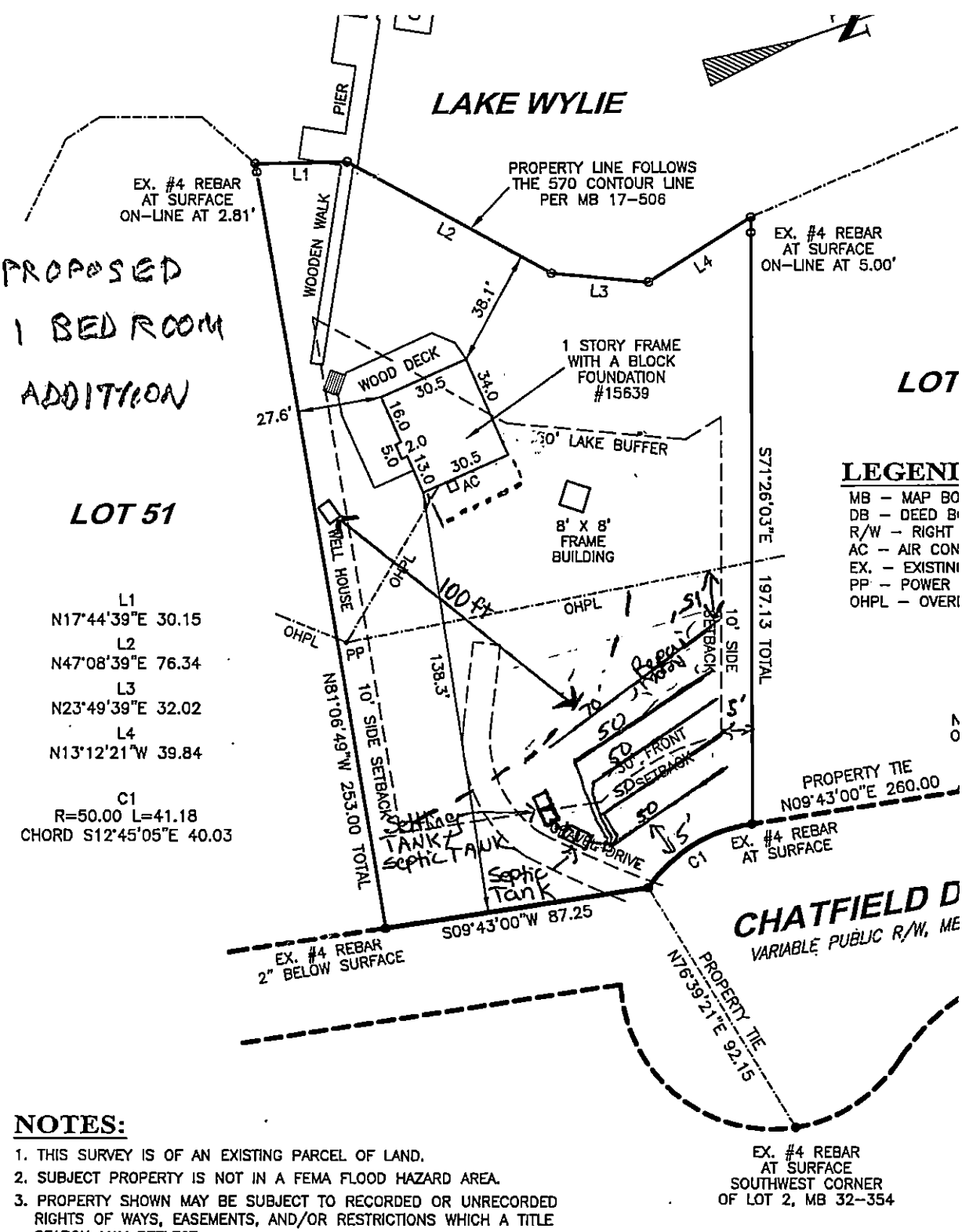
Install trenches at 48" Deep

Setbacks:

Tanks and drainfield must be 100ft from existing well.

5ft off property lines.

Jeremy Mulkey REHS



L1
N17°44'39"E 30.15
L2
N47°08'39"E 76.34
L3
N23°49'39"E 32.02
L4
N13°12'21"W 39.84

C1
R=50.00 L=41.18
CHORD S12°45'05"E 40.03

NOTES:

1. THIS SURVEY IS OF AN EXISTING PARCEL OF LAND.
2. SUBJECT PROPERTY IS NOT IN A FEMA FLOOD HAZARD AREA.
3. PROPERTY SHOWN MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS, EASEMENTS, AND/OR RESTRICTIONS WHICH A TITLE SEARCH MAY REFLECT.
4. POINTS NOT LABELED WITH MONUMENTATION ARE CALCULATED POINTS.

"SURVEY CERTIFICAT

I HEREBY STATE TO THE BEST OF I INFORMATION AND BELIEF, AND IN M OPINION, THE SURVEY SHOWN HERE ACCORDANCE WITH THE MINIMUM ST PRACTICE FOR LAND SURVEYING IN AND MEETS OR EXCEEDS THE REQU "CLASS A" SURVEY AS SPECIFIED IN CHAPTER 56.

Jason Lee Wylie

JASON LEE WYLIE, NORTH CAROLI

FROM THE OFFICE OF
JASON LEE WYLIE
PROFESSIONAL LAND SURVEYOR
501 FORNEY AVENUE
LINCOLNTON, N.C. 28092
PHONE: 704-763-5926

NORTH CAROLINA PROFESSIONAL L-4366 LAND SURVEYOR JASON LEE WYLIE

Notes:

Grinder Pump to settling tank which will be a 1000 gal septic tank. Then plumb into another 1000 gallon septic tank.

system Type: Gravity Panel Type III e

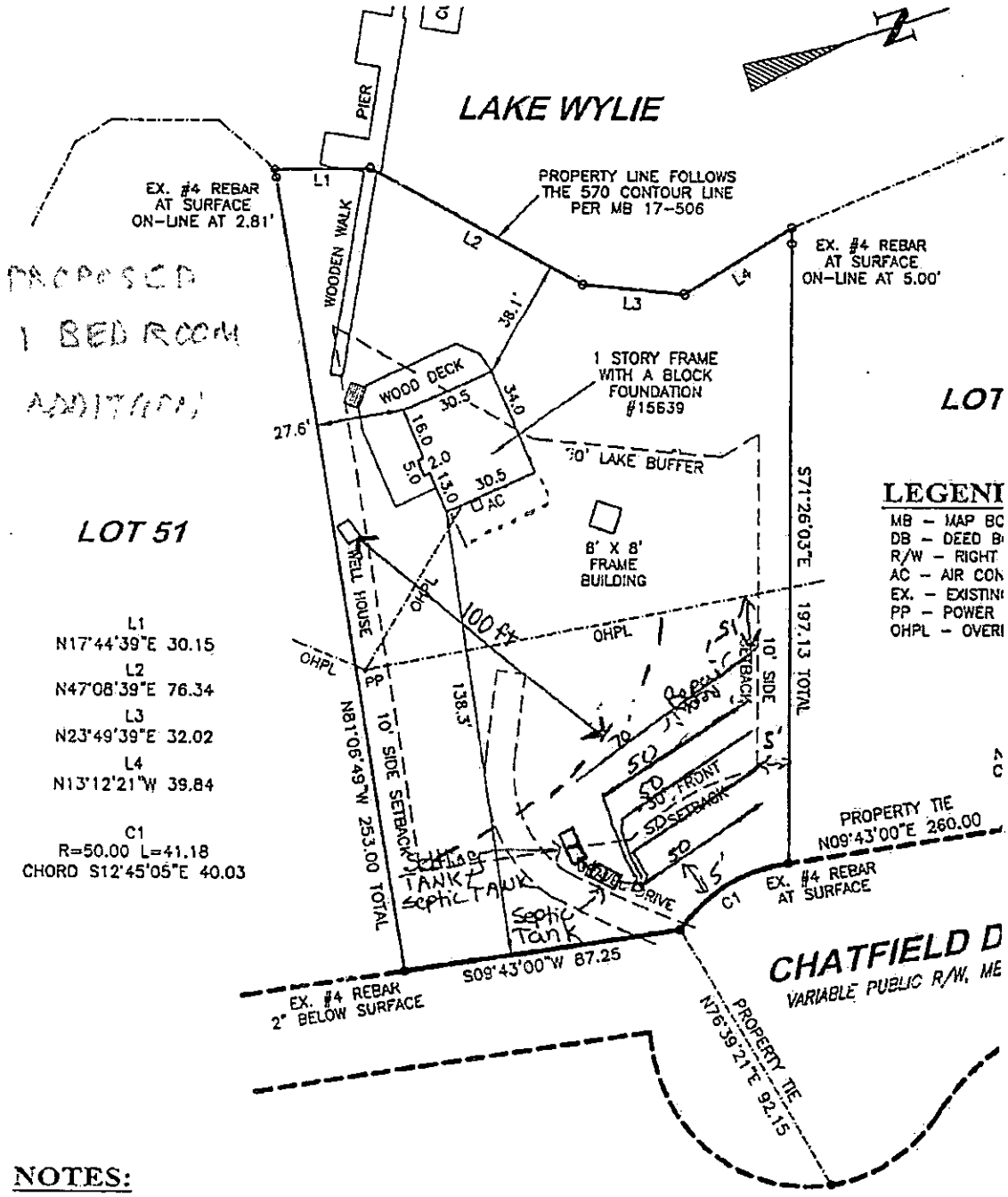
Install D-Box feed to (4) 50ft lines equal Instal! trenches at 48" Deep

Setbacks:

Tanks and drainfield must be 100ft from existing well.

5ft off property lines.

Jenny Murray REHS



NOTES:

1. THIS SURVEY IS OF AN EXISTING PARCEL OF LAND.
2. SUBJECT PROPERTY IS NOT IN A FEMA FLOOD HAZARD AREA.
3. PROPERTY SHOWN MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS, EASEMENTS, AND/OR RESTRICTIONS WHICH A TITLE SEARCH MAY REFLECT.
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FROM THE OFFICE OF
JASON LEE WYLIE
PROFESSIONAL LAND SURVEYOR
501 FORNEY AVENUE
LINCOLNTON, N.C. 28092
PHONE: 704-763-5926

NORTH CAROLINA PROFESSIONAL L-4366 LAND SURVEYOR JASON LEE WYLIE

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Jason Lee

JASON LEE WYLIE, NORTH CAROLI

S

FEE: 200.00

DATE:2/2/2017

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 9279B

PERMIT NUMBER: 30007937

PARCEL NUMBER: 21722226

JOB LOCATION INFORMATION

ADDRESS: 15639 CHATFIELD DR

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

ISSUED TO: WILLIAM MURPHY

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 2/2/2017

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30007937, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

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.

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

Septic System Pre-Construction Meeting Checklist

File # 9279B App # 7937 Tax Parcel # 217-222-26

Property Owner: William Murphy

Job Location Address: 15639 Chatfield Drive

City: Charlotte State: NC Zip Code: NC 28278

1. **Does System design match facility, flow & wastewater characteristics?**

   ☒ YES ☐ NO

   Comments:_____

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☒ YES ☐ NO

   Comments:_____

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☒ YES ☐ NO

   Comments:_____

* If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Phil Walker REHS — Authorized Agent

8/25/17 — Date

Shawn (Stanley Septic) — Others Present

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 92798 Permit #: 7937 Tax Parcel #: 217-222-26

Property Owner: William Murphy

Job Location Address: 15639 Chatfield Dr

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 8/30/17 Contractor Name: Stanley Env. Srv.

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1000 x 2 gallons Manufacture Dellinger Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 48"+ inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 50 feet

# of Lines: 4 @ 50 feet

Depth of Media: 24" inches (Type) PPBPS IIIe ~~IIIa~~

Depth of Cover: 36" 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: 33' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 100' feet

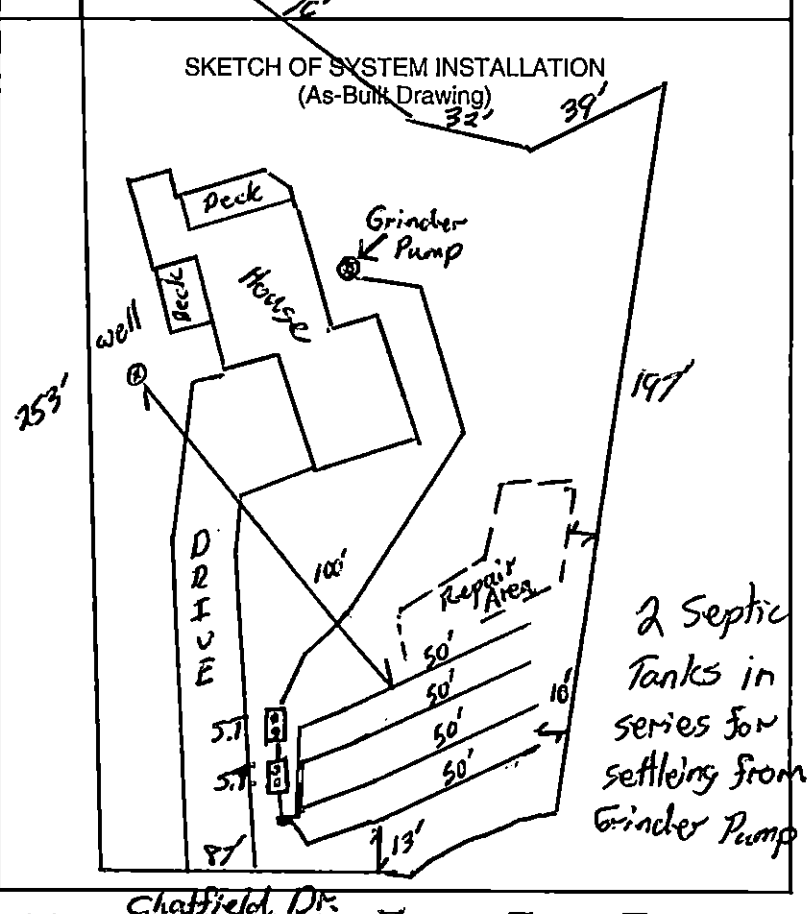
Inspection Dates

Tank(s) Inspected: STB-794 (x2) 8/29/17

Excavation Inspected: 30' 8/29/17 / 8/30/17

Pump & Controls Inspected: NA

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: PPBPS IIIe / 6 / NA / NA

DHHS Authorized Agent: Bradley W. Hallman Signature: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 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 #: 9279 B Permit #: 7937 Tax Parcel #: 217-222-26

Property Owner: William Murphy

Job Location Address: 16639 Chatfield

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: IIIe

*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.

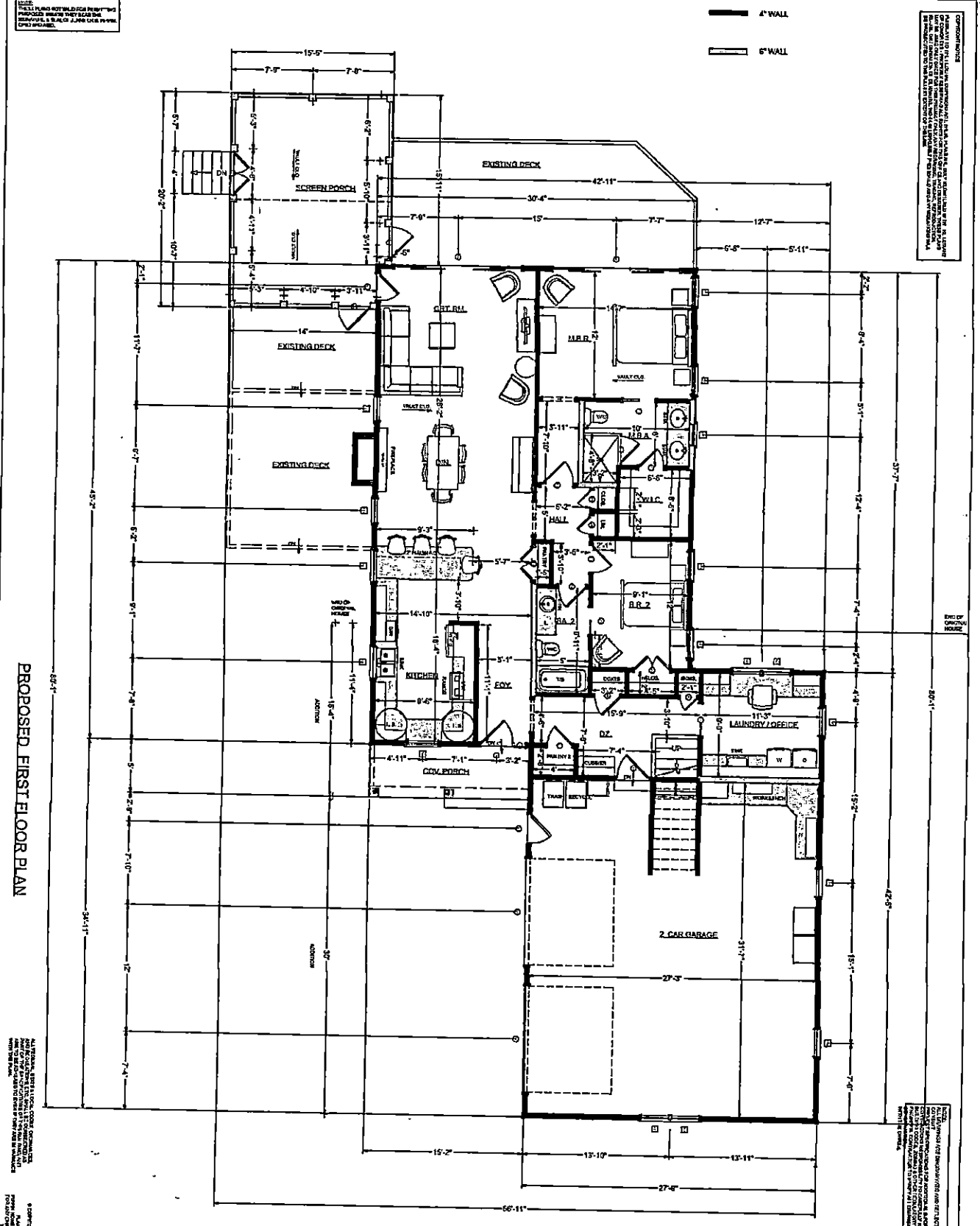
☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ 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: Bradley W. Hellman Date: 8/30/17

Signature:



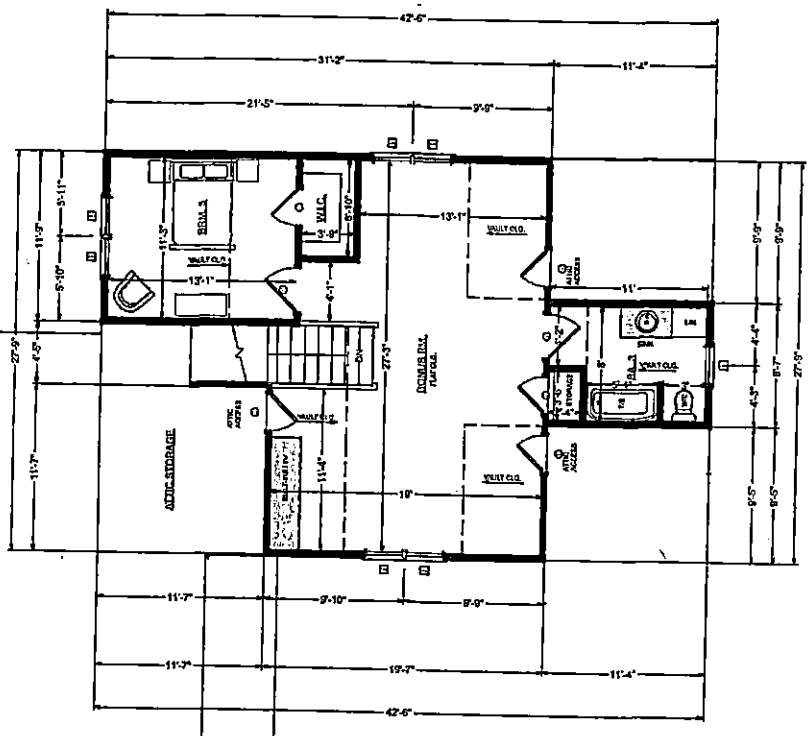
PROPOSED FIRST FLOOR PLAN

A RENOVATION DESIGN FOR:
BILL & HOLLY MURPHY
15639 CHATFIELD DRIVE
CHARLOTTE, MECKLENBURG COUNTY, NC
Creating where people live

SHEET:	SCALE:	DATE:
P-3		9/28/16

FELLOW MEMBER
AIBD
AMERICAN INSTITUTE OF BUILDING DESIGN

PIPPIN HOMEBUILDERS



PROPOSED SECOND FLOOR PLAN

NOTE:
ALL DIMENSIONS ARE DIRECTIONAL AND REFLECT DESIGNERS IMPRESSION OF THE WORK. CONTRACT
REFLECT SPECIFICATIONS FOR ADDITIONAL SUBCONTRACTORS IF AVAILABLE, IT SHALL BE THE CONTRACTORS RESPONSIBILITY TO SUBMIT ALL REVISED THESE PLANS FOR COMPLIANCE WITH ALL BUILDING CODES, ZONING & OTHER REGULATORY AGENCIES & TO USE SPECIFICATIONS OF THE PLANS. CONTRACTOR TO VERIFY ALL DIMENSIONS, NOTES AND DETAILS PRIOR TO CONSTRUCTION WITH THE OWNER.

PIPPIN
HOME DESIGNS
INC.
Professional Member, AIBD
9760 RIVER HIGHWAY
SUITE 109
MOORESVILLE, NC 28117
TEL 704.360-8037
www.pippinhomedesigns.com

FELLOW MEMBER
AIBD
AMERICAN INSTITUTE OF BUILDING DESIGN

A RENOVATION DESIGN FOR:
BILL & HOLLY MURPHY
15639 CHATFIELD DRIVE
CHARLOTTE, MECKLENBURG COUNTY, NC
Creating where people live

DATE:
9/28/16
SCALE:
SHEET:
P-4

ALL FEDERAL, STATE & LOCAL CODES, ORDINANCES AND REGULATIONS, ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS. IF THERE ARE TRADE AND ARE TO BE READ AND TO EVEN IF THEY ARE IN VARIANCE WITH THE PLAN.

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ALL RIGHTS RESERVED.
PLANS ALSO TO BE COPYRIGHTED.
PIPPIN HOME DESIGNS INC. ASSUMES NO LIABILITY TO ANY CHANGES OR MODIFICATIONS MADE TO THIS OR IN ANY WAY OTHERS.

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 #: 30007937 GWS File #: 9279B Tax Parcel #: 217-222-26

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Structure Type: HOUSE Size (ft^2): 900 # Bedrooms: 3 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Private Well

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Maximum Trench Depth (in):	48	Depth of Media (in):	N/A	Distribution Device:	Distribution Box		

III. Repair System Type: PPBPS (gravity) **System Classification:** IIIe

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IV. Permit Conditions/Comments:

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- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michael Owner/Legal Agent: WILLIAM M. MURPHY

Signature: Jeremy Michael Signature: William Murphy

Print Name

Date Issued: 12/17/2015

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
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IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

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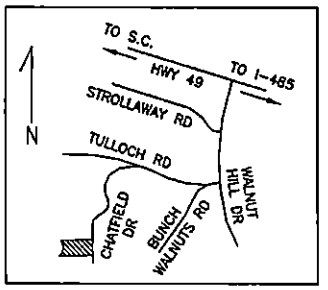
Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 12/17/2015

Owner/Legal Agent: WILLIAM H MURPHY
Print Name

Signature: William H Murphy



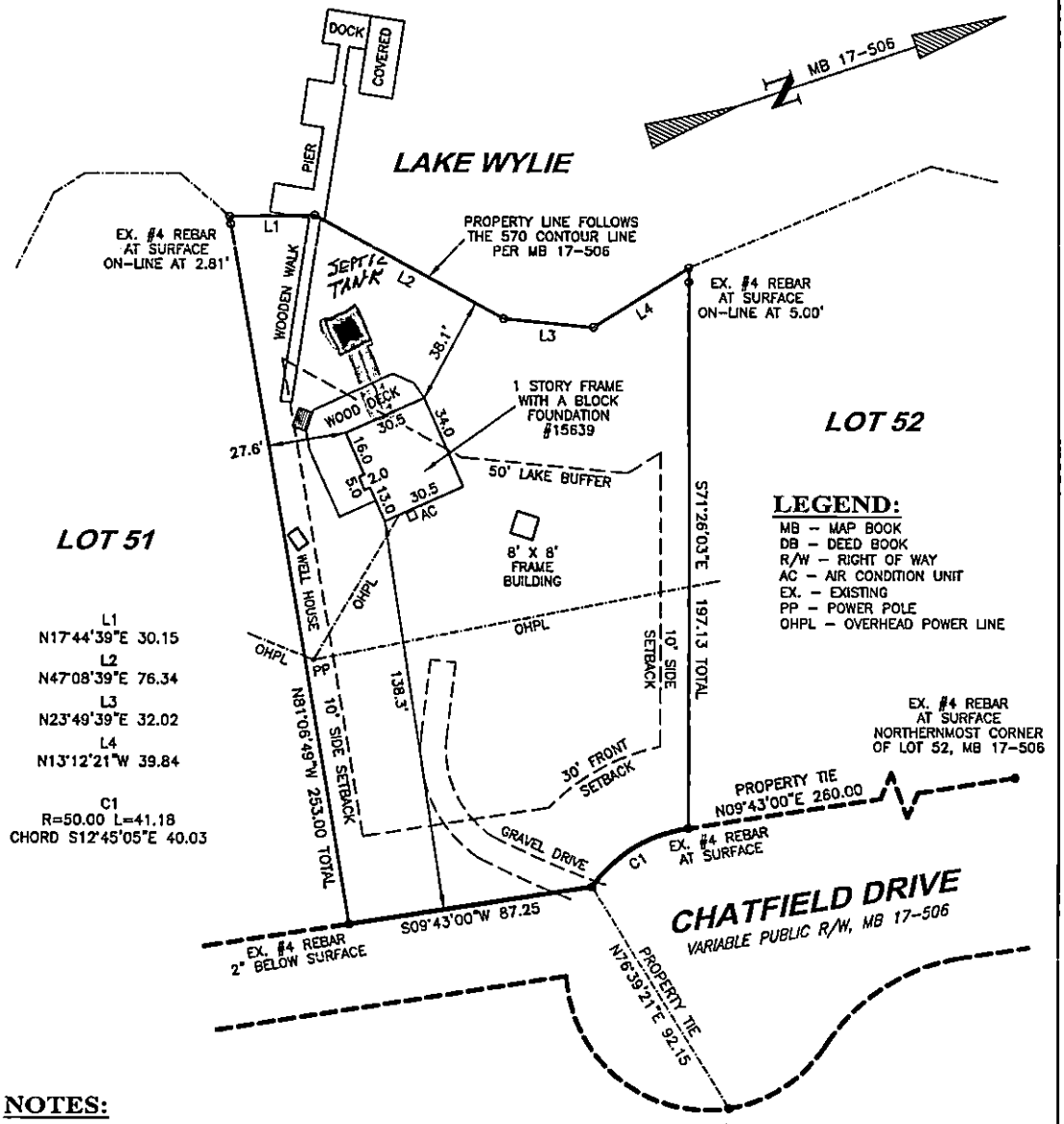
VICINITY MAP – NTS

SURVEY OF

LOT 51-A, SECTION 42, LAKE WYLIE RECREATION LOTS

PREPARED FOR: WILLIAM & HOLLY MURPHY
LOCATED IN THE STEELE CREEK TOWNSHIP,
MECKLENBURG COUNTY, NORTH CAROLINA
REFERENCE: DB 29907–234 & MB 17–506
TAX PARCEL: 217–222–26
DATE: AUGUST 27, 2015

100 50 0 50 100
1 INCH = 50 FEET



L1
N17°44'39"E 30.15
L2
N47°08'39"E 76.34
L3
N23°49'39"E 32.02
L4
N13°12'21"W 39.84

C1
R=50.00 L=41.18
CHORD S12°45'05"E 40.03

LEGEND:

MB – MAP BOOK
DB – DEED BOOK
R/W – RIGHT OF WAY
AC – AIR CONDITION UNIT
EX. – EXISTING
PP – POWER POLE
OHPL – OVERHEAD POWER LINE

NOTES:

1. THIS SURVEY IS OF AN EXISTING PARCEL OF LAND.
2. SUBJECT PROPERTY IS NOT IN A FEMA FLOOD HAZARD AREA.
3. PROPERTY SHOWN MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS, EASEMENTS, AND/OR RESTRICTIONS WHICH A TITLE SEARCH MAY REFLECT.
4. POINTS NOT LABELED WITH MONUMENTATION ARE CALCULATED POINTS.

FROM THE OFFICE OF
JASON LEE WYLIE
PROFESSIONAL LAND SURVEYOR
501 FORNEY AVENUE
LINCOLNTON, N.C. 28092
PHONE: 704–763–5926

NORTH CAROLINA PROFESSIONAL L-4366 LAND SURVEYOR JASON LEE WYLIE

"SURVEY CERTIFICATION"

I HEREBY STATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND IN MY PROFESSIONAL OPINION, THE SURVEY SHOWN HEREON WAS MADE IN ACCORDANCE WITH THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA AND MEETS OR EXCEEDS THE REQUIREMENTS FOR A "CLASS A" SURVEY AS SPECIFIED IN NCAC 21, CHAPTER 56.

Jason Lee Wylie

JASON LEE WYLIE, NORTH CAROLINA PLS L-4366

MECKLENBURG COUNTY
HEALTH DEPARTMENT

9279B Application #7142

9 SEP '15 AM 9:37

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ☑ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
● ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: William M. Murphy
ADDRESS: 717 Stratford Woods Rd
CITY: Mathews
STATE: NC ZIP: 28105
PHONE: 704 564-0503
ALTERNATE PHONE: 704 576 5640
E-MAIL: wmurphy752@AOL.com

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 217-222-26
STREET ADDRESS: 15639 Chatfield Dr.
CITY: Charlotte
STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:
Lake Wylie
LOT #: 51-A

WATER SUPPLY:
○ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ☑ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
☑ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☑ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ● NO
UNDERGROUND STORAGE TANKS? ○ YES ● NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☑ BEDROOM ☑ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

WMMurphy — Owner's/Agent's Signature

8/29/15 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

Revised on: 01/03/11

August 30, 2015

I plan on adding 1 bedroom to my existing lake house. Attached is my paperwork and application for you to inspect and approve my existing septic system.

I do appreciate it and if there are any questions please let me know. I only work about 10 min from my house.

Thanks

Bill Murphy
704/564 0503

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/09/15
Receipt #: 95987
Check / Auth #: CHECK 7299
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MURPHY, WILLIAM
Attn:
Address: 717 STRATFORD WOODS RD
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15639 CHATFIELD DR		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
370.00					

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: AARON RUTH

Bill To:

AARON RUTH
RUTH BUILDERS INC

Clover, SC 29710

Single Payment

Transaction Date: 02/02/2017 8:00 AM Pacific Time
Pay Method: ********1972
Approval #: 07214C
Trace Number: d4754ccc-6c75-4c30-81a9-f0ed50219b96
Amount: $400.00

Payment Amount: $400.00

Total: $400.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/02/17	**Amount:**	200.00
Receipt #:	103601	**Tendered:**	200.00
Check / Auth #:	WEBCCMC 0	**Returned:**	0.00
Received By:	ANDRAEO		

Account Information

Account #: 200000
Contractor: AARON RUTH
Attn:
Address: PO BOX
Address:
City/State/Zip: CLOVER, SC 29710

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 15639 CHATFEILD DR		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
40.00	20.00				

Ellis, Loretta

From: Michael, Jeremy
Sent: Tuesday, January 26, 2016 2:25 PM
To: wmurphy752@aol.com
Cc: Ellis, Loretta
Subject: 15639 Chatfield Dr. Septic Permit
Attachments: 15639 Chatfield Dr. Septic Permit.pdf

Please sign the attached permit on both pages and email it back to Loretta.Ellis @mecklenburgcountync.gov

Thank you,

Jeremy Michael REHS
Environmental Supervisor
Mecklenburg County Health Department
Enviornmental Health Division
Office: 704-432-4258
Cell: 704-622-5032
Email: Jeremy.michael@mecklenburgcountync.gov

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MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/10/15	**Amount:**	250.00
Receipt #:	97070	**Tendered:**	250.00
Check / Auth #:	CHECK 7328	**Returned:**	0.00
Received By:	ANDRAEO		

Account Information

Account #: 200000
Contractor: WILLIAM M MURPHY
Attn:
Address: 717 STRATFORD WOODS RD
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 1569 CHATFIELD DRIVE		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	145.00	75.00			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/02/17	**Amount:**	200.00
Receipt #:	103602	**Tendered:**	200.00
Check / Auth #:	WEBCCMC 0	**Returned:**	0.00
Received By:	ANDRAEO		

Account Information

Account #:	200000
Contractor:	AARON RUTH
Attn:	
Address:	PO BOX 5429
Address:	
City/State/Zip:	CLOVER, SC

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
40.00	20.00				
