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 #: 6660B Permit #: 1135 Tax Parcel #: 108-021-25

Property Owner: Alexander Tavernier

Job Location Address: 7610 Irwin Rd

City: Charlotte State: NC Zip Code: _____

Operation Permit Issuance Date: 1/22/15 Contractor Name: Ground Breakers

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: ~~1500~~ 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Effluent Pump Model: NA

STB 964

Drainfield Installation ☐ N/A

Trench Depth: 30" Min inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 100 feet

# of Lines: 6 @ 100 feet

Depth of Media: 12" inches (Type) IIIg

Depth of Cover: 12" inches

Distribution Device: D-Box

Inspection Dates

Tank(s) Inspected: 1/22/15

Excavation Inspected: 1/22/15

Pump & Controls Inspected: NA

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 _____

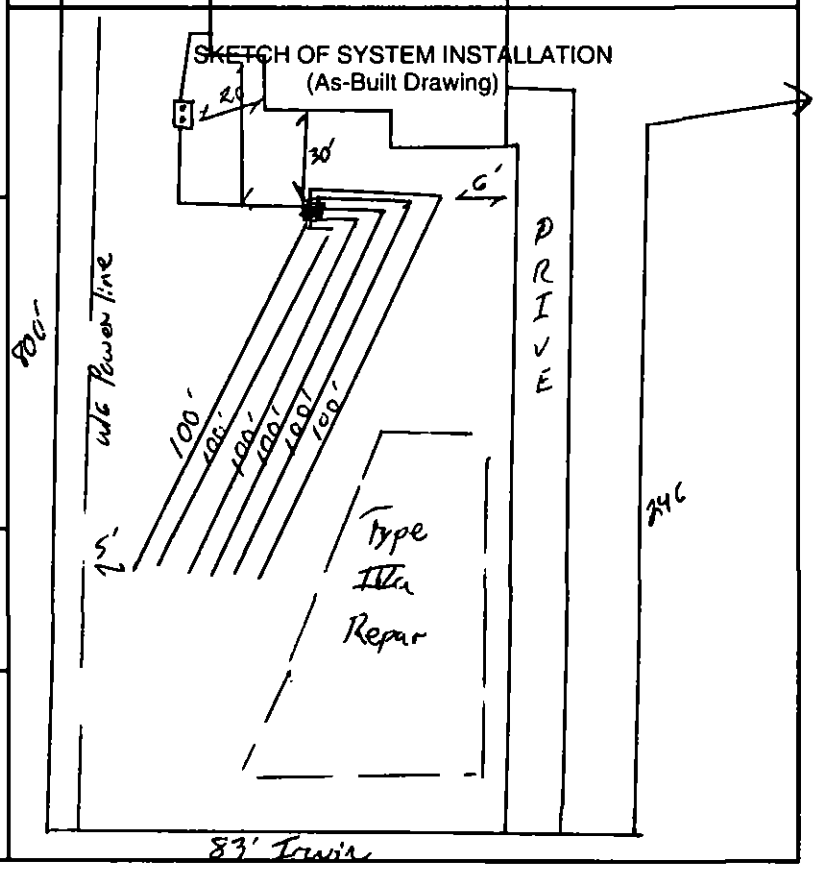
System Installation Setbacks

Distance from Building Foundation: 10'+ feet

Distance from Property Line: 10'+ feet

Distance from Water Supply Source: 100' NOT Installed feet

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: IIIg IS64 / 6 / NA / NA

DENR Authorized Agent: Bradley W. Hallman Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6600 B Permit #: 1135 Tax Parcel #: 108-021-25

Property Owner: Alexander Tavernier

Job Location Address: 7610 Irwin Rd

City: Charlotte State: NC Zip Code: _____

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: IIIg

*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. Hallman Date: 4/22/15

Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 161608 Permit #: 30001135 Tax Parcel #: 108-021-25

Property Owner: [redacted] Alexander & Alana Tavernier

Job Location Address: 7610 Irwin Rd

City: Charlotte State: NC Zip Code: 28215

Installation Approval Issuance Date: 12/15/16 grad breaking - Shannon Hedrick

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

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

Permitted Design Flow: 600 GPD

Site LTAR: 0.25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 600 feet

# of Lines: 6 @ 100 feet

Depth of Media: 12 inches (Type) 25% Reduction

Distribution Device: Distribution box IIIg

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 _____

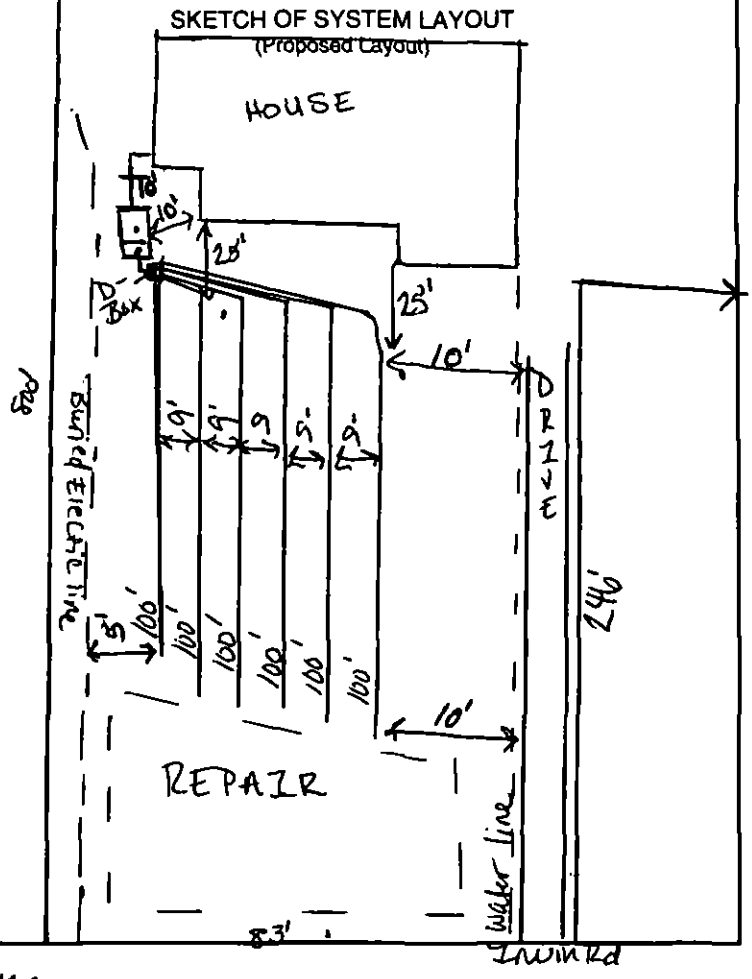
Minimum System Setbacks

Distance from Building Foundation: 25 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III/g/na/na

DENR Authorized Agent: Shelby Hedrick Signature: Shelby Hedrick

24 26

1"=100' 50'

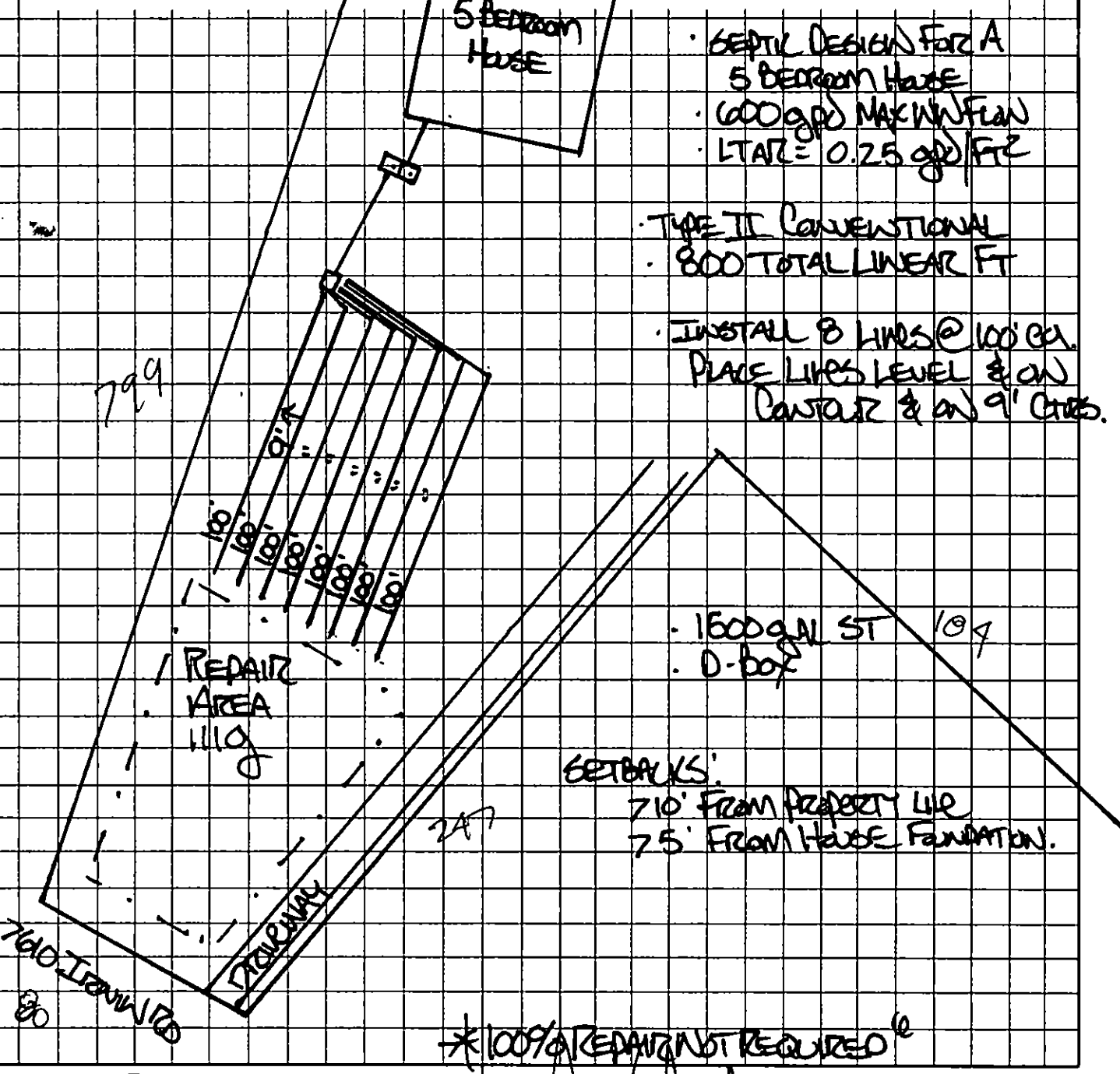
PROPOSED PLOT PLAN

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

FILE: 666608

TC: 108-021-25

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.



Clare D. Pritchett
OWNER/AGENT SIGNATURE

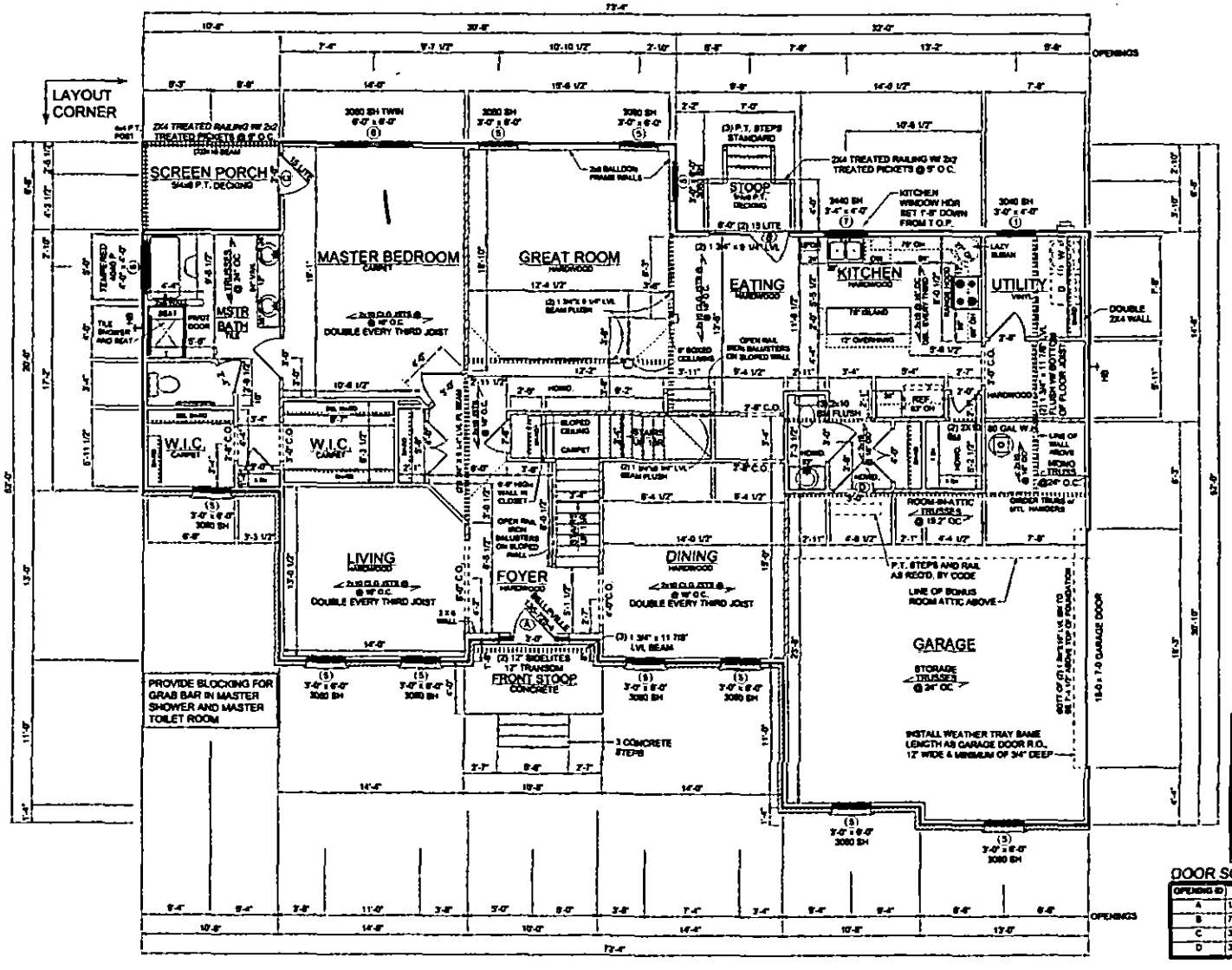
DATE 8/16/06

APPROVAL DATE

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

7610 Irwin Rd.
File # 6660B

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GENERAL NOTES

MIN. 9'-1 1/8" CEILING HEIGHT ON FIRST FLOOR
MIN. 8'-1 1/8" CEILING HEIGHT ON SECOND FLOOR
ALL LOAD BRNG WALLS & EXT. OPNGS TO HAVE (2) 2x10 HEADERS UNLESS OTHERWISE NOTED
STANDARD FIRST FLOOR WINDOW HEADERS TO BE FRAMED DOWN 7'-7" FROM T.O.P. EXCEPT AS NOTED
7/16" O.S.B. AND HOUSEWRAP REQUIRED
DIMENSIONS ARE TO SHEATHING EXTERIOR; SUBTRACT 1/2" FROM DIMENSION FOR EXTERIOR WINDOW AND DOOR FRAMING LOCATION IF OPENINGS ARE FRAMED BEFORE SHEATHING INSTALLATION
ALL INTERIOR DOORS ARE EITHER CENTERED ON WALLS OR R.O. STARTED A MINIMUM OF 4" FROM ADJOINING WALL UNLESS OTHERWISE DIMENSIONED
NUMBER OF STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE
CLOSET SHELF HEIGHT OFF FLOOR:
SINGLE-66"
DOUBLE-42" & 84"
ALL PLUMBING FIXTURES SHOWN ARE A REPRESENTATION OF SIZE AND LOCATION ONLY. ACTUAL STYLE AND BRAND OF FIXTURES MAY VARY PER OFFICE LOCATION
ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE
INSTALL A 24" WIDE WALKWAY FROM ATTIC ACCESS TO FURNACE PLATFORM
ALL WALLS OVER 10ft 1/8" TALL REQUIRE PURLINS @ MIDSPAN

SPECIAL NOTES

GRANITE KITCHEN COUNTERTOPS WITH 4" GRANITE BACKSPLASH AND UNDERMOUNT 50/50 SINK
CULTURED MARBLE BATHROOM COUNTERTOPS
SMOOTH CEILINGS THROUGHOUT
FRONT DOOR: 135-725-4 BELLEVILLE SMOOTH SLS
4' SN PIVOT DOOR IN MASTER SHOWER

WINDOW SCHEDULE:

OPENING ID	PRODUCT CODE	SIZE	R.O. SIZE	COUNT
1	3040 SH	3'-0" x 4'-0"	36 1/2" x 48 1/2"	1
2	3050 SH	3'-0" x 5'-0"	36 1/2" x 60 1/2"	5
3	3060 SH TWIN	6'-0" x 5'-0"	72" x 60 1/2"	2
4	3060 P	3'-0" x 6'-0"	36 1/2" x 72 1/2"	3
5	3060 SH	3'-0" x 6'-0"	36 1/2" x 72 1/2"	10
6	3060 SH TWIN	6'-0" x 6'-0"	72" x 72 1/2"	1
7	3440 SH	3'-4" x 4'-0"	40 1/2" x 48 1/2"	1
8	4040 P	4'-0" x 4'-0"	48 1/2" x 48 1/2"	1
9	5030 P w/ SDHR	5'-0" x 3'-0"	60 1/2" x 70 9/16"	1

DOOR SCHEDULE:

OPENING ID	PRODUCT CODE	SIZE	R.O. SIZE	COUNT
A	12-36-12 x 80 RH SP Full SL w TR	3'-0" x 6'-8"	65 1/4" x 98"	1
B	72X80 FRENCH	6'-0" x 6'-8"	73 1/4" x 82 1/2"	1
C	36X80 FRENCH	3'-0" x 6'-8"	38 1/2" x 82 1/2"	1
D	36X80 COLONIAL	3'-0" x 6'-8"	38 1/2" x 82 1/2"	1

AREAS:
FIRST FLOOR 2122 S.F.
SECOND FLOOR 1341 S.F.
TOTAL HEATED 3463 S.F.
SCREENED PORCH 72 S.F.
GARAGE 625 S.F.
TOTAL UNDER ROOF 4260 S.F.
FRONT PORCH 59 S.F.
STOOP 26 S.F.

2 X 4 EXTERIOR WALLS UNLESS OTHERWISE NOTED
SHEET NO: 5 OF 15
FIRST FLOOR PLAN
SCALE: 1/8"=1'-0"
DRAWN BY: W. BAILEY / P. DAVIS
DATE: 09/12/2014
REVISIONS:
JOB # 8714027

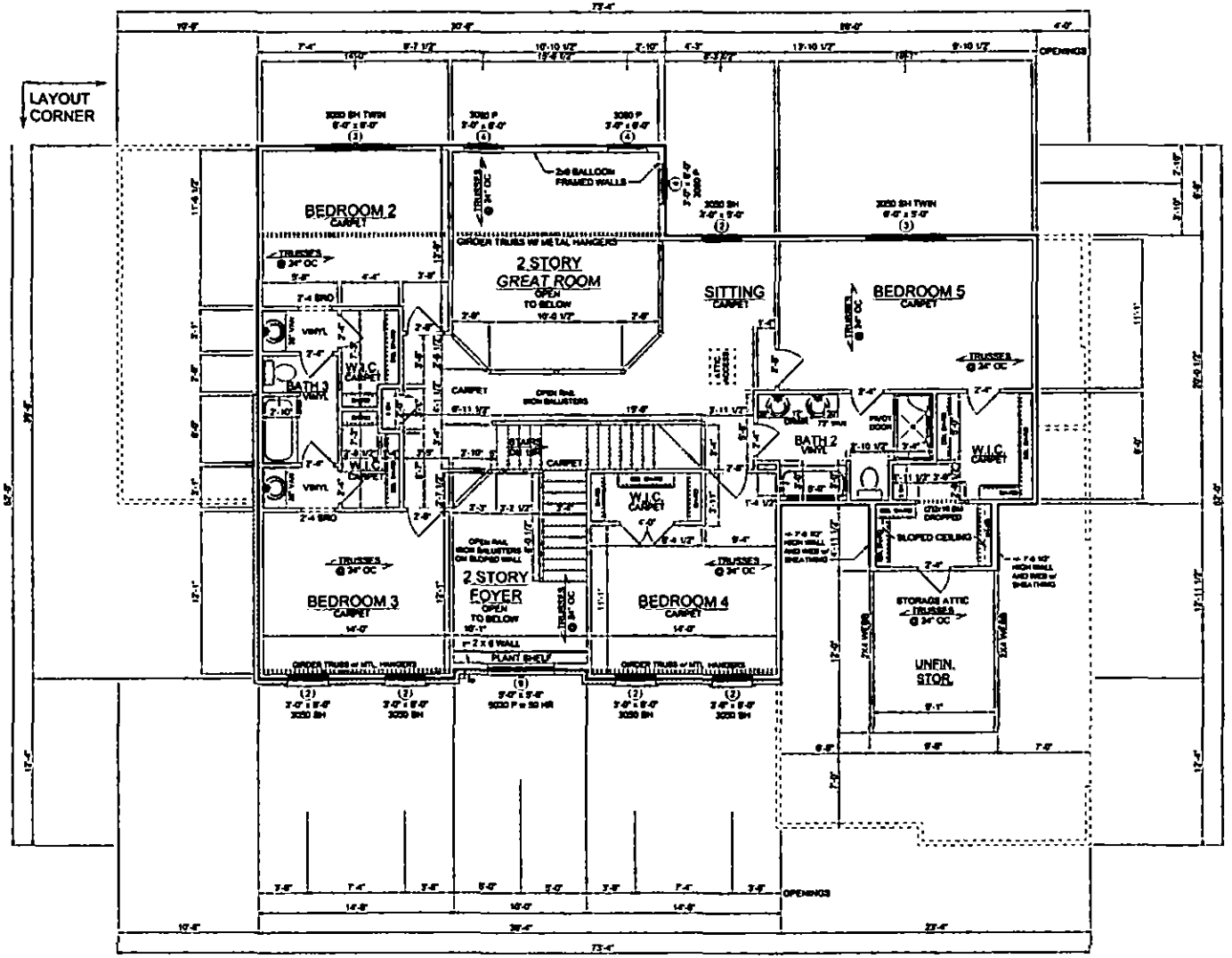
THE SOUTHAMPTON - B
FOR ALANA & ALEXANDER TAVERNIER
7610 IRWIN ROAD
CHARLOTTE, NC 28215

PROPERTY OF: AMERICA'S HOME PLACE, INC.
© COPYRIGHT 1995
SOLD BY: J. SCHOOLEY

PRINT DATE: August 12, 2014

FINAL CONSTRUCTION PLANS
FORMATTED FOR 11 x 17 PAPER

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NUMBER OF STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE
CLOSET SHELF HEIGHT OFF FLOOR:
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INSTALL A 24" WIDE WALKWAY FROM ATTIC ACCESS TO FURNACE PLATFORM

SPECIAL NOTES

CULTURED MARBLE BATHROOM COUNTERTOPS
SMOOTH CEILINGS THROUGHOUT
9' 8/0 PIVOT DOOR IN BATH 2

AREAS:

FIRST FLOOR	2122 S.F.
SECOND FLOOR	1351 S.F.
TOTAL HEATED	3473 S.F.
SCREENED PORCH	72 S.F.
GARAGE	625 S.F.
TOTAL UNDER ROOF	4369 S.F.
FRONT PORCH	48 S.F.
STOOP	25 S.F.

PROPERTY OF: AMERICA'S HOME PLACE, INC.
SOLD BY: J. BOROUGH

THE SOUTHAMPTON - B
FOR ALANA & ALEXANDER TAVERNIER
7810 IRWIN ROAD
CHARLOTTE, NC 28215

DATE: 08/12/2014
REVISION

SECOND FLOOR PLAN
SCALE: 1/8"=1'-0"
DRAWN BY: W. BARLEY / P. DAVIS

JOB # 8714027

SHEET NO. 6 OF 15

2 X 4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

PRINT DATE: August 12, 2014

FINAL CONSTRUCTION PLANS
FORMATTED FOR 11 x 17 PAPER

FEE: 200.00
DATE: 8/25/2014

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6660B

PERMIT NUMBER: 30001135

PARCEL NUMBER: 10802125

JOB LOCATION INFORMATION

ADDRESS: 7610 IRWIN RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28215

ISSUED TO: Alexander & Alana Tavernier

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 8/7/2006

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30001135, 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: 8/7/2011

Sader, Linda

From: Permit Expediters of SC <permitsc@gmail.com>
Sent: Friday, August 15, 2014 11:03 AM
To: Sader, Linda
Subject: Septic permit application - 7610 Irwin Rd., Charlotte
Attachments: Tavernier septic permit application.pdf; Alexander & Alana Tavernier existing septic improvement permit.pdf; Alexander & Alana Tavernier owner authorization form.pdf

Hi Linda,

Per our conversation, attached is a septic application for 7610 Irwin Rd., Charlotte. An improvement permit was already completed & is printed. The layout (house & driveway location) will be the same as what is drawn on the layout prepared by your office. Please contact me when you received this for payment of the $400 due, & let me know if you have any questions or require anything further. Thank you for your continued assistance.

Regards,

Matt McCauley
President
Permit Expediters of South Carolina, LLC
http://sites.google.com/site/permitsc
PO Box 4174
Irmo, SC 29063
Ph: (803) 530-1493
permitsc@gmail.com

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6660B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: 10802125
STREET ADDRESS: 7610 Irwin Rd.
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION NAME: N/A
LOT #: N/A LOT SIZE (acres): 5.16
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: 3,683
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4
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: _____ 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 ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: 1 2 4 3 ____

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? 8/30/06 ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Alexaner & Alana Tavernier
ADDRESS: 5124 Kiev Dr.
CITY: Charlotte
STATE: NC ZIP: 28216
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Permit Expediters of South Carolina, LLC
ADDRESS: P.O. Box 4174
CITY: Irmo
STATE: SC ZIP: 29063
WORK PHONE: _____
MOBILE PHONE: (803) 530-1493
FAX: _____
E-MAIL: permitsc@gmail.com

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.

RMM (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.

Matt McCauley for Permit Expediters of South Carolina, LLC — 8/11/14

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

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ⊙ SCALED SITE PLAN SUBMITTED ○ 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

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, 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 Matt McCauley is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

   7610 Irwin Rd. Charlotte .
   Number Street Town
   (Or Parcel Number) - 10802125

Alana Tavernier
Property Owner (print name)

Alana Tavernier
Property Owner (signature)

8/13/14
Date



7610 IRWIN RD

10802125

1/10/2008

duponbj

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

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

Sheet: 1 of 2
Property ID: 108-021-25
Lot #:
File #: 6660B
Code: 1

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Emma Dobbins, Mary Parks, John Dobbins — Applicant:
Address: 7740 Robinson Church Road, Charlotte, N. C. 28215 — Date Evaluated: 7/20/06
Proposed Facility: Residence — Design Flow (.1949): 600gpd — Property Size: 1.0a inv,
Location of Site: 7610 Irwin 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, 6	0-5	GR/SL	FR/SEXP/NS/NP	>38" TO SOIL WETNESS	38	N/A	NONE	PS, IV
		5-15	SBK/SCL	FR/SEXP/SS/SP					.225GPD/FT^2
		15-38	SBK/SC	FI/SEXP/S/P					
2	"	0-12	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	"	"	PS, IV
		12-42	SBK/C	FI/SEXP/S/P					.25GPD/FT^2
		42-48	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-10	GR/SCL	"	>37" TO SOIL WETNESS	37	"	"	"
		10-32	SBK/SC	FI/SEXP/S/P					
		32-37	SBK/SCL	FR/SEXP/SS/SP					
4	"	0-7	GR/SCL	"	"	"	"	"	"
		7-34	SBK/C	FI/SEXP/S/P					
		34-37	SBK/CL	FR/SEXP/SS/SP					
5	"	0-19	GR/SCL	"	>38" TO SOIL WETNESS	38	"	"	"
		19-38	SBK/C	FI/SEXP/S/P					
6	"	0-16	GR/SCL	FR/SEXP/SS/SP	>41" TO SOIL WETNESS	41	"	"	PS, IV
		16-41	SBK/C	FI/SEXP/S/P					.275GPD/FT^2

Description	Initial System	Repair System
Available Space (.1945)	PS	NS
System Type(s)	Ig	
Site LTAR	.25GPD/FT^2	

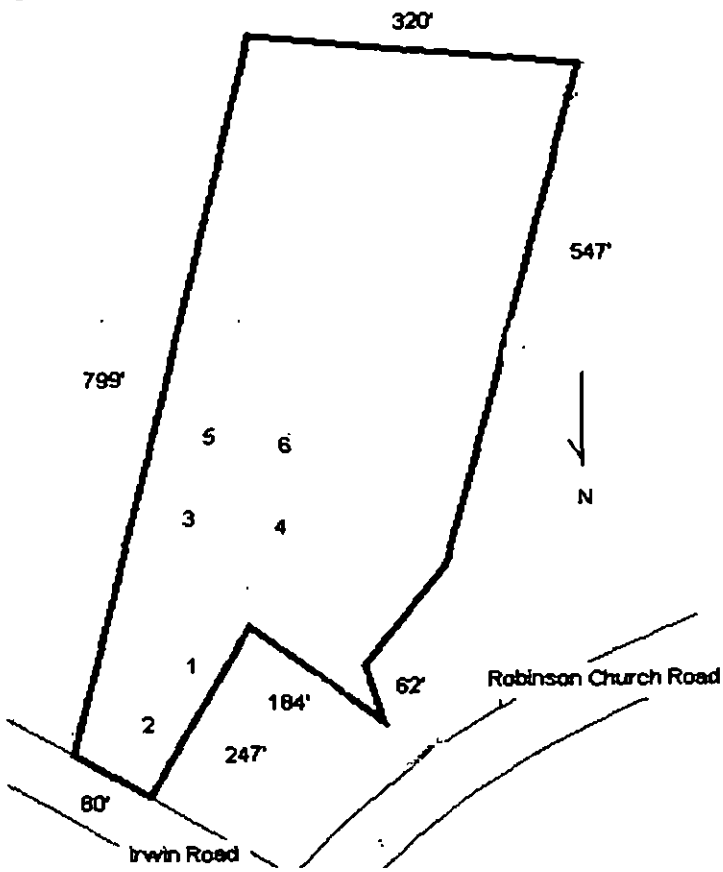
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 7/20/2006. W. R. Marlin
Others Present:

COMMENTS:
Does not appear to be 100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food 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		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

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

Sketch of Soil Evaluation Locations



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 #: **30001135** GWS File #: **6660B** Tax Parcel #: **108-021-25**

- 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):** 8/7/2011

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

Structure Type: HOUSE Size (ft^2): 3000 # Bedrooms: 5 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Conventional **System Classification:** IIa

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	2400	Total Trench Length (ft):	800
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: N/A **System Classification:**

Repair System Specifications:

Design Flow (gpd):	0	LTAR (gpd/ft^2):	0.0	Septic Tank Size (gal):	0	Pump Tank Size (gal):	N/A
Trench Width (ft):	0	Trench Spacing (ft):	0	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	0	Distribution Device:	N/A		

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: David Cornelius

Signature: [signature]

Date Issued: 8/7/2006

Owner/Legal Agent: Alana D. Mitchell
Print Name

Signature: Alana D. Mitchell

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 #: **30001135** GWS File #: **6660B**

IV. Permit Conditions/Comments:

- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated *for a repair area.*
- 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 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: David Cornelius

Signature: _____

Date Issued: 8/7/2006

Owner/Legal Agent: Alana D. Mitchell
Print Name

Signature: Alana D. Mitchell

CC# 175545 #1135

GWS – RES. APP 07/05

SEPTIC FEE: 200.00
DATE: 7/12/06
CRT [ ] QC

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

FILE # 106660B

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 10902125
STREET ADDRESS: 7610 Irwin Road
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME: Hickory Acres
LOT #:
TOWNSHIP:

☑ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 3000 +
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: N/A NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: N/A
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☑ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☑ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Emma Dobbins, Mary Parks, John Dobbins
ADDRESS: 7740 Robinson Church Rd
CITY: Charlotte
STATE: NC ZIP: 28215
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Alana Mitchell
ADDRESS: 7804 Ebery Road
CITY: Charlotte
STATE: NC ZIP: 28214
HOME PHONE: 704-921-2184 WORK PHONE: 704-683-1338
MOBILE PHONE: 704-724-2471 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? August 29, 2006

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

Alexander Saxenian for Alana Mitchell
Owner's/Agent's Signature Date

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

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

Owner's/Agent's Signature Date

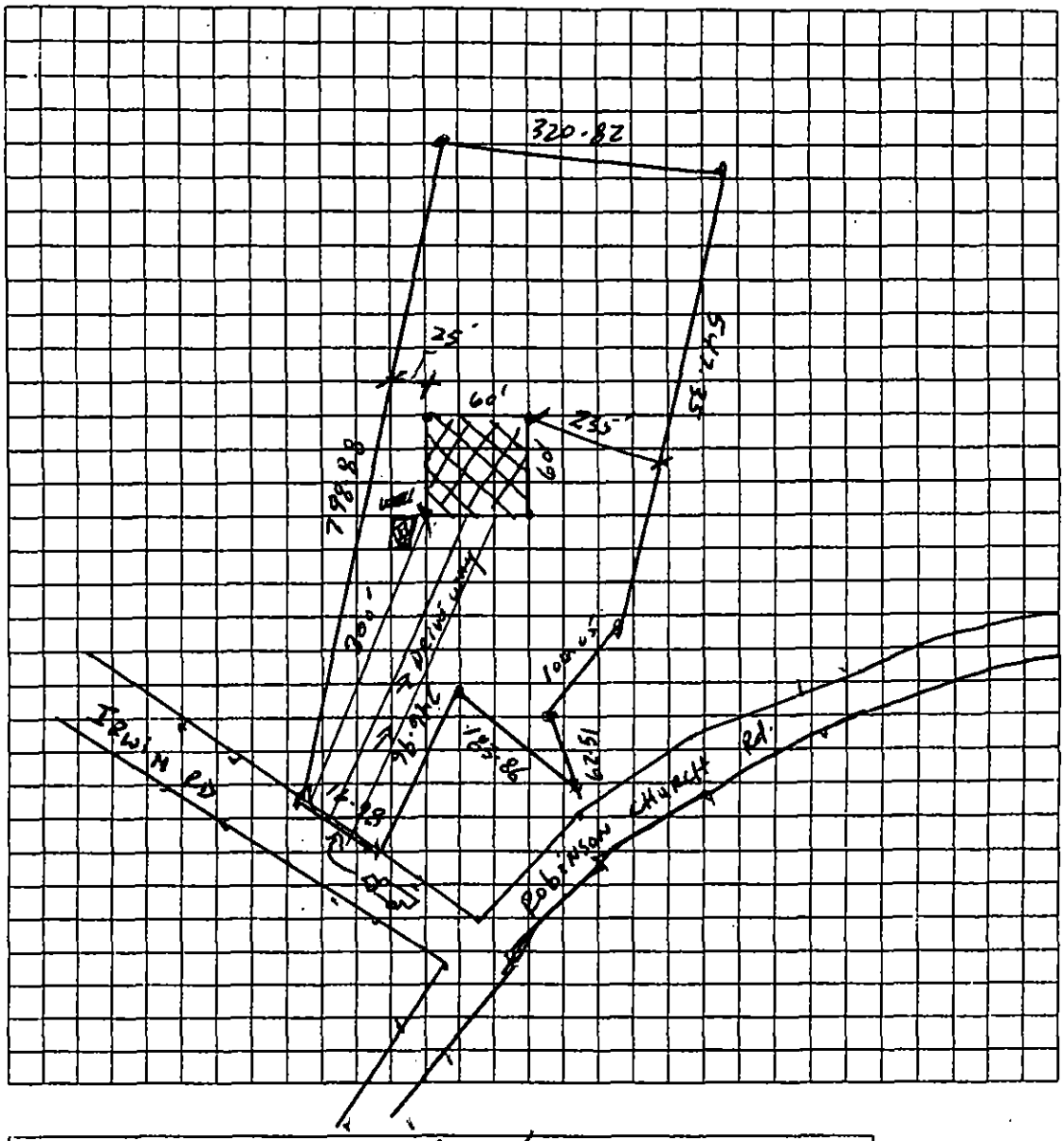
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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 # 66660 B
Date 10-021-25

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 Alexander Laramie for Alana Mitchell
Date 07-12-07

LBC 12/15/04

EHS DC Reviewer ICR

Columbus County Permit Review Worksheet

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?										
.1940 (a-g)	Slope % Recorded?										
.1939 (a)(2)	Texture Class Recorded?										
.1939 (a)(2)	Structure type Recorded?										
.1939 (a)(2)	Consistence Recorded?										
.1939 (a)(2)	Mineralogy Recorded?										
.1939 (a)(3)	Soil Wetness Condition Recorded?										
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?										
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?										
.1939 (a)(6)	Sufficient Available Space Recorded?										
.1937(m)	Are the Profile Locations Shown?										
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?										
	Number of auger borings made:										
	Were sufficient auger borings made?										
.1939(d), .1955, .1956, .1957	LTAR										
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial										
.1945(b)	Proposed System Type stated-Repair										
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial										
.1937(g) & .1945(b)	System components shown - Initial										
.1945(b)	Repair area shown										
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?										
.1937 (f)(g)	Is System design consistent with soil/site conditions?										
.1937 (f)(g)	Is the System located in the approved area?										
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?										
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?										
.1937(g)	Trench depth indicated?										
.1937(g)	Trench width indicated?										
.1937(g)	Trench length indicated?										
G.S. 130A-336(a)(1)	Proposed/existing well shown?										
G.S. 130A-336(a)(1)	Property line lengths shown?										
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?										
	OP										
.1937(i)	System type as described in table V(a) of rule .1961										
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.										

If system design is incorrect or inconsistent with site conditions, indicate why for each below

SHOW REPAIR AREA > 400 gpd O.K. DL

ON IP * 5.23.07

6660B

Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) pd _____ Initials/Date

CA ($200.00) Dwa 8/15/14 Initials/Date

OP ($200.00) Dwa 8/15/14 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 ☑ SAM 8/14/14

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. ☐ _____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/15/14
Receipt #: 90490
Check / Auth #: VISA 684751
Received By: SADERLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MCCAULEY RONALD M
Attn:
Address: PO BOX 4174
Address:
City/State/Zip: IRMO, SC 29063

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 7610 IRWIN RD		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
117.40		270.00	205.00	2,064.65	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/15/14
Receipt #: 90491
Check / Auth #: VISA 684751
Received By: SADERLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MCCAULEY RONALD M
Attn:
Address: PO BOX 4174
Address:
City/State/Zip: IRMO, SC 29063

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorization 7610 IRWIN RD		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
117.40		270.00	205.00	2,064.65	