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 #: 3051 A Permit #: 6447 Tax Parcel #: 011-102-06

Property Owner: Joe and Yvette Sullivan

Job Location Address: 17501 Huntersville - Concord Rd.

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 2/27/2014 Contractor Name: Jamie O'Daniel

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: n/a gallons

Effluent Pump Model: n/a

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 480 feet

# of Lines: 9 @ variable feet

Depth of Media: 12 inches (Type) Chambers

Depth of Cover: 18 inches

Distribution Device: end cap

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >10 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

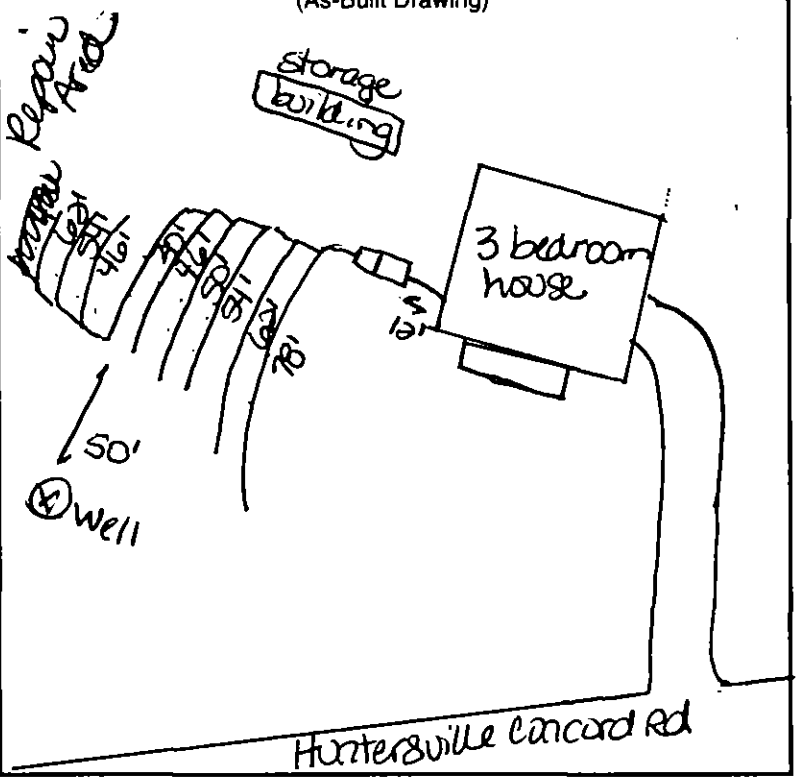
Inspection Dates

Tank(s) Inspected: 2/27/2014

Excavation Inspected: 2/27/2014

Pump & Controls Inspected: n/a

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIg, gravity to approved 25% reduction IQ4W (system sized for future 1 bedroom addition)

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett

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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 #: 3051A Permit #: 10006447 Tax Parcel #: 011-102-06

Property Owner: Joe and Yvette Sullivan

Job Location Address: 17501 Huntersville - Concord Rd

City: Huntersville State: NC Zip Code: 28078

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: Kim Garrett, REHS Date: 2/27/2014

Signature: Kim Garrett REHS

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 #: 3051A Permit #: 10006447 Tax Parcel #: 011-102-06

Property Owner: Joe & Yvette Sullivan

Job Location Address: 17501 Huntersville-Concord Rd

City: Huntersville State: NC Zip Code: 28078

Installation Approval Issuance Date: 2/26/14

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 n/a, 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: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Site LTAR: .25 GPD/ft² (For new installations only.)

Liquid Capacity of Dosing Tank: n/a gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 480 feet

# of Lines: 8 @ Variable feet

Depth of Media: 12 inches (Type) chambers

Distribution Device: drop box or end caps

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

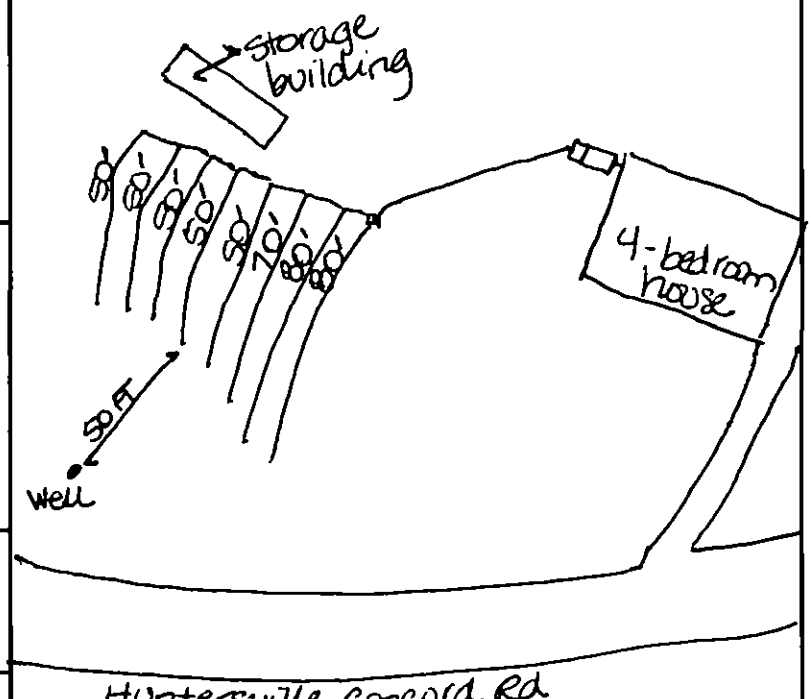
Minimum System Setbacks

Distance from Building Foundation: >10 feet

Distance from Property Line: >10 feet

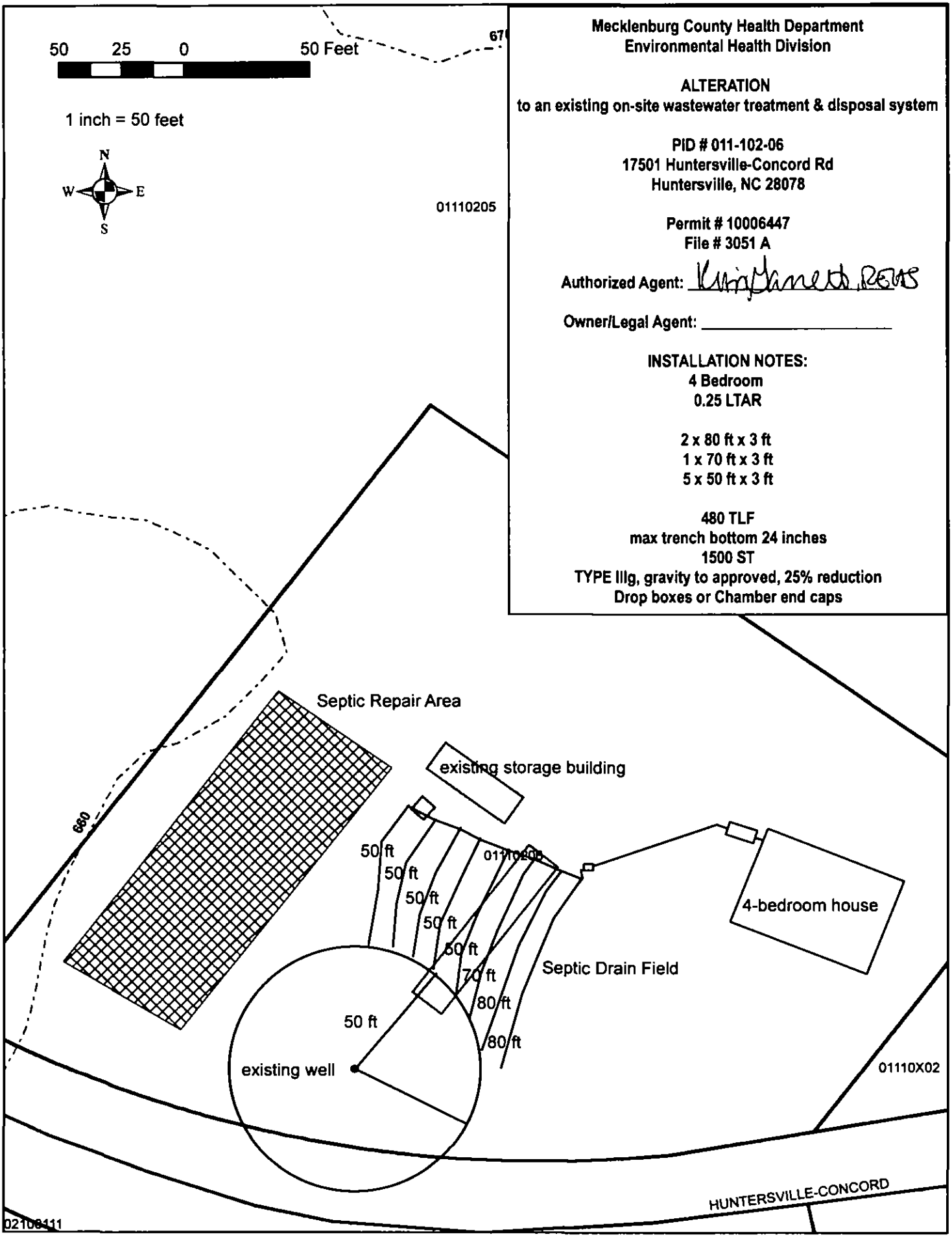
Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIg, 25% reduction, gravity

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS



Mecklenburg County Health Department
Environmental Health Division

ALTERATION
to an existing on-site wastewater treatment & disposal system

PID # 011-102-06
17501 Huntersville-Concord Rd
Huntersville, NC 28078

Permit # 10006447
File # 3051 A

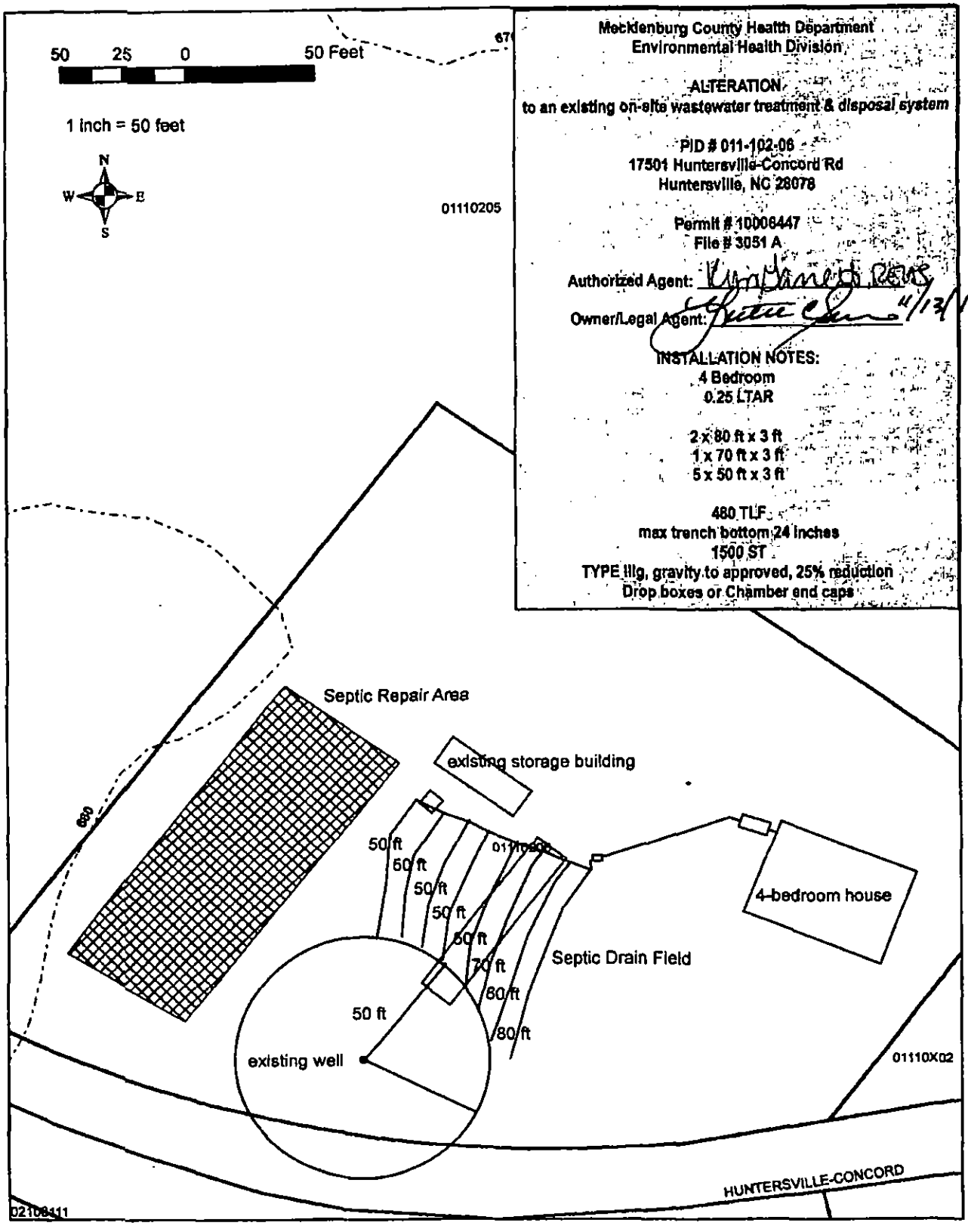
Authorized Agent: [illegible]

Owner/Legal Agent: _____

INSTALLATION NOTES:
4 Bedroom
0.25 LTAR

2 x 80 ft x 3 ft
1 x 70 ft x 3 ft
5 x 50 ft x 3 ft

480 TLF
max trench bottom 24 inches
1500 ST
TYPE IIIg, gravity to approved, 25% reduction
Drop boxes or Chamber end caps


50 25 0 50 Feet
1 inch = 50 feet
N
W E
S
01110205
Mecklenburg County Health Department
Environmental Health Division
ALTERATION
to an existing on-site wastewater treatment & disposal system
PID # 011-102-06
17501 Huntersville-Concord Rd
Huntersville, NC 28078
Permit # 10006447
File # 3051 A
Authorized Agent:
Owner/Legal Agent:
4/13/13
INSTALLATION NOTES:
4 Bedroom
0.25 LTAR
2 x 80 ft x 3 ft
1 x 70 ft x 3 ft
5 x 50 ft x 3 ft
480 TLF
max trench bottom 24 inches
1500 ST
TYPE IIIg, gravity to approved, 25% reduction
Drop boxes or Chamber end caps
Septic Repair Area
existing storage building
50 ft
50 ft
50 ft
50 ft
50 ft
70 ft
80 ft
80 ft
50 ft
existing well
Septic Drain Field
4-bedroom house
01110X02
HUNTERSVILLE-CONCORD
02108411

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: 6447 Tax Number: 011-102-06

- The 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.

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:

.25 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1440 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	480 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.)
4 Bedrooms in residence	n/a Gallon pump tank	12 Depth of media (in)	

Any surface water present: n/a Type: Minimum separation distance (ft):

Additional conditions: Unable to confirm location and condition of initial system, installed new system to accomadate a 4-bedroom house

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:

1440 Absorption Area (ft^2) 480 Total trench length (ft)	12 Depth of media (in)	9 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

*** This improvement permit is transferable.

Kristi Dinnella Betts 11/5/2013
DENR Authorized Agent Date

11/13/13
Owner/Agent Signature Date

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

CONDITIONS OF IMPROVEMENT PERMIT for an
ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **6447** Tax Number: **011-102-06**

- The 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.

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:

.25 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1440 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	480 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.)
4 Bedrooms in residence	n/a Gallon pump tank	12 Depth of media (in)	

Any surface water present: n/a Type: Minimum separation distance (ft):

Additional conditions: **Unable to confirm location and condition of initial system, Installed new system to accomadate a 4-bedroom house**

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:

1440 Absorption Area (ft^2) 480 Total trench length (ft)	12 Depth of media (in)	9 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

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*** This Improvement permit is transferable.

Kristi Daniels Betts 11/5/2013

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
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NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

Sheet: 1 of 3
Property ID: 011-102-06
Lot #: NA
File #: 3051A
AppID: 6447

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Joe & Yvette Sullivan
Applicant:
Address: PO Box 457, Huntersville, NC 28078
Date Evaluated: 10/21/2013
Proposed Facility: 4BR House
Design Flow (.1949): 480 GPD
Property Size: 2 ac
Location of Site: 17501 Huntersville Concord Rd, Huntersville, NC 28078
Property Recorded: Unknown
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 3%	0 - 20	wmsbk C	FI SEXP	>51	51	NA	S	3 chroma mottles saprolite inclusions from 20 - 51"	PS IV 0.25	36"
		20 - 51	wfsbk C	FR SEXP							
Boring #2	LS 4%	0 - 18	wfsbk SCL	FI SEXP	10 YR 7/2 @ 20"	29	NA	NA		US	NA
		18 - 29	wfsbk SC	FI SEXP							
Boring #3	LS 3%	0 - 20	wmsbk C	FI SEXP	>24	24	NA	S	saprolite inclusions from 20 - 24"	PS IV 0.25	
		20 - 24	wfsbk C	FR SEXP							
		24	Floater Rock								
Boring #4	LS 4%	0 - 12	Fill		>51	51	NA	S	3 chroma mottles saprolite inclusions 25 - 51"	PS IV 0.25	36"
		12 - 40	wfsbk C	FI SEXP							
		40 - 51	wfsbk CL	FR SEXP							
Boring #5	LS 5%	0 - 8	gr SCL	FR SEXP	10 YR 7/1 @ 39"	44	NA	PS	3 chroma mottles and manganese from 20 - 44"	PS IV 0.25	25"
		8 - 44	wmsbk SC	FI SEXP							
Boring #6	LS 6%	0 - 8	Fill		>51"	51	NA	S	saprolite inlcusions 30 - 51"	PS IV 0.275	36"
		8 - 43	wfsbk C	FI SEXP							
		43 - 51	wfsbk CL	FR SEXP							
Boring #7	LS 4%	0 - 6	gr SCL	FR SEXP	>51"	51	NA	S	saprolite inclusions 30 - 51"	PS IV 0.275	36"
		6 - 41	wfsbk C	FI SEXP							
		41 - 51	wfsbk CL	FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIg
Site LTAR (gpd/sq ft)	0.25	0.25

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

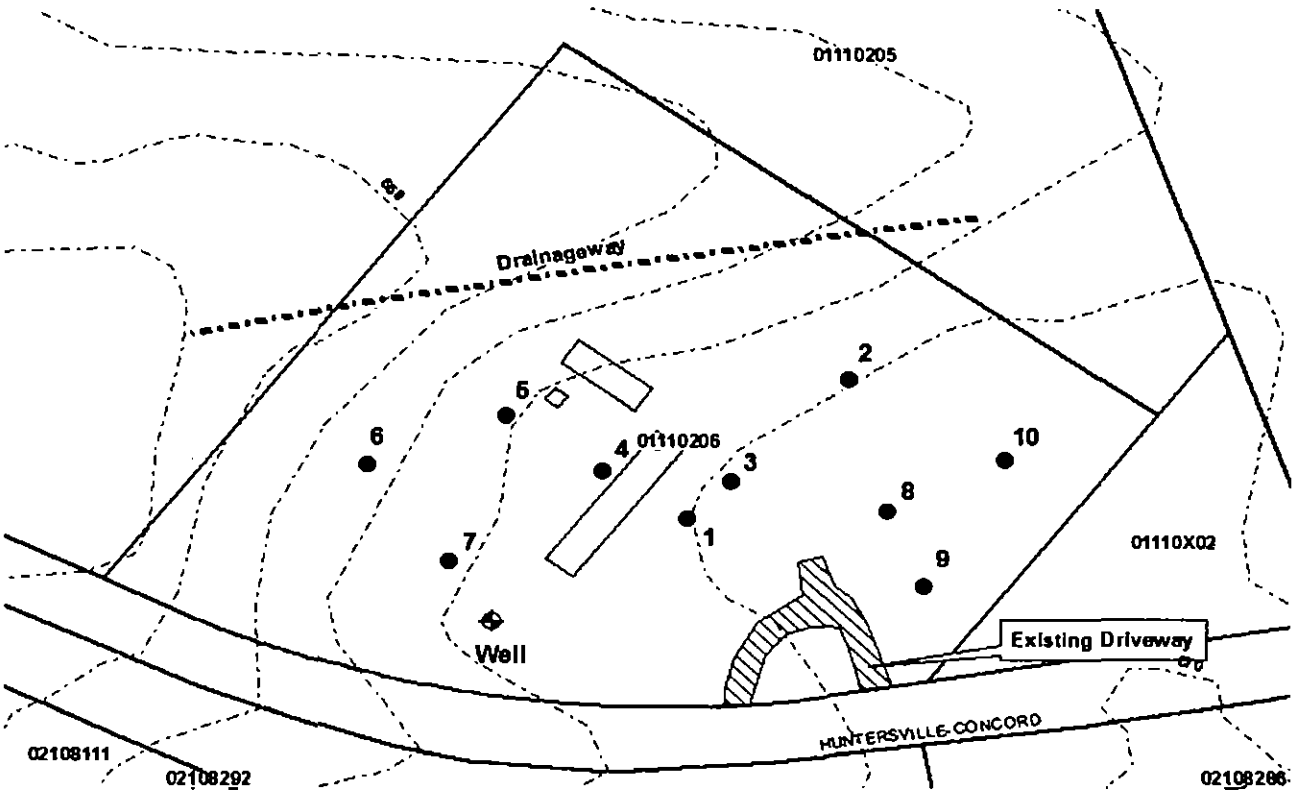
PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #8	LS 2%	0 - 33	wfsbk C	FR SEXP	>48"	48	NA	PS	saprolite inclusions from 18 - 48"	**PS IV 0.275**	**36"**
		33 - 48	wfsbk SCL	FR SEXP							
Boring #9	LS 2%	0 - 40	wfsbk C	FR SEXP	>48"	48	NA	PS	saprolite inclusions from 24 - 48"	**PS IV 0.275**	**36"**
		40 - 48	wfsbk SCL	FR SEXP							
Boring #10	R 2%	0 - 36	wfsbk C	FI SEXP	10 YR 7/2 @ 31"	36	NA	PS		**PS IV 0.25**	**18"**

COMMENTS:

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

Sketch of Soil Evaluation Locations



3051A

MECKLENBURG COUNTY HEALTH DEPARTMENT App#6447

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: 011-102-06

STREET ADDRESS: 17501 HuntersvilleConcordRd

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION NAME: N/A

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: 2147

NUMBER OF BEDROOMS: ~~3~~ 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: 2 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 2

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 3 4 ___

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

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

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 9/5/2013 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Joe and Yvette Sullivan

ADDRESS: PO Box 457

CITY: Huntersville

STATE: NC ZIP: 28078

WORK PHONE: 704-598-8971 x351

MOBILE PHONE: 704.998.7143

FAX: 704-598-4143

E-MAIL: yvettesullivan@att.net

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: 704-336-8894

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.

_____ (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.

Yvette C. Sullivan — 9/25/13.

Jack E. Sullivan by Yvette C. Sullivan, Attorney in Fact 9/25/13

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

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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: Jwr

GWS FILE NUMBER ASSIGNED: 3051A

APPLICATION ID NUMBER ASSIGNED: 6447

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
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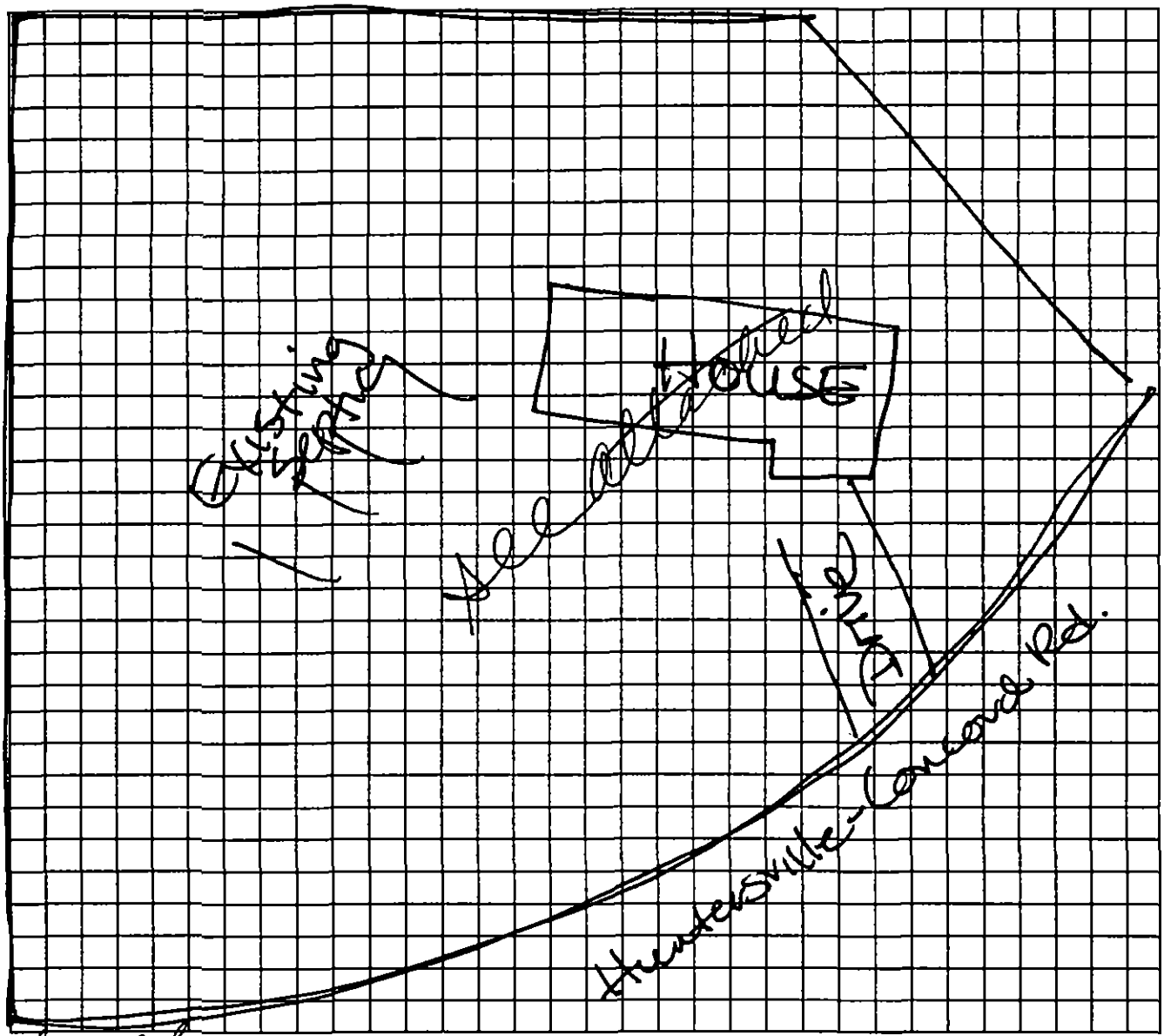
File #: _____

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: 17501 Huntersville-Concord Rd Tax Parcel #: 011-102-06

Subdivision Name: N/A Huntersville, NC Lot #: —

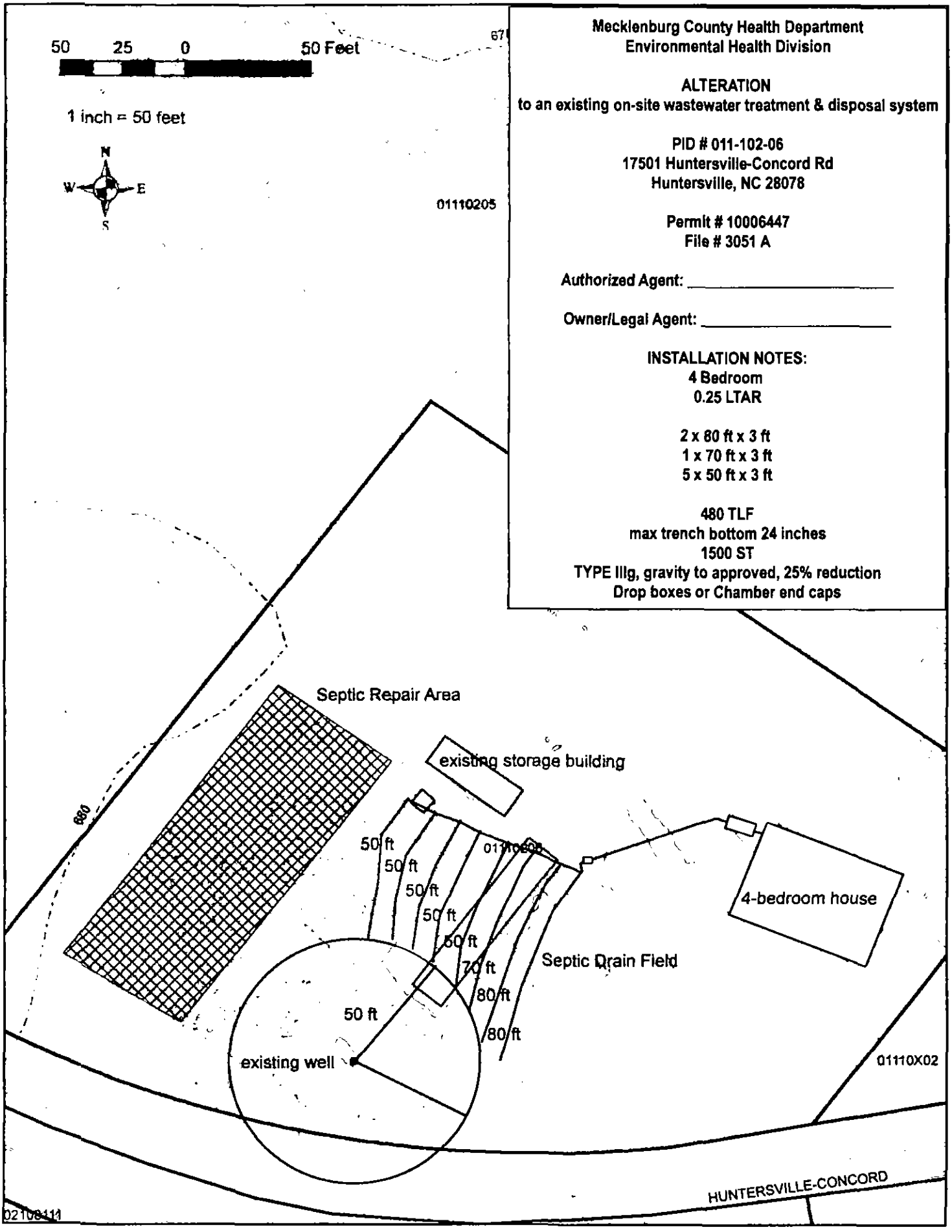


Property Owner's or Owner's Legal Representative Signature

9/25/13
Date

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Mecklenburg County Health Department
Environmental Health Division

ALTERATION
to an existing on-site wastewater treatment & disposal system

PID # 011-102-06
17501 Huntersville-Concord Rd
Huntersville, NC 28078

Permit # 10006447
File # 3051 A

Authorized Agent: _____

Owner/Legal Agent: _____

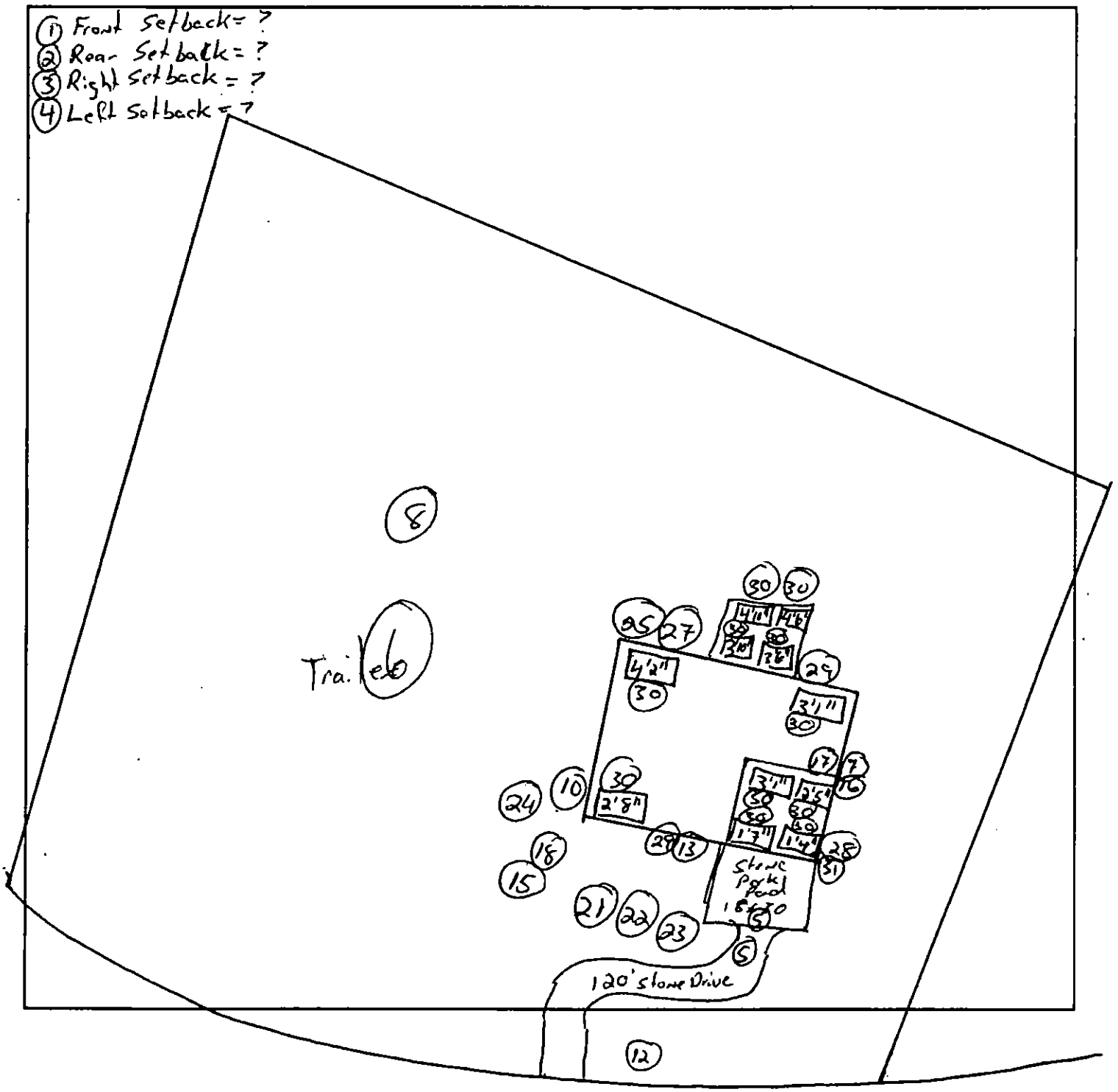
INSTALLATION NOTES:
4 Bedroom
0.25 LTAR

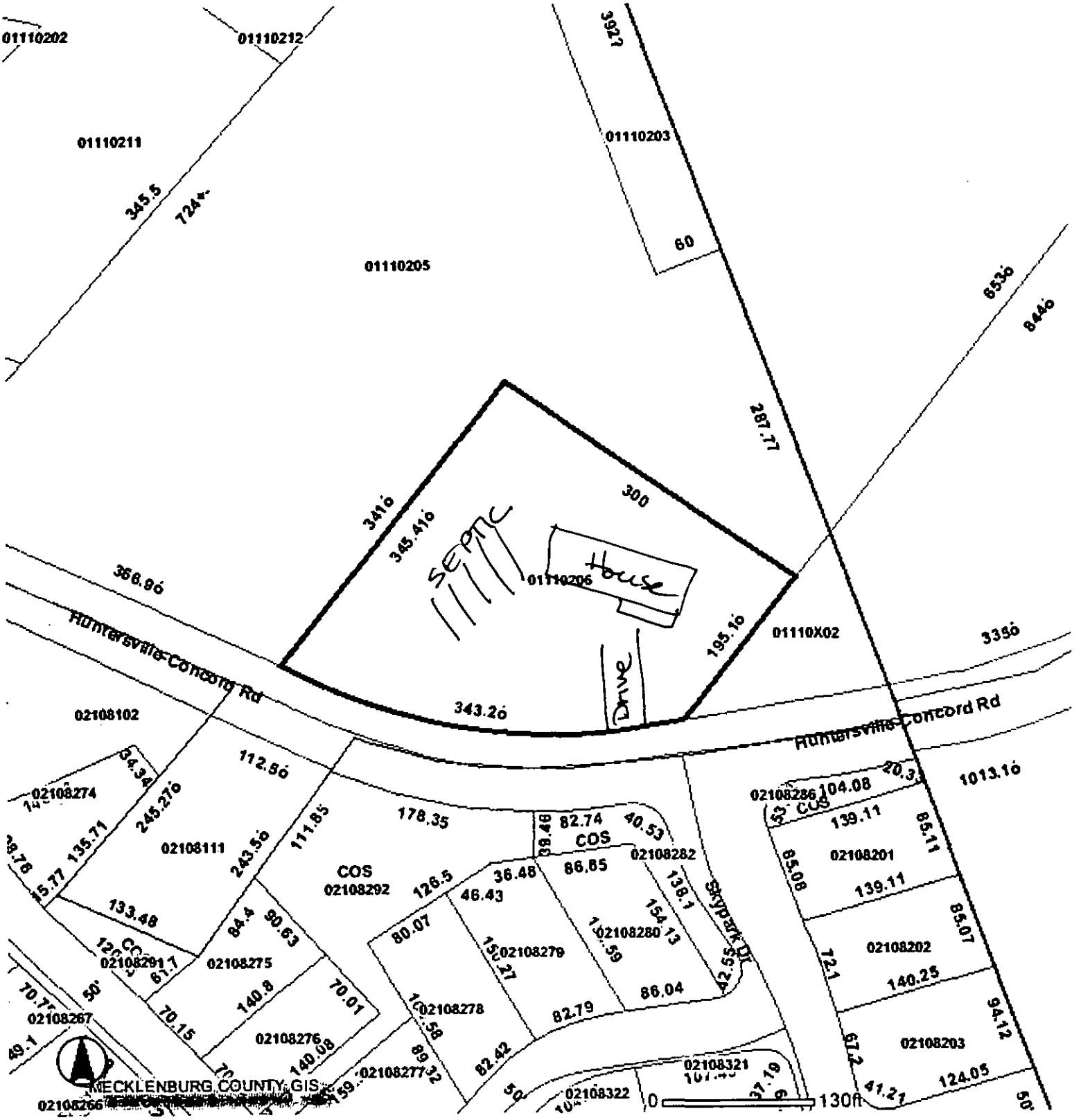
2 x 80 ft x 3 ft
1 x 70 ft x 3 ft
5 x 50 ft x 3 ft

480 TLF
max trench bottom 24 inches
1500 ST
TYPE IIIg, gravity to approved, 25% reduction
Drop boxes or Chamber end caps

BUILDER TO SHOW THE FOLLOWING ITEMS ON SITE SKETCH BELOW FROM THE HOMESITE INSPECTION

1. Front Set Back
2. Rear Set Back
3. Right Set Back
4. Left Set Back
5. Driveway/Sidewalks
6. Existing Structures
7. AC or Heat Pump
8. Septic Location
9. ~~Sewer Tap~~
10. Sewer/Septic Stub
11. ~~Well Location~~
12. Water Tap
13. Water Entry
14. ~~Well Pressure Tank~~
15. Nearest Transformer
16. Electric Meter Base
17. Breaker Panel
18. Temp Power Pole
19. ~~Propane Tank~~
20. Gas Line Stub
21. Dumpster
22. Lumber Drop
23. Truss Drop
24. Portable Toilet
25. Natural Drain
26. ~~Sump Crocks~~
27. Foundation Door
28. Identify Bench Mark
29. Hose Bibs
30. Shoot Existing Grade Elevations
31. Identify High Corner
32. Approximate distance top of foundation will be above existing grade at high corner: 1'4"




01110202
01110212
01110211
01110205
01110203
01110206
01110X02
02108102
02108274
02108111
02108275
02108291
02108267
02108266
02108277
02108292
02108282
02108280
02108279
02108278
02108321
02108322
02108286
02108201
02108202
02108203
House
Septic
Drive
Huntersville-Concord Rd
Skypark Dr
COS
MECKLENBURG COUNTY GIS
0
130ft