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 #: 8756B (8556B) Permit #: 6818 Tax Parcel #: 139-042-15

Property Owner: David Gallagher

Job Location Address: 7925 Wilson Ridge Ln

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 06/30/2014 Contractor Name: Steven's Septic

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: Liberty 1/2hp 280

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 5 @ 80 feet

Depth of Media: 12 inches (Type) Chambers IIIb

Depth of Cover: 24 inches

Distribution Device: pressure manifold

Inspection Dates

Tank(s) Inspected: 5/7/14 STB-558 (2/13/14 PT-444 (2/7/14)

Excavation Inspected: 5/7/14

Pump & Controls Inspected: 6/30/14

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

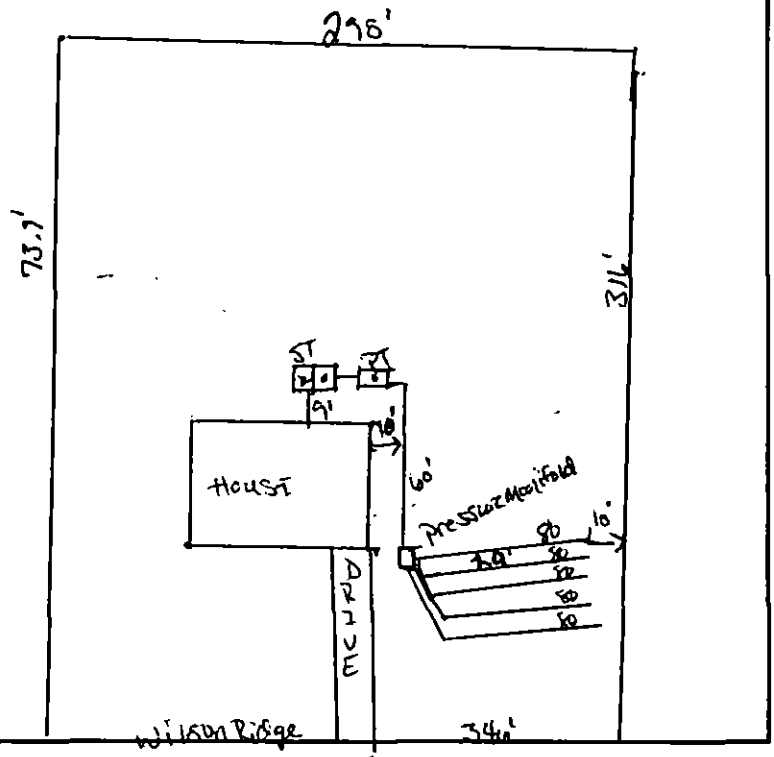
Distance from Building Foundation: 9 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100 feet

NOT TO SCALE

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: IIIb BioA36 Lp Ira/pa

DENR Authorized Agent: Shelby Lee Ford Signature: Shelby Lee Ford

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 8556B Permit #: 6518 Tax Parcel #: 139-042-13

Property Owner: David Gallagher

Job Location Address: 7925 Wilson Ridge Ln

City: Charlotte State: NC Zip Code: 28227

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: IIIb

*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: Shelby Ledford Date: 6/30/2014

Signature: Shelby Ledford

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 #: 8756 B 855613 Permit #: ~~8756B~~ 6318 Tax Parcel #: 139-042-15

Property Owner: David Gallagher

Job Location Address: 7925 Wilson Ridge Ln

City: Charlotte State: NC Zip Code: 28227

Installation Approval Issuance Date: 5/7/14

Permission is hereby given to [X] 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: 480 GPD

Site LTAR: .03 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design [ ] N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 80 feet

# of Lines: 5 @ 80 feet

Depth of Media: 12" inches (Type) III b

Distribution Device: Press. Manifold

Bed Design *(For Repair Installations ONLY.)* [X] 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

[X] Municipal [X] Private Well [ ] Community Well

[ ] Other _____

Minimum System Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 100' (50' min) feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

- Install system in area permitted.
- May Install (5) 3x80' lines
- 25% Reduction

Comments: System Classification & Type: III b.

DENR Authorized Agent: Bradley W. Hallman Signature: [signature]

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

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

File #: ~~85563~~ Permit #: ~~85563~~ C318 Tax Parcel #: 139-042-15

Property Owner: David Gallagher

Job Location Address: 7925 Wilson Ridge Ln

City: Charlotte State: NC Zip Code: 28227

Installation Approval Issuance Date: _____

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: 480 GPD
Site LTAR: .3 GPD/ft² (For new installations only.)
Liquid Capacity of Septic Tank: 1500 gallons
Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A
Trench Depth: 36 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 80 feet
# of Lines: 5 @ 80 feet
Depth of Media: 12" inches (Type) III b
Distribution Device: Pres. Manifold

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: 5' feet
Distance from Property Line: 10' feet
Distance from Water Supply Source: 100' (50' min) feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

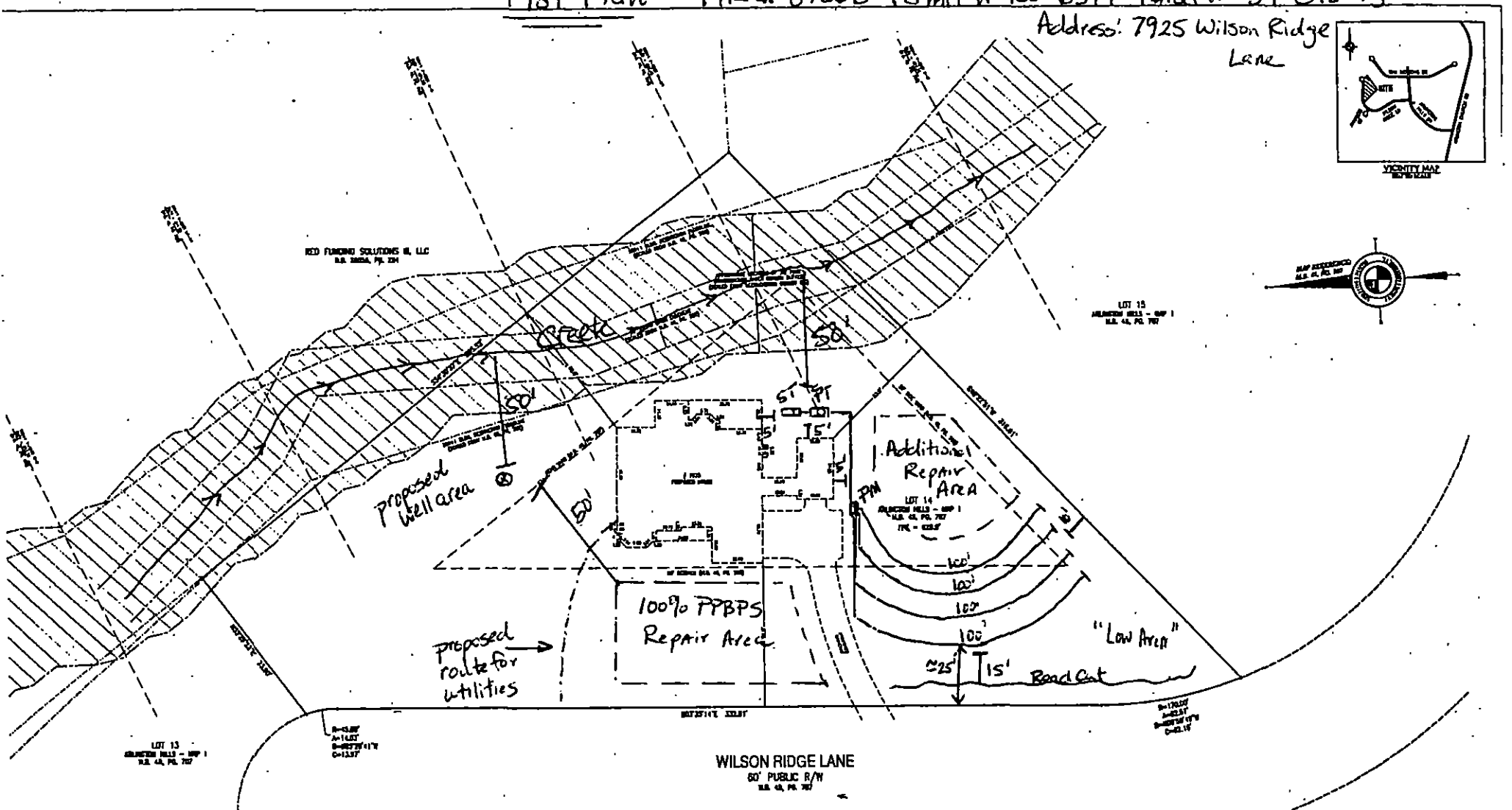
- Install system in area permitted.
- May Install (5) 3x80' lines
- 25% Reduction

Comments: System Classification & Type: III b.

DENR Authorized Agent: Bradley W. Hallman Signature: [signature]

Plot Plan File #8756B Permit # 10006319 Parcel # 139-042-15

Address: 7925 Wilson Ridge Lane



* Install 400' of Type IIIb 25% reduction drainfield as shown w/ max trenches 36" deep. Maintain setbacks as shown.
* Septic tank - 1500 gal
* Pump tank - 1000 gal
* Distribution Device - Pressure Manifold

GRAPHIC SCALE

1 inch = 60 ft

REVISIONS

PLOT PLAN PREPARED FOR:
SOUTHERN TRADITION HOMES & RENOVATIONS INC.
601 GALLAGHER RESIDENCE
7925 WILSON RIDGE LANE
TOWN OF MINT HILL, MECKLENBURG COUNTY, N.C.
LOT 14, ARLINGTON HILLS - MAP 1
MAP REFERENCED M.B. 45, PG. 787
DEED REFERENCED D.B. 23806, PG. 788
TAX PARCEL # 139-042-15

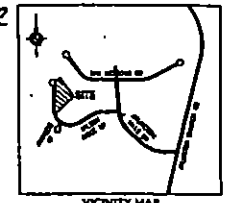
R.B. PHARR & ASSOCIATES, P.A.
SURVEYING & MAPPING
1418 EXCHANGE LANE, CHARLOTTE, N.C. 28213 (704) 596-0717

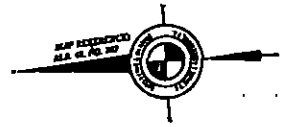
DATE	REVISION	SCALE	DATE	FILE NO.
	AS	1" = 30'	JULY 11, 2013	JOB NO. 79975

KEES 8/1/13

Plot Plan File # 8756B Permit # 10006319 Parcel # 139-042-15

Address: 7925 Wilson Ridge Lane





* Install 400' of Type IIIb 25% reduction drainfield as shown w/ max trenches 36" deep. Maintain setbacks as shown.
* Septic tank - 1500 gal
* Pump tank - 1000 gal
* Distribution Device - Pressure Manifold

GRAPHIC SCALE
1 inch = 60 ft

KEES 8/1/13

REVISIONS

PLOT PLAN PREPARED FOR:
SOUTHERN TRADITION HOMES & RENOVATIONS INC.
ED GALLAGHER RESIDENCE
7925 WILSON RIDGE LANE
TOWN OF MINT HILL, MECKLENBURG COUNTY, N.C.
LOT 14, ARLINGTON HILLS - MAP 1
MAP REFERENCED M.B. 43, PG. 707
DEED REFERENCED B.B. 23686, PG. 706
TAX PARCEL #: 139-042-15

R.B. PHARR & ASSOCIATES, P.A.
SURVEYING & MAPPING
LICENSE NO. C-1473
145 PROVIDENCE LANE CHARLOTTE, NC (704) 333-1160

DATE: JULY 11, 2013
SCALE: 1" = 20'
FILE NO. 8-4378
JOB NO. 79880

GRAPHIC SCALE
WILSON RIDGE LANE
60' PUBLIC R/W
SOUTHERN TRADITION
HOMES & RENOVATIONS INC.

8756B

6319

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: 139-04215
STREET ADDRESS: 7925 Wilson Ridge Ln.
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Arlington Hills
LOT #: 14 LOT SIZE (acres): 1.94

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: 4600
NUMBER OF BEDROOMS: 4
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 Daily Life

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:** ____ ____ ____ ____ ____

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?** Feb 2014 ☐ N/A

12. **PROPERTY OWNER:**

NAME: David Gallagher
ADDRESS: 9500 Ellingtonde.
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

NAME: Jason Whitener
ADDRESS: 13016 Eastfield Ld Suite 44
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704) 400-4296
MOBILE PHONE: 704) 400-4296
FAX: 704) 977-0973
E-MAIL: JWhitener@southerntradition inc. com

X43252

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.

_____ (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.

_____ 7/18/13

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: $ 550 ck JBV — DATE FEE RECEIVED: 7/25/13

WELL APPLICATION FEE RECEIVED: $ 250 ck — DATE FEE RECEIVED: 7/25/13

APPLICATION PROCESSED BY: ABC

GWS FILE NUMBER ASSIGNED: 8756B

APPLICATION ID NUMBER ASSIGNED: 6319

COMMENTS:

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

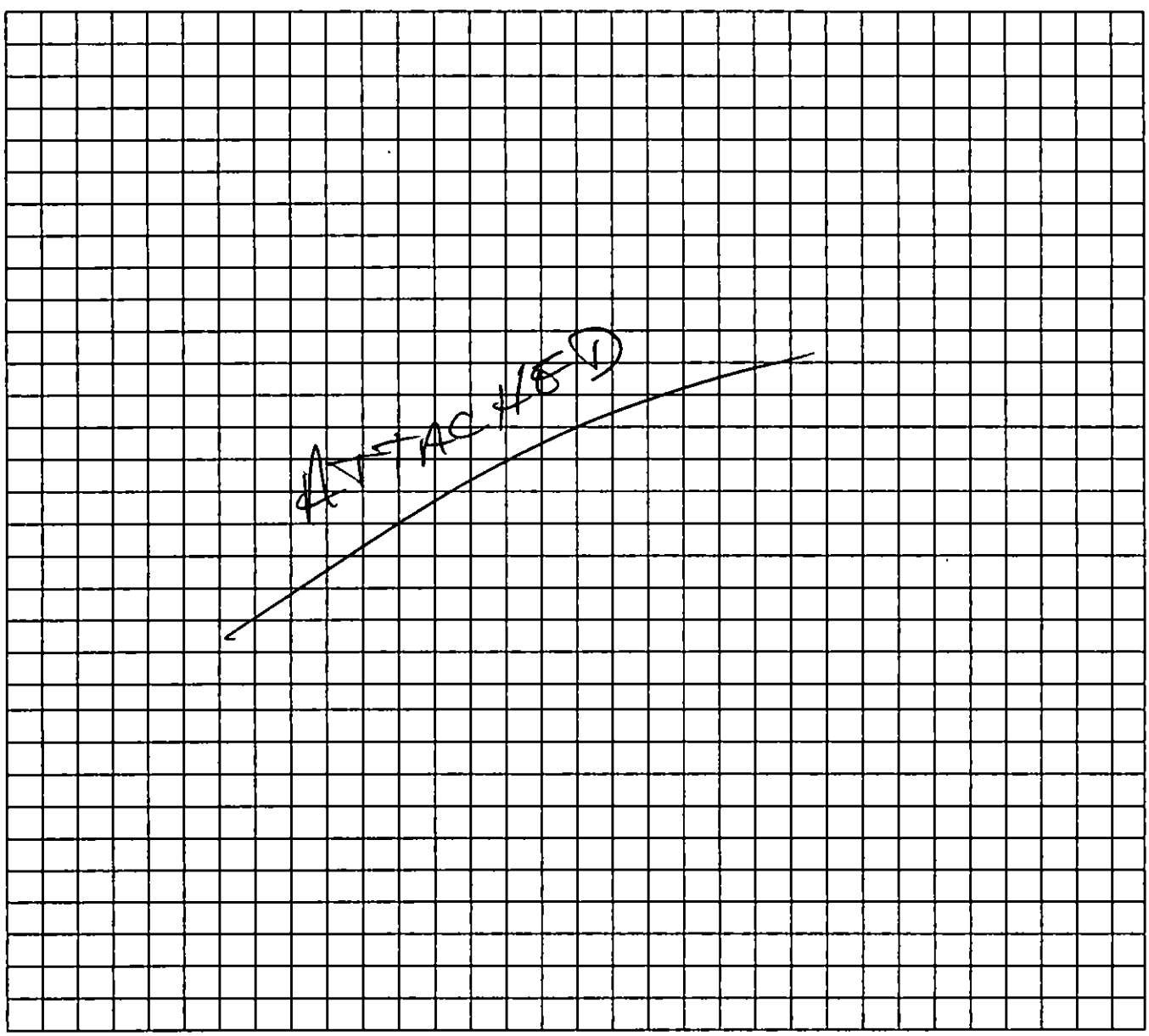
File #: _____

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: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

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

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

FEE: 200.00
DATE:7/2/2014

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 8756B

PERMIT NUMBER: 30006318

PARCEL NUMBER: 13904215

JOB LOCATION INFORMATION

ADDRESS: 7925 WILSON RIDGE LN

CITY: CHARLOTTE **STATE:** NC **ZIP:** 28227

ISSUED TO: David Gallagher

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 8/1/2013

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30006318, 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: 8/1/2018

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 #: 30006318 GWS File #: 8756B Tax Parcel #: 139-042-15

- 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):** 8/1/2018

Type of Installation: Residential - New System Lot Number: 14

Structure Type: HOUSE Size (ft^2): 4600 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Pump to Approved **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1200 Total Trench Length (ft): 400

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Pressure Manifold

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 600 Total Trench Length (ft): 267

Maximum Trench Depth (in): 32 Depth of Media (in): 12 Distribution Device: Manifold (LPP Distrl

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: Tyler Ashe Owner/Legal Agent: JASON R. WHITENER
Print Name

Signature: Signature:

Date Issued: 8/1/2013

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 #: **30006318** GWS File #: **8756B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- 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. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.

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: Tyler Ashe

Signature: REHS

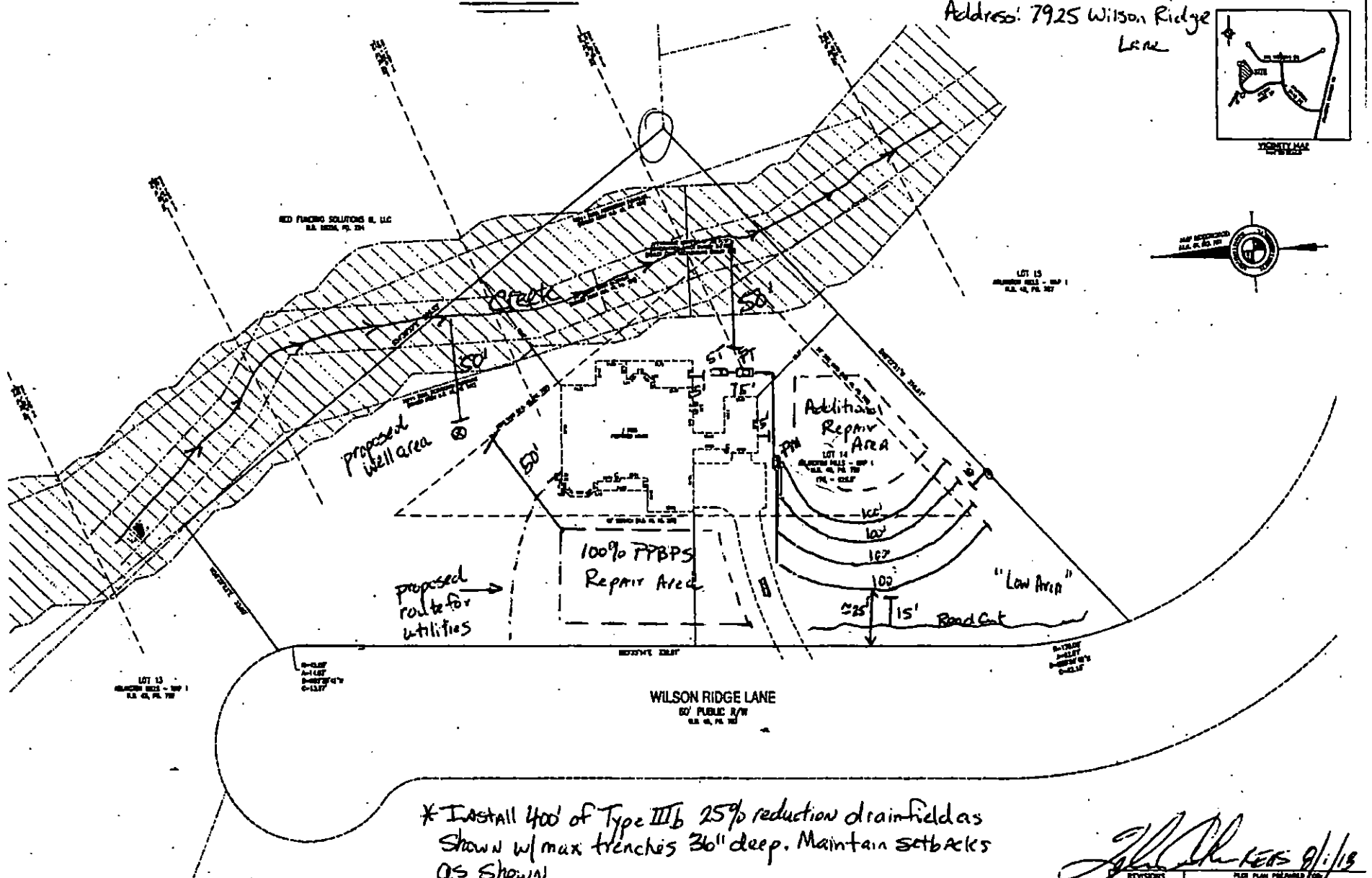
Date Issued: 8/1/2013

Owner/Legal Agent: JASON R. WHITENER
Print Name

Signature:

Plot Plan File # 8756B Permit # 10006319 Parcel # 139-042-15

Address: 7925 Wilson Ridge Lane



* Install 400' of Type IIIb 25% reduction drainfield as shown w/ max trenches 36" deep. Maintain setbacks as shown.
* Septic tank - 1500 gal
* Pump tank - 1000 gal
* Distribution Device - Pressure Manifold

GRAPHIC SCALE

1 inch = 60 ft

KEES 9/1/13

REVISIONS

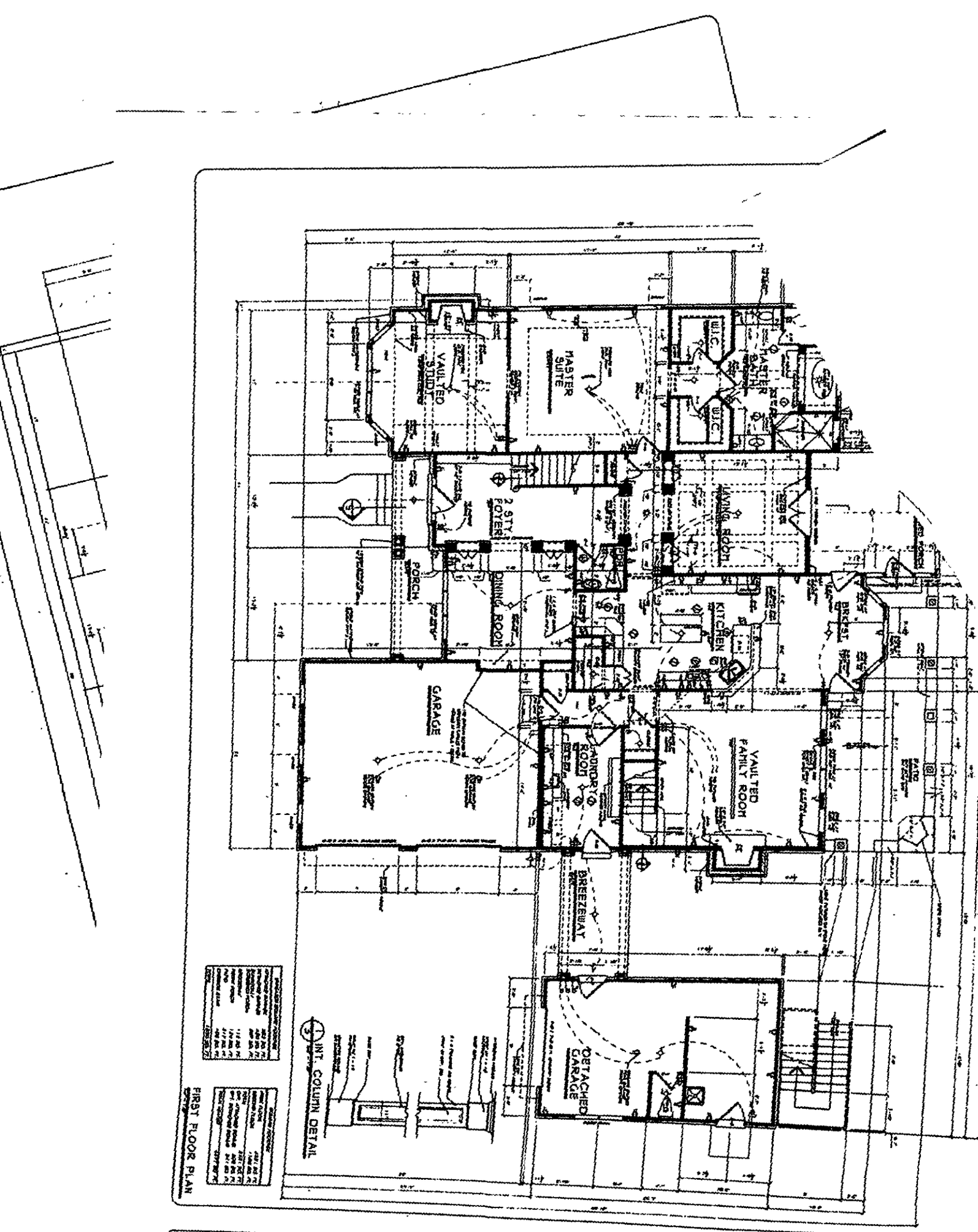
SOUTHERN TRADITION HOMES & RENOVATIONS INC.

R.B. PHARR & ASSOCIATES, P.A.

SURVEYING & MAPPING

SCALE: 1" = 60'

DATE: JULY 11, 2013



FBA
FRANK BETZ ASSOCIATES, INC.

FIRST FLOOR PLAN

THE GALLAGHER RESIDENCE
ARLINGTON HILLS - LOT #14
THE HEARTHSTONE - REVISED

HOMEPLANS
DESIGNED FOR TODAY'S MARKET

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 #: **30006318** GWS File #: **8756B** Tax Parcel #: **139-042-15**

- 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):** 8/1/2018

Type of Installation: Residential - New System Lot Number: 14

Structure Type: HOUSE Size (ft^2): 4600 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Pump to Approved **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	800	Total Trench Length (ft):	267
Maximum Trench Depth (in):	32	Depth of Media (in):	12	Distribution Device:	Manifold (LPP Distri		

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:

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

DENR Authorized Agent: Tyler Ashe Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 8/1/2013

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 #: **30006318** GWS File #: **8756B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- 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. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
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DENR Authorized Agent: Tyler Ashe

Signature: REHS

Date Issued: 8/1/2013

Owner/Legal Agent: _____
Print Name

Signature: _____

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 Jason R. Whitener is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

7925 Wilson Ridge Ln. Mint Hill NC.
Number Street Town
(Or Parcel Number)

David Gallagher
Property Owner (print name)

David Gallagher
Property Owner (signature)

7/25/13
Date

8756B

2013-08-13 16:46:08 (GMT) 17048730973 From: Jason Whitener
Westchester Ser Page 2 of 2

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

Sheet: 1 of 2
Property ID: 139-042-15
Lot #: 14
File #: 8756B
AppID: 6318

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: David Gallagher
Address: 9500 Errington Dr, Mint Hill, NC 28227
Proposed Facility: 4BR Home
Design Flow (.1949): 480 GPD
Location of Site: 7925 Wilson Ridge Ln, Mint Hill, NC 28227
Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Jason Whitener
Date Evaluated: 7/25/2013
Property Size: 1.44 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
Boring #1	LS 5%	0 - 5	wfgr L	SS SP FR SEXP	>48	48	NA	PS	saprolite inclusions from 35 - 46"	PS IV 0.3	32"
		5 - 35	mmsbk C	S P FR SEXP							
		35 - 46	wfsbk CL	SS SP FR SEXP							
		46 - 48	mass L Sap	SS SP FR SEXP							
Boring #2	R 3%	0 - 4	wfgr L	SS SP FR SEXP	>50	50	NA	S	saprolite inclusions from 38 - 50"	PS IV 0.3	36"
		4 - 50	mmsbk C	S P FR SEXP							
Boring #3	R 3%	0 - 3	wfgr L	SS SP FR SEXP	>50	50	NA	S	saprolite inclusions from 36 - 50"	PS IV 0.3	36"
		3 - 50	mmsbk C	S P FR SEXP							
Boring #4	R 3%	0 - 3	wfgr L	SS SP FR SEXP	>51	51	NA	S	saprolite inclusions from 32 - 51"	PS IV 0.3	36"
		3 - 36	mmsbk C	S P FR SEXP							
		36 - 51	wfsbk CL	SS SP FR SEXP							
Boring #5	R 4%	0 - 4	wfgr L	SS SP FR SEXP	>50	50	NA	S	saprolite inclusions from 23 - 50"	PS IV 0.3	36"
		4 - 23	mmsbk C	S P FR SEXP							
		23 - 50	wfsbk CL	SS SP FR SEXP							

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

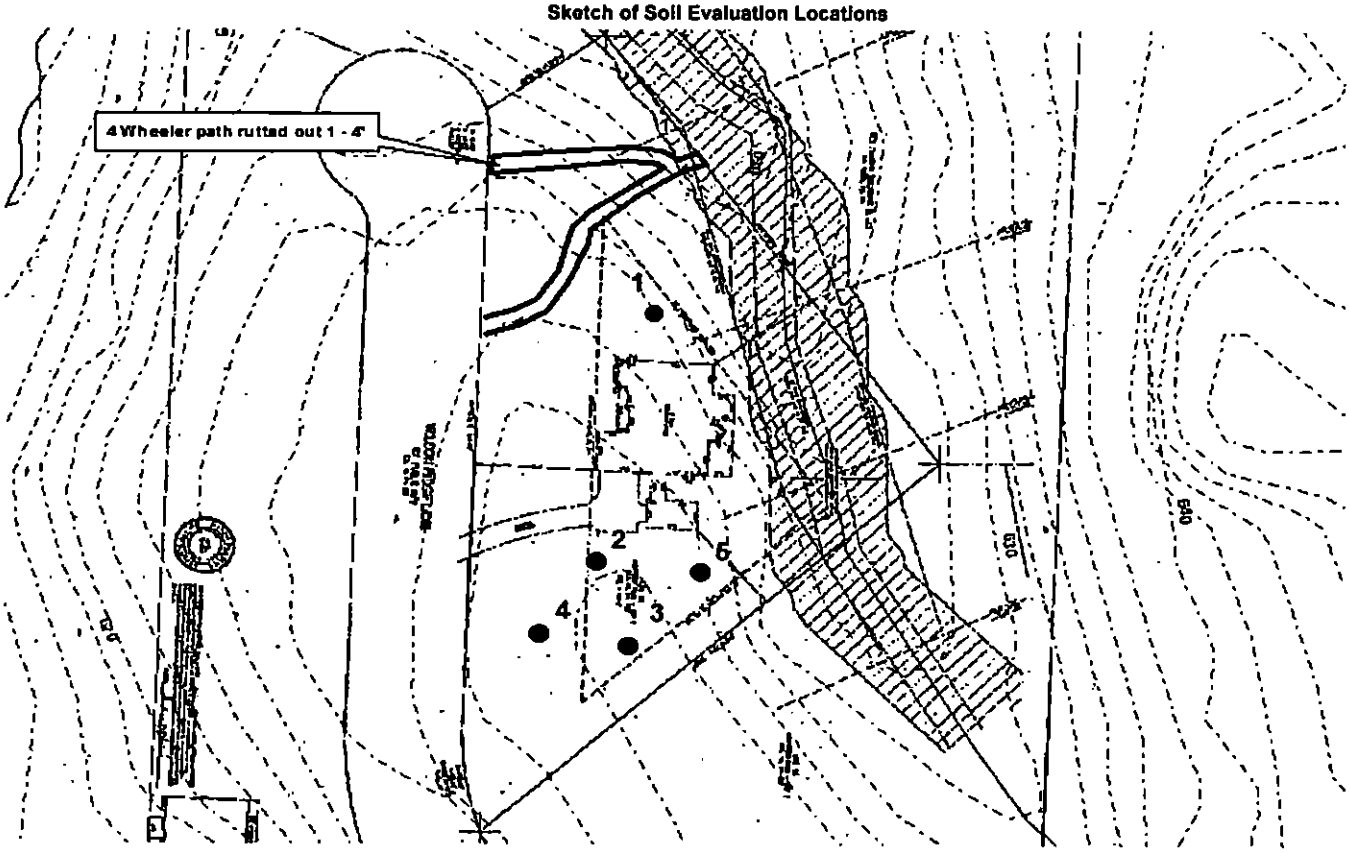
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS
Others Present:
Site Classification (.1948): PS
Site Evaluation By:
Others Present:

COMMENTS:

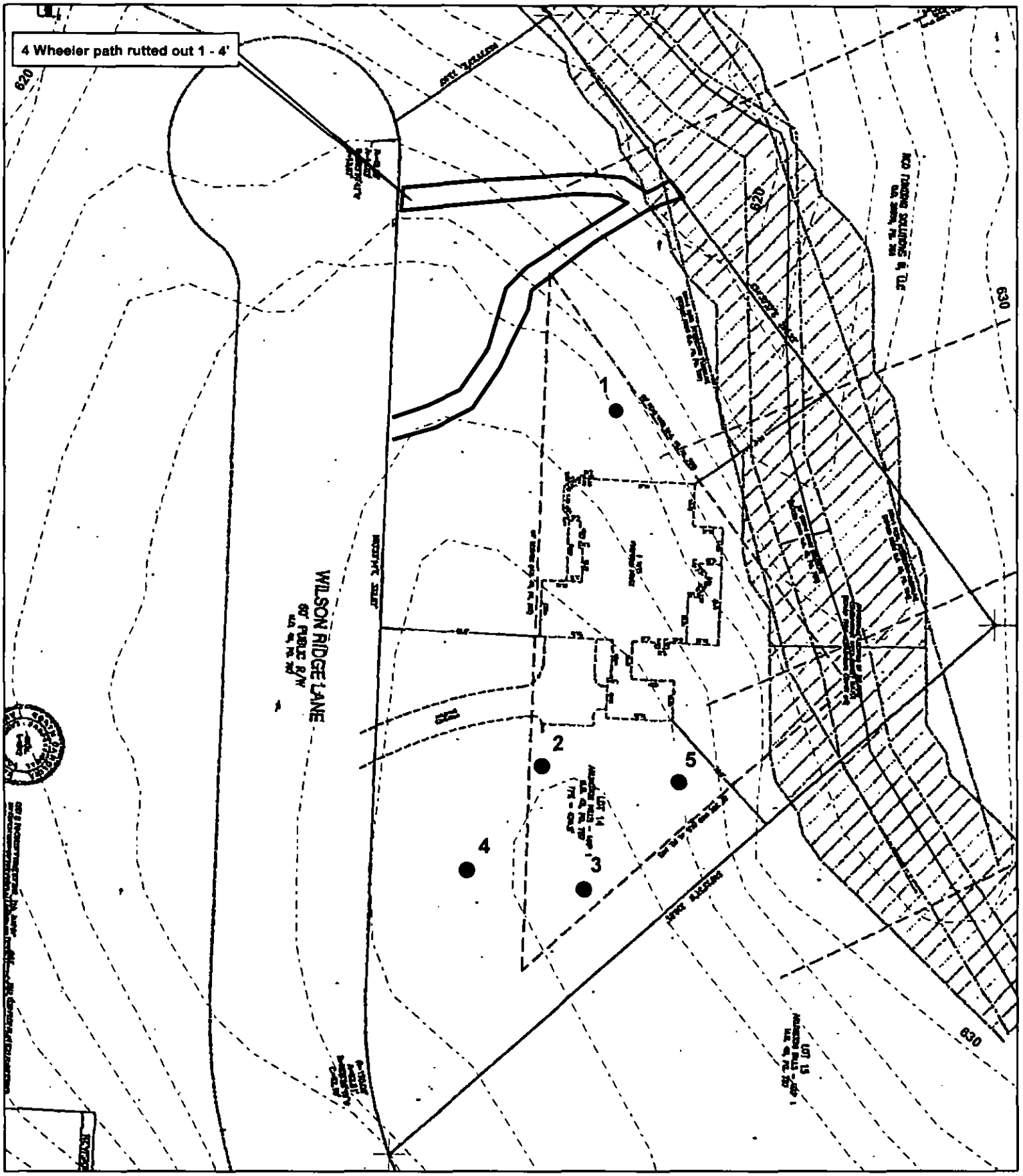
Landscape Position	Group	Texture	.1965 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SICL-Silty Clay Loam		pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
		SIL-Silt Loam		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



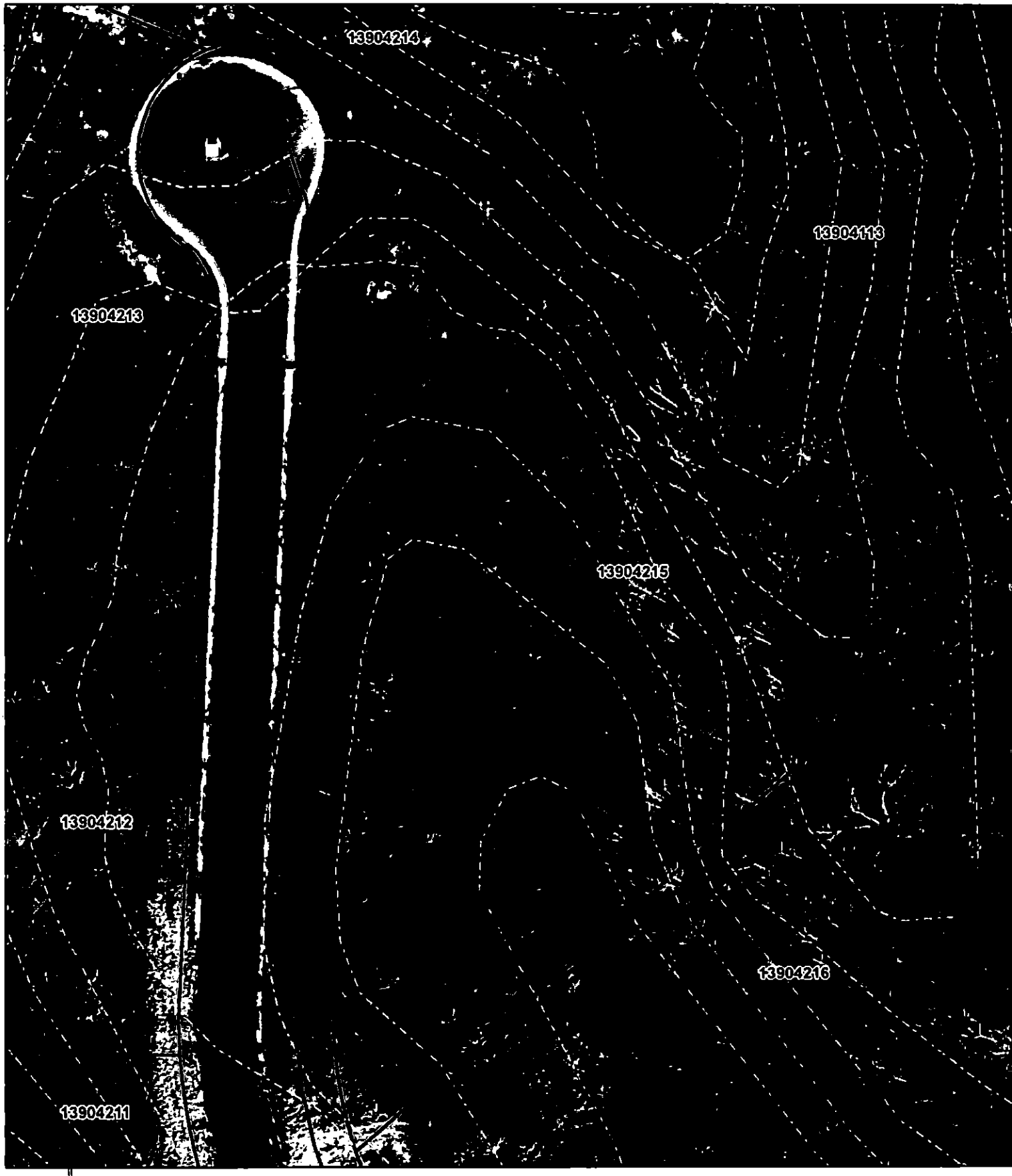
Parcel # 139-042-15



Map Created By:
Map Created On:

0 25 50 Feet

Parcel # 139-042-15



0 25 50
Feet