5864B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

4/991

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: 199-361-11
STREET ADDRESS: 13523 Girl Scout Rd
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: Sanctuary
LOT #: 154 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: 4410
NUMBER OF BEDROOMS: 5
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: _____ 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 ____ ____ ____ ____

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? _____ ☐ N/A

12. PROPERTY OWNER:

NAME: Anil Patel
ADDRESS: 3519 Linden Berry LN
CITY: _____
STATE: _____ ZIP: 28269
WORK PHONE: 704-661-2043
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Erick West
ADDRESS: 4416 Parkwood School Rd
CITY: Monroe
STATE: NC ZIP: 28112
WORK PHONE: 704-309-[redacted] 1449
MOBILE PHONE: _____
FAX: _____
E-MAIL: erickwest33@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.

X _____ (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.

X _____ Property Owner's or Owner's Legal Representative Signature

X 3/25/2011 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: $ 250.00 X4509 DATE FEE RECEIVED: 3/28/11

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

APPLICATION PROCESSED BY: JC

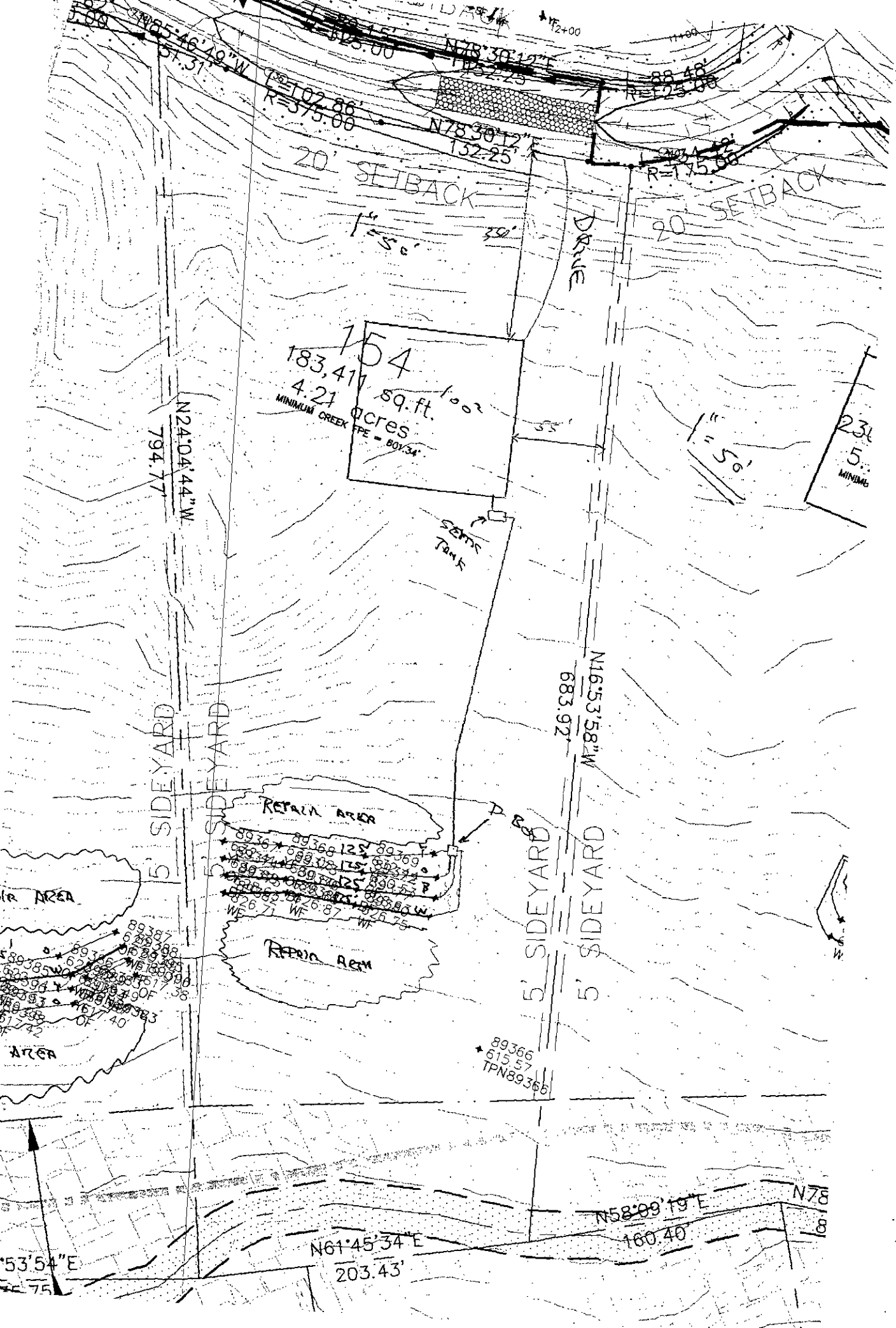
GWS FILE NUMBER ASSIGNED: 05-9648

APPLICATION ID NUMBER ASSIGNED: 4991

COMMENTS: House plans submitted with application dated 3/25/11

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


N78°30'12"E
132.25'
R=375.00
N78°30'12"E
132.25'
R=375.00
20' SETBACK
20' SETBACK
DRIVE
154
183,417 sq.ft.
4.21 acres
MINIMUM CREEK TPE = 801/34'
100'
35'
1"=50'
1"=50'
SEPTIC TANK
N24°04'44"W
794.77'
5' SIDEYARD
5' SIDEYARD
5' SIDEYARD
N16°53'58"W
683.92'
RETAIN AREA
RETAIN AREA
P.O.B.
89366
615.57
TPN89366
N58°09'19"E
160.40'
N61°45'34"E
203.43'

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

Page 1
Property ID: 199-361-11
Lot #: 154
File #: 5864B
AppID: 4991

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: ANIL PATEL
Applicant: ERICK WEST
Address: 3519 LINDEN BERRY LN,CHARLOTTE NC
Date Evaluated: 03/29/2011
Proposed Facility: RESIDENCE Design Flow (.1949) 600
Property Size: 1+
Location of Site: 13523 GIRL SCOUT RD, CHARLOTTE NC
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

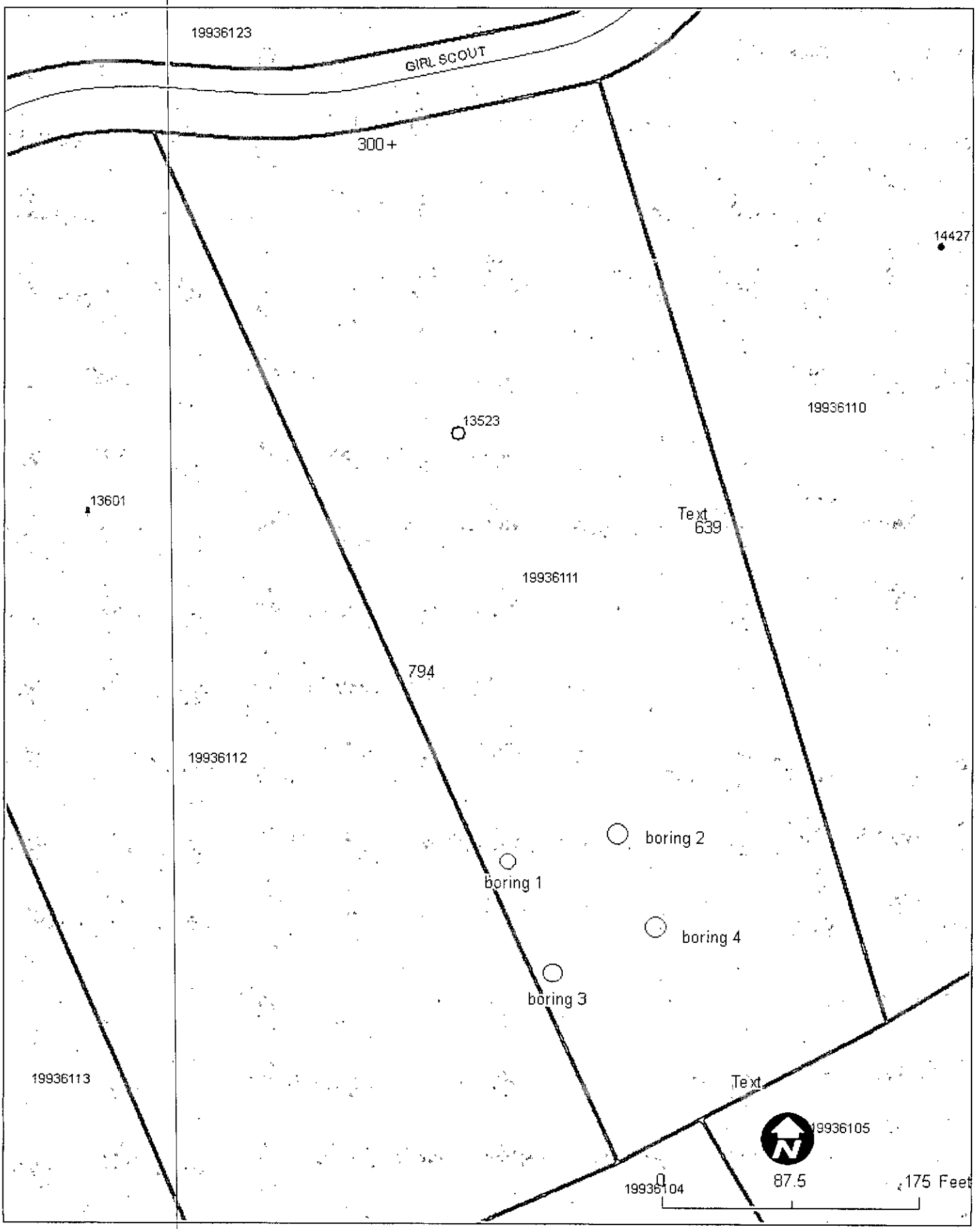
PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS,25	0-3	GR/CL	FR/SEXP/SS/SP	46" TO SOIL WETNESS	46	NA	NONE	.3 GPD/FT
		3-41	SBK/C	FI/SEXP/S/P					
		41-46	SBK/CL	FR/SEXP/SS/SP					
2	LS,15	0-7	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	NA	NONE	
		7-48	SBK/SC	FI/SEXP/S/P					
3		0-5	GR/CL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	50	NA	NONE	
		5-13	SBK/SCL	FR/SEXP/SS/SP					
		13-50	SBK/C	FI/SEXP/S/P					
4		0-13	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46			.3 GPD/FT
		13-46	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIB	IIIB
Site LTAR	.3 GPD	.3 GPD

Other Factors (.1946):
Soil Evaluation By: PHILO WALKER RS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: PHILO WALKER RS
Others Present:

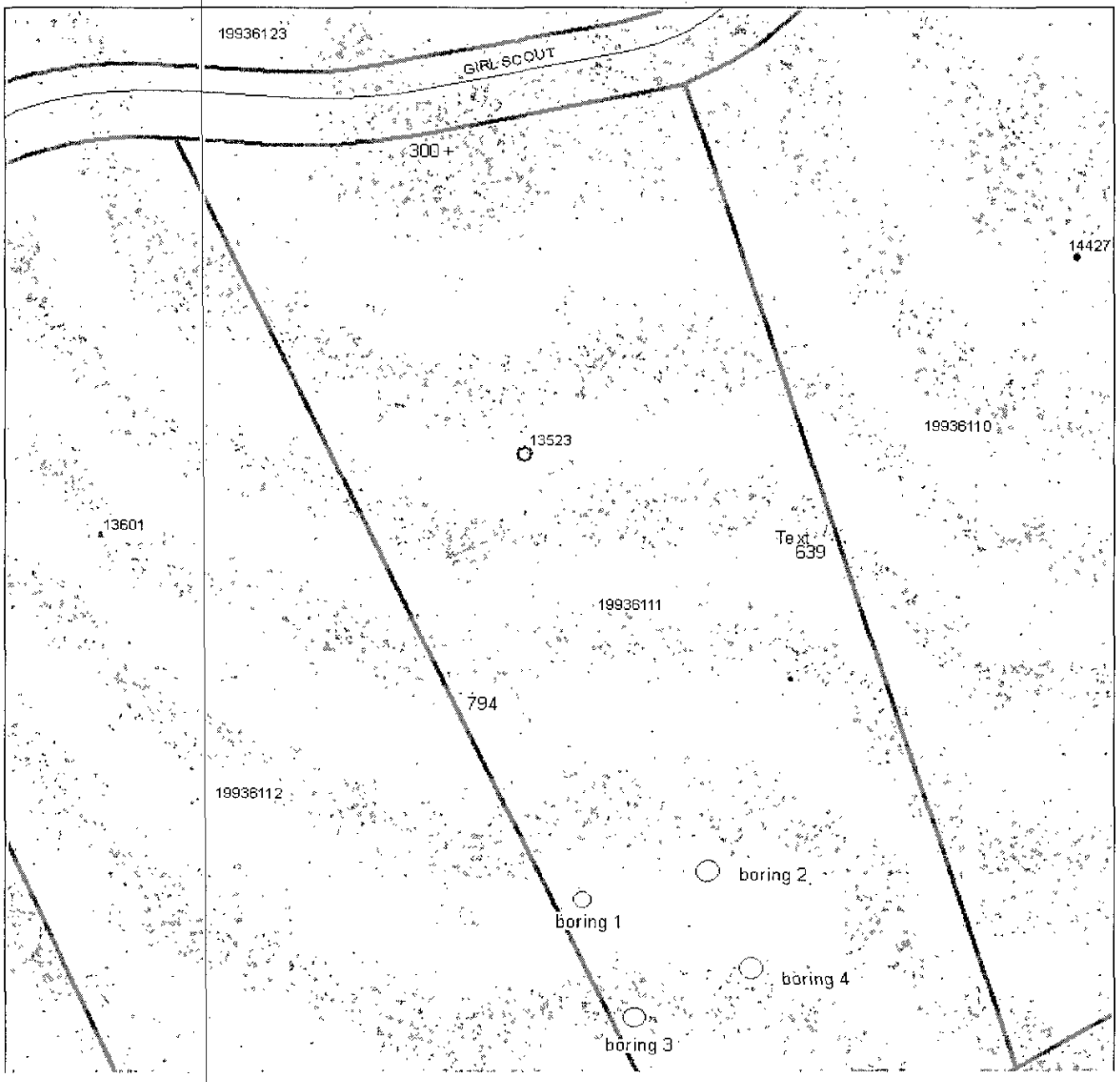
COMMENTS:

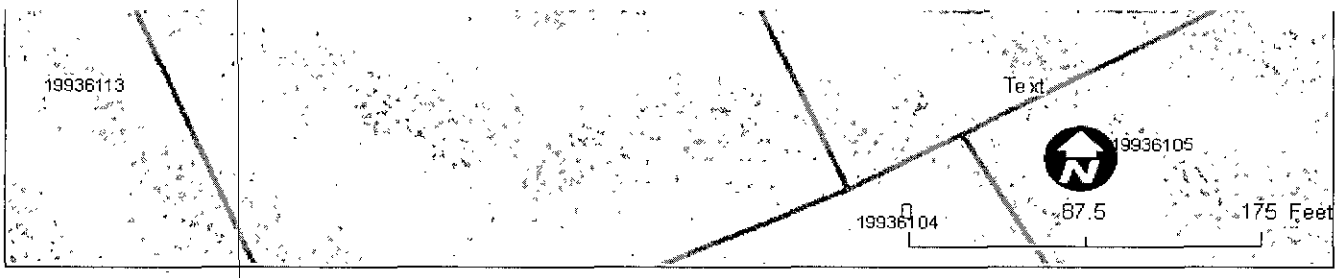
Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge		S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope		SL-Sandy Loam	0.8 - 0.6	GR-Granular

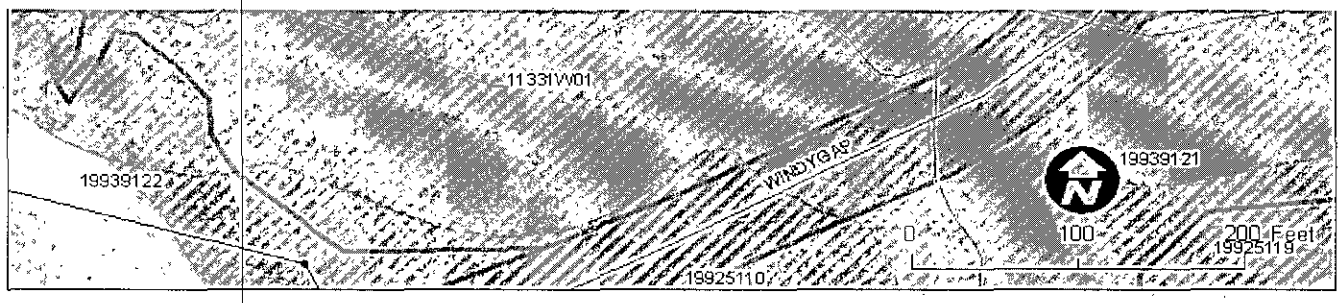

19936123
GIRL SCOUT
300+
14427
13523
19936110
13601
Text
639
19936111
794
19936112
boring 2
boring 1
boring 4
boring 3
19936113
Text
19936105
19936104
0
87.5
175 Feet

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		

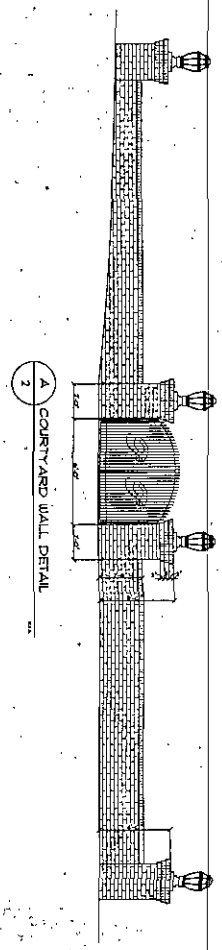
Consistence Moist	**Consistence Wet**	**Mineralogy**
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

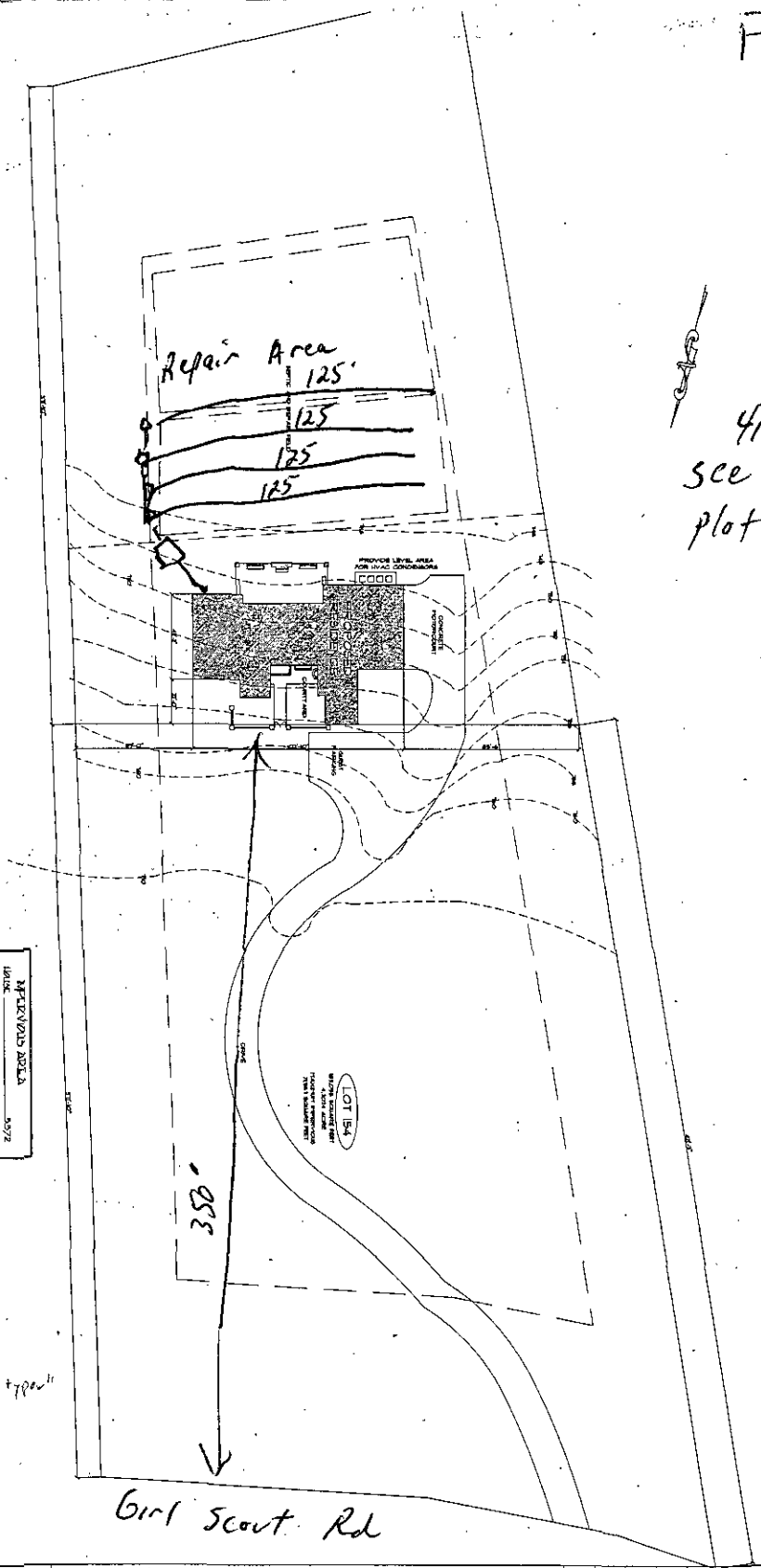



19936113
Text
19936105
19936104
87.5
175 Feet


11331W01
19939122
WHALEY BAR
19939121
19925110
100
200 Feet
19925119

File
5864B





4/6/11
see existing Approved
plot plan

IMPERVIOUS AREA	
HOUSE	3572
STEPS AND HVAC PADS	624
ROAD RESERVE	1,046
DRIVE, CAR GARAGE	4,942
DRIVEWAY AND WALKS	8,296
TOTAL IMPERVIOUS AREA	16,680

MAXIMUM IMPERVIOUS ALLOWED 17,424 SQUARE FEET

Scale 1" = 20'

Ron
Boulders to block access
- Can we get clarification on "other types"

SITE PLAN

PROJECT:

PATEL RESIDENCE

LOT 154 GIRL SCOUT ROAD
THE SANCTUARY
CHARLOTTE, NORTH CAROLINA

NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.

K&H

SHEET 02 OF 17

AI BID

DATE: OCTOBER 13, 2010
DRAWN BY: K.MCCLOSKEY
APPROVED BY:
JOB NUMBER: 2009-181

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 #: **30004991** GWS File #: **5864B** Tax Parcel #: **199-361-11**

- 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):** 4/6/2016

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

Structure Type: HOUSE Size (ft^2): 4410 # Bedrooms: 5 # Occupants: 2

Building Foundation: Water Supply: Municipal

II. Initial System Type: Approved **System Classification:** IIIg

Initial System Specifications:

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

III. Repair System Type: Approved **System Classification:** IIIg

Repair System Specifications:

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

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: Philo Walker

Signature: Philo Walker RS

Date Issued: 4/6/2011

Owner/Legal Agent: _____
Print Name

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30004991** GWS File #: **5864B**

IV. Permit Conditions/Comments:

- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 15 feet from any foundation drain.

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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DENR Authorized Agent: Philo Walker

Signature: Philo Walker RS

Date Issued: 4/6/2011

Owner/Legal Agent: _____
Print Name

Signature: _____

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700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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Permit #: 30004991 GWS File #: 5864B Tax Parcel #: 199-361-11

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III. Repair System Type: Approved **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1500	Total Trench Length (ft):	500
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IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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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: Philo Walker Owner/Legal Agent: Erick West

Signature: Philo Walker RS Signature: Erick West

Print Name

Date Issued: 4/6/2011

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DENR Authorized Agent: Philo Walker

Signature: Philo Walker RS

Date Issued: 4/6/2011

Owner/Legal Agent: Erick West
Print Name

Signature: Erick West

GWS – RES. APP 12/04

Check 1891 200.00

SEPTIC FEE PAID DATE: 2/21/05 CRT (1): JKA

WELL FEE PAID DATE: CRT (1):

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 # 58648

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 19935032

STREET ADDRESS: GIRL SCOUT 100

CITY: Charlotte

STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME: SANCTUARY

LOT #: 154

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:

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS:

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: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

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: SANCTUARY AT LAKE WYLIE, LLC

ADDRESS: P.O. Box 1003

CITY: CHARLOTTE, NC

STATE: NC ZIP: 28201

HOME PHONE: WORK PHONE: 275-0950

MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: TONEY JACOBS, PASSOC. INC

ADDRESS: 169 PEMBROKE DR.

CITY: MOORESVILLE

STATE: NC ZIP: 28117

HOME PHONE: — WORK PHONE: 663-6705

MOBILE PHONE: — FAX: 662-9845

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Lots not RECORDED

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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.

2-21-05

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

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

Sheet: 1 of 2
Property ID: 199-350-32
Lot #: 154
File #: 5864B
Code: 1

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

VOID

Owner: Sanctuary at Lake Wylie
Address: PO Box 1003, Charlotte, N. C., 28201
Proposed Facility: Residence Design Flow (.1949): 600gpd
Location of Site: Girl Scout Road

Applicant: Toney Jacobs
Date Evaluated: 4/11/2005
Property Size: 1.0a inv.
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		OTHER PROFILE FACTORS				Profile Class & LTAR
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro. Class	1944 Restr Horiz	
1	LS, 25	0-4	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	N/A	NONE	PS, IV .3GPD/FT^2
		4-24	SBK/C	FI/SEXP/S/P					
		24-49	SBK/SCL	FR/SEXP/SS/SP					
2	"	0-2	GR/CL	FR/SEXP/SS/SP	"	"	"	"	PS, IV .325GPD/FT^2
		2-24	SBK/C	FI/SEXP/S/P					
		24-29	SBK/SCL	FR/SEXP/SS/SP					
		24-49	SBK/SL	VFR/SEXP/NS/NP					
3	LS, 10	0-2	GR/L	FR/SEXP/NS/NP	>50" TO SOIL WETNESS	50	"	"	PS, IV .3GPD/FT^2
		2-50	SBK/C	FI/SEXP/S/P					
4	LS, 25	0-3	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	"	"	"
		3-41	SBK/C	FI/SEXP/S/P					
		41-46	SBK/CL	FR/SEXP/SS/SP					
5	LS, 15	0-5	GR/CL	"	>50" TO SOIL WETNESS	50	"	"	"
		5-13	SBK/SCL	"					
		13-50	SBK/C	FI/SEXP/S/P					
6	"	0-13	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	"	"	"
		13-46	SBK/C	FI/SEXP/S/P					
7	"	0-7	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		7-48	SBK/SC	FI/SEXP/S/P					

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

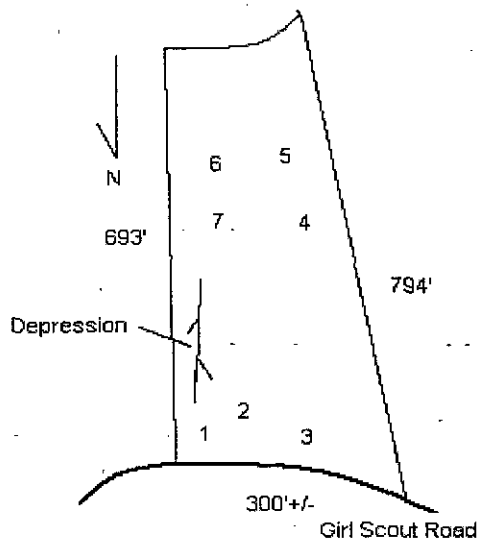
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: William R. Marlin, LSS, 4/21/2005, W. R. Marlin
Others Present:

COMMENTS:
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-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		
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



S&ME

Date: July 7, 2005

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

From: Paul G. Penninger, LSS
Toney C. Jacobs, LSS

RE: Request for an Improvement Permit for Lot 154 at The Sanctuary:
MCHD File #5864B

The Sanctuary at Lake Wylie is requesting an Improvement Permit for the above referenced lot. Mr. Bill Marlin has evaluated the soils (see attached MCHD soil sheets) and S&ME, Inc. has flagged the system and repair on the lot. The septic lines have been located by the surveyor and are shown on the attached maps provided by LandDesign Engineering. The attached sketch and specifications are not an Improvement Permit and are intended only to assist the MCHD in permitting the referenced lot at The Sanctuary.

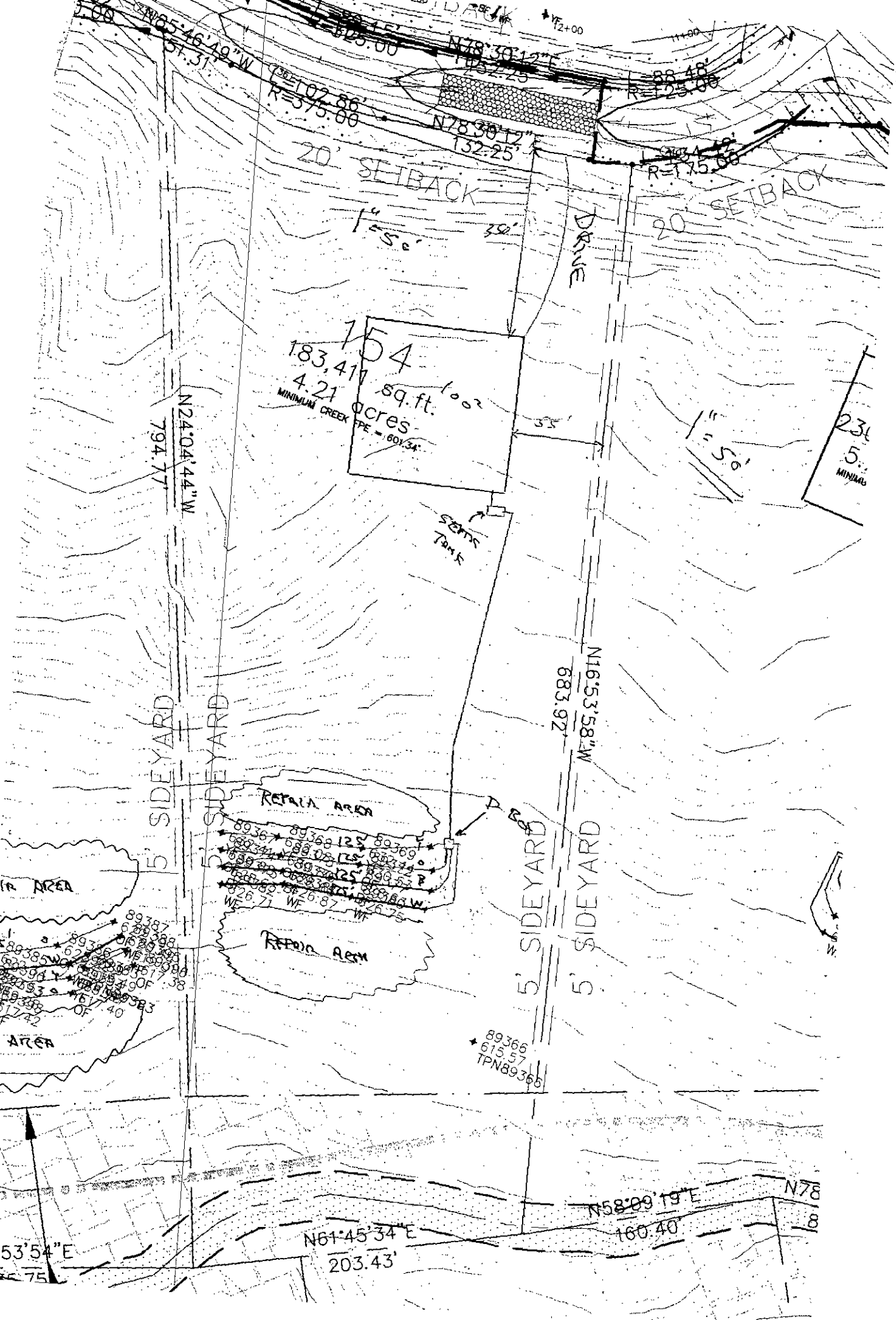
We understand that a building permit cannot be issued until your office issues an Authorization to Construct (ATC). The buyer will apply for the ATC. If the buyer's house pad does not fit in the "building envelope" shown on the Improvement Permit, we understand that the proposed system may have to be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

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

Please review the attached system sketch and design specifications for the Improvement Permit. Any additions or revisions you feel are necessary can be made on the Improvement Permit. Please call in you have and questions or comments.

S&ME, Inc.
105-D Denver Business Park Dr.
Mooresville, North Carolina 28115-7926

(704) 662-8625
(704) 662-8735 fax
www.smeinc.com


N85°46'49"W
151.31'
L=102.86'
R=375.00'
N78°30'12"E
132.25'
R=125.00'
20' SETBACK
DRIVE
20' SETBACK
154
183,417 sq. ft.
4.21 acres
MINIMUM CREEK TYPE = 60'/34'
N24°04'44"W
794.77'
5' SIDEYARD
5' SIDEYARD
5' SIDEYARD
5' SIDEYARD
N16°53'58"W
683.92'
SEPTIC TANK
REPAIR AREA
REPAIR AREA
P.O.B.
89366
615.57'
TPN89366
N61°45'34"E
203.43'
N58°09'19"E
160.40'
1" = 50'

Design Specifications for Lot 154 at The Sanctuary
MCHD File # 5864B

Daily Design Flow:	600 gpd
Number Bedrooms:	5 bedroom
Basement or Crawl Space:	Basement
Septic Tank Size:	1500 gal
Primary System Loading Rate:	**0.3 gpd/ft^2**
Primary System:	**25% reduction**
Number and length of laterals:	4 @ 125 ft.
Total ft. of primary system:	500 ft.
Distribution:	gravity, D-box
Repair System Loading Rate:	**0.3 gpd/ft^2**
Repair System:	**25% Reduction**
Total ft. of repair	500+ ft.

Notes:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5864B** Tax Number: **199-350-32**

- 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:

0.3 Long-term acceptance rate (GPD/ft^2)	**600** Max gallons/day wastewater flow	**1500** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** Gallon septic tank	**500** Total trench length (ft)	**24** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	**na** Gallon pump tank	**na** Depth of stone (in)	

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

Additional conditions: **Install according to plans on file submitted by S&ME, 7/7/05. Lot #154, phase III**

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:

1500 Absorption Area (ft^2) **500** Total trench length (ft)	**na** Depth of stone (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, Construction, Alteration and/or Repair Approval is granted by this Department.

*** This Improvement permit is transferable.

DENR Authorized Agent — Date 7/19/05

Owner/Agent Signature — Date 8-2-05

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

PERMIT NUMBER: 5864B
PARCEL NUMBER: 199-350-32

VOID

JOB LOCATION ADDRESS: Girl Scout Road Lot #154
PROPERTY OWNER: The Sanctuary @ Lake Wylie
BUILDING CONTRACTOR: ____
SUBDIVISION NAME: The Sanctuary @ Lake Wylie
AUTHORIZATION ISSUED BY: David Cornelius, RS DATE: 07/19/05

David Cornelius, RS 7/19/05
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5864B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

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

5. OTHER CONDITIONS:
   Install according to plans on file submitted by S&ME, 7/7/05.
   Lot #154, phase III