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 #: 7037B Permit #: 6965 2078 Tax Parcel #: 199 35222

Property Owner: True Homes

Job Location Address: 9423 Island Point Rd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 12/23/14 Contractor Name: Chris Stevens

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: Gould 3/4 HP WE

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 4 @ 125 feet

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 18 inches

Distribution Device: pressure manifold

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: 15 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

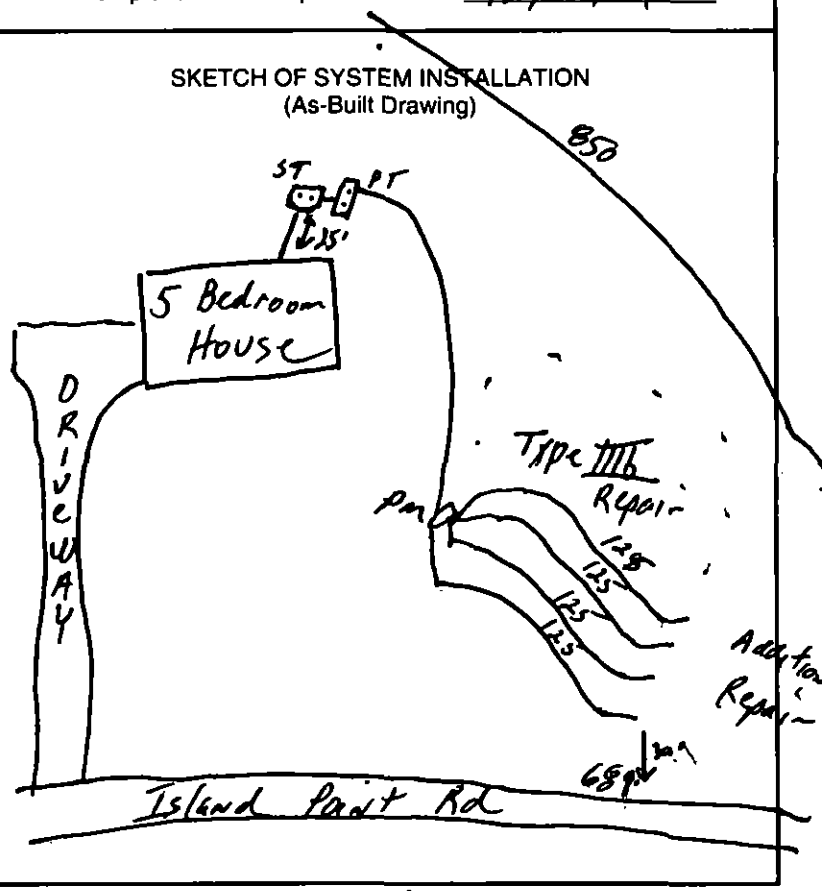
Inspection Dates

Tank(s) Inspected: 12/23/14

Excavation Inspected: 12/23/14

Pump & Controls Inspected: 12/23/14

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 BIOA 36, P, NA, NA

DENR Authorized Agent: Phil Walker Signature: Phil Walker REHS

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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 #: 7037B Permit #: 6965 2070 Tax Parcel #: 199 352 22

Property Owner: True Homes

Job Location Address: 9423 Island Point Rd

City: Charlotte State: NC Zip Code: 28278

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper *operation of the system. The contents shall be pumped whenever the solids level is found* to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: 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: Pump to chambers

DENR Authorized Agent: Phil Walker Date: 12/23/14

Signature: Phil Walker 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 #: 7037B Permit #: 6865 2078 Tax Parcel #: 199 352 22

Property Owner: True Homes

Job Location Address: 9423 Island Point Rd Lot 134

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 11/19/14

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 12/19/14, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 600 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

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

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 4 @ 125' feet

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

Distribution Device: pressure 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: 25 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

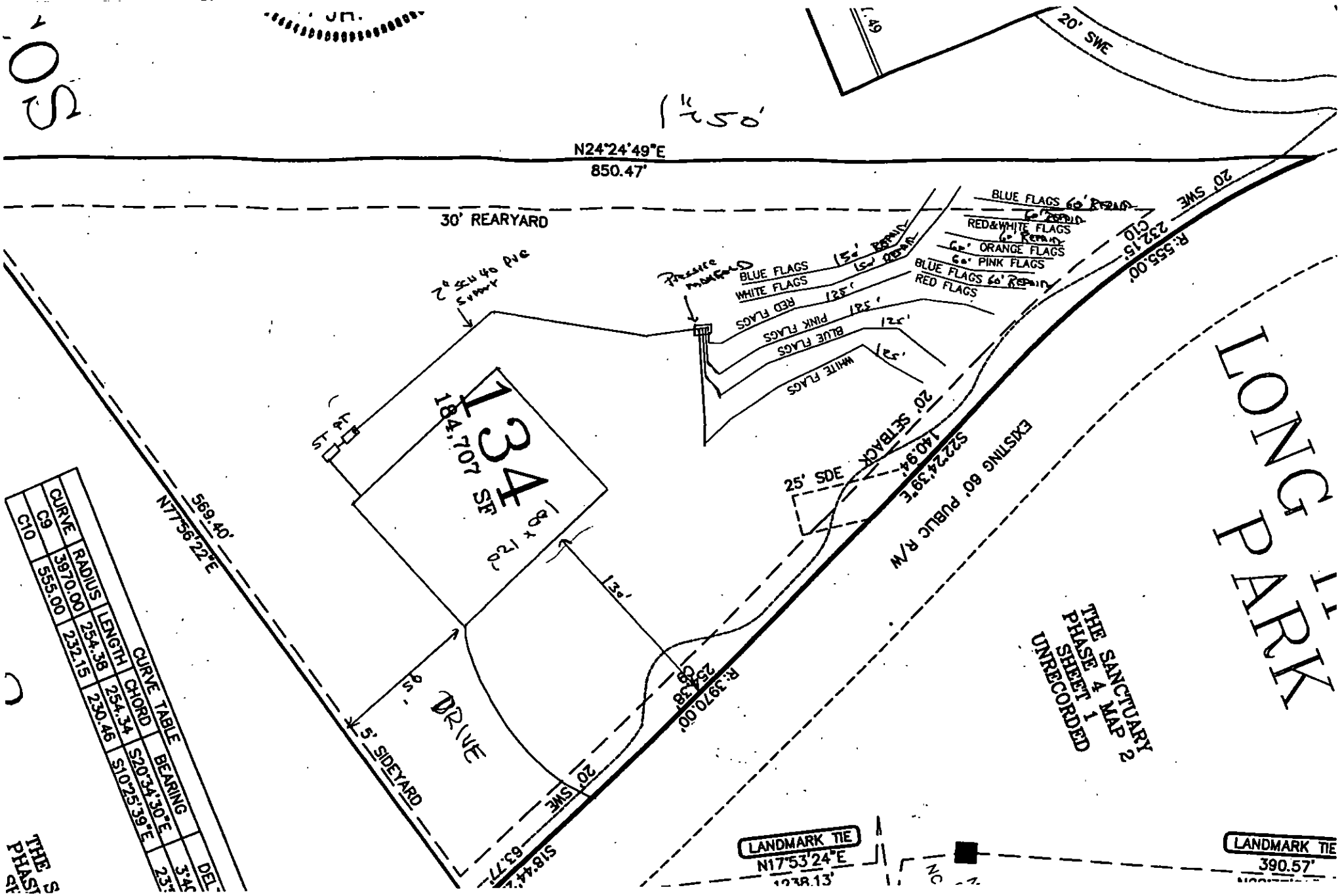
SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

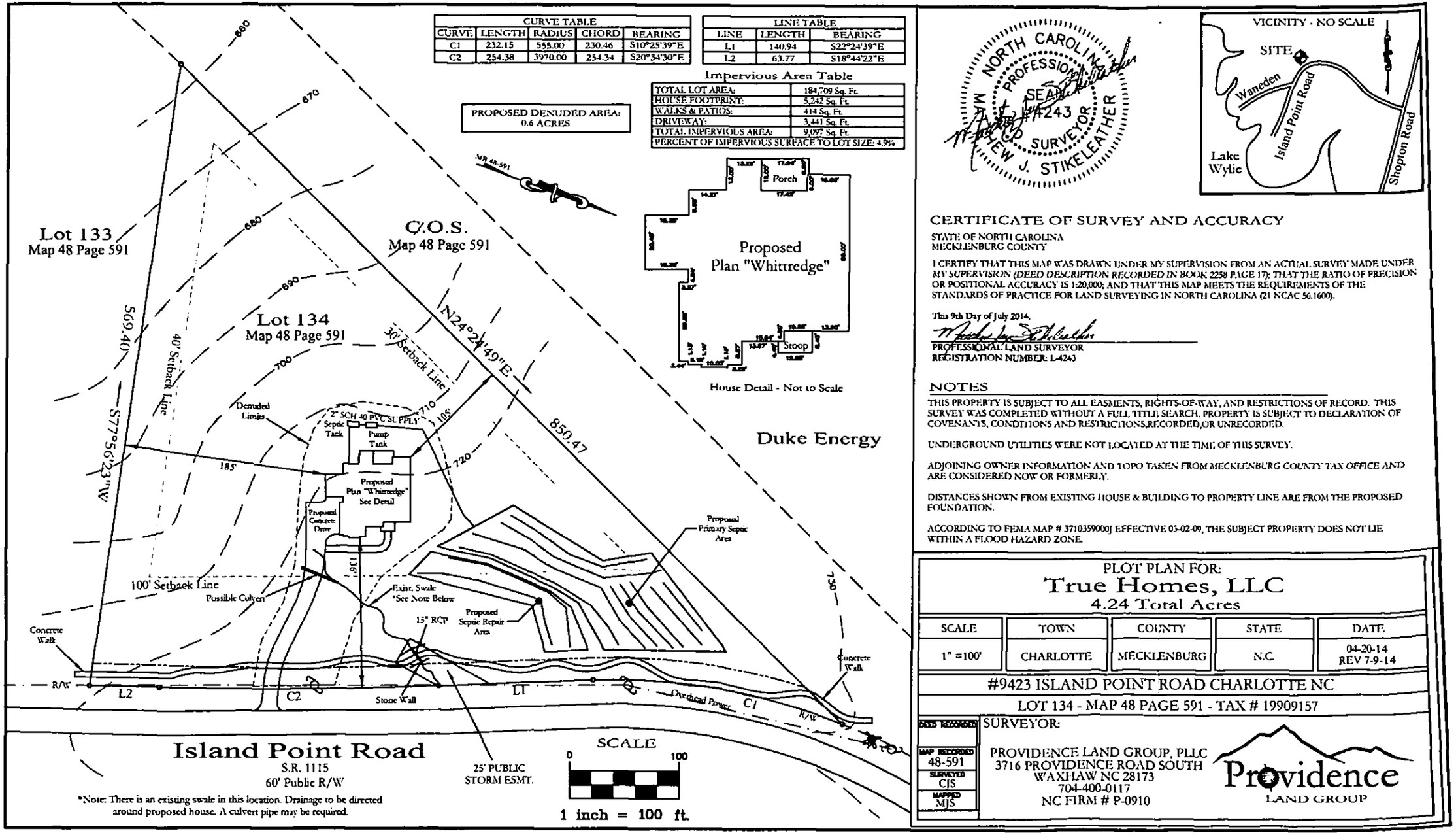
Install septic system in accordance with approved plot plan.

Comments: System Classification & Type: Type IIIb

Install septic system in accordance with approved plot plan.

DENR Authorized Agent: Philo Walker Signature: Philo Walker REHS


N24°24'49"E
850.47'
30' REARYARD
20' SWE
R:555.00'
232.15'
C10
BLUE FLAGS 60' Repair
RED&WHITE FLAGS
60' ORANGE FLAGS
60' PINK FLAGS
BLUE FLAGS 60' Repair
RED FLAGS
BLUE FLAGS
WHITE FLAGS
RED FLAGS
PINK FLAGS
BLUE FLAGS
WHITE FLAGS
Pressure Monitoring
2" SCH 40 PVC
ST
13A
18,707 SF
(80' x 120')
20' SETBACK
25' SDE
140.94'
S22°24'39"E
EXISTING 60' PUBLIC R/W
LONG PARK
THE SANCTUARY
PHASE 4 MAP 2
SHEET 1
UNRECORDED
569.40'
N77°56'22"E
5' SIDEYARD
DRIVE
20' SWE
S18°44'
63.77'
R:3970.00'
254.38'
C9
LANDMARK TIE
N17°53'24"E
1238.13'
LANDMARK TIE
390.57'
THE S
PHASE
CURVE TABLE
CURVE | RADIUS | LENGTH | CHORD | BEARING | DEL
C9 | 3970.00 | 254.38 | 254.34 | S20°34'30"E | 3°40
C10 | 555.00 | 232.15 | 230.46 | S10°25'39"E | 23°



CERTIFICATE OF SURVEY AND ACCURACY

STATE OF NORTH CAROLINA
MECKLENBURG COUNTY

I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER *MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 2258 PAGE 17)*; THAT THE RATIO OF PRECISION OR POSITIONAL ACCURACY IS 1:20,000; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600).

This 9th Day of July 2014.

PROFESSIONAL LAND SURVEYOR
REGISTRATION NUMBER: L-4243

NOTES

THIS PROPERTY IS SUBJECT TO ALL EASMENTS, RIGHTS-OF-WAY, AND RESTRICTIONS OF RECORD. THIS SURVEY WAS COMPLETED WITHOUT A FULL TITLE SEARCH. PROPERTY IS SUBJECT TO DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS,RECORDED,OR UNRECORDED.

UNDERGROUND UTILITIES WERE NOT LOCATED AT THE TIME OF THIS SURVEY.

ADJOINING OWNER INFORMATION AND TOPO TAKEN FROM *MECKLENBURG COUNTY TAX OFFICE* AND ARE CONSIDERED NOW OR FORMERLY.

DISTANCES SHOWN FROM EXISTING HOUSE & BUILDING TO PROPERTY LINE ARE FROM THE PROPOSED FOUNDATION.

ACCORDING TO FEMA MAP # 3710359000J EFFECTIVE 03-02-09, THE SUBJECT PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD ZONE.

PLOT PLAN FOR:
True Homes, LLC
4.24 Total Acres

SCALE	TOWN	COUNTY	STATE	DATE
1" =100'	CHARLOTTE	MECKLENBURG	N.C	04-20-14 REV 7-9-14

#9423 ISLAND POINT ROAD CHARLOTTE NC

LOT 134 - MAP 48 PAGE 591 - TAX # 19909157

DEED RECORDED

MAP RECORDED 48-591
SURVEYED CJS
MAPPED MJS

SURVEYOR:
PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH
WAXHAW NC 28173
704-400-0117
NC FIRM # P-0910

Providence LAND GROUP

S&ME

May 9, 2007

Mr. James Martin
The Sanctuary at Lake Wylie
11104 Limehurst Place
Charlotte, North Carolina 28278

Reference: **Request for a Septic Improvement Permit for Lot 134 at The Sanctuary at Lake Wylie Phase 4b**
Mecklenburg County Health Department (MCHD) File # 7037B

Dear Mr. Martin,

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 your surveyor and are shown on the attached maps provided by YW&H, Inc. 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.

Sincerely,

S&ME, Inc.

Paul G. Penninger, LSS
Licensed Soil Scientist

Karen M Davis for
Rob Willcox, LSS
Natural Resources Department Manager

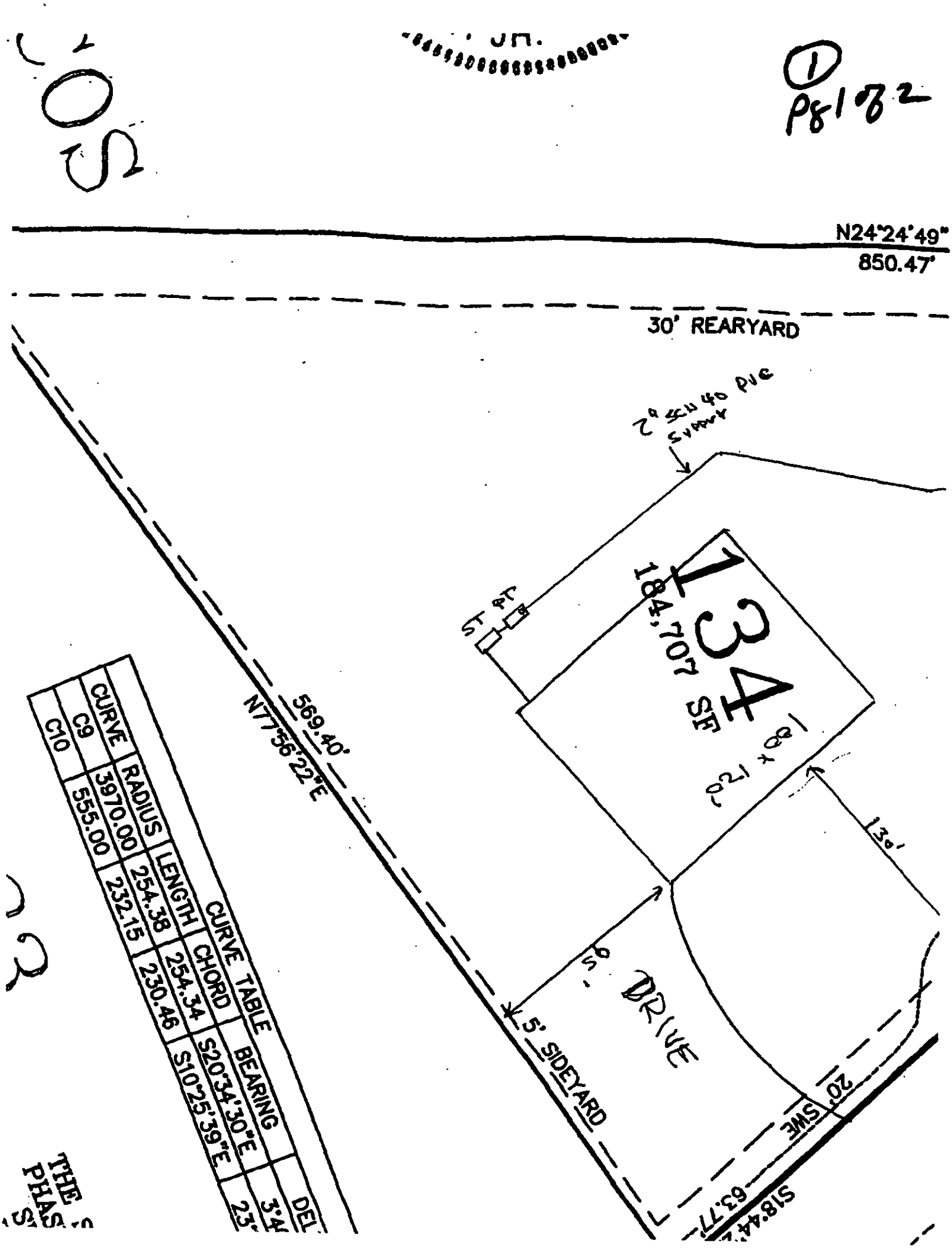
Attachments:
1. System Specifications
2. Site Plan
3. MCHD Soil Evaluation

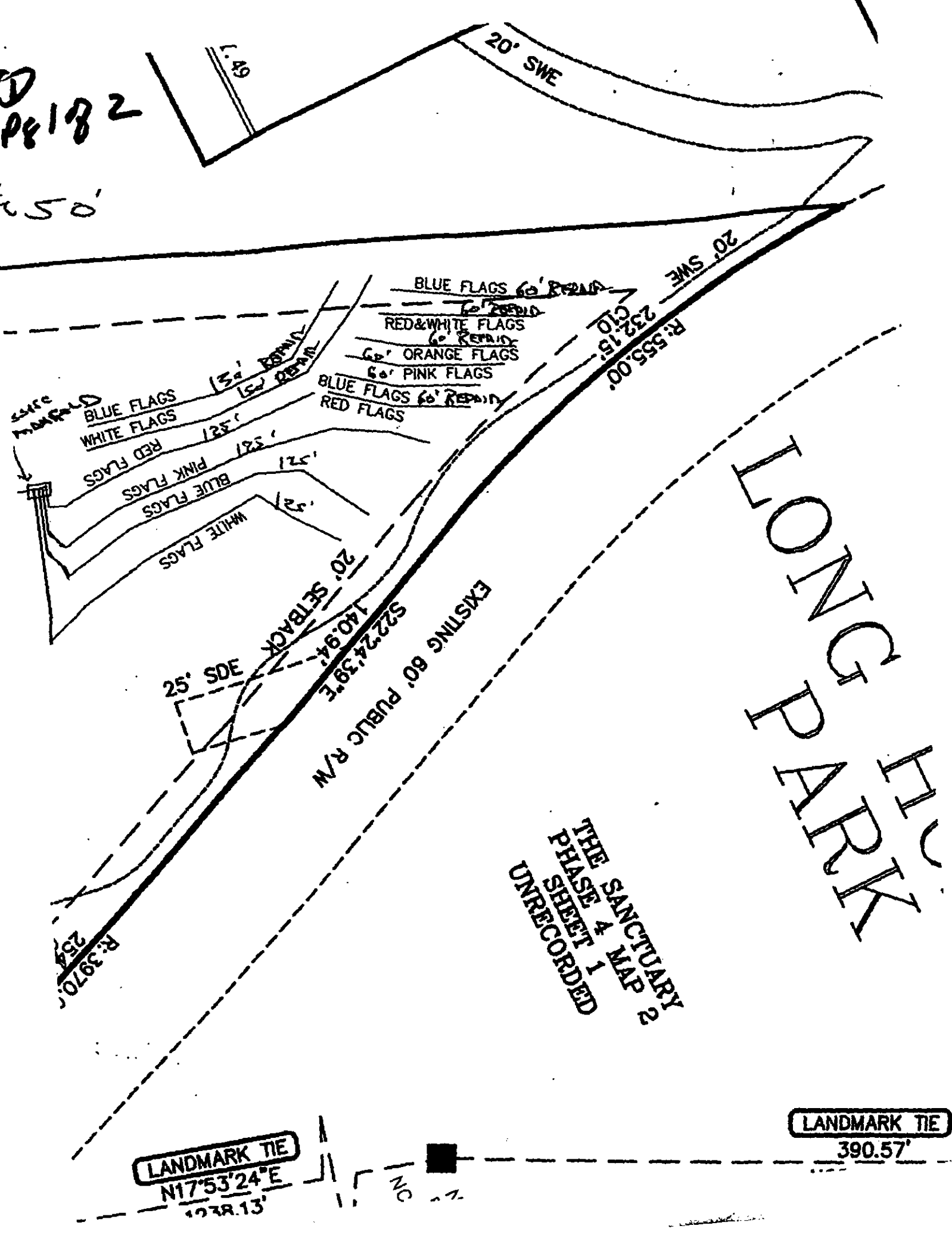
Copy: Mr. Philo Walker, R.S.
MCHD

Design Specifications for Lot 134 at The Sanctuary
MCHD File # 7037B

Daily Design Flow:	600 gpd
Number Bedrooms:	5 bedroom
Basement or Crawl Space:	Basement
Septic Tank Size:	1500 gal
Pump 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. endfed
Total ft. of primary system:	500 ft.
Flow Rate through system:	22 gpm – use ½ in. SCH 80 taps with 2 ft. head pressure on pressure manifold (5.5 gpm per tap)
Pump Requirements:	to be calculated by installer when specific house and pump tank locations are available
Dosing Volume:	approx. 270 gal. – 2.2 doses/day at design flow
Depth of effluent pumped per dose:	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Check Valve:	yes
Siphon break hole:	no
Repair System Loading Rate:	**0.3 gpd/ft^2**
Repair System:	**25% Reduction**
Total ft. of repair	640ft. (500 ft. required)

Notes:


N24°24'49"
850.47'
30' REARYARD
2" SCH 40 PVC SWMP
ST #1
134
184,707 SF
130'
569.40'
N77°56'22"E
5' SIDEYARD
S18°44'
63.77'
SWE
20'
CURVE TABLE
CURVE | RADIUS | LENGTH | CHORD | BEARING | DEL
C9 | 3970.00 | 254.38 | 254.34 | S20°34'30"E | 3°4
C10 | 555.00 | 232.15 | 230.46 | S10°25'39"E | 23°
THE
PHAS


20' SWE
BLUE FLAGS
RED&WHITE FLAGS
ORANGE FLAGS
PINK FLAGS
BLUE FLAGS
RED FLAGS
WHITE FLAGS
RED FLAGS
PINK FLAGS
BLUE FLAGS
WHITE FLAGS
20' SETBACK
25' SDE
140.94'
S22°24'39"E
EXISTING 60' PUBLIC R/W
R:555.00'
232.15'
C10
R:3970.
LONG PARK
THE SANCTUARY PHASE 4 MAP 2 SHEET 1 UNRECORDED
LANDMARK TIE
N17°53'24"E
1238.13'
LANDMARK TIE
390.57'

Division of Environmental Health
On-site Wastewater Section

Property ID: PO 189-382-14
Lot #: 134
File #: 7037B
AppID: 2078

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary of Lake Wylie
Address: 11104 Limehurst Pl., Charlotte, N. C. 28278
Proposed Facility: Residence Design Flow (.1949): 600gpd
Location of Site: Island Point Road
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

Applicant: S & ME- P. Pennington
Date Evaluated: 4/2/07
Property Size: 5± Inv.
Property Recorded:

PROFILE #	SOIL MORPHOLOGY .1941			PROFILE FACTORS				
	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1955 Saprо Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-10	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		10-48	SBK/C	FI/SEXP/S/P					.3GPD/FT²
2	"	0-7	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		7-48	SBK/C	FI/SEXP/S/P					
3	"	0-29	GR/SL	VFR/SEXP/NS/NP	"	"	"	"	"
		29-48	SBK/SC	FI/SEXP/S/P					
4	"	0-8	GR/SL	VFR/SEXP/NS/NP	"	"	"	"	"
		8-48	SBK/C	FI/SEXP/S/P					
					SITE LTAR .3GPD/FT²				

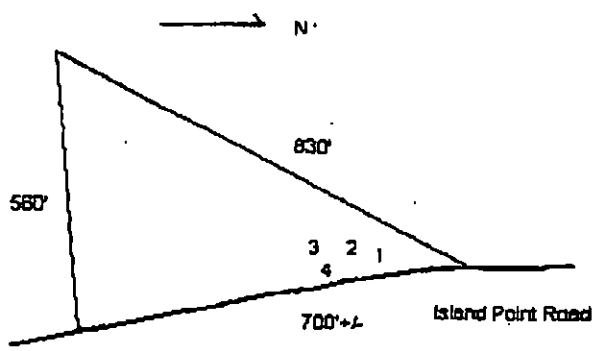
Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

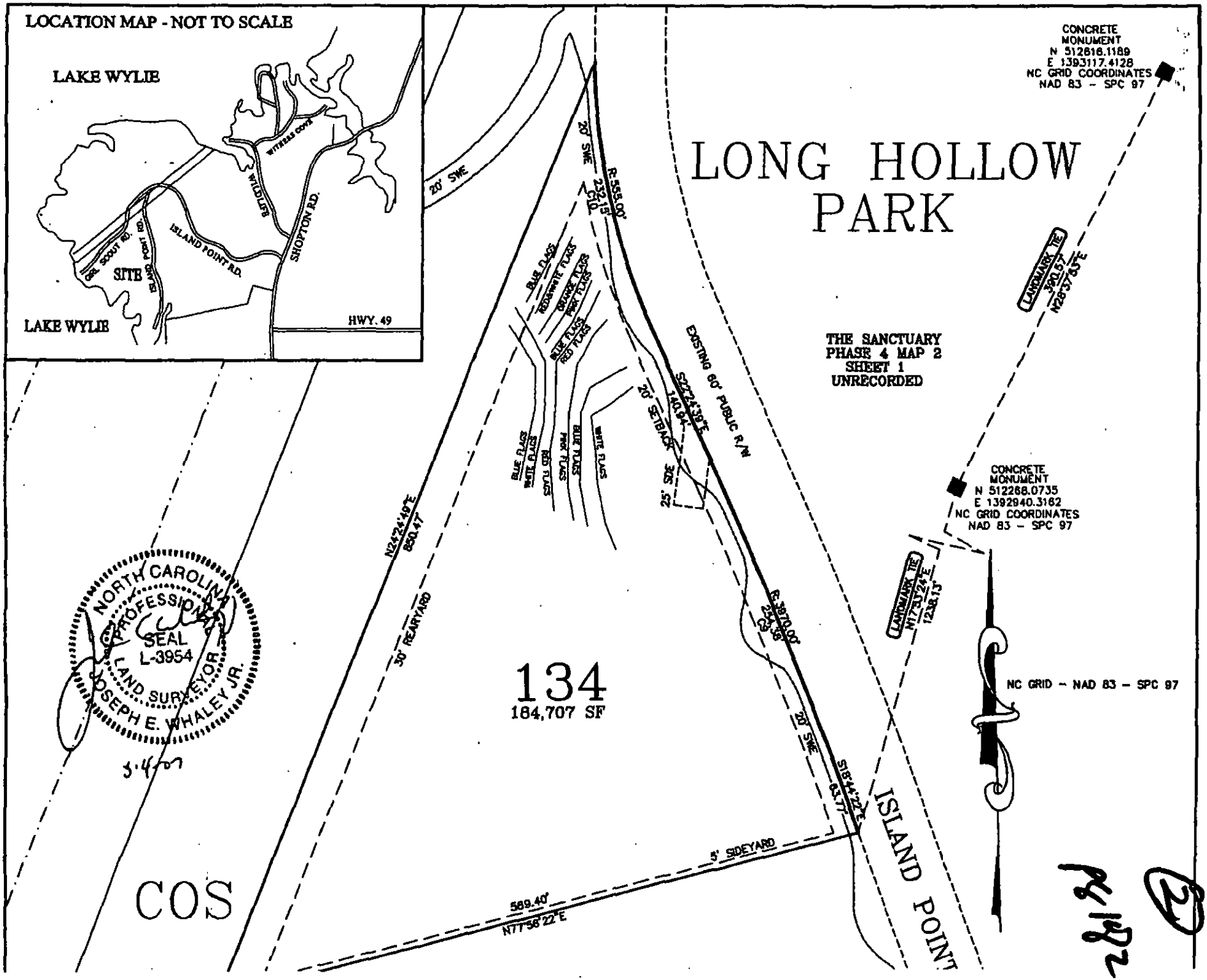
Other Factors (.1946):
Soil Evaluation By: W. R. Martin, LSS, 4/18/2007
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

Landscape Position	Group	Texture	.1995 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




LOCATION MAP - NOT TO SCALE
LAKE WYLIE
WITHERS COVE
WILDLIFE
SHOPTON RD.
ISLAND POINT RD.
GIRL SCOUT RD.
SITE
LAKE WYLIE
HWY. 49
LONG HOLLOW PARK
CONCRETE MONUMENT
N 512616.1189
E 1393117.4128
NC GRID COORDINATES
NAD 83 - SPC 97
20' SWE
R=555.00'
C10
232.15'
BLUE FLAGS
REDGRAVITE FLAGS
ORANGE FLAGS
PINK FLAGS
BLUE FLAGS
RED FLAGS
BLUE FLAGS
WHITE FLAGS
RED FLAGS
PINK FLAGS
BLUE FLAGS
WHITE FLAGS
EXISTING 60' PUBLIC R/W
S22°24'39"E
140.84'
20' SETBACK
25' SIDE
THE SANCTUARY
PHASE 4 MAP 2
SHEET 1
UNRECORDED
LANDMARK TIE
320.57'
N28°37'45"E
CONCRETE MONUMENT
N 512268.0735
E 1392940.3162
NC GRID COORDINATES
NAD 83 - SPC 97
LANDMARK TIE
N73°53'24"E
128.13'
NC GRID - NAD 83 - SPC 97
N24°24'49"E
850.47'
30' REARYARD
134
184,707 SF
R=870.00'
254.38'
20' SWE
S18°44'22"E
63.77'
ISLAND POINT
5' SIDEYARD
589.40'
N77°56'22"E
COS
NORTH CAROLINA
PROFESSIONAL
SEAL
L-3954
LAND SURVEYOR
JOSEPH E. WHALEY JR.
3-4-07

CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C9	3970.00	254.38	254.34	S20°34'30"E	3°40'16"
C10	555.00	232.15	230.46	S10°25'39"E	23°57'59"

133

THE SANCTUARY
PHASE 4 MAP 2
SHEET 1
UNRECORDED

ROAD

LEGEND .....
COS - COMMON OPEN SPACE
SDE - STORM DRAINAGE EASEMENT
SWE - SIDEWALK EASEMENT
R/W - RIGHT-OF-WAY
FPE - FLOOD PROTECTION ELEVATION
(SAME AS MINIMUM FINISHED FLOOR ELEVATION)
SWPE - STORM WATER PROTECTION ELEVATION

THE SANCTUARY
PHASE 4 MAP 2
SHEET 3
UNRECORDED

20' SWE

132

NOTES.....

IRON PINS ON ALL CORNERS UNLESS OTHERWISE NOTED

ALL MEDIANS AND ISLANDS WILL BE THE MAINTENANCE RESPONSIBILITY OF THE HOME OWNERS ASSOCIATION, DEVELOPER, OR HIS ASSIGNS.

COMMON OPEN SPACE TO BE MAINTAINED BY THE HOME OWNERS

ALL HARD SURFACE & SOFT SURFACE TRAILS WILL BE THE MAINTENANCE RESPONSIBILITY OF THE SANCTUARY PROPERTY OWNERS ASSOCIATION, OR IT'S ASSIGNS.

THE PURPOSE OF THE STORM DRAINAGE EASEMENT IS TO PROVIDE STORM WATER CONVEYANCE AND ANY STRUCTURES AND/OR OBSTRUCTIONS TO STORM WATER FLOW IS PROHIBITED.

AREAS CALCULATED BY COORDINATE METHOD

NO ON-SITE DEMOLITION OR STUMP BURIAL WILL BE ALLOWED. ALL MATERIALS WILL BE DISPOSED OF IN AN APPROVED OFF-SITE LANDFILL.

THERE WILL BE NO SANITARY SEWER, STORM DRAINAGE, AND/OR EROSION CONTROL FACILITIES IN THE 100' BUFFER SHOWN.

PROPERTY ZONED MX-1 REZONING PETITION # 2003-024
MIN FRONT SETBACK 20'
MINIMUM SIDEYARD SETBACK 5'
MINIMUM REAR YARD 30'

NO DWELLING UNITS MAY BE LOCATED WITHIN THE REQUIRED SHORELINE BUFFER THE 50' ADDITIONAL SHORELINE BUFFER OR THE RESTRICTED ZONE.

MAXIMUM IMPERVIOUS COVER WILL BE LIMITED TO 12% ON THESE LOTS

SANCTUARY BUFFER ZONE NOTES:
A PORTION OF THESE LOTS ARE WITHIN THE 50 FOOT LOWER LAKE WYLIE WATERSHED OVERLAY DISTRICT CRITICAL AREA THE AREAS IDENTIFIED REPRESENT A 50' UNDISTURBED VEGETATIVE BUFFER ADJACENT TO THE SHORELINE OF LOWER LAKE WYLIE AND MEASURED FROM THE FULL POND ELEVEATION (570 FOOT CONTOUR). NO CLEARING, NO SELECTIVE THINNING, REMOVAL OF UNDERGROWTH OR 2" CALLIPER TREE IS ALLOWED AND ONLY DEAD TREES MAY BE REMOVED IN THIS AREA. THIS AREA SHALL CONFORM TO THE CHARLOTTE CODE SECTION 10.7 LOWER LAKE WYLIE WATERSHED OVERLAY.

TREE SAVE ARE PER THE REQUIREMENTS OF THE CITY OF CHARLOTTE TREE ORDINANCE, CHAPTER 21 CITY CODE.

GRAPHIC SCALE

100 0 50 100 200 400

(IN FEET)
1 inch = 100 ft.

SEPTIC EXHIBIT MAP FOR LOT 134

SCALE	TOWNSHIP	COUNTY	STATE	DATE
1" = 100'	STEELE CREEK	MECK.	N.C.	04/25/07

ISLAND POINT ROAD

LOT 134, THE SANCTUARY PH.4 MAP 2 SHEET 3

SURVEYED RH
MAPPED MDB

YARBROUGH - WILLIAMS & HOULE, INC.
Planning • Surveying • Engineering
730 Windsor Oak Court Charlotte NC 28273
P.O. BOX 7007 Charlotte NC 28241
704.556.1990 704.556.0505(fax)

MAP RECORDED

DEED RECORDED 16493-360

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 #: 30002078 GWS File #: 7037B Tax Parcel #: 199-352-14

- 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): 5/21/2012

Type of Installation: Residential - New System Lot Number: 0 ← 134 ?

Structure Type: HOUSE Size (ft^2): 10000 # Bedrooms: 5 # Occupants: 10

Building Foundation: Basement With Plumbing Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Approved System Classification: IIIb

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

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: Chris Sherrill Owner/Legal Agent: Patrick Mitchell

Signature: Chris M Sherrill Signature: Patrick Mitchell

Print Name

Date Issued: 5/21/2007

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 #: 30002078 GWS File #: 7037B

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.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.

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: Chris Sherrill Owner/Legal Agent: Patrick M Bethell
Print Name

Signature: Signature:

Date Issued: 5/21/2007

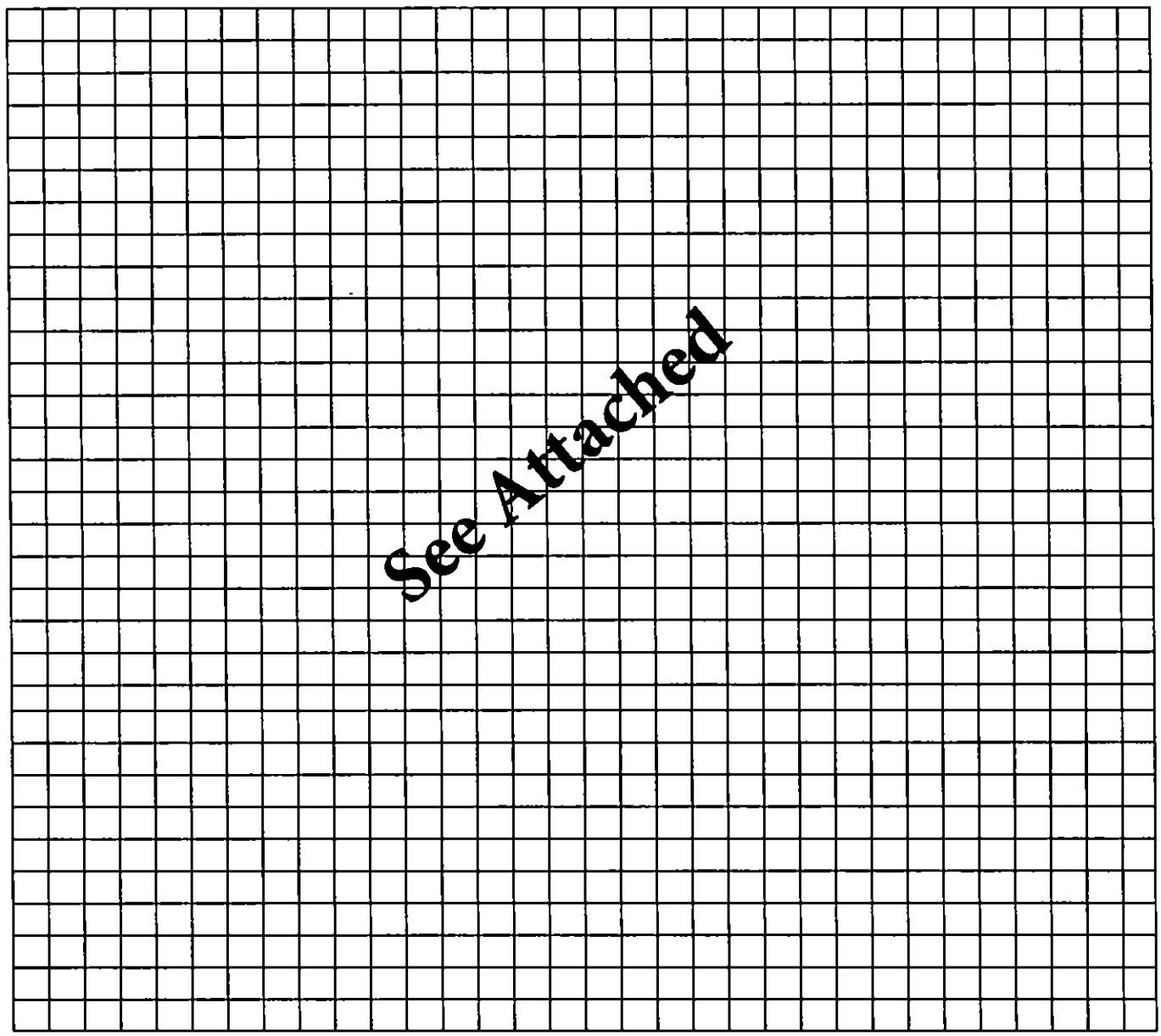
File #: _____

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: 9423 Island Point Rd Tax Parcel #: 19935222

Subdivision Name: The Sanctuary Lot #: 134

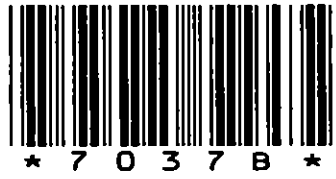


Property Owner's or Owner's Legal Representative Signature

7/16/14
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



9423 ISLAND POINT RD

19935222

1/11/2008

duponbj

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

S&ME

May 9, 2007

Mr. James Martin
The Sanctuary at Lake Wylie
11104 Limehurst Place
Charlotte, North Carolina 28278

Reference: **Request for a Septic Improvement Permit for Lot 134 at The Sanctuary at Lake Wylie Phase 4b**
Mecklenburg County Health Department (MCHD) File # 7037B

Dear Mr. Martin,

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 your surveyor and are shown on the attached maps provided by YW&H, Inc. 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.

Sincerely,

S&ME, Inc.



Paul G. Penninger, LSS
Licensed Soil Scientist

Rob Willcox, LSS
Natural Resources Department Manager

Attachments:
1. System Specifications
2. Site Plan
3. MCHD Soil Evaluation

Copy: Mr. Philo Walker, R.S.
MCHD

7037B

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: 19935222
STREET ADDRESS: 9423 Island Point Rd
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: The Sanctuary
LOT #: 134 LOT SIZE (acres): 4.24

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: 5438
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 7

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:** ____ ____ ____ ____ ____

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: True Homes
ADDRESS: 2649 Brekonridge Centre Dr.
CITY: Monroe
STATE: NC ZIP: 28110
WORK PHONE: (704) 238-1229
MOBILE PHONE: _____
FAX: (704) 625-3683
E-MAIL: jdracup@truehomesusa.com

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

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

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

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

JD (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.

_____ 7/16/14

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

---

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

FEE: 200.00
DATE:7/21/2014

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 7037B

PERMIT NUMBER: 30002078

PARCEL NUMBER: 19935222

JOB LOCATION INFORMATION

ADDRESS: 9423 ISLAND POINT RD

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

ISSUED TO: True Homes

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 5/21/2007

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30002078, 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: 5/21/2012

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 #: **30002078** GWS File #: **7037B** Tax Parcel #: **199-352-14**

- 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):** 5/21/2012

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

Structure Type: HOUSE Size (ft^2): 10000 # Bedrooms: 5 # Occupants: 10

Building Foundation: Basement With Plumbing Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Approved **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

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: Chris Sherrill Owner/Legal Agent: Patrick Mitchell

Signature: Chris M Sherrill Signature: Patrick Mitchell

Print Name

Date Issued: 5/21/2007

Mecklenburg County Groundwater & Wastewater Services
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30002078 GWS File #: 7037B

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.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.

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: Chris Sherrill Owner/Legal Agent: Patrick Mitchell
Print Name

Signature: Signature:

Date Issued: 5/21/2007

Design Specifications for Lot 134 at The Sanctuary
MCHD File # 7037B

Daily Design Flow:	600 gpd
Number Bedrooms:	5 bedroom
Basement or Crawl Space:	Basement
Septic Tank Size:	1500 gal
Pump 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. endfed
Total ft. of primary system:	500 ft.
Flow Rate through system:	22 gpm – use ½ in. SCH 80 taps with 2 ft. head pressure on pressure manifold (5.5 gpm per tap)
Pump Requirements:	to be calculated by installer when specific house and pump tank locations are available
Dosing Volume:	approx. 270 gal. – 2.2 doses/day at design flow
Depth of effluent pumped per dose:	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Check Valve:	yes
Siphon break hole:	no
Repair System Loading Rate:	**0.3 gpd/ft^2**
Repair System:	**25% Reduction**
Total ft. of repair	640ft. (500 ft. required)

Notes:

Division of Environmental Health
On-site Wastewater Section

Property ID: PO 199-352-14
Lot #: 134
File #: 7037B
AppID: 2078

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary of Lake Wylie
Address: 11104 Limehurst Pl., Charlotte, N. C. 28278
Proposed Facility: Residence Design Flow (.1949): 600gpd
Location of Site: Island Point Road
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

Applicant: S & ME- P. Perninger
Date Evaluated: 4/2/07
Property Size: .5a Inv.
Property Recorded:

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-10	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		10-48	SBK/C	FI/SEXP/S/P					.3GPD/FT²
2	"	0-7	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		7-48	SBK/C	FI/SEXP/S/P					
3	"	0-29	GR/SL	VFR/SEXP/NS/NP	"	"	"	"	"
		29-48	SBK/SC	FI/SEXP/S/P					
4	"	0-8	GR/SL	VFR/SEXP/NS/NP	"	"	"	"	"
		8-48	SBK/C	FI/SEXP/S/P					
					SITE LTAR .3GPD/FT²				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

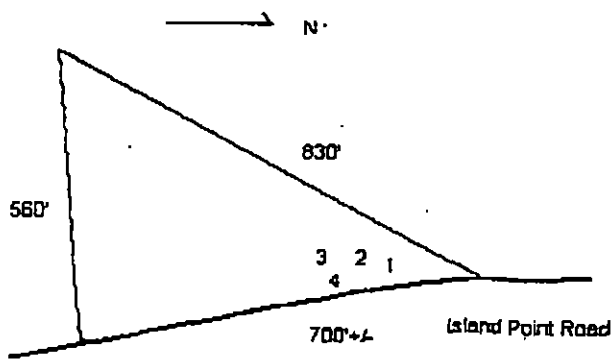
Other Factors (.1946):
Soil Evaluation By: W. R. Martin, LSS, 4/16/2007
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

Landscape Position	Group	Texture	1955 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
SS-Shoulder Slope		LS-Loamy Sand	
LS-Linear Slope			
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6
NS-Nose Slope		L-Loam	
HS-Head Slope			
CC-Concave Slope	III	SI-Silt	0.6 - 0.3
CV-Convex Slope		SICL-Silty Clay Loam	
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	

Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

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



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

Sheet: 1 of 2
Property ID: PO 199-352-14
Lot #: 134
File #: 7037B
AppID: 2078

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary of Lake Wylie
Applicant: S & ME- P. Penninger
Address: 11104 Limehurst Pl., Charlotte, N. C. 28278
Date Evaluated: 4/2/2007
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .5a inv.
Location of Site: Island Point Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-10	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		10-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-7	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		7-48	SBK/C	FI/SEXP/S/P					
3	"	0-29	GR/SL	VFR/SEXP/NS/NP	"	"	"	"	"
		29-48	SBK/SC	FI/SEXP/S/P					
4	"	0-8	GR/SL	VFR/SEXP/NS/NP	"	"	"	"	"
		8-48	SBK/C	FI/SEXP/S/P					
					SITE LTAR .3GPD/FT^2				

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

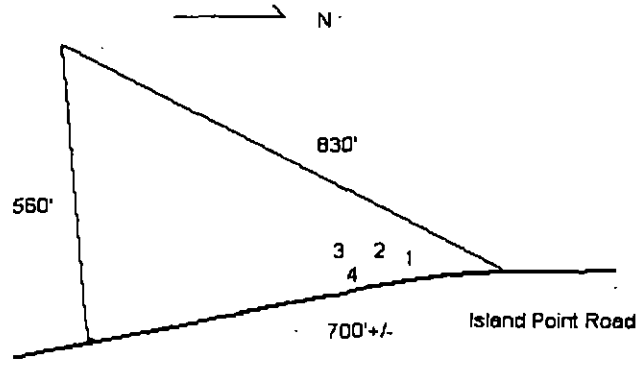
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 4/16/2007,
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Chris Sherrill, RS, LSS
Others Present: P.Penninger, LSS

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				
FP-Flood Plain		CL-Clay Loam		
		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



FILE NUMBER: 7037B

Revised On: January 3, 2007

APPLICATION NUMBER: 2078

SEPTIC FEE: 200.00
DATE: 3/19/07
CK# 61027 JKA

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

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 19935214-PO
STREET ADDRESS: Island Point Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: The Sanctuary of Lake Wylie
LOT #: 134 LOT SIZE (acres): 4.24
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: ~10,000 Ft²
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 10 MAX
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

8A. RANK: ☒ ANY TYPE ____ ☐ CONVENTIONAL ☒ ACCEPTED 1 ☒ INNOVATIVE 2 ☒ ALTERNATIVE 3 ☐ OTHER ____

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 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

10. PROPERTY OWNER:
NAME: The Sanctuary of Lake Wylie
ADDRESS: 11104 Limehurst PL
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-295-1638 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Paul Pennington, S&ME, Inc.
ADDRESS: 385 Timber Rd., St. 104
CITY: Mooresville
STATE: NC ZIP: 28115
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-996-6330 FAX: 704-662-8735

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? N/A
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

[signature] 03/16/07
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
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 12 months from the date of issuance.

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

☐ SURVEY PLAT TO SCALE SUBMITTED ☒ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED