

14036 CLAYSPARROW RD

19935316

1/8/2008

duponbj

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5490 B WASPS App #: 1106

Primary ES assigned to project: CS

Secondary ES assigned to project:

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☑
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☑
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?	☑		
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 5 Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	-3			
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☑
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐

Operation Permit

.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☒	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☒	N/A ☐

6.12-07

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☑	N/A ☐

Items requiring correction/modification: _____

Comments:

See NO Bots

IA issued date: 5/8 07

OP issued date: 6/4 07

Review performed by: CL Date performed: 5/22 07

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 #: 5480B Permit #: _____ Tax Parcel #: 199-353-16

Property Owner: HOWEY CONSTRUCTION + DEVELOPMENT, LLC

Job Location Address: 14036 CLAYSPARROW RD (LOT 71)

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: 6/19/07 Contractor Name: STANLEY

Permitted Design Flow: 720 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 600 feet

# of Lines: 5 @ 120 feet

Depth of Media: 12 inches (Type) INNOLOCK

Depth of Cover: 12 inches

Distribution Device: D-BOX

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

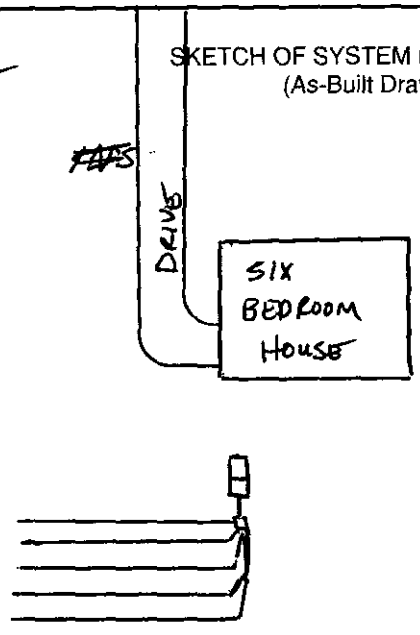
Inspection Dates

Tank(s) Inspected: 6/19/07

Excavation Inspected: 6/19/07

Pump & Controls Inspected: NA

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: III g GRAVITY 25% REDUCTION; QUICK 4 CHAMBERS

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

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

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

File #: 5480B Permit #: _____ Tax Parcel #: 199-353-16

Property Owner: HOWEY CONSTRUCTION + DEVELOPMENT, LLC

Job Location Address: 14036 CLAYSPARROW RD (LOT 71)

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: III

*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: Chris Sherrill, RS, LSS

Signature: Chris Sherrill

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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 #: 5480 B Permit #: _____ Tax Parcel #: 199-353-16

Property Owner: HOWEY CONSTRUCTION & DEVELOPMENT, LLC

Job Location Address: 14036 CLAYSPARROW RD. (LOT #71)

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 5/18/07

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 6/18/07, 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: 720 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 600 feet

# of Lines: 5 @ 120 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: D-BOX

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

INSTALL IN ACCORDANCE W/ PLANS SUBMITTED BY WASTEWATER SYSTEM DESIGN CONSULTANT.

CMS
5-18-07

Comments: System Classification & Type: III g GRAVITY 25% REDUCTION

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Chris Sherrill

ND 185024

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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 #: **30001106** GWS File #: **5480B** Tax Parcel #: **199-353-16**

- 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):** 7/10/2011

Type of Installation: Residential - Modified Plot Plan Lot Number: 71

Structure Type: HOUSE Size (ft^2): 5160 # Bedrooms: 6 # Occupants: 2

Building Foundation: Basement With Plumbing Water Supply: Municipal

II. Initial System Type: Innovative or Experimental **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	720	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):	1800	Total Trench Length (ft):	600		
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Distribution Box				

III. Repair System Type: Innovative or Experimental **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	720	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):	1800	Total Trench Length (ft):	600		
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Distribution Box				

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: Zach Petersen Owner/Legal Agent: Dewey E. Hovey

Print Name

Signature: Zach Petersen EHS Signature: Dewey E. Hovey

Date Issued: 7/10/2006

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 #: **30001106** GWS File #: **5480B**

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Zach Petersen

Signature: Zach Petersen RS

Date Issued: 7/10/2006

Owner/Legal Agent: Dewey F. Howey
Print Name

Signature: Dewey F Howey

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

Sheet: 1
Property ID: 199-352-02
Lot #: 71
File #: 5480B
Code: 1

AGS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Sanctuary at Lake Wylie
Applicant: Toney Jacobs
Address: 10933 Ballantyne Crossing Ave., Charlotte, N. C. 28277
Date Evaluated: 03/17/2004
Proposed Facility: Residence
Design Flow (.1949): ~~600~~ 720 gpd.
Property Size: 2.7a
Location of Site: Claysparrow 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 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .3GPD/FT^2
		4-38	SBK/C	FI/SEXP/S/P					
		38-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-2	GR/CL	"	>46" TO SOIL WETNESS	46	"	"	"
		2-46	SBK/C	FI/SEXP/S/P					
3	LS, 8	0-3	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	"
		3-32	SBK/C	FI/SEXP/S/P					
		32-49	SBK/CL	FR/SEXP/SS/SP					
4	"	0-3	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	"
		3-30	SBK/C	FI/SEXP/S/P					
		30-48	SBK/CL	FR/SEXP/SS/SP					
5	"	0-2	GR/CL	"	"	"	"	"	"
		2-48	SBK/C	FI/SEXP/S/P					

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

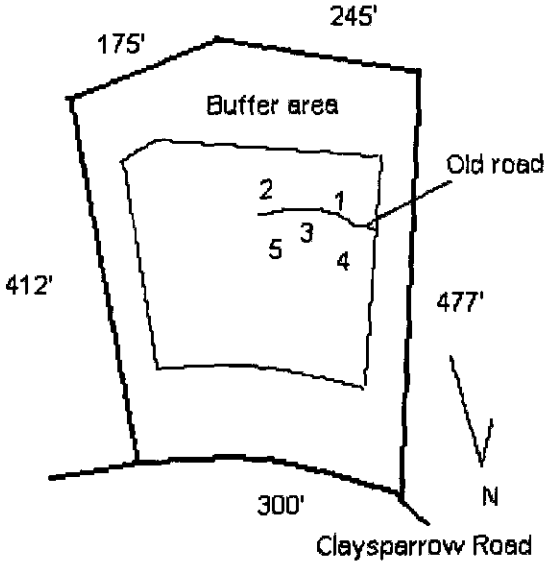
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 3/22/2004, W. R. Marlin
Others Present:

FILE #5480B

COMMENTS: 100% repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



#11a

GWS RPS APP 07/05

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

SEPTIC FEE: 100
DATE: 7/7/06
CRT [ ] 898288 JRA

WELL FEE: ____
DATE: ____
CRT [ ]

FILE # 5480B

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 19935316
STREET ADDRESS: 14036 Claysparrow Rd
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 71 , SANCTUARY S/D
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: 5160
NUMBER OF BEDROOMS: 6 per PLAN
NUMBER OF OCCUPANTS: 12

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: Howey Const. & Dev. LLC
ADDRESS: 6805-C Fairview Rd
CITY: Charlotte
STATE: NC ZIP: 28210
HOME PHONE: 704-542-3326 WORK PHONE: 704-365-6805
MOBILE PHONE: 704-363-5637 FAX: 704-365-6818

Kim X20

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? DEC. 15, 2004
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? Sept. 2007

*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.

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 704-336-5102 / FAX 704-[illegible]

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168 Broadbill Drive
Mooresville, NC 28117
Phone (704) 663-6905
Fax (704) 662-9845 E-mail jacobs@i-america.net

April 13, 2004

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

From : Samuel A. Rollans, L.S.S.
Toney C. Jacobs & Associates, Inc.

RE: Request for an Improvement Permit for Lot 71 at The Sanctuary:
MCHD file # 5480B

Crescent Resources is requesting an Improvement Permit for lot 71 at The Sanctuary Subdivision for a 5 bedroom, basement home. Mr. Bill Marlin of the MCHD evaluated the soils on 3-17-04 and determined the primary and repair areas are PS at a 0.30 gpd/ft^2 LTAR. Toney C. Jacobs and Associates, Inc. has flagged a 5 bedroom 25% reduction septic system and PPBPS repair system on the lot, as shown on the attached sketch.

We understand a building permit cannot be issued until your office issues an Authorization to Construct (ATC). The buyer of the lot 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 the proposed system may have to be modified prior to your office issuing the ATC.

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 the installation of the septic systems that are greater that the state requirements. It will be the responsibility of TCWW to enforce any requirements above state requirements or the conditions on the Improvement Permit or ATC.

Please review the attached system sketch and design specifications for the Improvement Permit for Lot 71. Please call if you have and questions, comments, or corrections.

Design Specifications for Lot 71 at

The Sanctuary, MCHD File # 5480B

System Type:	primary: repair:	gravity , 25% reduction LP PPBPS
Daily design flow:		~~600~~ 720 gpd.
Septic tank size:		1500 gal. (2 compartments)
Pumping tank size:		N/A
Effluent loading rate:		0.30 gpd/ft^2 for primary and repair
Total length and diameter of supply pipe:		N/A
Number and length of laterals:		4@ 125 ft. 25% reduction primary
Flow rate through the system:		N/A
Pump requirements:		N/A
Dosing volume:		on demand
Depth of water pumped per dose:		N/A
Check valve:		N/A
Siphon break hole:		N/A
Distribution device		Distribution Box

AGS

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

Sheet: 1
Property ID: 199-352-02
Lot #: 71
File #: 5480B
Code: 1

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Sanctuary at Lake Wylie
Applicant: Toney Jacobs
Address: 10933 Ballantyne Crossing Ave., Charlotte, N. C. 28277
Date Evaluated: 03/17/2004
Property Size: 2.7a
Proposed Facility: Residence
Design Flow (.1949): 600gpd.
Location of Site: Claysparrow 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 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr. Horiz	Profile Class & LTAR
1	LS, 10	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .3GPD/FT^2
		4-38	SBK/C	FI/SEXP/S/P					
		38-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-2	GR/CL	"	>46" TO SOIL WETNESS	46	"	"	"
		2-46	SBK/C	FI/SEXP/S/P					
3	LS, 8	0-3	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	"
		3-32	SBK/C	FI/SEXP/S/P					
		32-49	SBK/CL	FR/SEXP/SS/SP					
4	"	0-3	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	"
		3-30	SBK/C	FI/SEXP/S/P					
		30-48	SBK/CL	FR/SEXP/SS/SP					
5	"	0-2	GR/CL	"	"	"	"	"	"
		2-48	SBK/C	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

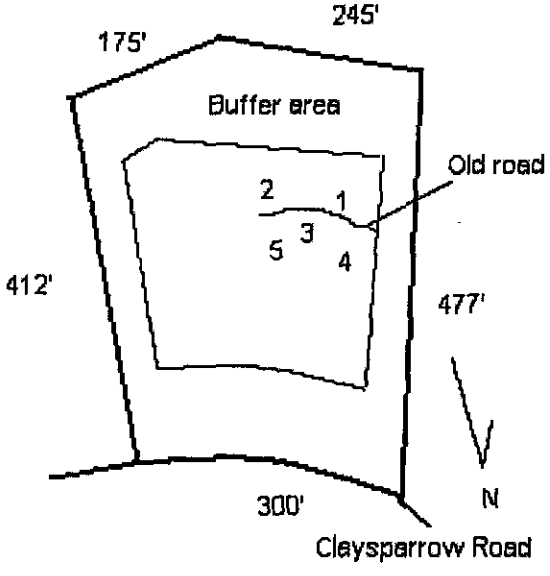
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 3/22/2004. W. R. Marlin
Others Present:

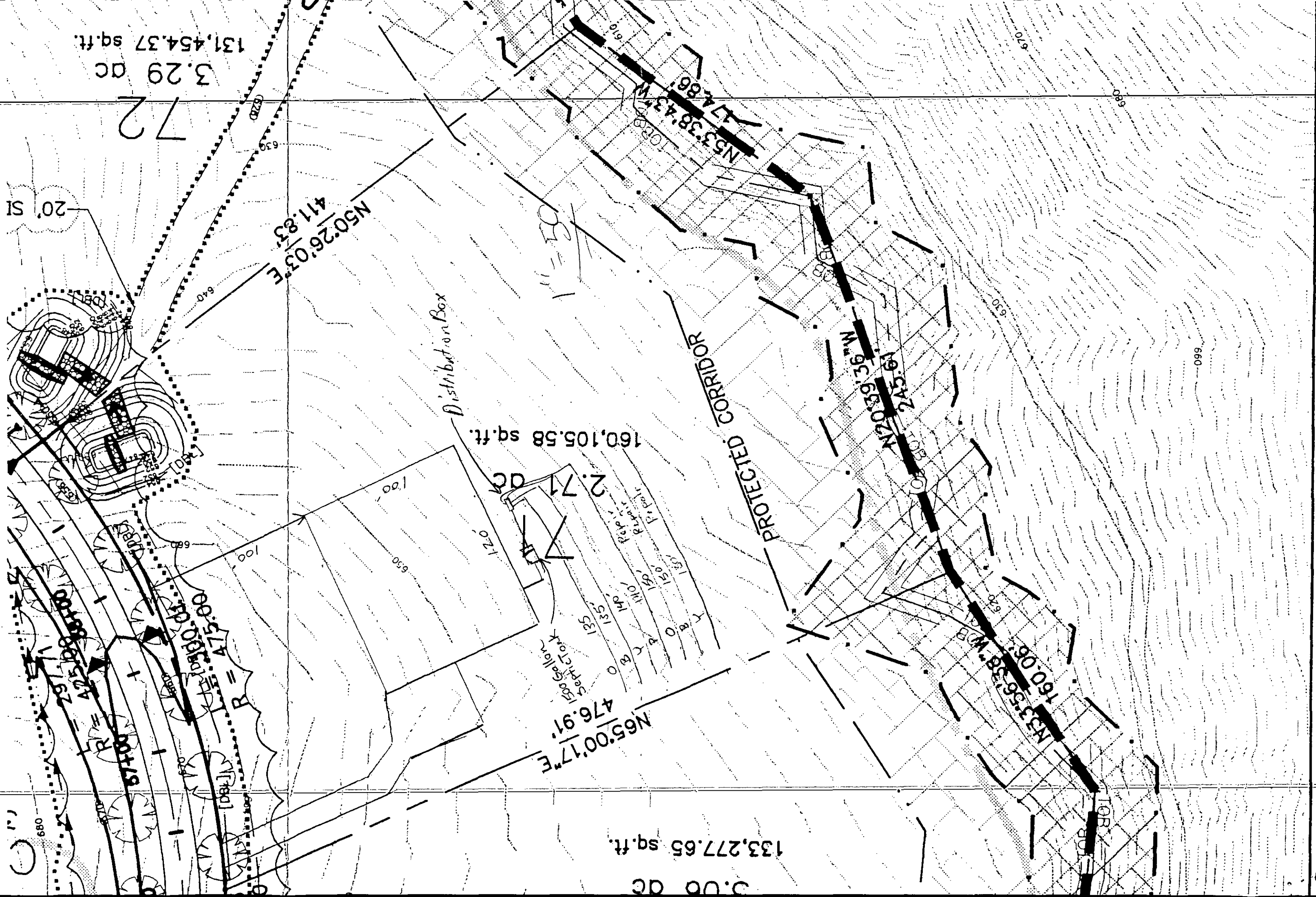
FILE #5480B

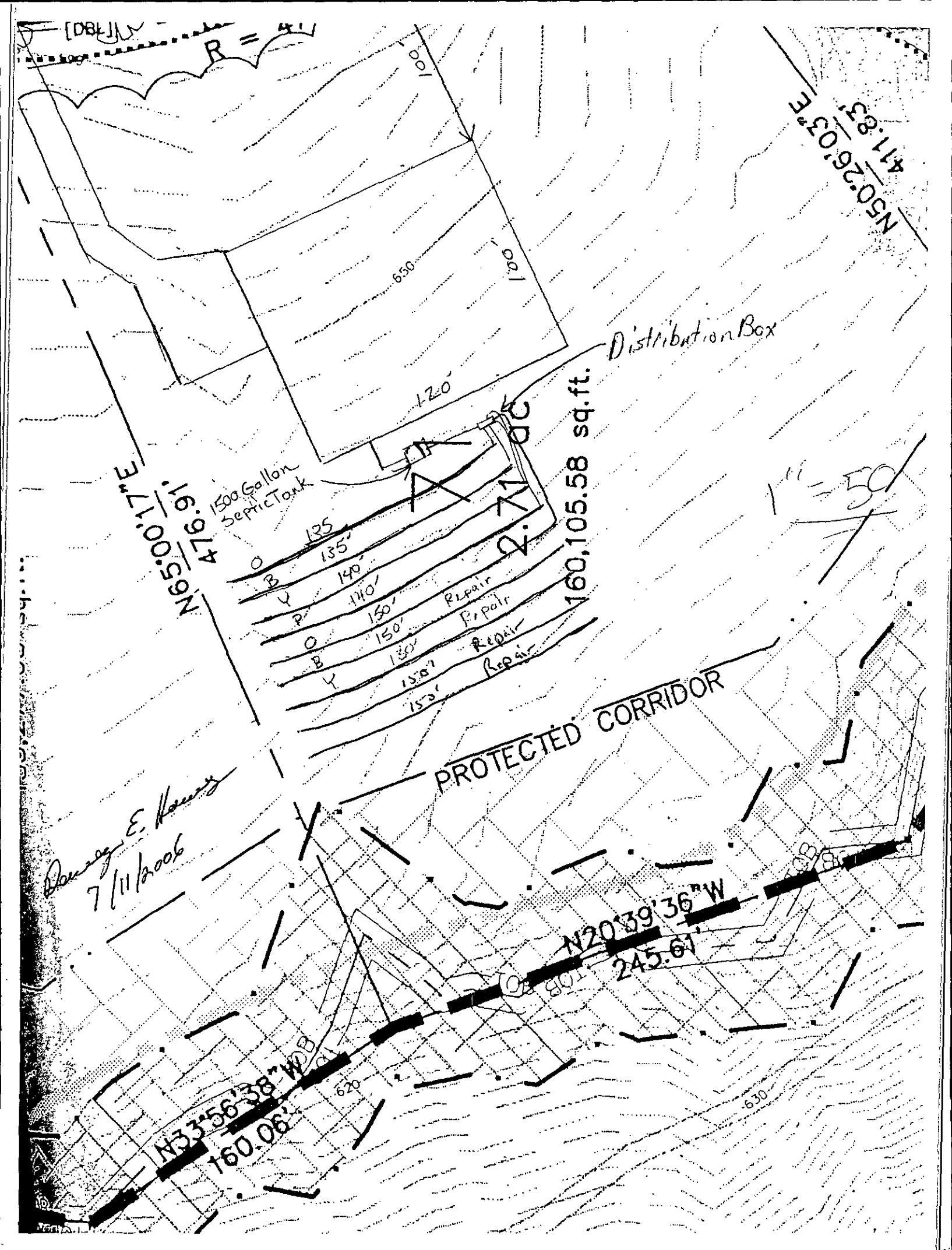
COMMENTS: 100% repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	




72
3.29 ac
131,454.37 sq.ft.
N50°26'03"E
411.83'
20' SI
640
630
680
670
660
650
100'
100'
127.0'
160,105.58 sq.ft.
2.71 ac
N65°00'17"E
476.91'
CORRIDOR
PROTECTED
N53°38'43"W
474.88'
N20°39'36"W
245.61'
N33°56'38"W
160.06'
TOB
TOR
R = 425.00'
L = 475.00'
679.00'
Distribution Box
Septic Tank
Leaching Galleys
Pump Chamber
Pump Line
Electric Line
Water Line
Gas Line
Overhead Utility Line
Property Line
Building Setback Line
Existing Contour
Proposed Contour


R =
100'
650
100'
N50°26'03"E
417.83'
120'
Distribution Box
1500 Gallon Septic Tank
N65°00'17"E
476.16'
135'
140'
110'
150'
150'
150'
150'
B
Y
P
O
B
Y
Repair
Repair
Repair
2.71 ac
160,105.58 sq.ft.
1" = 50'
PROTECTED CORRIDOR
Barney E. Kearns
7/11/2006
N20°39'36"W
245.61'
N33°56'38"W
160.06'
620
630

FEE: 200

DATE: 12-19-03 JKA

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 54806

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-352-01

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME: The Sanctuary At Lake Wylie, LLC

LOT NUMBER: 71

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ SHARED WELL (S)
✓ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:

NAME: (LAST) The Sanctuary At Lake Wylie, LLC (FIRST) (MI)

ADDRESS: 10933 Ballantyne Crossing Ave

CITY: Charlotte STATE: NC ZIP: 28277

DAYTIME PHONE: 704 544-0201 ext 226

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Jacobs (FIRST) Tonay (MI) C

DAYTIME PHONE: 704 663-6905

m 704 582 9219

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Tonay C Jacobs, CRS (AGENT) DATE: 12/19/03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

3.0 ac
2.2 ac
3.2 ac
3.0 ac
3.0 ac
Island Point Rd

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/11/06	**Amount:**	150.00
Receipt #:	44994	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: B98287
Contractor: HOWEY CONSTRUCTION & DEVEL L
Attn:
Address: 6805-C FARIVIEW RD
Address:
City/State/Zip: CHARLOTTE, NC 28210

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 14036 CLAYSPARROW ROAD		1	150.00	150.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
			-1,043.93		

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/11/06	**Amount:**	150.00
Receipt #:	44995	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: B98287
Contractor: HOWEY CONSTRUCTION & DEVEL L
Attn:
Address: 6805-C FARIVIEW RD
Address:
City/State/Zip: CHARLOTTE, NC 28210

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 14036 CLAYSPARROW ROAD		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
			-893.93		

FEE: 300.00
DATE: 7/11/2006

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

AD 185024

FILE NUMBER: 5480B

PERMIT NUMBER: 30001106

PARCEL NUMBER: 19935316

JOB LOCATION INFORMATION

ADDRESS: 14036 CLAYSPARROW RD

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

ISSUED TO: HOWEY CONSTRUCTION

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 7/11/2006

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30001106, 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: 7/10/2011

5480B / 15850

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ◉ SEPTIC ONLY ○ WELL ONLY ○ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
◉ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Jason Hudak
ADDRESS: 179 Gasoline Aly
CITY: Mooresville
STATE: NC ZIP: 28117
PHONE: 6097079736
ALTERNATE PHONE: 7047838900
E-MAIL: hudakjay5@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Laura Berry
ADDRESS: 14036 Claysparrow Rd
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: 7046048261
ALTERNATE PHONE:
E-MAIL: laura.berry@mac.com

JOB LOCATION INFORMATION
TAX PARCEL #: 19935316
STREET ADDRESS: 14036 Claysparrow Rd
CITY: Charlotte
STATE: NC **ZIP:** 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

WATER SUPPLY:
◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
◉ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☑ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

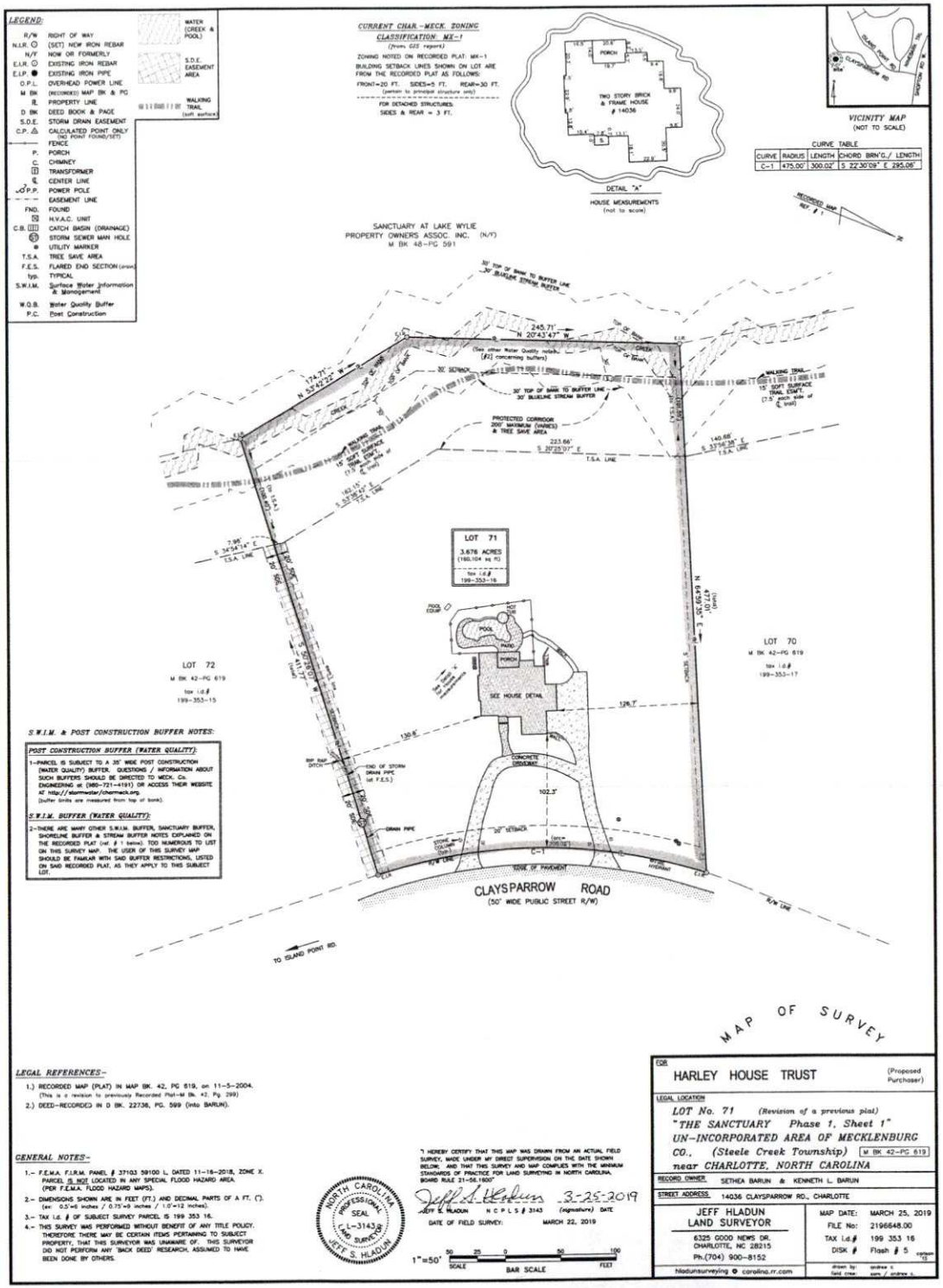
*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Jason Hudak — Owner's/Agent's Signature
10/29/2025 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

Revised on: 01/03/11



S.W.I.M. & POST CONSTRUCTION BUFFER NOTES:

POST CONSTRUCTION BUFFER (WATER QUALITY):

1-PARCEL IS SUBJECT TO A 35' WIDE POST CONSTRUCTION (WATER QUALITY) BUFFER. QUESTIONS / INFORMATION ABOUT SUCH BUFFERS SHOULD BE DIRECTED TO MECK. Co. ENGINEERING at (980-721-4191) OR ACCESS THEIR WEBSITE AT http://stormwater/charmeck.org. (buffer limits are measured from top of bank).

S.W.I.M. BUFFER (WATER QUALITY):

2-THERE ARE MANY OTHER S.W.I.M. BUFFER, SANCTUARY BUFFER, SHORELINE BUFFER & STREAM BUFFER NOTES EXPLAINED ON THE RECORDED PLAT (ref # 1 below). TOO NUMEROUS TO LIST ON THIS SURVEY MAP. THE USER OF THIS SURVEY MAP SHOULD BE FAMILIAR WITH SAID BUFFER RESTRICTIONS, LISTED ON SAID RECORDED PLAT, AS THEY APPLY TO THIS SUBJECT LOT.

LEGAL REFERENCES-

1.) RECORDED MAP (PLAT) IN MAP BK. 42, PG 619, on 11-5-2004. (This is a revision to previously Recorded Plat-M Bk. #2, Pg. 299)

2.) DEED-RECORDED IN D BK. 22738, PG. 599 (into BARUN).

GENERAL NOTES-

1.- F.E.M.A. F.I.R.M. PANEL # 37103 5810D L. DATED 11-16-2018, ZONE X. PARCEL IS NOT LOCATED IN ANY SPECIAL FLOOD HAZARD AREA. (PER F.E.M.A. FLOOD HAZARD MAPS).

2.- DIMENSIONS SHOWN ARE IN FEET (FT.) AND DECIMAL PARTS OF A FT. (). (ex: 0.5'=6 inches / 0.75'=9 inches / 1.0'=12 inches).

3.- TAX I.d. # OF SUBJECT SURVEY PARCEL IS 199 353 16.

4.- THIS SURVEY WAS PERFORMED WITHOUT BENEFIT OF ANY TITLE POLICY. THEREFORE THERE MAY BE CERTAIN ITEMS PERTAINING TO SUBJECT PROPERTY, THAT THIS SURVEYOR WAS UNAWARE OF. THIS SURVEYOR DID NOT PERFORM ANY 'BACK DEED' RESEARCH, ASSUMED TO HAVE BEEN DONE BY OTHERS.

NORTH CAROLINA PROFESSIONAL SEAL L-3143 LAND SURVEYOR JEFF S. HLADUN

"I HEREBY CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL FIELD SURVEY, MADE UNDER MY DIRECT SUPERVISION ON THE DATE SHOWN BELOW, AND THAT THIS SURVEY AND MAP COMPLIES WITH THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE 21-56.1600"

Jeff S. Hladun 3-25-2019

JEFF S. HLADUN N C P L S # 3143 (signature) DATE

DATE OF FIELD SURVEY: MARCH 22, 2019

1"=50' SCALE

50 25 0 50 100 BAR SCALE FEET

MAP OF SURVEY

FOR HARLEY HOUSE TRUST (Proposed Purchaser)

LEGAL LOCATION

LOT No. 71 (Revision of a previous plat)
"THE SANCTUARY Phase 1, Sheet 1"
UN-INCORPORATED AREA OF MECKLENBURG CO., (Steele Creek Township) M BK 42-PG 619
near CHARLOTTE, NORTH CAROLINA

RECORD OWNER SETHEA BARUN & KENNETH L. BARUN

STREET ADDRESS 14036 CLAYSPARROW RD., CHARLOTTE

JEFF HLADUN
LAND SURVEYOR
6325 GOOD NEWS DR.
CHARLOTTE, NC 28215
Ph.(704) 900-8152
hladunsurveying @ carolina.rr.com

MAP DATE: MARCH 25, 2019
FILE No: 2196648.00
TAX I.d.# 199 353 16
DISK # Flash # 5 copies #2
drawn by: andrew s.
field crew: sam / andrew s.

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☒ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 5480B / 15850

Assigned Inspector: Braedon

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____Initial/Date

☐ CA & OP $400.00: _____Initial/Date

☐ Alteration Fees $300: _____Initial/Date

☐ Modified Plot Plan Fees $100.00: _____Initial/Date

☒ Use Existing Fees $100.00: MON 10/29/25__Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for sign re received: _____

☐ Floor plans reviewed.

☐ Generate CA ster

☐ This site is served by s e before final hold is released.

☐ This septic system req fore final hold is released.

☐ Certified operator con _____

☐ Septic file complete: _

☐ Release final hold in Winchester: _____

Jason asked to be called prior to going on-site. He's the GC. 10/29 LH

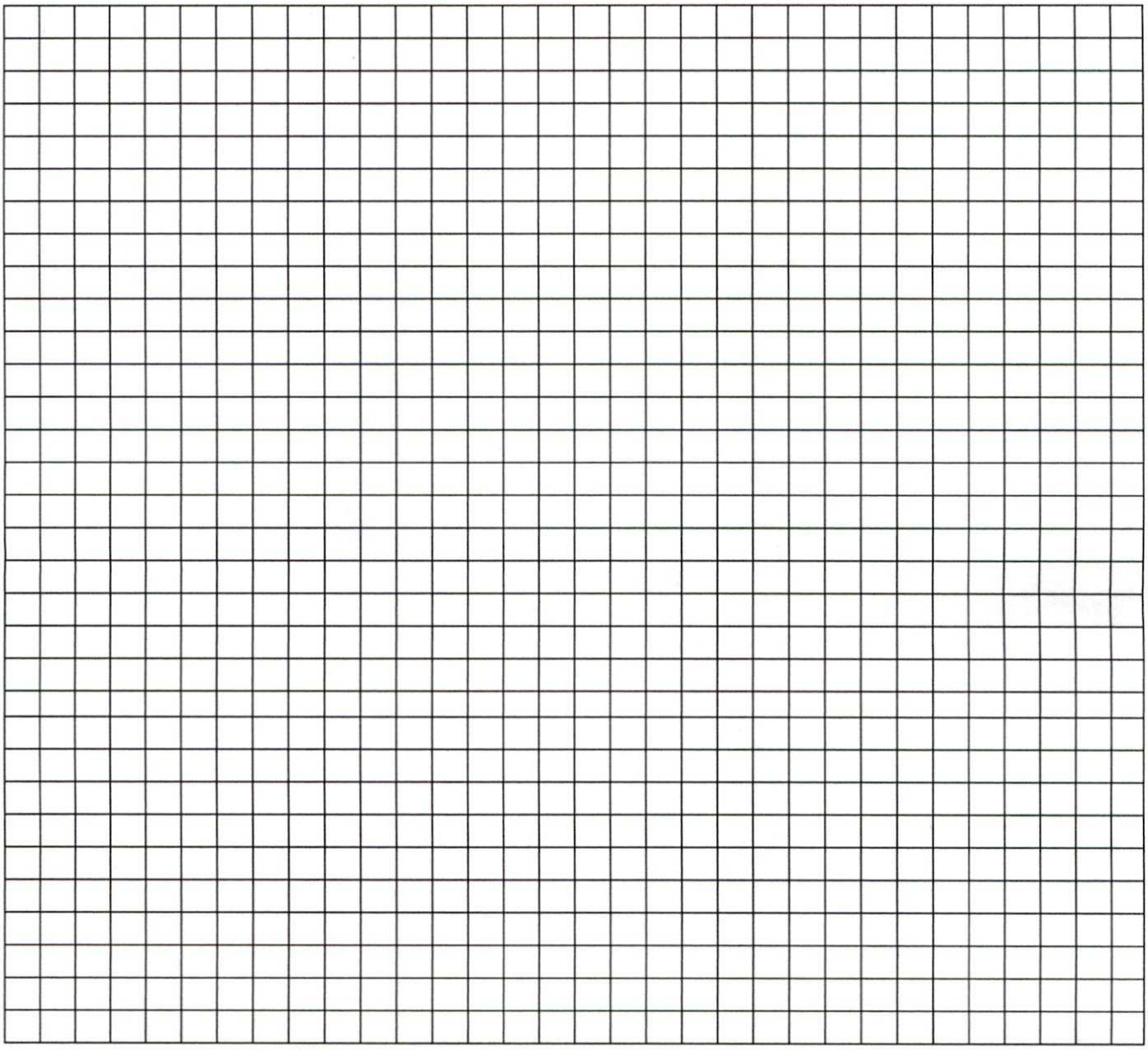
Comments:

File #: 54808

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: 14036 Claysparrow Rd Charlotte NC 28278 Tax Parcel #: 19935316



*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. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells 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 permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

AS of inspection Proposed deck mets Setbacks of the Septic tank. Contractor was made aware of 5ft Setback

Brad Shutt — REHS Signature

11/4/25 — Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

Revised on: 01/03/11

MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

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 Grace Painting & Contractors is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

14036 Claysparrow Road Charlotte, NC 28278
Number Street Town
(Or Parcel Number)

Laura Berry
Property Owner (print name)

Laura Berry
Property Owner (signature)

Harley House Trust

10/29/2025
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/29/25	**Amount:**	100.00
Receipt #:	157647	**Tendered:**	100.00
Check / Auth #:	MC 05003Q	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: JASON HUDAK
Attn: LAURA BERRY
Address: 179 GASOLINE ALY
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 14036 CLAYSPARROW RD	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

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 #: 4480B Permit #: _____ Tax Parcel #: 199-353-16

Property Owner: HOWEY CONSTRUCTION + DEVELOPMENT, LLC

Job Location Address: 14036 CLAYSPARROW RD (LOT 71)

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: 6/19/07 Contractor Name: STANLEY

Permitted Design Flow: 720 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 600 feet

# of Lines: 5 @ 120 feet

Depth of Media: 12 inches (Type) INNOFLO

Depth of Cover: 12 inches

Distribution Device: D-BOX

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

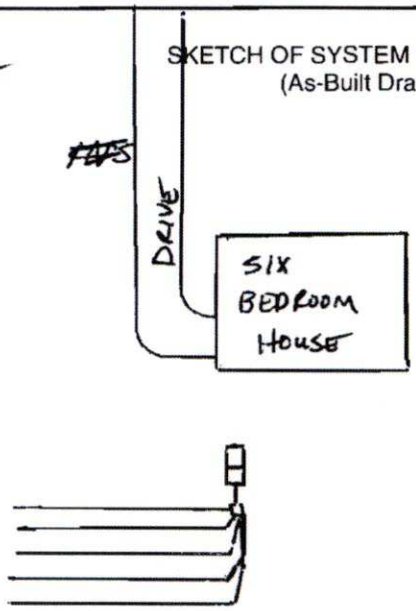
Inspection Dates

Tank(s) Inspected: 6/19/07

Excavation Inspected: 6/19/07

Pump & Controls Inspected: ~~6/~~ NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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

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

Comments: System Classification & Type: IIIg GRAVITY 25% REDUCTION; QUICK 4 CHAMBERS

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

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 #: 5480B Permit #: _____ Tax Parcel #: 199-353-16

Property Owner: HOWEY CONSTRUCTION + DEVELOPMENT, LLC

Job Location Address: 14036 CLAYSPARROW RD (LOT 71)

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: IIIg

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☑ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

_____

_____

_____

_____

DENR Authorized Agent: Chris Sherrill, RS, CSS

Signature: _____