Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7443 WASPS App #: 2922

Primary ES assigned to project: DC

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: 4 Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR -25	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b) 130A-336	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
(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 ☐

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:

SFR .1949 b .1-2107

IA issued date: 3-1900

OP issued date: 3-2008

Review performed by: JR

Date performed: 7-2020

BM

FILE NUMBER: 7443B

SEPTIC FEE: 400.00
DATE: 10/30/07
Charged - X33441

Revised On: August 31, 2007

APPLICATION NUMBER: 2922

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A COMMERCIAL 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: 139.041.13
STREET ADDRESS: 9327 Arlington Hills Drive
CITY: Charlotte
STATE: NC ZIP: 28227
LOT #: C05 LOT SIZE (acres): .54
TOWNSHIP:
☑ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
DESCRIBE TYPE OF BUSINESS: Sales Trailer
☑ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 513
NUMBER OF EMPLOYEES PER SHIFT: 1
NUMBER OF SHIFTS: 1 NUMBER OF SEATS: 1
TYPE OF WASTEWATER GENERATED:
☑ DOMESTIC SEWAGE ☐ INDUSTRIAL WASTEWATER
☐ OTHER

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.

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 ☐ INNOVATIVE ☐ ALTERNATIVE ☐ 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 (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

10. PROPERTY OWNER:
NAME: Arlington Hills of Mint Hill, LLC
ADDRESS: 7714 Matthews Mint Hill Rd
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 704-573-7101
MOBILE PHONE: FAX: 704-545-8927

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Lionel Sargent
ADDRESS: 7714 Matthews Mint Hill Rd
CITY: Charlotte
STATE: NC ZIP 28227
HOME PHONE: WORK PHONE: 704-248-5111
MOBILE PHONE: FAX: 704-545-8927

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 12/1/05
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.

L. Trevino 10/25/07
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

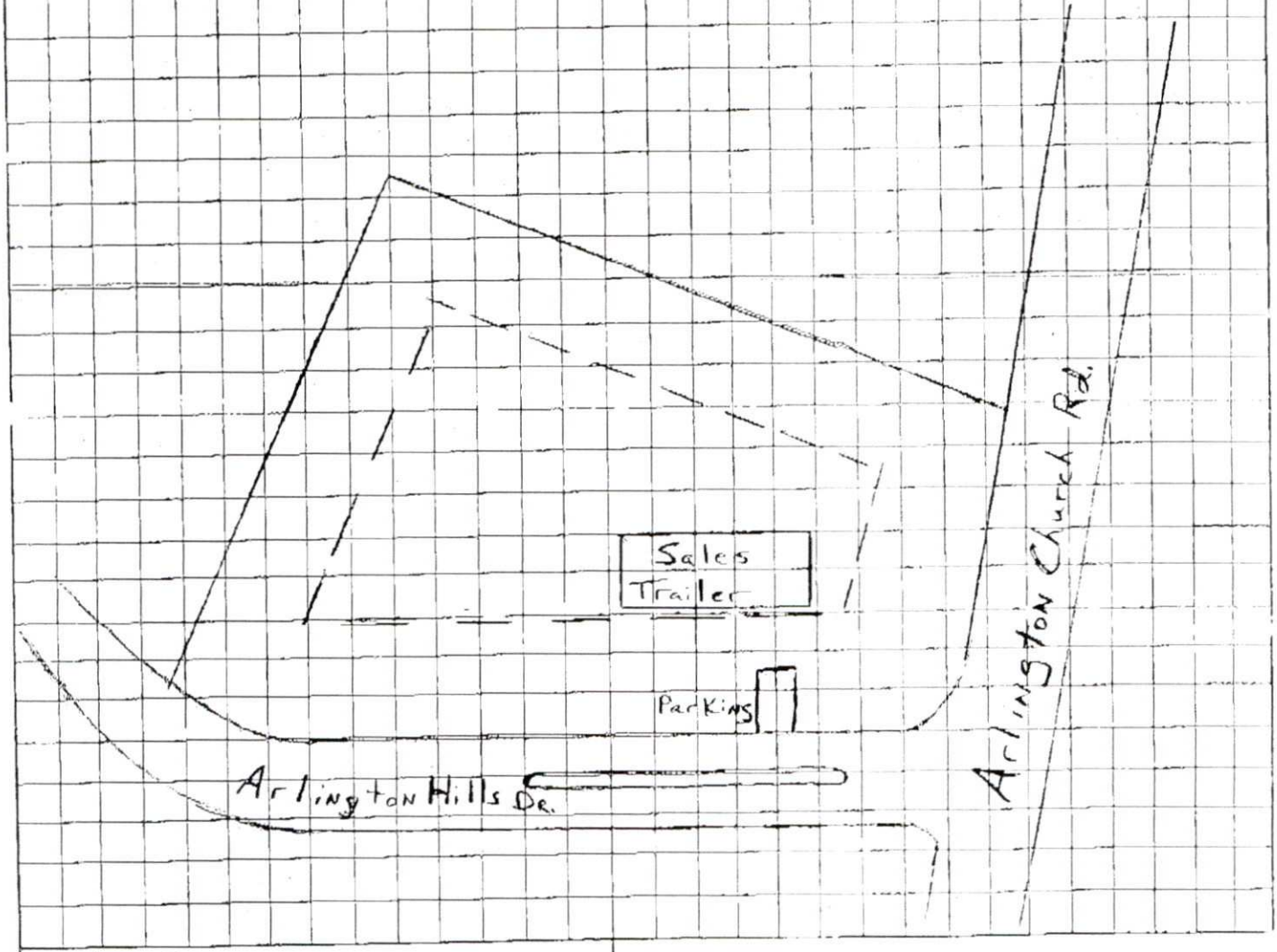
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: _____

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



A. Lyn Bunn
OWNER/AGENT SIGNATURE

DATE 10-25-07

APPROVAL DATE _____

PROPOSED PLOT PLAN

1"=60'

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 74438

TC: 139-041-13

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

- SEPTIC DESIGN FOR OFFICE TRAILER
  1 EMPLOYEE, MINIMUM 100 GAL/DAY
LTAR = 0.25 GAL/DAY/FT²

INNOVATIVE, 25% REDUCTION
TYPE IIIg

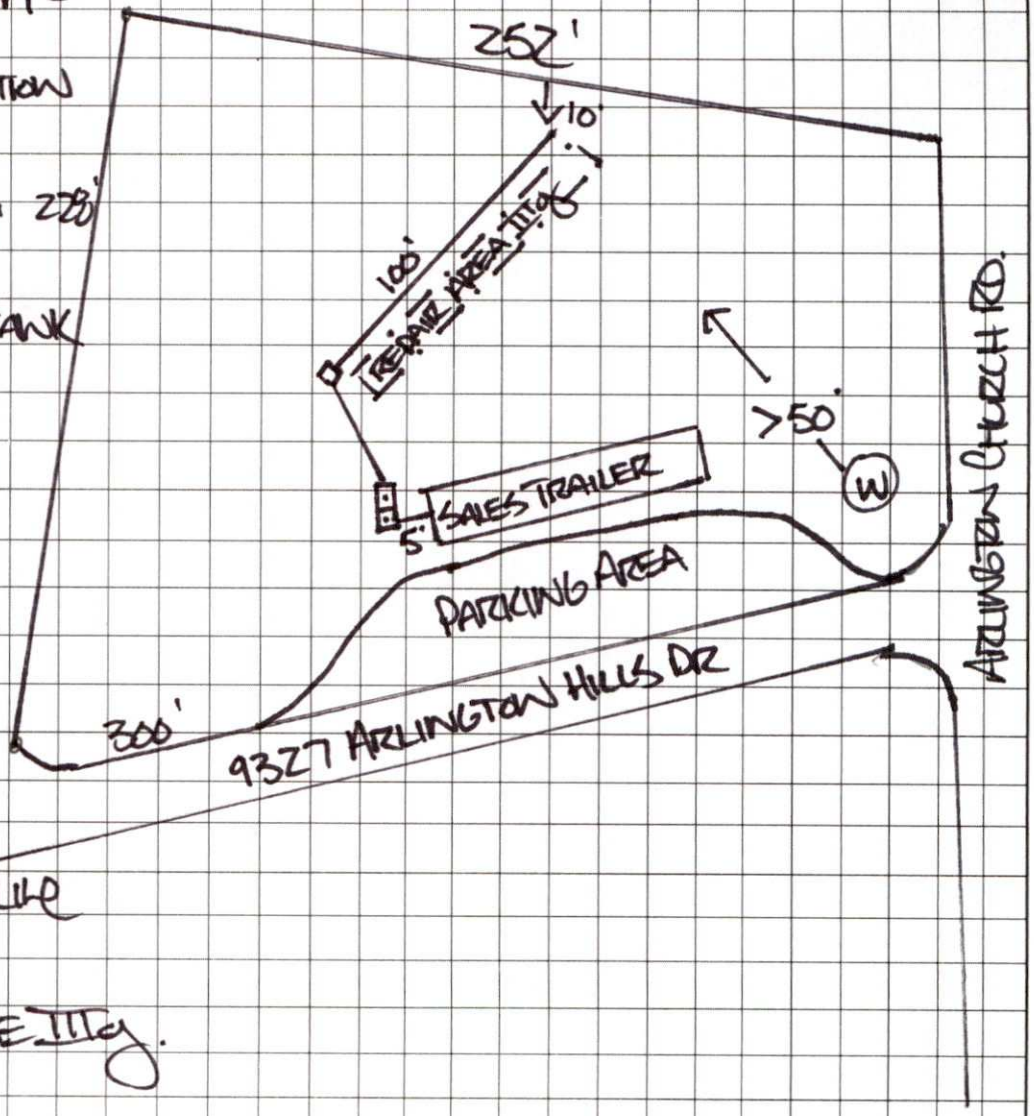
INSTALL 1 LINE @ 100'

- 1500 GAL SEPTIC TANK
- D-BOX

18" MAX TRENCH DEPTH
6" ADDITIONAL SOIL
COVER OVER
ENTIRE DRAINFIELD.

SETBACKS:
>50' FROM WELL
>10' FROM PROPERTY LINE

REPAIR AREA TYPE IIIg.



OWNER/AGENT SIGNATURE

DATE 11-21-07

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/30/07	**Amount:**	400.00
Receipt #:	53449	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #: X33441
Contractor: GRACE INNOVATIONS LLC
Attn:
Address: 7714 MATTHEWS MINT HILL RD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 9327 ARLINGTON HILLS DR		1	400.00	400.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,449.05	826.46				

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

Sheet: 1 of 2
Property ID: PO 139-041-13
Lot #:
File #: 7443B
AppID: 2922

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Arlington Hills of Mint Hill, LLC
Applicant: L. Sargent
Address: 7714 Matthews-Hill Road, Charlotte, N. C. 28227
Date Evaluated: 11/8/07
Proposed Facility: Residence
Design Flow (.1949): 25gpd
Property Size: .3a. Inv.
Location of Site: 9327 Arlington Hills Drive
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] 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, 5	0-6	DISTURBED		>41" TO SOIL WETNESS	41	N/A	NONE	PS, IV .3GPD/FT^2
		6-10	GR/SCL	FR/SEXP/SS/SP					
		10-28	SBK/C	FI/SEXP/S/P					
		28-41	SBK/SCL	FR/SEXP/SS/SP					
2	"	0-3	GR/CL	"	>30" TO SOIL WETNESS	30	"	"	US, IV .25GPD/FT^2
		3-20	SBK/ABK/C	FI/SEXP/S/P					
		20-30	SBK/CL	FR/SEXP/SS/SP					
3	"	0-3	GR/CL	"	>34" TO SOIL WETNESS	24	"	"	US, IV .135GPD/FT^2
		3-17	SBK/ABK/C	FI/SEXP/S/P					
		17-24	SBK/CL	FR/SEXP/SS/SP					
		24-34	M/CL	"					
4	"	0-4	GR/CL	"	>32" TO SOIL WETNESS	32	"	"	US, IV .25GPD/FT2
		4-19	SBK/ABK/C	FI/SEXP/S/P					
		19-32	SBK/CL	FR/SEXP/SS/SP					
					SITE LTAR .25GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	II	II
Site LTAR	0.25	0.25

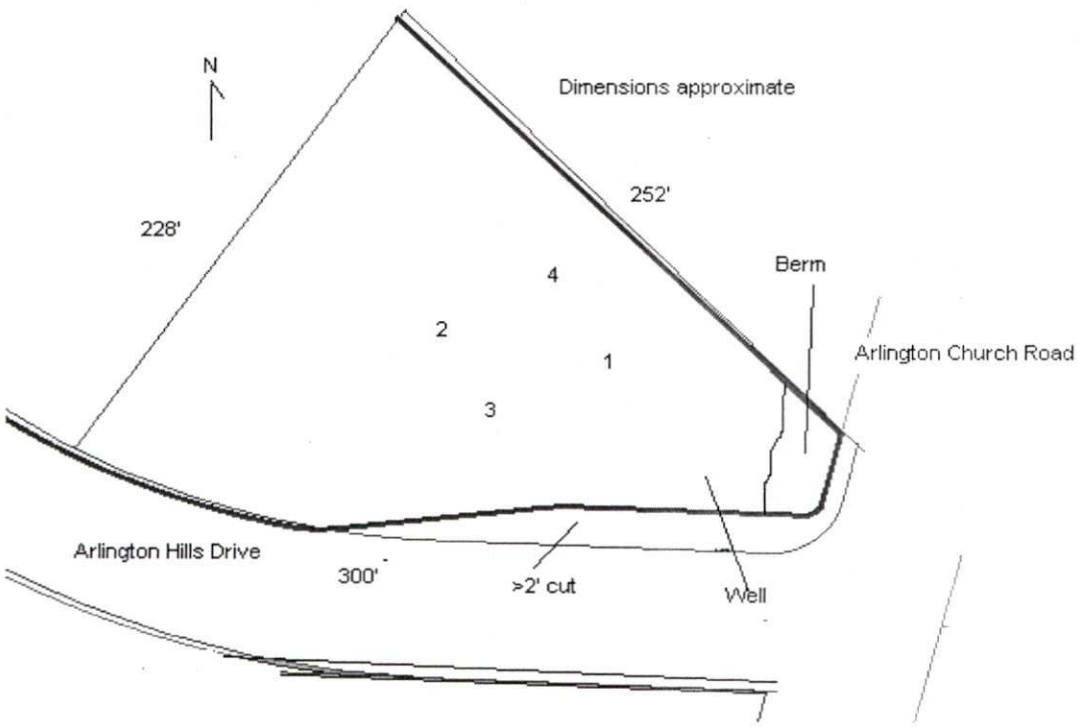
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 11/12/2007, W. R. Marlin
Others Present:
Site Classification (.1948): PROVISIONALLY SUITABLE
Site Evaluation By: DAVID CORNELIUS, RS
Others Present:

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
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



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

Sheet: 1 of 2
Property ID: PO 139-041-13
Lot #:
File #: 7443B
AppID: 2922

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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
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		28-41	SBK/SCL	FR/SEXP/SS/SP					
2	"	0-3	GR/CL	"	>30" TO SOIL WETNESS	30	"	"	US, IV .25GPD/FT^2
		3-20	SBK/ABK/C	FI/SEXP/S/P					
		20-30	SBK/CL	FR/SEXP/SS/SP					
3	"	0-3	GR/CL	"	>34" TO SOIL WETNESS	24	"	"	US, IV .135GPD/FT^2
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		17-24	SBK/CL	FR/SEXP/SS/SP					
		24-34	M/CL	"					
4	"	0-4	GR/CL	"	>32" TO SOIL WETNESS	32	"	"	US, IV .25GPD/FT2
		4-19	SBK/ABK/C	FI/SEXP/S/P					
		19-32	SBK/CL	FR/SEXP/SS/SP					
					SITE LTAR .25GPD/FT^2				

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

Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 11/12/2007. W. R. Marlin
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

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 COMMERCIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30002922** GWS File #: **7443B** Tax Parcel #: **139-041-13**

- 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):** 11/19/2012

Intallation Type: Commercail/Industrial - New System Business Type: Commercial

Facility Size (ft^2): 513 # Employees/Shift: 1 # Shifts: 1

Wastewater Type: Sewage Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	100	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	300	Total Trench Length (ft):	100
Maximum Trench Depth (in):	18	Depth of Media (in):	N/A	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	100	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	300	Total Trench Length (ft):	100
Maximum Trench Depth (in):	18	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: David Cornelius Owner/Legal Agent: A. Ryan Burns

Print Name

Signature: Signature: A. Ryan Burns

Date Issued: 11/19/2007

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 COMMERCIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30002922** GWS File #: **7443B**

IV. Permit Conditions/Comments:

- Additional soil cover, as specified on the plot plan, required over the drain field must be inspected and approved prior to issuance of an Operation Permit.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

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: David Cornelius

Signature:

Date Issued: 11/19/2007

Owner/Legal Agent: A. Ryan Burns
Print Name

Signature: A. Ryan Burns

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 #: 7443B Permit #: _____ Tax Parcel #: 139-041-13

Property Owner: ARLINGTON HILLS OF MINT HILL

Job Location Address: 9327 ARLINGTON HILLS DR. SALES OFFICE

City: CHARLOTTE State: NC Zip Code: 28227

Installation Approval Issuance Date: 3/19/08

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 4/20/08, 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: 100 GPD

Site LTAR: 0.25 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 INNOVATIVE 25% REDUCTION

Trench Depth: 18 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 100 feet

# of Lines: 1 @ 100 feet

Depth of Media: N/A inches (Type) IIIg

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 _____

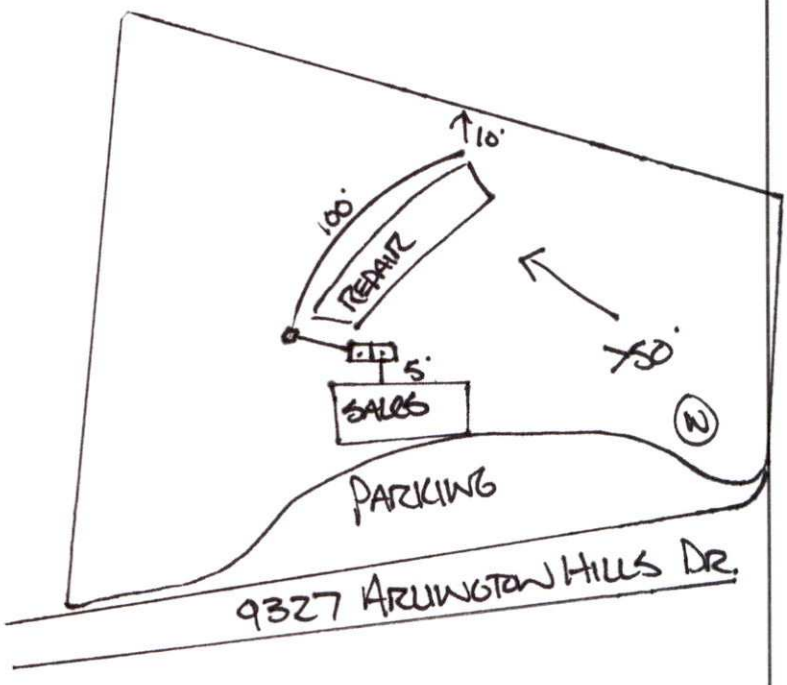
Minimum System Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIg, INNOVATIVE, 25% REDUCTION. SEPTIC INSTALLATION FOR SALES OFFICE WITH 1 EMPLOYEE. INSTALL 100' DRAINLINE. STAY OFF WELL 50'.

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 7443B Permit #: _____ Tax Parcel #: 139-041-13

Property Owner: ARLINGTON HILLS OF MINT HILL

Job Location Address: 9327 ARLINGTON HILLS DR. SALES OFFICE

City: CHARLOTTE State: NC Zip Code: 28227

Operation Permit Issuance Date: 3/20/08 Contractor Name: W.T. NORWOOD

Permitted Design Flow: 100 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A INNOVATIVE 25% REDUCTION CHAMBERS

Trench Depth: 18 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 100 feet

# of Lines: 1 @ 100 feet

Depth of Media: N/A inches (Type) IIIg

Depth of Cover: 12 inches

Distribution Device: D-Box

Inspection Dates

Tank(s) Inspected: 3/20/08

Excavation Inspected: 3/20/08

Pump & Controls Inspected: N/A

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: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

INSTALLED AS SHOWN ON I.P.

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 750 feet

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, INNOVATIVE, 25% REDUCTION, CHAMBERS.
1 LINE INSTALLED @ 100'. 750' FROM WELL

DENR Authorized Agent: DAVID CORNELIUS Signature: _____, RS

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 #: 74438 Permit #: _____ Tax Parcel #: 139-041-13

Property Owner: ARLINGTON HILLS OF MINT HILL

Job Location Address: 9327 ARLINGTON HILLS DR. SALES OFFICE

City: CHARLOTTE State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: IIIa

*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: DAVID CORNELIUS, PE Date: 3/26/08

Signature: _____

GRACE
INNOVATIONS, LLC.

A. Ryan Burns

GRACE INNOVATIONS, LLC
7714 Matthews/Mint Hill Rd
Charlotte, NC 28227
704-573-7101 (Main Office)
704-248-5106 (Direct)
704-281-5264 (Mobile)
Ryan.Burns@graceinnovations.com

Send to: **Mecklenburg County Wastewater Services**	**From: Ryan Burns**
Attention:	Date: October 25, 2007
Office location:	Office location:
Fax number: 704.336.6894	Phone number: 704.336.5103

☐ ☐ ☐ ☑ ☐

Total pages, including cover: 3

Comments:

Thank you for processing this application. Please apply the fee to our account. Grace Innovations, LLC.

X 33441 = Account Number

A. Ryan Burns