

1/8/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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5556B 3704

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES PW

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: 00750111
STREET ADDRESS: 18658 SHEARER RD.
CITY: DAVIDSON
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 5.485
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: 4782
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE: Brick / Block
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT 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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: JASON WHITENER DIENST CUSTOM HOMES
ADDRESS: 9604 Caldwell Commons Cir.
CITY: Carnelius
STATE: NC ZIP: 28031
HOME PHONE: 704-400-4296
WORK PHONE: 704-892-8426
MOBILE PHONE: 704-408-4296
FAX: 704-896-5876

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct: Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

_____ 7/11/08

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

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OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 400 cash DATE FEE RECEIVED: 7/11/08

WELL APPLICATION FEES RECEIVED: $ 550 cash DATE FEE RECEIVED: 7/11/08

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 5556B

APPLICATION ID NUMBER ASSIGNED: 3704

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

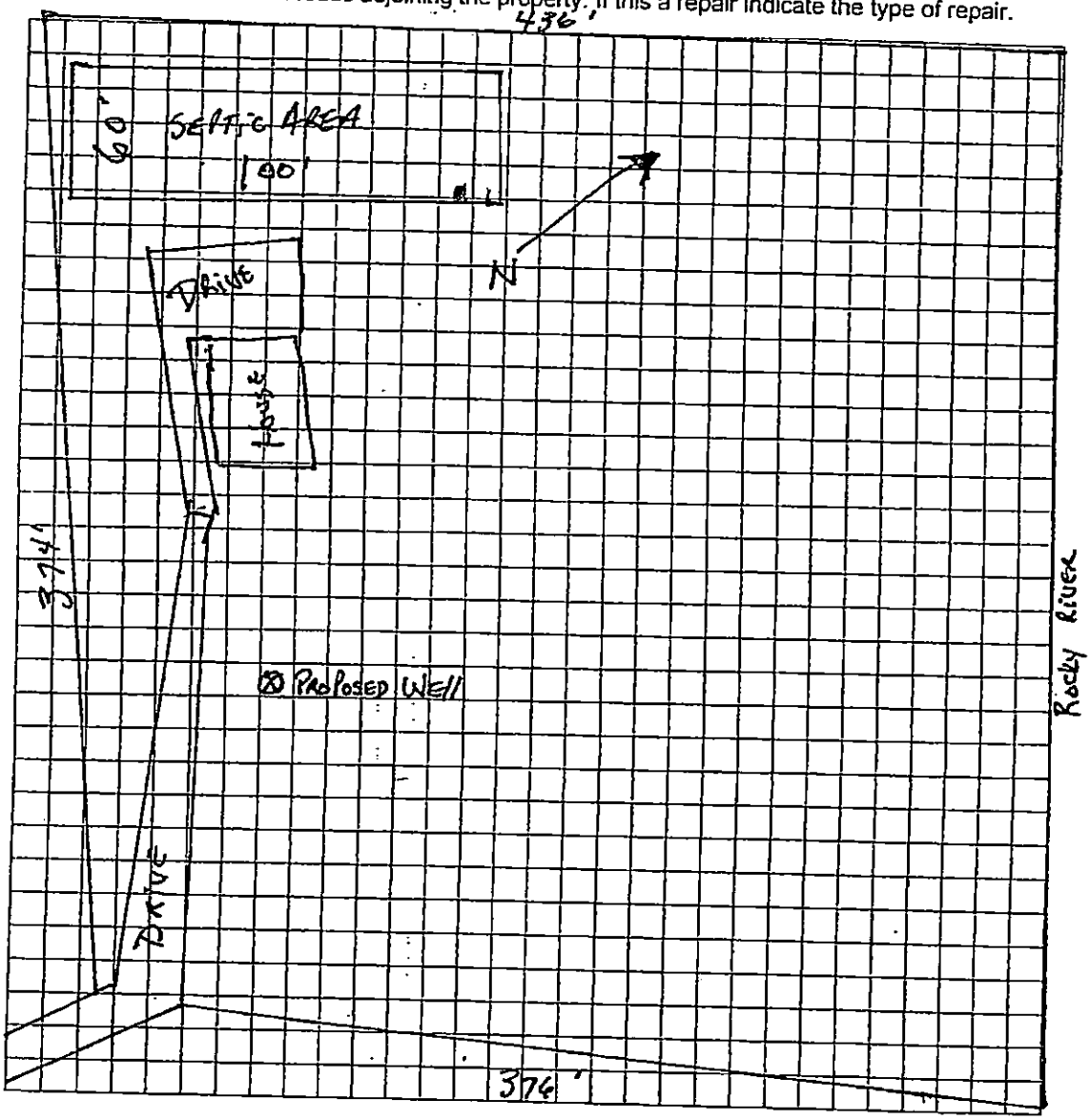
Revised on: 7/1/08

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

File # 55568
Date 7/11/08

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature Jason Whitener

Date 7/11/08

WHAT WE WOULD LIKE TO DO IS TURN THE SEPTIC AREA. MAKE THE SEPTIC 60' WIDE & 100' LONG. WHAT IS APPROVED NOW IS 100' WIDE & 60' LONG. THIS will ALLOW THE HOUSE TO BE MOVED CLOSER TO THE PROPERTY LINE.

LBC 12/15/04

PLEASE CALL W/ QUESTION
704-400-4296 Jason Whitener

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

Sheet: 1 of 2
Property ID: 007-501-11
Lot #:
File #: 5556B
AppID: 3704

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Mark Thrower — Applicant:
Address: 18650 Shearer Road, Davidson, N. C. 28036 — Date Evaluated: 4/8/04
Proposed Facility: Rresidence — Design Flow (.480gpd — Property Size: .75a inv.
Location of Site: 18658 Shearer Road — Property Recorded:
Water Supply: [ ] Public [x] Individual [x] 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, 15	0-5	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		5-48	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
2	LS, 10	0-11	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		11-38	SBK/C	FI/SEXP/S/P					
		38-48	SBK/CL	FR/SEXP/SS/SP					
3	"	0-20	GR/SCL	"	>47" TO SOIL WETNESS	47	"	"	"
		20-47	SBK/C	FI/SEXP/S/P					
4	"	0-9	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		9-48	SBK/C	FI/SEXP/S/P					
5	LS, 6	0-9	GR/SCL	FR/SEXP/SS/SP	>43" TO SOIL WETNESS	43	"	"	"
		9-48	SBK/C	FI/SEXP/S/P					
					SITE LTAR .275GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IV a	V a
Site LTAR	0.275	0.1

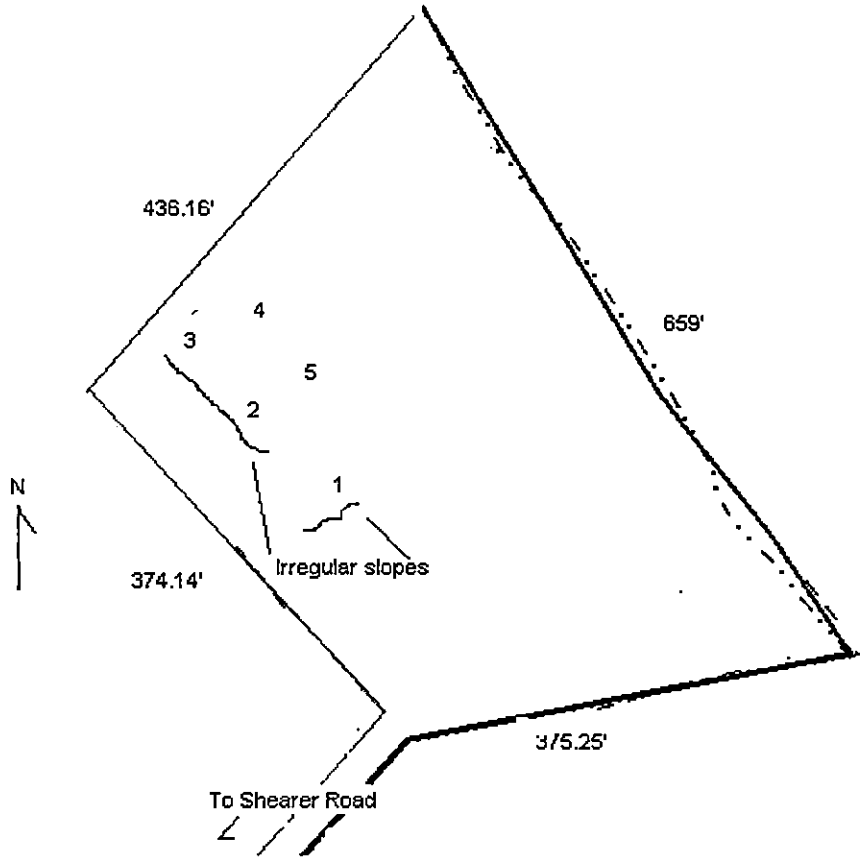
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 4/12/2004,
Others Present: M. Thrower
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michelone, R.S.
Others Present:

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



R & H of Lake Norman Inc.

Wastewater System Installation and Management
Inspection and Maintenance Agreement

STATE OF NORTH CAROLINA, COUNTY of Mecklenburg
This agreement is made and entered into this date of April 23, 2009,
by and between Frederick S Hennighausen (the "Owner")
and R & H of Lake Norman Inc. (the "Contractor").

Witnesseth

WHEREAS, the owner owns or controls the property upon which a ground absorption Sewage Treatment system is installed, such system being designed a Type IV system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Adm. Code 18A 1900 et seq,; and

WHEREAS, 15A N.C. Adm. Code 18A. 1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the contractor is a management entity of a type authorized by 15A N.C. Adm Code 18A. 1961 to manage a Type IV system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below:

1.The Contractors Obligations. The Contractor shall perform the following services on the Owner's system located at 18658 Shearer Rd Davidson NC

a. The Contractor shall inspect the system at least the frequency required in Table V(b) of 15A N.C. Admin Code 18A1961(b) for a type IV system.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

c. The Contractor shall report results of inspections to the local department at the frequency specified in Table V(b) of 15AN.C. Admin Code 18A.1961 for a Type IV system.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the health department within 24 hours the then inspection.

e. The Contractor shall notify the Owner of needed repairs, which are outside the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment thereof at the Contractor's normal charge for services and materials.

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin Code 18A. 1961 (b) for a Type IV system.

g. The Contractor shall respond to a request for a non-scheduled service or maintenance call within 72 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $350.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon 60 days advance days notice to the Owner but may not increase more than 2 percent per year. The Owner shall pay to the Contractor the normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within 30 days of billing. Payments due to Contractor and unpaid by the Owner after 30 days shall accrue interest from the due date until paid at a rate of 2 percent per month.

b. Within 7 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the repairs were satisfactorily completed.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination. This Agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Termination by Mutual Consent. The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the Local Health Department within 30 days in advance of the date of termination.

c. Termination by the Owner. The Owner may terminate this Agreement by giving notice to the Contractor and to the Local Health Department 30 days in advance of the date of termination.

d. Termination by the Contractor. The Contractor may terminate this Agreement for cause by giving notice of intent to terminate this Agreement to the Owner and the Local Health Department 30 days in advance of the date of termination. Cause shall be defined as:

1. Failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within 30 days of receipt by the Owner. If the said bill is paid after notice of termination of this Agreement, the Agreement shall continue in effect; or

2. Failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs were completed within 2 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

3. Failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

4. The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in Paragraph 4, below

4. Assignment.

   a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

   b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity, which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type___system upon 30 days written notice to the Owner and to the Local Health Department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representatives. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either party of the default or a breach by the party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provisions; and (b) shall not in any way affect the validity of this Agreement, or the right of either party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by a certified or registered mail, return receipt requested, postage prepaid to the party to be notified and addressed as follows:

To the Owner: Frederick S. Hennighausen
18658 Shearer Rd
Davidson NC 28036

To the Contractor: R+H of Lake Norman, Inc
142 Hidden Harbor Rd
Mooresville NC 28117

To the Local Health Department: Mecklenburg Co Groundwater & Wastewater Services
700 N Tryon St Suite 211
Charlotte NC 28202

The date of any notice shall be date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either party by notice the other party.

10. Placement of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State of North Carolina notwithstanding the place of execution, or the order in which the signatures of the parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the parties with respect to the subject matter hereof and constitutes the entire Agreement between the parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum practicable in light of such determination, implement and give effect to the intentions of the parties reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such actions, remain in full force and effect.

IN TESTIMONY WHEREOF, the parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the parties, the day and year first above written.

F. S. Hendrickson 4/29/09

(Owner) (Date)

F. S. HENDRICKSON

B. Russell 4/23/09

(Contractor) (Date)

BRAD RUSSELL (R+H OF LAKE NORMAN, INC)

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 55563 WASPS App #: 3704

Primary ES assigned to project: OJ

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 .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)	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 ☐

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: certified operator contract on file

IA issued date: 12/31/08

OP issued date: 4-9-09

Review performed by: _____ Date performed: 9-9-08

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 #: 5556B Permit #: 3704 Tax Parcel #: 007 501 11

Property Owner: Dienst Custom Homes

Job Location Address: 18658 Shearer Rd

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 4/9/09 Contractor Name: R & H Septic

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: Gould

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 290 feet

# of Lines: 5 @ 58 feet

Depth of Media: NA inches (Type) PPBPS

Depth of Cover: 14 inches

Distribution Device: LPP

Inspection Dates

Tank(s) Inspected: 1/13/09

Excavation Inspected: 1/13/09

Pump & Controls Inspected: 4/9/09

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Installed in accordance with consultants plan in file

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: 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: Type IVa, Pump to PPBPS

PPBPS, P, LP

DENR Authorized Agent: Philo Walker RS Signature: Philo Walker 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 #: 5556B Permit #: 3704 Tax Parcel #: 007501 11

Property Owner: Dienst Costom Homes

Job Location Address: 18658 Shearer Rd

City: Davidson State: NC Zip Code: 28036

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: IVa

*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: Type IVa Pump to PPBPS

DENR Authorized Agent: Philo Walker RS Date: 4/9/09

Signature: Philo Walker 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

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

File #: 5556B Permit #: 3704 Tax Parcel #: 007 501 11

Property Owner: Daenst Custom Homes Jason Whitener

Job Location Address: 18658 Shearer Rd

City: Davidson State: NC Zip Code: 28036

Installation Approval Issuance Date: 12/31/08

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 1/30/09, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

Site LTAR: .225 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 291 feet

# of Lines: 5 @ 58 feet

Depth of Media: NA inches (Type) PPBPS

Distribution Device: LPP

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install system in accordance with approved plot plan

Comments: System Classification & Type: Type IVa Install septic system in accordance with approved plot plan

DENR Authorized Agent: Philo Walker RS Signature: Philo Walker RS

S&ME

August 18, 2008

Mr. Jason Whitener
Dienst Custom Homes
9606 Caldwell Commons Circle
Cornelius, North Carolina 28031

Reference: **Request for a Septic Improvement Permit for 18658 Shearer Road**
Mecklenburg County Health Department (MCHD) File #5556B

Dear Mr. Whitener,

Attached is the request for the Improvement Permit for the above referenced lot. We are requesting an Improvement Permit for a 4 bedroom house. We are proposing a LPP PPBPS system and a subsurface drip repair. Mr. Bill Marlin, LSS with the MCHD has evaluated the soils (see attached MCHD soil sheets) and approved the proposed septic area on at a 0.275 gpd/sqft LTAR. We are proposing the drip repair area at a 0.1 gpd/sqft LTAR. S&ME, Inc. has flagged the primary system in the proposed septic area. The attached sketch and specifications are not an Improvement Permit and are intended only to assist the MCHD in permitting the referenced lot, [redacted]. This lot has a current and valid septic permit at this time.

A building permit cannot be issued until the MCHD issues an Authorization to Construct (ATC). The buyer will apply for the ATC. **No grading shall take place on the septic area prior to obtaining the ATC from the MCHD.**

The proposed system is a TYPE IV and will require a contract with a Certified Operator to supply maintenance services for the septic system. Please review the attached system sketch and design specifications for the Improvement Permit. If necessary, the MCHD may add comments to the site plan or specifications. Please call in you have and questions or comments.

Sincerely,

S&ME, Inc.

Paul G. Penninger, LSS
Licensed Soil Scientist

Kathleen Saunders, LSSIT
Project Manager/Soil Scientist

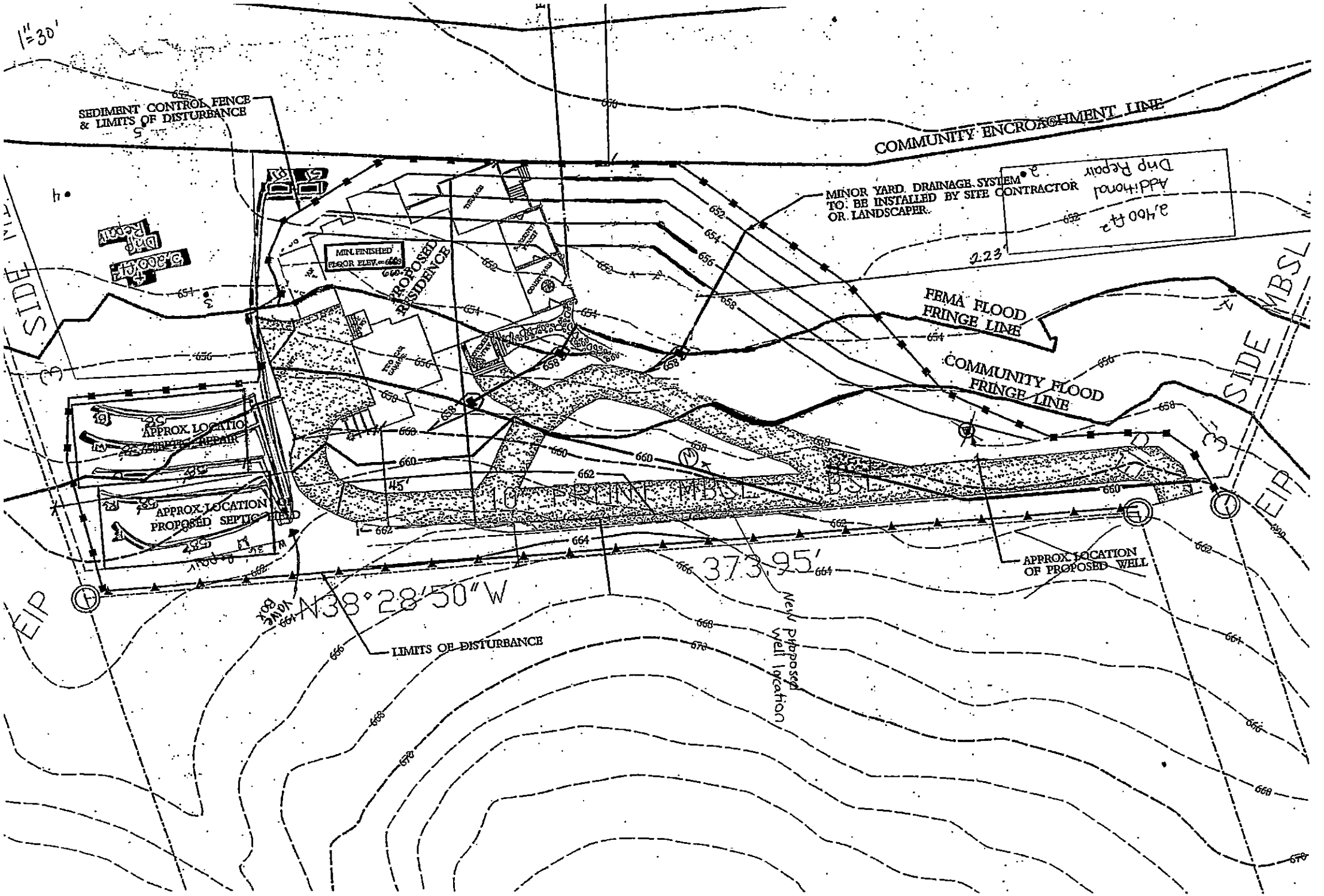
Attachments:
1. System Specifications
2. Site Plan
3. MCHD Soil Evaluation

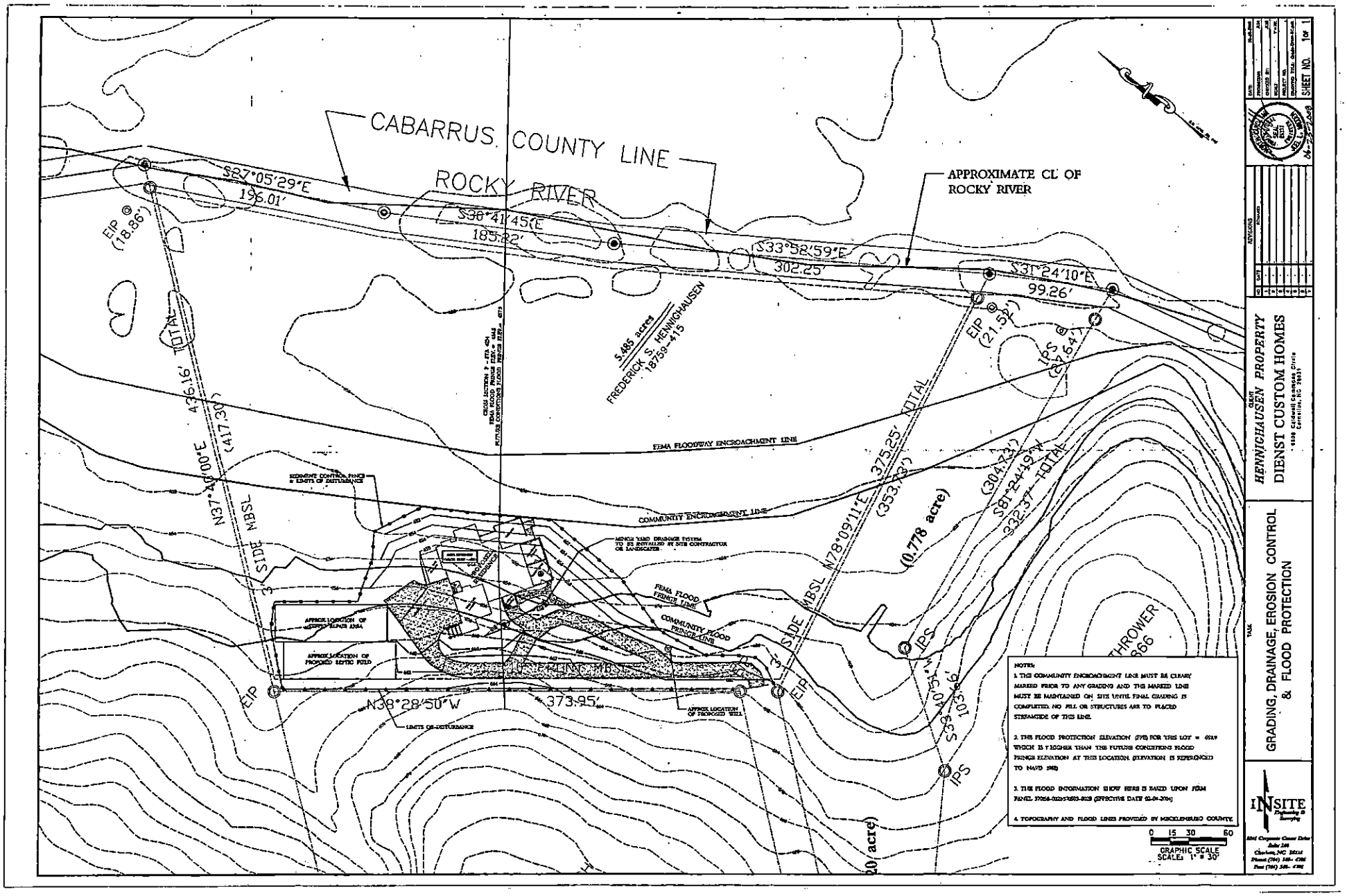
Copy: Mr. Jeremy Michelone, R.S.
MCHD

Design Specifications for 18658 Shearer Road
MCHD File # 5556B

Daily Design Flow:	480 gpd
Number Bedrooms:	4 bdr.
Basement or Crawlspace:	Basement
Septic Tank Size:	1500 gal
Pump Tank Size:	1500 gal
Primary System Loading Rate:	0.275 gpd/ft^2
Primary System:	LP PPBPS
Number and length of laterals:	5 @ 58 ft
Total ft. of primary system:	290 ft.
Number of T&J Panels:	14 panels per 58 ft line, for a total of 70 panels
Flow Rate through system:	35 gpm – use 5/32 in. holes with 3 ft. head pressure
Pump Requirements:	to be calculated by installer when specific house and pump tank locations are available
Dosing Volume:	approx. 252 gal. – (3.6 gal per panel)*
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:	0.1 gpd/ft^2
Repair System:	Subsurface Drip
Total ft. of repair	approx. 7,600 ft^2

Notes: Before placement of cap block, one panel on each line, near the center of the field should be observed filling to male certain that it does not overflow the top chamber into the air chambers. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.


1"=30'
SEDIMENT CONTROL FENCE & LIMITS OF DISTURBANCE
COMMUNITY ENCROACHMENT LINE
MINOR YARD DRAINAGE SYSTEM TO BE INSTALLED BY SITE CONTRACTOR OR LANDSCAPER.
PROPOSED RESIDENCE
MIN. FINISHED FLOOR ELEV.=668
FEMA FLOOD FRINGE LINE
COMMUNITY FLOOD FRINGE LINE
APPROX. LOCATION OF PROPOSED SEPTIC FIELD
APPROX. LOCATION OF PROPOSED WELL
LIMITS OF DISTURBANCE
N38°28'50"W
373.95'
45'
10' PRIVATE MBSL D.E.
SIDE MBSL
EIP
Proposed Well Location
Addition
Dwp Repair
3,400 ft²
3,200 ft²


CABARRUS COUNTY LINE
ROCKY RIVER
APPROXIMATE CL OF ROCKY RIVER
S27°05'29"E 196.01'
S36°41'45"E 185.22'
S33°58'59"E 302.25'
S31°24'10"E 99.26'
EIP (18.86')
EIP (21.52')
5.485 acres
FREDERICK S. HENNIGHAUSEN 18759-415
FEMA FLOODWAY ENCROACHMENT LINE
COMMUNITY ENCROACHMENT LINE
FEMA FLOOD FRINGE LINE
COMMUNITY FLOOD FRINGE LINE
N37°40'00"E 436.16' TOTAL (417.30')
3' SIDE MBSL
N78°09'11"E 375.25' TOTAL (353.43')
S81°24'19"W 332.37' TOTAL (304.43')
(0.778 acre)
N38°28'50"W 373.95'
S33°40'51"W 103.66'
IPS
EIP
SEDIMENT CONTROL FENCE & LIMITS OF DISTURBANCE
APPROX LOCATION OF PROPOSED SEPTIC FIELD
APPROX LOCATION OF PROPOSED WELL
LIMITS OF DISTURBANCE
MINOR YARD DRAINAGE SYSTEM TO BE INSTALLED BY SITE CONTRACTOR OR LANDSCAPER
NOTES:
1. THE COMMUNITY ENCROACHMENT LINE MUST BE CLEARLY MARKED PRIOR TO ANY GRADING AND THE MARKED LINE MUST BE MAINTAINED ON SITE UNTIL FINAL GRADING IS COMPLETED. NO FILL OR STRUCTURES ARE TO PLACED STREAMSIDE OF THIS LINE.
2. THE FLOOD PROTECTION ELEVATION (FPE) FOR THIS LOT = 659.9 WHICH IS 1' HIGHER THAN THE FUTURE CONDITIONS FLOOD FRINGE ELEVATION AT THIS LOCATION. (ELEVATION IS REFERENCED TO NAVD 1988)
3. THE FLOOD INFORMATION SHOW HERE IS BASED UPON FEMA PANEL 3700560325J/3600-3028 (EFFECTIVE DATE 02-04-2004)
4. TOPOGRAPHY AND FLOOD LINES PROVIDED BY MECKLENBURG COUNTY.
0 15 30 60
GRAPHIC SCALE
SCALE 1" = 30'
SHEET NO. 1 OF 1
HENNICHAUSEN PROPERTY
DIENST CUSTOM HOMES
GRADING, DRAINAGE, EROSION CONTROL & FLOOD PROTECTION
INSITE

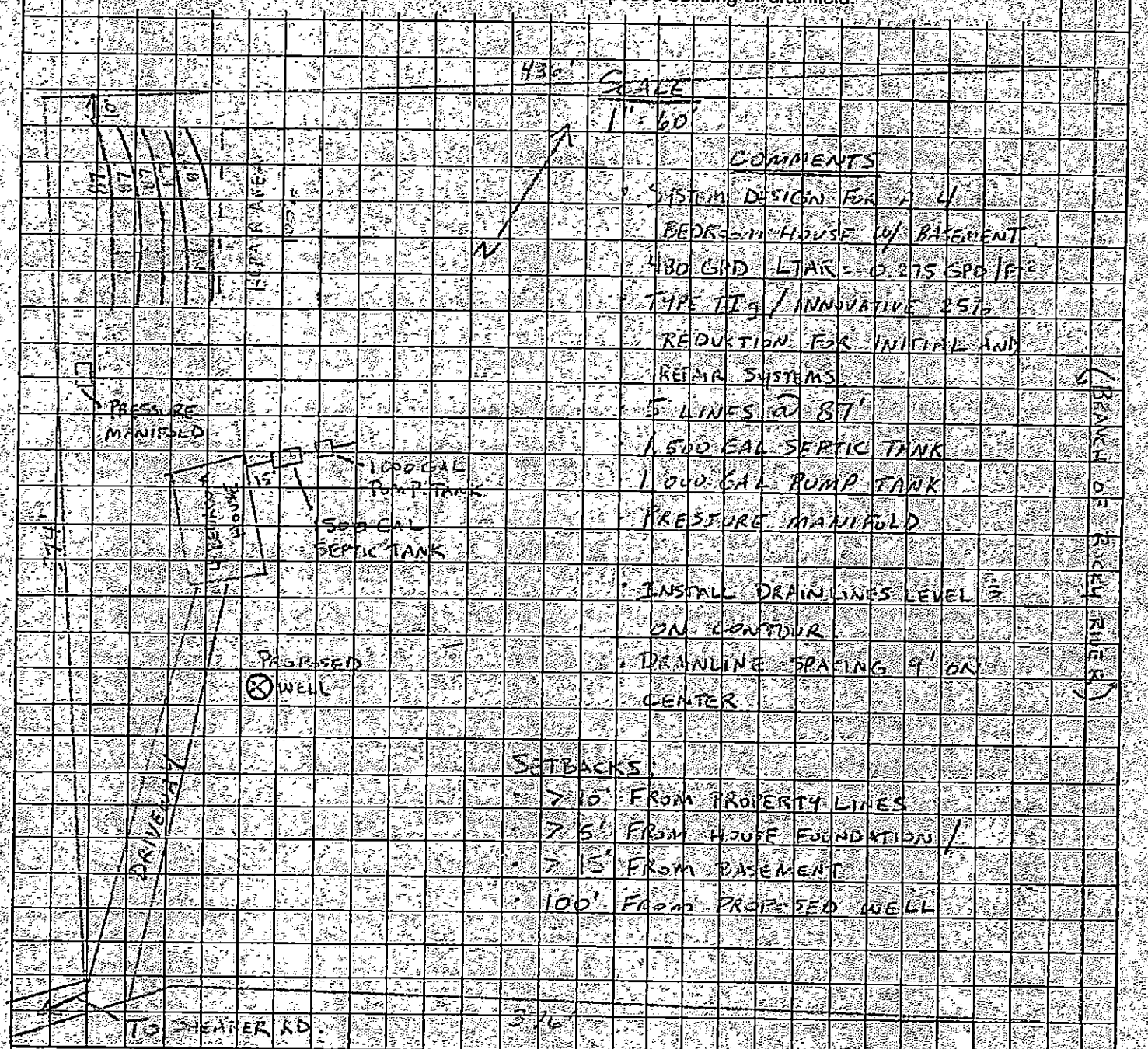
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5556B

TC: 007-501-11

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 4/19/09

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

Shearer Rd
Dienst Custom Homes

PROPERTY ID #: ___
DATE OF EVALUATION: 8/1/08
COUNTY: Meck. Co

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 7%	8	WK SBK SCL	FR SS/SP	DK Br				0.2 to 28"
		28	WK SBK SCL	FR SS/SP	Red Br; C yel Br & Mn				
		48	WK SBK SC	F, S/P	yel Br; C Mn, F/C	10YR 6/2			
2	LFS	16	WK SBK SCL	FR SS/SP	DK Red Br				0.2 to 25"
		18	WK SBK SCL	FR SS/SP	Br				
		25	WK SBK C	Fi S/P	Red; F yel Br				
		36	WK SBK C	Fi/VFi S/P	yel Red, C 2chroma, Mn				
		48	WK SBK SC	Fi S/P	yel Red; C 2chrom, C sap Mn				
3	L 7%	0-8	Mo GR SCL	FR SS/SP	DK Br				0.2 to 31"
		8-15	WK SBK SCL	FR SS/SP	Red Br				
		15-24	WK SBK L	FR SS/SP	Red Br				
		24-31	WK SBK SC	Fi S/P	B; C yel Br, Mn				
		31+	C 2chroma (10YR 6/2)						
4	L	4	WK SBK SCL	FR SS/SP	Red Br				0.3 to 36"
		36	WK SBK L/CL	FR SS/SP	Red Br				
		41	Loose/ WK GR SL	FR NS/NP	multi; F 2 chroma				
		48	WK SBK SCL	FR SS/SP	Lt Red; C 2chroma				
5	L	0-48	Stratified	SL/L/CL FR to VFR	C. pockets 10YR 6/2 mottles starting @ 21"				Drp

COMMENTS: KMS

PPBPS Design Worksheet	(Primary System)						File #:	5556B
							Tax #:	007-501-11
System Requirements							Address:	18658 Shearer Road
Design Flow	360	gpd						
LTAR	0.275	gpd/ft.^2					ES:	JPM
Linear footage	436	ft. (conventional)					Phone:	336-5572
Linear footage	218	ft. (50% Reduction)						
							Reviewed By:	JPM
Design Layout							Date:	
Laterals	Length (ft)	# Panels	Calculated					
Line # 1	58	14	13.38					
Line # 2	58	14	13.38					
Line # 3	58	14	13.38					
Line # 4	58	14	13.38					
Line # 5	58	14	13.38					
Line # 6	0	0	0.00					
Line # 7	0	0	0.00					
Line # 8	0	0	0.00					
Line # 9	0	0	0.00					
Line # 10	0	0	0.00					
Totals	290	70	66.92					
	*Lines longer than 70 ft. must be center-fed to comply with sewage rules.							
Absorption Area								
Length (ft)	Width (ft)	Area (ft^2)						
290	2	580						
System Pressure Head	3	ft.	Value selected by system designer (must be between 2-5 ft.)					
Orifice Diameter	5/32	in.	Size selected by system designer (1/8 in. minimum)					
Flow Rate per Orifice	0.50	gpm	Determined from orifice flow design table (use table from Flow Rate tab)					
Total System Flow Rate	34.90	gpm	Total number of panels required multiplied by the orifice flow rate					
System Dose Volume	252.00	gal.	Total number of panels required multipled by 3.6 gal./panel					
Doses Per Day	1.43	cycles	Number of dose cycles per day based on daily design flow					
Pump Run Time	7.22	min.	System dose volume divided by the total system flow rate					
Pump Tank Volume / Inch	21	gal./in.	1,000 gal. Pump tank, volume is approximately 21 gallons per inch. 1,500 gal. pump tank, volume is approximately 29 gallons per inch					
Pump Tank Drawdown	12.00	in.	Depth of effluent pumped per dose cycle.					

T & J Panels	
Linear Feet	# Panels
20	5
30	7
40	9
50	11
60	14
70	16

Cells with blue shading require user input.
Cells with yellow shading are automatically calculated.

Comments:

1. Install system using 2 ft. wide trenches.
2. Install drainlines on 8 ft. centers, level, and on contour.
3. System design requires effluent pump for distribution.
4. 100% Repair area is reguired.

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 #: **30003704** GWS File #: **5556B** Tax Parcel #: **007-501-11**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 8/25/2013

Type of Installation: Residential - Modified Plot Plan Lot Number: 0

Structure Type: HOUSE Size (ft^2): 4782 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Community

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	873	Total Trench Length (ft):	291
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

III. Repair System Type: Drip Irrigation **System Classification:** Vd

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.1	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	1	Trench Spacing (ft):	2	Absorption Area (ft^2):	1746	Total Trench Length (ft):	1746
Maximum Trench Depth (in):	6	Depth of Media (in):	N/A	Distribution Device:	Headworks (Drip Irr.		

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: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 8/25/2008

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 #: **30003704** GWS File #: **5556B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 3 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 septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- 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.
- This septic system design requires pretreatment equipment to be installed. This equipment shall be installed as specified by the wastewater system design consultant.
- 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: Jeremy Michelone

Signature: _____

Date Issued: 8/25/2008

Owner/Legal Agent: _____
Print Name

Signature: _____

FEE: 400.00
DATE: 3/11/2013

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5556B

PERMIT NUMBER: 30003704

PARCEL NUMBER: 00750111

JOB LOCATION INFORMATION

ADDRESS: 18658 SHEARER RD

CITY: DAVIDSON **STATE: NC** **ZIP:** 28036

ISSUED TO: Rick Henninghausen

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 8/25/2008

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30003704, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

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

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   ***CONSTRUCTION AUTHORIZATION EXPIRATION DATE:** 8/25/2013

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/11/08	**Amount:**	200.00
Receipt #:	58173	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X33901
Contractor: DIENST BUILDERS II LLC
Attn:
Address: 9606-A CALDWELL COMMONS CIRCLE
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 18658 Shearer Rd/file 5556B		1	200.00	200.00

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

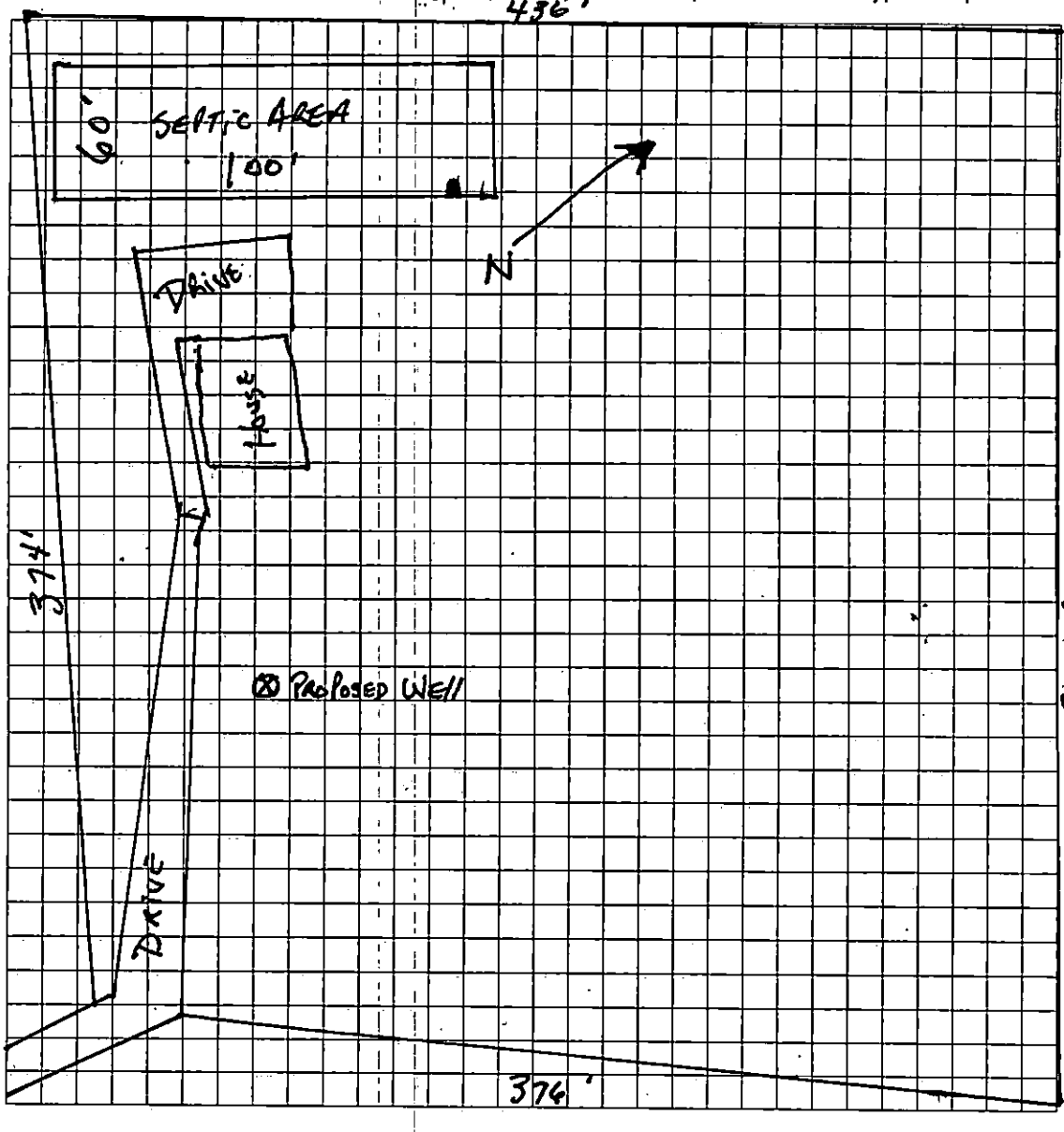
Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
3,567.50					

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

File # 55563
Date 7/11/08

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Jason deWitt Whiteman
Date	7/11/08

WHAT WE WOULD LIKE TO DO IS TURN THE SEPTIC AREA. MAKE THE SEPTIC 60' WIDE & 100' LONG. WHAT IS APPROVED NOW IS 100' WIDE & 60' LONG. THIS will ALLOW THE HOUSE TO BE MOVED CLOSER TO THE PROPERTY LINE.

LBC 12/15/04

PLEASE CALL W/ QUESTION
704-400-4296 Jason Whiteman

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/11/08	**Amount:**	200.00
Receipt #:	58174	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X33901
Contractor: DIENST BUILDERS II LLC
Attn:
Address: 9606-A CALDWELL COMMONS CIRCLE
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 18658 Shearer Rd /file 5556B		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
3,767.50					

FILE NUMBER: 55556B Revised On: August 31, 2007 PW APPLICATION NUMBER: 3582

SEPTIC FEE: 100
DATE: 6/10/08
or an X33901

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: _____

VOID

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: 007-501-11
STREET ADDRESS: 18658 SHEARER RD.
CITY: DAVIDSON
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 5 ACRE
TOWNSHIP:
☐ 0-MECKLE SVILLE
☐ 1-CHARLO L
☒ 2-DAVIDS

No Action Taken New Change 7/11/08

4. **BUILDING INFORMATION:**
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 4782
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNI G SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A
NUMBER OF NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SU** UBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSE** RIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. **PLEASE IN YSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*
CCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
8A. **RANK:** ___ ___ ___

9. **DO ANY O PERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CAB	S ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO
EXISTING W	S ☒ NO	JURISDICTIONAL WETLANDS	☒ YES	☐ NO
WELLS, SPR	S ☒ 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: RICK HENNIGHAUSEN
ADDRESS: 18317 Copeland Wy
CITY: DAVIDSON
STATE: NC ZIP: 28036
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: JASON WAITENER
ADDRESS: 9606 CALDWELL COMMONS CIR.
CITY: CORNELIUS
STATE: NC ZIP: 28031
HOME PHONE: WORK PHONE: 704-892-8426
MOBILE PHONE: 704-400-4296 FAX: 704-896-5876

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____
13. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 12/08

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.

Property Owner's or Owner's Legal Representative Signature 6/10/08 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 6/10/08 Date

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

FEE: 200.00
DATE: 3-31-09
Visa Payment

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

1 1 CRT

TYPE APPLICATION: X 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

Jeremy

FILE #: ~~55102B~~ 55566

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 00750111 PO

STREET ADDRESS: shearer rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C) __ MUNICIPAL (M) X PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Thrower, Mark D. (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 18650 shearer rd.	DAYTIME PHONE: ( ) -
CITY: Davidson STATE: N.C. ZIP: 28036	
DAYTIME PHONE: ( ) 704 - 892-1451 or 0101	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1998

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: Mark T Thrower DATE: 3-31-09

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

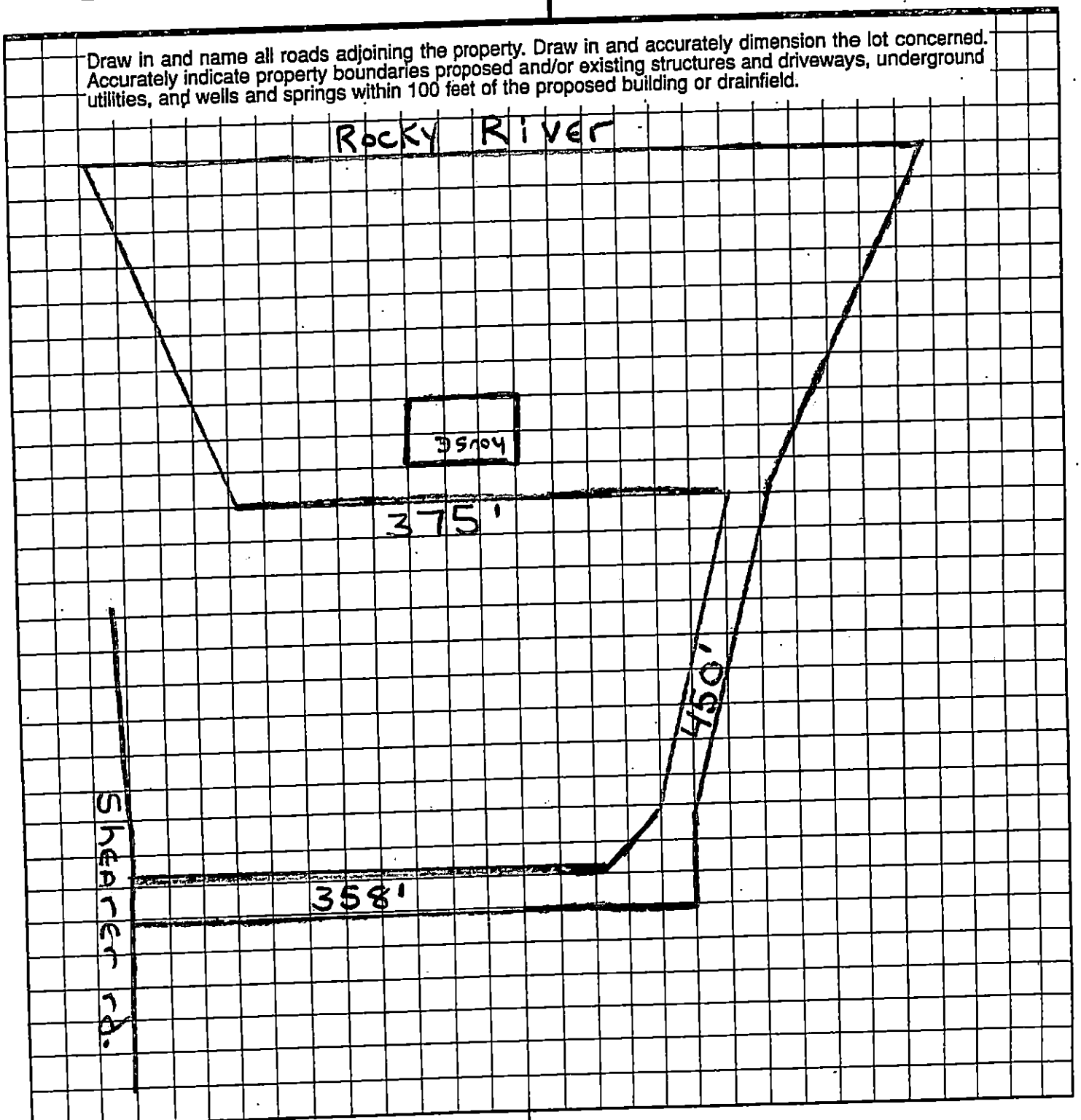
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5556B 5562B

TC: 007-50th 1120

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.



APPROVAL DATE _____

Mark Thomas
OWNER/AGENT SIGNATURE

DATE 3-31-04

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

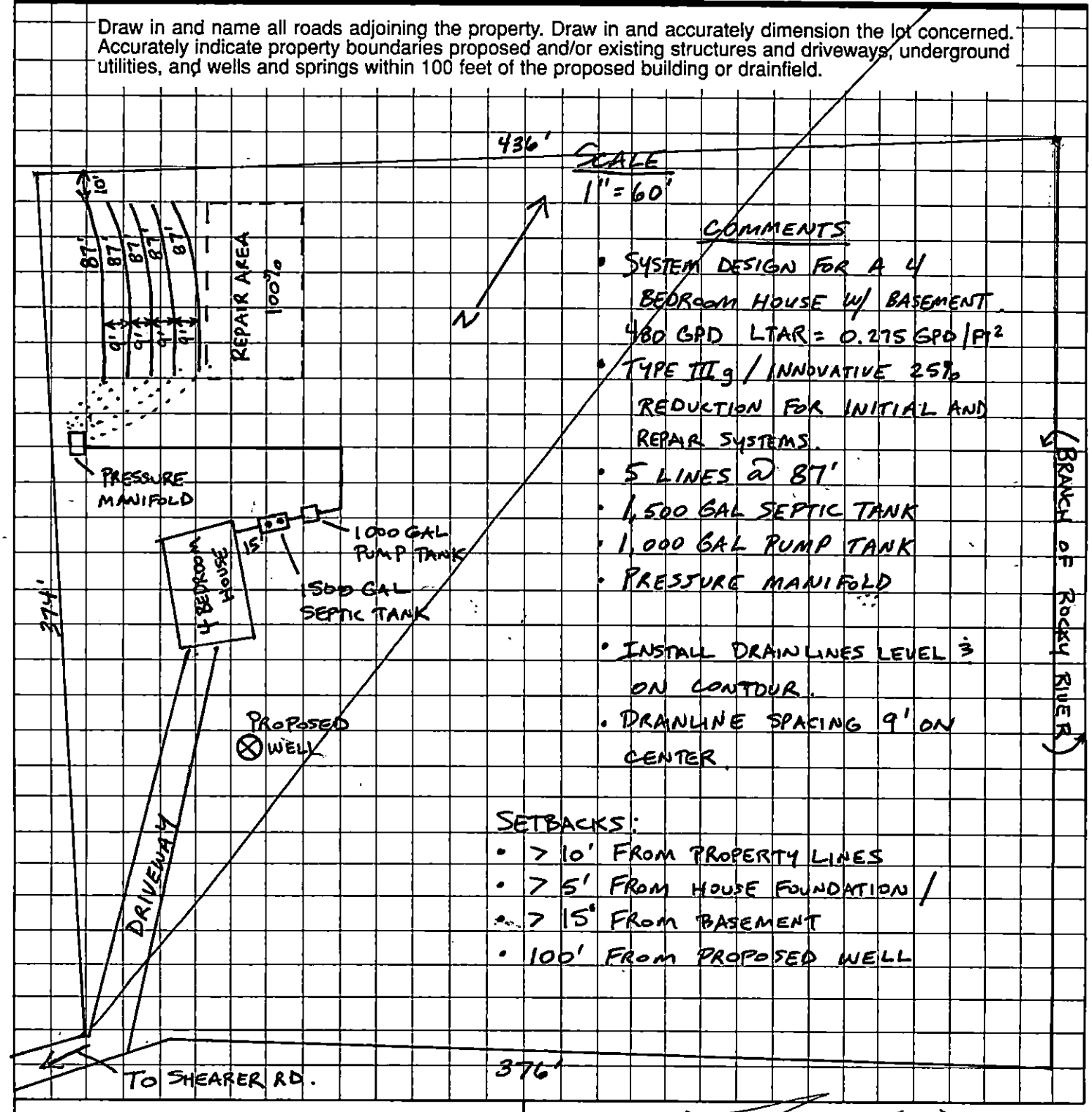
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5556B

TC: 007-501-11

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.



COMMENTS

- SYSTEM DESIGN FOR A 4 BEDROOM HOUSE W/ BASEMENT. 480 GPD LTAR = 0.275 GPD/FT²
- TYPE IIIg / INNOVATIVE 25% REDUCTION FOR INITIAL AND REPAIR SYSTEMS.
- 5 LINES @ 87'
- 1,500 GAL SEPTIC TANK
- 1,000 GAL PUMP TANK
- PRESSURE MANIFOLD
- INSTALL DRAINLINES LEVEL & ON CONTOUR.
- DRAINLINE SPACING 9' ON CENTER.

SETBACKS:

- > 10' FROM PROPERTY LINES
- > 5' FROM HOUSE FOUNDATION
- > 15' FROM BASEMENT
- 100' FROM PROPOSED WELL

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 4/14/04 Tommy Mullis R.S.

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: **5556B** Tax Number: **007-501-11**

- The IMPROVEMNET PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.275 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1305 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	435 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone (in)	

Any surface water present: **Yes** Type: **WS-II** Minimum separation distance (ft): **100**

Additional conditions: **Install pressure manifold to achieve equal distribution to all drainlines.**

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

1305 Absorption Area (ft^2) 435 Total trench length (ft)	NA Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HELTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.

*** This Improvement permit is transferable.

Tommy Mitchell R.S. 4/14/04

DEHNR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

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