

14130 LEA POINT CT

01314133

1/7/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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Posse Released

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 #: 5037B Permit #: 401 Tax Parcel #: 013-141-33

Property Owner: ABRAHAM LEHMAN

Job Location Address: 14130 LEA POINT COURT

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 11/15/06 Contractor Name: R+H

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) E-2 Flow

Depth of Cover: 18 inches

Distribution Device: D-BOX

Inspection Dates

Tank(s) Inspected: 11/15/06

Excavation Inspected: 11/15/06

Pump & Controls Inspected: N/A

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

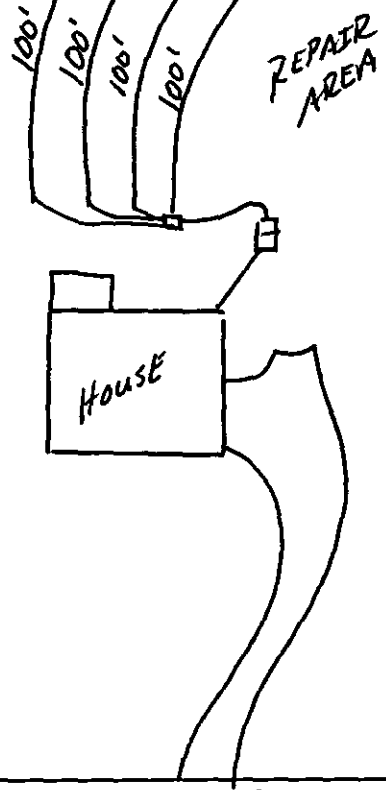
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: N/A 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: III g Approved Accepted System

DENR Authorized Agent: Jeremy Nicholson, R.S. Signature: Jeremy Nicholson, R.S.

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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 #: 5037B Permit #: 401 Tax Parcel #: 013-141-33

Property Owner: ABRAHAM LEHMAN

Job Location Address: 14130 LEA POINT COURT

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 11/14/06

Permission is hereby given to ☒ install ☐ after ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 12/14/06, 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: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) APPROVED

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 _____

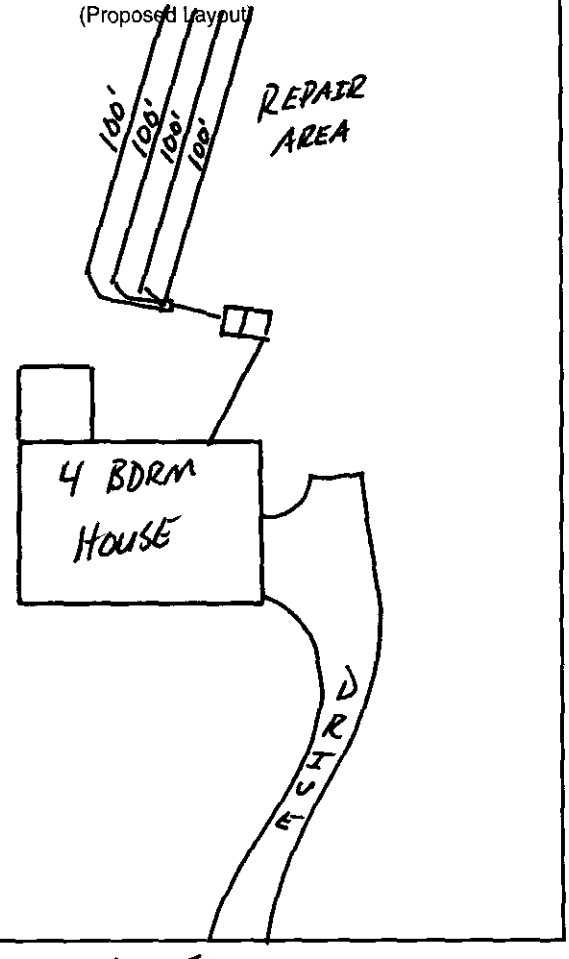
Minimum System Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIg APPROVED ACCEPTED SYSTEM

DENR Authorized Agent: Jeremy Nicholson R.S. Signature: Jeremy Nicholson, R.S.

FEE: 300.00

DATE: 2/22/2006

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

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5037B

PERMIT NUMBER: 30000401

PARCEL NUMBER: 01314133

JOB LOCATION INFORMATION

ADDRESS: 14130 LEA POINT CT

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: ABRAHAM AND LINDSEY LEHMAN

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 1/11/2006

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000401, 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: 1/11/2010

08/06/02 LEA WOODS - LOT 3 1"=40'

MIN. SETBACKS: FRONT - 40'
SIDE - 5'
SIDE STREET - 17.5'
REAR - 25'

5037B
013.141.04.P0

COMMENTS:
→ Four Bedroom Residence
→ 1500 gallon septic tank
→ Install 4 Lines x 100'x3' ~~trenches~~
→ Type IIIg Innovative System
→ Type IIIg Innovative System
→ Keep all part of the septic system the minimum distance from the following:
> 5' from foundation
> 10' from property line
> 100' from any wells
→ Agreement forms to be on file before Construction Authorization release

18' ASPHALT
22.53'
MONUMENT
R/W
142.12' ASPHALT
R/W
S 24°01'15"W
27.04'
150.00'
40.07'
50' UNDISTURBED BUFFER
R/W
N 01°08'45"W 238.22'
263.93 TOTAL
50' UNDISTURBED BUFFER
50' NON-DISTURBED BUFFER
DUKE POWER CONTROL MON.
58 C86
UNSUITABLE SOIL
1.7605 ACRES
S 81°59'45"E 304.63'
10' NON-DISTURBED EACH SIDE BUFFER
10' UNDISTURBED BUFFER
PROPOSED WELL SITE
100' R
100' R
100' R
RESERVE Type IIIg AREA
Type IIIg Innovative system (25% Red.)
1500 gallon Septic TANK
FALCON HURST
2-CAR GARAGE
20' FRONT SETBACK
10' UNDISTURBED BUFFER
NON-DISTURBED BUFFER EACH SIDE OF LINE
30' RAD.
C-1
C-2
C-3
N 03°56'20"W 199.40'
50' NON-DISTURBED BUFFER
Michael & Kimberly
Terry Medlin C.S. 9/26/02

S:\E1\Projects\NV Homes-Lea Woods\NV-LeaWoods.dwg, 08/06/2002 10:34:47 AM, bniemann,

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 #: **30000401** GWS File #: **5037B** Tax Parcel #: **013-141-33**

- 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):** 1/11/2011

Type of Installation: Residential - New System Lot Number: 3
Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 4 # Occupants: 3
Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	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):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	480	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):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	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 tank system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic tank 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: 1/11/2006

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

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

Permit #: **30000401** GWS File #: **5037B**

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 tank system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic tank 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: 1/11/2006

Owner/Legal Agent:_____
Print Name

Signature:_____

FEE: 300.00
DATE: 1/10/06
VISA WKA

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS

LD @ 1606913

PERMIT NUMBER: 5037B
PARCEL NUMBER: 01314133

JOB LOCATION ADDRESS: 14130 Lea Point Court
PROPERTY OWNER: Abraham & Lindsey Lehman
BUILDING CONTRACTOR: ____
SUBDIVISION NAME: Lea Woods
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S DATE: 01/11/06

Jeremy Michelone, R.S.
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5037B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

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

5. OTHER CONDITIONS:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5037B** *Tax Number:* **01314133**

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

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

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

0.3 Long-term acceptance rate (GPD/ft^2)	**480** Max gallons/day wastewater flow	**1200** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** Gallon septic tank	**400** Total trench length (ft)	**30** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	**NA** Gallon pump tank	**NA** Depth of stone (in)	

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

Additional conditions:

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:

1200 Absorption Area (ft^2) **400** Total trench length (ft)	**NA** Depth of stone (in)	**9** Trench spacing (min. on centers) (ft)	**30** Maximum trench depth (in)

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

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

*** This Improvement permit is transferable.

Terry Mehl, RS 1/11/05

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

New Owner #401

GWS – RES. APP 07/05

SEPTIC FEE: 300.00
DATE: 1/10/06
CRT [ ] VISA JKA

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

WELL FEE:
DATE:
CRT [ ]

FILE # 5037B

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 #: 013-141-33
STREET ADDRESS: 14130 Lea Point Ct.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: Lea Woods
LOT #: 3
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☒ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3

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: Abraham and Lindsey Lehman
ADDRESS: 9704 Blossom Hill Dr.
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 704-948-7818 WORK PHONE: 704-875-9887
MOBILE PHONE: 704-506-0830 FAX: 704-875-9288

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?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? June/July 2006

*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.

1-10-06
Owner's/Agent's Signature Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

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

Sheet: 1
Property ID: Po 013-141-04
Lot #: 3
File #: 5037B
Code: 1

AS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Dwight Houser
Applicant: Michael C. Bunting
Address: 3708 Portland Ct., Marietta, Ga. 30062
Date Evaluated: 08/16/2002
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 1.76a
Location of Site: Lea Point Ct. (proposed), off Hubbard 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	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-4	GR/SL	FR/SEXP/NS/NP	>36" TO SOIL WETNESS	36	N/A	NONE	PS, IV
		4-22	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		22-36	SBK/SCL	FR/SEXP/SS/SP					
2	"	0-5	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		5-19	SBK/SCL	"					
		19-48	SBK/C	FI/SEXP/S/P					
3	"	0-5	GR/SL	FR/SEXP/NS/NP	"	"	"	"	"
		5-40	SBK/C	FI/SEXP/S/P					
		40-48	SBK/SCL	FR/SEXP/SS/SP					
4	R, 6	0-5	GR/SCL	"	"	"	"	"	"
		5-40	SBK/C	FI/SEXP/S/P					
		40-48	SBK/CL	FR/SEXP/SS/SP					
5	"	0-8	GR/SCL	"	"	"	"	"	"
		8-48	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): PROVISIONALLYSUITABLE
Evaluated By: W. R. Marlin, LSS, 8/19/02, W. R. Marlin
Others Present: M. Bunting

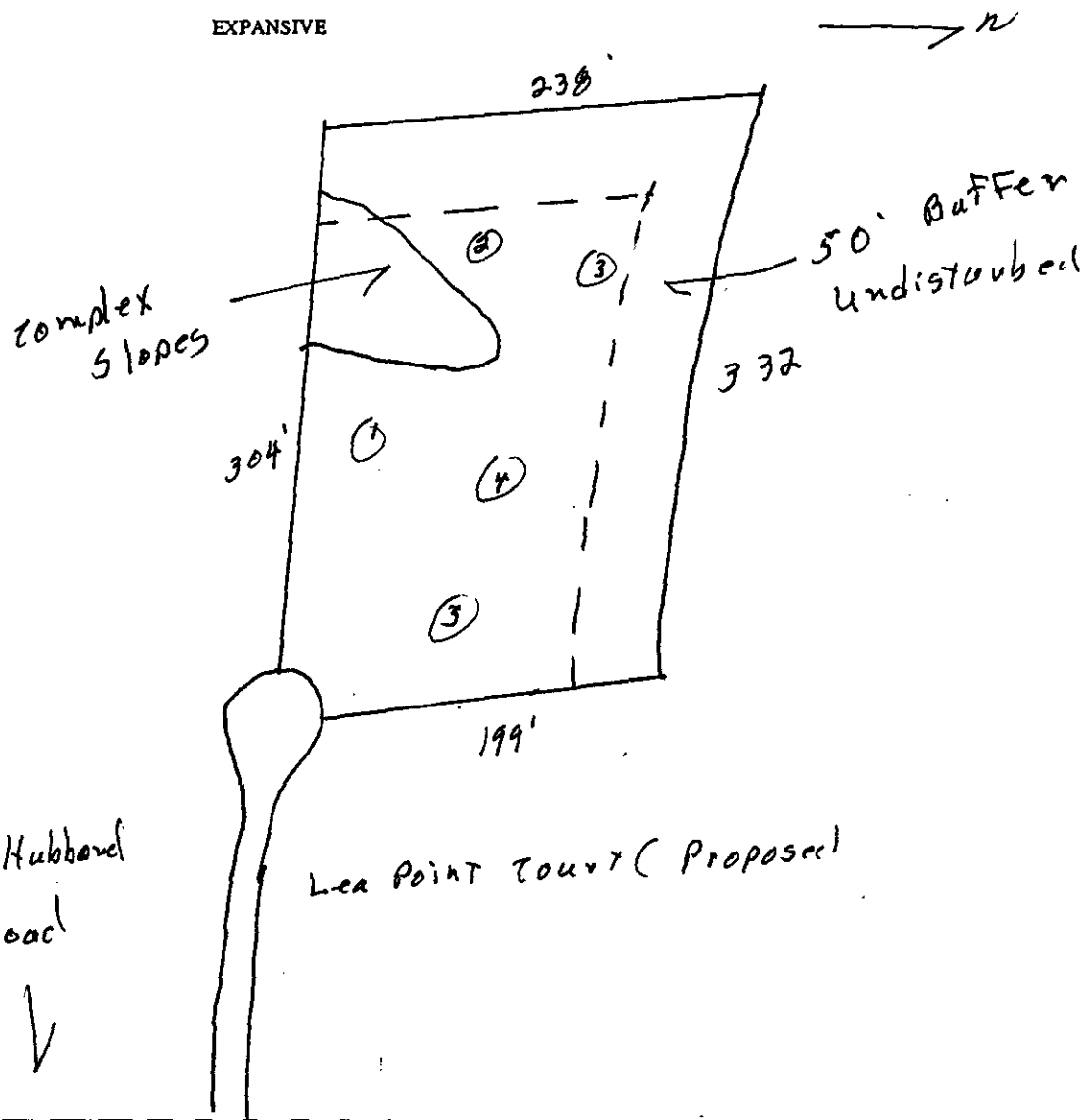
FILE # 50378

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

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



Permit Number: 5037B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 013-141-33 ~~04~~ 90

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ___ Yes ___ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): 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:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

0.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9" Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	N/A Gallon pump tank	N/A Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Agreement forms on file before C.A. Release

Repair Area System Type
Type (circle one): I II (III) IV V

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

1200 Absorption Area (Sq ft) 400' Total Trench Length (ft)	N/A Depth of Stone Trench	9" Trench spacing (min. on centers)	30" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effec 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 Departmen

... This Improvement permit is transferable.

Jimmy Mickle R.S. 8/28/02
MCHHR Authorized Agent — Date

Michael C Bunting 9-4-02
Owner/Agent Signature — Date

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

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 5037B

PARCEL NO: 013-14-04 PO
013-141-33

JOB LOCATION ADDRESS: Lea Point Ct. (lot #3)
PROPERTY OWNER: Michael C. Bunting
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Lea Woods
AUTHORIZATION ISSUED BY: Jenny Mullis R.S. DATE: 8/28/02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5037B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms on file before C.A. Release

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

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

Sheet: 1
Property ID: Po 013-141-04
Lot #: 3
File #: 5037B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Dwight Houser
Applicant: Michael C. Bunting
Address: 3708 Portland Ct., Marietta, Ga. 30062
Date Evaluated: 08/16/2002
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 1.76a
Location of Site: Lea Point Ct. (proposed), off Hubbard 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		OTHER PROFILE FACTORS				
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-4	GR/SL	FR/SEXP/NS/NP	>36" TO SOIL WETNESS	36	N/A	NONE	PS, IV .3GPD/FT^2
		4-22	SBK/C	FI/SEXP/S/P					
		22-36	SBK/SCL	FR/SEXP/SS/SP					
2	"	0-5	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		5-19	SBK/SCL	"					
		19-48	SBK/C	FI/SEXP/S/P					
3	"	0-5	GR/SL	FR/SEXP/NS/NP	"	"	"	"	"
		5-40	SBK/C	FI/SEXP/S/P					
		40-48	SBK/SCL	FR/SEXP/SS/SP					
4	R, 6	0-5	GR/SCL	"	"	"	"	"	"
		5-40	SBK/C	FI/SEXP/S/P					
		40-48	SBK/CL	FR/SEXP/SS/SP					
5	"	0-8	GR/SCL	"	"	"	"	"	"
		8-48	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): PROVISIONALLYSUITABLE
Evaluated By: W. R. Marlin, LSS, 8/19/02. W. R. Marlin
Others Present: M. Bunting

FILE # 50378

COMMENTS 1007 Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
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	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

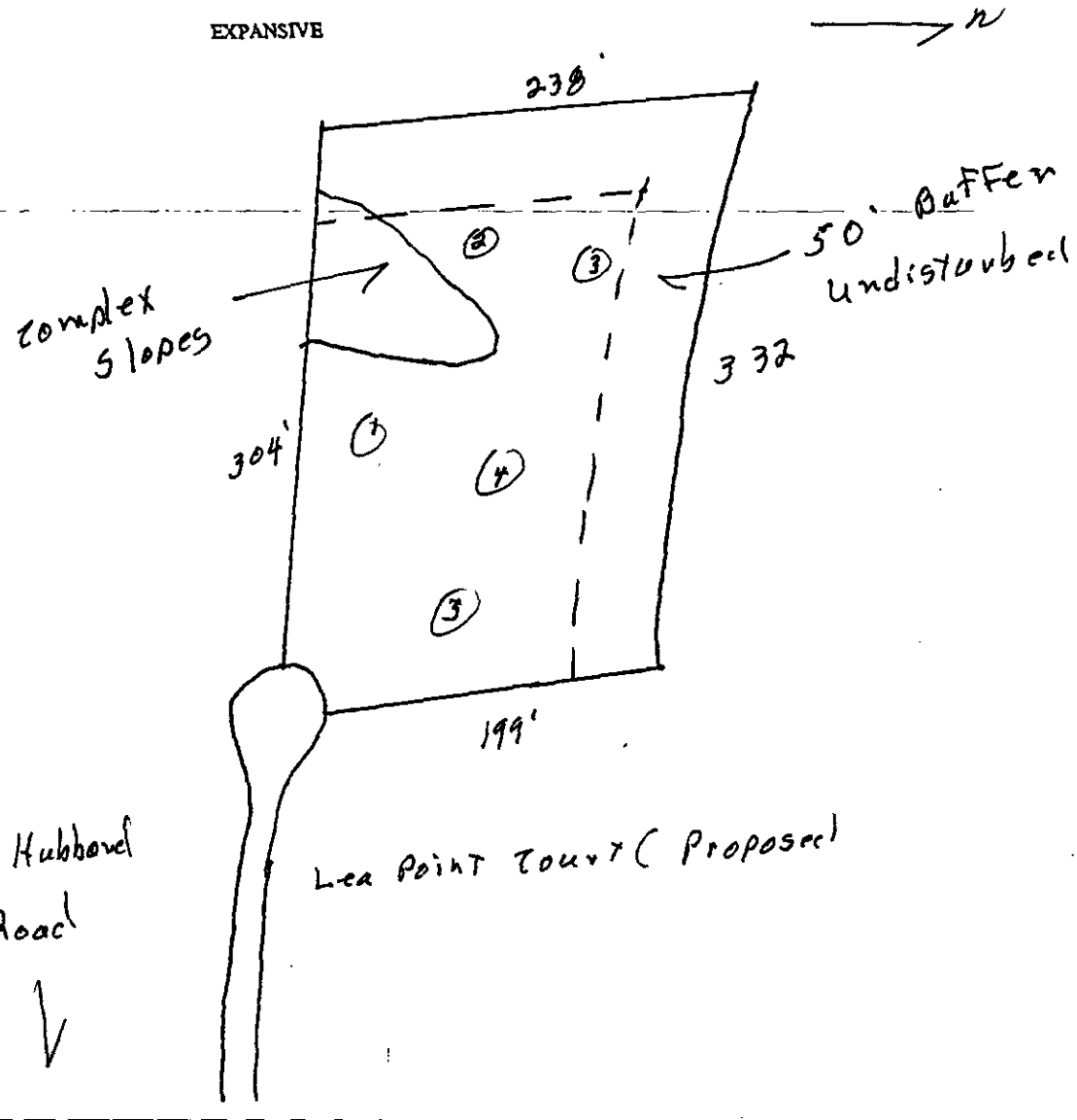
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



DATE: 8-6-02 Rec'd 8/6/02 | FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM | 1] 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 #: 5031B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 01314104R033

STREET ADDRESS: Hubbard Rd SR 2134

SUBDIVISION OR MOBILE HOME PARK NAME: Lea Woods

LOT NUMBER: #3

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: 3,200

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 5

CLOSING DATE 9-6-02

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)
- ___ MUNICIPAL (M)
- ✓ 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 ✓ NO	WELL, SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Houser Dwight (LAST) (FIRST) (MI)	NAME: Bunting Michael C (LAST) (FIRST) (MI)
ADDRESS: 3708 Portland Ct.	DAYTIME PHONE: ( )704-875-1040
CITY: Marietta STATE: GA ZIP: 30062	
DAYTIME PHONE: ( )770-973-1444	

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: Michael C. Bunting DATE: 8-6-02

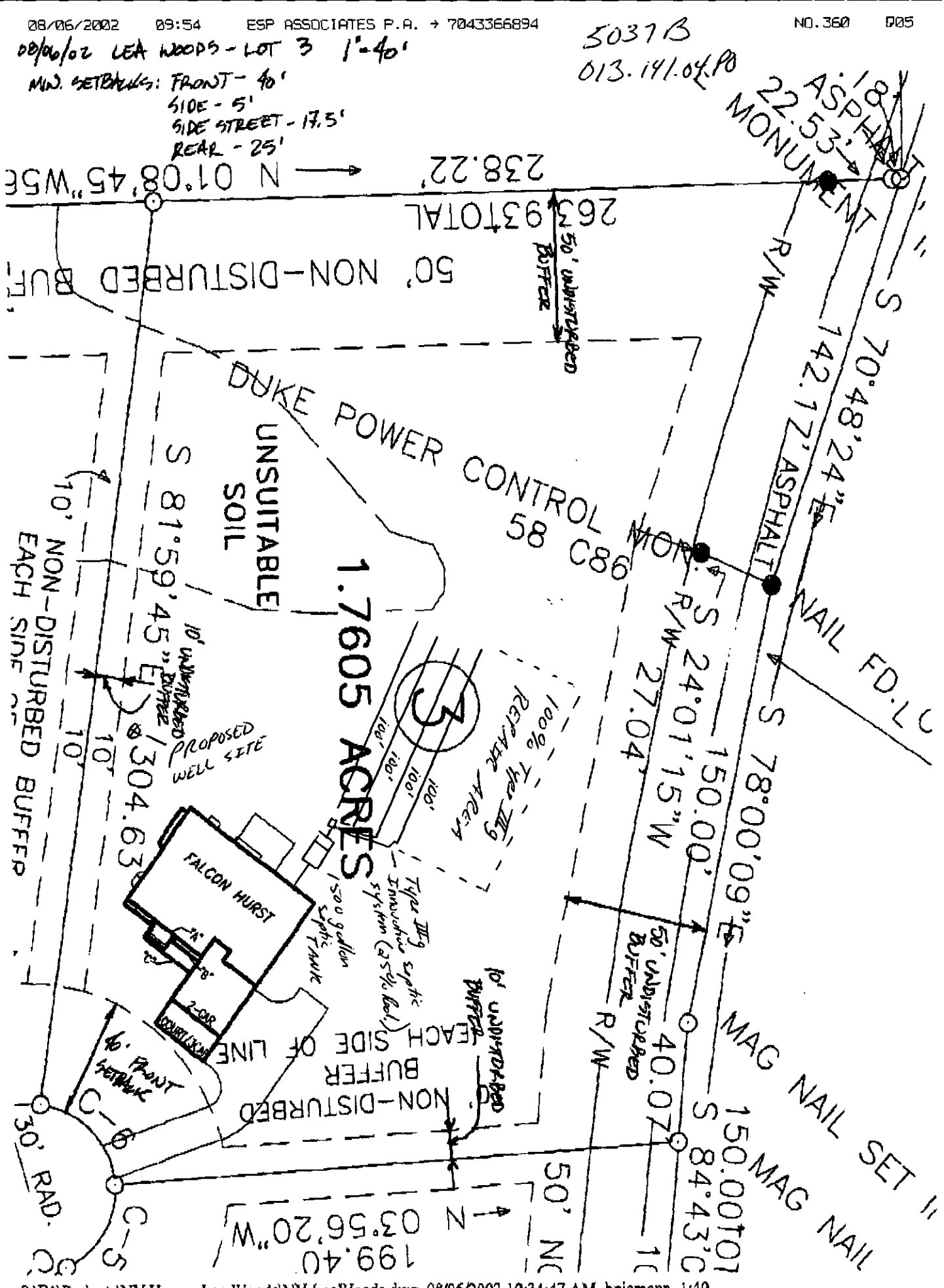
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

8/7/02 7:45a Placed info Bills bed rd

08/06/02 LEA WOODS - LOT 3 1"=40'

MIN. SETBACKS: FRONT - 40'
SIDE - 5'
SIDE STREET - 17.5'
REAR - 25'

5037B
013.141.04.PO



S:\E1\Projects\NV Homes-Lea Woods\NV-LeaWoods.dwg, 08/06/2002 10:34:47 AM, bniemann, 1:40