Supervisor/Administrative Professional Checklist

New Septic [X] New Well [ ] Use Existing [ ] Alteration [ ] Modified Plot Plan [ ]

New Septic Fees Paid

IP ($250.00) [illegible] 9/17/18 ____ Initials/Date

CA ($200.00) aes 10/3/18 Initials/Date

OP ($200.00) aes 10/3/18 Initials/Date

SEPTIC FILE COMPLETE

(CA and OP fees need to be paid before a building permit can be issued)

~~New Well Fee Paid: $550.00~~ _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid) _____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. [X] Reviewed [X] SAM 10-1-18

ok to generate CA when fees are paid

This site is served by septic and well. Verify each is complete before final hold is released. [ ]

Septic file completed. [X] SAM 10/10/19 Well file completed. [ ] _____

Send permit for signature. [X] Signature received. [X] _____

This septic system requires a certified operator contract before final hold is released. [ ]

Certified operator contract is on file. [ ] _____

Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	10107B
WASPS App #:	9899
Primary ES assigned to project:	Jacob Presley
Secondary ES assigned to project:	
Project Type:	New System
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	N/A

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	No
Comments:	
IA issued date:	10/2/19
OP Issued date:	10/3/19
Review performed by:	Jeremy Michael
Date performed:	10/1/2018

Created at 10/1/2018 9:36 AM by Michael, Jeremy
Last modified at 10/1/2018 9:36 AM by Michael, Jeremy

Close

10/07 B 899 #X37543

12 SEP '18 AM 8:59

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 00716292
STREET ADDRESS: 18410 Barnhardt Rd
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 3.243
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
◉ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 6808
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ◉ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ◉ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ◉ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ◉ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ○ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**
NAME: Violette Family Farm LLC
ADDRESS: PO Box 2307
CITY: Huntersville
STATE: NC ZIP: 28070
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: Southern Cottage Corp Jon Searcey
ADDRESS: 17830 Statesville Rd
CITY: Cornelius
STATE: NC ZIP: 28031
WORK PHONE: 704-237-4554
MOBILE PHONE: 704-804-8712
FAX: _____
E-MAIL: ~~Jon@southerncottage.net~~
Alicia@ " "
Kevin@southerncottage.net

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1660, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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.

KN (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Property Owner's or Owner's Legal Representative Signature

8/23/2019
Date

OFFICE USE ONLY

◉ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

File #: _____

PROPOSED PLOT PLAN

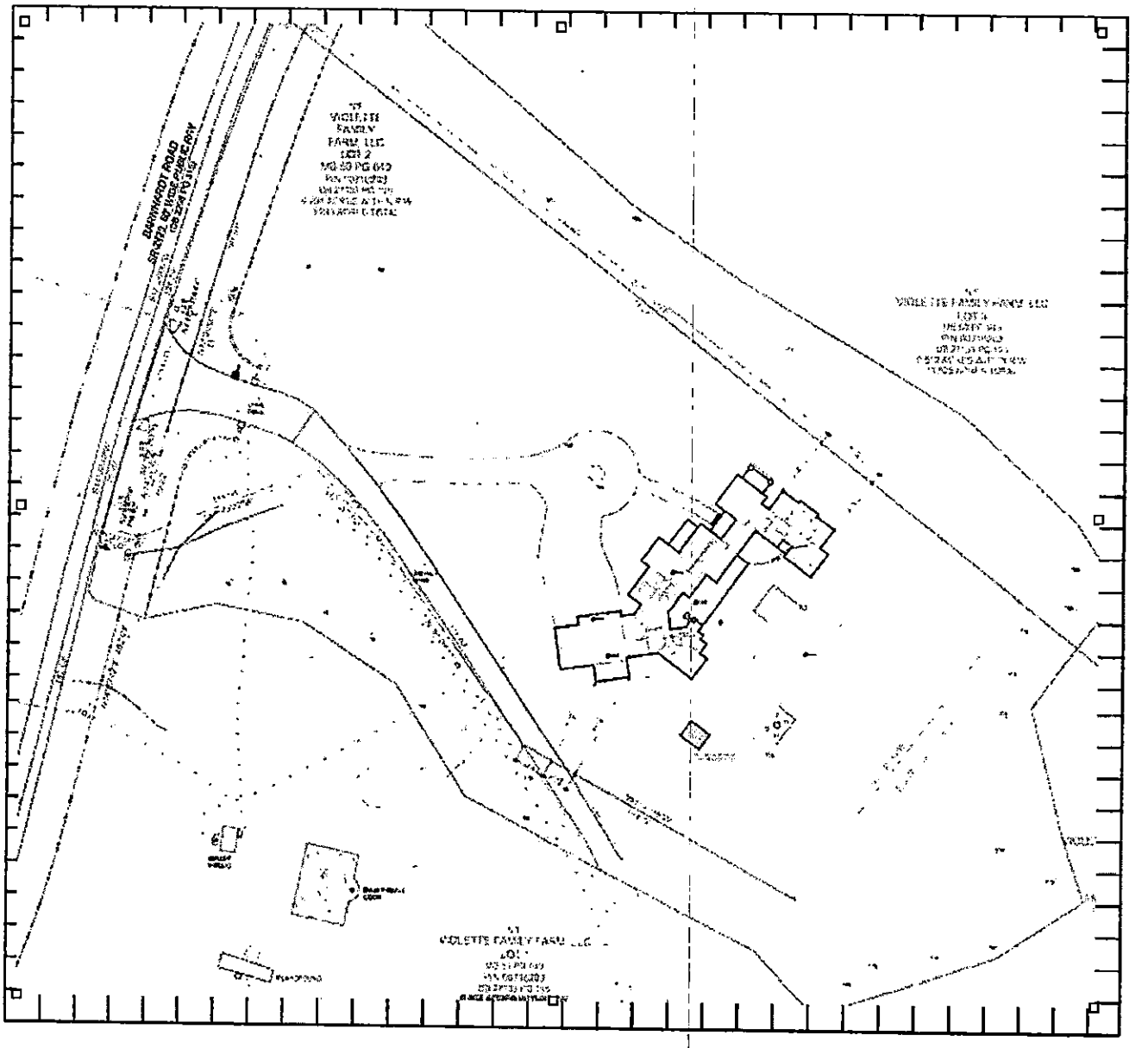
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 18410 Barnhardt Rd

Tax Parcel #: 00716292

Subdivision Name: _____

Lot #: _____



Property Owner's or Owner's Legal Representative Signature

Date

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.

2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.

3. I acknowledge that Southern Cottage Corp is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

18410 Barnhardt rd. Davidson, NC 28036
Number Street Town
(Or parcel Number)

KEVIN S. VIOLETTE
Property Owner (print name)

Property Owner (signature)

9/6/2018
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/12/18
Receipt #: 112818
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: X37543
Contractor: SOUTHERN COTTAGE CORPORATIO
Attn:
Address: 17830 STATESVILLE ROAD,
Address: STE 225
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 18410 BARNHARDT RD		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
16.25					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/03/18	**Amount:**	200.00
Receipt #:	113289	**Tendered:**	200.00
Check / Auth #:	VISA 00900G	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #:	200000
Contractor:	HOFFMAN, CHRISTOPHER
Attn:	
Address:	17830 STATESVILLE RD
Address:	
City/State/Zip:	CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 18410 BARNHARDT RD		1	200.00	200.00

Outstanding Balances

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

FEE: 200.00
DATE: 10/3/2018

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 10107B

PERMIT NUMBER: 30009899

PARCEL NUMBER: 00716292

JOB LOCATION INFORMATION

ADDRESS: 18410 BARNHARDT RD

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

ISSUED TO: VIOLETTE FAMILY FARM LLC

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 10/3/2018

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30009899, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

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, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature _____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/03/18	**Amount:**	200.00
Receipt #:	113290	**Tendered:**	200.00
Check / Auth #:	VISA 00900G	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: HOFFMAN, CHRISTOPHER
Attn:
Address: 17830 STATESVILLE RD
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 18410 BARNHARDT RD.		1	200.00	200.00

Outstanding Balances

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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Sheet: 1 of 3
Property ID: 007-162-92
Lot #: NA
File #: 10107B
AppID: 9899

Property Owner: Violette Family Farm, LLC
Address: P.O. Box 2307, Huntersville, NC 28070
Proposed Facility: 5 Bedroom House
Design Flow (.1949): 600 GPD
Location: 18410 Barnhardt Rd, Davidson, NC 28036
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Municipal
Evaluation Method: [X] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Southern Cottage Corp.
Date Evaluated: 9/19/2018
Property Size: 3.423 ac
Property Recorded: Unknown

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	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Pit	LS	0 - 12	sbk C	S P FR SEXP							
#1	2%	12 - 37	sbk CL	SS SP FR SEXP	>60"	37	PS	NA	saprolite inclusions	PS IV	36"
		37 - 60	mass L Sap	SS SP FR SEXP					24 - 37"	0.325	
Pit	LS	0 - 12	sbk C	S P FR SEXP							
#2	2%	12 - 38	sbk CL	SS SP FR SEXP	>60"	38	PS	NA	saprolite inclusions	PS IV	36"
		38 - 60	mass L Sap	SS SP FR SEXP					24 - 38"	0.325	
Pit	R	0 - 12	sbk C	S P FR SEXP							
#3	2%	12 - 28	sbk CL	SS SP FR SEXP	>61"	28	PS	NA	saprolite inclusions	PS IV	36"
		28 - 61	mass L Sap	SS SP FR SEXP					20 - 28"	0.325	
Pit	LS	0 - 24	sbk C	S P FR SEXP							
#4	2%	24 - 57	sbk CL	SS SP FR SEXP	>57"	57	NA	NA	saprolite inclusions	PS IV	36"
									36 - 57"	0.325	
Pit	LS	0 - 20	sbk C	S P FR SEXP							
#5	2%	20 - 55	sbk CL	SS SP FR SEXP	>55"	55	NA	NA	saprolite inclusions	PS IV	36"
									36 - 55"	0.325	
Pit	LS	0 - 18	sbk C	S P FR SEXP							
#6	2%	18 - 34	sbk CL	SS SP FR SEXP	>60"	34	PS	NA	saprolite inclusions	PS IV	36"
		34 - 60	mass L Sap	SS SP FR SEXP					24 - 34"	0.325	
Pit	LS	0 - 20	sbk C	S P FR SEXP							
#7	2%	20 - 58	sbk CL	SS SP FR SEXP	>58"	58	NA	NA	saprolite inclusions	PS IV	36"
									36 - 58"	0.325	

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIg
Site LTAR (gpd/sq ft)	0.325	0.325

Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jacob Presley, REHS, LSS
Others Present: Jeremy Michael, REHS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

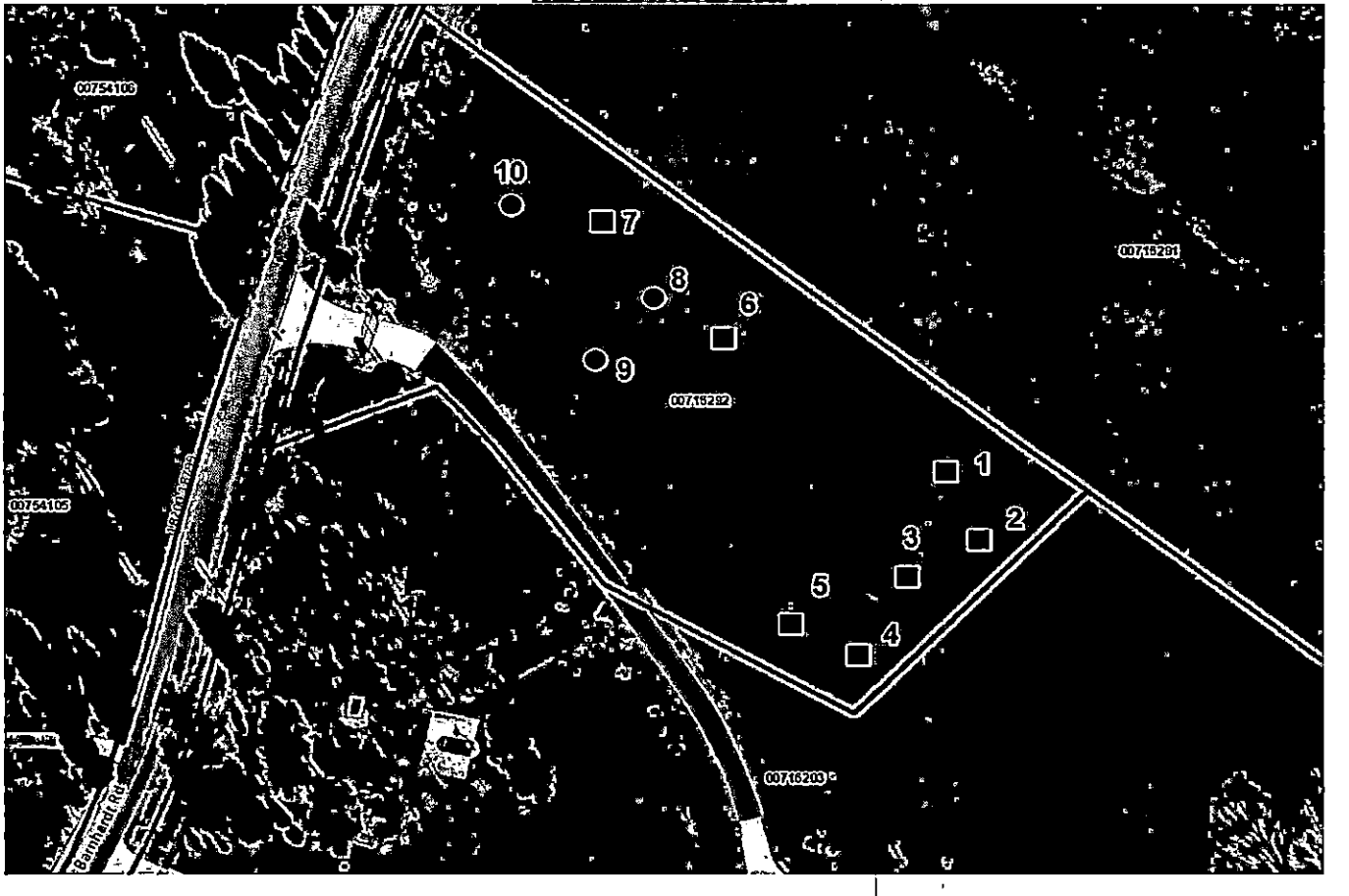
PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 1941 Structure/ Texture	1941 Consistence Mineralogy	b PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #8	LS 2%	0 - 3	sbk CL	SS SP FR SEXP	>48"	48	NA	NA	saprolite inclusions 36 - 48"	PS IV 0.325	36"
		3 - 20	sbk C	S P FR SEXP							
		20 - 48	sbk CL	SS SP FR SEXP							
Boring #9	LS 2%	0 - 3	sbk CL	SS SP FR SEXP	>48"	48	NA	NA	saprolite inclusions 36 - 48"	PS IV 0.325	36"
		3 - 23	sbk C	S P FR SEXP							
		23 - 48	sbk CL	SS SP FR SEXP							
Boring #10	LS 2%	0 - 3	sbk CL	SS SP FR SEXP	>48"	48	NA	NA	saprolite inclusions 36 - 48"	PS IV 0.325	36"
		3 - 29	sbk C	S P FR SEXP							
		29 - 48	sbk CL	SS SP FR SEXP							

COMMENTS:

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		mass-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
		SiCL-Silty Clay Loam		
CV-Convex Slope				pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak m-moderate s-strong f-fine m-medium c-coarse
		Silt		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SiC-Silty Clay		
		C-Clay		

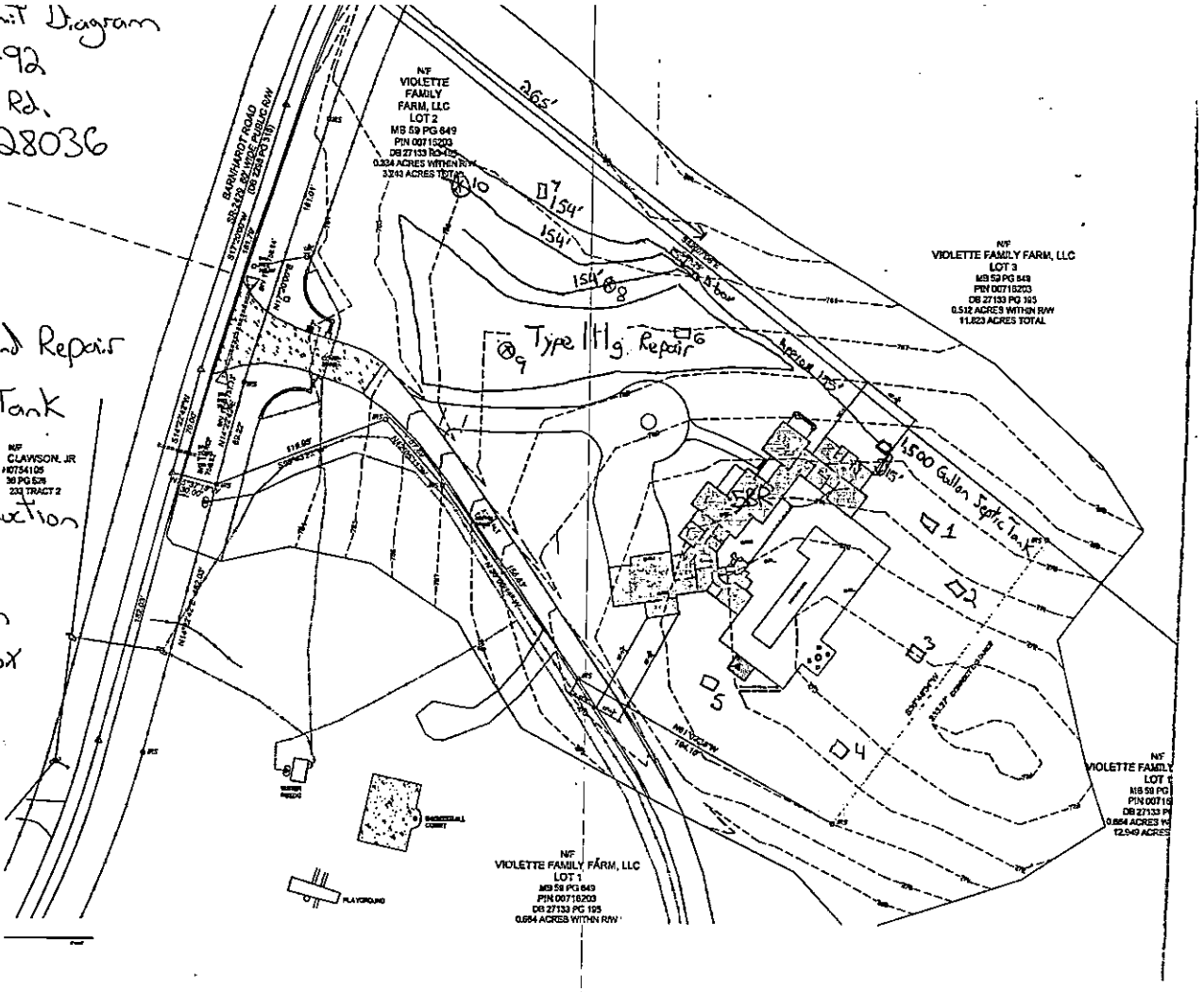
Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Soil Boring Location Sketch

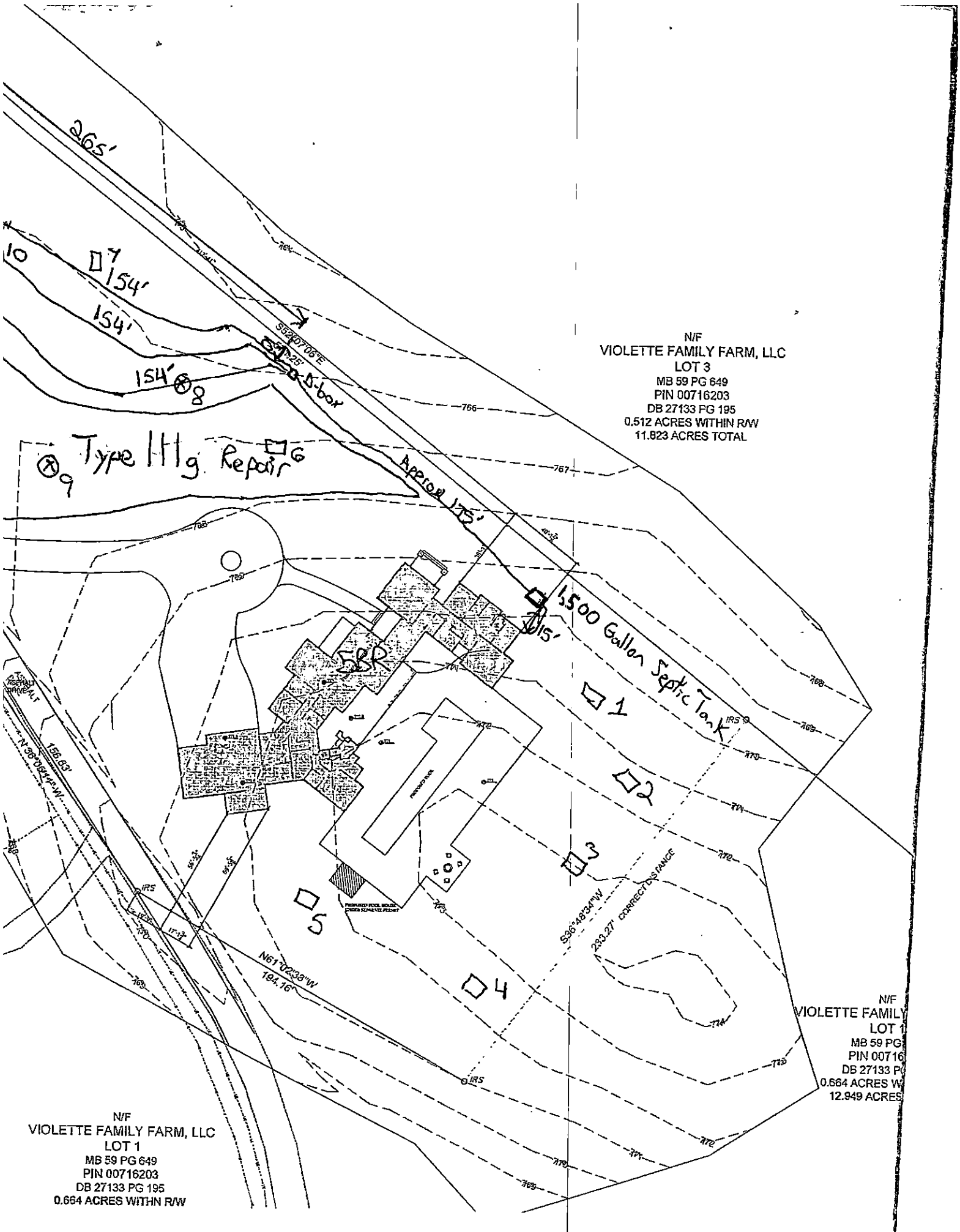


Improvement Permit Diagram
PID 007-162-92
18410 Barnhardt Rd.
Davidson, NC 28036

3 Bedroom House
300 GPD
0.325 LTAR
Type III g System and Repair
1,500 Gallon Septic Tank
+162 Total Linear Ft
If Accepted 25% Reduction
3' wide Trenches
3 Lines at 154' each
with Distribution Box



9-28-18
by Jacob Presley REHS
JP


265'
154'
154'
154'
S52°07'06"E
57.25'
S-box
Approx 175'
Type III g Repair
1500 Gallon Septic Tank
315'
SBR
N/F
VIOLETTE FAMILY FARM, LLC
LOT 3
MB 59 PG 649
PIN 00716203
DB 27133 PG 195
0.512 ACRES WITHIN R/W
11.823 ACRES TOTAL
N/F
VIOLETTE FAMILY FARM, LLC
LOT 1
MB 59 PG 649
PIN 00716203
DB 27133 PG 195
0.664 ACRES WITHN R/W
N/F
VIOLETTE FAMILY
LOT 1
MB 59 PG
PIN 00716
DB 27133 P
0.664 ACRES W
12.949 ACRES
N36°06'41"W
155.63'
N61°02'38"W
194.16'
S36°48'34"W
233.27' CORRECTION DISTANCE
IRS

Improvement Permit Diagram
PID 007-162-92
18410 Barnhardt Rd.
Davidson, NC 28036

5 Bedroom House

600 GPD

0.325 LTAR

Type 111g System and Repair

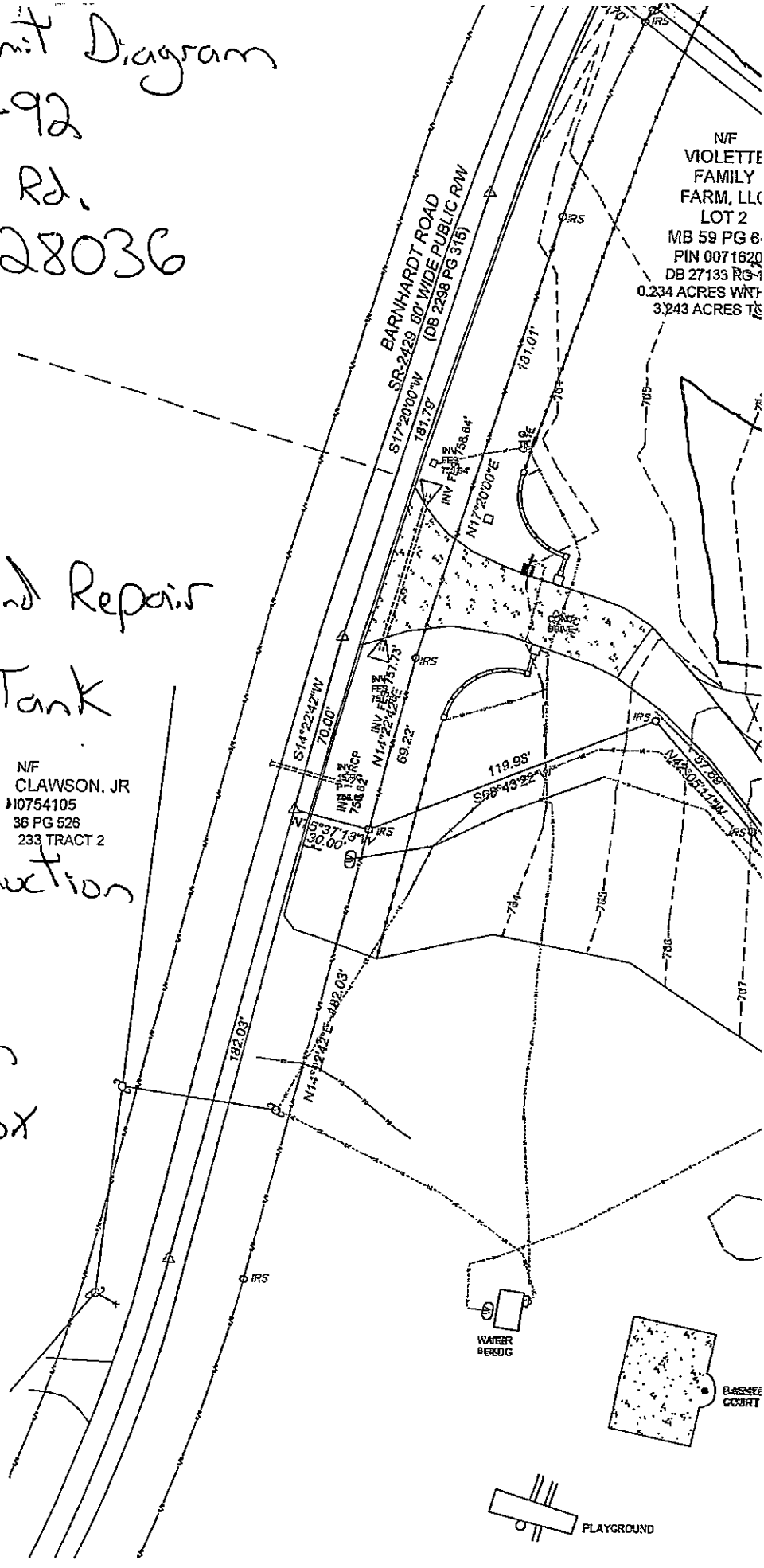
1 500 Gallon Septic Tank

462 Total Linear Ft of Accepted 25% Reduction

3' wide Trenches

3 Lines at 154' each

With Distribution Box



9-28-18
by Jacob Presty REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30009899** GWS File #: **10107B** Tax Parcel #: **007-162-92**

- 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):** 9/28/2023

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

Structure Type: HOUSE Size (ft^2): 6808 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.325	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1385	Total Trench Length (ft):	462
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.325	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1385	Total Trench Length (ft):	462
Maximum Trench Depth (in):	36	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 STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jacob Presley Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 9/28/2018

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IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 15 feet from any foundation drain.
- See Improvement Permit Diagram for more information.

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Authorized Agent: Jacob Presley

Signature: _____

Date Issued: 9/28/2018

Owner/Legal Agent: _____
Print Name

Signature: _____

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Structure Type: HOUSE Size (ft^2): 6808 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): 0.325 Septic Tank Size (gal): 1600 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1385 Total Trench Length (ft): 462

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Distribution Box

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

Repair System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): 0.325 Septic Tank Size (gal): 1600 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1385 Total Trench Length (ft): 462

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Distribution Box

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jacob Presley

Signature: JPG

Date Issued: 9/28/2018

Owner/Legal Agent: Kevin Milbredt
Print Name

Signature: Kevin Milbredt

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700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

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

Permit #: 30009899 GWS File #: 10107B

IV. Permit Conditions/Comments:

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- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 15 feet from any foundation drain.
- See Improvement Permit Diagram for more information.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jacob Presley

Signature: _____

Date Issued: 9/28/2018

Owner/Legal Agent: Kevin Milbredt
Print Name

Signature: Kevin Milbredt

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

Septic System Pre-Construction Meeting Checklist

File # 101076 App # 9899 Tax Parcel # 007-162-92

Property Owner: Violette Family Farm

Job Location Address: 18410 Barnhardt Road

City: Davidson State: NC Zip Code: 28036

1. **Does System design match facility, flow & wastewater characteristics?**

   ☒ YES ☐ NO

   Comments: _____

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☒ YES ☐ NO

   Comments: _____

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☒ YES ☐ NO

   Comments: _____

* If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Kim Barrett — **Authorized Agent**

10/2/19 — **Date**

Jaime O'Daniel — **Others Present**

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
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Division of Environmental Health
On-Site Wastewater Section

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

File #: 10107 B Permit #: 30009899 Tax Parcel #: 007-162-92

Property Owner: Violette Family Farm

Job Location Address: 18410 Barnhardt Road

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 10/3/19 Contractor Name: Jaime O'Daniel #1139

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: n/a gallons

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture Snaf Effluent Pump Model: n/a

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 463 feet

# of Lines: 3 @ varying lengths feet

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 12 inches

Distribution Device: eradocs

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >10 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >10 feet

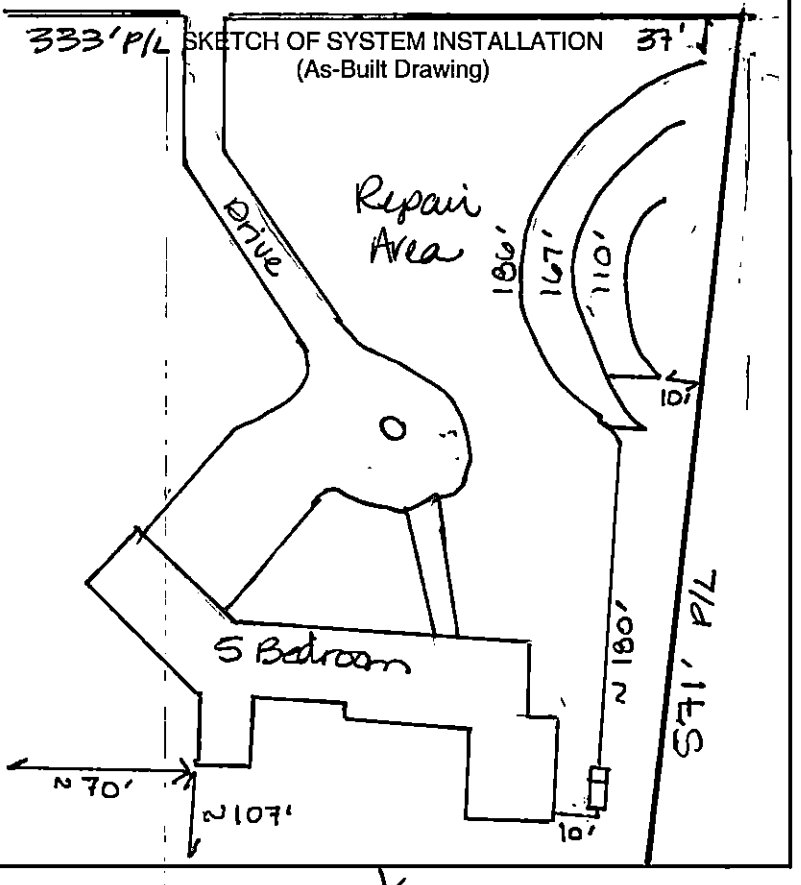
Inspection Dates

Tank(s) Inspected: 10/3/19

Excavation Inspected: 10/3/19

Pump & Controls Inspected: n/a

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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

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

Comments: System Classification & Type: III g, gravity, IQ4, n/a, n/a

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

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OPERATION PERMIT for an
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File #: 10107B Permit #: 30009899 Tax Parcel #: 007-162-92

Property Owner: Violette Family Farm

Job Location Address: 18410 Barnharat Road

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: III a

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

Subsurface system operator required: Yes ☐ No ☒

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

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

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

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

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

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

V. Other:

DENR Authorized Agent: Kim Barrett, REHS Date: 10/3/19

Signature: Kim Barrett REHS