

9820 BRIEF RD

19713105

1/10/2008

duponbj

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 6486B WASPS App #: 799

Primary ES assigned to project: David Cornelius

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: 1			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b) 130A-336	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
(a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

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

Operation Permit

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

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: Philo Walker Date performed: 10/17/07

DAN SPANGLER
LICENSED SOIL SCIENTIST
802 BRADFORD PLACE
MONROE NC 28110-9355

TO: Reserve Properties Inc.
1101Lester Mullis Road
Indian Trail, NC 28079

FROM: Dan Spangler

SUBJECT: Revised septic system design on Lot 33 in Irongate Subdivision, Brief Road, Mecklenburg Co., NC.

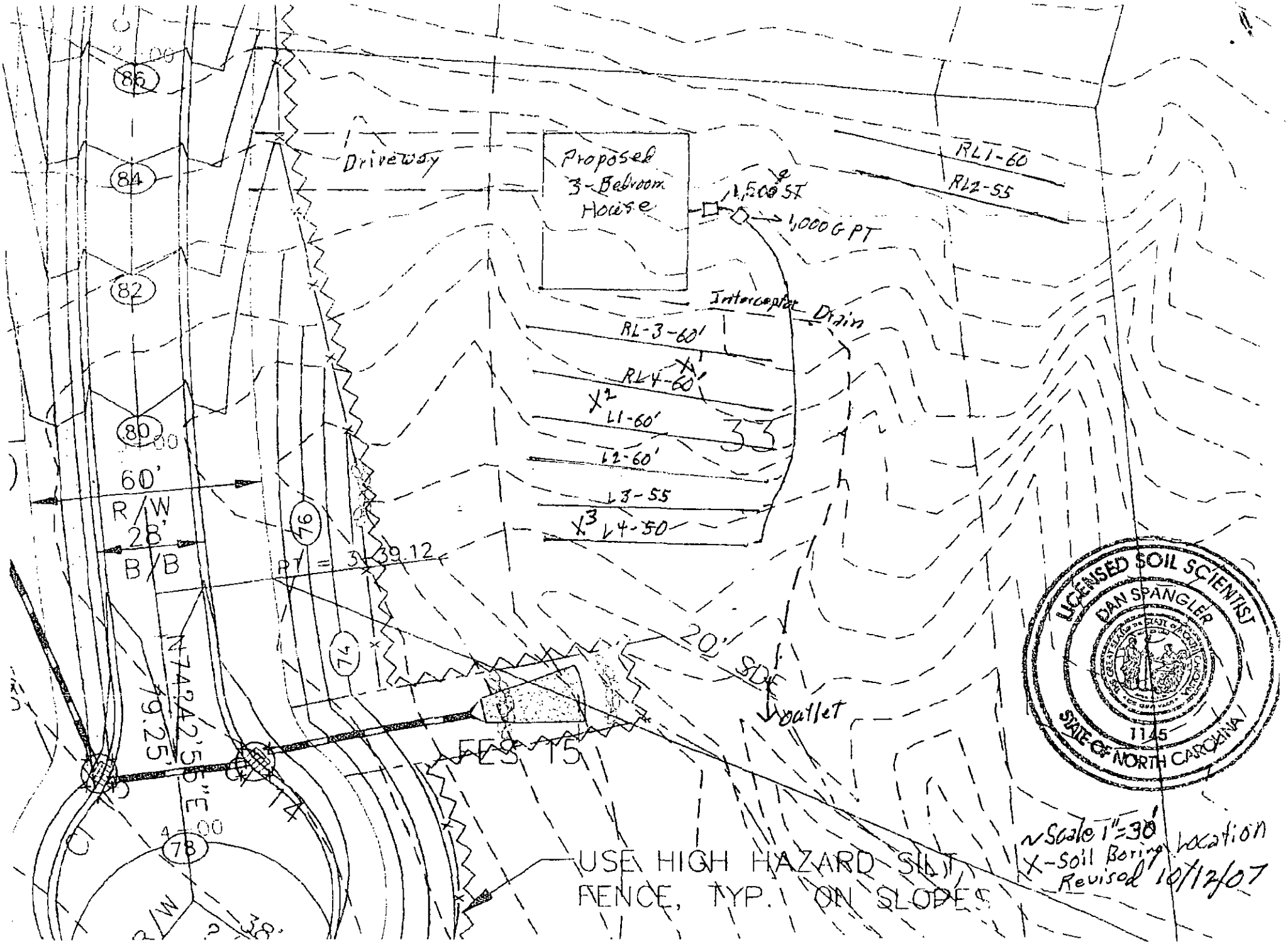
DATE: October 12, 2007

This lot has an area that is **SUITABLE** for conventional or Innovative (EZflow) septic system, however because of uneven topography (old eroded gullies) the T and J Panel Block System (PPBS) would work best. The soils are group 4 with mean depth to saprolite more than 48 inches and more than 48 inches to a seasonal water table. The septic system for a three bedroom house requires 200 linear feet of lines for the Panel Block System. With an LTAR of 0.3 gpd/ft square, design flow of 360 GPD or 200 feet of lateral length of lines for Panel Block System required. Laid out are 4 lines at 60, 60, 55 and 50 feet for a total 225 linear feet or 51 panels. The gullies at the end of the lines should be filled with soil during or before installation. The trenches shall be 36 inches wide and not less than nine feet on center. The trench depths may vary between 28 and 36 inches. The repair system has the same panel block system with varying length lines between the gullies. The repair area is divided into two areas with half up slope of the system area (2 lines @ 60 feet) and half in the upper back corner of the lot (2 lines @ 55 and 60 feet). (See attached lot map, design specifics, general design information, and soil/site evaluation.)

Diversion and Interceptor Drain The System would benefit from an interceptor drain four to five feet deep and outlet in the open drainage ditch in the lower part of the lot. This Interceptor drain shall be one foot wide with agricultural drainage pipe placed in the bottom and crushed stone around the pipe and up to one foot below ground. Fabric material should be placed on top of the stone. Also gutters should be installed on the house and outlet in the interceptor drain. (See attached lot map.)

CC: Trevor Thomason and David Cornelius, Mecklenburg County Env. Health

REVISED


Driveway
Proposed 3-Bedroom House
1,500 ST
1,000 GPT
RLT-60
RL2-55
Interceptor Drain
RL-3-60'
RL4-60'
X2 LL-60'
L2-60'
L3-55
X3 L4-50
33
86
84
82
80
78
76
74
60' R/W
28' B/B
PT = 39.12
N74°42'25"E 49.25'
20' SDE
Outlet
FES 15
USE HIGH HAZARD SILT FENCE, TYP. ON SLOPES
LICENSED SOIL SCIENTIST
DAN SPANGLER
1145
STATE OF NORTH CAROLINA
~Scale 1"=30'
X-Soil Boring Location
Revised 10/12/07

PPBPS Design Worksheet	(Primary System)			File #:	6503B
				Tax #:	139-302-15
				Address:	Lot 33 - Irongate
System Requirements					
Design Flow	360	gpd		Consultant:	Dan Spangler
LTAR	0.300	gpd/ft.^2		Phone:	704-791-1909
Linear footage	400	ft. (conventional)		Fax	704-721-7319
Linear footage	200	ft. (50% Reduction)		Reviewed By:	Trevor Thomason
				Date:	8/10/2007

√ TCT 9-12-07

Design Layout

Laterals	Length (ft)	# Panels	Calculated
Line # 1	60	14	13.85
Line # 2	60	14	13.85
Line # 3	55	13	12.69
Line # 4	50	12	11.54
Line # 5	0	0	0.00
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	**225**	**53**	51.92

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

*Lines longer than 70 ft. must be center-fed to comply with sewage rules.

Absorption Area

Length (ft)	Width (ft)	Area (ft^2)	
225	3	675	
System Pressure Head	2	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	0.41	gpm	Determined from orifice flow design table *(use table from Flow Rate tab)*
Total System Flow Rate	21.57	gpm	Total number of panels required multiplied by the orifice flow rate
System Dose Volume	190.80	gal.	Total number of panels required multiplied by 3.6 gal./panel
Doses Per Day	1.89	cycles	Number of dose cycles per day based on daily design flow
Pump Run Time	8.84	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	9.09	*in.*	*Depth of effluent pumped per dose cycle.*

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

Comments:

1. Install system using 3 ft. wide trenches.
2. Install drainlines on 9 ft. centers, level, and on contour.
3. System design requires effluent pump for distribution.
4. 100% Repair area is required.

09/04/2007 15:54 7042822319 DAN SPANGLER PAGE 16

DAN SPANGLER
802 BRADFORD PLACE, MONROE, NC 28110
MOBILE: (704) 291-1909 OFFICE/ FAX: (704) 282-2319

PROPERTY ID #: 19713103
PROPERTY RECORDED:
COUNTY: Mecklenburg

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: Reserve Properties Inc. OWNER: ☐ AGENT: ☐ PHONE: 704-641-5898
ADDRESS: 1101 Lester Mullis Rd. DATE EVALUATED: 5/10/07
Indian Trail, NC 28079 PROPOSED FACILITY: 3 - Bedroom House
PROPERTY SIZE: ~1 Acre
LOCATION OF SITE: Lot 33, Irongate Subdivision, Brief Road
WATER SUPPLY: On-Site Well ☐ Comm. Well ☐ Public ☑ Other _____ EVALUATION METHOD: Auger Boring ☑ Pit ☐

PROFILE #	.1940 LANDSCP POS/ SLOPE %	HORIZON DEPTH (IN.)	.1941 (a)(1) TEXTURE	.1941 (a)(2) STRUCTURE	.1941 (a)(3) MINEROLOGY		
1	55	Bt. 0-40"	2.5YR 4/6 C	fr. 3fsbk	ms/sp	.1942 WETNESS CONDITION	- 740"
upper	12%					.1943/.1956 SAPROLITE	- 740"
part in						.1944 RESTRICTIVE HORIZON	- 740"
gullie						.1948 PROFILE CLASSIFICATION	- suitable
						PROFILE LTAR	- 0.3
						SYSTEM TYPE	- Conv./ PPBS
		COMMENTS: Eroded Cecil					
2	55	A-0-5"	10YR 5/4 SL	fr. 2fgr	so/po	.1942 WETNESS CONDITION	- 748"
middle	12%	Bt. 5-48"	2.5YR 4/6 C	fr. 3fsbk	ms/sp	.1943/.1956 SAPROLITE	- 748"
part of						.1944 RESTRICTIVE HORIZON	- 748"
SA						.1948 PROFILE CLASSIFICATION	- suitable
						PROFILE LTAR	- 0.3
						SYSTEM TYPE	- Conv./ PPBS
		COMMENTS: Cecil					
3	55/Toe	A-0-6"	10YR 5/4 SL	fr. 2mgr	so/po	.1942 WETNESS CONDITION	- 748"
lower	10%	Bt. 6-48"	2.5YR 4/6 C	fr. 3fsbk	ms/sp	.1943/.1956 SAPROLITE	- 748"
part of						.1944 RESTRICTIVE HORIZON	- 748"
SA						.1948 PROFILE CLASSIFICATION	- suitable
						PROFILE LTAR	- 0.3
						SYSTEM TYPE	- Conv./ PPBS
		COMMENTS:					
4						.1942 WETNESS CONDITION	-
						.1943/.1956 SAPROLITE	-
						.1944 RESTRICTIVE HORIZON	-
						.1948 PROFILE CLASSIFICATION	-
						PROFILE LTAR	-
						SYSTEM TYPE	-
		COMMENTS:					

#799

GWS – RES. APP 07/05

SEPTIC FEE: 200 cc
DATE: 5/15/06
CRT [ ] gc

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 # 6486B

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 #: Portion of 19713105
STREET ADDRESS: 9820 Brief Road
CITY: Charlotte
STATE: NC **ZIP:** 28227
SUBDIVISION OR MOBILE HOME PARK NAME: Undecided
LOT #: 4
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: n/a
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: n/a

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: Angela B. Page
ADDRESS: 9900 Brief Road
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 704.545.6375 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: J. Scot Collins
ADDRESS: 1101 Lester Mullis Road
CITY: Indian Trail
STATE: NC ZIP: 28079
HOME PHONE: 704.248.8493 WORK PHONE: 704.641.4470
MOBILE PHONE: FAX: 704.753.5898

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? n/a
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? within 30 days

*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.

J. Scot Collins 5/15/06
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

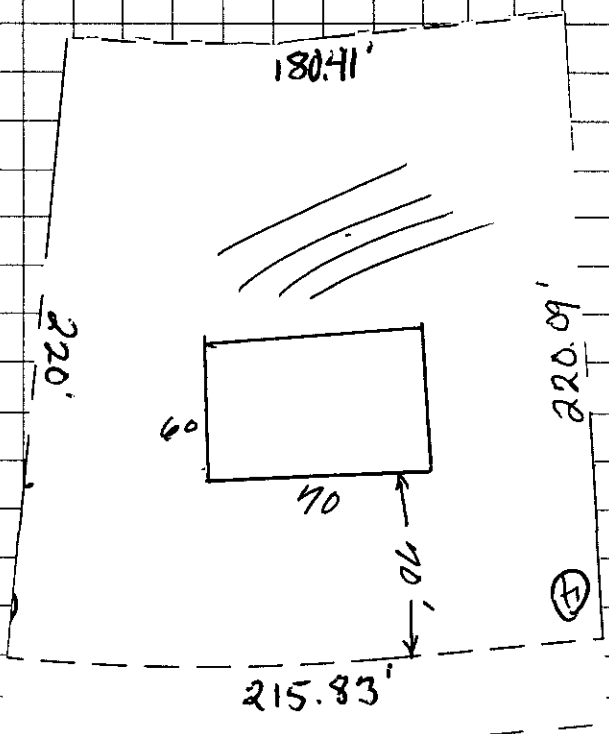
PROPOSED PLOT PLAN

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

FILE: 64868

TC: _____

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



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

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

Sheet: 1 of 2
Property ID: PO 197-131-05
Lot #: 4
File #: 6486B
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Angela B. Page
Applicant: J. Scot Collins
Address: 9900 Brief Road, Charlotte, N. C. 28227
Date Evaluated: 6/5/065
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 1.0a
Location of Site: 9820 Brief 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, 10	0-18	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		18-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2

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

Other Factors (.1946):
Site Classification (.1948): Provisionally Suitable
Evaluated By: W. R. Martin, LSS, 6/6/2006.
Others Present:
Site Evaluation By: David Cornelius & Kelly Randall

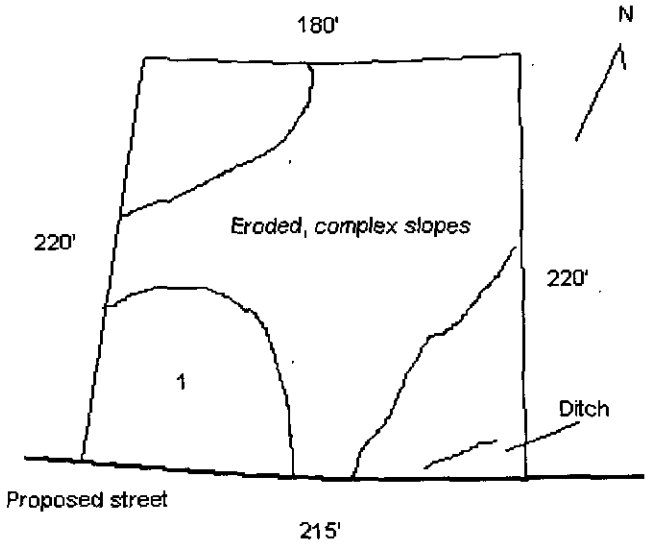
COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
SS-Shoulder Slope		LS-Loamy Sand	
LS-Linear Slope			
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6
NS-Nose Slope		L-Loam	
HS-Head Slope			
CC-Concave Slope	III	SI-Silt	0.6 - 0.3
CV-Convex Slope		SICL-Silty Clay Loam	
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	

Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

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



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 #: **30000799** GWS File #: **6486B** Tax Parcel #: **197-131-05**

- 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):** 10/16/2012

Type of Installation: Residential - New System Lot Number: 33

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Pressure Manifold		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: David Cornelius Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 10/16/2007

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30000799** GWS File #: **6486B**

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 Improvement Permit is being issued based on a supplemental soil investigation performed by staff from our office.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- Soil and topography issues in proposed drainfield area confirmed in field by Kelly Randall. Maintenance agreement with certified operator required before CO release

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

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

DENR Authorized Agent: David Cornelius

Signature: _____

Date Issued: 10/16/2007

Owner/Legal Agent: _____
Print Name

Signature: _____

Page 2 of 2

MECKLENBURG COUNTY
Health Department

December 18, 2006

J. Scott Collins
1101 Lester Mullis Road
Indian Trail, NC 28079

Re: Application for improvement permit for
Property Site: 9820 Brief Rd. Lot #4
Health Department file number: **6486B**

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on June 6, 2006 evaluated the above-referenced property at the site designated on the plat that accompanied your improvement permit application. According to your application the site is to serve a 4 bedroom home with a daily design flow of 480 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE** for a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☐ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☐ Unsuitable soil wetness condition (Rule .1942)
- ☐ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☒ Unsuitable for meeting required setbacks (Rule .1950)
- ☐ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or offsite to additional property.

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A cpy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request aninformal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Environment and Natural Resources regional soil specialist. A request for informalreview must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 7330926 or from the OAH web site atwww.oah.state.nc.us/form.htm. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is December 18, 2006. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

David Cornelius, R.S.
Authorized Agent - DENR

Encl: (2)

DAN SPANGLER
LICENSED SOIL SCIENTIST
802 BRADFORD PLACE
MONROE NC 28110-8355

GWS Septic System Design Review

GWS File #: 6486B

	Approved	Disapproved
Design Review: TCT 9-12-07	☒	☐
Field Review: _____	☐	☐

*Projects are not considered "APPROVED" until both sections above are completed and indicate an APPROVED status.

TO: Reserve Properties Inc.
1101Lester Mullis Road
Indian Trail, NC 28079

FROM: Dan Spangler

SUBJECT: Revised septic system design on Lot 33 in Irongate Subdivision, Brief Road, Mecklenburg Co., NC.

DATE: July 30, 2007

This lot has an area that is **SUITABLE** for conventional or Innovative (EZflow) septic system, however because of uneven topography (old eroded gullies) the T and J Panel Block System (PPBS) would work best. The soils are group 4 with mean depth to saprolite more than 48 inches and more than 48 inches to a seasonal water table. The septic system for a three bedroom house requires 200 linear feet of lines for the Panel Block System. With an LTAR of 0.3 gpd/ft square, design flow of 360 GPD or 200 feet of lateral length of lines for Panel Block System required. Laid out are 4 lines at 60, 60, 55 and 50 feet for a total 225 linear feet or 51 panels. The gullies at the end of the lines should be filled with soil during or before installation. The trenches shall be 36 inches wide and not less than nine feet on center. The trench depths may vary between 28 and 36 inches. The repair system has the same panel block system with varying length lines between the gullies. The repair area is divided into two areas with half up slope of the system area (2 lines @ 60 feet) and half in the upper back corner of the lot (2 lines @ 55 and 60 feet). (See attached lot map, design specifics, general design information, and soil/site evaluation.)

The above soils report is my opinion as a licensed soil scientist; however, wastewater treatment systems must be approved by the local health department.

CC: Trevor Thomason
Mecklenburg County Environmental Health

+ NEED SOIL BORINGS IN PROPOSED DRAINFIELD AREAS. MAP INDICATES COMPLEX SLOPES. TCT 9-12-07

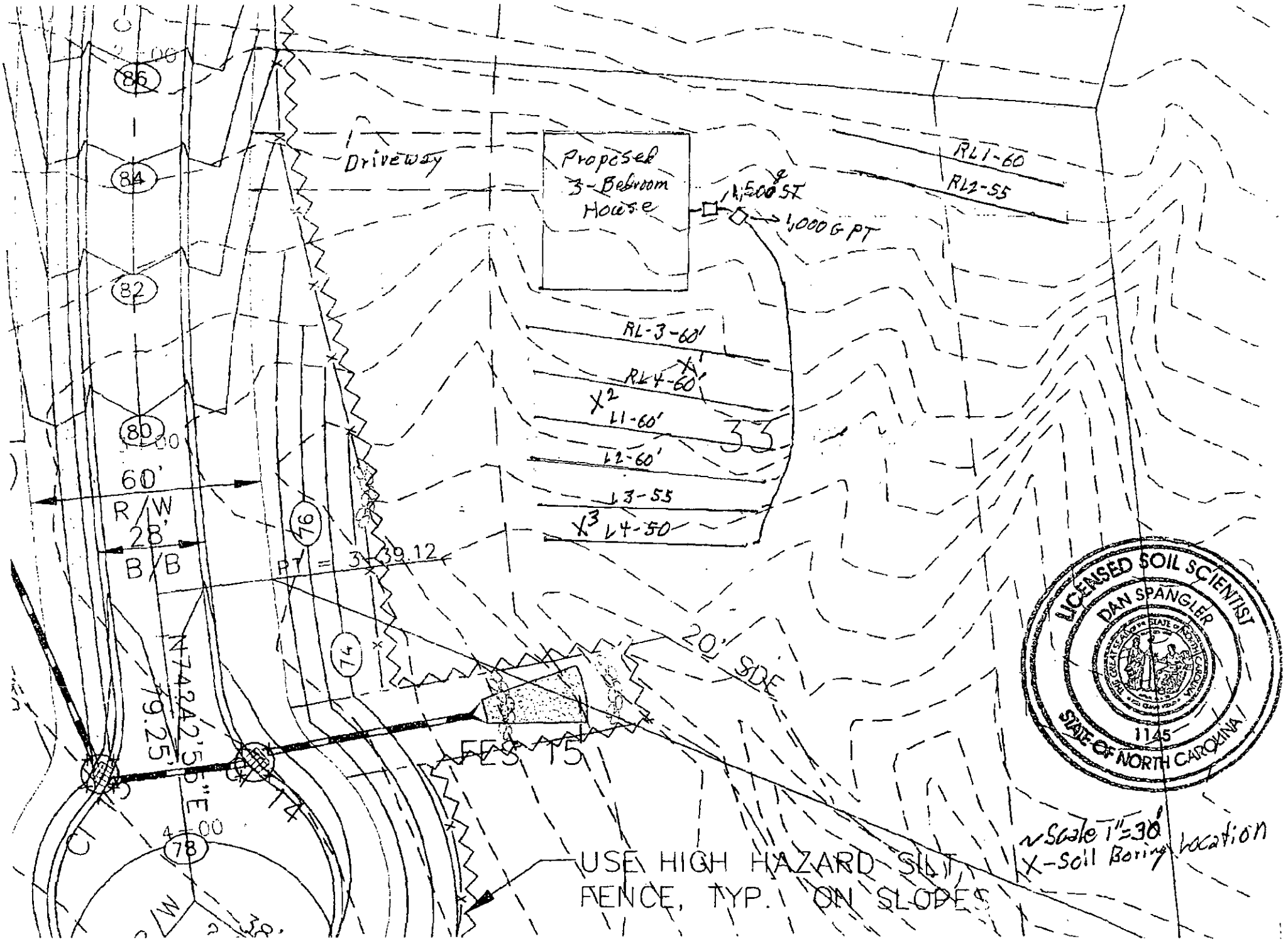
√ TCT

DESIGN SPECIFICS

Spangler Soil Investigation **Revised 9/4/07**
Lot 33 Irongate Subdivision

Daily Design Flow:	360 GPD – 3 bedroom house
Septic Tank Size:	1500 gallons (2 compartments)
Pump Tank Size:	1000 gallons (one piece)
Effluent Loading Rate:	Design = 0.3 GPD per ft/sq T & J Panel Block (PPBS)
Supply Length and Diameter:	Approx. 100ft of 2" Sch. 40 PVC (please see note)
Number and Size of Laterals:	4 lines @ 50, 55, 60 & 60 ft
Hole Size:	5/32 inch
Hole Spacing:	1 per panel = 53 total
Number of Panels:	53
Dosing Volume:	190.8 gallons per dose
Flow Rate through system:	21.57 gallons per minute
Elevation Head:	0 feet (may vary, see note)
Pressure Head:	2 feet
Pump Requirements:	23.6 GPM at 3.8 TDH (2 GPM added for vapor lock)
Depth of Water Pumped:	9.1" check with tank manufacturer
Pump Run:	8.84 minutes
Check Valve:	Yes
Vapor Lock Hole:	Yes

* Please note that supply line and elevation head measurements are approximate. It is the contractor's responsibility to confirm these values based upon the actual house and plumbing location. If there is a discrepancy, contact the system designer prior to beginning construction.


Driveway
Proposed 3-Bedroom House
1,500 ST
1,000 G PT
RL1-60
RL2-55
RL-3-60'
RL4-60'
X2 L1-60'
L2-60'
L3-55
X3 L4-50
33
60' R/W
28' B/B
PT = 39.12
N74°42'55"E 79.25'
20' SDE
FFE 75
USE HIGH HAZARD SILT FENCE, TYP. ON SLOPES
Scale 1"=30'
X-Soil Boring location
LICENSED SOIL SCIENTIST
DAN SPANGLER
1145
STATE OF NORTH CAROLINA

Irongate Subdivision Design Review

Lot # 33
File # 6486B
App # 799

Date: 8/9/07
Reviewed By: TCT TCT

Comments:

1. Please provide a map showing your soil boring locations for the profiles included in the proposal. Proposed system is in area with complex & eroded slopes. Bill did not perform soil borings in this area.
2. Provide correct calculations for PPBPS system type. Recalculate system dose volume and system flow rate (see worksheet provided).
3. Discard manifold design sheet. This manifold type may not be used with a PPBPS system.

GWS Septic System Design Review

	Approved	Disapproved
GWS File #: 6486B		
Design Review: TCT 8-10-07	☐	☒
Field Review: _____	☐	☐

***Projects are not considered "APPROVED" until both sections above are completed and indicate an APPROVED status.**

PPBPS Design Worksheet	(Primary System)							File #:	6503B
								Tax #:	139-302-15
System Requirements								Address:	Lot 33 - Irongate
Design Flow	360	gpd							
LTAR	0.300	gpd/ft.^2						Consultant:	Dan Spangler
Linear footage	400	ft. (conventional)						Phone:	
Linear footage	200	ft. (50% Reduction)							
								Reviewed By:	Trevor Thomason
Design Layout								Date:	8/10/07
Laterals	Length (ft)	# Panels	Calculated						
Line # 1	66	14	13.85		T & J Panels				
Line # 2	60	14	13.85		Linear Feet	# Panels			
Line # 3	55	13	12.69		20	5			
Line # 4	50	12	11.54		30	7			
Line # 5	0	0	0.00		40	9			
Line # 6	0	0	0.00		50	11			
Line # 7	0	0	0.00		60	14			
Line # 8	0	0	0.00		70	16			
Line # 9	0	0	0.00						
Line # 10	0	0	0.00						
Totals	**225**	**53**	51.92						
	*Lines longer than 70 ft. must be center-fed to comply with sewage rules.								
Absorption Area									
Length (ft)	Width (ft)	Area (ft^2)							
225	3	675							
System Pressure Head	2	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	0.41	gpm	Determined from orifice flow design table (use table from Flow Rate tab)						
Total System Flow Rate	21.57	gpm	Total number of panels required multiplied by the orifice flow rate						
System Dose Volume	190.80	gal.	Total number of panels required multipled by 3.6 gal./panel						
Doses Per Day	1.89	cycles	Number of dose cycles per day based on daily design flow						
Pump Run Time	8.84	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	9.09	in.	Depth of effluent pumped per dose cycle.						
Cells with blue shading require user input.									
Cells with yellow shading are automatically calculated.									
Comments:									
1. Install system using 3 ft. wide trenches.									
2. Install drainlines on 9 ft. centers, level, and on contour.									
3. System design requires effluent pump for distribution.									
4. 100% Repair area is reguired.									

DAN SPANGLER
LICENSED SOIL SCIENTIST
802 BRADFORD PLACE
MONROE NC 28110-9355

GWS Septic System Design Review

GWS File #: 6486

	Approved	Disapproved
Design Review: ICT 8-10-07	☐	☒
Field Review: _____	☐	☐

*Projects are not considered "APPROVED" until both sections above are completed and indicate an APPROVED status.

TO: Reserve Properties Inc.
1101Lester Mullis Road
Indian Trail, NC 28079

FROM: Dan Spangler

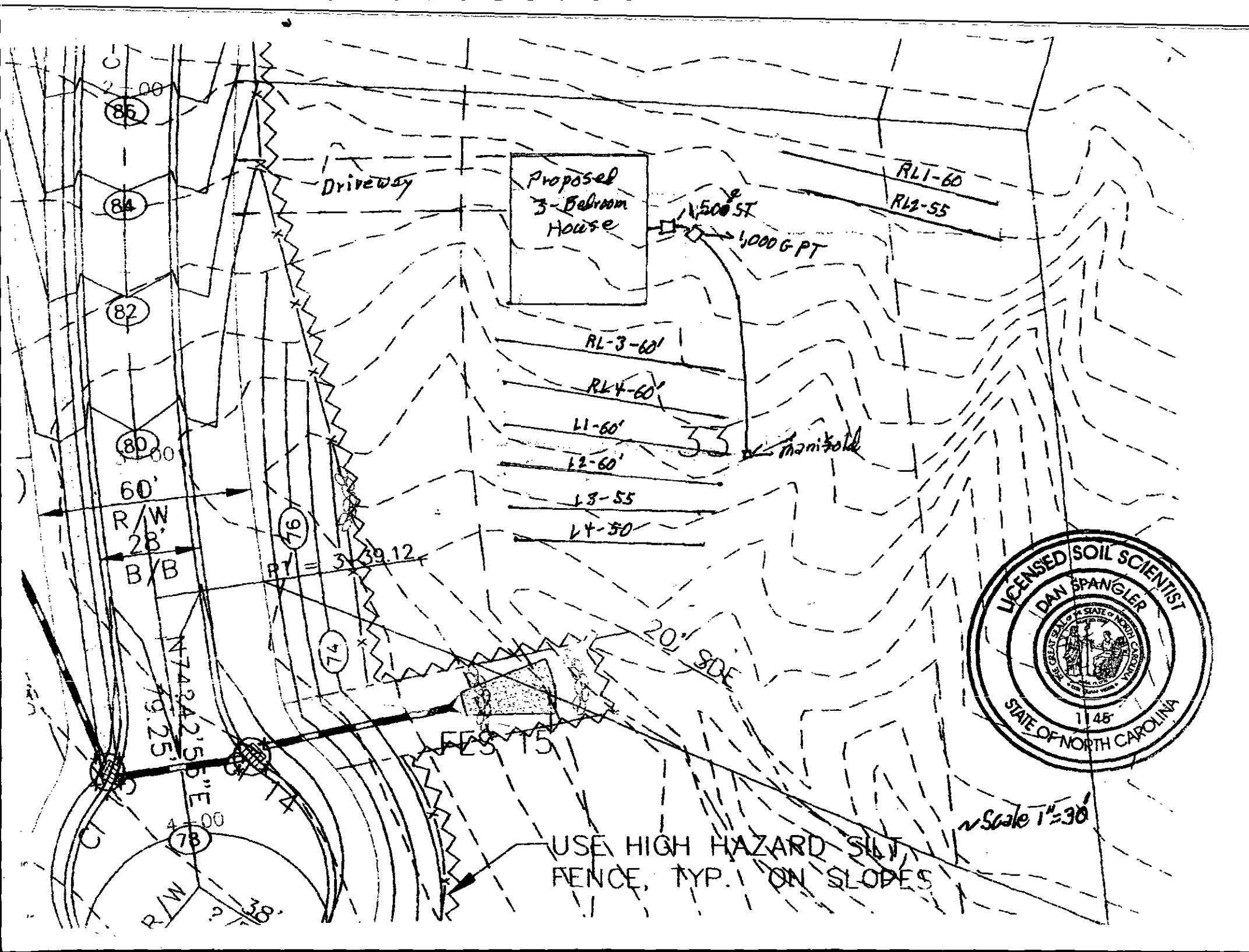
SUBJECT: Revised septic system design on Lot 33 in Irongate Subdivision, Brief Road, Mecklenburg Co., NC.

DATE: July 30, 2007

This lot has an area that is **SUITABLE** for conventional or Innovative (EZflow) septic system, however because of uneven topography (old eroded gullies) the T and J Panel Block System (PPBS) would work best. The soils are group 4 with mean depth to saprolite more than 48 inches and more than 48 inches to a seasonal water table. The septic system for a three bedroom house requires 200 linear feet of lines for the Panel Block System. With an LTAR of 0.3 gpd/ft square, design flow of 360 GPD or 200 feet of lateral length of lines for Panel Block System required. Laid out are 4 lines at 60, 60, 55 and 50 feet for a total 225 linear feet or 51 panels. The gullies at the end of the lines should be filled with soil during or before installation. The trenches shall be 36 inches wide and not less than nine feet on center. The trench depths may vary between 28 and 36 inches. The repair system has the same panel block system with varying length lines between the gullies. The repair area is divided into two areas with half up slope of the system area (2 lines @ 60 feet) and half in the upper back corner of the lot (2 lines @ 55 and 60 feet). (See attached lot map, design specifics, general design information, and soil/site evaluation.)

The above soils report is my opinion as a licensed soil scientist; however, wastewater treatment systems must be approved by the local health department.

CC: Trevor Thomason
Mecklenburg County Environmental Health


Proposed
3-Bedroom
House
Driveway
1,500 gal ST
1,000 G PT
RL1-60
RL2-55
RL-3-60'
RL4-60'
L1-60'
L2-60'
L3-55
L4-50
manifold
60'
R/W
28'
B/B
PT = 3+39.12
20' SDE
FES 15
N74°42'55"E
49.25'
USE HIGH HAZARD SILT
FENCE, TYP. ON SLOPES
Scale 1"=30'
LICENSED SOIL SCIENTIST
DAN SPANGLER
1145
STATE OF NORTH CAROLINA

DESIGN SPECIFICS

Lot 33 Irongate Subdivision

Daily Design Flow:	*360 GPD – 3 bedroom house*
Septic Tank Size:	**1500 gallons (2 compartments)**
Pump Tank Size:	**1000 gallons (one piece)**
Effluent Loading Rate:	**Design = 0.3 GPD per ft/sq**
	T & J Panel Block (PPBS)
Supply Length and Diameter:	**Approx. 100ft of 2" Sch. 40**
	PVC (please see note)
Number and Size of Laterals:	**4 lines @ 50, 55, 60 & 60 ft**
Hole Size:	**5/32 inch**
Hole Spacing:	**1 per panel = 51 total**
Number of Panels:	**51**
Dosing Volume:	~~138~~ **gallons per dose** 191 GAL.
Flow Rate through system:	~~26.8~~ **gallons per minute** 21.57 GPM
Elevation Head:	**0 feet (may vary, see note)**
Pressure Head:	**2 feet**
Pump Requirements:	**28.8 GPM at 3.8 TDH** RECALCULATE
	(2 GPM added for vapor lock)
Depth of Water Pumped:	**6.6" check with tank manufacturer**
Pump Run:	**5.2 minutes**
Check Valve:	**Yes**
Vapor Lock Hole:	**Yes**

*** Please note that supply line and elevation head measurements are approximate. It is the contractor's *responsibility to confirm* these values based upon the actual house and plumbing location. If there is a discrepancy, contact the system designer prior to beginning construction.**

Note: Follow T+J Manual for Installation Instructions

51 panels X 3.6 g/panel = 184 X 75% = 138 gallons/Dose

Irongate Subdivision

Owner: Reserve Properties Inc.

Tax Map: Lot 33 Parcel #: 19713103 Date: 5/31/07

Line #	Tap Diameter(in)	Tap (Sch)	Tap Flow (gpm)	Line Length (ft)	Flow / foot	Panels
1	1/2	40	7.1	60	0.12	14
2	1/2	40	7.1	60	0.12	14
3	1/2	40	7.1	55	0.13	12
4	1/2	80	5.5	50	0.11	11
5			26.8 gpm			51
6						
7						
8						
9						
10						

USE LPP DISTRIBUTOR!

_____ ft of line x 65 gal. per 100 ft = _____ _____ ÷ 100 = _____ gal

75% x _____ gal = 138 **gal per dose** 26.8 gal per minute (gpm) = **Flow Rate**

Friction Head

Loss: 1.54 ft per 100 ft of supply line x 100 ft of supply line ÷ 100 = 1.54 ft

1.54 ft x 1.2 = 1.8 ft of friction head

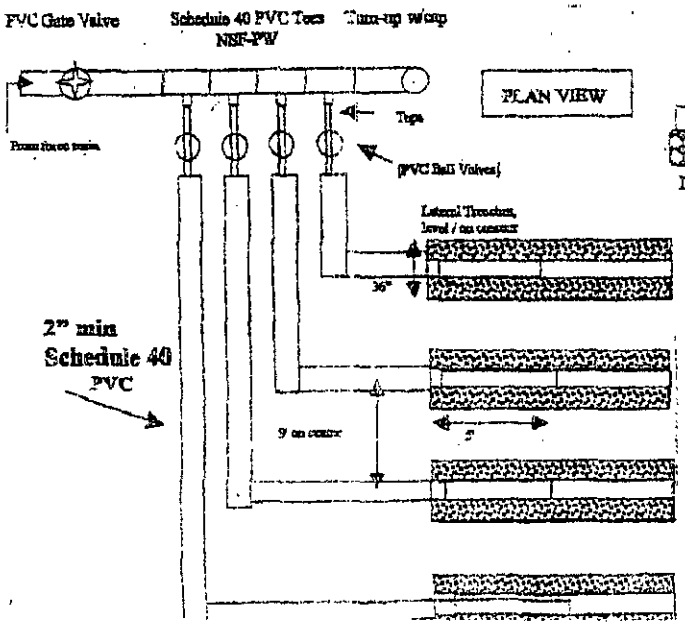
Manifold Size: 3 " **Force Main Size:** 2 " PVC

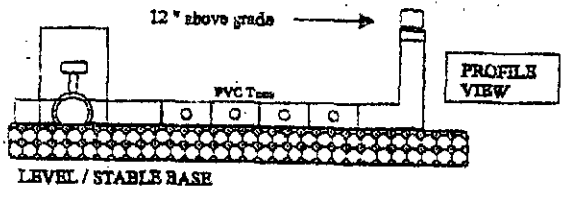
Total Dynamic Head = 0 ft of Elevation head + 2 ft of Pressure head + 1.8 ft of Friction Head = 3.8 TDH

Pump Requirement: 26.8 GPM @ 3.8 ft of Head

Drawdown: 138 gal per dose ÷ 21 gal per inch = 6.6 inch drawdown per dose

General Design Information





5.2 minute Pump Run Time

Manifold Size / # Taps

Manifold Size	Max No. Taps off one side (Reduce by ½ for tapping both sides)		
	½" taps	¾" taps	1" taps
2"	4	2	
3"	9	5	3
4"	16	9	5
6"	40+	21	12

Flow per Tap

Size	Material	Flow GPM
½"	Sched 80	5.5
½"	Sched 40	7.1
¾"	Sched 80	10.1
¾"	Sched 40	12.5

DAN SPANGLER
802 BRADFORD PLACE, MONROE, NC 28110
MOBILE: (704) 291-1909 OFFICE/ FAX: (704) 282-2319

PROPERTY ID #: 19713103
PROPERTY RECORDED:
COUNTY: Mecklenburg

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: Reserve Properties Inc. OWNER: ☐ AGENT: ☐ PHONE: 704-641-5898
ADDRESS: 1101 Lester Mullis Rd. DATE EVALUATED: 5/10/07
Indian Trail, NC 28079 PROPOSED FACILITY: 3-Bedroom House
PROPERTY SIZE: ~1 Acre
LOCATION OF SITE: Lot 33, Irongate Subdivision, Briet Road
WATER SUPPLY: On-Site Well ☐ Comm. Well ☐ Public ☑ Other _____ EVALUATION METHOD: Auger Boring ☑ Pit

PROFILE #	.1940 LANDSCP POS./ SLOPE %	HORIZON DEPTH (IN.)	.1941 (a)(1) TEXTURE	.1941 (a)(2) STRUCTURE	.1941 (a)(3) MINEROLOGY		
1	SS	Bt. 0-40"	2.5YR 6/8 C	fr. 3fsbk	ms/sp	.1942 WETNESS CONDITION	- 740"
	12%					.1943/.1956 SAPROLITE	- 740"
						.1944 RESTRICTIVE HORIZON	- 740"
						.1948 PROFILE CLASSIFICATION	- Suitable
						PROFILE LTAR	- 0.3
						SYSTEM TYPE	- Conv./ PPBS
		COMMENTS: Eroded Cecil					
2	SS	A-0-5"	10YR 5/4 SSL	fr. 2 gr	so/po	.1942 WETNESS CONDITION	- 748"
	12%	Bt. 5-48"	2.5YR 6/8 C	fr. 3fsbk	ms/sp	.1943/.1956 SAPROLITE	- 748"
						.1944 RESTRICTIVE HORIZON	- 748"
						.1948 PROFILE CLASSIFICATION	- Suitable
						PROFILE LTAR	- 0.3
						SYSTEM TYPE	- Conv./ PPBS
		COMMENTS: Cecil					
3	SS/Toe	A-0-6"	10YR 5/4 SSL	fr. 2 mgr	so/po	.1942 WETNESS CONDITION	- 748"
	10%	Bt. 6-48"	2.5YR 6/8 C	fr. 3fsbk	ms/sp	.1943/.1956 SAPROLITE	- 748"
						.1944 RESTRICTIVE HORIZON	- 748"
						.1948 PROFILE CLASSIFICATION	- Suitable
						PROFILE LTAR	- 0.3
						SYSTEM TYPE	- Conv./ PPBS
		COMMENTS:					
4						.1942 WETNESS CONDITION	-
						.1943/.1956 SAPROLITE	-
						.1944 RESTRICTIVE HORIZON	-
						.1948 PROFILE CLASSIFICATION	-
						PROFILE LTAR	-
						SYSTEM TYPE	-
		COMMENTS:					

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 6484 B WASPS App #: 3431

Primary ES assigned to project: @ KJ

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 .275	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: change Available space to PS

IA issued date: _____

OP issued date: _____

Review performed by: IR Date performed: 4-23-08

APR-10-2008 11:09 MECKLENBURG CO GWS 704 336 5894 P.01/02

J Michael

Project # 275197

FILE NUMBER: 6484B

SEPTIC FEE: 100.00
DATE: 4-11-08
CK# 7220

Revised On: August 31, 2007

APPLICATION NUMBER: 3432

WELL FEE: _____
DATE: _____

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

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: Permit# 30000797

TAX PARCEL NUMBER: 197-131-05
STREET ADDRESS: 8124 Calterra Drive
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Iron Gate
LOT #: 35 LOT SIZE (acres):
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:
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING (proposed)
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☒ SHARED WELL ☐ SPRING
7. PROPOSED USE OF WELL: ☐ N/A ☒ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 6-LEAST DESIRED):
☒ 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

10. PROPERTY OWNER:
NAME: Carolina Heritage Builders
ADDRESS: 12995-A East Independence Blvd.
CITY: Matthews
STATE: NC ZIP: 28105
HOME PHONE: WORK PHONE: 704 882 3746
MOBILE PHONE: 704 507-9817 FAX: 704 882-5297

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7/9/07
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

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

Property Owner's or Owner's Legal Representative Signature — Date: 4/10/08

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

Property Owner's or Owner's Legal Representative Signature — Date: 4/10/08

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

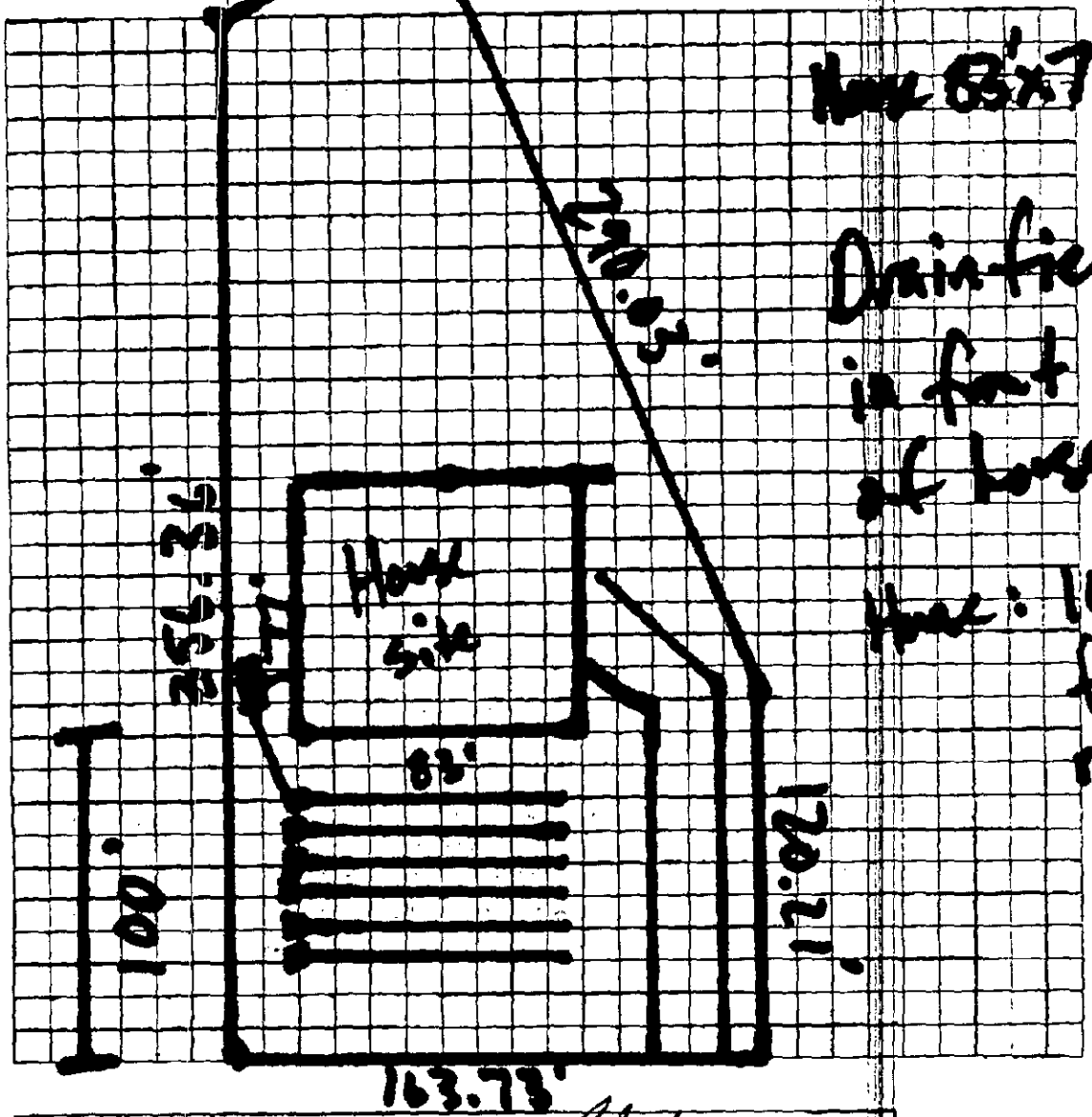
Proj # 275197

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 #_____
Date_____

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 Jeffrey A. Blakley

Date 4/10/08

LBC 12/15/04

#1797

GWS – RES. APP 07/05

SEPTIC FEE: 200 CC
DATE: 5/15/06
CRT [ ] AC

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 # 6484B

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 #: Portion of 19713105
STREET ADDRESS: 9820 Brief Road
CITY: Charlotte
STATE: NC **ZIP:** 28227
SUBDIVISION OR MOBILE HOME PARK NAME: Undecided
LOT #: 2
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: n/a
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: n/a

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: Angela B. Page
ADDRESS: 9900 Brief Road
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 704.545.6375 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: J. Scot Collins
ADDRESS: 1101 Lester Mullis Road
CITY: Indian Trail
STATE: NC ZIP: 28079
HOME PHONE: 704.248.8493 WORK PHONE: 704.641.4470
MOBILE PHONE: FAX: 704.753.5898

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? n/a
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? within 30 days

*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.

J. Scot Collins 5/15/06
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

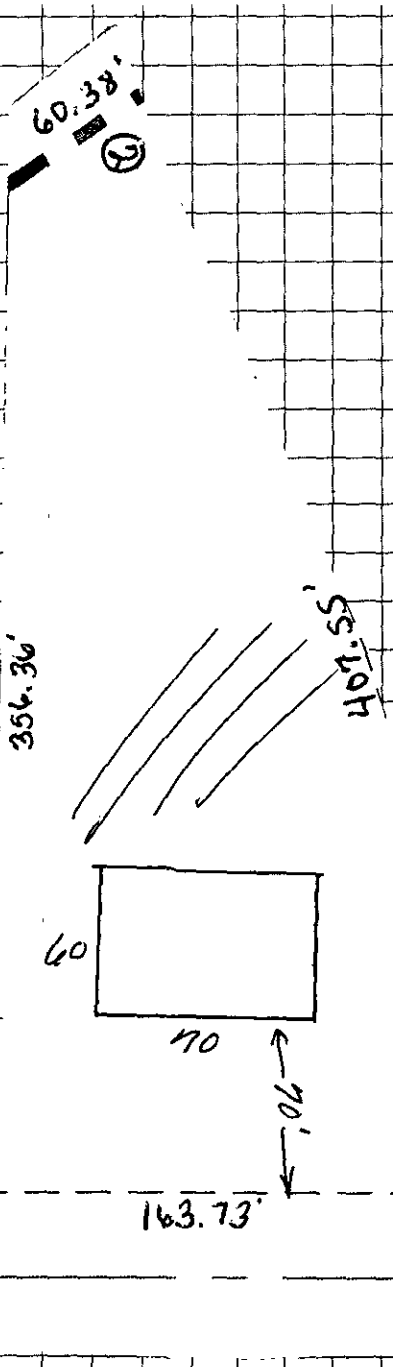
PROPOSED PLOT PLAN

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

FILE: 64843

TC: _____

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



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

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

Sheet: 1 of 2
Property ID: 197-131-05 PO
Lot #: 2
File #: 6484B
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Angela B. Page
Applicant: J. Scot Collins
Address: 9900 Brief Road, Charlotte, NC 28227
Date Evaluated: 6/1/2006
Proposed Facility: Residence
Design Flow (.1949): 480 gpd
Property Size: .98a
Location of Site: 9820 Brief Road
Property Recorded:
Water Supply: [ ] Public [ ] 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,12	0-14	GR/CL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48+	NA	NA	PS,IV
		14-48	SBK/C	FI/S/P/SEXP					.3 GPD/FT^2
2	"	0-18	GR/CL	FR/SS/SP/SEXP	"	"	"	"	PS,IV
		18-34	SBK/ABK/C	FI/S/P/SEXP					.275 GPD/FT^2
		34-48	SBK/CL	FR/S/P/SEXP					
3	"	0-48	SBK/ABK/C	FI/S/P/SEXP	"	"	"	"	"
4	"	0-8	GR/SL	FR/SS/SP/SEXP	"	"	"	"	"
		8-48	SBK/ABK/C	FI/S/P/SEXP					
5	"	0-6	GR/SL	FR/SS/SP/SEXP	"	"	"	"	"
		6-48	SBK/ABK/C	FI/S/P/SEXP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IVa
Site LTAR	.275 GPD/FT^2	.275 GPD/FT^2

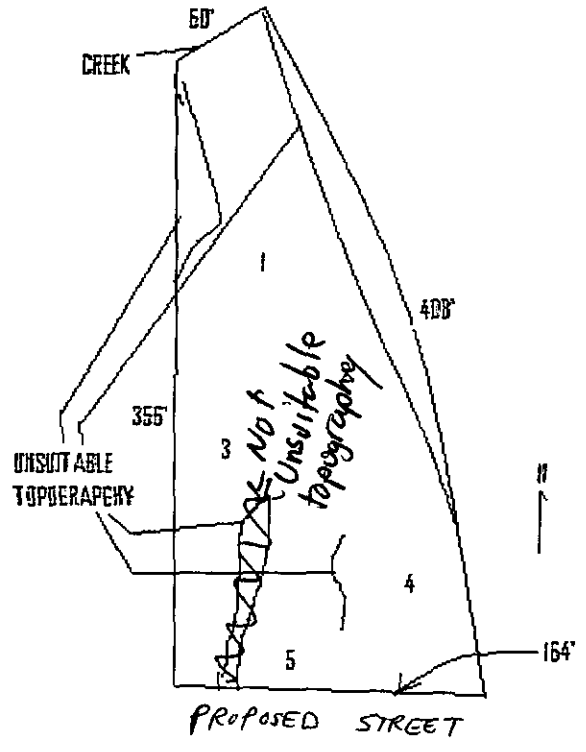
Other Factors (.1946):
Site Classification (.1948): Provisionally Suitable
Evaluated By: Chris Sherrill, RS, LSS 6/1/06
Others Present:

COMMENTS: 100% Repair Area

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-Food 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		CL-Clay Loam		
FP-Flood Plain		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

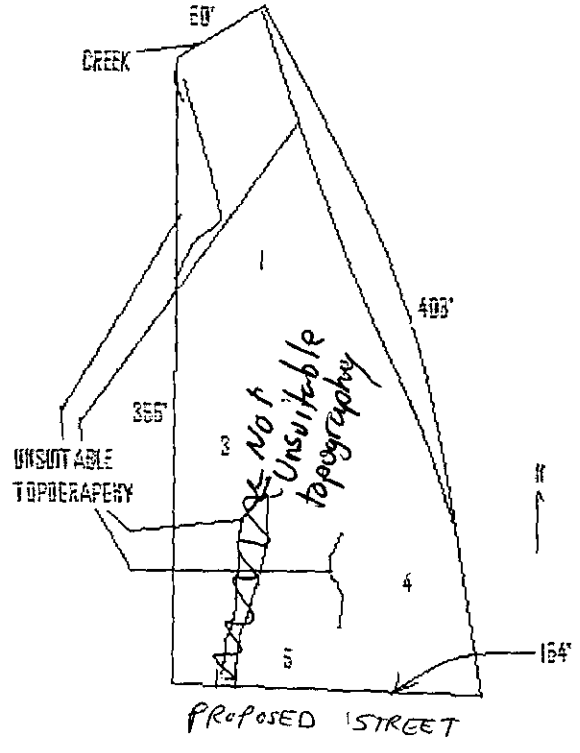


COMMENTS: 100% Repair Area

Landscape Position	Group	Texture	.1955 LTAR	Structure
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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
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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



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 #: **30003436** GWS File #: **6484B** Tax Parcel #: **197-131-22**

- 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):** 4/21/2013

Type of Installation: Residential - Modified Plot Plan Lot Number: 35

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 4 # Occupants: 4

Building Foundation: Basement With Plumbing Water Supply: Shared Well

II. Initial System Type: Pump to Approved **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.275 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1309 Total Trench Length (ft): 436

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

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.275 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 873 Total Trench Length (ft): 291

Maximum Trench Depth (in): 36 Depth of Media (in): N/A Distribution Device: Manifold (LPP Distri

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 Michael Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michael Signature: _____

Date Issued: 4/21/2008

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 #: **30003436** GWS File #: **6484B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 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 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.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.

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 Michael

Signature: Jeremy Michael

Date Issued: 4/21/2008

Owner/Legal Agent: _____
Print Name

Signature: _____

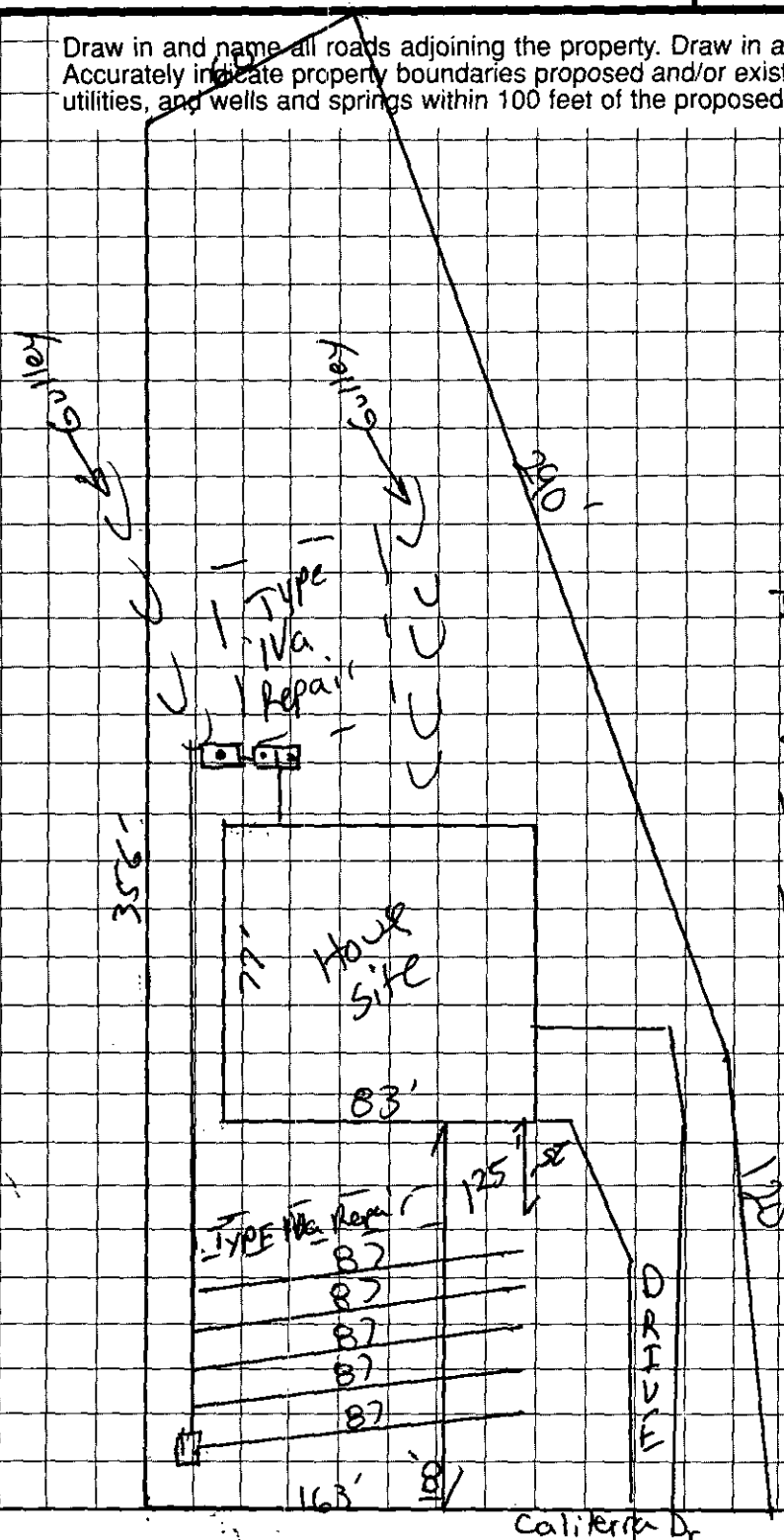
PROPOSED PLOT PLAN

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

FILE: 6484B

TC: 192-131-~~05~~ 22

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.



480 GPD
0.275 LTAR
436 L.F of IIIb 25% Reduction
Install (5) Lines at 87'
Pressure Manifold
1500 gal S.T.
1000 gal P.T

Install lines level with contour of land

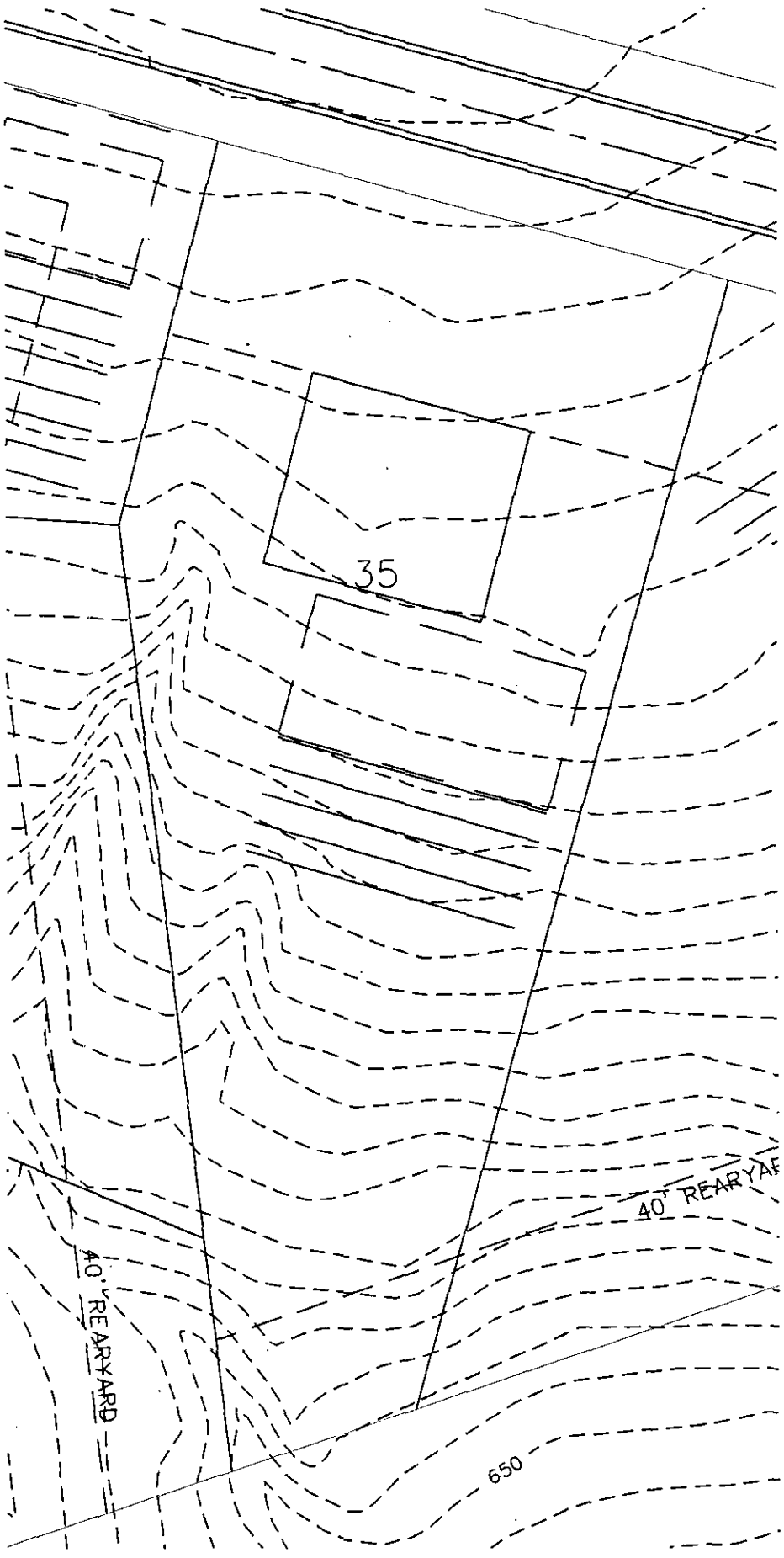
Septic Setbacks
Stay 25' up slope from basement
10' off property lines
10' down slope of basement
15' side slope of Basement

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 04-21-2008 Jeremy Michael

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


35
40' REARYARD
40' REARYARD
650

Proj # 275197

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/11/08	**Amount:**	100.00
Receipt #:	56863	**Tendered:**	100.00
Check / Auth #:	CHECK 7228	**Returned:**	100.00
Received By:	POWELPT		

Account Information

Account #: 200000
Contractor: CAROLINA HERITAGE BUILDERS
Attn: JEFFERY A. PALENTES
Address: 12995-A E. INDEPENDENCE BLVD
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 8124 CALITERRA DR - RELOCATION ON PLOT PLAN		1	100.00	100.00

7228

CAROLINA HERITAGE BUILDERS, INC.
12995-A E. INDEPENDENCE BLVD
MATTHEWS, NC 28105
(704) 882-3746

FIRST CHARTER
56-73-531

4/10/2008

PAY TO THE ORDER OF Mecklenburg County $ **100.00

One Hundred and 00/100********** DOLLARS

Mecklenburg County

MEMO IG 35 Mod plot plan

AUTHORIZED SIGNATURE

Security feature. Details on back.

⑈00007228⑈ ⑆053100737⑆ 670208045⑈

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
600.00					

Mecklenburg County
LUESA Department South Office
234 Matthews Station Street
Matthews, NC 28105
Phone: (704) 814-0435
Fax: (704) 814-0874

Mecklenburg County
LUESA SOUTH

Fax

To:	Gwen or Annette	**From:**	Phyllis Powell
Fax:	704-336-6894	**Date:**	April 11, 2008
Phone:		**Pages Including Cover:**	
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Thanks, Phyllis