8938B

Supervisor/Administrative Professional Checklist

New Septic ☑ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) lwa 5/6/14 Initials/Date

CA ($200.00) lwa 12/12/14 Initials/Date

OP ($200.00) lwa 12/12/14 Initials/Date

(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. ☑ Reviewed ☑ SAM

OK to Generate CA

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

Septic file completed. ☑ SAM Well file completed. ☑ SAM

OK to Approve in POSSE & Release final Hold.

Send permit for signature. ☐ Signature received. ☑ 6/13/14

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

Certified operator contract is on file. ☐ _____

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: D938B Permit #: 6232 Tax Parcel #: 113-211-05

Property Owner: Kris Frost

Job Location Address: 6811 Dixie River Road

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 6/15/15 Contractor Name: Dennis Jope

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: — gallons

Liquid Capacity of Septic Tank: 1500 gallons Manufacture: Dellinger Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 440 feet

# of Lines: 4 @ 110 feet

Depth of Media: 12 inches (Type) IQ4W

Depth of Cover: 18 inches

Distribution Device: D-Box

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: 18' feet

Distance from Property Line: 13' feet

Distance from Water Supply Source: >100' feet

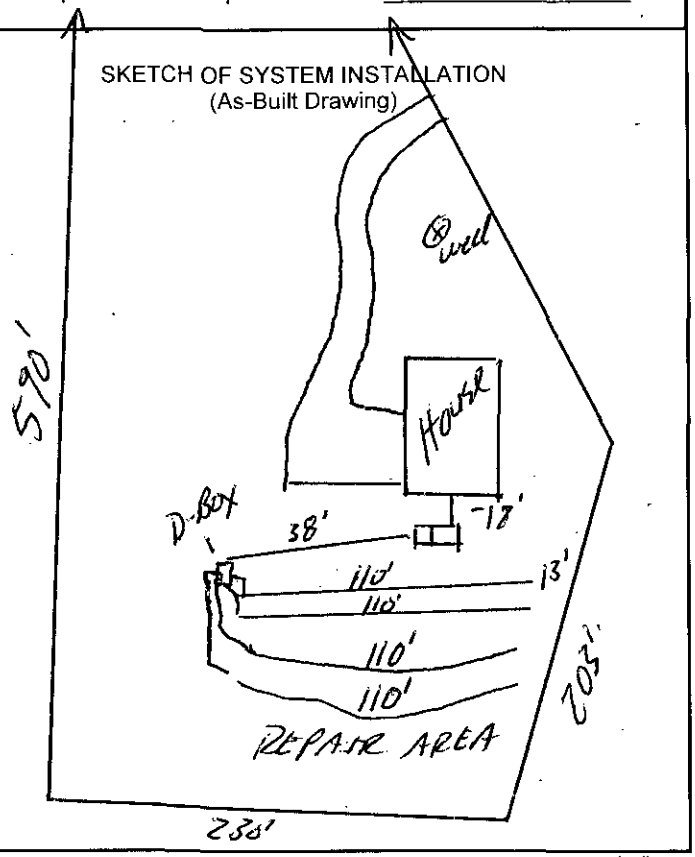
Inspection Dates

Tank(s) Inspected: 6/15/15

Excavation Inspected: 6/15/15

Pump & Controls Inspected: —

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: Htg, IQ4W, GRAVITY, NA, NA

DENR Authorized Agent: Jeremy Nicholson, REHS Signature: Jeremy Nicholson, REHS



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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: D9388 Permit #: 6832 Tax Parcel #: 113-211-05

Property Owner: Kris Frost

Job Location Address: 6811 Dixie River Road

City: Charlotte State: NC Zip Code: 28278

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: Ttg

*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: Jeremy Mikolaw, REHS Date: 6/15/15

Signature: Jeremy Mikolaw, REHS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: B938B Permit #: 6832 Tax Parcel #: 113-211-05

Property Owner: Kris Frost

Job Location Address: 6811 Dixie River Rd.

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 1/2/2015

Permission is hereby given to ☐ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil *absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application* information submitted to our office. All work shall be completed on or before _____, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.
***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 480 GPD
Site LTAR: .225 GPD/ft² (For new installations only.)
Liquid Capacity of Septic Tank: 1,500 gallons
Liquid Capacity of Dosing Tank: N/A gallons

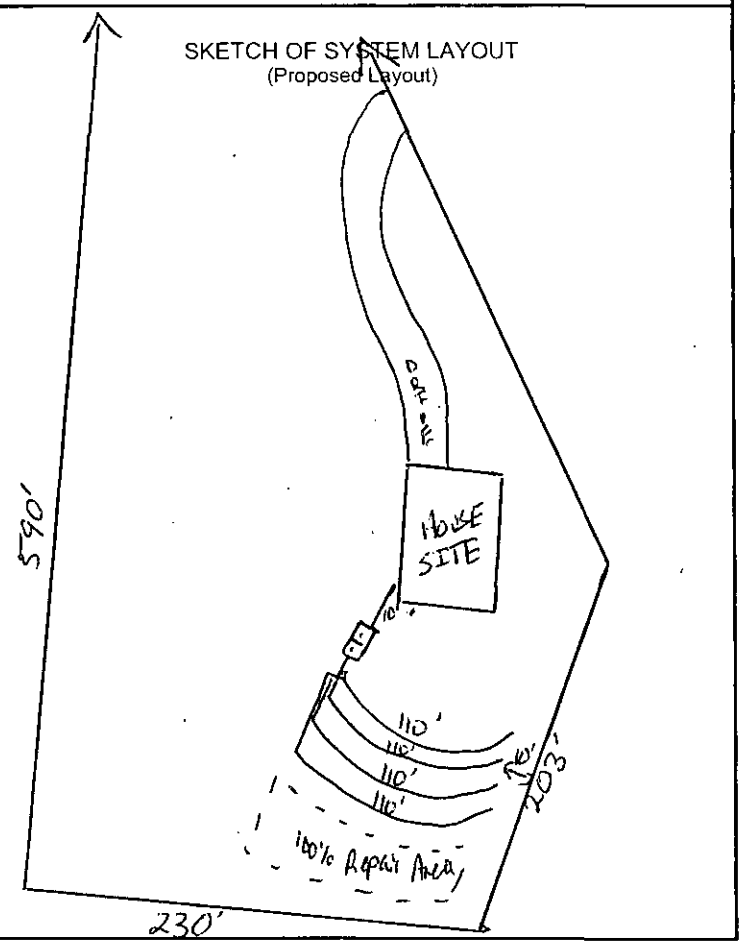
Drainfield Design ☐ N/A
Trench Depth: 36 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 436 feet
# of Lines: 4 @ 110' feet
Depth of Media: 36" inches (Type) 25% Reduction
Distribution Device: Distribution Box

Bed Design *(For Repair Installations ONLY.)* ☒ N/A
Bed Depth: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Distribution Device: _____

Water Supply Source
☐ Municipal ☒ Private Well ☐ Community Well
☐ Other _____

Minimum System Setbacks
Distance from Building Foundation: 10 feet
Distance from Property Line: 10 feet
Distance from Water Supply Source: 100+ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III g

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael REHS

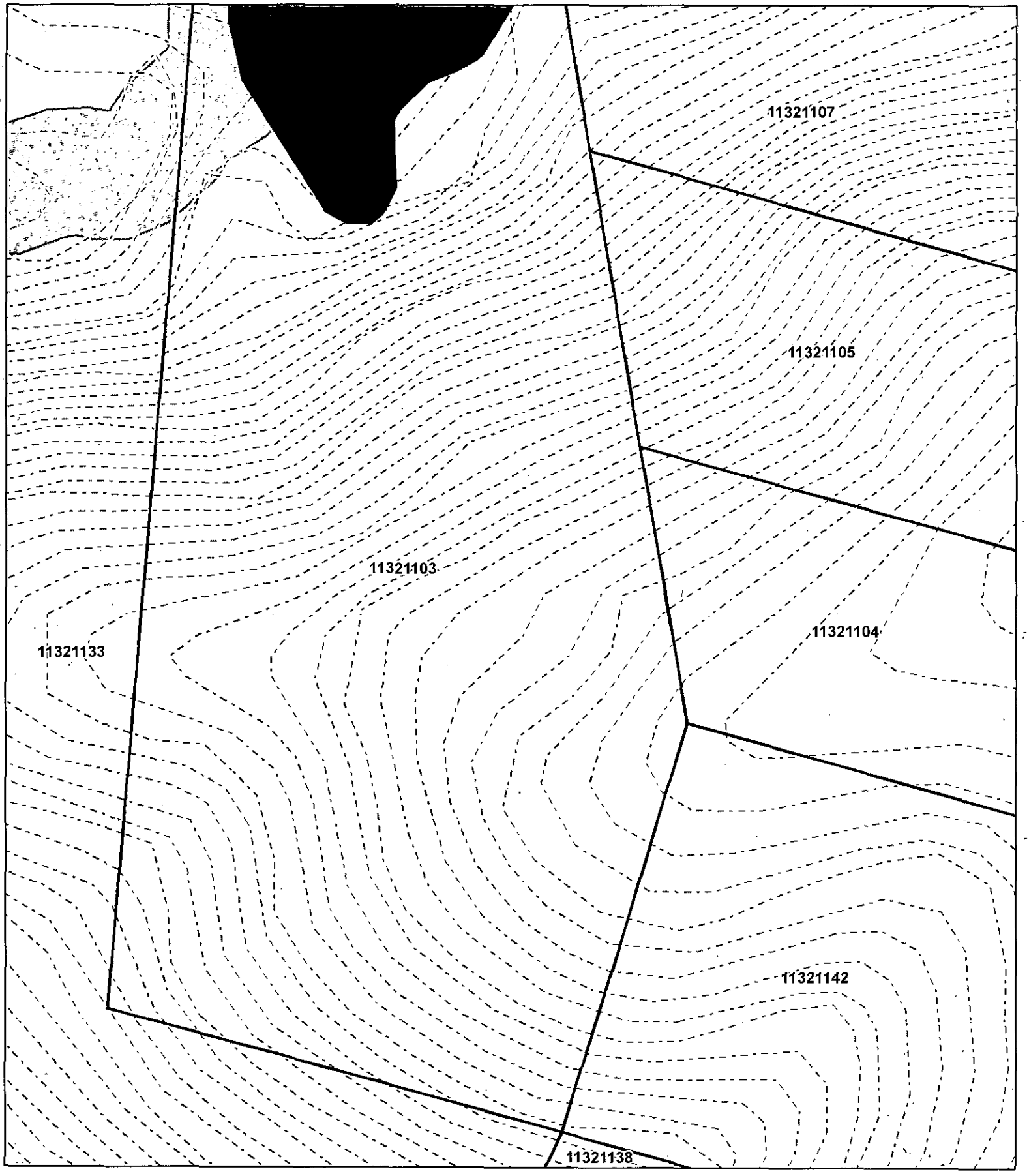
Parcel # 113-211-03
File # 8938B
AppID: 6832



Map Created By: Jacob Presley
Map Created On: 5/8/14

0 50 100 Feet

Parcel # 113-211-03
File # 8938B
AppID: 6832



Map Created By:
Map Created On:

0 30 60 Feet

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 89388 WASPS App #: 6832

Primary ES assigned to project: Philo Walker

Secondary ES assigned to project: _____

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☐	No ☑	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☑	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☑	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 4			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.275	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:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: JAM Date performed: _____

8938B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 6832

COPY

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: 11321103 05
STREET ADDRESS: 6811 Dixie River Rd
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME:
LOT #: _____ LOT SIZE (acres): 6.00
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: 2,300
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2
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:** 1 2 3 4 ____

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?** 2/1/04 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Kris Frost
ADDRESS: 7038 Evanton Loch Rd
CITY: Charlotte
STATE: NC ZIP: 28278
WORK PHONE: (980) 285-7080
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

Revised on: 12/15/10

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.

kkf (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.

kkf (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.

Kris Frost — Property Owner's or Owner's Legal Representative Signature

4/23/14 — Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 DATE FEE RECEIVED: 5/6/14

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

APPLICATION PROCESSED BY: Qwa

GWS FILE NUMBER ASSIGNED: 8938B

APPLICATION ID NUMBER ASSIGNED: 6832

COMMENTS:

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

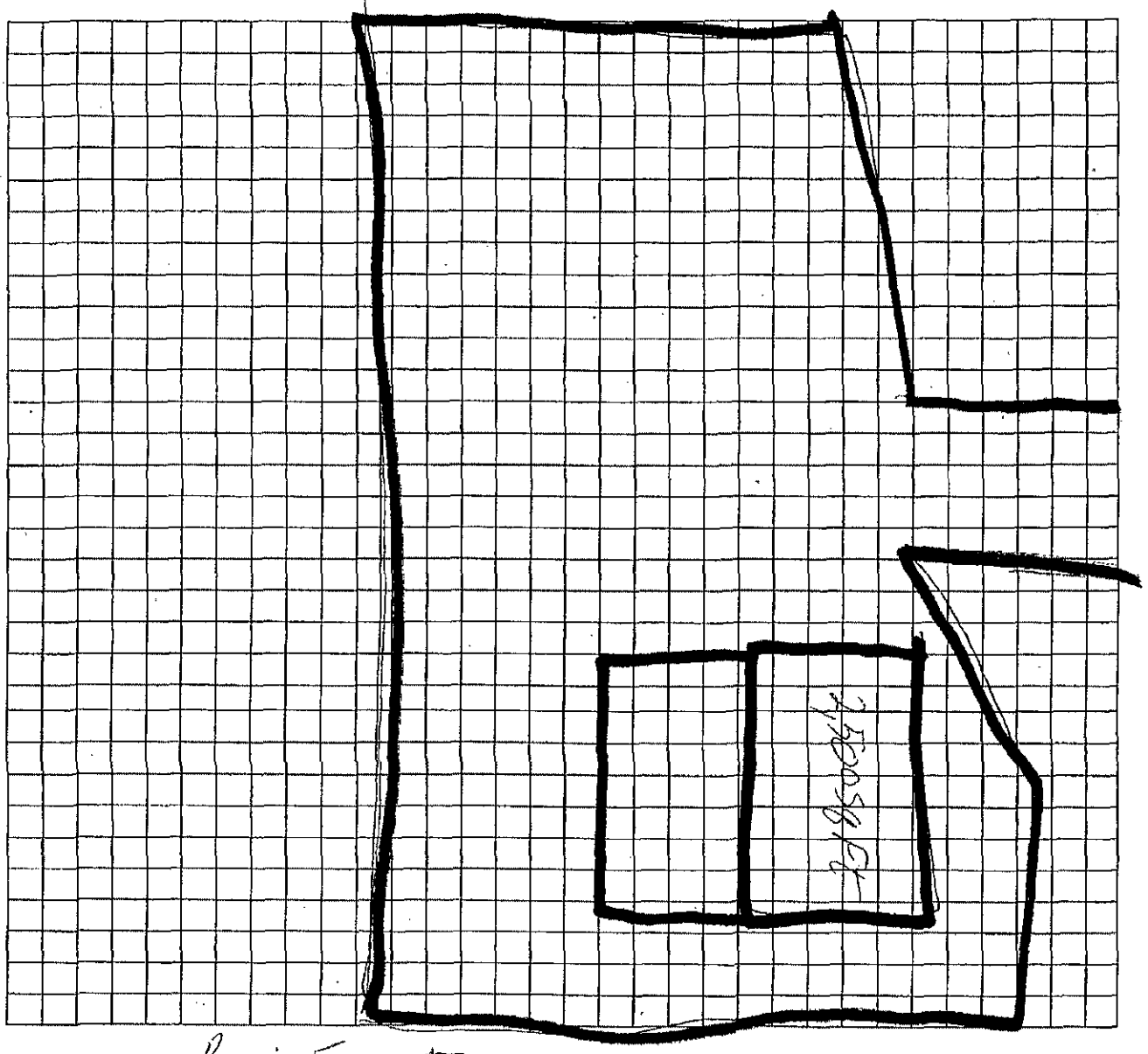
File #: _____

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: 6811 E Vantage Point RD Tax Parcel #: 11321105

Subdivision Name: NONE Lot #: _____



Kris Frost Kris Frost 4/23/14

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

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

Revised on: 12/15/10

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

Sheet: 1 of 2
Property ID: 113-211-03
Lot #: NA
File #: 8938B
AppID: 6832

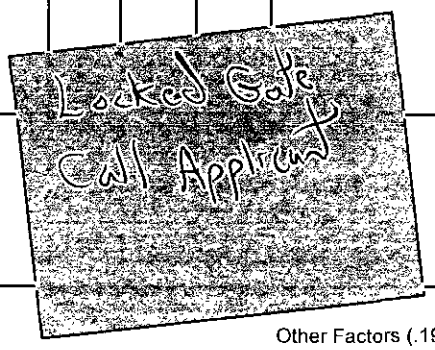
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Kris Frost
Address: 7038 Evanton Loch Rd., Charlotte, NC 28278
Proposed Facility: 4 BR Residence
Design Flow (.1949): 480 GPD
Location of Site: 6811 Dixie River Rd, Charlotte, NC 28278
Water Supply: [ ] Public [X] Individual [X] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] S

Applicant: owner
Date Evaluated: 5/19/2014
Property Size: 6 ac
Property Recorded: Unknown
[ ] Spring [ ] Other
[ ] Cut

5/28/14 Kris
PCLM
980 721 0913
980 285 7080
1:00

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	S							Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	NS 16%	0 - 2 2 - 54								36"
Boring #2	NS 16%	0 - 5 5 - 54								36"
Boring #3	LS 18%	0 - 4 4 - 22 22 - 39 39 - 54	wfsbk L mfsbk C mfsbk CL wfsbk L	FR SEXP FI SEXP FR SEXP FR SEXP	>54"	54	NA	NA	saprolite inclusions from 30 - 54"	PS IV 0.3	36"
Boring #4	NS 16%	0 - 4 4 - 48 48 - 54	wfsbk CL mmsbk C mfsbk CL	FR SEXP FI SEXP FR SEXP	>54"	54	NA	NA		PS IV 0.3	36"



Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR (gpd/sq ft)	0.275	0.275

Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHSI, LSS
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:

Landscape Position
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain
D-Drainage Way

Group	Texture	.1955 LTAR
I	S-Sand LS-Loamy Sand	1.2 - 0.8
II	SL-Sandy Loam L-Loam	0.8 - 0.6
III	Si-Silt SiCL-Silty Clay Loam CL-Clay Loam SCL-Sandy Clay Loam SiL-Silt Loam	0.6 - 0.3
IV	SC-Sandy Clay SiC-Silty Clay C-Clay	0.4 - 0.1

Structure
sg-Single Grain
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangular Blocky
abk-Angular Blocky
pl-Platy
pr-Prismatic
Sap-Saprolite

Structure Prefixes
w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

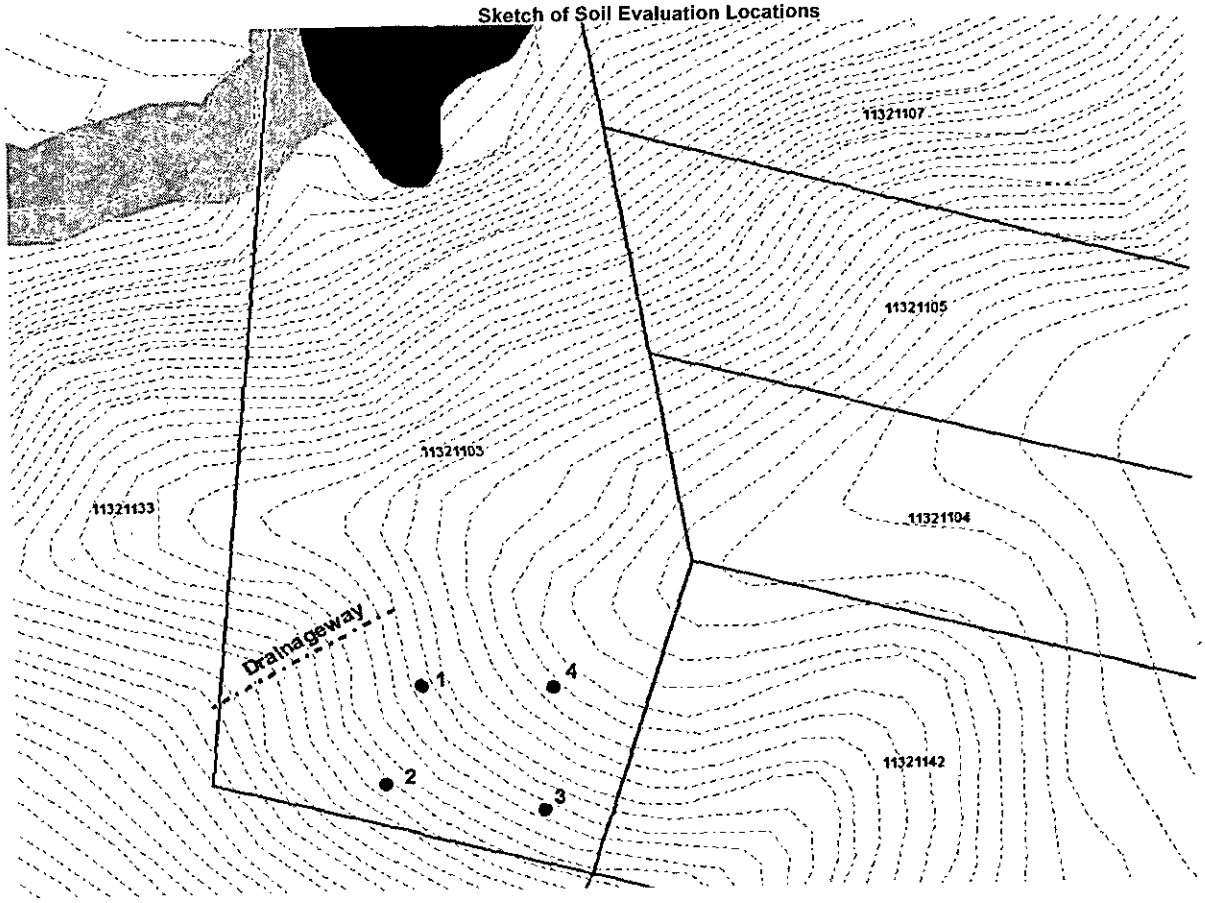
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

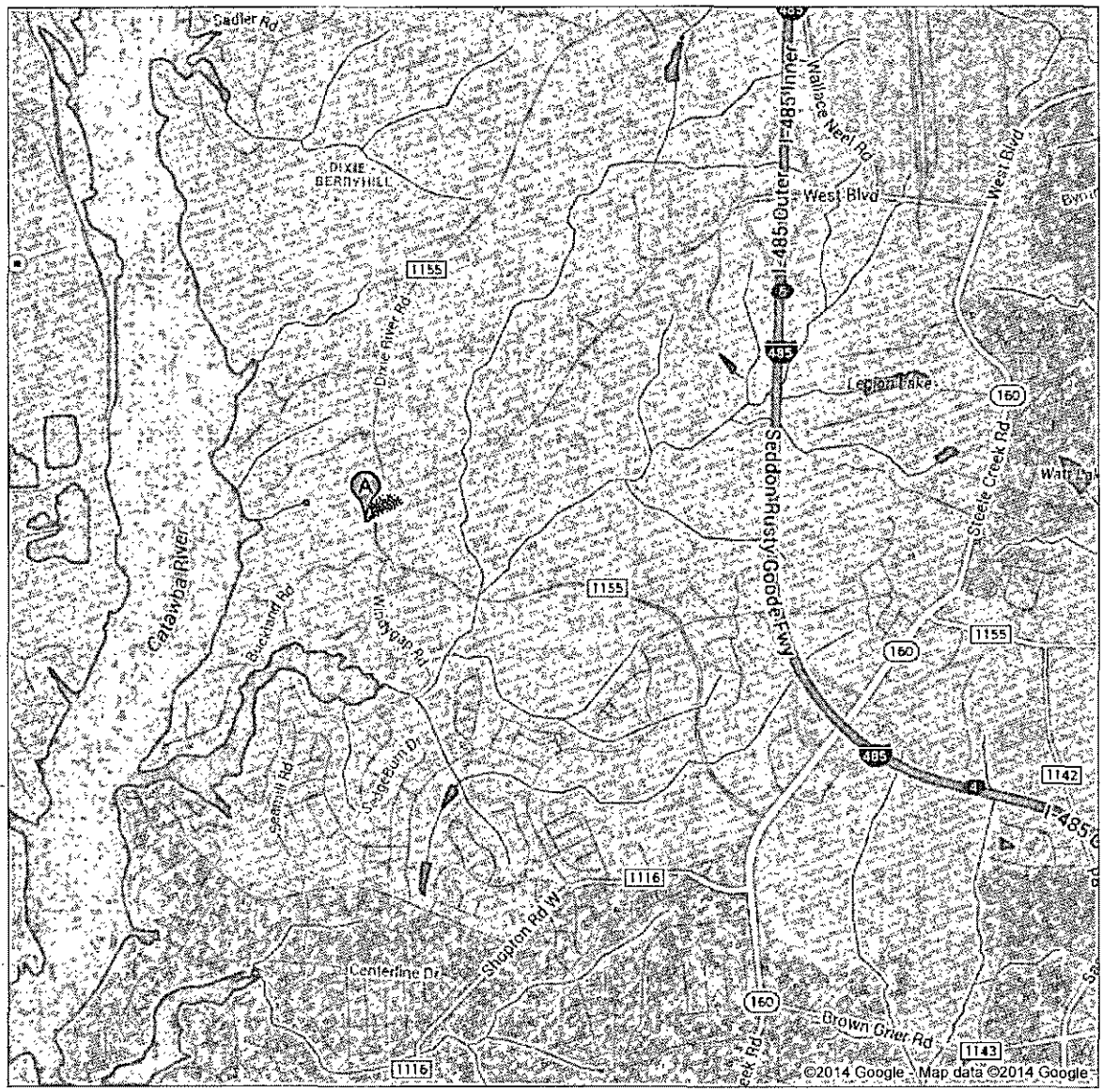
Classification
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

Sketch of Soil Evaluation Locations



Google

Address **6811 Dixie River Rd**
Charlotte, NC 28278



89388

MECKLENBURG COUNTY HEALTH DEPARTMENT

App # 6832

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: 11321103 05

STREET ADDRESS: 6811 Dixie River Rd

CITY: Charlotte

STATE: NC ZIP: 28278

SUBDIVISION NAME: _____

LOT #: _____ LOT SIZE (acres): 6.00

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: 2,300

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 2

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: 1 2 3 4 ____

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? 2/1/04 ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Kris Frost

ADDRESS: 7038 Evanton Loch Rd

CITY: Charlotte

STATE: NC ZIP: 28278

WORK PHONE: (980) 285-7080

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

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

Revised on: 12/15/10

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.

kkf (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.

kkf (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.

Kris Frost — Property Owner's or Owner's Legal Representative Signature

4/23/14 — Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 DATE FEE RECEIVED: 5/6/14

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

APPLICATION PROCESSED BY: Qwa

GWS FILE NUMBER ASSIGNED: 8938B

APPLICATION ID NUMBER ASSIGNED: 6832

COMMENTS:

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

Revised on: 12/15/10

File #: _____

PROPOSED PLOT PLAN

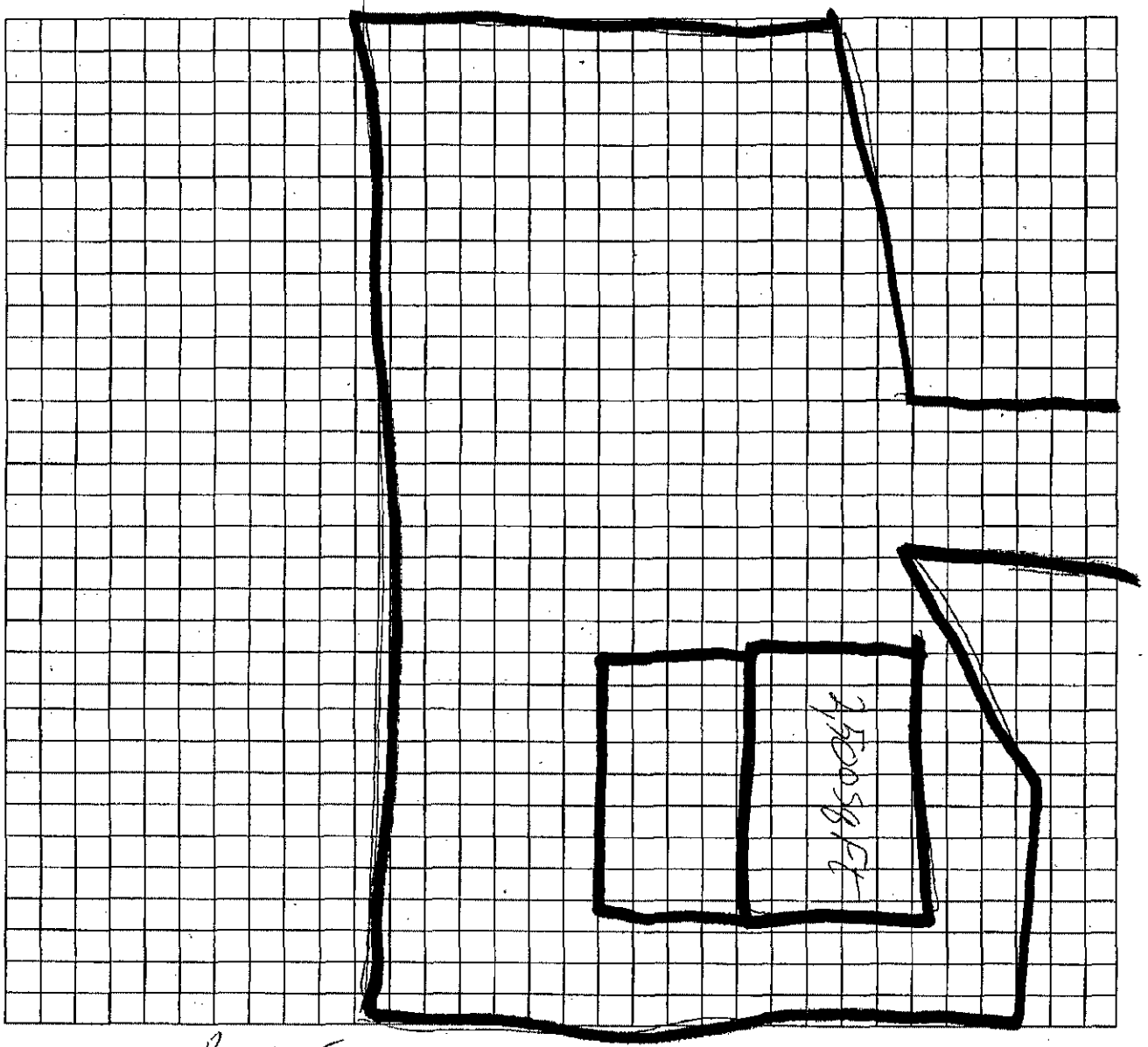
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 6811 Vanton Lock RD

Tax Parcel #: 1132105

Subdivision Name: NONE

Lot #: _____



Kris Frost Kris Frost

Property Owner's or Owner's Legal Representative Signature

4/23/14

Date

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

Revised on: 12/15/10

FEE: 200.00
DATE:1/7/2015

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 8938B

PERMIT NUMBER: 30006832

PARCEL NUMBER: 11321105

JOB LOCATION INFORMATION

ADDRESS: 6811 DIXIE RIVER RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28278

ISSUED TO: Kris Frost

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 5/27/2014

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30006832, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 5/27/2019

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 #: 30006832 GWS File #: 8938B Tax Parcel #: 113-211-05

- 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):** 5/27/2019

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

Structure Type: HOUSE Size (ft^2): 2300 # Bedrooms: 4 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
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:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
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:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Philo Walker Owner/Legal Agent: Kris Frost
Print Name

Signature: Philo Walker REHS Signature: Kris Frost

Date Issued: 5/27/2014

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 #: 30006832 GWS File #: 8938B

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- 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.

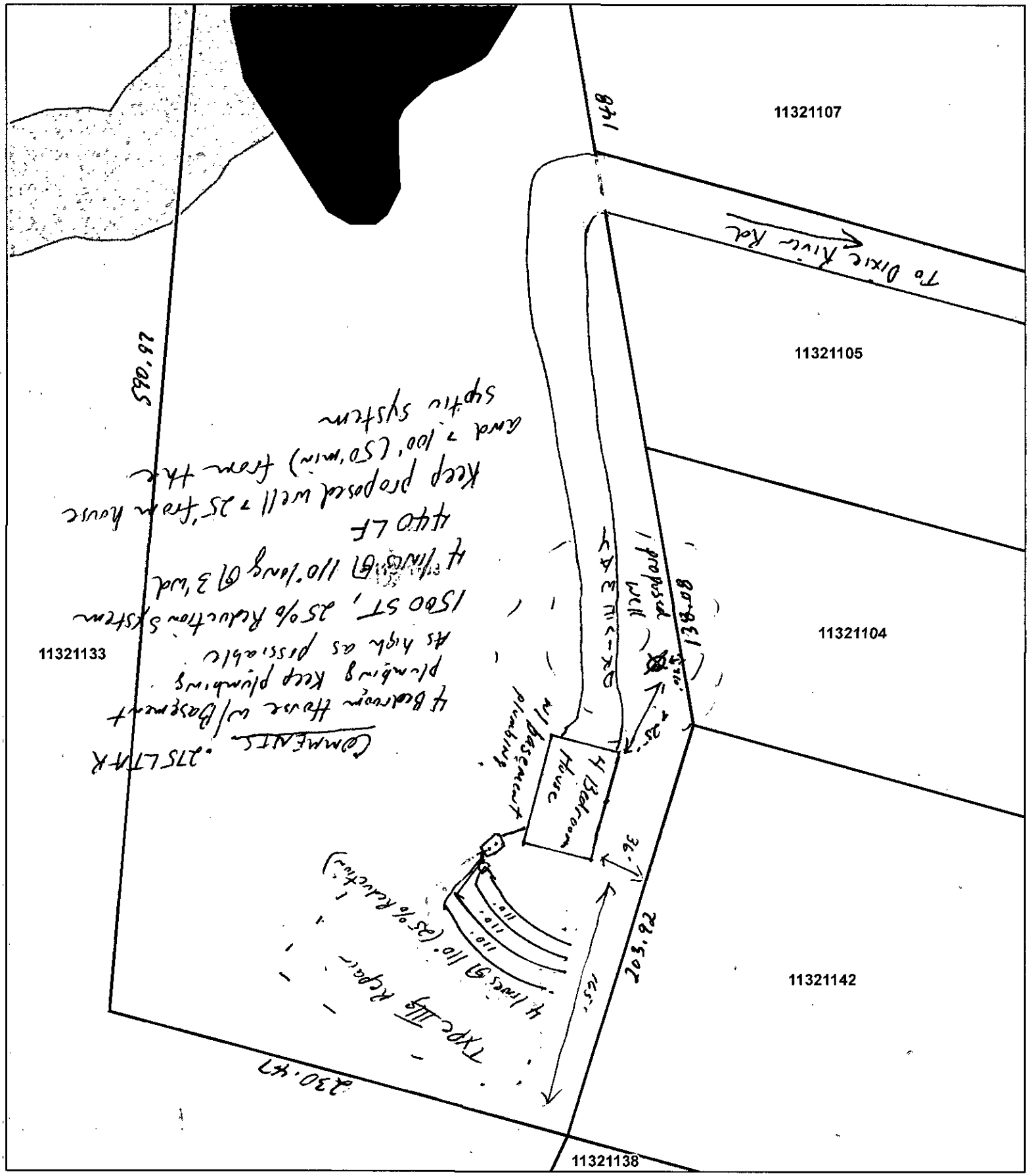
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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Philo Walker
Signature: Philo Walker REHS
Date Issued: 5/27/2014

Owner/Legal Agent: Kris Frost
Print Name
Signature: Kris Frost

Parcel # 113-211-03
File # 8938B
AppID: 6832



Map Created By:
Map Created On:

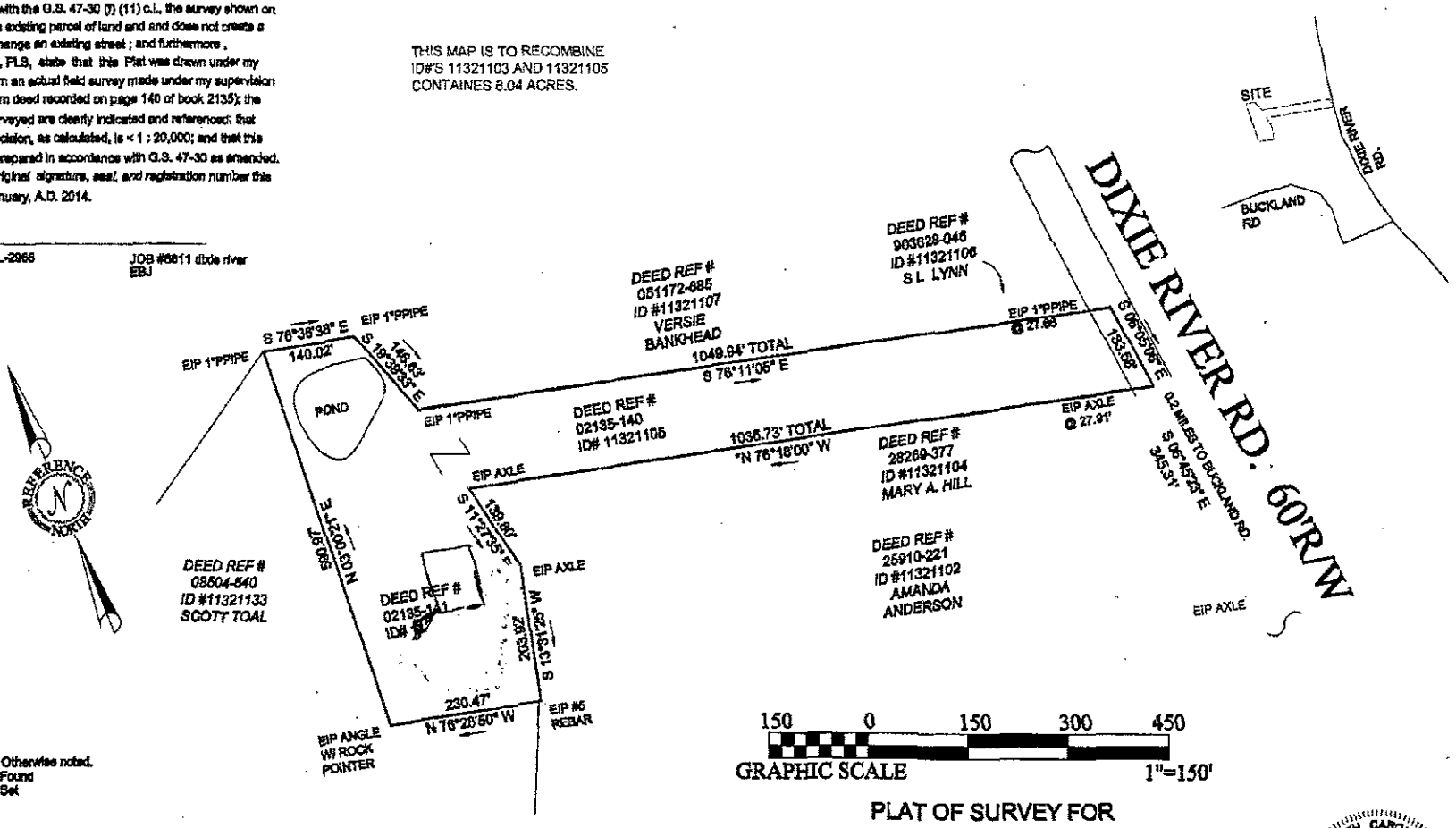
0 30 60 Feet

In accordance with the G.S. 47-30 (f) (11) c.i., the survey shown on this plat is of an existing parcel of land and and does not create a new street or change an existing street ; and furthermore , I, Joe H. Baird, PLS, state that this Plat was drawn under my supervision from an actual field survey made under my supervision (description from deed recorded on page 140 of book 2135); the boundaries surveyed are clearly indicated and referenced; that the ratio of precision, as calculated, is < 1 : 20,000; and that this Plat was not prepared in accordance with G.S. 47-30 as amended. Witness my original signature, seal, and registration number this 14th day of January, A.D. 2014.

N.C. Reg. No. L-2966

JOB #6811 dixie river
EBJ

THIS MAP IS TO RECOMBINE
ID#'S 11321103 AND 11321105
CONTAINES 8.04 ACRES.



150 0 150 300 450
GRAPHIC SCALE 1"=150'

Unless Otherwise noted.
I.P.F. = Found
I.P.S. = Set

JOE H. BAIRD, P.L.S.
- SURVEYOR -
3219 BAIRD ROAD
CLOVER, SC 29710
803/831-2961

© 2010 by Joe H. Baird

PLAT OF SURVEY FOR
KRIS FROST
LOCATED AT 6811 DIXIE RIVER RD.
STEELE CREEK TOWNSHIP
MECKLENBURG COUNTY NORTH CAROLINA
14 January 2014

NORTH CAROLINA REGISTERED SEAL L-2966 LAND SURVEYOR JOE H. BAIRD

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

Sheet: 1 of 2
Property ID: 113-211-03
Lot #: NA
File #: 8938B
AppID: 6832

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Kris Frost
Address: 7038 Evanton Loch Rd., Charlotte, NC 28278
Proposed Facility: 4 BR Residence
Design Flow (.1949): 480 GPD
Location of Site: 6811 Dixie River Rd, Charlotte, NC 28278
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: owner
Date Evaluated: 5/19/2014
Property Size: 6 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
Boring #1	NS 16%	0 - 2	gr L	FR SEXP	>54"	54	NA	NA	3 and 4 chroma mottles from 20 - 54"	PS IV 0.275	36"
		2 - 54	mfsbk C	FI SEXP							
Boring #2	NS 16%	0 - 5	wfsbk L	FR SEXP	>54"	54	NA	NA	yellow brown mottles from 18 - 54"	PS IV 0.275	36"
		5 - 54	mfsbk C	FI SEXP							
Boring #3	LS 18%	0 - 4	wfsbk L	FR SEXP	>54"	54	NA	NA	saprolite inclusions from 30 - 54"	PS IV 0.3	36"
		4 - 22	mfsbk C	FI SEXP							
		22 - 39	mfsbk CL	FR SEXP							
		39 - 54	wfsbk L	FR SEXP							
Boring #4	NS 16%	0 - 4	wfsbk CL	FR SEXP	>54"	54	NA	NA		PS IV 0.3	36"
		4 - 48	mmsbk C	FI SEXP							
		48 - 54	mfsbk CL	FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIg
Site LTAR (gpd/sq ft)	0.275	0.275

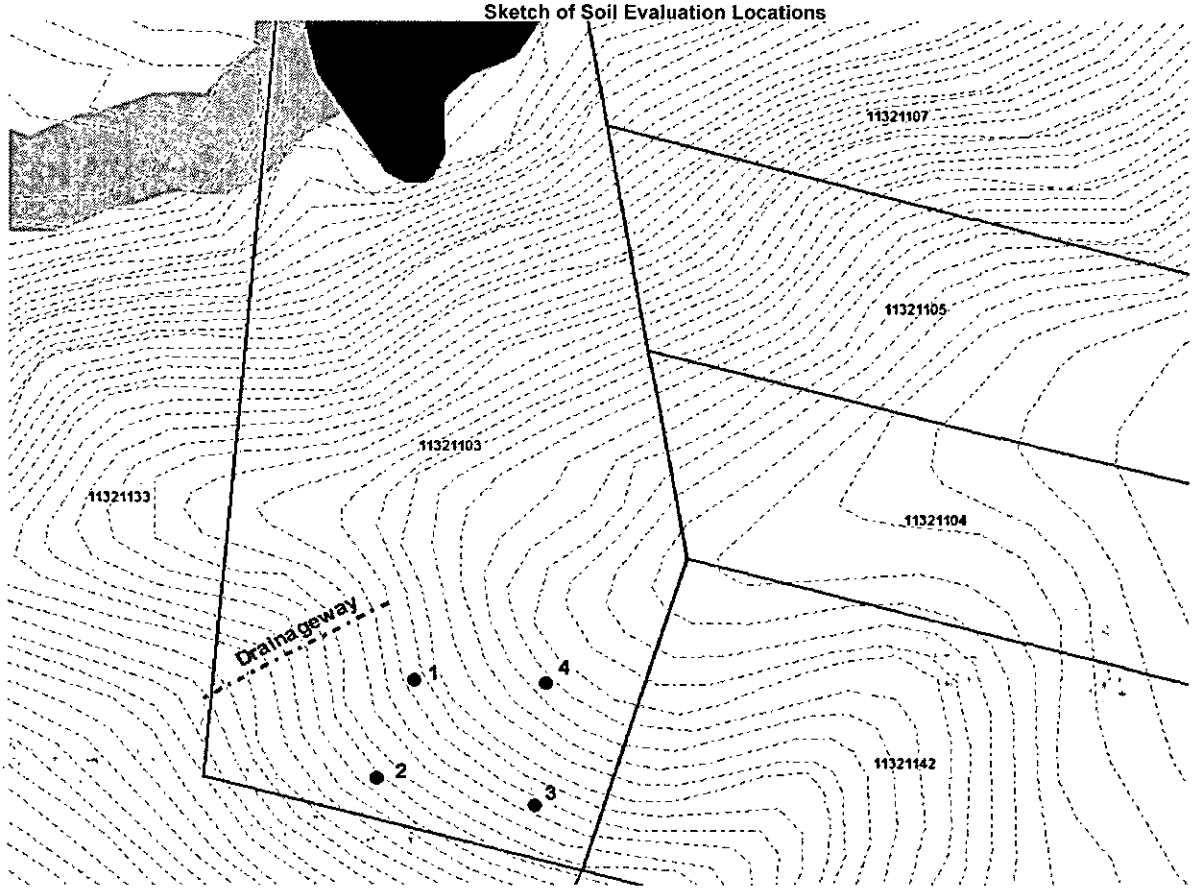
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHSI, LSS JAP
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Philo Walker, Philo Walker REHS
Others Present: Kris Frost

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

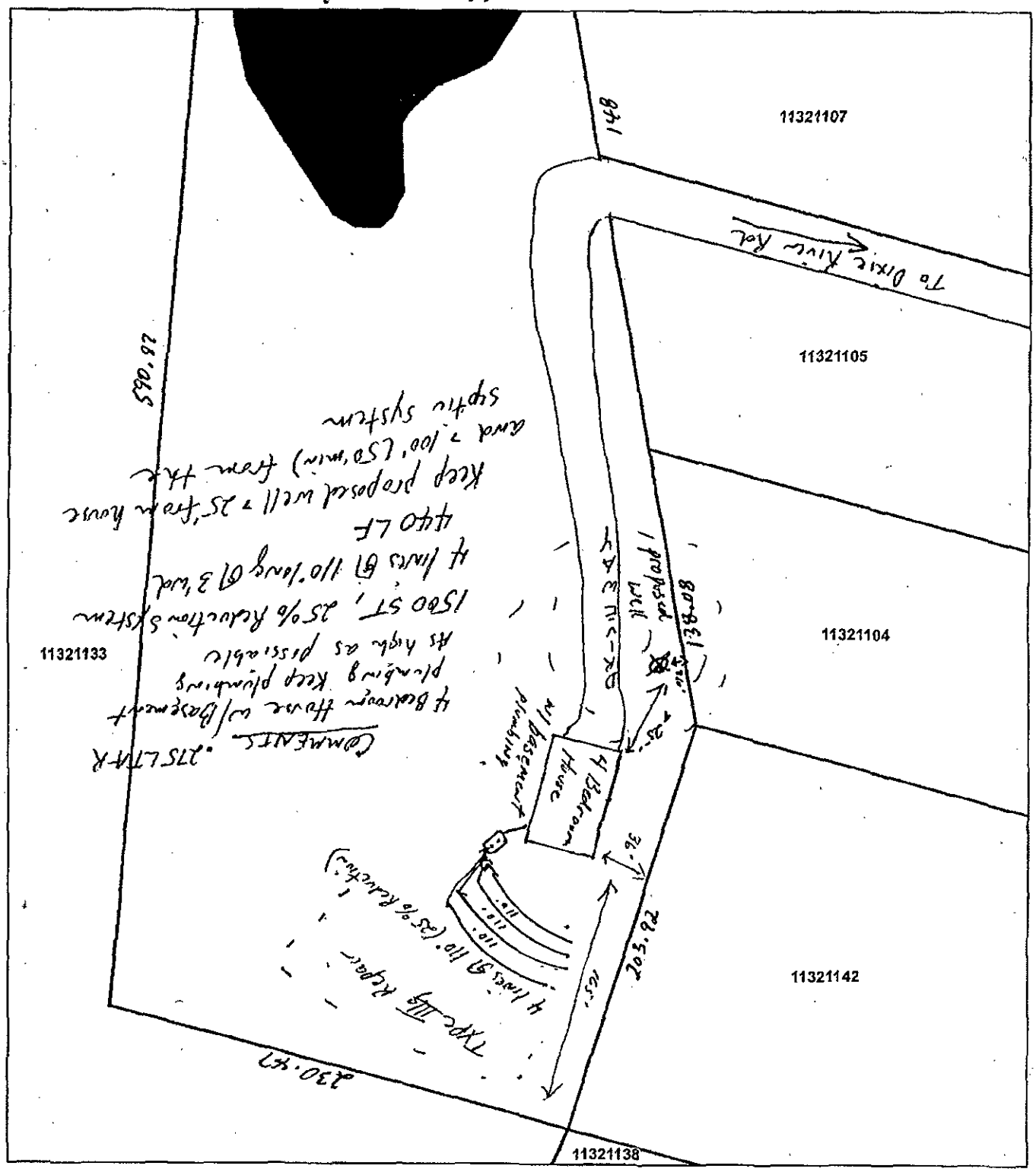
Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable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

Sketch of Soil Evaluation Locations



Kris Frost
Kris Frost

Parcel # 113-211-03
File # 8938B
AppID: 6832



Map Created By:
Map Created On:

0 30 60 Feet

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 #: **30006832** GWS File #: **8938B** Tax Parcel #: **113-211-05**

- 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):** 5/27/2019

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

Structure Type: HOUSE Size (ft^2): 2300 # Bedrooms: 4 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A		
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:	Distribution Box				

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A		
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:	Distribution Box				

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Philo Walker

Signature: Philo Walker REHS

Date Issued: 5/27/2014

Owner/Legal Agent: _____
Print Name

Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30006832** GWS File #: **8938B**

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- 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.

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: Philo Walker

Signature: Philo Walker REHS

Date Issued: 5/27/2014

Owner/Legal Agent: _____
Print Name

Signature: _____

Sader, Linda

From: kf <kfrost@outlook.com>
Sent: Saturday, May 03, 2014 7:59 AM
To: Sader, Linda
Subject: Septic/Well permit for 6811 Dixie River Rd
Attachments: SepticP1.png; SepticP2.png; SepticP3.png; SepticP4.png

Attached are 4 documents, 3 pages of the application and 1 copy of the survey. Please note this was 2 separate parcels and we filed paperwork with Land and records and this is now being recorded as 1 parcel.

They told us the front parcel number will be used 11321105.

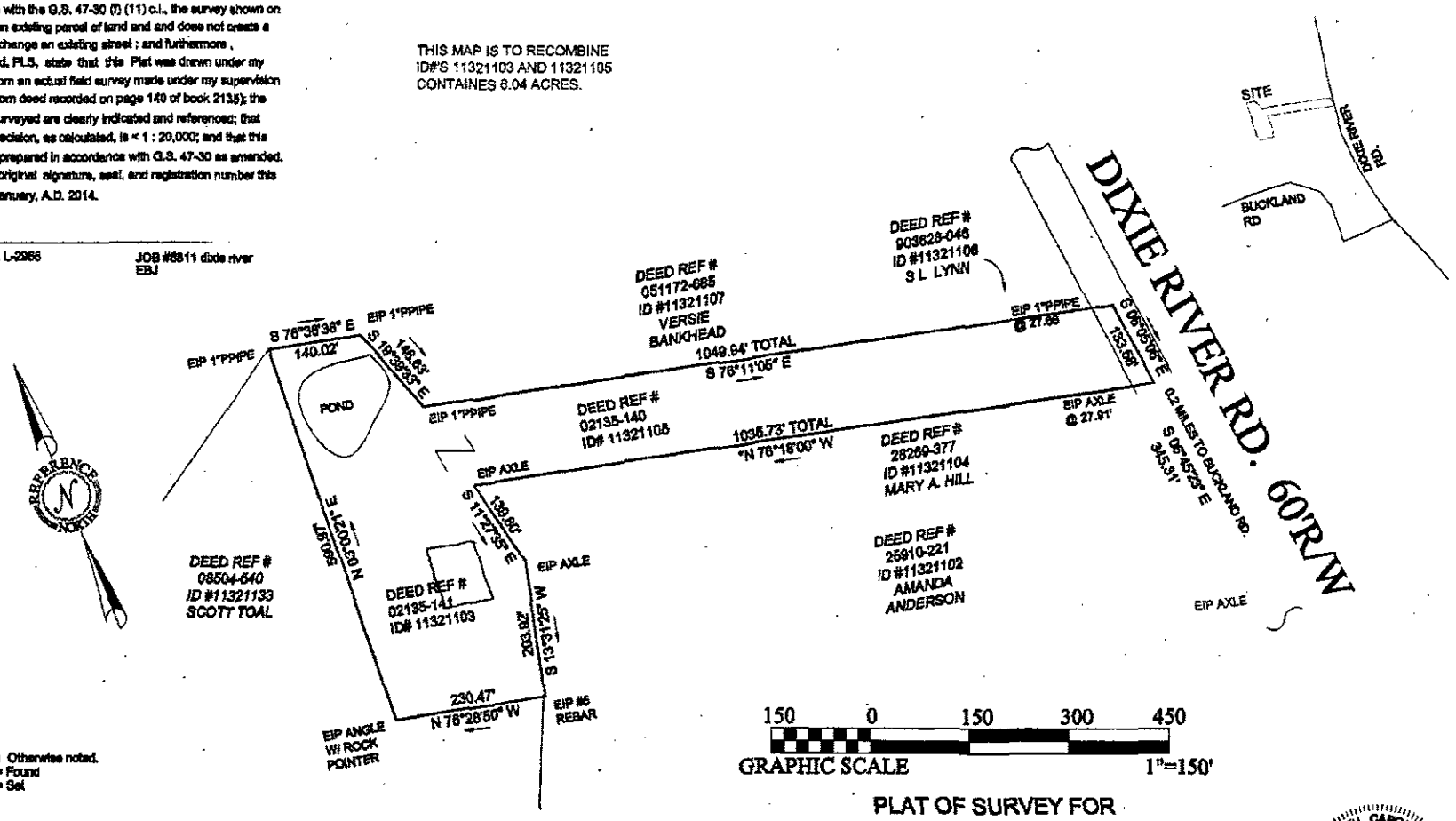
980-285-7080 to reach me for payment.

In accordance with the G.S. 47-30 (f) (11) c.i., the survey shown on this plat is of an existing parcel of land and and does not create a new street or change an existing street ; and furthermore , I, Joe H. Baird, PLS, state that this Plat was drawn under my supervision from an actual field survey made under my supervision (description from deed recorded on page 140 of book 2135); the boundaries surveyed are clearly indicated and references; that the ratio of precision, as calculated, is < 1 : 20,000; and that this Plat was not prepared in accordance with G.S. 47-30 as amended. Witness my original signature, seal, and registration number this 14th day of January, A.D. 2014.

N.C. Reg. No. L-2966

JOB #6811 dixie river
EBJ

THIS MAP IS TO RECOMBINE
ID#'S 11321103 AND 11321105
CONTAINES 6.04 ACRES.



Unless Otherwise noted.
I.P.F. = Found
I.P.S. = Set

JOE H. BAIRD, P.L.S.
~ SURVEYOR ~
3219 BAIRD ROAD
CLOVER, SC 29710
803/631-2681

© 2010 by Joe H. Baird

PLAT OF SURVEY FOR
KRIS FROST
LOCATED AT 6811 DIXIE RIVER RD.
STEELE CREEK TOWNSHIP
MECKLENBURG COUNTY NORTH CAROLINA
14 January 2014

NORTH CAROLINA REGISTERED SEAL L-2966 LAND SURVEYOR JOE H. BAIRD

Sader, Linda

From: kf <kfrost@outlook.com>
Sent: Saturday, May 03, 2014 7:59 AM
To: Sader, Linda
Subject: Septic/Well permit for 6811 Dixie River Rd
Attachments: SepticP1.png; SepticP2.png; SepticP3.png; SepticP4.png

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980-285-7080 to reach me for payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/06/14	**Amount:**	250.00
Receipt #:	89389	**Tendered:**	250.00
Check / Auth #:	VISA 045004	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: FROST KRIS
Attn:
Address: 7038 EVANTON LOCH RD
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 6811 DIXIE RIVER RD		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
40.00	650.00	565.00	1,074.65		

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/12/14	**Amount:**	200.00
Receipt #:	91944	**Tendered:**	200.00
Check / Auth #:	VISA 005787	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: FROST KRIS K
Attn:
Address: 7038 EVANTON LOCH RD
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 6811 DIXIE RIVER RD		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/12/14	**Amount:**	200.00
Receipt #:	91946	**Tendered:**	200.00
Check / Auth #:	VISA 005787	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: FROST KRIS K
Attn:
Address: 7038 EVANTON LOCH RD
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorization 6811 DIXIE RIVER RD		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00					