Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 8013B WASPS App #: 4163

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: 4 Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR .3	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: 4-9-10

OP issued date: 4/14/10

Review performed by: JR Date performed: 6-25-09

APP # 4163
8013 B

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: ☐ 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: 19710131 pp
STREET ADDRESS: 8738 Brief Rd
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: 4A LOT SIZE (acres): 10 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: 2500
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ 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 ____ ____ ____ ____

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? 6-20-2001 ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Edna Ann Staines
ADDRESS: 8717 Brief Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 704 - 545-5400
WORK PHONE:
MOBILE PHONE: 704 - 779 8617
FAX:

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

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

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring. ES 4 J.S (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

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

Jerry L. Storm & Erma L. Storm 4-14-09

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 250 Cash — DATE FEE RECEIVED: 4/16/09

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

APPLICATION PROCESSED BY: KR

GWS FILE NUMBER ASSIGNED: 80138

APPLICATION ID NUMBER ASSIGNED: 4163

COMMENTS:

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

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

Sheet: 1 of 2
Property ID: 197-101-31
Lot #:
File #: 8013B
AppID: 4163

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner:
Applicant: 4163
Address: 8717 Brief Rd. Charlotte, NC 28227
Date Evaluated: 4/23/2009
Proposed Facility: Residence
Design Flow (.1949): 480 GPD
Property Size: 5 ac.
Location of Site: 8738 Brief Rd. Charlotte, NC 28227
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		PROFILE FACTORS[b]				Profile Class & LTAR
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	
1	L- 4%	0-37	SBK/C	S/P/Fi		37"			0.3 GPD FT^2
		37-48	Massive	Saprolite					
2	L-4%	0-48	SBK/C	S/P/Fi	> 48" to soil wetness				0.3 GPD FT^2
3	LT-3-4%	0-42	SBK/C	S/P/Fi					0.3 GPD FT^2
		42-48	Massive	Saprolite		42"			
4	LT-3%	0-48	SBK/C	S/P/Fi	>48" to soil Wetness				0.3 GPD FT^2

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	Na	Na
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: Jeremy Michael
Others Present: Jeremy Michael
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michael
Others Present:

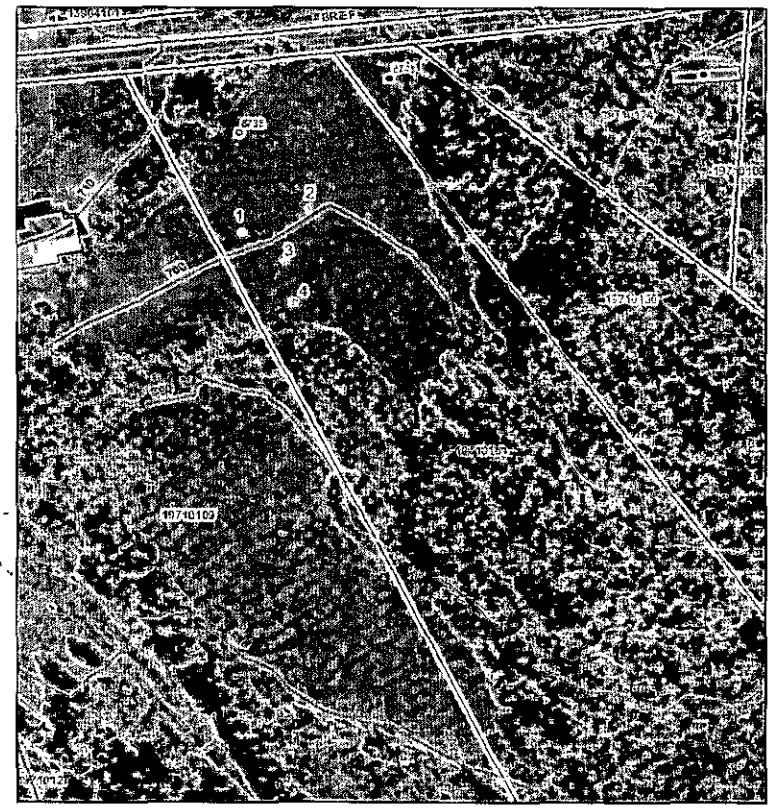
COMMENTS:

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		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		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

SOIL EVALUATION LOCATIONS FOR
8738 Brief Rd.
WAPSPS APPLICATION # 4163



Map Created By: J. Michael
Map Created On: 04-23-2009

0 50 100 200 Feet

COMMENTS:

FILE #:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations

SOIL EVALUATION LOCATIONS FOR
8738 Brief Rd.
WAPSPS APPLICATION # 4163

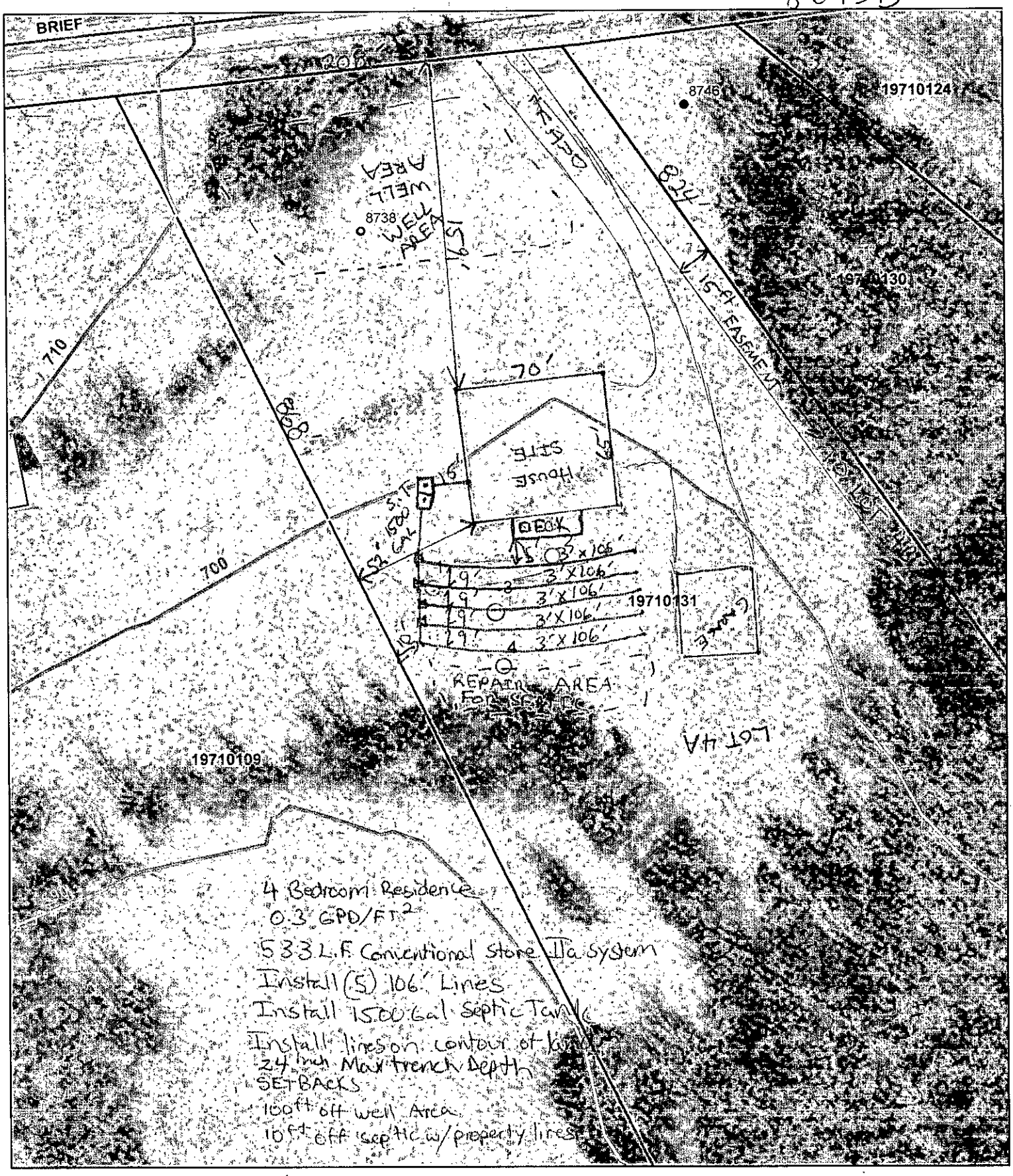


Map Created By: J. Michael
Map Created On: 04-23-2009

0 50 100 200 Feet

SOIL EVALUATION LOCATIONS FOR
8738 Brief Rd.
WAPSPS APPLICATION # 4163

8013B



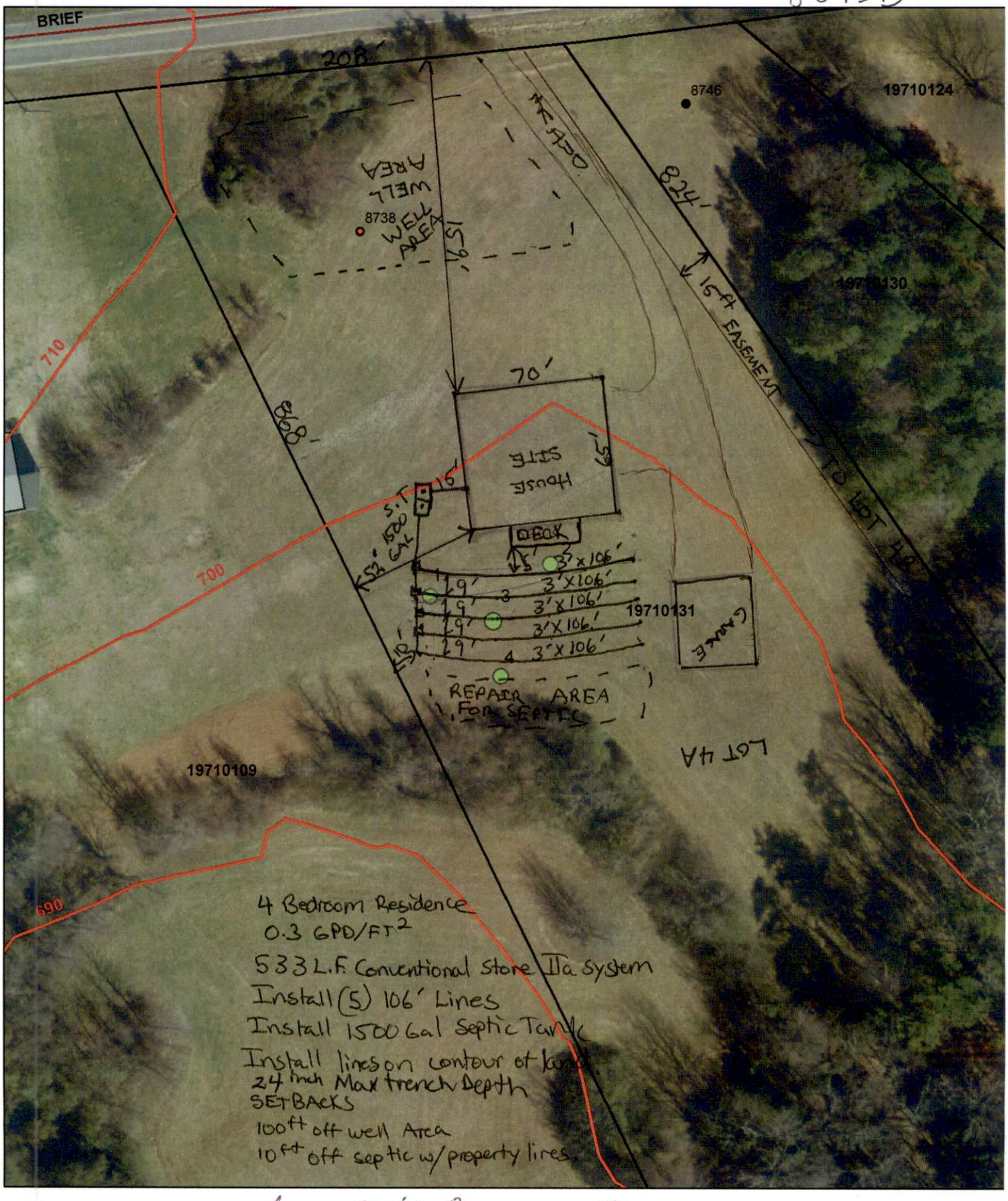
Map Created By: J. Michael
Map Created On: 6/22/09

Jeremy Michael

0 30 60 120 Feet

SOIL EVALUATION LOCATIONS FOR
8738 Brief Rd.
WAPSPS APPLICATION # 4163

8013B



Map Created By: J. Michael
Map Created On: 6/22/09

Jeremy Mikel

N

0 30 60 120 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 #: **30004163** GWS File #: **8013B** Tax Parcel #: **- -**

- 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):** 6/22/2014

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

Structure Type: HOUSE Size (ft^2): 2500 # Bedrooms: 4 # Occupants: 3

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: Conventional **System Classification:** IIa

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1600	Total Trench Length (ft):	533
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1600	Total Trench Length (ft):	533
Maximum Trench Depth (in):	24	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: Jeremy Michael Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michael Signature: _____

Date Issued: 6/22/2009

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 #: **30004163** GWS File #: **8013B**

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- 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.
- 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 10 feet from any foundation drain.
- 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: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 6/22/2009

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) 336-5894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30004163 GWS File #: 8013B Tax Parcel #: - -

- 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):** 6/22/2014

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

Structure Type: HOUSE Size (ft²): 2500 # Bedrooms: 4 # Occupants: 2

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: Conventional **System Classification:** IIa

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft²): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft²): 1600 Total Trench Length (ft): 533

Maximum Trench Depth (in): 24 Depth of Media (in): 12 Distribution Device: Drop Lines

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

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft²): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft²): 1500 Total Trench Length (ft): 533

Maximum Trench Depth (in): 24 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: Jeremy Michael Owner/Legal Agent: Dale Lawrence

Signature: Jeremy Michael Signature: Dale Lawrence

Date Issued: 6/22/2009

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-5094

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30004163 GWS File #: 8013B

iV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- 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.
- 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 10 feet from any foundation drain.
- 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: Jeremy Michael

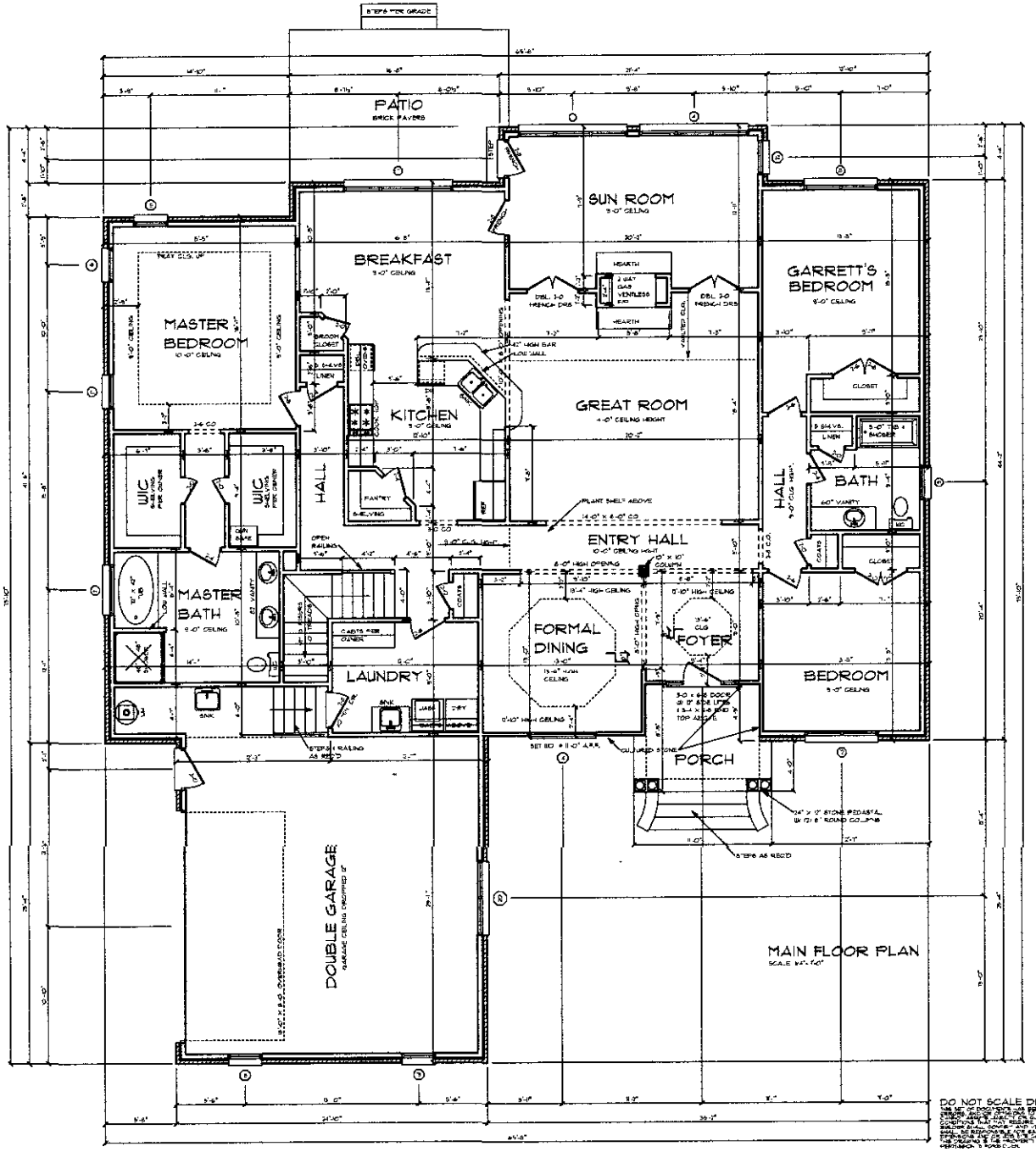
Signature: Jeremy Michael

Date Issued: 6/22/2009

Owner/Legal Agent: Dale Lawrence
(Print Name)

Signature: Dale Lawrence

File # 80155



GENERAL NOTES:

1. 9'-0" CEILING HEIGHT UNLESS SPECIFIED OTHERWISE.
   SEE PLAN FOR WINDOW HEIGHTS.
2. CEILING JOISTS OVER SEE PLAN FOR SIZE & SPACING.
3. REFER TO "STANDARD RESIDENTIAL NOTE SHEET" FOR OTHER INFORMATION PERTAINING TO THIS DRAWING.
4. 4" x 4" x 16"GS @ 72" O.C. UNLESS NOTED OTHERWISE.
5. ROOF SHEATHING: 7/16" OSB or BY FELT
   WALL SHEATHING: 7/16" OSB
   FLOOR SHEATHING: 3/4" T & G PLYWOOD
   INTERIOR FINISH: 1/2" SHEETROCK UNLESS SPECIFIED OTHERWISE.

WINDOW SCHEDULE

OPENING ID	SIZE	LIBRARY NAME
1	2'-6" x 6'-0" Triple	Window\Double Hung
4	2'-6" x 6'-0" Triple	Window\Double Hung
-	2'-6" x 6'-0" Triple	Window\Double Hung
8	2'-6" x 6'-0" Triple	Window\Double Hung
9	2'-6" x 4'-6"	Window\Double Hung
12	2'-6" x 6'-0" Triple	Window\Double Hung
14	5'-4" x 5'-0" Fixed	Window\Round Top
3	2'-6" x 6'-0"	Window\Double Hung
16	2'-6" x 6'-0"	Window\Double Hung
11	2'-6" x 6'-0"	Window\Double Hung
6	2'-6" x 6'-3"	Window\Double Hung
15	2'-6" x 6'-0"	Window\Double Hung
20	2'-6" x 6'-0" Triple	Window\Double Hung
21	4'-0" x 4'-0" Fixed	Window\Temp Glass
22	2'-6" x 6'-0"	Window\Double Hung

VERIFY ALL WINDOW SIZES ROUGH OPENINGS PER MANUFACTURERS SPECS. PRIOR TO CONSTRUCTION

AREA: FRAME

2,808 SQ.FT. HEATED
245 SQ.FT. HEATED SUN ROOM
481 SQ.FT. HEATED RECREATION ROOM
3,382 SQ FT HEATED TOTAL
677 SQ FT GARAGE
71 SQ FT FRONT PORCH

DO NOT SCALE DRAWING !!!

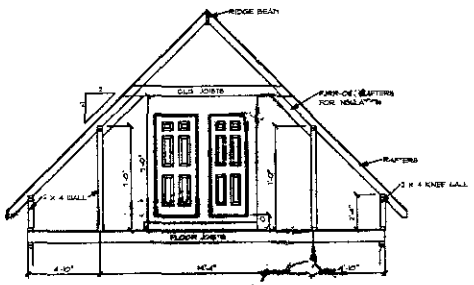
© COPYRIGHT HOUSE PLAN SERVICE

AIBD
AMERICAN INSTITUTE OF BUILDING DESIGN

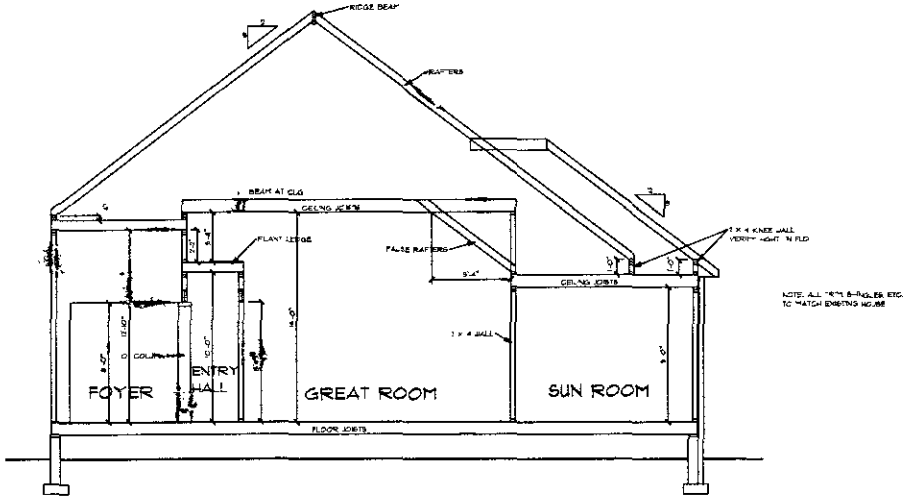
PROPOSED RESIDENCE FOR
DALE & CINDY LAWRENCE
MINT HILL, NORTH CAROLINA

HOUSE PLAN SERVICE
ESTABLISHED 1984
A RESIDENTIAL DESIGN FIRM
1428 SIDNEY CREST AVENUE
CHARLOTTE, N. CAROLINA 28213
MICHAEL CAMPBELL DESIGNER
GREG SMONT FOR PHASE ONE

DATE: August 2009
DRAWN BY: MC
JOB NAME: VLMCARRON
SHEET NO: 4
OF SHEETS



SECTION THRU RECREATION ROOM



NOTE: ALL TRUSS & RAFTER ETC. TO MATCH EXISTING HOUSE

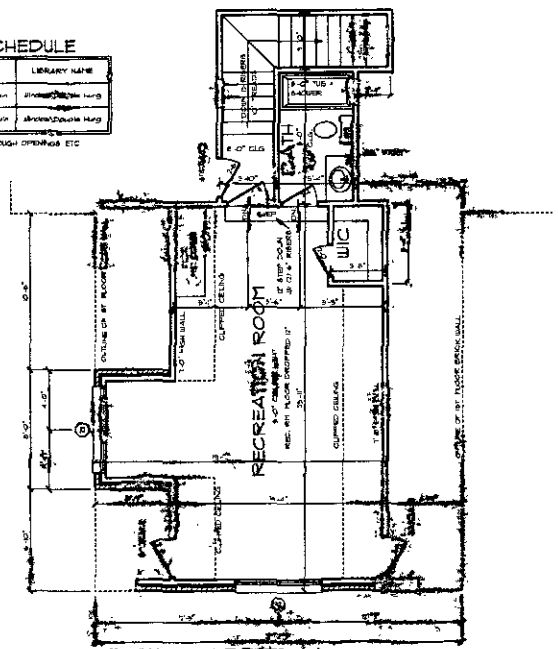
SECTION THRU FOYER, GREAT ROOM & SUN ROOM

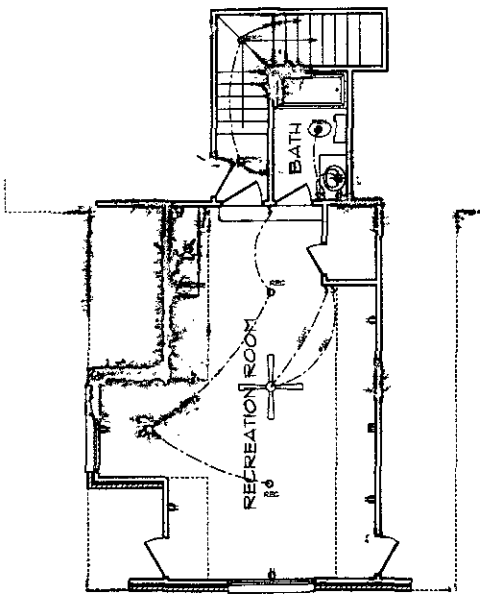
SCALE: 1/4"=1'-0"

WINDOW SCHEDULE

OPENING ID	SIZE	LIBRARY NAME
01	3'-0" x 5'-0" Twin	Window/Double Hung
02	3'-0" x 5'-0" Twin	Window/Double Hung

VERIFY ALL WINDOW & DOOR ROUGH OPENINGS ETC W/ MANUFACTURER'S SPECS





REC. ROOM ELECTRICAL PLAN

LEGEND

ELECTRICAL	COUNT	SYMBOL
ceiling fan	1	
recessed light	9	
exhaust fan	1	
light	3	
outlet	3	
switch	1	

FOR INTRACOAST DRAWING III

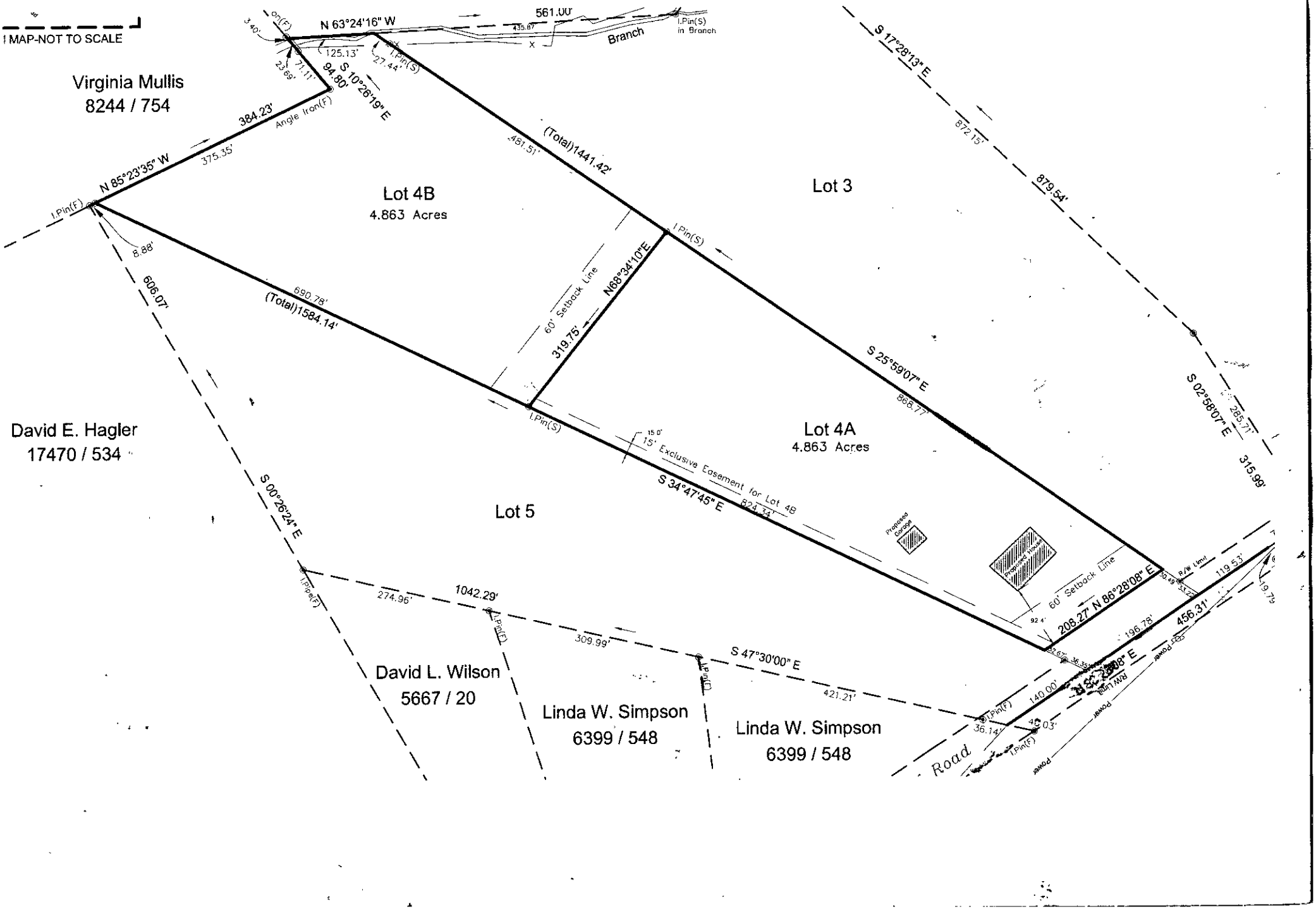
COPYRIGHT HOUSE PLANS SERVICE

ALL BID
member of American Institute of Building Design

PROPOSED RESIDENCE FOR
DALE & CINDY LAWRENCE
MINT HILL, NORTH CAROLINA

HOUSE PLANS SERVICE
AN A RESIDENTIAL DESIGN FIRM
MICHAEL SHELWOOD DESIGNER
CHARLOTTE, NORTH CAROLINA

DATE:
DRAWN BY:
JOB NAME:
SHEET NO. 5
OF SHEETS


MAP-NOT TO SCALE
Virginia Mullis
8244 / 754
N 63°24'16" W
561.00'
Branch
I.Pin(S) in Branch
125.13'
27.44'
94.80'
S 10°26'19" E
384.23'
Angle Iron(F)
N 85°23'35" W
375.35'
I.Pin(F)
8.88'
606.07'
690.78'
(Total)1584.14'
481.51'
(Total)1441.42'
Lot 4B
4.863 Acres
60' Setback Line
N68°34'10"E
319.75'
I.Pin(S)
Lot 3
S 17°28'13" E
872.15'
879.54'
S 02°58'07" E
265.71'
315.99'
S 25°59'07" E
868.77'
Lot 4A
4.863 Acres
15' Exclusive Easement for Lot 4B
S 34°47'45" E
824.34'
Lot 5
David E. Hagler
17470 / 534
S 00°26'24" E
I.Pipe(F)
274.96'
1042.29'
309.99'
S 47°30'00" E
421.21'
David L. Wilson
5667 / 20
Linda W. Simpson
6399 / 548
Linda W. Simpson
6399 / 548
Proposed Garage
Proposed House
60' Setback Line
N 86°28'08" E
208.27'
196.78'
456.31'
140.00'
36.14'
Road
POWER

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 #: 80138 Permit #: _____ Tax Parcel #: 19710131

Property Owner: DALE LAWRENCE

Job Location Address: 8738 Brief Rd.

City: Mint Hill State: NC Zip Code: 28227

Installation Approval Issuance Date: 4-9-2010

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: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) 25% Reduction

Distribution Device: Drop Boxes

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: 15 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install according to Plot Plan on File.

changing to 25% Reduction.

Comments: System Classification & Type: III g

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

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 #: 8013 B Permit #: 30004163 Tax Parcel #: 197-101-32

Property Owner: Dale Lawrence

Job Location Address: 8738 Brief Rd.

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 04-14-2010 Contractor Name: Stevens Septic

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 5 @ 80 feet

Depth of Media: 12 inches (Type) chambers ABS

Depth of Cover: 12 inches

Distribution Device: 0-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: 15 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100 feet

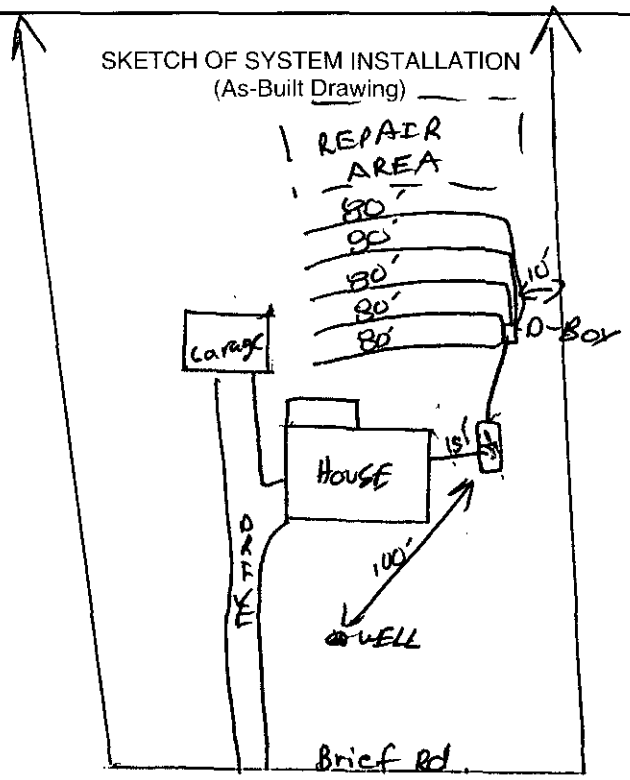
Inspection Dates

Tank(s) Inspected: 04-14-2010

Excavation Inspected: 04-14-2010

Pump & Controls Inspected: N/A

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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

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

Comments: System Classification & Type: III g HEC, G, NA, NA

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

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 #: 8013B Permit #: 30004163 Tax Parcel #: 197-101-32

Property Owner: Dale Lawrence

Job Location Address: 8738 Brief Rd.

City: Charlotte State: NC Zip Code: 28227

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: IIIG

*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 Michael Date: 04-14-2010

Signature: Jeremy Michael

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

Sheet: 1 of 2
Property ID: 197-101-31
Lot #:
File #: 8013B
AppID: 4163

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner:
Applicant: 4163
Address: 8717 Brief Rd. Charlotte, NC 28227
Date Evaluated: 4/23/2009
Proposed Facility: Residence Design Flow (.1949): 480 GPD
Property Size: 5 ac.
Location of Site: 8738 Brief Rd. Charlotte, NC 28227
Property Recorded:
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L- 4%	0-37	SBK/C	S/P/Fi		37"			0.3 GPD FT^2
		37-48	Massive	Saprolite					
2	L-4%	0-48	SBK/C	S/P/Fi	> 48" to soil wetness				0.3 GPD FT^2
3	LT-3-4%	0-42	SBK/C	S/P/Fi					0.3 GPD FT^2
		42-48	Massive	Saprolite		42"			
4	LT-3%	0-48	SBK/C	S/P/Fi	>48" to soil Wetness				0.3 GPD FT^2

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIa	IIa
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: Jeremy Michael
Others Present: Jeremy Michael
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michael
Others Present:

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/28/09	**Amount:**	200.00
Receipt #:	64335	**Tendered:**	200.00
Check / Auth #:	MC 01588B	**Returned:**	0.00
Received By:	WILSOLL		

Account Information

Account #: 200000
Contractor: DALE LAWRENCE
Attn:
Address: 15118 MARSHALL VALLEY CT
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr PARCEL #197-101032		1	200.00	200.00

LUESA SOUTH
1311 MATTHEWS MINT HILL
MATTHEWS, NC. 28105

TERMINAL I.D.: 8831948088801345857781

MERCHANT #: 8813468577

MASTERCARD
[redacted]1126
SALE
INV: 000001
RECORD #: 1
DATE: SEP 28, 09 TIME: 15:56
BATCH: 76 AUTH: 015888

TOTAL $750.00

DALE GWYN LAWRENCE
X

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

MERCHANT COPY

LUESA SOUTH
1311 MATTHEWS MINT HILL
MATTHEWS, NC. 28105

TERMINAL I.D.: 8831948088801345857781

MERCHANT #: 8813468577

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00		40.00			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/16/09
Receipt #: 62402
Check / Auth #: MC 02598B
Received By: MURRABJ

Amount: 250.00
Tendered: 250.00
Returned: 250.00

Account Information

Account #: 200000
Contractor: EDNA ANN STAMES
Attn:
Address: 8717 BRIEF ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
	Improvment Permit App-Residen				
	9710131		1	250.00	250.00

LUESA SOUTH
1311 MATTHEWS MINT HILL
MATTHEWS, NC. 28105
TERMINAL I.D.: 00319420080801346557741
MERCHANT #: 801346577
MASTERCARD
##########1126
SALE
RECORD #: 1
DATE: APR 16, 09 INV#:
BATCH: 26 TIME: 000001
AUTH: 18127
025988
TOTAL
$250.00
DALE GARY LAWRENCE
X
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
MERCHANT COPY

Outstanding Balances

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

Meck County LUE-South 7049134691
04-21-2009 10:07

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/30/10	**Amount:**	200.00
Receipt #:	67637	**Tendered:**	200.00
Check / Auth #:	MC 00503B,	**Returned:**	0.00
Received By:	WILSOLL		

Account Information

Account #: 200000
Contractor: LAWRENCE DALE
Attn:
Address: 8738 BRIEF RD
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 19710131/8738 Brief rd		1	200.00	200.00

LUESA SOUTH
1311 MATTHEWS MINT HILL
MATTHEWS, NC. 28105

TERMINAL I.D.: 00319400000013468577O1
MERCHANT #: 0013468577
MASTERCARD
[redacted]1126
SALE
RECORD #: 4 INV: 000004
DATE: APR 30, 10 TIME: 15:14
BATCH: 133
AUTH: 005038

TOTAL $2.00

DALE GWYN LAWRENCE
X _____

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

MERCHANT COPY

LUESA SOUTH
1311 MATTHEWS MINT HILL
MATTHEWS, NC. 28105

TERMINAL I.D.: 00319400000013468577O1
MERCHANT #: 0013468577
MASTERCARD
[redacted]1126
SALE
RECORD #: 5 INV: 000005
DATE: APR 30, 10 TIME: 15:15
BATCH: 133
AUTH: 005128

TOTAL $198.00

DALE GWYN LAWRENCE
X _____

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

MERCHANT COPY

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
92.21					