## Groundwater & Wastewater Services
### Septic Project File & Data Review Worksheet

L D House 3/8/10 308099

Course 3/8/10 308149

Dashboard Possible 7/14/10

GWS File #: 20618 WASPS App #: 4313

Primary ES assigned to project: David Cornelius

Secondary ES assigned to project: Jeremy Michael

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: 8 | | | |
| | 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: 6/17/10

OP issued date: 7/12/10 PSW Review Pitt Valley Rd

Review performed by: Jeremy Nicholson R.S. Date performed: 8/21/09

DC

8061B

**MECKLENBURG COUNTY**
**GROUNDWATER & WASTEWATER SERVICES**

4313

**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: ~~13930215P~~ 139-302-34
STREET ADDRESS: 9809 Brief Rd
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: N/A
LOT #: 1 LOT SIZE (acres): 1.939 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: ~~3~~ 4 89 2/18/10
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS:
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: ____ ____ ____ ____ ____

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

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

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

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 30 Days ☐ N/A

12. PROPERTY OWNER:
NAME: Tom Black
ADDRESS: 9018 Blair Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE:
WORK PHONE:
MOBILE PHONE: (704) 564-4895
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Michael Outen
ADDRESS: 9306 Denholme Dr.
CITY: Waxhaw
STATE: NC ZIP: 28173
HOME PHONE: 704-243-9827
WORK PHONE: N/A
MOBILE PHONE: 980-229-0358
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.

_____ (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.

Michael E Sutton — Property Owner's or Owner's Legal Representative Signature

7/2/09 — Date

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*OFFICE USE ONLY*

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

SEPTIC APPLICATION FEES RECEIVED: $ 250.00 CHK 2641 DATE FEE RECEIVED: 7/24/09

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 8061B

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

See old proposed lot map in file 7076B



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

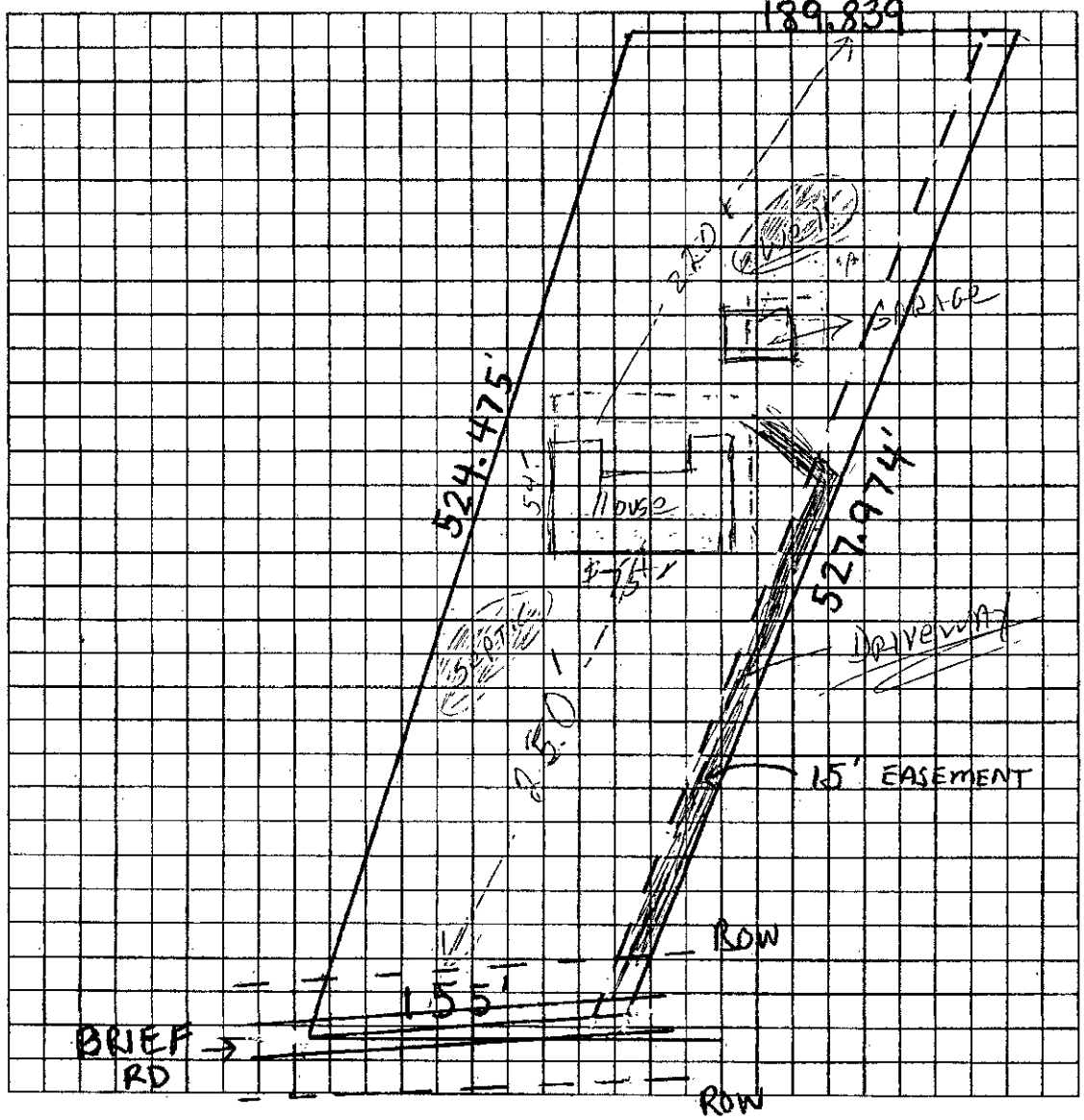
Revised on: 7/1/08

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 # 80613
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 | Michael E Sudderth |
| Date | 7/2/09 |

LBC 12/15/04

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

Sheet: 1 of 2
Property ID: 139-302-15 PO
Lot #:
File #: 8061B
AppID: 4313

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Michael Outten
Applicant: Michael Outten
Address: 8306 Denholme Drive, Waxhaw, NC 28173
Date Evaluated: 8/3/2009
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size:
Location of Site: Brief Road
Property Recorded:
Water Supply: [ ] Public [ ] Individual [x ] Well [ ] Spring [ ] Other
Evaluation Method: [x ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] 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 | LS, 5 | 0-5 | GR/CL | FR/SEXP/SS/SP | >30" TO SOIL WETNESS | 30 | N/A | NONE | US, IV |
| | | 5-30 | SBK/ABK/C | FI/SEXP/S/P | | | | | .1 GPD/FT$^2$ |
| 2 | " | 0-3 | GR/CL | FR/SEXP/SS/SP | >42" TO SOIL WETNESS | 42 | " | " | PS, IV |
| | | 3-24 | SBK/ABK/C | FI/SEXP/S/P | | | | | .275GPD/FT$^2$ |
| | | 24-42 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 3 | " | 0-4 | GR/CL | FR/SEXP/SS/SP | >40" TO SOIL WETNESS | 40 | " | " | PS, IV |
| | | 4-40 | SBK/ABK/C | FI/SEXP/S/P | | | | | .275GPD/FT$^2$ |
| 4 | " | 0-5 | GR/CL | FR/SEXP/SS/SP | >28" TO SOIL WETNESS | 28 | " | " | US, IV |
| | | 5-28 | SBK/ABK/C | FI/SEXP/S/P | | | | | .1 GPD/FT$^2$ |
| 5 | 6 | 0-2 | GR/CL | FR/SEXP/SS/SP | >26" TO SOIL WETNESS | 26 | " | " | US, IV |
| | | 2-26 | ABK/SBK/C | FI/SEXP/S/P | | | | | .125GPD/FT$^2$ |
| 6 | LS, 5 | 0-5 | GR/CL | FR/SEXP/SS/SP | >20" TO SOIL WETNESS | 20 | " | " | US, IV |
| | | 5-20 | SBK/ABK/C | FI/SEXP/S/P | | | | | .1GPD/FT$^2$ |
| 7 | " | 0-5 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48 | " | " | PS, IV |
| | | 5-30 | SBK/ABK/C | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
| | | 30-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 8 | " | 0-3 | GR/CL | FR/SEXP/SS/SP | >40" TO SOIL WETNESS | 40 | " | " | PS, IV |
| | | 3-40 | ABK/SBK/C | FI/SEXP/S/P | | | | | .275GPD/FT$^2$ |
| | | | | | SITE LTAR .275GPD/FT$^2$ | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | IIIg | Iva |
| Site LTAR | 0.275GPD/FT$^2$ | 0.275GPD/FT$^2$ |

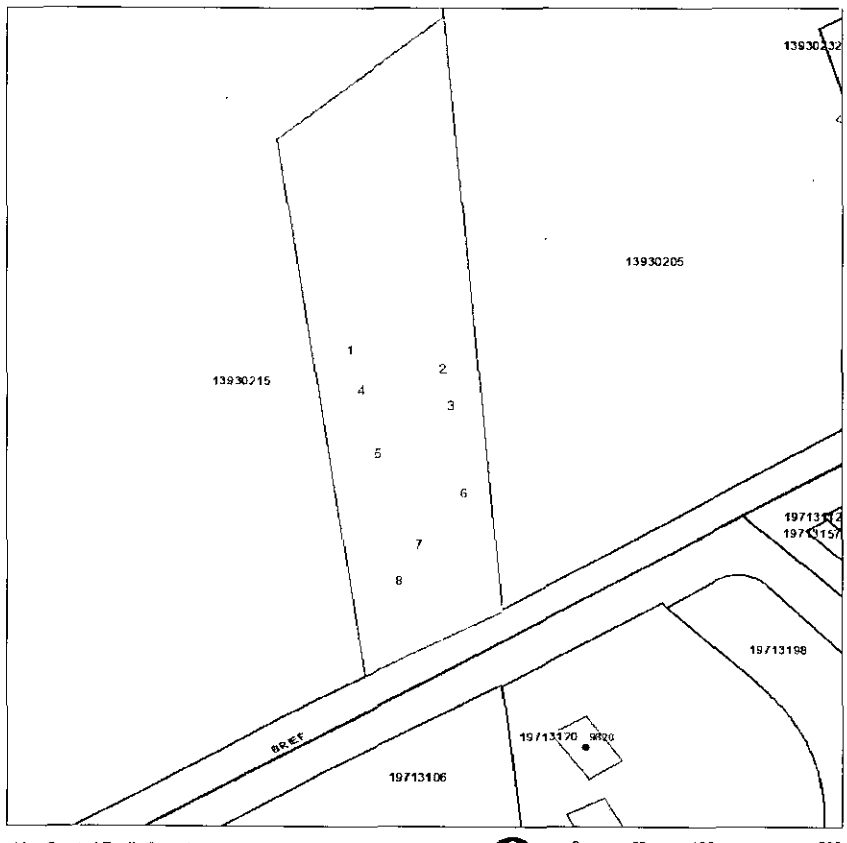
Other Factors (.1946):
Soil Evaluation By: David Cornelius, RS
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: David Cornelius, RS
Others Present:

**COMMENTS: 100% Repair**

| 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 | |

**Soil Evaluation**
**139-302-15 PO**




Map Created By: D. Cornelius
Map Created On: 8/7/09

0 50 100 200 Feet

1" = 50'

# PROPOSED PLOT PLAN

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

FILE: 8061B

TC: 139-302-15 PO

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.

- SEPTIC SYSTEM DESIGN FOR A 4 BEDROOM HOUSE
- 480 GAL/DAY MAX
- LTAR = 0.275 GPD/FT²

25% REDUCTION SYSTEM

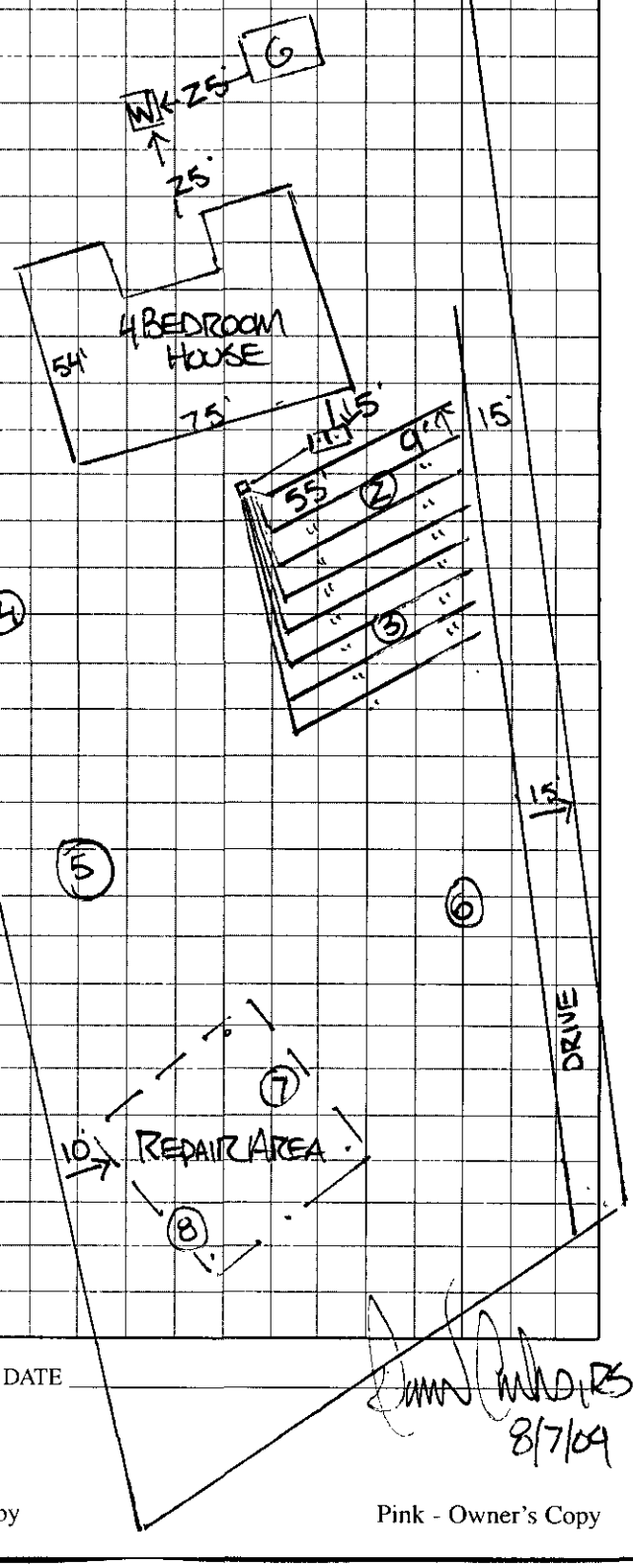
INSTALL 8 LINES @ 55' EA
PLACE LINES LEVEL, ON CONTOUR & ON 9' CENTER

1500 GAL SEPTIC TANK
D-BOX

SETBACKS: KEEP ALL PARTS OF SYSTEM
> 5' FROM HOUSE
> 50' FROM PROPOSED WELL
> 10' FROM PROPERTY LINES
KEEP DRAIN LINES OUT OF 15' EASEMENT USED FOR DRIVEWAY

REPAIR AREA 50% REDUCTION
6 LINES @ 48'

WELL SETBACKS
> 50' FROM SEPTIC SYSTEM
> 25' FROM HOUSE FOUNDATION & PROPOSED GARAGE




OWNER/AGENT SIGNATURE

DATE 10-20-09

APPROVAL DATE 8/7/09

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

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 #: **30004313** GWS File #: **8061B** Tax Parcel #: **139-302-15**

- 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):** 8/7/2014

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

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

Building Foundation: Crawl Space Water Supply: Private Well

**II. Initial System Type:** Innovative **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): | 28 | Depth of Media (in): | N/A | Distribution Device: | Distribution Box | | |

**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): | 28 | 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

Signature: _____

Date Issued: 8/7/2009

Owner/Legal Agent: MARSHALL FEIMSTER
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 #: **30004313** GWS File #: **8061B**

**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.

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:

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- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: David Cornelius

Signature:

Date Issued: 8/7/2009

Owner/Legal Agent: MARSHALL FEIMSTER
Print Name

Signature:

Page 2 of 2

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 #: 8061B Permit #: 30004313 Tax Parcel #: 139-302-34

Property Owner: Michael Outten

Job Location Address: 9809 Brief Rd.

City: Charlotte State: NC Zip Code: 28227

**Installation Approval Issuance Date:** 06-17-2010

*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: 0.275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 28 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 440 feet

# of Lines: 8 @ 55 feet

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

Distribution Device: _____

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

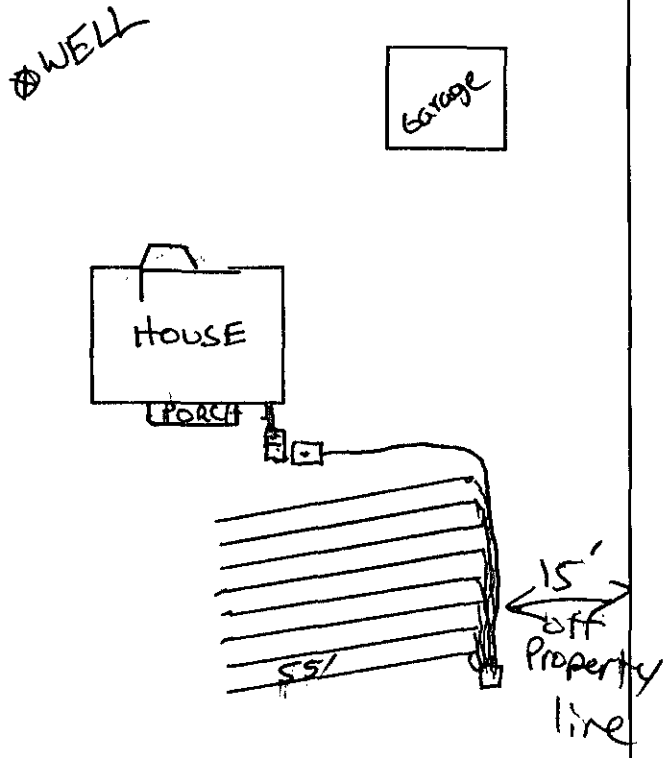
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 15 feet

Distance from Water Supply Source: 100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




Comments: System Classification & Type: IIIbg

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 #: 8061B Permit #: _____ Tax Parcel #: 139-302-34

Property Owner: Michael Outten

Job Location Address: 9809 Brief Rd.

City: Charlotte State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 7/12/2010 Contractor Name: Jeremy Hildath

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: ~~1500~~ 1000 gallons

Effluent Pump Model: _____

*Drainfield Installation* ☐ N/A

Trench Depth: 28 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 440 feet

# of Lines: 8 @ _____ feet 4@50 4@60

Depth of Media: 12 inches (Type) ~~Stone~~ EZ Flow

Depth of Cover: 16 inches

Distribution Device: Pressure Manifold

*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: 25 feet

Distance from Property Line: 15 feet

Distance from Water Supply Source: 100 feet

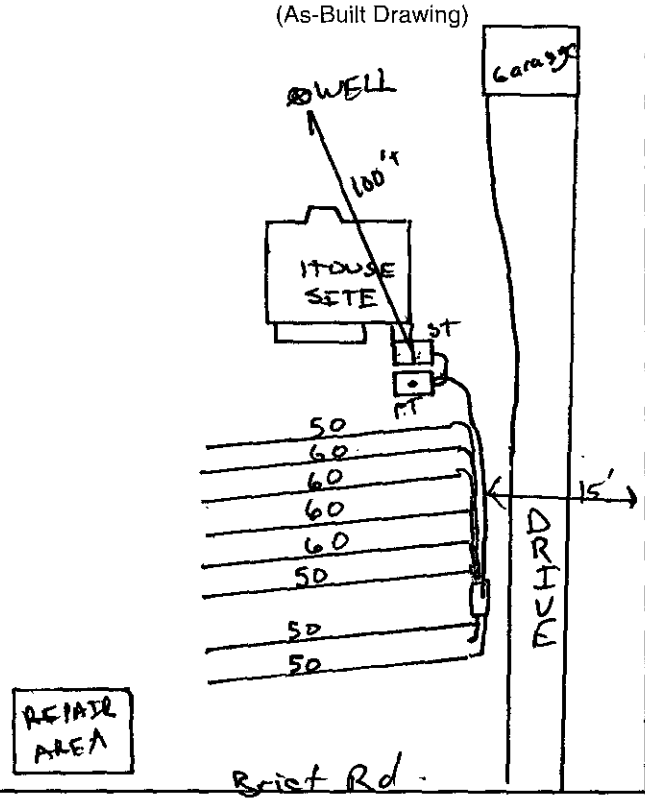
*Inspection Dates*

Tank(s) Inspected: 7/12/2010

Excavation Inspected: 7/12/2010

Pump & Controls Inspected: 7/12/2010

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: EZ120311, SP, NA, NA

Type IITbg system

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 #: 8061B Permit #: _____ Tax Parcel #: 139-302-34

Property Owner: Michael Outten

Job Location Address: 9809 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: III b9

*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:

_____

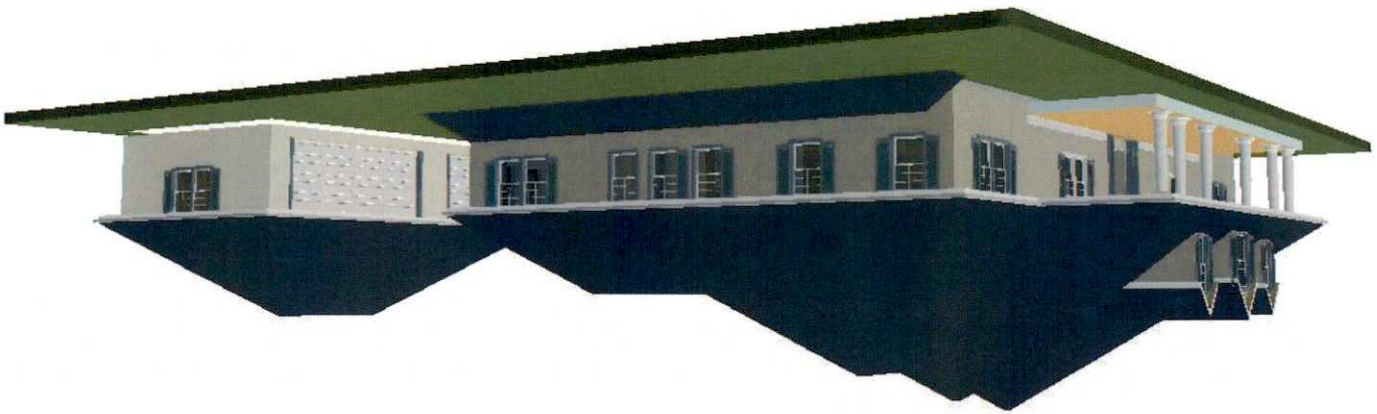
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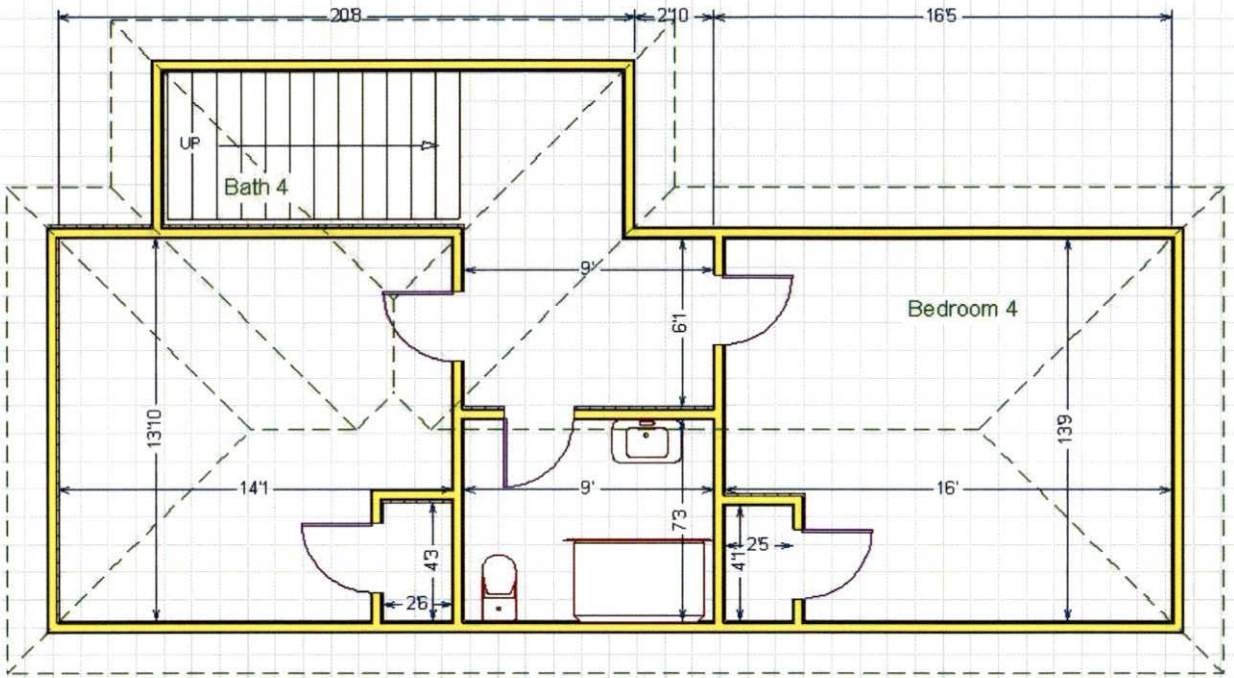
_____

DENR Authorized Agent: Jeremy Michael Date: 7/12/2010

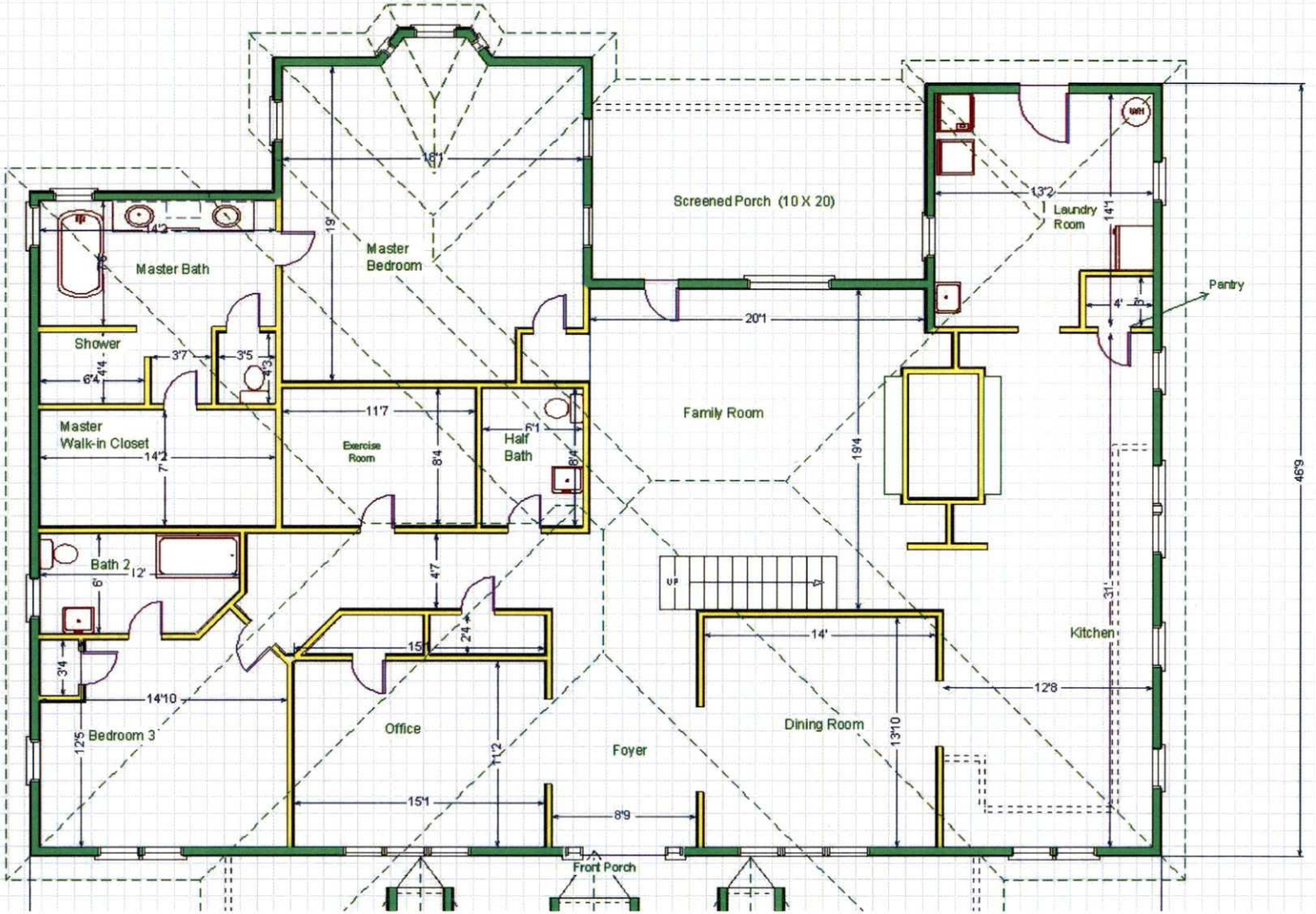
Signature: Jeremy Michael








LIVING AREA
697 sq ft


Master Bedroom
Master Bath
Shower
Master Walk-in Closet
Exercise Room
Half Bath
Bath 2
Bedroom 3
Office
Foyer
Front Porch
Screened Porch (10 X 20)
Laundry Room
Pantry
Family Room
Kitchen
Dining Room
18'1
19'
14'2
7'6
3'7
3'5
4'3
6'4
4'4
11'7
8'4
5'1
7'
14'2
12'
6'
3'4
14'10
12'5
4'7
2'4
15'
11'2
15'1
8'9
20'1
13'2
14'1
4'
5'
19'4
14'
12'8
13'10
31'
45'9

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 03/08/10 | **Amount:** | 200.00 |
| **Receipt #:** | 66554 | **Tendered:** | 0.00 |
| **Check / Auth #:** | VISA 008274 | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** 200000
**Contractor:** PITTMAN STEPHANIE R
**Attn:**
**Address:** 761 COOKS COVE RIDGE
**Address:**
**City/State/Zip:** ,

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0734 | Auth for Waste Wtr Sys Constr<br>9809 BRIEF RD/FILE 8061B | | 1 | 200.00 | 200.00 |

----------Outstanding Balances----------

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

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 03/08/10 | **Amount:** | 200.00 |
| **Receipt #:** | 66555 | **Tendered:** | 0.00 |
| **Check / Auth #:** | VISA 008274 | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** 200000
**Contractor:** PITTMAN STEPHANIE
**Attn:**
**Address:**
**Address:**
**City/State/Zip:** ,

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0703 | Installation/Final Approval<br>9809 BRIEF RD/FILE 8061B | | 1 | 200.00 | 200.00 |

----------Outstanding Balances----------

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