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 #: 7574A Permit #: 3000712663 Tax Parcel #: 003-082-20

Property Owner: Patricia Gordon & Alan Koreneff

Job Location Address: 19206 Callaway Hills Ln.

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 10/30/2014 Contractor Name: Odell Grant

Permitted Design Flow: 480 GPD
Liquid Capacity of Septic Tank: existing gallons
Liquid Capacity of Dosing Tank: n/a gallons
Effluent Pump Model: n/a

Drainfield Installation ☐ N/A
Trench Depth: 28-32 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 50 feet
# of Lines: 2 @25 feet
Depth of Media: 12 inches (Type) Chambers
Depth of Cover: 18-20 inches
Distribution Device: D-box/drop T

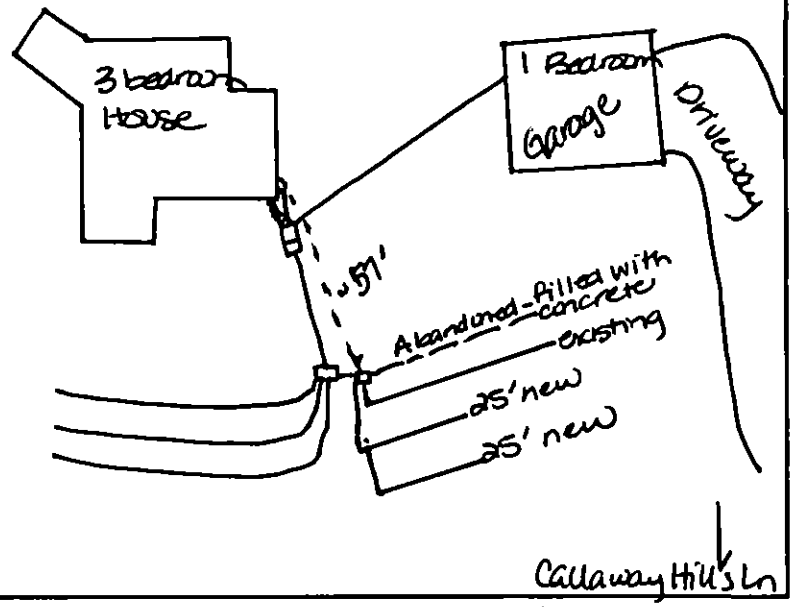
Bed Installation *(For Repair Installations ONLY.)* ☒ N/A
Bed Depth: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Depth of Cover: _____ inches
Distribution Device: _____

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

System Installation Setbacks
Distance from Building Foundation: 75 feet
Distance from Property Line: 710 feet
Distance from Water Supply Source: 7100 feet

Inspection Dates
Tank(s) Inspected: n/a
Excavation Inspected: 10/30/2014
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. ARC24 - ADS 5' chambers B1036A

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

Comments: System Classification & Type: III-g, ~~Dual~~ ~~Pump~~, gravity n/a, n/a alteration to system, top 50' line abandoned

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

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 7574 A Permit #: 30007126 63 Tax Parcel #: 003-082-20

Property Owner: Patricia Gordon & Alan Korenoff

Job Location Address: 19206 Calloway Hills Ln

City: Davidson State: NC Zip Code: 28036

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: 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: Kim Garrett, REHS Date: 10/30/2014

Signature: Kim Garrett, REHS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 7574A Permit #: 71263 Tax Parcel #: 003-082-20

Property Owner: PATRICIA GORDAN

Job Location Address: 19206 CALLAWAY HILLS LANE

City: DAVIDSON State: NC Zip Code: 28036

Installation Approval Issuance Date: 10/29/14

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: Existing gallons
Liquid Capacity of Dosing Tank: N/A gallons

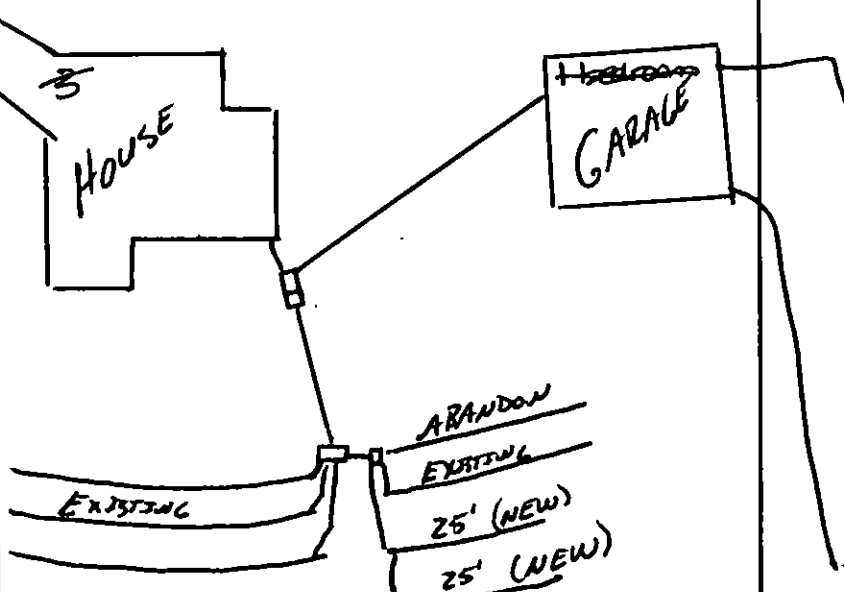
Drainfield Design ☐ N/A
Trench Depth: 24-30 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 50 feet
# of Lines: 2 @ 25 feet
Depth of Media: 12 inches (Type) 25% Red.
Distribution Device: D-Box / End Cap

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 _____

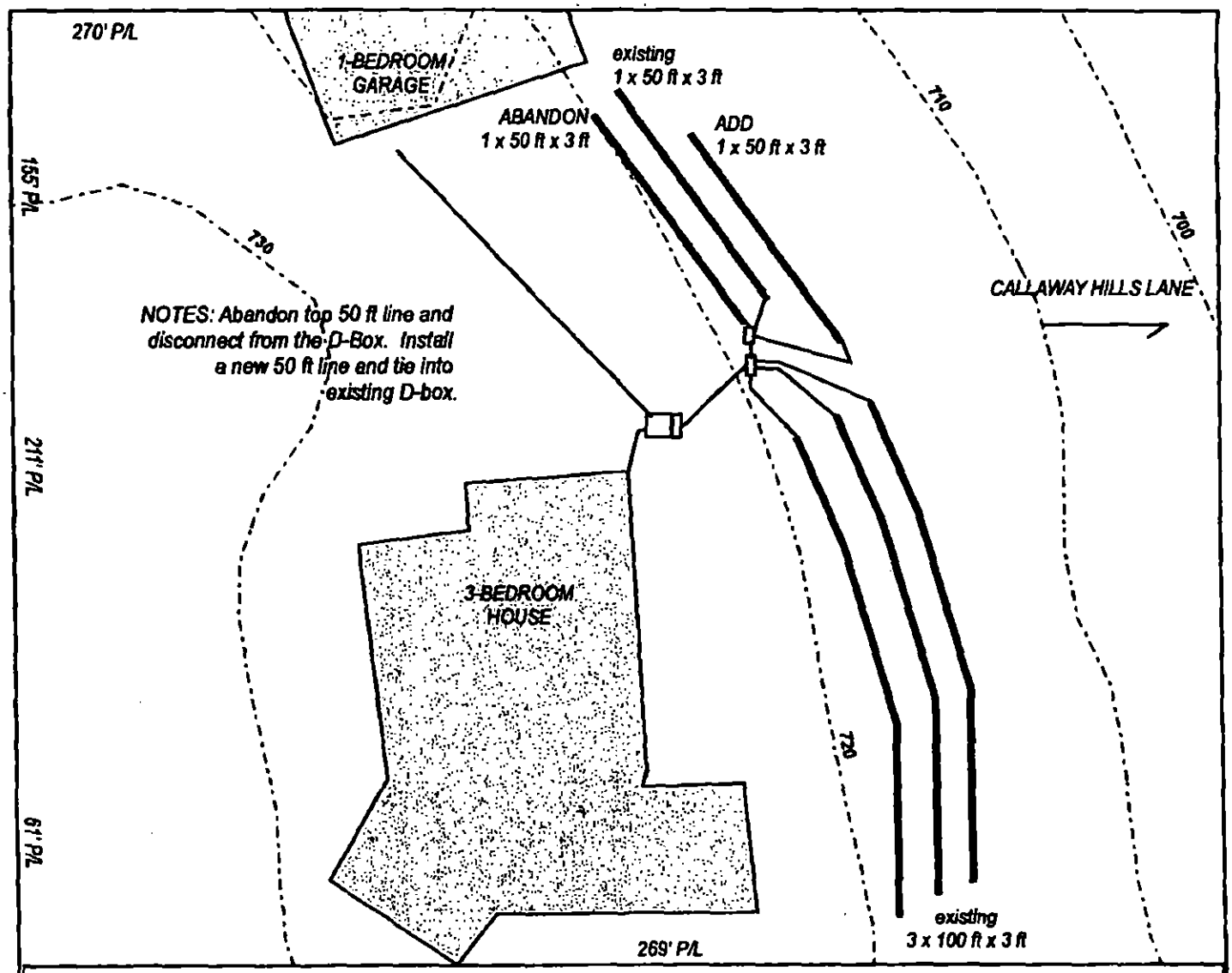
Minimum System Setbacks
Distance from Building Foundation: >5' feet
Distance from Property Line: 710' feet
Distance from Water Supply Source: >100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III g 25% Reduction Alternative
→ Abandon the existing 50' LINE and add 2 lines x 25' x 3'

DENR Authorized Agent: Jeremy Michelson REHS Signature: Jeremy Michelson REHS



Mecklenburg County Health Department
Environmental Health Division
Improvement Permit for Residential
ONSITE-WASTEWATER TREATMENT & DISPOSAL

PID # 003-082-20
19206 Callaway Hills Lane
Davidson, NC 28036

Permit # 3000712~~6~~3
File # 7574 A

Authorized Agent: Kim Garnett

Owner/Legal Agent: Kevin Haynes Agent

30 15 0 30 Feet

INSTALLATION NOTES:
60 gpd
0.3 LTAR
1 x 50 ft x 3 ft (50 TLF) lines to be installed on contour

max trench bottom 30 inches
1500 gallon ST - existing
TYPE IIIg
Distribution box - existing

Install according to all NC Rules & Regulations and maintain the following setbacks:

>100 ft from well (min. 50 ft)
>10 ft from property lines and water lines
>10 ft from building foundation

N
W E
S

1 inch = 30 feet

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Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30007123** GWS File #: **7574A** Tax Parcel #: **003-082-20**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 10/27/2019

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 5017 # Bedrooms: 3 # Occupants: 4

Building Foundation: Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	60	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):	150	Total Trench Length (ft):	50
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

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):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	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: Kim Garrett

Signature: Kim Garrett, REHS

Date Issued: 10/27/2014

Owner/Legal Agent: Patricia Gordon
Print Name

Signature:

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Macon

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Patricia Gordon & Alan Korenoff APPLICATION DATE 10/17/14
ADDRESS: 8206 Calloway Hills Ln DATE EVALUATED:
PROPOSED FACILITY: house PROPOSED DESIGN FLOW (.1949): 480g PROPERTY SIZE:
LOCATION OF SITE: PROPERTY RECORDED:
WATER SUPPLY: • Private • Public (Well) • Spring • Other
EVALUATION METHOD: (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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 1%	0-6	gr SC	fr soap	>48"	48"	N/a	PS	PS III .3
		6-48	Sdy Cl	fr soap					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	N/A	PS
System Type(s)	N/A	IIIg
Site LTAR	N/A	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kim Garrett, REHS
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR*	LPP 1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

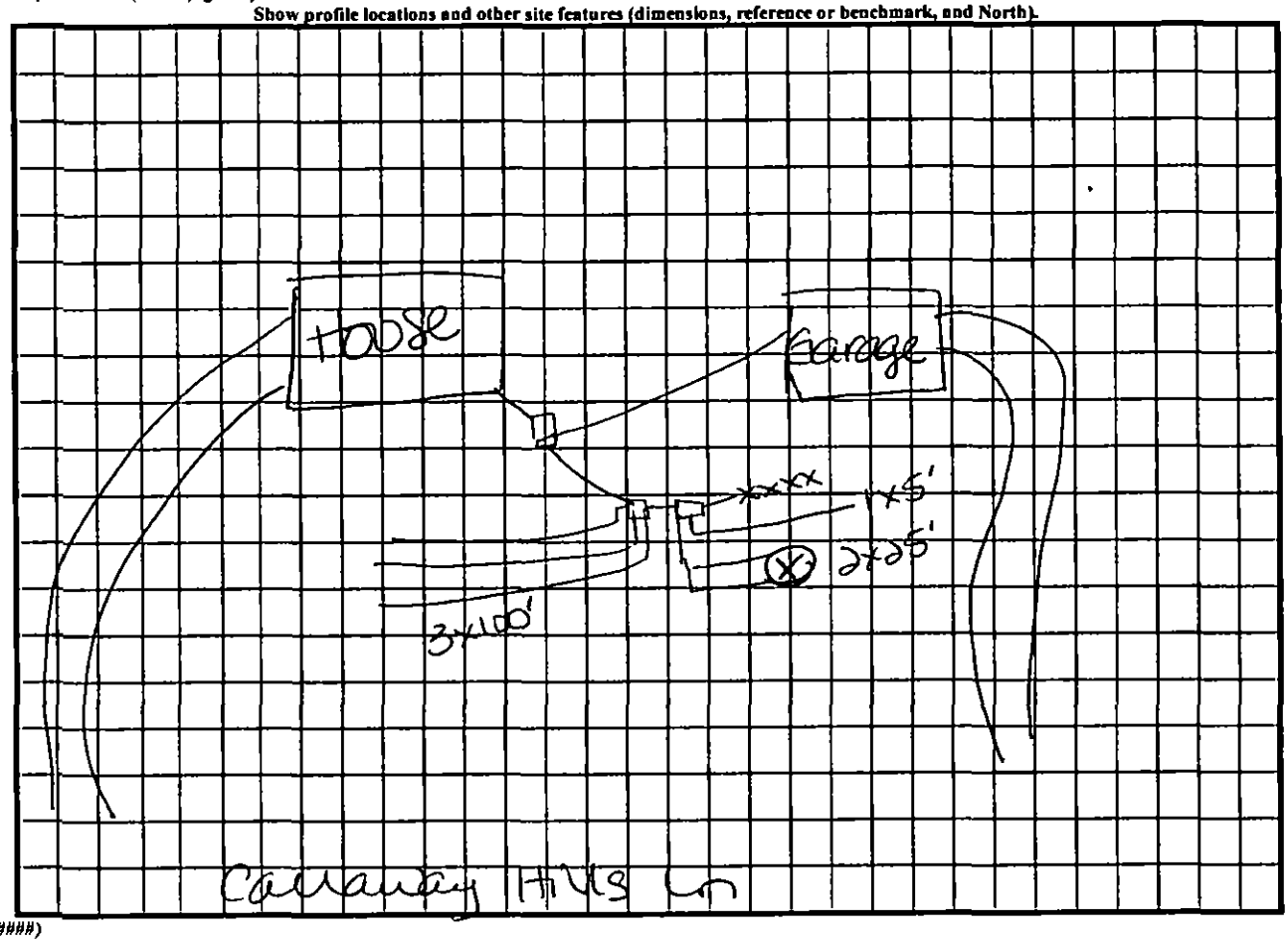
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)

Review (######)

Mecklenburg County Groundwater & Wastewater Services
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30007123 GWS File #: 7574A Tax Parcel #: 003-082-20

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- *Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.*

I. This Improvement Permit Shall: Expire In Five (5) Years **Expiration Date (If Applicable):** 10/27/2019

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft²): 5017 # Bedrooms: 3 # Occupants: 4

Building Foundation: Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd): 60 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): 150 Total Trench Length (ft): 50

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Distribution Box

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

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): 1200 Total Trench Length (ft): 400

Maximum Trench Depth (in): 30 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: Kim Garrett Owner/Legal Agent: Teresa Bayron for Coogan's General Contra
Print Name

Signature: Kim Garrett, REHS Signature: Teresa Bayron, Agent

Date Issued: 10/27/2014

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On-Site Wastewater Section

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

Permit #: 30007123 GWS File #: 7574A

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 septic system shall be located at least 10 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.
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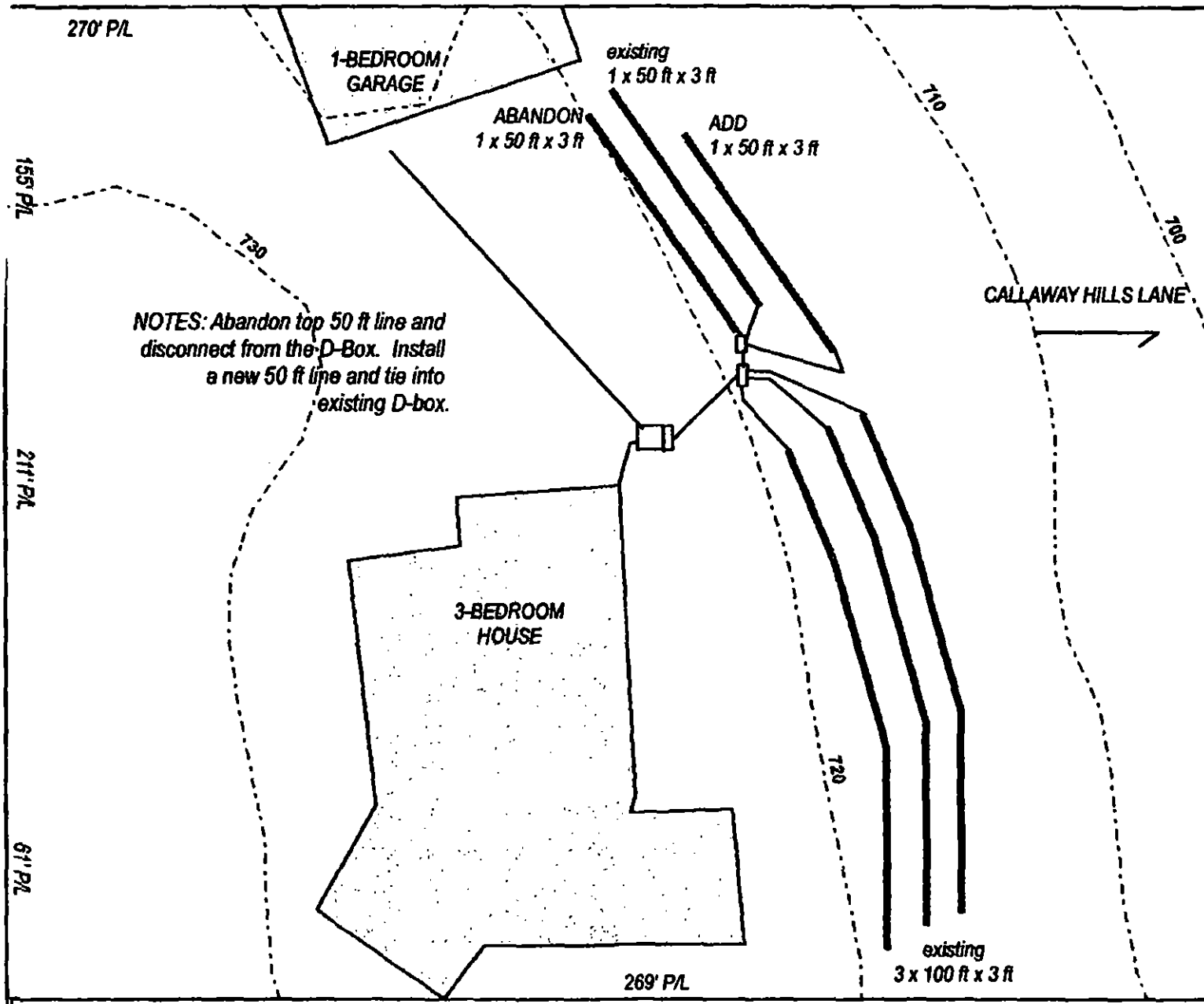
DENR Authorized Agent: Kim Garrett

Signature: Kim Garrett, REHS

Date Issued: 10/27/2014

Owner/Legal Agent: Teresa Bayron for Coogan's General Contracting
Print Name

Signature: Teresa Bayron, Agent



Mecklenburg County Health Department
Environmental Health Division
Improvement Permit for Residential
ONSITE-WASTEWATER TREATMENT & DISPOSAL

PID # 003-082-20
19206 Callaway Hills Lane
Davidson, NC 28036

Permit # 30007126
File # 7574 A

Authorized Agent: Kim Garrett

Owner/Legal Agent:

30 15 0 30 Feet

INSTALLATION NOTES:
60 gpd
0.3 LTAR
1 x 50 ft x 3 ft (50 TLF) lines to be installed on contour

max trench bottom 30 inches
1500 gallon ST - existing
TYPE IIIg
Distribution box - existing

Install according to all NC Rules & Regulations and maintain the following setbacks:

>100 ft from well (min. 50 ft)
>10 ft from property lines and water lines
>10 ft from building foundation

N
W E
S

1 inch = 30 feet

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30007123** GWS File #: **7574A** Tax Parcel #: **003-082-20**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 10/27/2019

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 5017 # Bedrooms: 3 # Occupants: 4

Building Foundation: Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	60	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):	150	Total Trench Length (ft):	50
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

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):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	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: Kim Garrett Owner/Legal Agent: _____
Print Name

Signature: Kim Garrett, REHS Signature: _____

Date Issued: 10/27/2014

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

Permit #: **30007123** GWS File #: **7574A**

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 septic system shall be located at least 10 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.

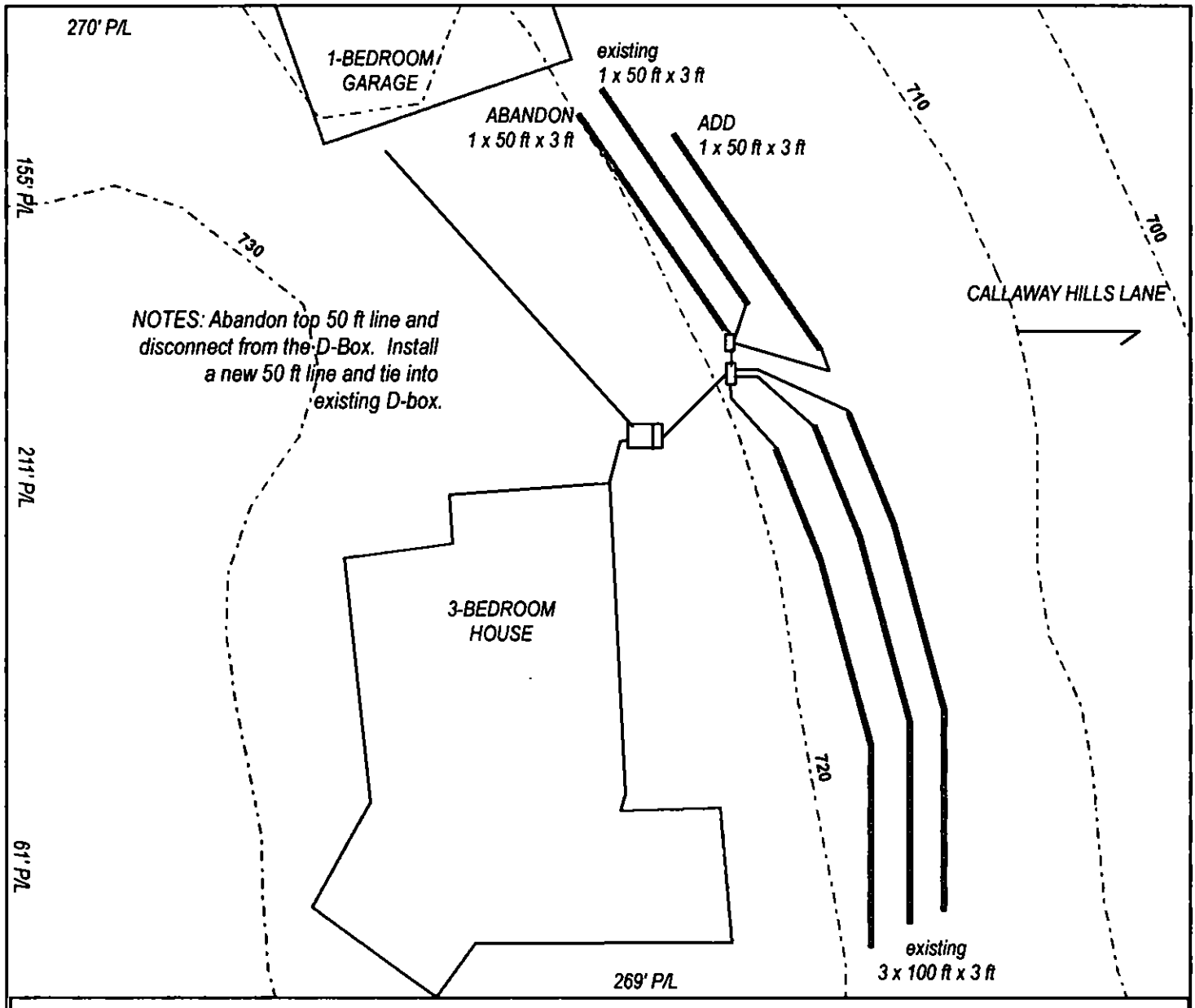
DENR Authorized Agent: Kim Garrett

Signature: Kim Garrett, REHS

Date Issued: 10/27/2014

Owner/Legal Agent: _____
Print Name

Signature: _____



Mecklenburg County Health Department
Environmental Health Division
Improvement Permit for Residential
ONSITE-WASTEWATER TREATMENT & DISPOSAL

PID # 003-082-20
19206 Callaway Hills Lane
Davidson, NC 28036

Permit # 30007126
File # 7574 A

Authorized Agent: Kim Garrett

Owner/Legal Agent: _____

30 15 0 30 Feet

INSTALLATION NOTES:
60 gpd
0.3 LTAR
1 x 50 ft x 3 ft (50 TLF) lines to be installed on contour

max trench bottom 30 inches
1500 gallon ST - existing
TYPE IIIg
Distribution box - existing

Install according to all NC Rules & Regulations and maintain the following setbacks:

>100 ft from well (min. 50 ft)
>10 ft from property lines and water lines
>10 ft from building foundation

N
W E
S

1 inch = 30 feet

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7574-A DATE: 12/31/03

TC: 003-082-20 ☐ L ☑ CRT

SERIAL 19420

Name of Owner Kent Frerichs Juris.: _____

Address of Property 19206 Callaway Hills Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 12"

Water Supply Source well

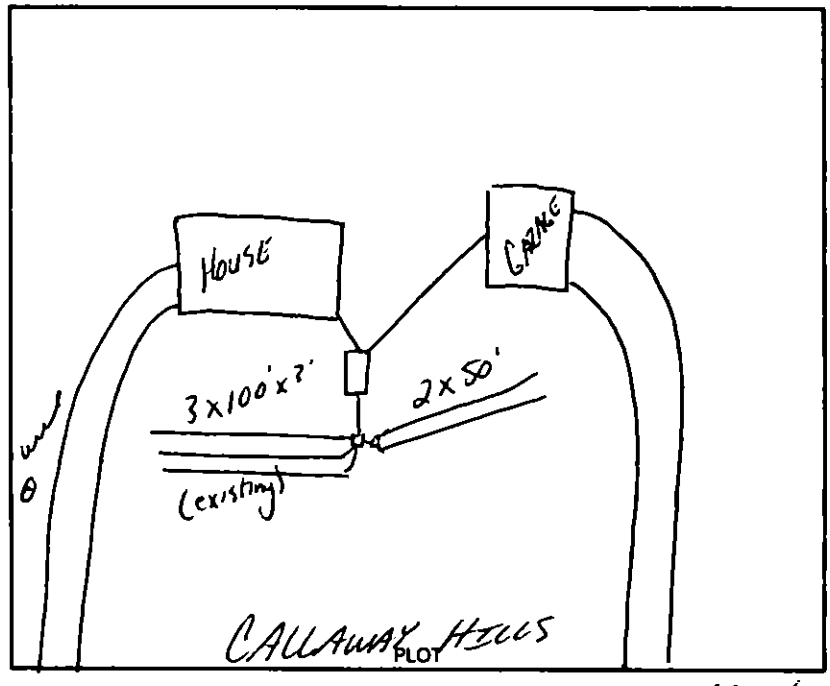
Distance to Water Source >100'

Excavation Inspected 12/31/03

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 2003 Alteration, 300 SFT, INNO CHAMBERS CTR# Macleod

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☑ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

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. This issuance of this

☐ Certificate of Completion ☒ 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. 1990 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/revocation of this permit.

COMMENTS: Expansion for Garage Addition
2 lines x 50' x 3'
Type IIIg Innovative System

Tommy Mullis R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

7574A

MECKLENBURG COUNTY HEALTH DEPARTMENT

App # 7123

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: 00308220

STREET ADDRESS: 19206 CALLAWAY HILL LANE

CITY: DAVIDSON

STATE: NC ZIP: 28036

SUBDIVISION NAME: RUNNEYMEDE

LOT #: L16-L17 LOT SIZE (acres): 3.07

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: 5,017

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: _____

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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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:** ____ ____ ____ 0 ____

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

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

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

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

12. **PROPERTY OWNER:**

NAME: PATRICIA GORDON & ALAN KORENEFF

ADDRESS: 19206 CALLAWAY HILLS LN

CITY: DAVIDSON

STATE: NC ZIP: 28036

WORK PHONE: (704) 281-4525

MOBILE PHONE: _____

FAX: _____

E-MAIL: TRICIAKORENEFF@GMAIL.COM

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

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZI

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

call Tom Coogan
704-291-4603

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.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

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

_____ 10-17-14

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 FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: lw

GWS FILE NUMBER ASSIGNED: 7574A

APPLICATION ID NUMBER ASSIGNED: 7123

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

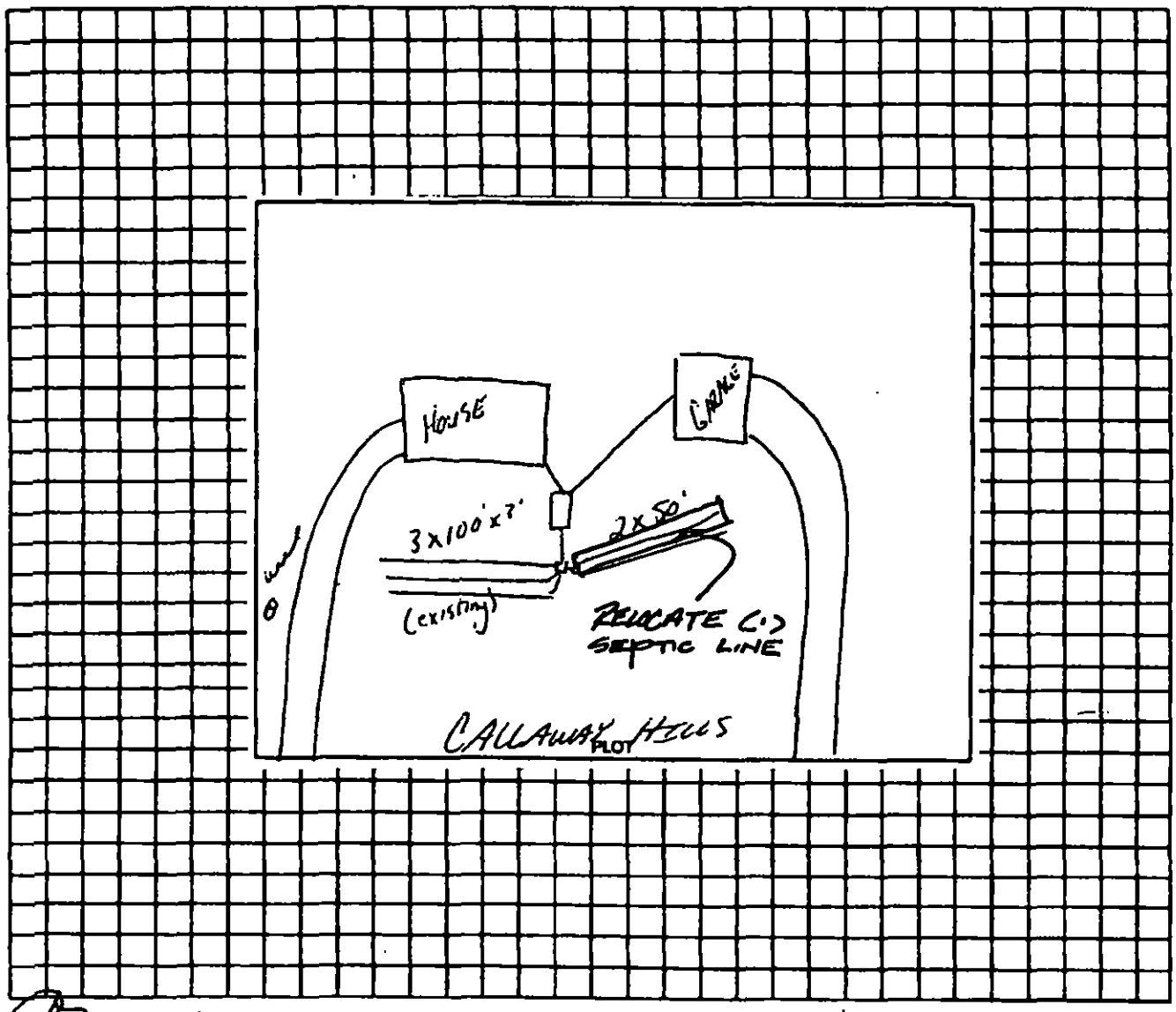
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 192206 Callaway Hills Ln

Tax Parcel #: 00308220

Subdivision Name: Runneymede

Lot #: L16-17



Property Owner's or Owner's Legal Representative Signature

10-17-14
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

COOGAN'S LANDSCAPE DESIGN

800 Main Street, Pineville, NC 28134
www.cooganslandscape.com

7574A

FAX COVERSHEET

To: Groundwater + Wastewater Services	From: Teresa Bayron
FAX No: 704-336-6894	Phone: 704-889-1500
Subject: Application	Date: 10/17/2014
No. of Pages including coversheet: 4	Cc: Client file

MEMO:

attached, please find 3page application

- Please call our office for payment.

at: 704-889-1500

ask for Teresa.

Thank you.

Sincerley
Teresa Bayron



19206 CALLAWAY HILLS LN

00308220

7/6/2007

duponbj

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

Jeremy

100.00 4/3/03

file 7574A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 7574A / 2975B

Date: 4 / 3 / 03

PERSON FILING APPLICATION:

NAME: Frerichs (last) Kent (first) B (mi)

ADDRESS: 19206 Callaway Hills Ln PHONE: (704) 896-9022

CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 003-082-20

STREET ADDRESS: 19206 Callaway Hills Ln

ZONING:

PROPERTY OWNER:

NAME: Frerichs (last) Kent (first) B (mi)

ADDRESS: 19206 Callaway Hills Ln PHONE: (704) 896-9022

CITY: Davidson STATE: NC ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME: Runnymede

Township (check one):
☐ 0 Mecklenburg County ☒ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: 16 LOT SIZE (in acres): 3.06

[redacted]

☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)

☒ ADDITION (GARAGE) OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☒ OTHER Garage (O)

NUMBER BEDROOMS: 0 NUMBER OCCUPANTS: 0

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☒ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: 4/3/03

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... Install 100' to existing system for the addition of a garage with a Play Room.

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☒ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

[signature] R.S. 4/15/03
Environmentalist Date

WATER : 122791

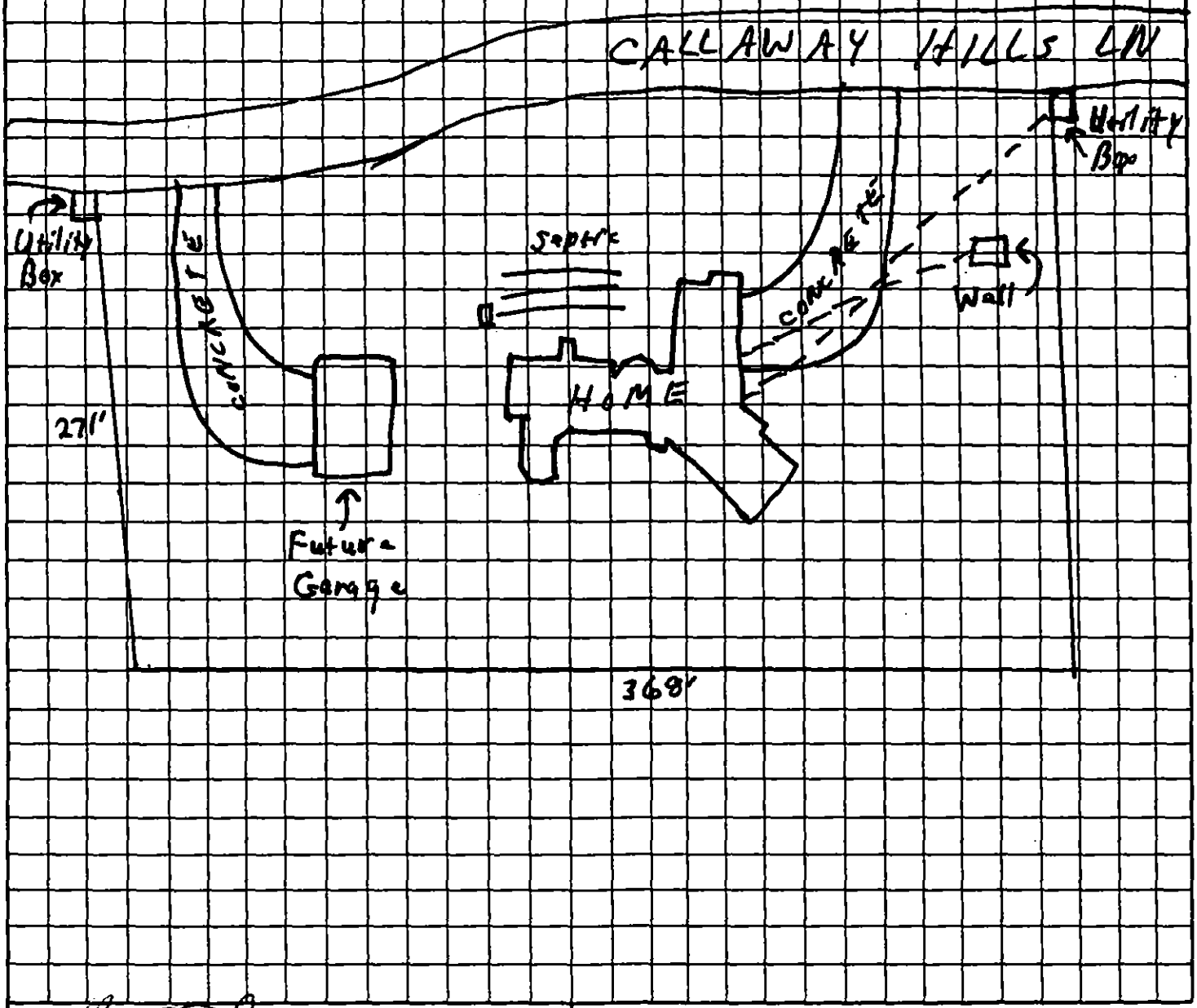
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7574A

TC: 003-082-20

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



OWNER/AGENT SIGNATURE

DATE 4/3/03

APPROVAL DATE _____

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

Permit Number: 7574A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 003-082-20

The 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.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

0.3 Long-term acceptance rate	120 Max gallons/day wastewater flow	300 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	___ Gallon septic tank	100 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence GARAGE w/ PLAY ROOM	___ Gallon pump tank	NA Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Expansion of existing system for garage addition w/ Play Room
Install 2 lines x 50' x 3'

Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe • Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

300 Absorption Area (Sq ft) 100 Total Trench Length (Ft)	___ Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

Jenny Mecklin R.S. 4/16/03
DEHNR Authorized Agent Date

Owner/Agent Signature 5/22/03
Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

CK 4135

LD ~~26736~~ 39287

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 5/22/03 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 7574A

PARCEL NO: 003-082-20
003-082-21

JOB LOCATION ADDRESS: 19206 Calloway Hills Lane
PROPERTY OWNER: KENT FREEMAN
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: RUNNEMEADE
AUTHORIZATION ISSUED BY: Jimmy Mackie R.S. DATE: 4/16/03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7574A, 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, CONSTRUCTION, ALTERATION AND/OR REPAIR 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 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Expansion of existing system for detached three car garage with Play Room.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITION OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FO REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE 5/22/03

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

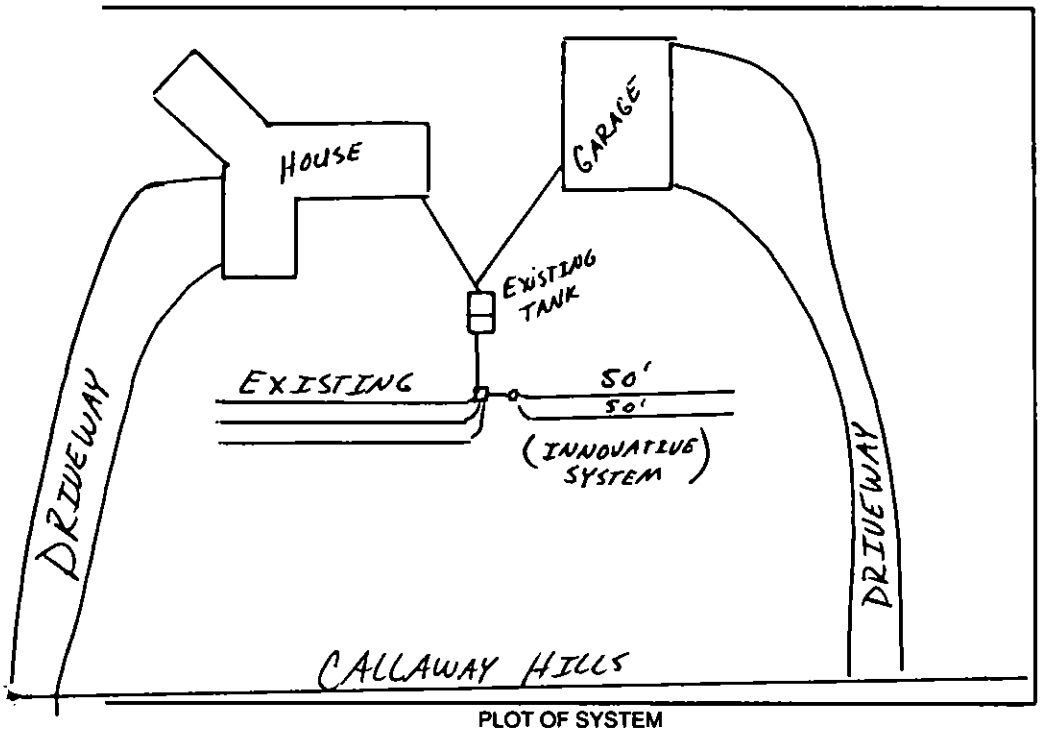
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7574A DATE: 4/15/03

TC: 003-082-20 ☑ L

SERIAL 19337

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4/3/03. All work shall be completed on or before AFTER CONSTRUCTION, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction existing

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 100' feet

Number of Lines 2 x 50'

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Kent Frerichs

LOCATION OF PROPERTY 19206 Calloway Hills Lane

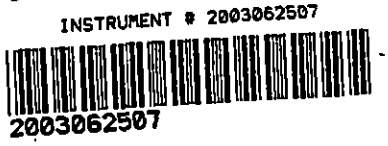
Comments: Expansion of system for Garage Addition
Install 2 lines x 50' x 3'
Type IIIg innovative system

Tommy Michaels R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2003 MAR 28 10:26 AM
BK:15053 PG:157-160 FEE:$21.10

INSTRUMENT # 2003062507



2003062507

Excise Tax | Recording Time, Book and Page

Mail after recording to: Kent Frerichs 19206 Callaway Hills Lane Davidson, NC 28036

This instrument was prepared by: Thomas E. Montgomery

Brief description for the Index: PID 00308220 & 00308221

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 24th day of March, 2003

Grantor(s): Kent B. Frerichs & Sarah E. Frerichs

Grantee(s): Kent B. Frerichs & Sarah E. Frerichs

KNOW ALL MEN BY THESE PRESENTS THAT:

FOR VALUABLE CONSIDERATION OF TEN DOLLARS ($10.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, **Kent B. Frerichs** and **Sarah E. Frerichs**, Husband and Wife, hereinafter referred to as "Grantors", do hereby grant, bargain, sell, and convey unto **Kent B. Frerichs** and **Sarah E. Frerichs**, Husband and Wife, as joint tenants with rights of survivorship, hereinafter "Grantees", the following lands and property, together with all improvements located thereon, lying in the Deweese Township, Mecklenburg County, State of North Carolina and more particularly described as follows:

All of Lot 16 & Lot 17 Block 2 Runneymede "Phase 2" Map 1 Recorded in Map Book 25 Page 32 duly recorded in the Mecklenburg Public Registry combined as one parcel see Exhibit A for a more particular description. There is no consideration for this transfer.

Prior instrument reference: Deed Book 10846 Page 540 & Deed Book 7448 Page 228, Register of Deeds for Mecklenburg County, North Carolina.

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any.

TO HAVE AND TO HOLD same unto Grantees, and unto Grantees' heirs and assigns forever, with all appurtenances thereunto belonging.

And the Grantors covenant with the Grantees, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

TO HAVE AND TO HOLD to the said Grantees as joint tenants, with right of survivorship, their heirs, personal representatives, executors and assigns forever: it being the intention of the parties to this conveyance, that (unless the joint tenancy hereby created is severed or terminated during the joint lives of the grantees herein) in the event one Grantee herein survives the other, the entire interest in fee simple shall pass to the surviving Grantee, and if one does not survive the other, then the heirs and assigns of the Grantees herein shall take as tenants in common.

WITNESS Grantor(s) hand(s) this the 28 day of March, 2003.

Grantor
Kent B. Frerichs

Grantor
Sarah E. Frerichs

STATE OF North Carolina

COUNTY OF Mecklenburg

I, a Notary Public, do hereby certify that Kent B. Frerichs & Sarah E. Frerichs (here give the name of the grantor(s) or maker(s)) personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and (where an official seal is required by law) official seal

This the 28 day of March 2003 (year).

(Official seal.)

Notary Public

Printed Name: EL Diafellea

My Commission Expires:

2/24/05

EL DIAFELLEA NOTARY PUBLIC MECKLENBURG COUNTY

Judith A. Gibson, Register of Deeds
720 E. Fourth Street, Room 103
Charlotte, North Carolina 28202
704-336-2443

State of North Carolina
County of Mecklenburg

~~I do hereby certify this to be a true copy of the attached document filed and~~ recorded in the aforesaid county as evidenced in Instrument/Book No. 15053 Page No. 157 and ends with Page No. 160

Witness my hand and seal this 28 day of March, 2003.

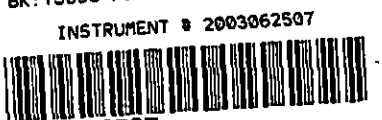
Judith A. Gibson

Register of Deeds, ~~Assistant or~~ Deputy Register of Deeds

JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBERG COUNTY, N.C.

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2003 MAR 28 10:26 AM
BK:15053 PG:157-160 FEE:$21.10

INSTRUMENT # 2003062507



2003062507

Excise Tax | Recording Time, Book and Page

Mail after recording to: Kent Frerichs 19206 Callaway Hills Lane Davidson, NC 28036

This instrument was prepared by: Thomas E. Montgomery

Brief description for the Index: PID 00308220 & 00308221

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 24th day of March, 2003

Grantor(s): Kent B. Frerichs & Sarah E. Frerichs

Grantee(s): Kent B. Frerichs & Sarah E. Frerichs

KNOW ALL MEN BY THESE PRESENTS THAT:

FOR VALUABLE CONSIDERATION OF TEN DOLLARS ($10.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, **Kent B. Frerichs** and **Sarah E. Frerichs**, Husband and Wife, hereinafter referred to as "Grantors", do hereby grant, bargain, sell, and convey unto **Kent B. Frerichs** and **Sarah E. Frerichs**, Husband and Wife, as joint tenants with rights of survivorship, hereinafter "Grantees", the following lands and property, together with all improvements located thereon, lying in the Deweese Township, Mecklenburg County, State of North Carolina and more particularly described as follows:

All of Lot 16 & Lot 17 Block 2 Runneymede "Phase 2" Map 1 Recorded in Map Book 25 Page 32 duly recorded in the Mecklenburg Public Registry combined as one parcel see Exhibit A for a more particular description. There is no consideration for this transfer.

Prior instrument reference: Deed Book 10846 Page 540 & Deed Book 7448 Page 228, Register of Deeds for Mecklenburg County, North Carolina.

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any.

TO HAVE AND TO HOLD same unto Grantees, and unto Grantees' heirs and assigns forever, with all appurtenances thereunto belonging.

And the Grantors covenant with the Grantees, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

TO HAVE AND TO HOLD to the said Grantees as joint tenants, with right of survivorship, their heirs, personal representatives, executors and assigns forever: it being the intention of the parties to this conveyance, that (unless the joint tenancy hereby created is severed or terminated during the joint lives of the grantees herein) in the event one Grantee herein survives the other, the entire interest in fee simple shall pass to the surviving Grantee, and if one does not survive the other, then the heirs and assigns of the Grantees herein shall take as tenants in common.

WITNESS Grantor(s) hand(s) this the 28 day of March, 2003.

Grantor
Kent B. Frerichs

Grantor
Sarah E. Frerichs

STATE OF North Carolina

COUNTY OF Mecklenburg

I, a Notary Public, do hereby certify that Kent B. Frerichs & Sarah E. Frerichs (here give the name of the grantor(s) or maker(s)) personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and (where an official seal is required by law) official seal

This the 28 day of March 2003 (year).

(Official seal.)

Notary Public

Printed Name: EL Dafferia

My Commission Expires:

2/24/05

EL DAFFERIA NOTARY PUBLIC MECKLENBURG COUNTY

Judith A. Gibson, Register of Deeds
720 E. Fourth Street, Room 103
Charlotte, North Carolina 28202
704-336-2443

State of North Carolina
County of Mecklenburg

~~I do hereby certify this to be a true copy of the attached document filed and~~ recorded in the aforesaid county as evidenced in Instrument/Book No. 15053 Page No. 157 and ends with Page No. 160

Witness my hand and seal this 28 day of March, 2003.

Judith A. Gibson

Register of Deeds, ~~Assistant or~~ Deputy Register of Deeds

JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBERG COUNTY, N.C.

CROWN BUILDERS

Siding, Windows, Roofing

4/9/03

TO: Jeremy Michelone

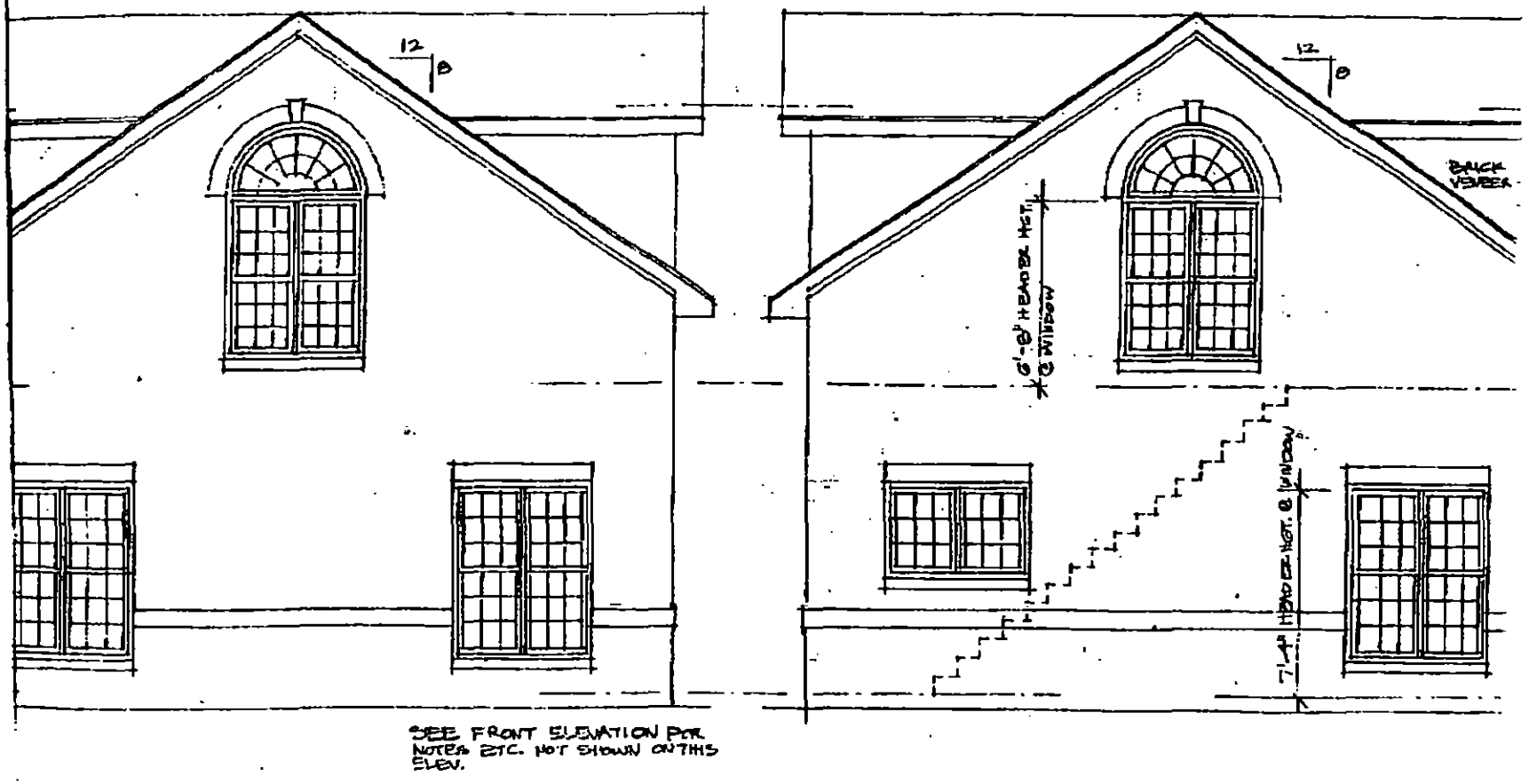
FROM: Kent Frenicks
19206 Callaway Hills Ln
Davidson, NC 28036
Work: (704) 375-2665
Mobile (704) 400-4710

RE: Garage Plans + Approval Letter.

DAVIDS

DATE:

AG OF



SEE FRONT ELEVATION FOR NOTES ETC. NOT SHOWN ON THIS ELEV.

LEFT SIDE ELEVATION
1/4"=1'-0"

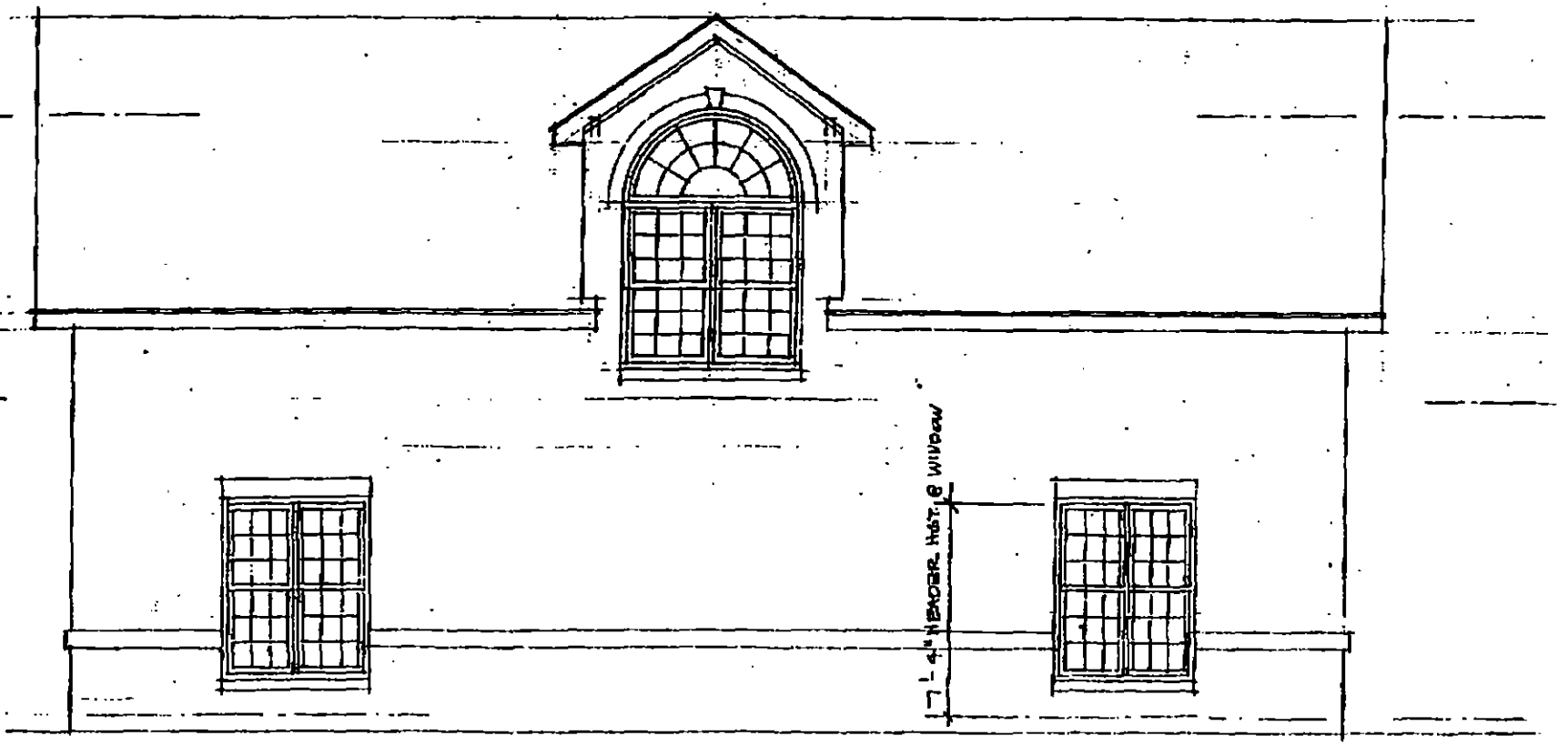
RIGHT SIDE ELEVATION
1/4"=1'-0"

DAVIDSON

DATE: 2/2

A5 OF 6

CROWN BUILDERS 7043758560 04/09/2003 07:20



REAR ELSVATION
1/4" = 1'-0"

SEE FRONT ELEVATION FOR NOTES ETC. NOT SHOWN ON THIS ELEV.

CROWN BUILDERS

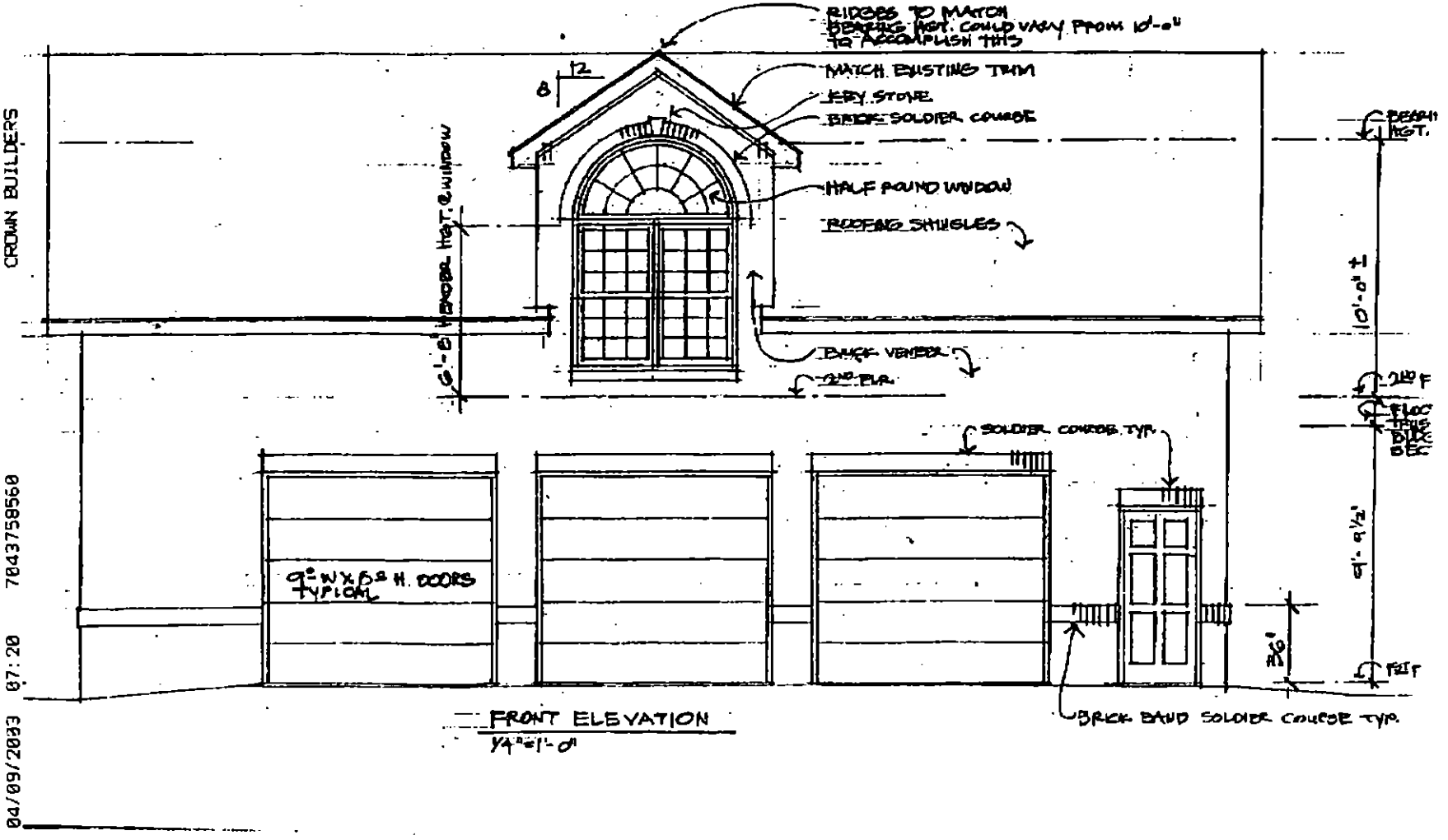
7043758560

GARAGE

DAVIDSON, NC

DATE: 2/21/03

A-4 OF 6



FRONT ELEVATION

1/4"=1'-0"

CROWN BUILDERS

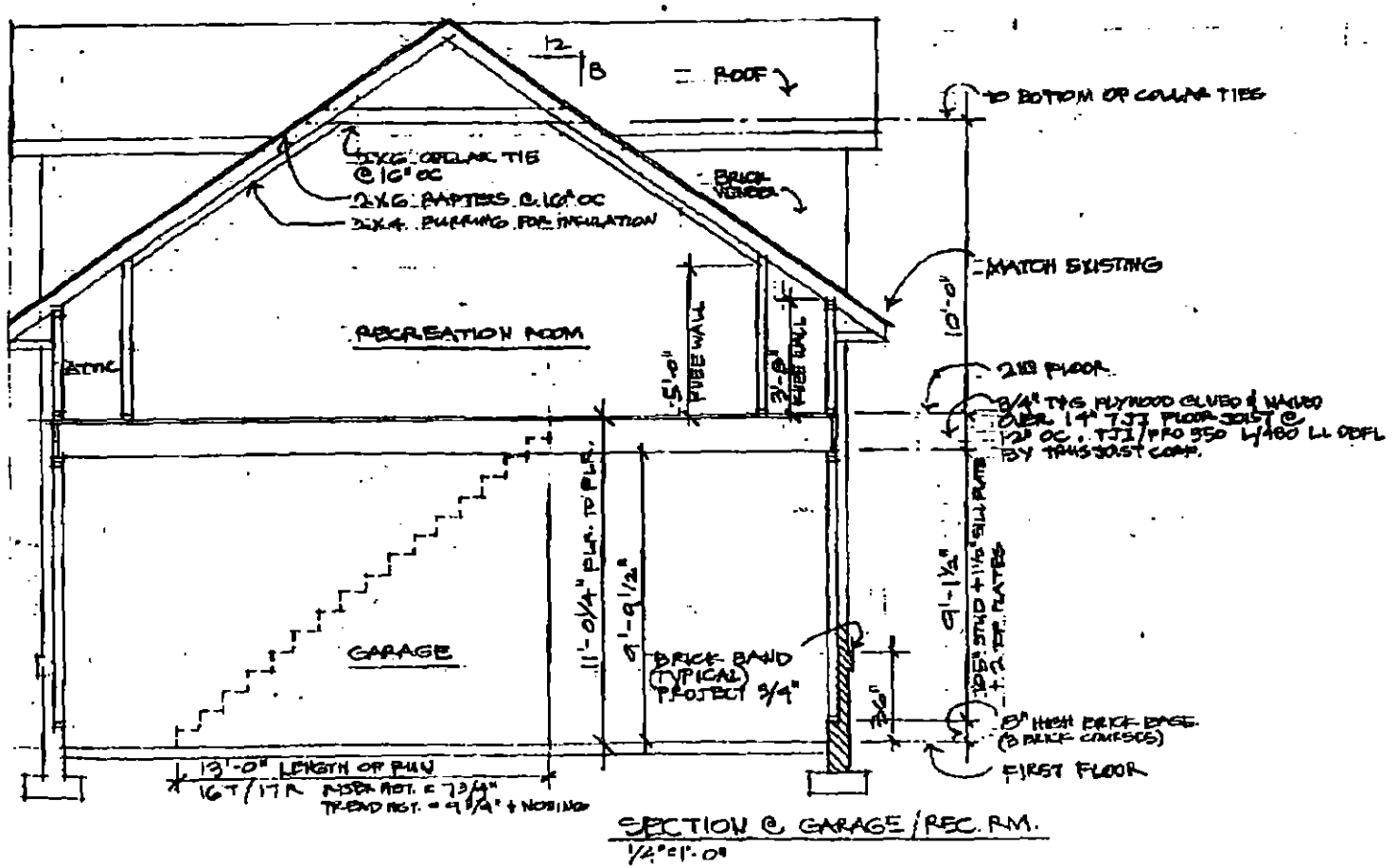
04/09/2003 07:20 7043750560

GARAGE

DAVIDSON,

DATE: 2/21/

A3 OF 6



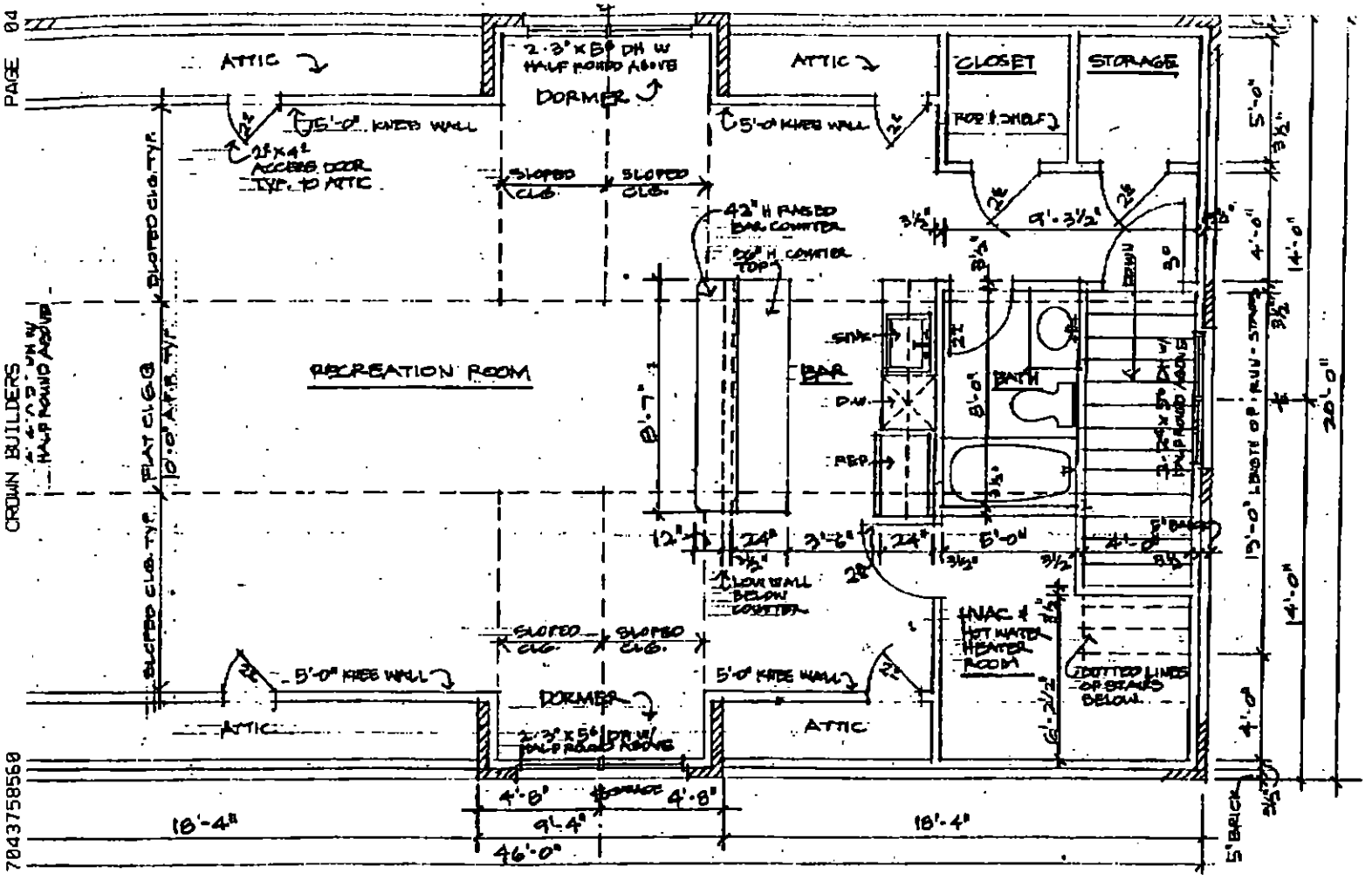
SECTION @ GARAGE/REC. RM.

1/4"=1'-0"

DAVIDSON

DATE: 2/2

A2 OF 6



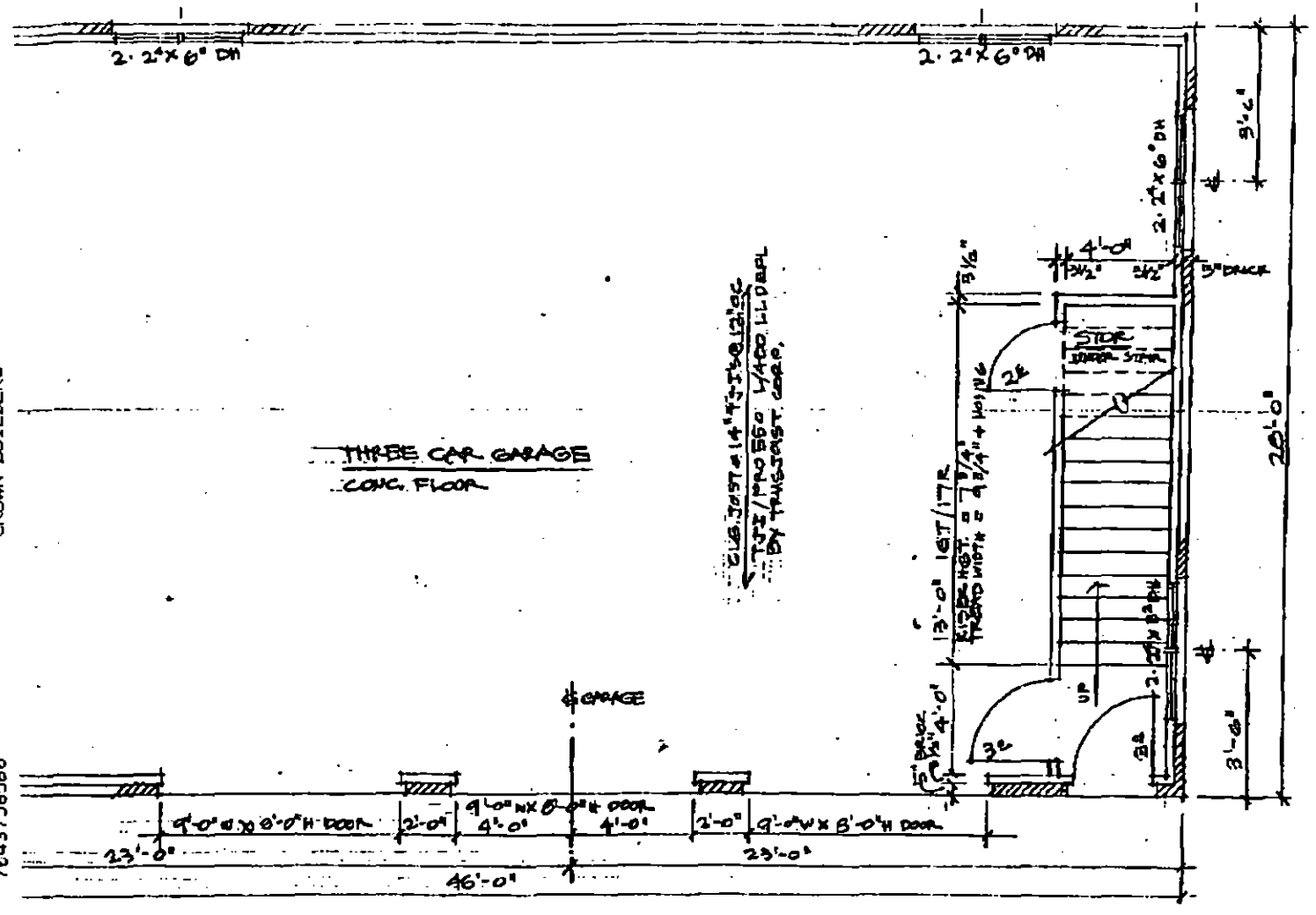
SECOND FLOOR PLAN

1/4"=1'-0"

CROWN BUILDERS

7043758560

04/09/2003 07:20



FIRST FLOOR PLAN
1/4"=1'-0"

DAVIDSON, N

DATE: 2/21/03

AI OF 6

March 25, 2003

To: Kent and Sarah Frerichs

From: Ken Studdard
Chairman, Runneymede Architectural Review Committee

Subject: Approval of Proposed Construction

We have received your letter of March 18, 2003, which provides information we didn't have previously and does much to satisfy the Architectural Review Committee's concerns about your proposed project. We now understand the following points:

(1) Your two land parcels will be combined into a single parcel that will place both your house and the detached garage on a single parcel for residential purposes only.

(2) The septic system for the proposed garage will be joined to the existing septic system for your house.

(3) Mecklenburg County has approved your plans as non-living quarters.

Given the above conditions we see no conflict between your plans for a detached garage and the Runneymede Neighborhood Covenants, and your plans are, accordingly, approved.

Please advise us of any change in the plans as submitted.



Lot # 6430

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11/18/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11-17-97 PERMIT NO: 7574A
PARCEL NO: 003-082-20

JOB LOCATION ADDRESS: 19206 Calloway Hills Lane
PROPERTY OWNER: Kent Frerichs
BUILDING CONTRACTOR: Roger L. Cathey
SUBDIVISION NAME: Torrey Pines Phase I Lot 16 B2
AUTHORIZATION ISSUED BY: Tommy B. Thompson Jr. RS. DATE: 11-17-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7574A, 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, CONSTRUCTION, ALTERATION AND/OR REPAIR 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 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See Conditions Of Improvement Permit

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Roger L Cathey 11-18-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 7574A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 003-082-20

- The 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.

Basement	___ Yes	✓ No		___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)		9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)		24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	— Gallon pump tank	— Depth of stone innovative		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Keep well greater than 50' away from septic system and designated repair areas - Group I, II or III backfill is required on chambered type systems.				
Repair Area System Type Type (circle one): I II III (IV) V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other		___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
900 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	— Depth of Stone Trench	8 Trench spacing (min. on centers)		36" Maximum Trench Depth
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

Larry B. Thompson, J.R.S. 11-17-97
DEHNR Authorized Agent / Date

X [signature] 11-8-97
Owner/Agent Signature / Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

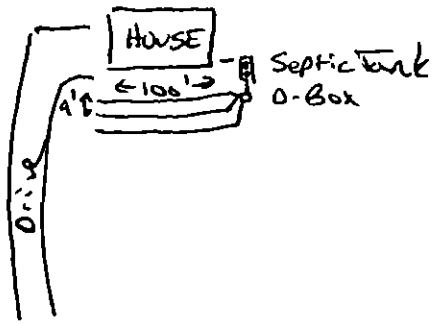
FILE: 7574A DATE: 6.24.98

TC: 003-082-20 b/L

SERIAL Nº 17756

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10-7-97. All work shall be completed on or before 7-21-98, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

* Fill has been added in front of the house - this will need to be removed if backfill over trenches will exceed 24". Install trenches ~~bottoms~~ in the naturally occuring soil NOT IN THE FILL MATERIAL.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 300 feet

Number of Lines 3

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Kent Frerichs

LOCATION OF PROPERTY 19206 Calloway Hills Lane

Comments: Type IIIg innovative 3 bedrooms - Use any innovative system with state approved 25% reduction in required drainline length. Group I, II, or III backfill required on chambered type systems

Larry B. Thompson Jr., R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7574-A DATE: 9-11-98

TC: 093-082-20 ☒ L ☐ CRT

SERIAL Nº 17732

Name of Owner Kent Frerichs Juris.: _____

Address of Property 19206 Calloway Hills Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 3 @ 100

Cover Depth 12"

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 9-11-98

Tank(s) Inspected 9-11-98

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1998 1500ST 900 SFT INNOVATIVE TYPE III CTR# Bobby Mayhew

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

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. This issuance of this

☐ Certificate of Completion ☑ 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. 1990 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/revocation of this permit.

COMMENTS: _____

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION 400
for ON-SITE WASTEWATER SYSTEM

#2 7574A
003-082-20
L16 B2

OWNER: Kent Fraesher APPLICANT: _____
ADDRESS: 12509 Pierpont Ct, Huntersville APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: Residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: 2.0
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 6-15% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-3"	gr/sc/	Fr/SE/SP/33/40	734" TO 30:1 wetness	34"	N/A	None	US IV .39/F2
		3-34"	SBK/C	F:/SE/SP/S/P					
2	LS	0-3"	gr/sc/	Fr/SE/SP/33/40	744" TO 60:1 wetness	44"	N/A	None	PS .39/F2 IV
		3-44"	SBK/C	F:/SE/SP/S/P					
3	LS	0-8"	gr/sc/	Fr/SE/SP/33/40	747" TO 30:1 wetness	47"	N/A	None	PS .39/F2 IV
		8-47"	SBK/C	F:/SE/SP/S/P					
4	LS	0-8"	gr/sc/	Fr/SE/SP/33/40	748" TO 30:1 wetness	46"	N/A	None	PS .39/F2 IV
		8-46"	SBK/C	F:/SE/SP/S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Mullis 11-18-94
OTHER(S) PRESENT: LSS

ON-SITE WASTEWATER SECTION

COUNTY: _____

15744

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS	0-6"	gr/scl	Fr/SFx/Pl/Sl/Ap	>22"	22"	N/A	None	US IV
		6-22'	SaRk/c	Fi/SExPl/Sl/P	To soil wetness				
6	LS	0-24"	Mixed	clay & Saprolite	Fill				US
7	LS	0-32"	Mixed	clay & Saprolite	Fill				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

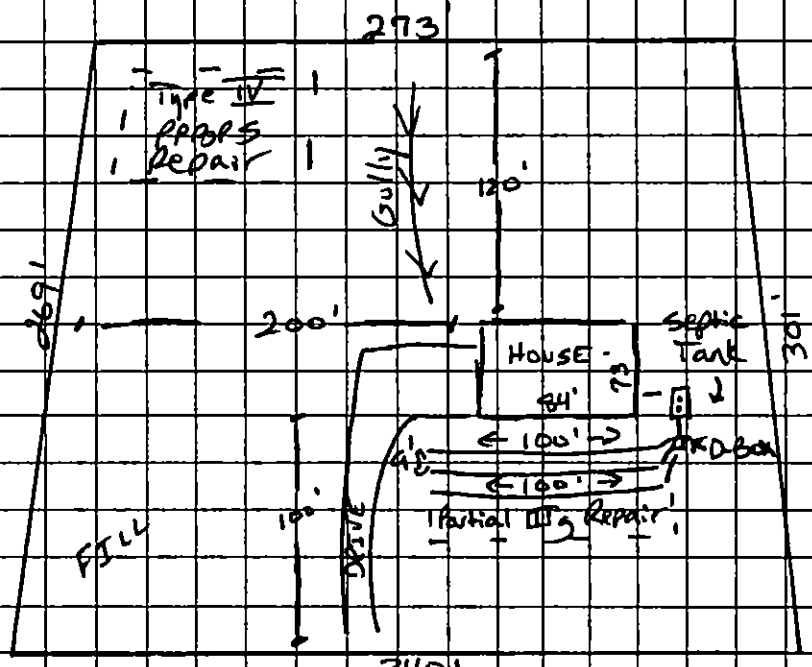
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7574 A

TC: 003-082-20

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.



- 1500 gallon septic tank
- distribution box
- (3) 3'w x 100'L x 24" deep
- Type III innovative drainlines
- Keep drainline level and on contour
- Keep well a minimum of 50' off of any part of septic system and designated repair areas.
- Ground I, II or III backfill required on chambered type systems.
- Hold for agreement forms.

X [signature] J Callaway
OWNER/AGENT SIGNATURE

DATE 11-18-97

APPROVAL DATE 11-17-97 [signature] L. Thompson, R.S.

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	EPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Block
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

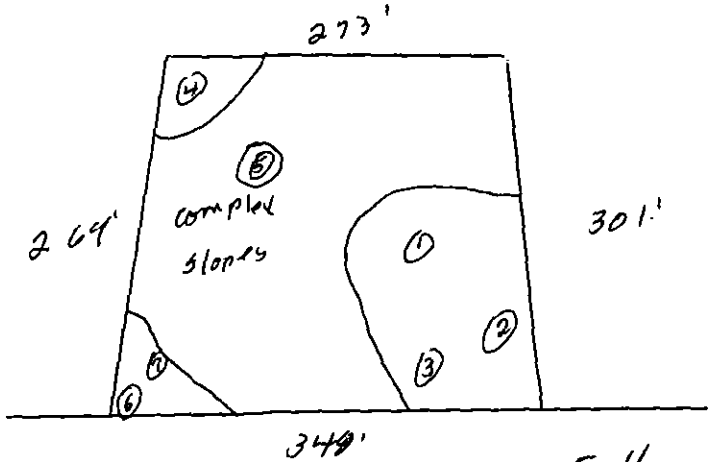
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Calloway Hills Loop

2

DATE 10-7-97

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

003-082-20
PARCEL NUMBER

19206 Callaway Hills Ln.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

lot 16
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Davidson Saddle Club.
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	____APPROVED	____NOT APPROVED
2. FLOODWAY REGULATIONS	____APPROVED	____NOT APPROVED
3. WATERSHED PROTECTION	____APPROVED	____NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	____APPROVED	____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____PRESENT	____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____YES	____NO
7. DRIVEWAY PERMIT REQUIRED	____YES	____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____YES	____NO

REMARKS: New single family residence

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: D Barley

REVISED 1/91

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 11/18/97 14:33
BK: 09357 PG: 0501/0503 #:0299 13.00

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 7574A
PARCEL # 003-082-20

The undersigned, KENT FREERICKS, owner of property located at 19206 Callaway Hills Lane, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
Mail after recording to: R. L. CATHEY
PO BOX 9607 HUNTERSVILLE NC 28070

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 18 day of NOVEMBER, 1997.

Kent Frerichs
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Mary B. Robinette, a Notary Public for said County and State, do hereby certify that Kent Frerichs personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 18 day of Nov., 1997.

Mary B. Robinette
Notary Public

MARY B. ROBINETTE NOTARY PUBLIC

My Commission Expires:
My Commission Expires [illegible]

FEE: 100.00 CK# 6330
DATE: 10/7/97 JC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 7574A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 19206 CALLAWAY HILLS LANE, DAVIDSON, NC

TAX/PARCEL NUMBER: 003-082-20

STREET ADDRESS: 19206 CALLAWAY HILLS LANE, DAVIDSON, N

SUBDIVISION OR MOBILE HOME PARK NAME: RUNNEYMEADE (DAVIDSON SADDLE CLU

LOT NUMBER: 16 B2

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE 10-4-97

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 4251

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

✓ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER: KENT FREERICHS

NAME: FREERICHS KENT
(LAST) (FIRST) (MI)

ADDRESS: 12509 PICFORD CT

CITY: ~~DAVIDSON~~ HUNTERSVILLE STATE: NC ZIP: 28078

DAYTIME PHONE: (704) 375-2665

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: CATHEY ROGER L.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 361-5086

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1995

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Roger L. Cathey DATE: 10-7-97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

APPLICATION FOR SOIL INVESTIGATION

09/26/91
00092
$120.00

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 75744

TC: PO 003-081-02

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 56 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

OWNER

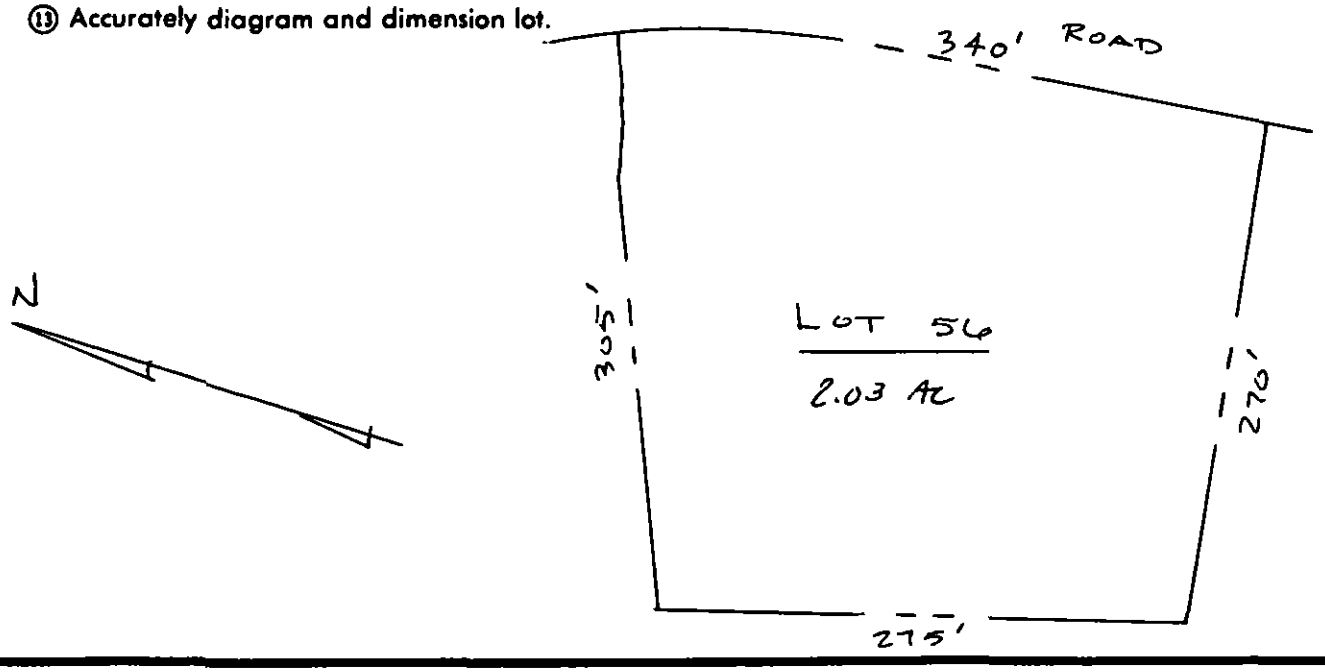
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28202

⑫ PHONE: (WORK) 892-6683 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

Date: _____

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY