9015B

Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) LWS 9/18/14 Initials/Date

CA ($200.00) BA 4/9/15 Initials/Date

OP ($200.00) BA 4/9/15 Initials/Date

CA issued LE 5/5/15

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☑ ~~SAM~~ 4/29/15

OK to issue CA.

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

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☑ 10/13/14

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

Certified operator contract is on file. ☐ _____

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 9015B WASPS App #: 7057

Primary ES assigned to project: Shelby Ledford

Secondary ES assigned to project: _____

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

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☐	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☑	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☑	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 4			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.3	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☑
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

IA issued date: 12-2-15

OP issued date: 12-14-15

Review performed by: JAM Date performed: 12-15-15

GCM3
Engineering, P.L.L.C.
Civil & Structural Design Services

3031 Spring Fancy Lane
Indian Trail, N.C. 28079
Phone 704.821.4205
Fax 704.821.3714
Email GCM3@windstream.net.

December 14, 2015

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon Street, Suite 211
Charlotte, N.C. 28202
Attn: Mr. Jacob Pressley

Re: On-Site Septic System
Site Address: 8609 Aspen Court (P.I.D. # 13928221)
GCM3 Project 16-003

Dear Sir:
As you requested, we would offer the following:

Engineers Certification

I, G. Carter Moore III, P.E, as a duly registered Professional Engineer in the State of North Carolina, having been authorized to periodically observe the construction of the referenced project at Site Address: 8609 Aspen Court (P.I.D. #13928221) for the Permittee, hereby state that to the best of my abilities, due care and diligence was used in the observation of the construction such that the construction was observed to be built within substantial compliance and intent of the approved Permit, approved plans, specifications, and other supporting materials.

Signature: G. Carter Moore III

Date: 12/14/15

Registration Number: 16835

If you have any questions or need any additional information, do not hesitate to call me.

Very truly yours,
GCM3 ENGINEERING, P.L.L.C.

NORTH CAROLINA PROFESSIONAL SEAL 16835 ENGINEER GALARD CARTER MOORE III

G. Carter Moore III 12/14/15

G. Carter Moore III, N.C. P.E. 16835

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 9015B Permit #: 30007057 Tax Parcel #: 139-281-01

Property Owner: True Homes, LLC

Job Location Address: 8609 Aspen Ct

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 12-14-15 Contractor Name: Stevens Septic

Permitted Design Flow: 480 GPD STB-794 6-25-15 Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Delinger Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet chambers

Depth of Media: 12 inches (Type) ArC 36 AH

Depth of Cover: 21 inches

Distribution Device: D-box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >10 feet

Inspection Dates

Tank(s) Inspected: 12-4-15

Excavation Inspected: 12-4-15

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Installed per consultant design. Repair area is undisturbed. Additional Repair above system. Tank is 10' from house foundation. D-box is 17' away from tank and first line is 23' away from tank. See consultant design for more details. See attached Operation Permit Sketch

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

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

Comments: System Classification & Type: III, 5 ; BIOA36, G ; NA, NA

DENR Authorized Agent: Jacob Presley Signature: [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

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

File #: 9015B Permit #: 30007057 Tax Parcel #: 139-281-01

Property Owner: True Homes

Job Location Address: 8609 Aspen Ct

City: Mint Hill 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 9

*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.

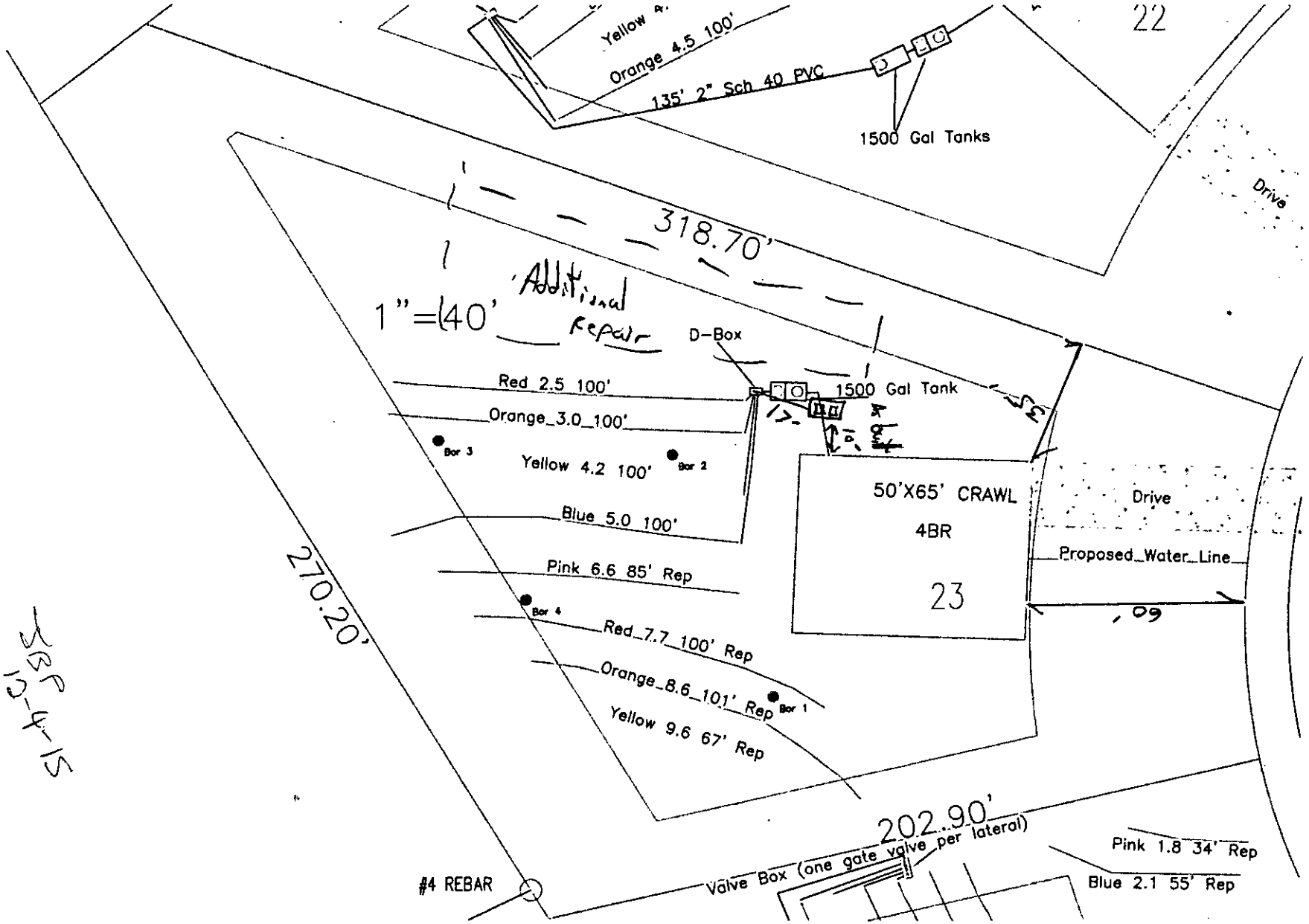
☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ 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: Jacob Presley Date: 12-4-15

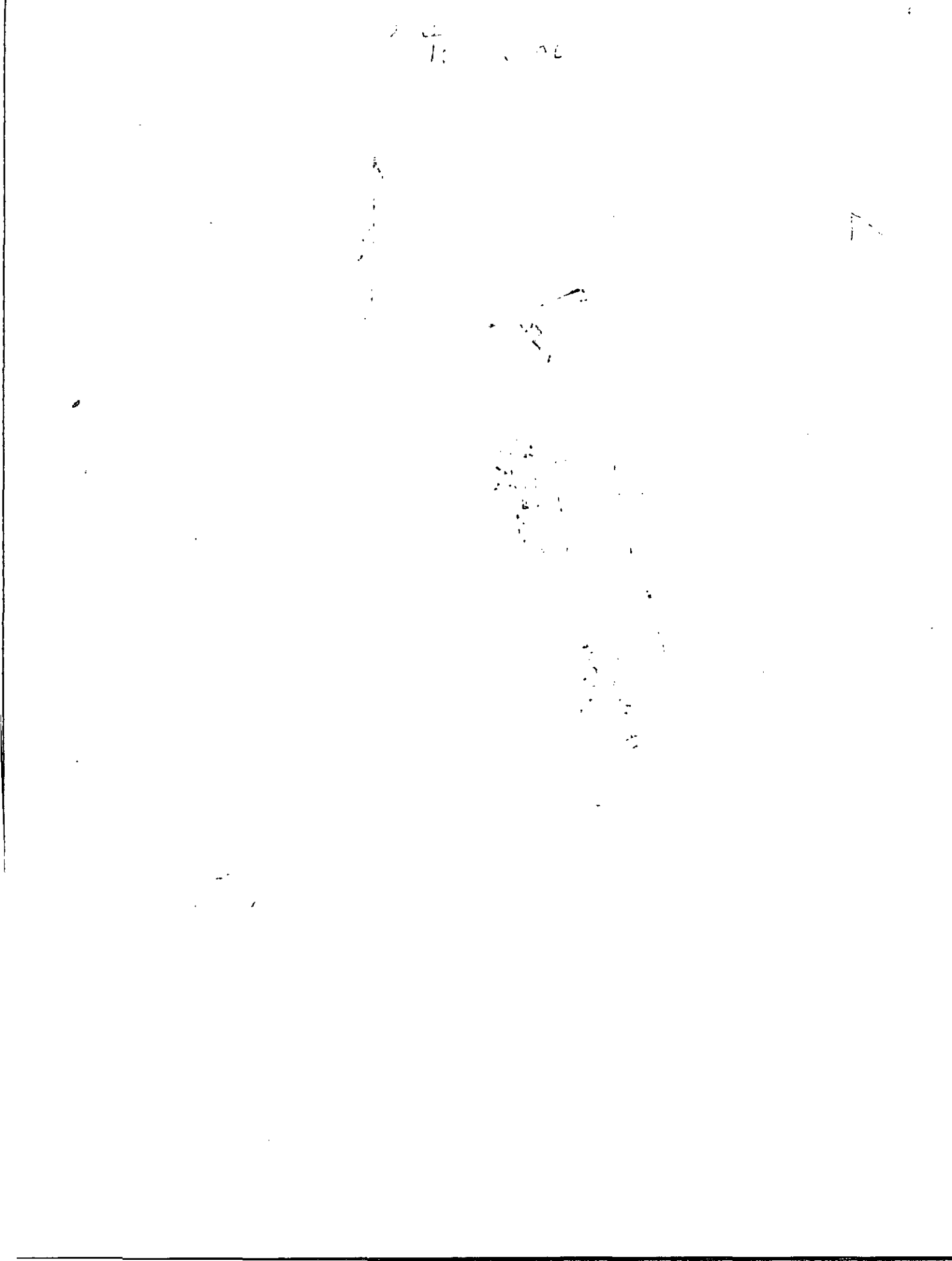
Signature: JAPS



Operation Permit Sketch

SSP 12-4-15

3



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

Septic System Pre-Construction Meeting Checklist

File # 901513 App # 7057 Tax Parcel # 139-281-01

Property Owner: True Homes

Job Location Address: 8609 Aspen Ct. Lot 23

City: Mint Hill State: NC Zip Code: 28227

1. **Does System design match facility, flow & wastewater characteristics?**

   ☑ YES ☐ NO

   Comments: _____

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☑ YES ☐ NO

   Comments: _____

   _____

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☑ YES ☐ NO

   Comments: _____

   _____

*** If "NO" is checked for any of the above the existing permit may need to be revoked.**

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. System shall not be installed while soils are in wet condition.

Bradley W. Hallman 12/2/15

Authorized Agent **Date**

Steven Septic

Others Present

9015B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App #7057

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: 13928101 PO

STREET ADDRESS: 8609 Aspen Court

CITY: Mint Hill

STATE: NC **ZIP:** 28227

SUBDIVISION NAME: Oak Bridge at Water Leaf

LOT #: 23 **LOT SIZE (acres):** 1.10

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: 2800

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 4

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: 4 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 4

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?** 7/18/14 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: True Homes, LLC
ADDRESS: 2649 Brekonridge Centre Drive
CITY: Monroe
STATE: NC ZIP: 28110
WORK PHONE: (704) 238-1229
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

NAME: Max Thomason
ADDRESS: 2627 Brekonridge Centre Drive
CITY: Monroe
STATE: NC ZIP: 28110
WORK PHONE: (704) 774-1964
MOBILE PHONE: (704) 201-5117
FAX: (704) 774-1965
E-MAIL: mthomason@truehomesusa.com

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.

MT (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.

Max Thomasson
Property Owner's or Owner's Legal Representative Signature

9/12/14
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 DATE FEE RECEIVED: 9/12/14

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

APPLICATION PROCESSED BY: lws

GWS FILE NUMBER ASSIGNED: 9015B

APPLICATION ID NUMBER ASSIGNED: 7057

COMMENTS:

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

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 #: **30007057** GWS File #: **9015B** Tax Parcel #: **139-281-01**

- 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):** 10/9/2019

Type of Installation: Residential - New System Lot Number: 23

Structure Type: HOUSE Size (ft^2): 2800 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	33	Depth of Media (in):	N/A	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	800	Total Trench Length (ft):	267
Maximum Trench Depth (in):	33	Depth of Media (in):	N/A	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: Shelby Ledford Owner/Legal Agent: _____
Print Name

Signature: Shelby Ledford Signature: _____

Date Issued: 10/9/2014

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30007057** GWS File #: **9015B**

IV. Permit Conditions/Comments:

- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.

The 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: Shelby Ledford

Signature: Shelby Ledford

Date Issued: 10/9/2014

Owner/Legal Agent: _____
Print Name

Signature: _____

Attached is a proposed design for a 4 bedroom single family residence gravity dosed accepted 25% reduction system to serve lot 23 at Oakbridge @ Waterleaf Mecklenburg County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information

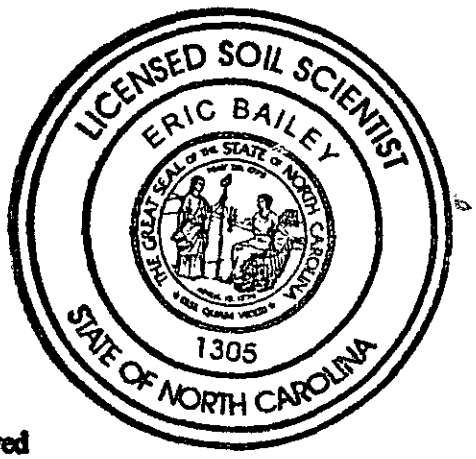
Layout Specifications---------- 2

Site Plan---------- 3

Septic Tank Diagram---------- 4

Maintenance of Septic Systems---------- 5-8

Sep-14
Design By: E. Bailey



GWS Septic System Design Review

GWS File #: 9015B	**Approved**	**Disapproved**
Design Review:	☑	☐
Field Review: Shelby Ledford	☑	☐

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

CWS Septic System Design Review

CWS File #: _____ Approved Disapproved

Design Review: _____ ☐ ☐

Field Review: _____ ☐ ☐

The plans are not considered "APPROVED" until both sections above are completed and indicate an APPROVED status.

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DEHNR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- Low ground pressure equiptment is recommended for installation
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.(recommended)
- System is specified as a 25% reduction accepted system
  Repair is specified as an Gravity PPBPS installation
  System should be instaled in accordance with the **.1900 rules**
  System to be 10' from property line, 10' from water line

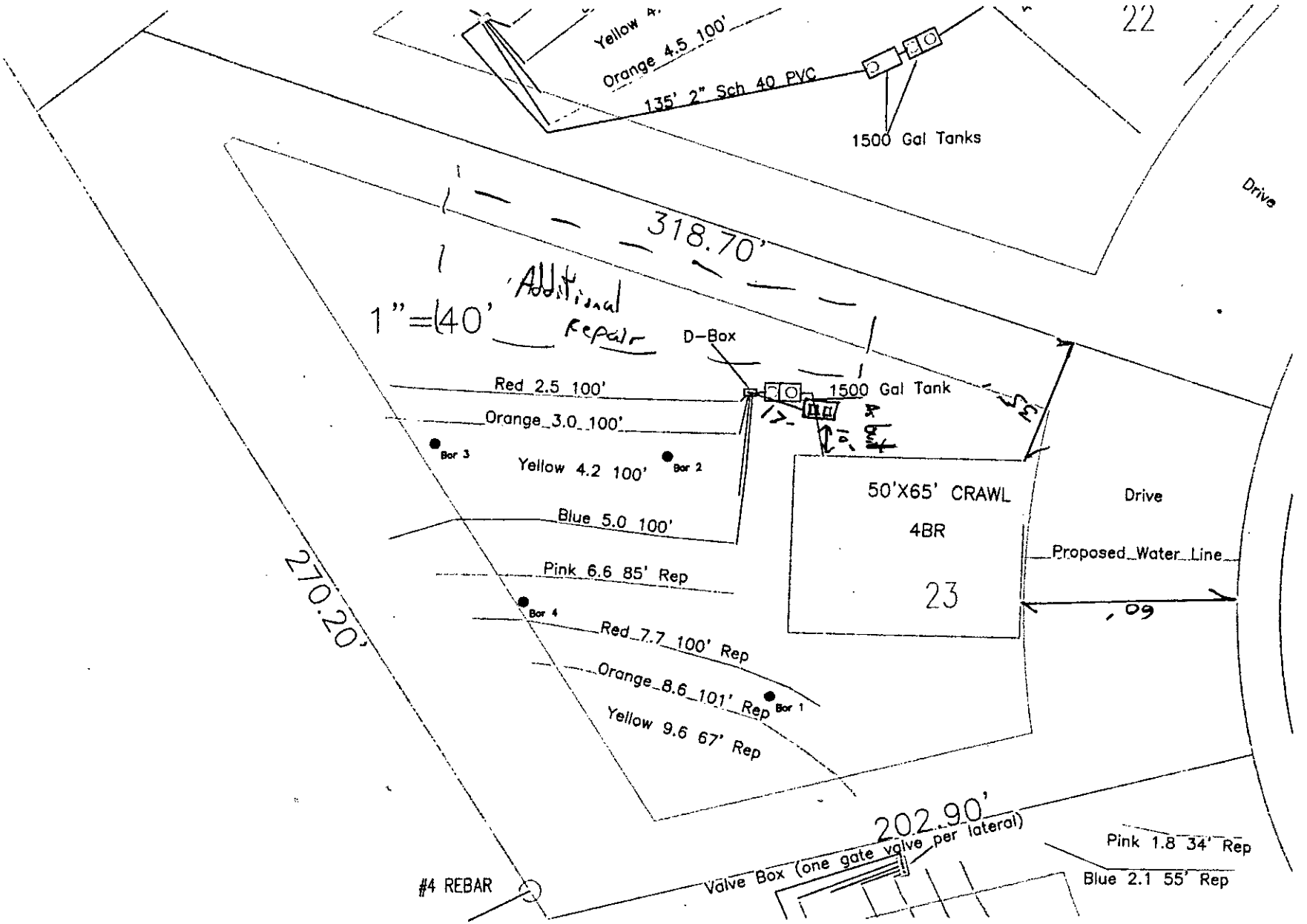
Oakbridge @ Waterleaf lot 23

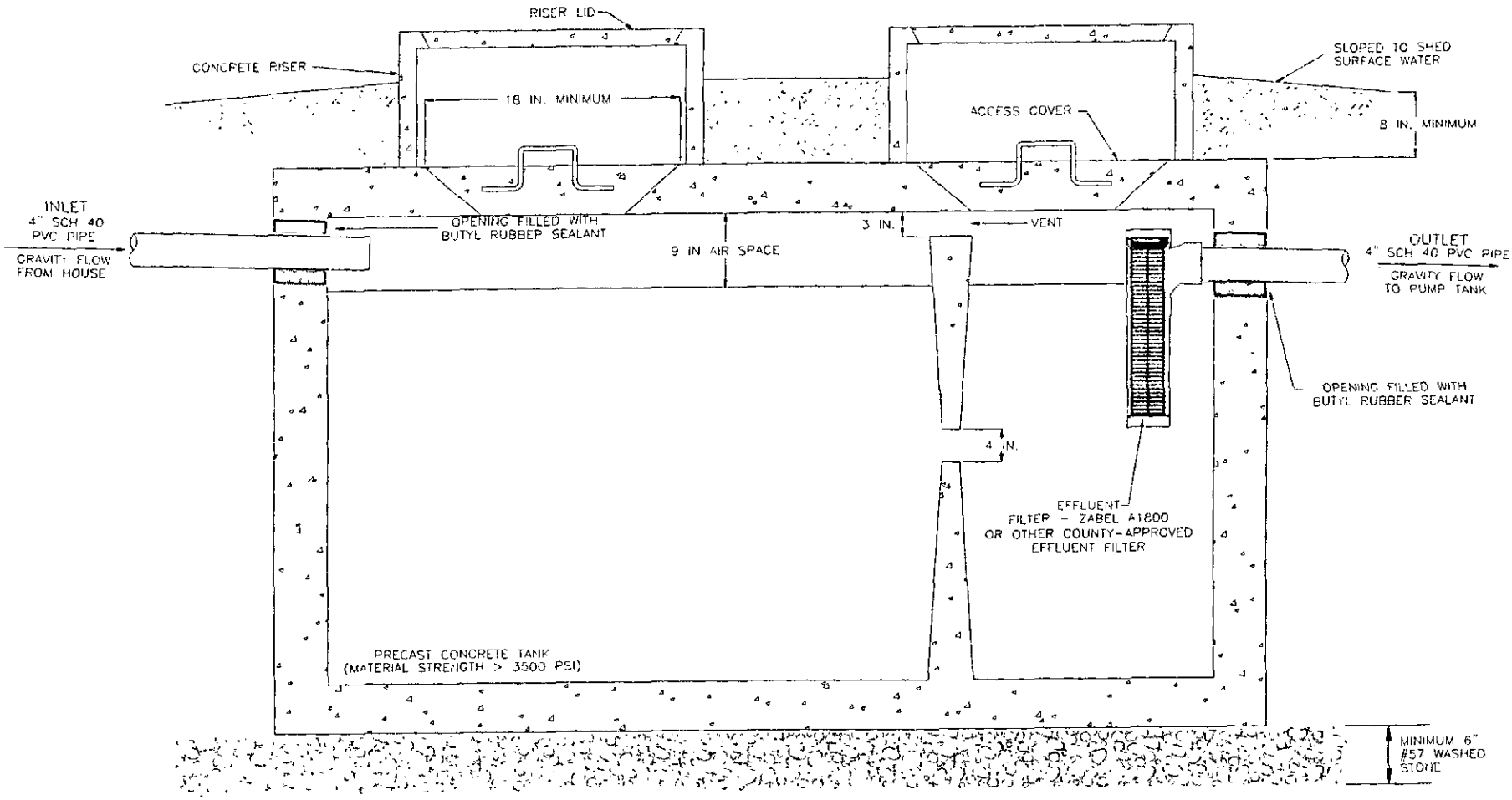
LAYOUT FOR 4 BEDROOM HOME — Sep-14

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LENGTH
TBM		0.0			100.0		
INSTR. 1			100.0				
			SYSTEM				
1	Red			2.50	97.5	100	100
2	Orange			3.00	97.0	100	100
3	Yellow			4.20	95.8	100	100
4	Blue			5.00	95.0	100	100
			REPAIR			**400**	**400**
5	Pink			6.50	93.5	85	
6	Red			7.70	92.3	100	
7	Orange			8.60	91.4	101	
8	Yellow			9.60	90.4	67	
		Soil			**Total**	**353**	

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	Design LTAR	DISTRIBUTION	Trench Depth
SYSTEM	400	0.300	Accepted 25%	0.300	D-Box	33
REPAIR	353	0.300	PPBPS		D-Box	33

**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings
** Repair is shown with more line than required


22
Yellow
Orange 4.5 100'
135' 2" Sch 40 PVC
1500 Gal Tanks
Drive
318.70'
1"=40'
Additional
Repair
D-Box
Red 2.5 100'
1500 Gal Tank
Orange 3.0 100'
Bor 3
Yellow 4.2 100'
Bor 2
50'X65' CRAWL
4BR
23
Drive
Blue 5.0 100'
Proposed Water Line
Pink 6.6 85' Rep
270.20'
Bor 4
Red 7.7 100' Rep
Orange 8.6 101' Rep
Bor 1
Yellow 9.6 67' Rep
202.90'
Pink 1.8 34' Rep
#4 REBAR
Valve Box (one gate valve per lateral)
Blue 2.1 55' Rep



NOTES

1 TANK DIMENSIONS VARY BY MANUFACTURER.

1500 GALLON SEPTIC TANK

PROJECT NO. 4591	PROJECT NAME: **Oakbridge @ Waterleaf lot 23**
PROJECT MGR.	
SCALE NTS	SHEET TITLE: SEPTIC TANK DIAGRAM

15A NCAC 18A .1959 PRIVY CONSTRUCTION

An "approved privy" shall consist of a pit, floor slab, and seat assembly housed in a building which affords privacy and reasonable protection from the weather.

(1) The pit shall consist of an excavation at least 42 inches square and in no case shall the bottom of an excavation be closer than one foot from the seasonally high water table or rock.

(2) The pit shall be properly curbed to prevent caving. In sandy or loose soil, the curb should extend the full depth of the pit. In tight soils, partial curbing is acceptable if it prevents caving.

(3) The privy floor slab shall be constructed of reinforced concrete. Where it is impractical to secure or construct reinforced concrete floor assemblies, wood construction shall be acceptable provided the floor slab is made of rough sub-flooring and covered with tight tongue-and-groove flooring or other type flooring materials to provide strength and prevent entrance of flies and mosquitoes to the privy pit. Where wood construction is used, floors shall be anchored to at least four-inch by four-inch sills.

(4) Wood used for riser, seat assemblies, and the floor slab shall be tongue-and-groove or plywood (exterior or marine) material.

(5) Privies shall not be used for the disposal of water-carried sewage.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. December 1, 1990.

15A NCAC 18A .1960 MAINTENANCE OF PRIVIES

(a) Any person owning or controlling the property upon which a privy is located shall be responsible for these requirements:

(1) The privy building shall afford a reasonable degree of protection from bad weather conditions.

(2) When the pit becomes filled to within 18 inches of the top of the ground, the privy building shall be moved to a new pit and the old pit completely covered with earth.

(3) If the pit caves in, a new pit shall be provided.

(b) The tenant or person occupying the property shall be responsible for these requirements:

(1) The walls, floors, and seat of the privy and grounds immediately adjacent to the building shall be kept in a clean and decent condition.

(2) Fowl and other animals shall not be harbored in the privy building.

(3) Seat cover shall be hinged and closed at all times when the privy is not in use.

(4) Flies shall be excluded from the pit at all times.

(5) Ashes, garbage, and trash shall be kept out of the pit.

History Note: *Authority G.S. 130A-335(e) and (f);*
Eff. July 1, 1982;
Amended Eff. January 1, 1990.

15A NCAC 18A .1961 MAINTENANCE OF SEWAGE SYSTEMS

(a) Any person owning or controlling the property upon which a ground absorption sewage treatment and disposal system is installed shall be responsible for the following items regarding the maintenance of the system:

(1) Ground absorption sewage treatment and disposal systems shall be operated and maintained to prevent the following conditions:

(A) a discharge of sewage or effluent to the surface of the ground, the surface waters, or directly into groundwater at any time; or

(B) a back-up of sewage or effluent into the facility, building drains, collection system, or freeboard volume of the tanks; or

(C) a free liquid surface within three inches of finished grade over the nitrification trench for two or more observations made not less than 24 hours apart. Observations shall be made greater than 24 hours after a rainfall event.

The system shall be considered to be malfunctioning when it fails to meet one or more of these requirements, either continuously or intermittently, or if it is necessary to remove the contents of the tank(s) at a frequency greater than once per month in order to satisfy the conditions of Parts (A), (B), or (C) of this Paragraph. Legal remedies may be pursued after an authorized agent has observed and documented one or more of the malfunctioning conditions and has issued a notice of violation.

(2) 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.

(b) System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992. After July 1, 1992, system management in accordance with Tables V(a) and V(b) shall be required for all existing Type V and Type VI systems.

(c) No Improvement Permit or Construction Authorization shall be issued for Type IV, Type V, or Type VI systems, unless a management entity of the type specified in Table V(b) is specifically authorized, funded, and operational to carry out this management program in the service area where the proposed system is to be located.

(d) A local health department may be the public management entity only for systems classified Type IV, V(a) and V(b) and only when specifically authorized by resolution of the local board of health.

(e) A contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity, unless the system owner and certified operator are the same. The contract shall include the specific requirements for maintenance and operation, responsibilities of the owner and system operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system. It shall also be a condition of the Operation Permit that subsequent owners of the system execute such a contract.

(f) Inspections of the system shall be performed by a management entity at the frequency specified in Table V(b). The management entity shall report the results of their inspections to the local health department at the specified reporting frequency. However, where inspections indicate the need for system repairs, the management entity shall notify the local health department within 48 hours in order to obtain a Construction Authorization for the repairs.

(g) The management entity shall be responsible for assuring routine maintenance procedures and monitoring requirements in accordance with the conditions of the Operation Permit and the contract.

(h) Sewage systems with multiple components shall be classified by their highest or most complex system type in accordance with Table V to determine local health department and management entity responsibilities.

(i) Sewage systems not identified in this Rule shall be classified by the Division of Environmental Health after consultation with the appropriate commission governing operators of pollution control facilities.

(j) The local health department shall routinely review the performance and operation reports submitted in accordance with Table V(b) of this Rule and shall perform an on-site inspection of the systems as required in Table V(a).

(k) The certified operator shall hold a valid and current certificate from the appropriate commission, and nothing in this Section shall preclude any requirements for system operators, in accordance with Article 3 of G.S. 90A.

TABLE V(a)

LOCAL HEALTH DEPARTMENT RESPONSIBILITIES

	System Classification	System Description	Permits Required	Minimum System Review Frequency
—	Type I	a. Privy b. Chemical toilet c. Incinerating toilet d. Other toilet system e. Grease trap	Improvement Permit, Construction Authorization, and Operation Permit	N/A
—	Type II	a. Conventional septic system	Improvement	N/A

		(single-family or 480 GPD or less) b. Conventional septic system with 750 linear feet of nitrification line or less c. Conventional system with shallow placement	Permit, Construction Authorization, and Operation Permit	
—	Type III	a. Conventional septic system	Improvement	5 yrs. (IIIb only)
		> 480 GPD (excluding single-family residence) b. Septic system with single effluent pump or siphon c. Gravity fill system d. Dual gravity field system e. PPBPS system, gravity dosed f. Large diameter pipe system g. Other non-conventional trench systems	Permit, Construction Authorization, and Operation Permit	
—	Type IV	a. Any system with LPP distribution b. System with more than 1 pump or siphon	Improvement Permit, Construction Authorization, and Operation Permit	3 yrs.
—	Type V	a. Sand filter pretreatment system b. Any > 3,000-GPD septic tank system with a nitrification field designed for > 1500 GPD c. Aerobic Treatment Unit (ATU) d. Other mechanical, biological, or chemical pretreatment plant (< 3000 GPD)	Improvement Permit, Construction Authorization, and Operation Permit	12 mos.
—	Type VI	a. Any > 3,000 GPD system with mechanical, biological, or chemical pretreatment system plant b. Wastewater reuse/recycle	Improvement Permit, Construction Authorization, and Operation Permit	6 mos.

TABLE V(b)

MANAGEMENT ENTITY RESPONSIBILITIES

System Classification	Management Entity	Minimum System Inspection/Maintenance Frequency	Reporting Frequency

	Type I	Owner	N/A	N/A
	Type II	Owner	N/A	N/A
	Type III	Owner	N/A	N/A
	Type IV	Public Management Entity with a Certified Operator or a private Certified Operator	2/yr.	12 mos.
	Type V	Public Management Entity With a Certified Operator or a private Certified Operator	a. 2/yr (0-1500 GPD) 4/yr (1500-3000 GPD) 12/yr (3000-10000 GPD) 1/wk (> 10000 GPD) b. 12/yr (3000-10000 GPD) 1/wk (> 10000 GPD) c. 4/yr. d. 12/yr.	6 mos.
	Type VI	Public Management Entity With a Certified Operator	a. 1/wk(3000-10000 GPD) 2/wk(10000-25000 GPD) 3/wk(25000-50000 GPD) 5/wk(> 75000 GPD) b. 12/yr.	3 mos.

(l) A sewage collection, treatment, and disposal system that creates or has created a public health hazard or nuisance by surfacing of effluent or discharge directly into groundwater or surface waters, or that is partially or totally destroyed shall be repaired within 30 days of notification by the state or local health department unless the notification otherwise specifies a repair period in writing. If a system described in the preceding sentence has for any reason been disconnected, the system shall be repaired prior to reuse. The state or local health department shall use its best professional judgement in requiring repairs that will reasonably enable the system to function properly. If, for any reason, a sewage collection, treatment, and disposal system is found to be nonrepairable, or is no longer required, the system shall not be used, and may be required to have any contents removed, collapse any components and backfill, or otherwise secured as directed by the authorized agent to protect the public health and safety.

(m) When necessary to protect the public health, the state or local health department may require the owner or controller of a malfunctioning system to pump and haul sewage to an approved wastewater system during the time needed to repair the system.

History Note: *Filed as a Temporary Amendment Eff. July 3, 1991, for a period of 180 days to expire on December 30, 1991;*
Filed as a Temporary Amendment Eff. June 30, 1990, for a period of 180 days to expire on December 27, 1990;
Authority G.S. 130A-335(e),(f);
Eff. July 1, 1982;
Amended Eff. August 1, 1991; October 1, 1990; January 1, 1990; August 1, 1988;
Temporary Amendment Eff. January 20, 1997;

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

Sheet _1_ *of* _1_
PROPERTY ID #: _____
COUNTY: Mecklenburg

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ____True Homes_____ __ APPLICATION DATE_____
ADDRESS_2649 Brekonridge Centre Dr Monroe. NC 28110_ __DATE EVALUATED: 8-24-14
PROPOSED FACILITY: _4 bedroom Residence___ PROPOSED DESIGN FLOW (.1949): 480gpd___ PROPERTY SIZE: __ ac_____
LOCATION OF SITE: ____Oakbridge at Waterleaf lot 23_____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private X Public Well ☐ Spring ☐ Other _____
EVALUATION METHOD: XAuger Boring Pit ☐ Cut TYPE OF WASTEWATER: ☒Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 8%	0-5	WFG/CL	SS SP FR/SEXP	>48"	48"	NA	S	PS IV 0.3
		5-40	MMSBK/C	SS SP FI/SEXP					
		40-48	WFSBK/CL	SS SP FR/SEXP					
2	LS 5%	0-15	WFSBK/CL	SS SP FR/SEXP	>48"	48"	NA	S	PS IV 0.3
		15-48	MMSBK/C	SS SP FI/SEXP					
3	LS 5%	0-7	WFG/CL	SS SP FR/SEXP	>48"	48"	NA	S	PS IV 0.3
		7-41	MMSBK/C	SS SP FI/SEXP					
		41-48	WFSBK/CL	SS SP FR/SEXP					
4	LS 8%	0-9	WFG/CL	SS SP FR/SEXP	>48"	48"	NA	S	PS IV 0.3
		9-32	MMSBK/C	SS SP FI/SEXP					
		32-48	WFSBK/CL	SS SP FR/SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 LF	353 LF
System Type(s)	IIIg	IIIe
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): __PS_____
SITE CLASSIFICATION (.1948): ___PS_____

EVALUATED BY: _____ EB_____
OTHER(S) PRESENT: _____

COMMENTS:_____

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 #: 30007057 GWS File #: 9015B Tax Parcel #: 139-281-01

- 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):** 10/9/2019

Type of Installation: Residential - New System Lot Number: 23

Structure Type: HOUSE Size (ft^2): 2800 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	33	Depth of Media (in):	N/A	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	800	Total Trench Length (ft):	267
Maximum Trench Depth (in):	33	Depth of Media (in):	N/A	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: Shelby Ledford Owner/Legal Agent: MAX THOMASON
(Print Name)

Signature: Shelby Ledford Signature: Max Thomason

Date Issued: 10/9/2014

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30007057 GWS File #: 9015B

IV. Permit Conditions/Comments:

- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.

The 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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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Shelby Ledford

Signature: Shelby Ledford

Date Issued: 10/9/2014

Owner/Legal Agent: MAX THOMASON
Print Name

Signature: Max Thomason

S

FEE: 200.00
DATE:5/5/2015

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 9015B

PERMIT NUMBER: 30007057

PARCEL NUMBER: 13928221

JOB LOCATION INFORMATION

ADDRESS: 8609 ASPEN CT

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28227

ISSUED TO: True Homes LLC

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 5/5/2015

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30007057, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

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

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

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

Sheet: 1 of 2
Property ID: 139-281-01(Portion of)
Lot #: 23
File #: 9015B
AppID: 7057

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: True Homes
Address: 2649 Brekonridge Centre Dr., Monroe, NC 28110
Proposed Facility: 4BR House
Design Flow (.1949): 480 GPD
Location of Site: 8609 Aspen Ct, Mint Hill, NC 28227
Water Supply: [X] Public [X] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Max Thomason
Date Evaluated: 7/29/2014
Property Size: 1.1 ac
Property Recorded: Unknown

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 1941 Structure/ Texture	1941 Consistence Mineralogy	b. PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 9%	0 - 6	wfsbk CL	FR SEXP	>51"	51	NA	NA		PS IV 0.3	36"
		6 - 41	mfsbk C	FI SEXP							
		41 - 51	mfsbk CL	FR SEXP							
Boring #2	LS 6%	0 - 15	wfsbk CL	FR SEXP	>50"	50	NA	NA		PS IV 0.3	36"
		15 - 50	mmsbk C	FI SEXP							
Boring #3	LS 6%	0 - 7	wfsbk CL	FR SEXP	>50"	50	NA	NA		PS IV 0.3	36"
		7 - 41	mfsbk C	FI SEXP							
		41 - 50	wfsbk CL	FR SEXP							
Boring #4	LS 6%	0 - 12	wfsbk CL	FR SEXP	>50"	50	NA	NA		PS IV 0.3	36"
		12 - 50	mfabk C	FI SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIa
Site LTAR (gpd/sq ft)	0.3	0.3

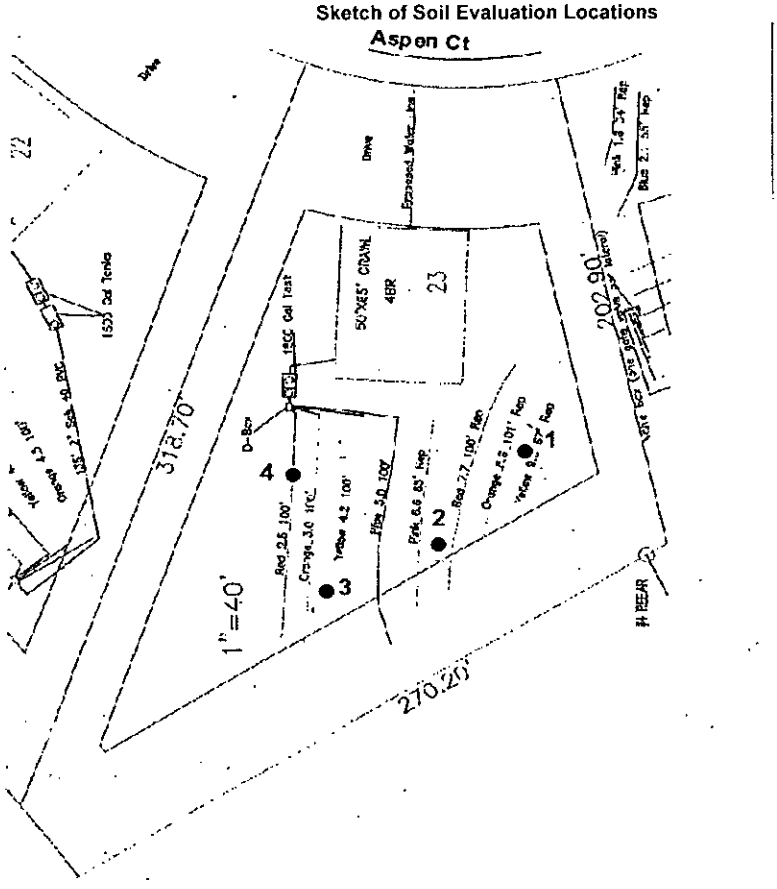
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS
Others Present:
Site Classification (.1948):
Site Evaluation By: Shelby Ledford Shelby Ledford
Others Present:

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

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

Sketch of Soil Evaluation Locations



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/09/15	**Amount:**	200.00
Receipt #:	94270	**Tendered:**	200.00
Check / Auth #:	CHECK 6004	**Returned:**	0.00
Received By:	ATKINBB		

Account Information

Account #: 200000
Contractor: TRUE HOMES
Attn:
Address: 2649 BREKONRIDGE CENTRE DR.
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 8609 ASPEN COURT		1	200.00	200.00

Outstanding Balances

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

Search For an EHSI File #: (enter parcel ID) Search

Search For a: Project

By Parcel ID: Search

By Property Owner Name: Search

By Address

Street Address:

City, State ZIP: Search

Search Archive: (enter file #) Search

Search For a Project:

By File #: 9015b Search

By Permit #: Search

By App ID:

Assigned To (Active): April Bumgarner

Shawna Caldwell

April Bumgarner

Septic Permit Revi
Well Permit Revie
Well Inspection
ARGU Reviews
Soil Evaluations

Initiated Between: and Search

Lot #: Searcl

Seach By Navision #

	Site	App_Date	App	File#	Parcel	Well	ARGU	WPermit	WellSpId	WellApprd	SoilEval	Septic	SepticIP	IPPlotPlan	Se
SepticFC	26466	9/12/2014	7056	9016B	13928101	N/A	N/A	N/A	N/A	N/A	presljb	ledfose	30007056		
SepticFC	26467	9/12/2014	7057	9015B	13928101	N/A	N/A	N/A	N/A	N/A	presljb	ledfose	30007057	7057_pp.pdf	
SepticFC	26497	9/25/2014	7072	9042B	13928101	N/A	N/A	N/A	N/A	N/A	presljb	ledfose	30007072		
SepticFC	26468	9/12/2014	7058	9017B	13928101	N/A	N/A	N/A	N/A	N/A	presljb	ledfose	30007058		
SepticFC	26495	9/25/2014	7070	9040B	13928101	N/A	N/A	N/A	N/A	N/A	presljb	ledfose	30007070		

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/12/14	**Amount:**	750.00
Receipt #:	90760	**Tendered:**	750.00
Check / Auth #:	CHECK 5126	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: TRUE HOMES
Attn:
Address: 2649 BREKONRIDGE CENTRE DR
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 3 SOIL EVALUATIONS - ASPEN CT		1	750.00	750.00

8609 Aspen Ct $250

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	587.40		270.00	1,859.65	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/09/15	**Amount:**	200.00
Receipt #:	94269	**Tendered:**	200.00
Check / Auth #:	CHECK 6004	**Returned:**	0.00
Received By:	ATKINBB		

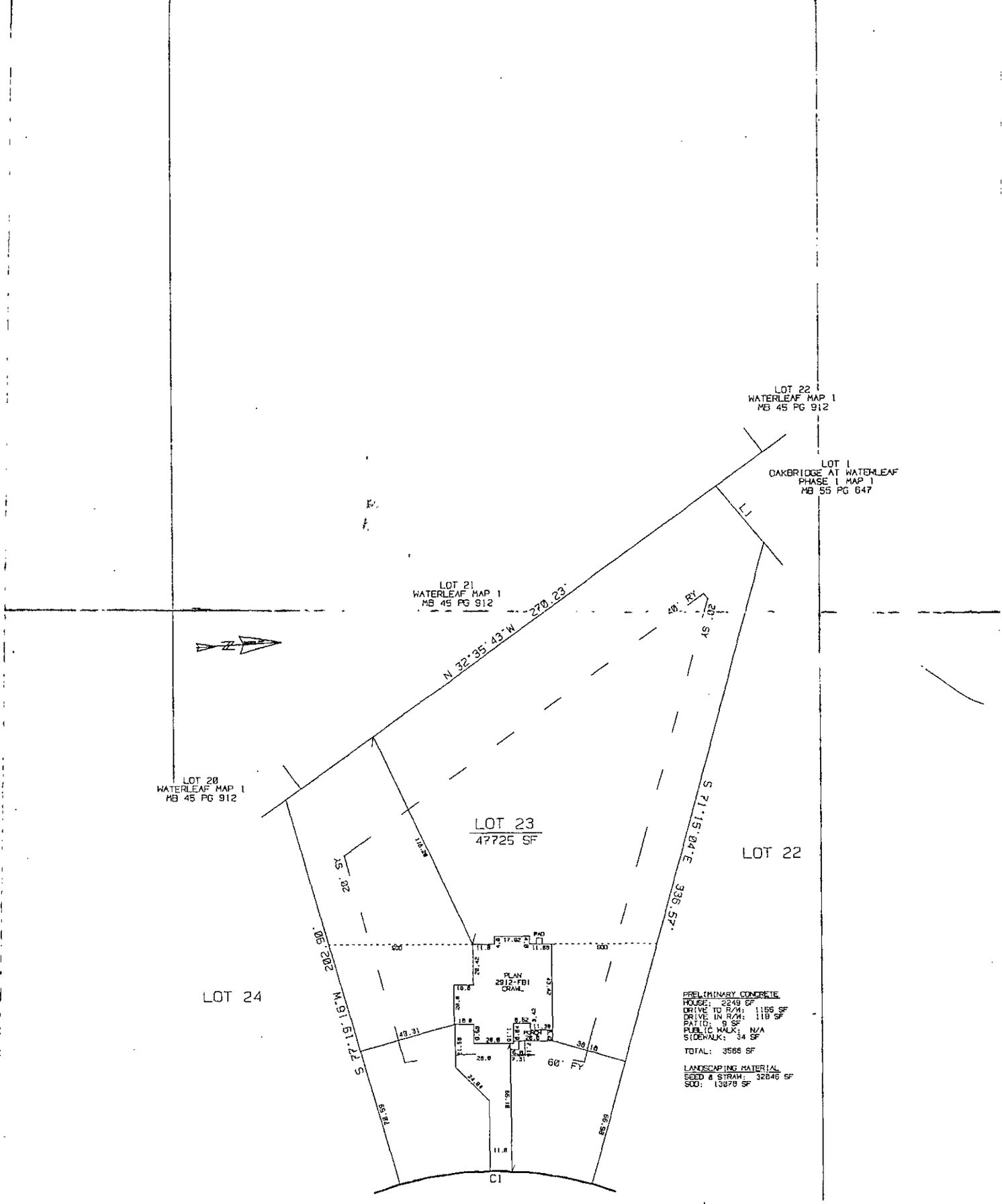
Account Information

Account #: 200000
Contractor: TRUE HOMES
Attn:
Address: 2649 BREKONRIDGE CENTRE DR
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 8609 ASPEN COURT		1	200.00	200.00

Outstanding Balances

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



ASPEN COURT

60' PUBLIC R/W

LINE	BEARING	DISTANCE
L 1	N 53°13'27"E	37.43'

CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C 1	31°25'40"	180.00'	98.73'	50.64'	97.50'	S 03°02'06"W

TRUE HOMES

PLOT PLAN

OF

8609 ASPEN COURT

LOT 23 OF OAKBRIDGE AT WATERLEAF PHASE 1 MAP 2

TOWN OF MINT HILL, MECKLENBURG COUNTY, N.C.

SCALE: 1" = 60'

0 30 60 90 120

MAP RECORDED IN BOOK 56
AT PAGES 643-645

CAGE0#78
DATE: 03/13/15
CA#171 OBW23
DRAWN BY TAJ/CLJ