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 #: 8854 B Permit #: 6565 Tax Parcel #: 139-282-26

Property Owner: True Homes

Job Location Address: 8222 Aspen Ct

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 2/10/15 Contractor Name: Chris Stevens

Permitted Design Flow: _____ GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Effluent Pump Model: NA

STB 338 11/28/14

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 434 feet

# of Lines: 5 @ Various lengths feet

Depth of Media: 12" inches (Type) III g

Depth of Cover: 12"+ inches

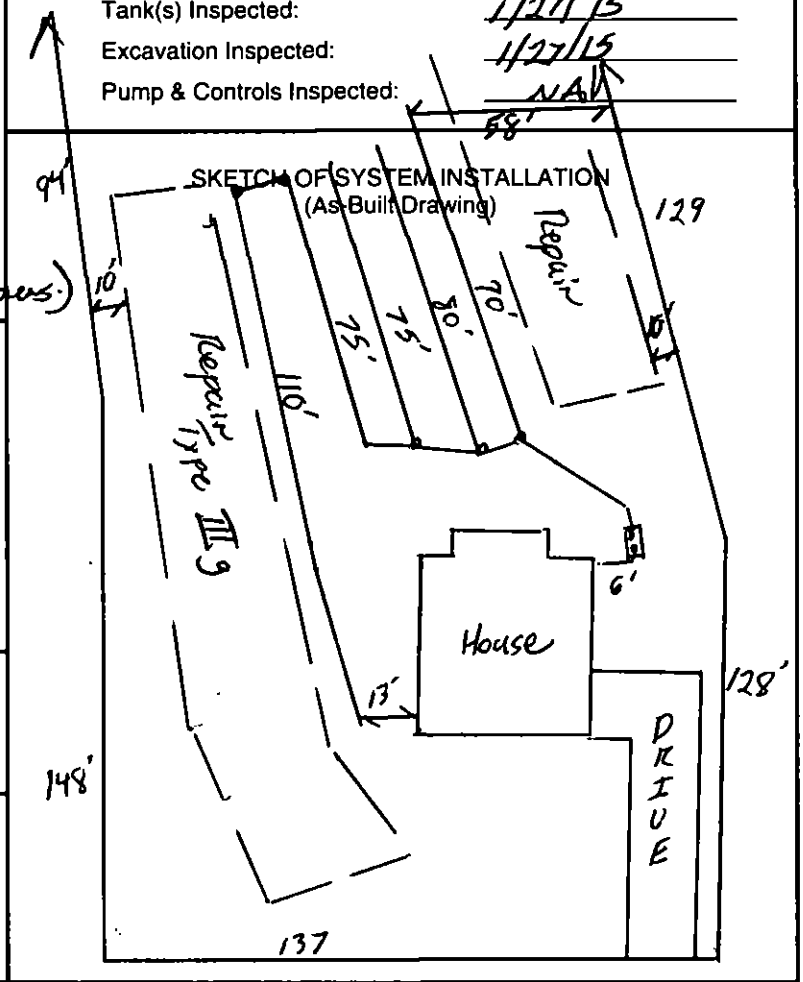
Distribution Device: Drop Box (End of chambers)

Inspection Dates

Tank(s) Inspected: 1/27/15

Excavation Inspected: 1/27/15

Pump & Controls Inspected: NA



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: 6'+ feet

Distance from Property Line: 10'+ feet

Distance from Water Supply Source: 10'+ from water line feet

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

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

Comments: System Classification & Type: III g BtO A36/G/NA/NA

DENR Authorized Agent: Bradley W. Hallman Signature: _____

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NC DENR
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On-Site Wastewater Section

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

File #: 8854B Permit #: 6565 Tax Parcel #: 139-282-26

Property Owner: True Homes

Job Location Address: 8222 Aspen Ct.

City: Charlotte State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: _____

*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: Bradley W. Hallman Date: 2/10/15

Signature: _____

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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 #: 88543 Permit #: 6565 Tax Parcel #: 139-282-26

Property Owner: True Homes

Job Location Address: 8222 Aspen Ct Lot #8

City: Charlotte State: NC Zip Code: 28227

Installation Approval Issuance Date: 1/26/14

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

Liquid Capacity of Septic Tank: 1500 gallons *Liquid Capacity of Dosing Tank:* N/A gallons

Drainfield Design ☐ N/A
Trench Depth: 36 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 436 feet
# of Lines: 5 @ various lengths feet
Depth of Media: 12" inches (Type) III g
Distribution Device: Drop Box

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

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

Minimum System Setbacks
Distance from Building Foundation: 5' min feet
Distance from Property Line: 10' min feet
Distance from Water Supply Source: 10' from H2O line feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

- Do not alter design without prior approval from MCHD
- Install system as designed

Comments: System Classification & Type: III g

DENR Authorized Agent: Bradley W. Hallman Signature: _____

FEE: 200.00
DATE:2/12/2015

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 8854B

PERMIT NUMBER: 30006565

PARCEL NUMBER: 13928226

JOB LOCATION INFORMATION

ADDRESS: 8222 ASPEN CT

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

ISSUED TO: True Homes

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 9/26/2014

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30006565, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 12/12/2018



2-9-2015

Brad Hallman

Re: Installaton approval Oakbridge at Waterleaf lot 8

Based on the information provided by Mecklenburg County and Stevens Septic it can be determined that the onsite wastewater system installed on the above-mentioned lot was installed as per the design with minor line length differences due to the installed product type. A visual inspection of the system did not occur.

Eric Bailey
NC Licensed Soil Scientist
VA Licensed Soil Scientist
NC Septic System Inspector
REHS

Can either draw up w/pump or apply for modified plot plan for gravity 4/12/14

Attached is a proposed design for a 4 bedroom single family residence gravity dosed accepted 25% reduction system to serve lot 8 at Oakbridge @ Waterleaf Mecklenburg County, North Carolina.
PIN 13928226

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

Dec-14
Design By: E. Bailey

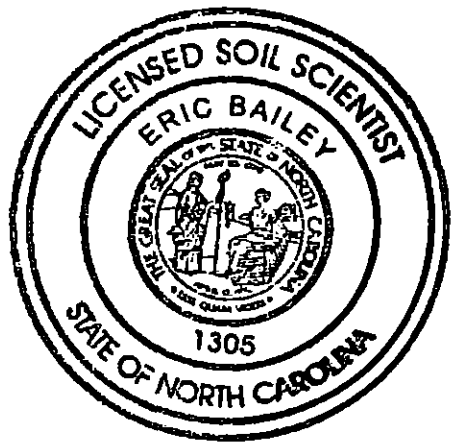
GWS Septic System Design Review

GWS File #: _____ **Approved** **Disapproved**

Design Review: _____ ☑ ☐

Field Review: _____ ☑ ☐

*Projects 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 Accepted 25% reduction installation
  System should be installed in accordance with the **.1900 rules**
  System to be 10' from property line, 10' from water line

Oakbridge @ Waterleaf lot 8

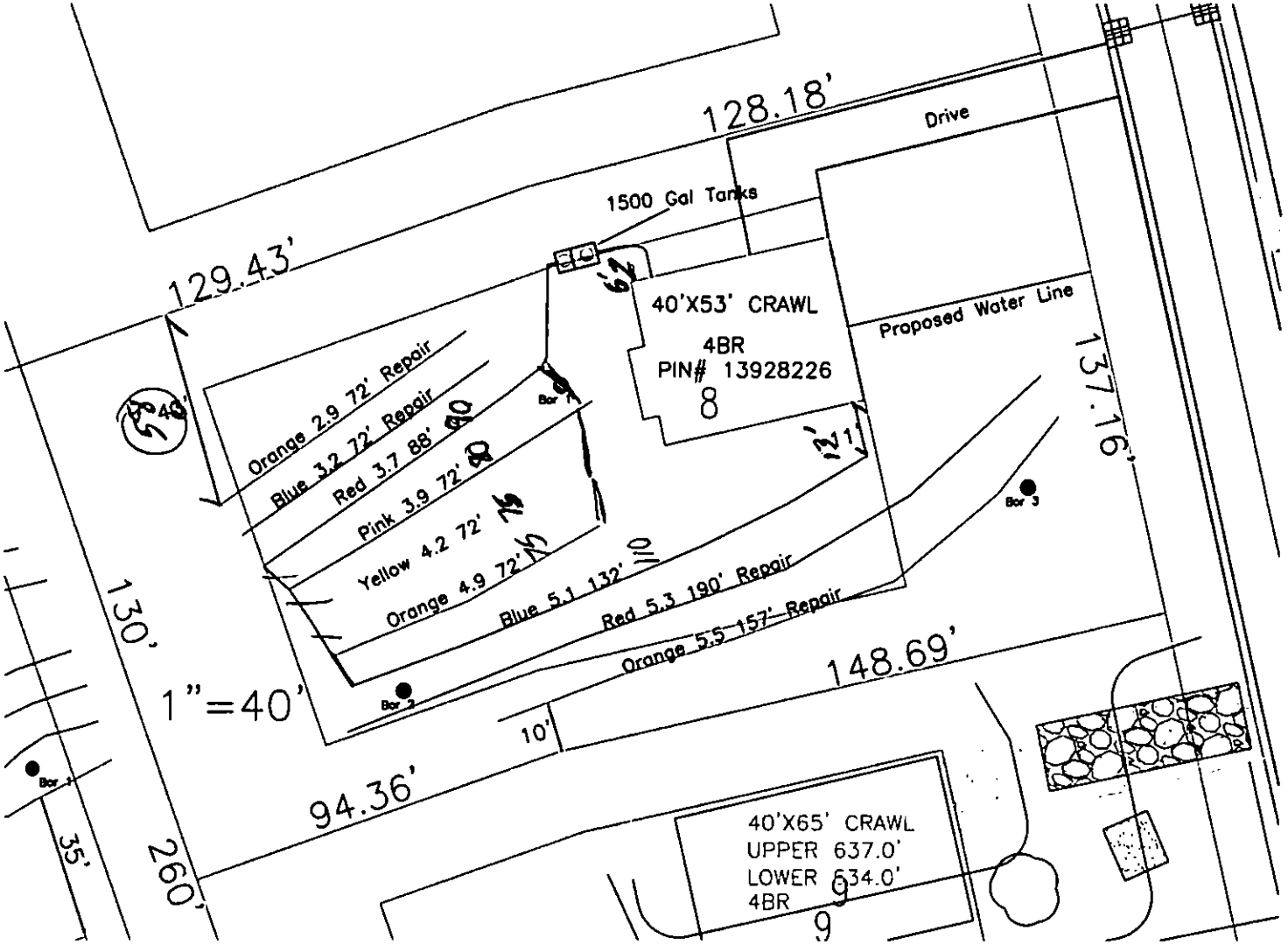
LAYOUT FOR 4 BEDROOM HOME — Dec-14

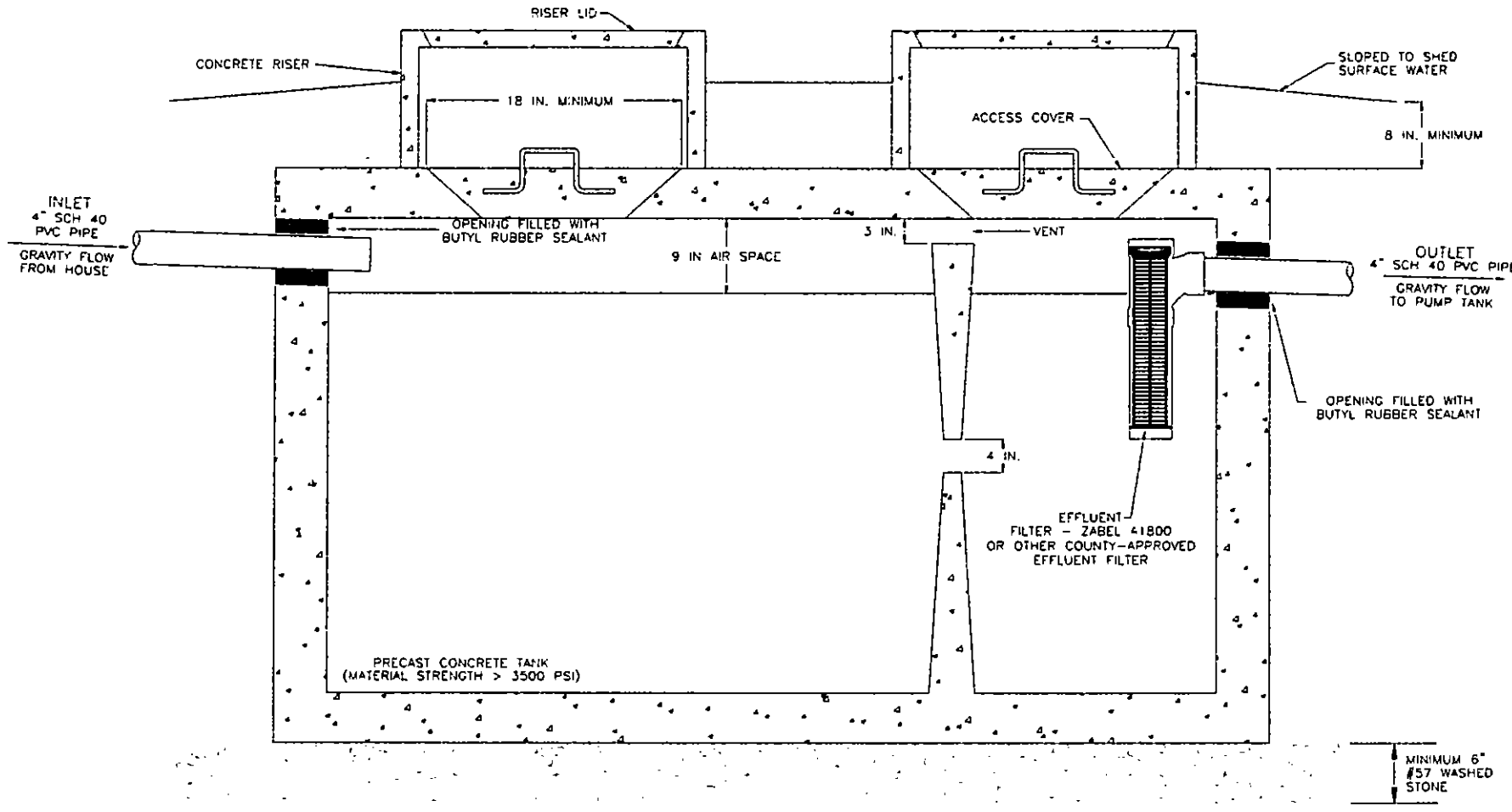
LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LENGTH
TBM		0.0			100.0		
INSTR. 1			100.0				
			SYSTEM				
3	Red			3.70	96.3	100	88
4	Pink			3.90	96.1	85	72
5	Yellow			4.20	95.8	78	72
6	Orange			4.90	95.1	74	72
7	Blue			5.10	94.9	135	132
			REPAIR			472	436
1	Orange			2.90	97.1	72	
2	Blue			3.20	96.8	72	
8	Red			5.30	94.7	190	
9	Orange			5.50	94.5	157	
		Soil			Total	491	

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	Design LTAR	DISTRIBUTION	Trench Depth
SYSTEM	436	0.275	Accepted 25%	0.275	End Cap	36
REPAIR	491	0.275	Accepted 25%		End Cap	36

**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

3


128.18'
Drive
1500 Gal Tanks
129.43'
40'X53' CRAWL
4BR
PIN# 13928226
8
Proposed Water Line
137.16'
Orange 2.9 72' Repair
Blue 3.2 72' Repair
Red 3.7 88'
Pink 3.9 72'
Yellow 4.2 72'
Orange 4.9 72'
Blue 5.1 132'
Red 5.3 190' Repair
Orange 5.5 157' Repair
130'
1"=40'
148.69'
10'
94.36'
35'
260'
40'X65' CRAWL
UPPER 637.0'
LOWER 634.0'
4BR
9



NOTES

1. TANK DIMENSIONS VARY BY MANUFACTURER.

1500 GALLON SEPTIC TANK

PROJECT NO: 4591	PROJECT NAME: **Oakbridge @ Waterleaf lot 8**
PROJECT MGR:	SHEET TITLE: SEPTIC TANK DIAGRAM
SCALE: NTS	

4

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 > 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	Improvement Permit, Construction Authorization, and Operation Permit	5 yrs. (IIIb only)
—	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 #: 13928226
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: 12-7-14
PROPOSED FACILITY: 4 bedroom Residence PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: __ ac
LOCATION OF SITE: 8222 Aspen Ct Oakbridge at Waterleaf Lot 8 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 5%	0-11	WFSBK/CL	SS SP FR SEXP	>48"	48"	NA	S	PS IV 0.3
		11-48	MMSBK/ C	SS SP FI SEXP					
2	LS 6%	0-9	WFSBK/CL	SS SP FR SEXP	>48"	48"	NA	S	PS IV 0.275
		9-48	MMSBK/C	SS SP FI SEXP					
3	LS 6%	0-5	WFSBK/CL	SS SP FR SEXP	>48"	48"	NA	S	PS IV 0.3
		5-48	MMSBK/C	SS SP FI SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	436 LF	491 LF
System Type(s)	IIIg	IIIg
Site LTAR	0.275	0.275

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

LGD

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

Permit #: 30006565 GWS File #: 8854B Tax Parcel #: 139-282-26

- 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):** 12/12/2018

Type of Installation: Residential - New System Lot Number: 8

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

Building Foundation: Concrete Slab Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1309	Total Trench Length (ft):	436
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	873	Total Trench Length (ft):	291
Maximum Trench Depth (in):	36	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distr		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael REHS

Date Issued: 12/12/2013

Owner/Legal Agent: Jackie Dracup
Print Name

Signature:

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-8894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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Permit #: 30006565 GWS File #: 8854B

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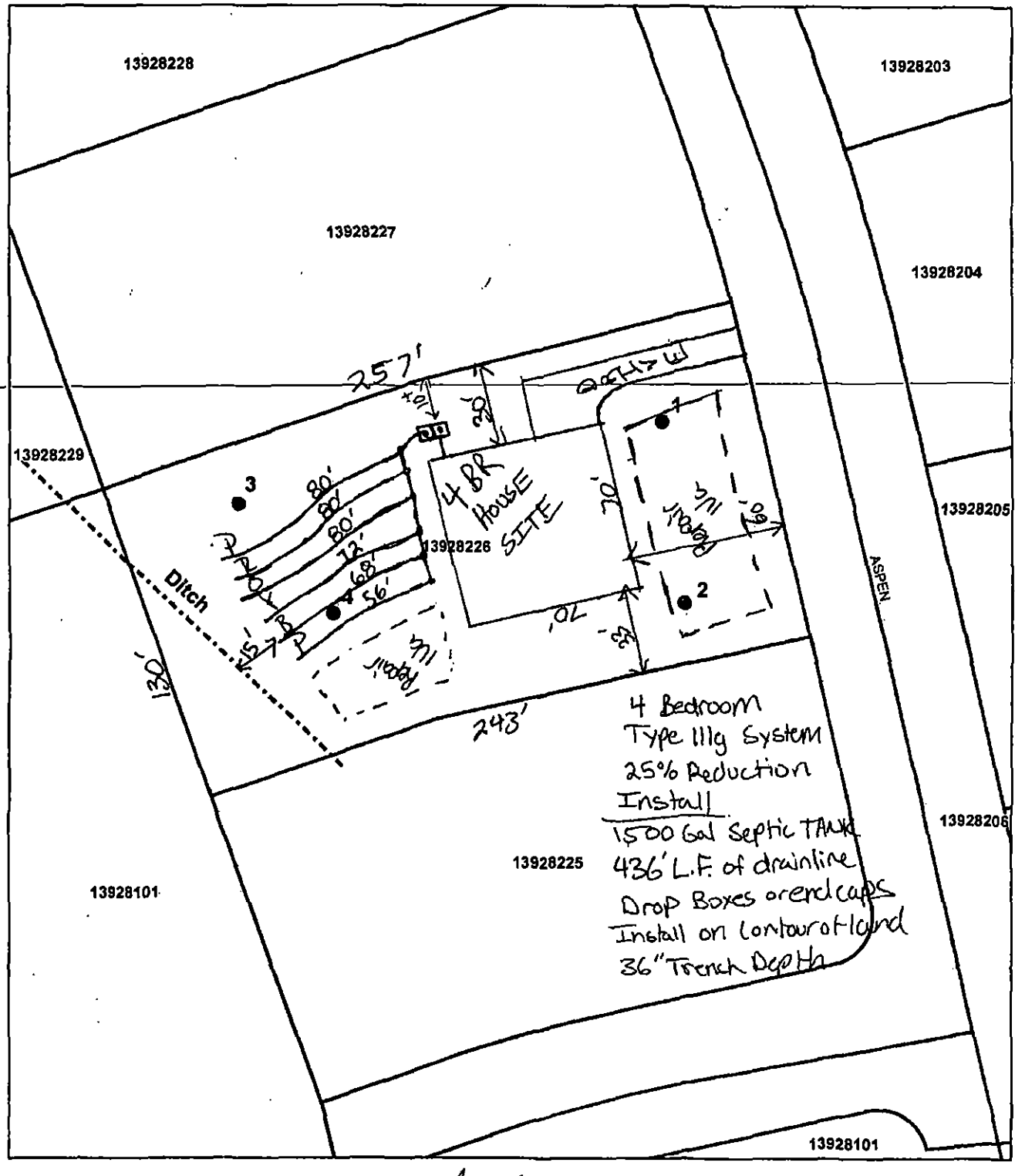
Date Issued: 12/12/2013

Owner/Legal Agent: Jackie Dracup
Print Name

Signature:

* May need to pump

Parcel # 139-222-06
File # 8854B
AppID: 6565



Map Created By: Jeremy Michael
Map Created On: 12/12/2013

12/16/13 as per Jon

0 25 50 Feet

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

Sheet: 1 of 2
Property ID: 139-282-26
Lot #: 8
File #: 8854B
AppID: 6565

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: True Homes
Applicant:
Address: 2649 Brekonridge Centre Dr., Monroe, NC 28110
Date Evaluated: 12/6/2013
Proposed Facility: 4BR House
Design Flow (.1949): 480 GPD
Property Size: 0.764 ac
Location of Site: 8222 Aspen Ct, Charlotte, NC 28227
Property Recorded: Unknown
Water Supply: [X] Public [X] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 3%	0 - 12	wfsbk CL	FR SEXP	>49"	49	NA	NA	saprolite inclusions from 36 - 49"	PS IV 0.3	36"
		12 - 49	mfsbk C	FI SEXP							
Boring #2	LS 3%	0 - 12	wfsbk CL	FR SEXP	>49"	49	NA	NA	manganese from 8 - 40" saprolite inclusions from 40 - 49"	PS IV 0.275	36"
		12 - 49	mfsbk C	FI SEXP							
Boring #3	LS 3%	0 - 12	wfsbk CL	FR SEXP	>49"	49	NA	NA	manganese from 14 - 49"	PS IV 0.275	36"
		12 - 49	wfsbk C	FR SEXP							
Boring #4	LS 3%	0 - 16	wfsbk CL	FR SEXP	>49"	49	NA	NA	manganese from 16 - 49"	PS IV 0.275	36"
		16 - 49	wfsbk C	FR SEXP							

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

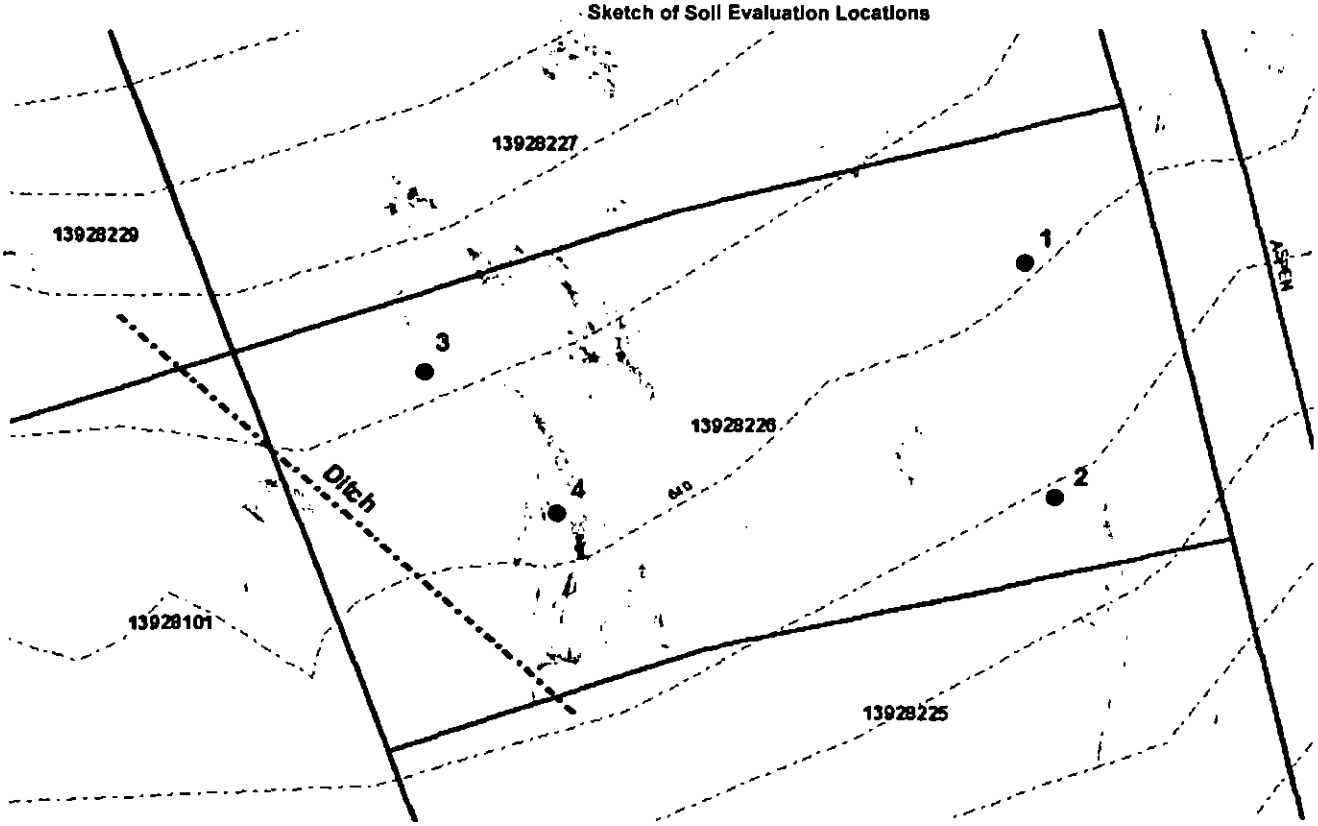
Other Factors (.1946):
Soil Evaluation By: Jacob Prasley, LSS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michael
Others Present: Jeremy Michael

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		pr-Prismatic
T-Terrace		Loam		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 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 #: 30006566 GWS File #: 8854B Tax Parcel #: 139-282-26

- 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.
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- 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):** 12/12/2018

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IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael Owner/Legal Agent: Jackie Dracup
Print Name

Signature: Jeremy Michael REHS Signature:

Date Issued: 12/12/2013

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
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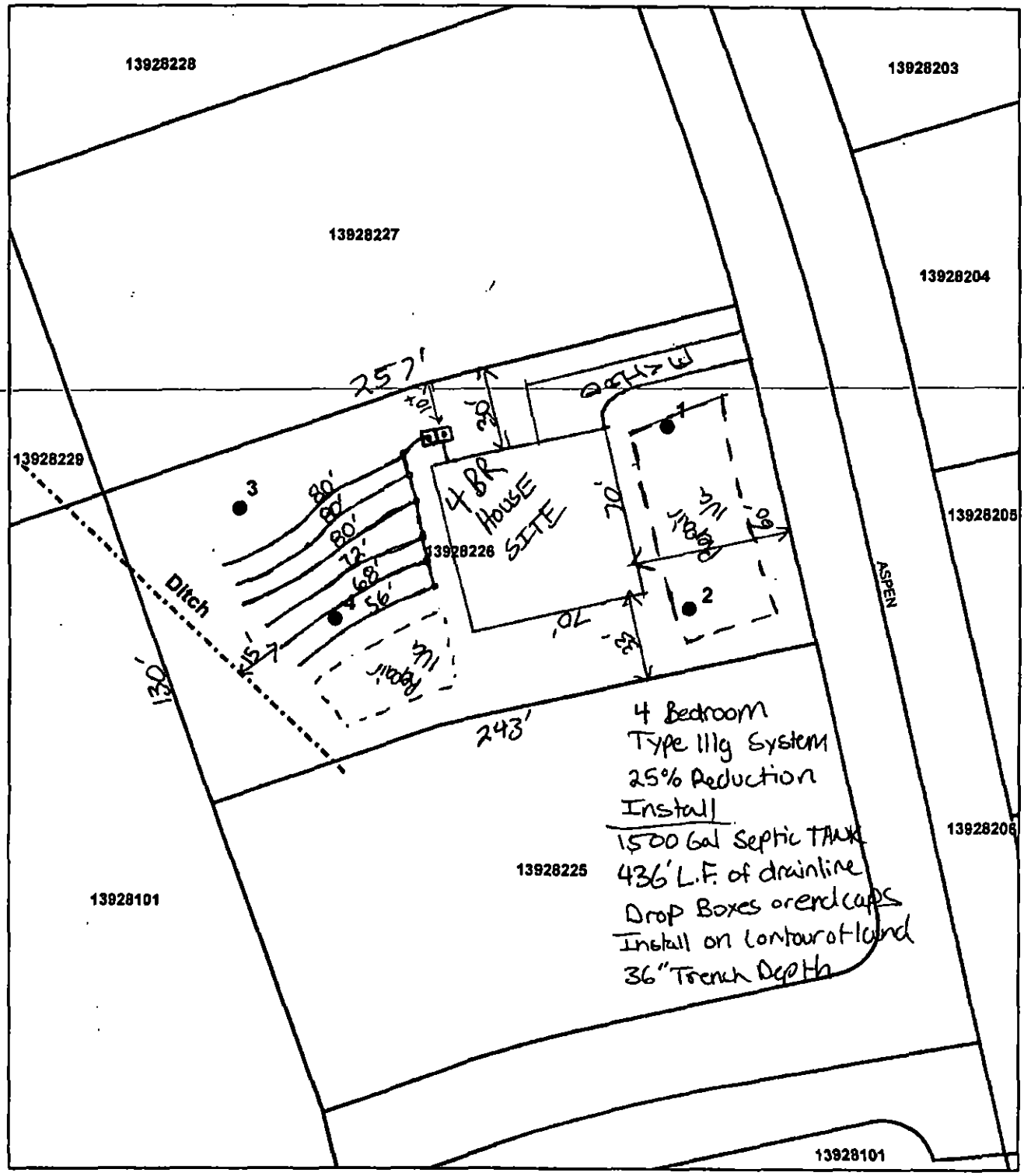
Signature: Jeremy Michael REHS

Date Issued: 12/12/2013

Owner/Legal Agent: Jackie Dracup
Print Name

Signature:

Parcel # 139-222-06
File # 8854B
AppID: 6565



Map Created By: Jeremy Mitton
Map Created On: 12/12/2013

12/16/13

0 25 50 Feet

8854B

MECKLENBURG COUNTY HEALTH DEPARTMENT

Corp #6565

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:** 139-282-26

TAX PARCEL NUMBER: ~~13928101~~

STREET ADDRESS: 8222 ASPEN COURT

CITY: Charlotte

STATE: NC ZIP: 28227

SUBDIVISION NAME: Oakbridge At Waterleaf

LOT #: 8 LOT SIZE (acres): 0.764

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: _____

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: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ● MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ● N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

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

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

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

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

12. **PROPERTY OWNER:**

NAME: True Homes
ADDRESS: 2649 Brekonridge Centre Dr
CITY: Monroe
STATE: NC ZIP: 28110
WORK PHONE: _____
MOBILE PHONE: 704-201-5117
FAX: _____
E-MAIL: _____

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

NAME: Max Thomason
ADDRESS: 4389 Indian Trail Fairview Rd
CITY: Indian Trail
STATE: NC ZIP: 28079
WORK PHONE: 704-628-6233
MOBILE PHONE: 704-201-5117
FAX: 704-289-5558
E-MAIL: mthomason@truehomesusa.com

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.

MOT (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.

NA (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.

Mark Thomason
Property Owner's or Owner's Legal Representative Signature

11/25/13
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 DATE FEE RECEIVED: 11/26/13

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

APPLICATION PROCESSED BY: lwa

GWS FILE NUMBER ASSIGNED: 8854B

APPLICATION ID NUMBER ASSIGNED: 6565

COMMENTS:

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

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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Print Name

Signature: Jeremy Michael REHS Signature:_____

Date Issued: 12/12/2013

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NC DENR
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On-Site Wastewater Section

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Permit #: **30006565** GWS File #: **8854B**

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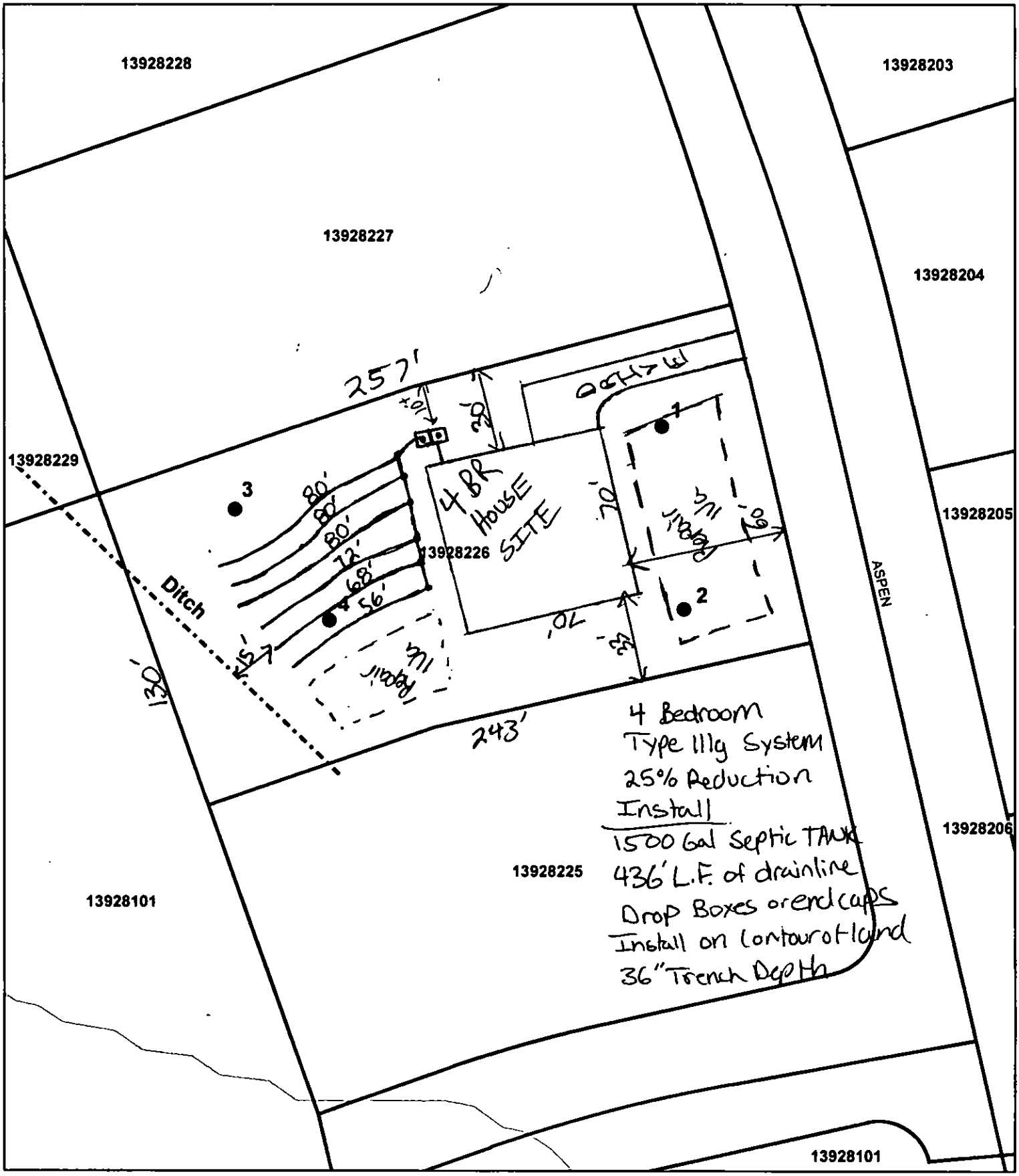
Signature: Jeremy Michael REHS.

Date Issued: 12/12/2013

Owner/Legal Agent: _____
Print Name

Signature: _____

Parcel # 139-222-06
File # 8854B
AppID: 6565



Map Created By: Jeremy Mitchell
Map Created On: 12/12/2013

0 25 50 Feet

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

Sheet: 1 of 2
Property ID: 139-282-26
Lot #: 8
File #: 8854B
AppID: 6565

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: True Homes
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Location of Site: 8222 Aspen Ct, Charlotte, NC 28227
Property Recorded: Unknown
Water Supply: [X] Public [X] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 3%	0 - 12 12 - 49	wfsbk CL mfsbk C	FR SEXP FI SEXP	>49"	49	NA	NA	saprolite inclusions from 36 - 49"	PS IV 0.3	36"
Boring #2	LS 3%	0 - 12 12 - 49	wfsbk CL mfsbk C	FR SEXP FI SEXP	>49"	49	NA	NA	manganese from 8 - 40" saprolite inclusions from 40 - 49"	PS IV 0.275	36"
Boring #3	LS 3%	0 - 12 12 - 49	wfsbk CL wfsbk C	FR SEXP FR SEXP	>49"	49	NA	NA	manganese from 14 - 49"	PS IV 0.275	36"
Boring #4	LS 3%	0 - 16 16 - 49	wfsbk CL wfsbk C	FR SEXP FR SEXP	>49"	49	NA	NA	manganese from 16 - 49"	PS IV 0.275	36"

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

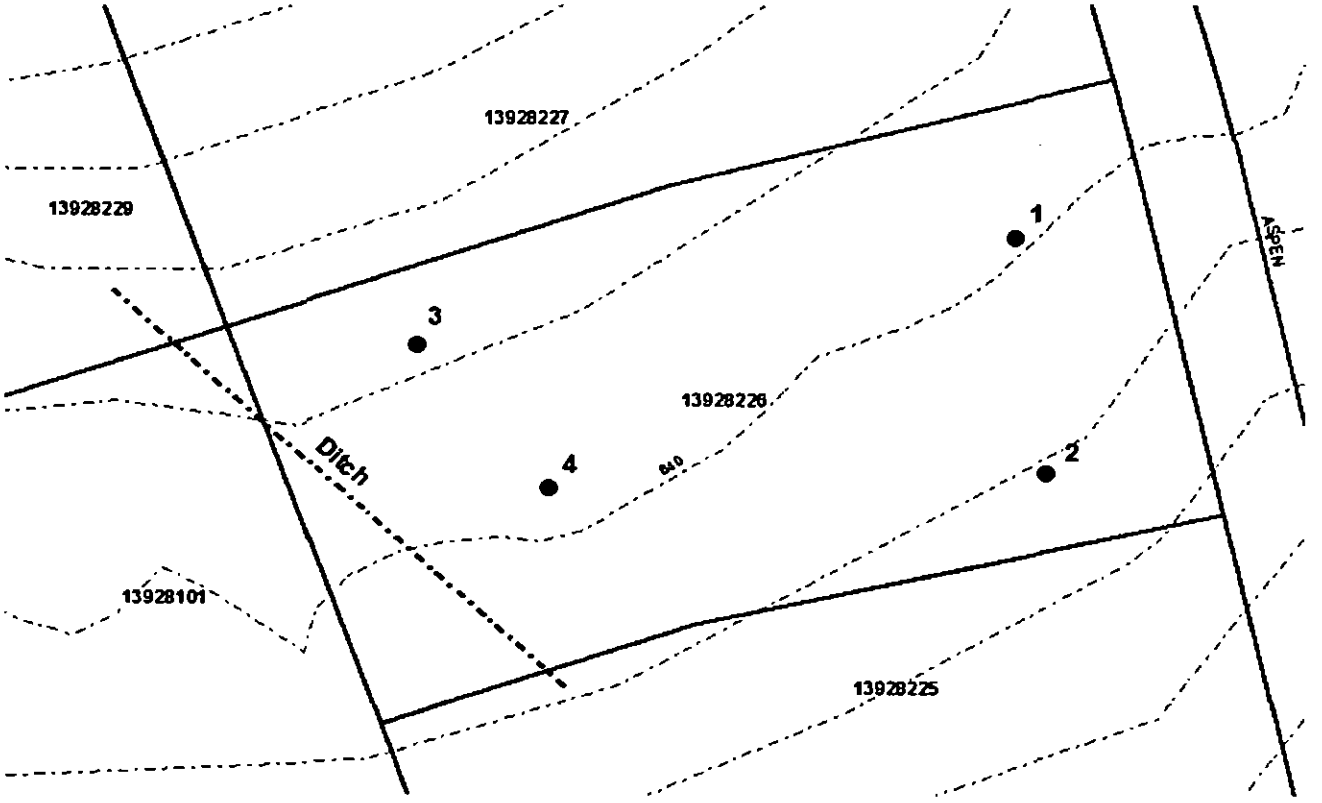
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

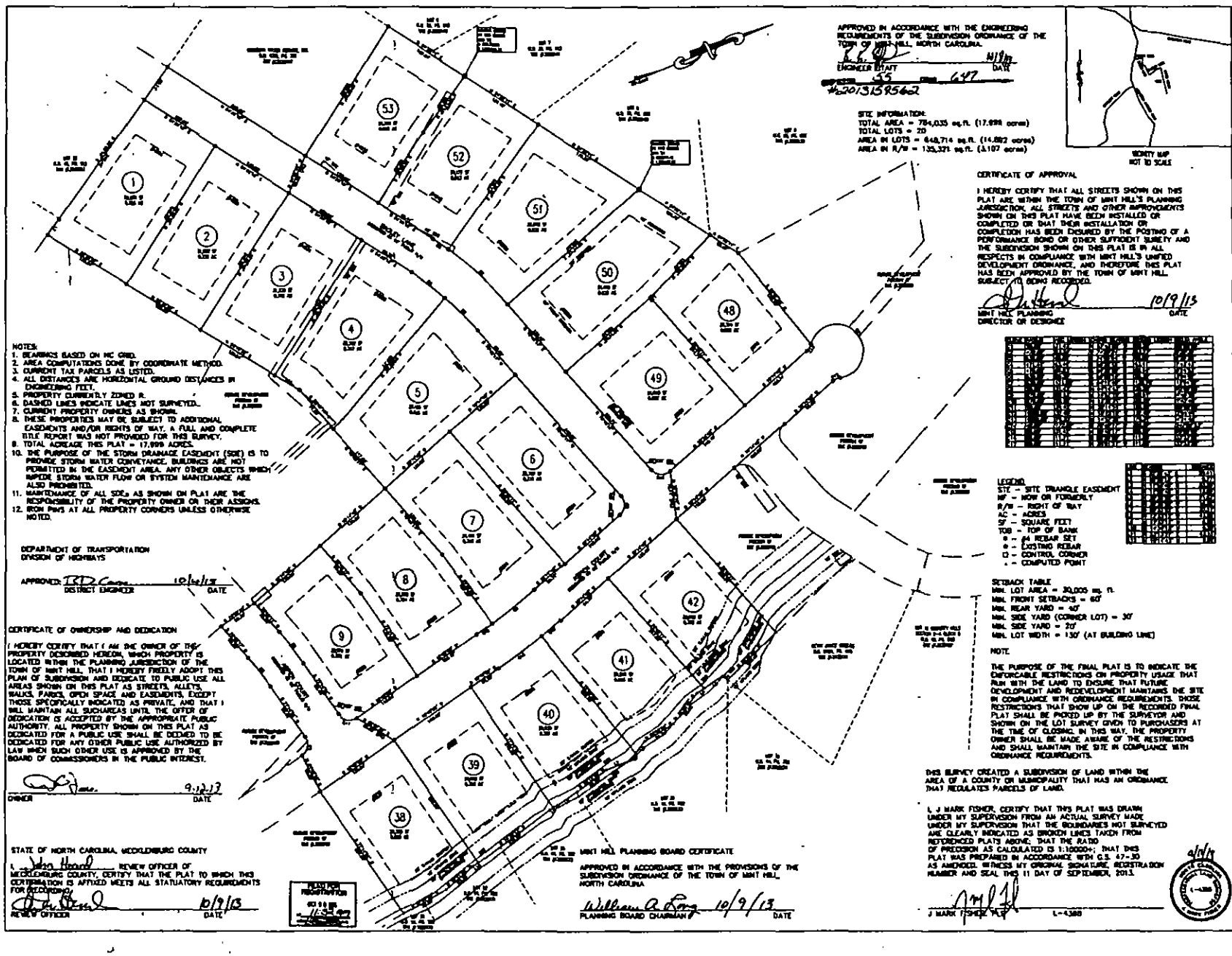
COMMENTS:

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




APPROVED IN ACCORDANCE WITH THE ENGINEERING REQUIREMENTS OF THE SUBDIVISION ORDINANCE OF THE TOWN OF MINT HILL, NORTH CAROLINA.
ENGINEER DRAFT
DATE
#20131589462
SITE INFORMATION:
TOTAL AREA = 784,035 sq.ft. (17.998 acres)
TOTAL LOTS = 20
AREA IN LOTS = 648,714 sq.ft. (14.892 acres)
AREA IN R/W = 135,321 sq.ft. (3.107 acres)
VICINITY MAP
NOT TO SCALE
CERTIFICATE OF APPROVAL
I HEREBY CERTIFY THAT ALL STREETS SHOWN ON THIS PLAT ARE WITHIN THE TOWN OF MINT HILL'S PLANNING JURISDICTION, ALL STREETS AND OTHER IMPROVEMENTS SHOWN ON THIS PLAT HAVE BEEN INSTALLED OR COMPLETED OR THAT THEIR INSTALLATION OR COMPLETION HAS BEEN ENSURED BY THE POSTING OF A PERFORMANCE BOND OR OTHER SUFFICIENT SURETY AND THE SUBDIVISION SHOWN ON THIS PLAT IS IN ALL RESPECTS IN COMPLIANCE WITH MINT HILL'S UNIFIED DEVELOPMENT ORDINANCE, AND THEREFORE THIS PLAT HAS BEEN APPROVED BY THE TOWN OF MINT HILL SUBJECT TO BEING RECORDED.
10/9/13
MINT HILL PLANNING DIRECTOR OR DESIGNEE
DATE
NOTES:
1. BEARINGS BASED ON NC GRID.
2. AREA COMPUTATIONS DONE BY COORDINATE METHOD.
3. CURRENT TAX PARCELS AS LISTED.
4. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES IN ENGINEERING FEET.
5. PROPERTY CURRENTLY ZONED R.
6. DASHED LINES INDICATE LINES NOT SURVEYED.
7. CURRENT PROPERTY OWNERS AS SHOWN.
8. THESE PROPERTIES MAY BE SUBJECT TO ADDITIONAL EASEMENTS AND/OR RIGHTS OF WAY. A FULL AND COMPLETE TITLE REPORT WAS NOT PROVIDED FOR THIS SURVEY.
9. TOTAL ACREAGE THIS PLAT = 17.998 ACRES.
10. THE PURPOSE OF THE STORM DRAINAGE EASEMENT (SDE) IS TO PROVIDE STORM WATER CONVEYANCE. BUILDINGS ARE NOT PERMITTED IN THE EASEMENT AREA. ANY OTHER OBJECTS WHICH IMPEDE STORM WATER FLOW OR SYSTEM MAINTENANCE ARE ALSO PROHIBITED.
11. MAINTENANCE OF ALL SDE's AS SHOWN ON PLAT ARE THE RESPONSIBILITY OF THE PROPERTY OWNER OR THEIR ASSIGNS.
12. IRON PINS AT ALL PROPERTY CORNERS UNLESS OTHERWISE NOTED.
DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
APPROVED:
DISTRICT ENGINEER
10/4/13
DATE
CERTIFICATE OF OWNERSHIP AND DEDICATION
I HEREBY CERTIFY THAT I AM THE OWNER OF THIS PROPERTY DESCRIBED HEREON, WHICH PROPERTY IS LOCATED WITHIN THE PLANNING JURISDICTION OF THE TOWN OF MINT HILL. THAT I HEREBY FREELY ADOPT THIS PLAN OF SUBDIVISION AND DEDICATE TO PUBLIC USE ALL AREAS SHOWN ON THIS PLAT AS STREETS, ALLEYS, WALKS, PARKS, OPEN SPACE AND EASEMENTS, EXCEPT THOSE SPECIFICALLY INDICATED AS PRIVATE, AND THAT I WILL MAINTAIN ALL SUCH AREAS UNTIL THE OFFER OF DEDICATION IS ACCEPTED BY THE APPROPRIATE PUBLIC AUTHORITY. ALL PROPERTY SHOWN ON THIS PLAT AS DEDICATED FOR A PUBLIC USE SHALL BE DEEMED TO BE DEDICATED FOR ANY OTHER PUBLIC USE AUTHORIZED BY LAW WHEN SUCH OTHER USE IS APPROVED BY THE BOARD OF COMMISSIONERS IN THE PUBLIC INTEREST.
9.12.13
OWNER
DATE
STATE OF NORTH CAROLINA, MECKLENBURG COUNTY
I, REVIEW OFFICER OF MECKLENBURG COUNTY, CERTIFY THAT THE PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUATORY REQUIREMENTS FOR RECORDING.
10/9/13
REVIEW OFFICER
DATE
MINT HILL PLANNING BOARD CERTIFICATE
APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION ORDINANCE OF THE TOWN OF MINT HILL, NORTH CAROLINA
10/9/13
PLANNING BOARD CHAIRMAN
DATE
LEGEND
STE - SITE TRIANGLE EASEMENT
MF - NOW OR FORMERLY
R/W - RIGHT OF WAY
AC - ACRES
SF - SQUARE FEET
TOB - TOP OF BANK
● - #4 REBAR SET
■ - EXISTING REBAR
□ - CONTROL CORNER
+ - COMPUTED POINT
SETBACK TABLE
MIN. LOT AREA = 30,000 sq. ft.
MIN. FRONT SETBACKS = 60'
MIN. REAR YARD = 40'
MIN. SIDE YARD (CORNER LOT) = 30'
MIN. SIDE YARD = 20'
MIN. LOT WIDTH = 130' (AT BUILDING LINE)
NOTE
THE PURPOSE OF THE FINAL PLAT IS TO INDICATE THE ENFORCABLE RESTRICTIONS ON PROPERTY USAGE THAT RUN WITH THE LAND TO ENSURE THAT FUTURE DEVELOPMENT AND REDEVELOPMENT MAINTAINS THE SITE IN COMPLIANCE WITH ORDINANCE REQUIREMENTS. THOSE RESTRICTIONS THAT SHOW UP ON THE RECORDED FINAL PLAT SHALL BE PICKED UP BY THE SURVEYOR AND SHOWN ON THE LOT SURVEY GIVEN TO PURCHASERS AT THE TIME OF CLOSING. IN THIS WAY, THE PROPERTY OWNER SHALL BE MADE AWARE OF THE RESTRICTIONS AND SHALL MAINTAIN THE SITE IN COMPLIANCE WITH ORDINANCE REQUIREMENTS.
THIS SURVEY CREATED A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.
I, J. MARK FISHER, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS BROKEN LINES TAKEN FROM REFERENCED PLATS ABOVE; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 11 DAY OF SEPTEMBER, 2013.
J. MARK FISHER PLS
L-4388
9/11/13
L-4388