New Owner

FILE NUMBER: 6458B

SEPTIC FEE 200
DATE 4/30/07
B90310 JBA

Revised On: January 3, 2007

APPLICATION NUMBER: _____

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: _____

SB 0134 0703

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: ~~5619414195~~ 199-353-36
STREET ADDRESS: 10930 GREEN HURON COURT
CITY: CHARLOTTE
STATE: NC NC ZIP: 28278
SUBDIVISION NAME: SANCTUARY
LOT #: 114 LOT SIZE (acres): 2.67
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 7557
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: ?
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

☐ 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 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

10. PROPERTY OWNER:
NAME: REGAL CUSTOM HOME BUILDERS
ADDRESS: P.O. Box 2669
CITY: MATTHEWS
STATE: NC ZIP: 281
HOME PHONE: WORK PHONE: 704
MOBILE PHONE: 704-201-6254 FAX: 704-679-3995

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

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
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 60 months or is non-expiring depending upon the documentation submitted; complete site plan = 60 months, complete plat = non-expiring.

Jason J Hughes 4-30-07
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
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 12 months from the date of issuance.

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

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

file # 6458B

THIS IS TO CERTIFY THAT ON THE 6TH DAY OF APRIL, 2007, AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON.

SIGNED _____ REGISTERED SURVEYOR

CAROLINA SURVEYORS, INC
P.O. BOX 287
PINEVILLE, N.C. 28134
(704) 889-7851
FAX:(704) 889-7814

50' CLASS C BUFFER

S 78°12'49" E 300.01

30' SETBACK

5' SETBACK

STORM WATER ELEVATION LINE PER MB:48-717

TOB

BOL

114

113,752 SF
SWPE-650.41
#10930

115

113

N 04°54'22" E 429.72

S 11°47'11" W 412.05

SILT FENCE
DRAINAGE FENCE
(CLEARING LIMITS)

95.16'

40' MBS

40' MBS

100' MBS

PROPOSED DRIVEWAY

20' SETBACK

5' SETBACK

SDE

S 85°47'05" E

S 77°37'49" E 129.03

EDGE OF PAVEMENT

GREEN HERON COURT

50' PUBLIC R/W

EDGE OF PAVEMENT

PROPOSED IMPERVIOUS:
(IN SQUARE FEET)
5280 HOUSE
2691 DRIVEWAY
TOTAL 7971

PROPOSED DENUDED AREA:
(IN SQUARE FEET)
15,434

MAX IMPERVIOUS ALLOWED
12% OR 13,650 *PERMANENT
STORMWATER TREATMENT
FACILITIES REQUIRED.

IMPERVIOUS AREA 7% OR 7863

MAX DENUDED AREA 15% OR
17,063

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE F.E.M.A. AND FEDERAL INSURANCE ADMINISTRATION.

SITE PLAN OF SURVEY

LOT 114, THE SANCTUARY PHASE 4 MAP 1

STEELE CREEK TWSP., MECKLENBURG CO. NORTH CAROLINA

SCALE 1" = 50'

SURVEYED FOR REGAL CUSTOM HOMES

MAP RECORDED IN BOOK 46 AT PAGE 717 DEED RECORDED BOOK ____ PAGE ____

DRAWN BY DH FIELD WORK N/A FIELD BOOK # N/A

LOT 2004 SANCTUARY PH4

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

Sheet: 1 of 2
Property ID: 139-251-07
Lot #:
File #: 3085B
AppID: 3301

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Robert L. & Donna Wallace
Applicant:
Address: 15712 Cabarrus Road, Charlotte, N. C. 28227
Date Evaluated: 3/11/08
Proposed Facility: Residence Design Flow (.1949) 480gpd
Property Size: Approx. .5a inv.
Location of Site: 9750 Herbert Flowe Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 Structure/ Texture	SOIL MORPHOLOGY 1941 Consistence, Mineralogy	PROFILE FACTORS 1942 Soil Wetness/ Color	PROFILE FACTORS 1943 Soil Depth (IN.)	PROFILE FACTORS 1956 Sapro Class	PROFILE FACTORS 1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		6-48	SBK/C	FI/SEXP/S/P					.275GPD/FT
2	"	0-4	GR/CL	FR/SEXP/SS/SP	"	"	"	"	PS, IV
		4-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
3	"	0-4	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		4-48	SBK/C	FI/SEXP/S/P					
4	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		5-48	SBK/C	FI/SEXP/S/P					
					SITE LTAR .3GPD/FT^2				

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

Other Factors (.1946):
Soil Evaluation By: W. R.Marlin, LSS, 3/11/2008.
Others Present: R. & D. Wallace
Site Classification (.1948):
Site Evaluation By:
Others Present:

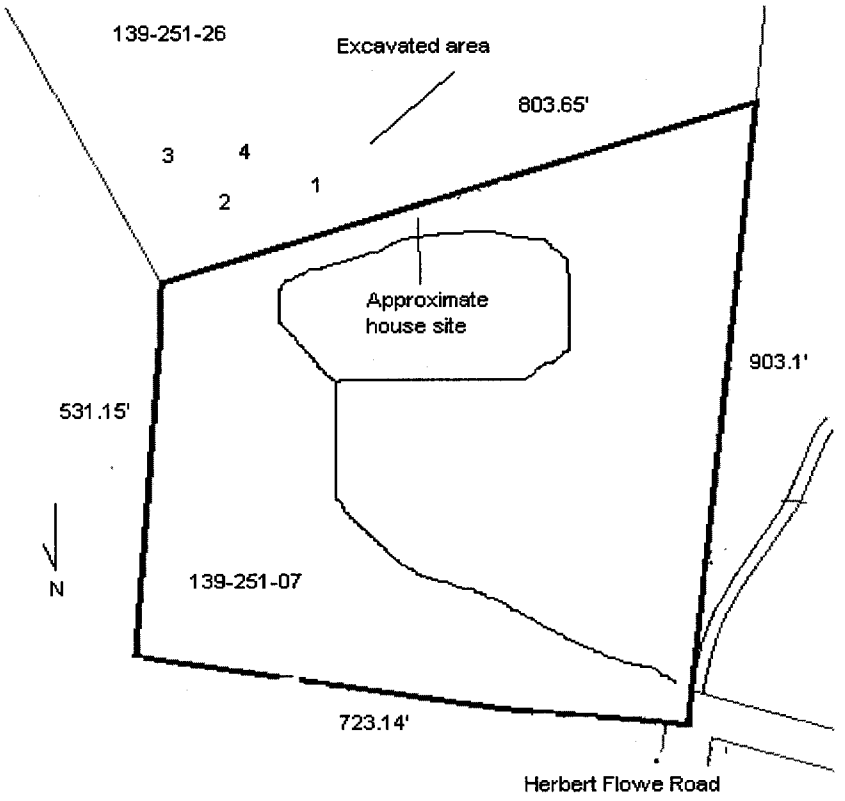
COMMENTS:

100% repair, may require easement unless tracts are combined, house currently slated for 139-251-33, drainfield for 139-251-26, both owned by applicants

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

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

Sketch of Soil Evaluation Locations



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

36

Permit #: **30000701** GWS File #: **6458B** Tax Parcel #: **199-353-~~62~~**

- 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):** 7/17/2011

Type of Installation: Residential - New System Lot Number: 114

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 5 # Occupants: 3

Building Foundation: Basement With Plumbing Water Supply: Community

II. Initial System Type: Pump to Innovative or Experimental **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	600	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):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Pressure Manifold		

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

Repair System Specifications:

Design Flow (gpd):	600	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):	999	Total Trench Length (ft):	333
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	N/A		

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: Zach Petersen

Signature: _____

Date Issued: 7/17/2006

Owner/Legal Agent: PAUL POUNDS

Print Name

Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30000701** GWS File #: **6458B**

IV. Permit Conditions/Comments:

- Easement agreement forms shall be on file and the property shall be deeded and recorded prior to issuance of Construction Authorization.
- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 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.

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: Zach Petersen

Signature: _____

Date Issued: 7/17/2006

Owner/Legal Agent: _____
Print Name

Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6458B Permit #: _____ Tax Parcel #: 199-353-36

Property Owner: REGAL CUSTOM HOME BUILDERS

Job Location Address: 10930 GREEN HERON CT (LOT # 114)

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 12/5/07

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 1/5/08, 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: 600 GPD

Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 5 @ 100 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: PRESSURE MANIFOLD

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

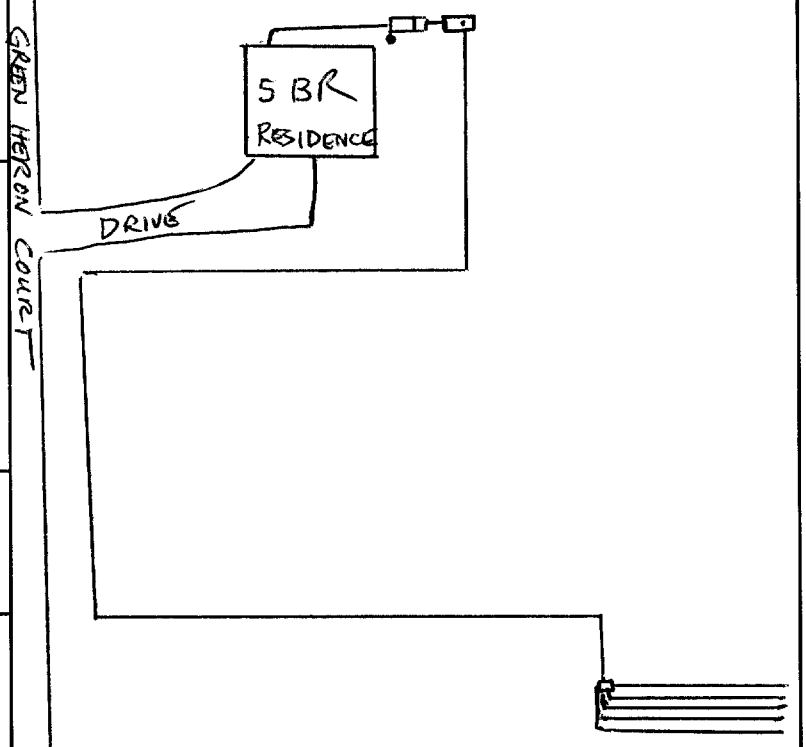
Distance from Building Foundation: 25 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

INSTALL PER PLANS SUBMITTED BY S+ME, INC CMS 12/5/07



Comments: System Classification & Type: IIIb PUMP 25% REDUCTION; TO BE INSPECTED BY GWS / 3 YRS; INSTALL PER .1961

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Chris Sherrill

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6458 B Permit #: _____ Tax Parcel #: 199-353-36

Property Owner: REGAL CUSTOM HOME BUILDERS

Job Location Address: 10930 GREEN HERON CT (LOT #114)

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: 4/17/08 Contractor Name: STANLEY

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: ME50-2150

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 5 @ 100 feet

Depth of Media: 12 inches (Type) INFILTRATOR

Depth of Cover: 12 inches

Distribution Device: PRESSURE MANIFOLD

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 25 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

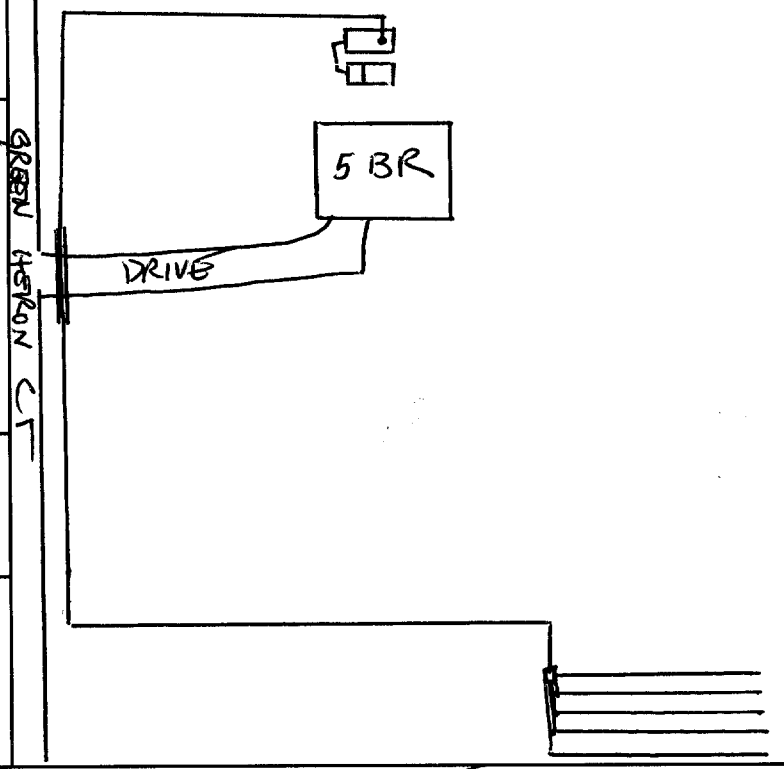
Inspection Dates

Tank(s) Inspected: 1/9/08

Excavation Inspected: 1/8/08

Pump & Controls Inspected: 1/9/08

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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

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

Comments: System Classification & Type: III b

DENR Authorized Agent: Chris Sherrill, RS, CSS Signature: Christopher M Sherrill

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 #: 6458 B Permit #: _____ Tax Parcel #: 199-353-36

Property Owner: REGAL CUSTOM HOME BUILDERS

Job Location Address: 10930 GREEN HERON CT (LOT #114)

City: CHARLOTTE State: NC Zip Code: 28278

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 b

*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: Chris Sherrill, RS, LSS Date: 4/17/08

Signature: _____

GWS – RES. APP 07/05

SEPTIC FEE: 200 check # 3596
DATE: 4/25/06
CRT [ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

#701

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 64588

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 19935302 pt

STREET ADDRESS: Green Heron Court

CITY: Charlotte

STATE: NC **ZIP:** 28278

SUBDIVISION OR MOBILE HOME PARK NAME: The Sanctuary

LOT #: 114

TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☒ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: The Sanctuary of Lake Wylie, LLC
ADDRESS: 11104 Limehurst Place
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: —— WORK PHONE: 704-295-1106
MOBILE PHONE: —— FAX: ——

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Paul Penninger, SAME, Inc
ADDRESS: 385 Timber Rd Suite 104
CITY: Mooresville
STATE: NC ZIP: 28115
HOME PHONE: WORK PHONE: 662-8625
MOBILE PHONE: 996-6330 FAX: 662-8735

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ~ 120 Days

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

4-24-06

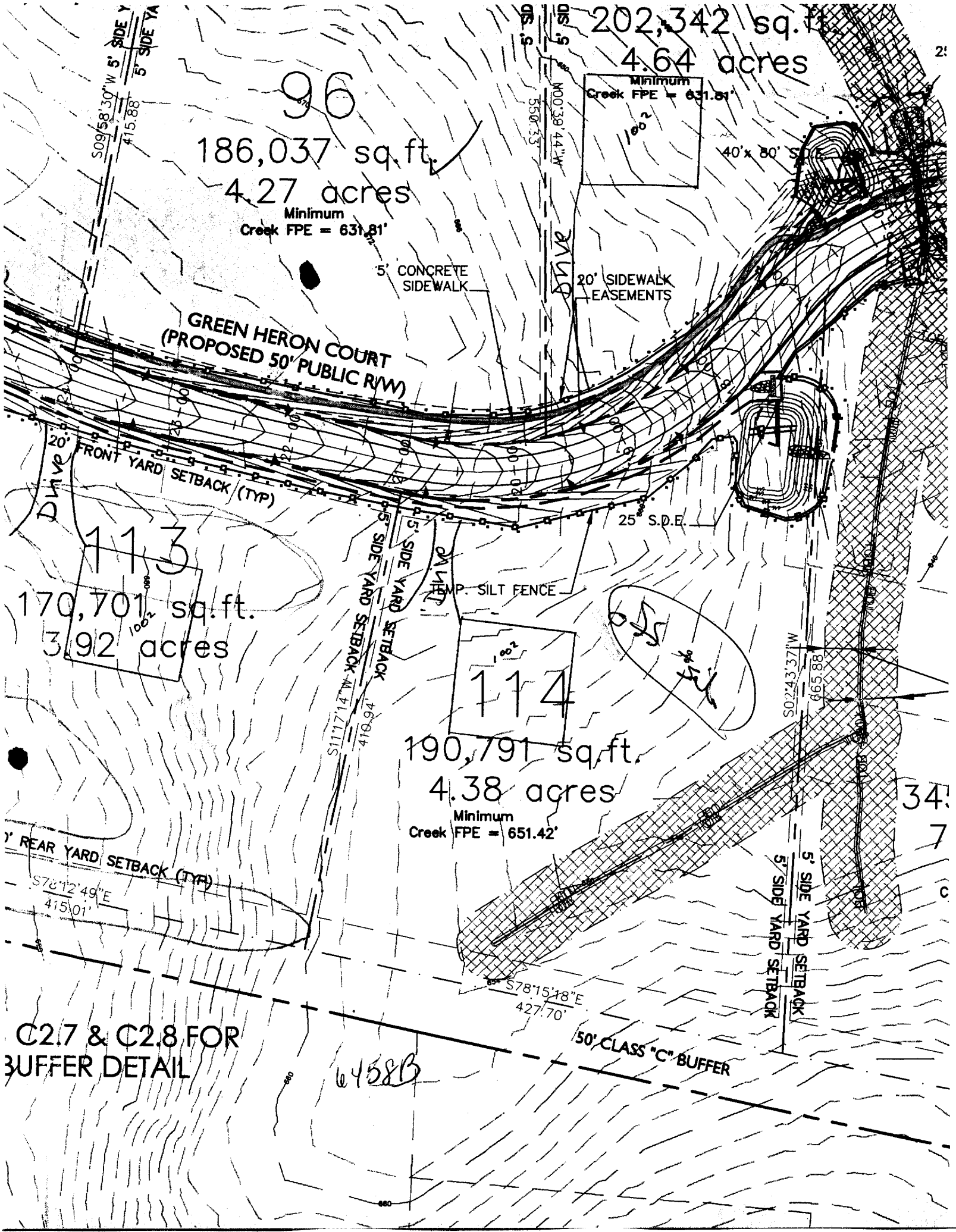
Owner's/Agent's Signature Date

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

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

Owner's/Agent's Signature Date

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


96
186,037 sq.ft.
4.27 acres
Minimum
Creek FPE = 631.81'
202,342 sq.ft.
4.64 acres
Minimum
Creek FPE = 631.81'
40'x 80' S
5' CONCRETE SIDEWALK
20' SIDEWALK EASEMENTS
GREEN HERON COURT
(PROPOSED 50' PUBLIC R/W)
20' FRONT YARD SETBACK (TYP)
25' S.D.E.
113
170,701 sq.ft.
3.92 acres
TEMP. SILT FENCE
114
190,791 sq.ft.
4.38 acres
Minimum
Creek FPE = 651.42'
5' SIDE YARD SETBACK
5' SIDE YARD SETBACK
REAR YARD SETBACK (TYP)
S78°12'49"E
415.01'
S78°15'18"E
427.70'
50' CLASS "C" BUFFER
C2.7 & C2.8 FOR
BUFFER DETAIL
6458

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

Sheet: 1 of 2
Property ID: PO 199-353-02
Lot #: 114
File #: 6458B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary of Lake Wylie, LLC
Applicant: Paul Penninger
Address: 11104 Limehurst Place, Charlotte, N. C. 28278
Date Evaluated: 5/17/06
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .57a inv.
Location of Site: Green Heron Ct.
Property Recorded:
Water Supply: [x] Public [ ] 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		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	LS, 8	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV .3GPD/FT^2
		4-45	SBK/C	FI/SEXP/S/P					
		45-48	SBK/CL	FR/SEXP/SS/SP					
2	LS, 10	0-6	GR/CL	"	>45" TO SOIL WETNESS	45	"	"	"
		6-30	SBK/C	FI/SEXP/S/P					
		30-45	SBK/CL	FR/SEXP/SS/SP					
3	LS, 8	0-8	GR/CL	"	>48" TO SOIL WETNESS	48+	"	"	"
		8-48	SBK/C	FI/SEXP/S/P					
4	LS, 15	0-3	GR/CL	FR/SEXP/SS/SP	>47" TO SOIL WETNESS	47	"	"	PS, IV .32GPD/FT^2
		3-21	SBK/C	FI/SEXP/S/P					
		21-47	SBK/CL	FR/SEXP/SS/SP					
5	LS, 10	0-2	GR/CL	"	>48" TO SOIL WETNESS	48+	"	"	PS, IV .3GPD/FT^2
		2-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IIa
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 6/14/2006, W. R. Marlin
Others Present:

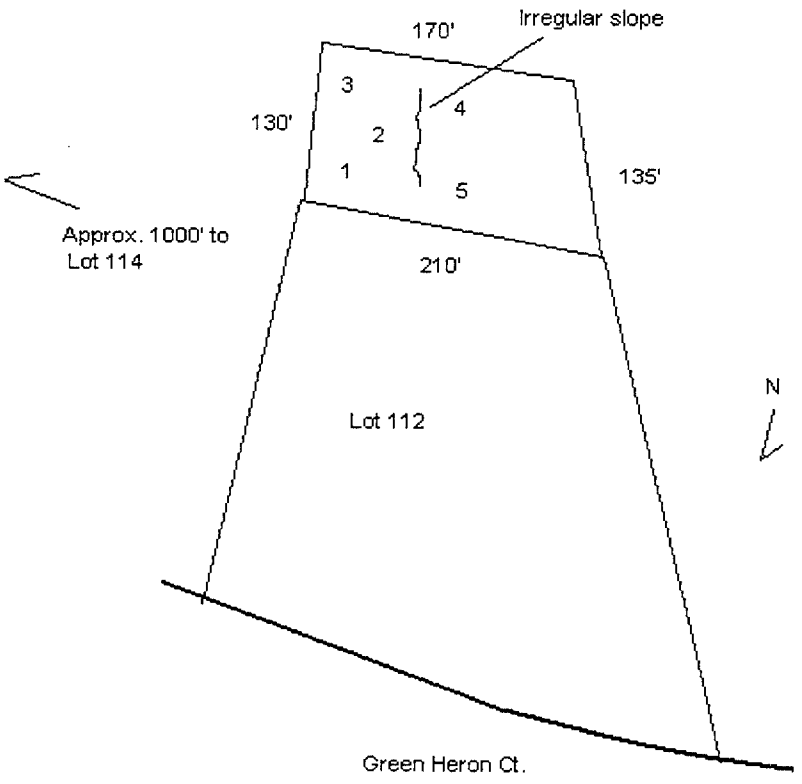
COMMENTS:

100% repair, area investigated is an off-site drainfield location for Lot 114

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

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

Sketch of Soil Evaluation Locations



S&ME

Date: June 23, 2006

To: Mr. Zach Petersen, R.S.
Mecklenburg County Env. Health Dept.

From: Paul G. Penninger, LSS
Kathleen Saunders, LSSIT

RE: Request for an Improvement Permit for Lot 114 at The Sanctuary:
MCHD File #6458B

The Sanctuary at Lake Wylie is requesting an Improvement Permit for the above referenced lot. **This lot will utilize an off-site septic area for the septic system drainfield.** Mr. Bill Marlin has evaluated the soils (see attached MCHD soil sheets) and S&ME, Inc. has flagged the system and repair on the septic area. The septic lines have been located by the surveyor and are shown on the attached maps. The attached sketch and specifications are not an Improvement Permit and are intended only to assist the MCHD in permitting the referenced lot at The Sanctuary.

We understand that a building permit cannot be issued until your office issues an Authorization to Construct (ATC). The buyer will apply for the ATC. If the buyer's house pad does not fit in the "building envelope" shown on the Improvement Permit, we understand that the proposed system may have to be modified prior to your office issuing the ATC. **No grading shall take place on the lot prior to obtaining the ATC from the MCHD.**

Tri-County Wastewater (TCWW) is under contract to supply maintenance services for each septic system installed at The Sanctuary. TCWW will have a list of preferred septic contractors for the subdivision and will also have requirements for septic system installation that are greater than the MCHD and State requirements. It will be the responsibility of TCWW to enforce any requirements above State requirements or the MCHD conditions on the Improvement Permit.

Please review the attached system sketch and design specifications for the Improvement Permit. Any additions or revisions you feel are necessary can be made on the Improvement Permit. Please call in you have and questions or comments.

Design Specifications for Lot 114 at The Sanctuary
MCHD File # 6458B

Daily Design Flow:	600 gpd
Number Bedrooms:	5 bedroom
Basement or Crawl Space:	Basement
Septic Tank Size:	1500 gal
Pump Tank Size:	1500 gal
Primary System Loading Rate:	**0.3 gpd/ft^2**
Primary System:	**25% reduction**
Number and length of laterals:	5 @ 100 ft.
Total ft. of primary system:	500 ft.
Flow Rate through system:	27.5 gpm – use ½ in. SCH 80 taps with 2 ft. head pressure on pressure manifold (5.5 gpm per tap)
Pump Requirements:	to be calculated by installer when specific house and pump tank locations are available
Dosing Volume:	approx. 270 gal. – 2.2 doses/day at design flow
Depth of effluent pumped per dose:	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Check Valve:	yes
Siphon break hole:	no
Repair System Loading Rate:	**0.3 gpd/ft^2**
Repair System:	**LP PPBPS**
Total ft. of repair	355 ft. (334 required)

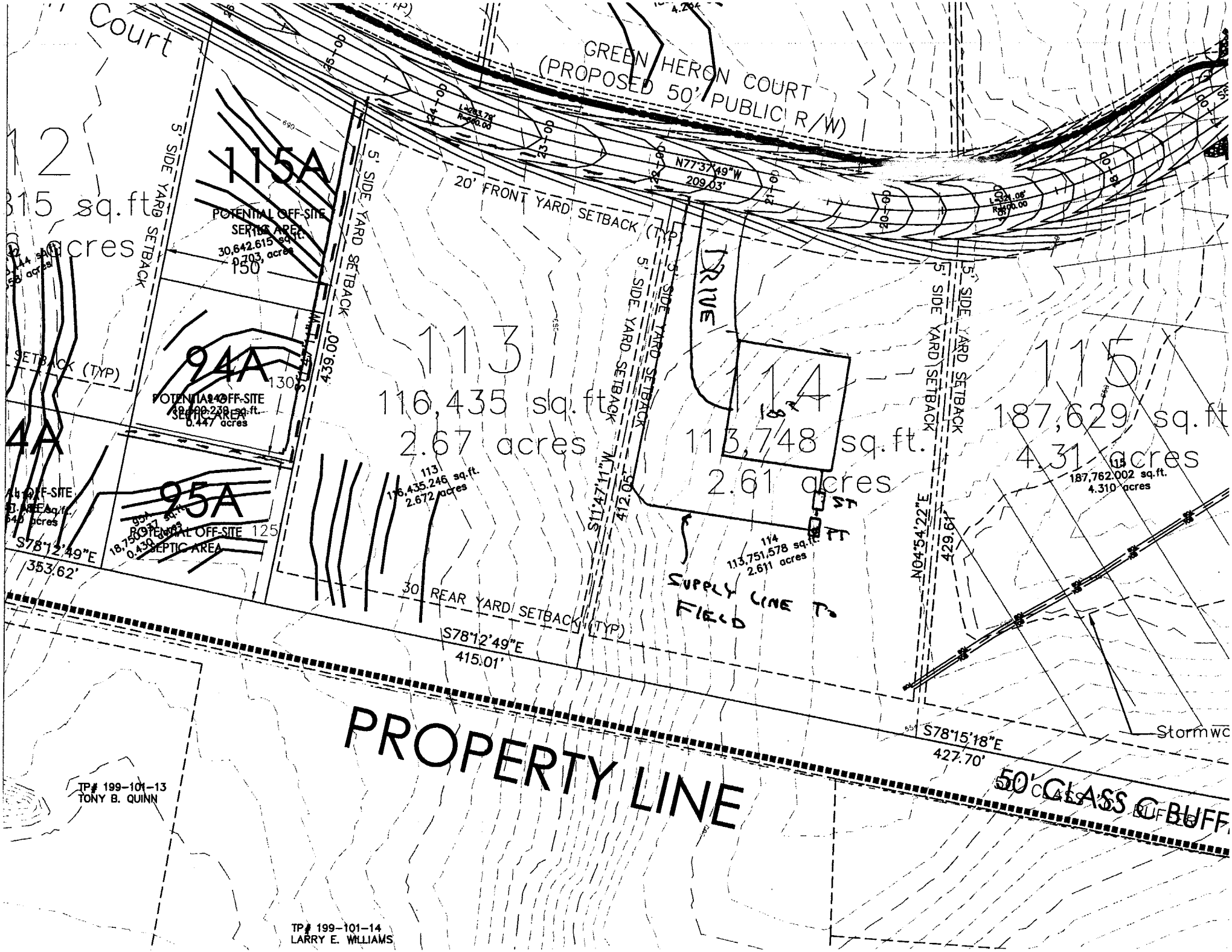
Notes: This lot utilizes an off-site septic area for the drainfield.

S&ME

LOT 114 Offsite Septic Easement

THE SANCTUARY

MECKLENBURG COUNTY, NORTH CAROLINA


GREEN HERON COURT
(PROPOSED 50' PUBLIC R/W)
N77°37'49"W
209.03'
20' FRONT YARD SETBACK (TYP)
5' SIDE YARD SETBACK
115A
POTENTIAL OFF-SITE
SEPTIC AREA
30,642.615 sq.ft.
0.703 acres
150'
94A
POTENTIAL OFF-SITE
SEPTIC AREA
0.447 acres
130'
95A
POTENTIAL OFF-SITE
SEPTIC AREA
125'
439.00'
113
116,435 sq.ft.
2.67 acres
116,435.246 sq.ft.
2.672 acres
DRIVE
14
113,748 sq.ft.
2.61 acres
113,751,578 sq.ft.
2.611 acres
S11°47'11"W
412.05'
115
187,629 sq.ft.
4.31 acres
187,762.002 sq.ft.
4.310 acres
N04°54'22"E
429.61'
S78°12'49"E
353.62'
30' REAR YARD SETBACK (TYP)
S78°12'49"E
415.01'
S78°15'18"E
427.70'
SUPPLY LINE TO FIELD
PROPERTY LINE
50' CLASS C BUFFER
TP# 199-101-13
TONY B. QUINN
TP# 199-101-14
LARRY E. WILLIAMS

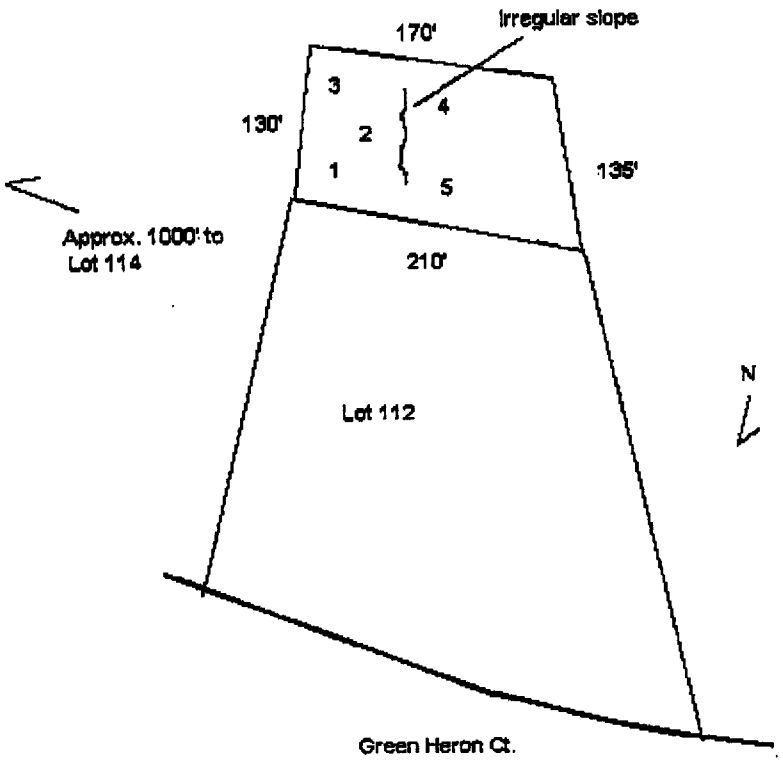
Sheet: 2 of 2
FILE #: 6458B

COMMENTS:
100% repair, area investigated is an off-site drainfield location for Lot 114

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

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

Sketch of Soil Evaluation Locations



Division of Environmental Health
On-site Wastewater Section

Property ID: PO 199-353-02
Lot #: 114
File #: 6458B
Code: 1

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary of Lake Wylie, LLC
Address: 11104 Limehurst Place, Charlotte, N. C. 28278
Proposed Facility: Residence Design Flow (.1949): 600gpd
Location of Site: Green Heron Ct.
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Paul Penninger
Date Evaluated: 5/17/06
Property Size: .57a inv.
Property Recorded:

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV .3GPD/FT^2
		4-45	SBK/C	FI/SEXP/S/P					
		45-48	SBK/CL	FR/SEXP/SS/SP					
2	LS, 10	0-6	GR/CL	"	>45" TO SOIL WETNESS	45	"	"	"
		6-30	SBK/C	FI/SEXP/S/P					
		30-45	SBK/CL	FR/SEXP/SS/SP					
3	LS, 8	0-8	GR/CL	"	>48" TO SOIL WETNESS	48+	"	"	"
		8-48	SBK/C	FI/SEXP/S/P					
4	LS, 15	0-3	GR/CL	FR/SEXP/SS/SP	>47" TO SOIL WETNESS	47	"	"	PS, IV .32GPD/FT^2
		3-21	SBK/C	FI/SEXP/S/P					
		21-47	SBK/CL	FR/SEXP/SS/SP					
5	LS, 10	0-2	GR/CL	"	>48" TO SOIL WETNESS	48+	"	"	PS, IV .3GPD/FT^2
		2-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Martin, LSS, 6/14/2006
Others Present:

FEE: 0.00

DATE: 5/4/2007

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6458B

PERMIT NUMBER: 30000701

PARCEL NUMBER: 19935336

JOB LOCATION INFORMATION

ADDRESS: 10930 GREEN HERON CT

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28278

ISSUED TO: REGAL CUSTOM HOME BUILDERS

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 5/4/2007

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000701, 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: 7/17/2011

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 OCT 09 01:25 PM
BK:21183 PG:554-561 FEE:$32.00

INSTRUMENT # 2006210519



2006210519

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This EASEMENT made this 5th day of October, 20 06, by and between

GRANTOR	GRANTEE
The Sanctuary at Lake Wylie, LLC, a Delaware limited liability company 11104 Limehurst Place Charlotte, NC 28278	The Sanctuary at Lake Wylie, LLC, a Delaware limited liability company 11104 Limehurst Place Charlotte, NC 28278

Enter in appropriate block for each party: name, address, and, if appropriate, character or entity, e.g., corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land upon that certain lot or parcel of land owned by Grantor and located in the city of _____, Steele Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

This instrument was prepared by: James F. Martin

Mail after recording to: Grantor

Mecklenburg Tax Parcel No. P/O 199-353-02 as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 114A Block Phase 4 of The Sanctuary recorded In Map Book 46 Page 717 (if applicable)

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic Tank Drain Field Easement Area located thereon, said parcel labeled threon and hereinafter referred to as the "Easement Parcel."

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of _____, Steele Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. P/O 199-353-02 as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 114A Block Phase 4 of The Sanctuary recorded In Map Book 46 Page 717 (if applicable)

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefited Parcel."

Said Easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace components of said septic system and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee shall have the right to use said connector strip for access as needed. *This Easement may not be altered, amended or cancelled without the express written permission of the Mecklenburg County Health Department, which written permission must be part of any document recorded to alter, amend or cancel this Easement.* This Easement shall automatically expire, however, should Grantee ever hook up the structure located or to be located on the Benefited Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Grantor acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area

- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the Area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

The Sanctuary at Lake Wylie, LLC _____ (SEAL)
(Corporate Name)

BY: _____ _____ (SEAL)
Vice President

ATTEST: _____ (SEAL)

_____ _____ (SEAL)
Secretary (Corporate Seal)

SEAL-STAMP

North Carolina, Mecklenburg County

I, Judy B. Mills, a Notary Public of the County and State aforesaid, certify that James F. Martin, Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. WITNESS my hand and official stamp or seal, this 5th day of October, 20 06.

My Commission Expires: 9/18/09 _____
(Notary Public)

JUDY B. MILLS NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

SEAL-STAMP North Carolina, _____ County

I, _____, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged the ___he is _____ Secretary of _____, a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary. WITNESS my hand and official stamp or seal, this _____ day of _____, 20_____.

My Commission Expires: _____ _____
(Notary Public)

GRANTEE

The Sanctuary at Lake Wylie, LLC _____ (SEAL)
(Corporate Name)

BY: _____ _____ (SEAL)
Vice _____ President

ATTEST: _____ (SEAL)

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, Mecklenburg County

I, Judy B. Mills, a Notary Public of the County and State aforesaid, certify that James F. Martin, Grantee, personally appeared before me this day and acknowledged the execution of the foregoing instrument. WITNESS my hand and official stamp or seal, this 5th day of October, 20 06.

My Commission Expires: 9/18/09 _____
(Notary Public)

JUDY B. MILLS NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

SEAL-STAMP

North Carolina, _____ County

I, _____, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged the ___he is _____ Secretary of _____, a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary. WITNESS my hand and official stamp or seal, this _____ day of _____, 20_____.

My Commission Expires: _____ _____

(Notary Public)

This document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

BY: Kelly Randall DATE: 10-9-06

Kelly Randall
(Print Name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

Exhibit A



Parcel ID#: **19935302** ***GIS ID#:*** **19935302**	
Owner Name:	SANCTUARY AT LAKE WYLIE LLC
Mailing Address:	PO BOX 1003 CHARLOTTE, NC 28201-1003
Legal Desc.:	M40-303 &307
Land Area:	205.16AC
Fire District:	24-STEELE CREEK #2
Special District:	FIRE SERVICE A
Account Type:	NC CORP
Municipality:	0-MECKLENBURG COUNTY-UNINCORP.
Property Use:	VACANT

16493-360 (11/26/2003) $0.00
07606-475 (12/28/1993) $0.00

◉ ISLAND POINT RD

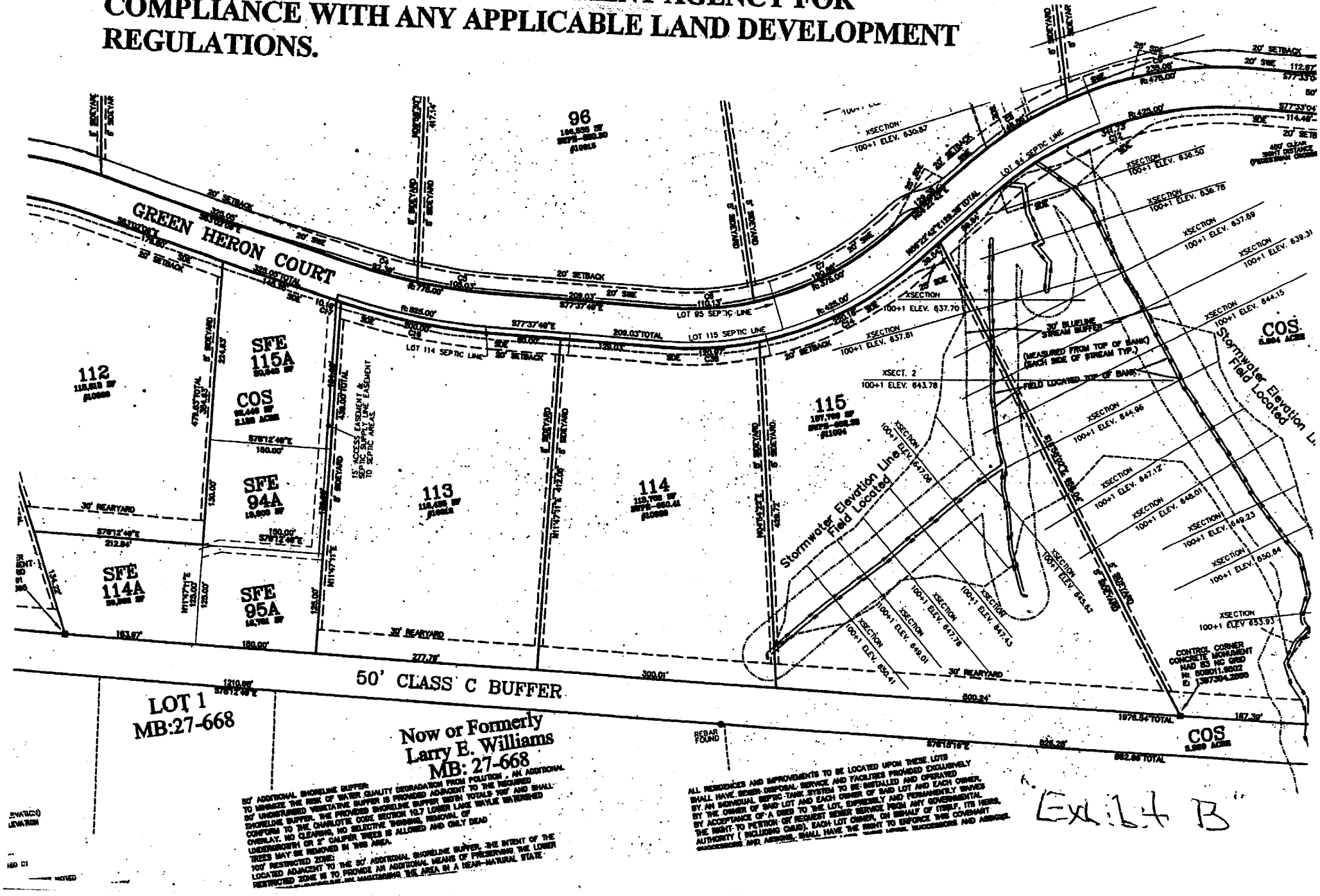
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JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

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