Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 80243 WASPS App #: 4203 4p 1

Primary ES assigned to project: JF2

Secondary ES assigned to project:

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

12/28 Prel 7/2/10

I. File Review:

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

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

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

PVT system type + repair of soils report ✓

7-1109

Plan Approved by T 12/28/09

IA issued date: 6/24/10

OP issued date: 6/24/10

Review performed by: IR

Date performed: 6/30/09

JJ.

4291

8024B

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

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☑ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☑ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 113-321-13

STREET ADDRESS: 8744 Briarcliff CT

CITY: Charlotte

STATE: NC ZIP: 28208

SUBDIVISION NAME:

LOT #: 1 LOT SIZE (acres):

TOWNSHIP:

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

4. BUILDING INFORMATION:

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

FOUNDATION TYPE:

☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A

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

6. WATER SUPPLY: ☐ MUNICIPAL ☑ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE (DRINKING WATER) ☐ OTHER _____

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

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

8A. RANK: ____ ____ ____ ____ ____

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

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

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

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

12. PROPERTY OWNER:

NAME: David Scott Shaffner
ADDRESS: 1912 East John st
CITY: matthews
STATE: NC ZIP: 28105
HOME PHONE:
WORK PHONE: ~ 704-309-6200
MOBILE PHONE:
FAX: 704 847 3195

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

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

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

X DSS (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

X David Scott Shaffner
Property Owner's or Owner's Legal Representative Signature

X 7-10-09
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 100.00 05656 DATE FEE RECEIVED: 7/10/09

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

APPLICATION PROCESSED BY: JC

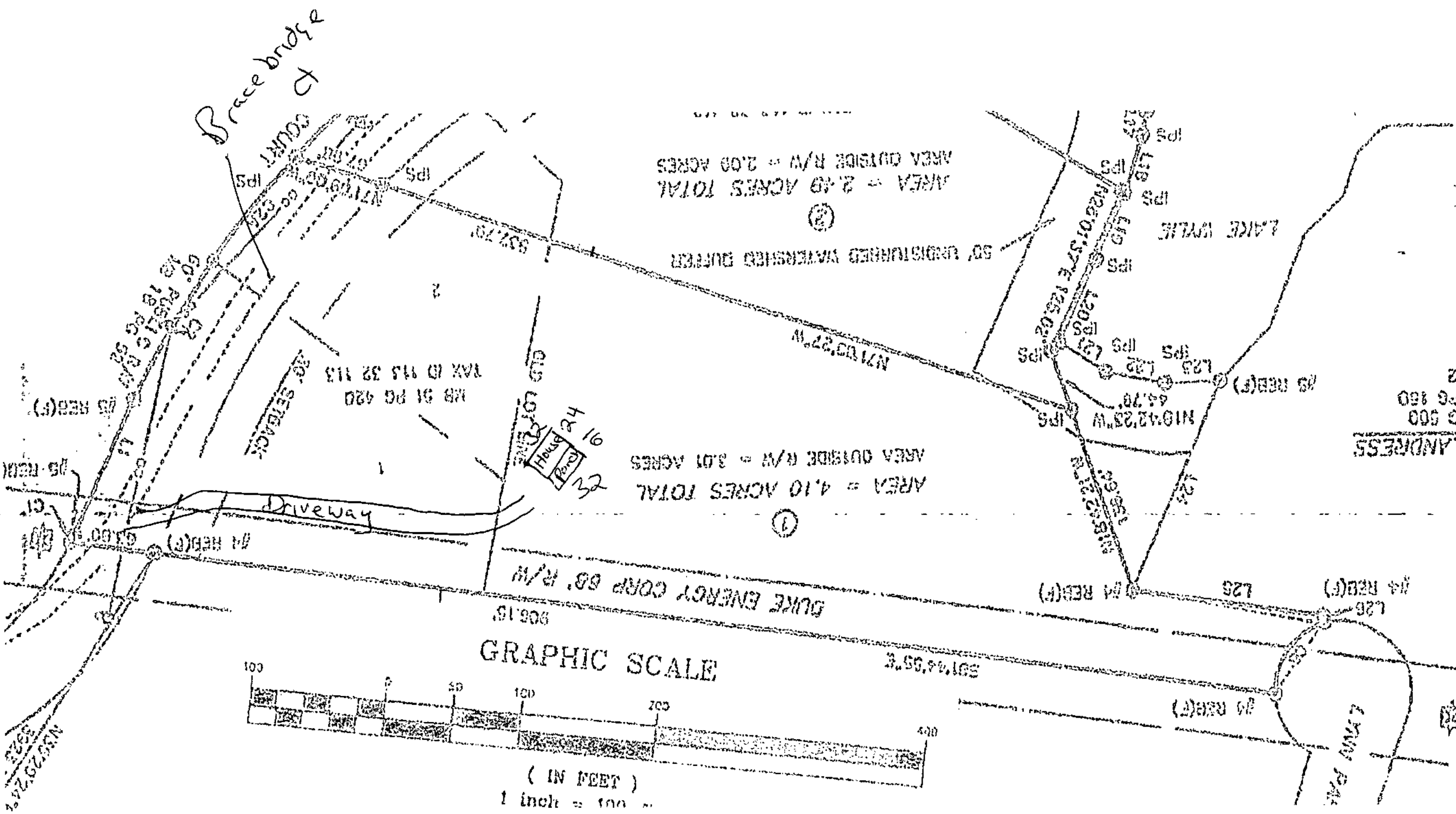
GWS FILE NUMBER ASSIGNED: 8024B

APPLICATION ID NUMBER ASSIGNED: 4291

COMMENTS:

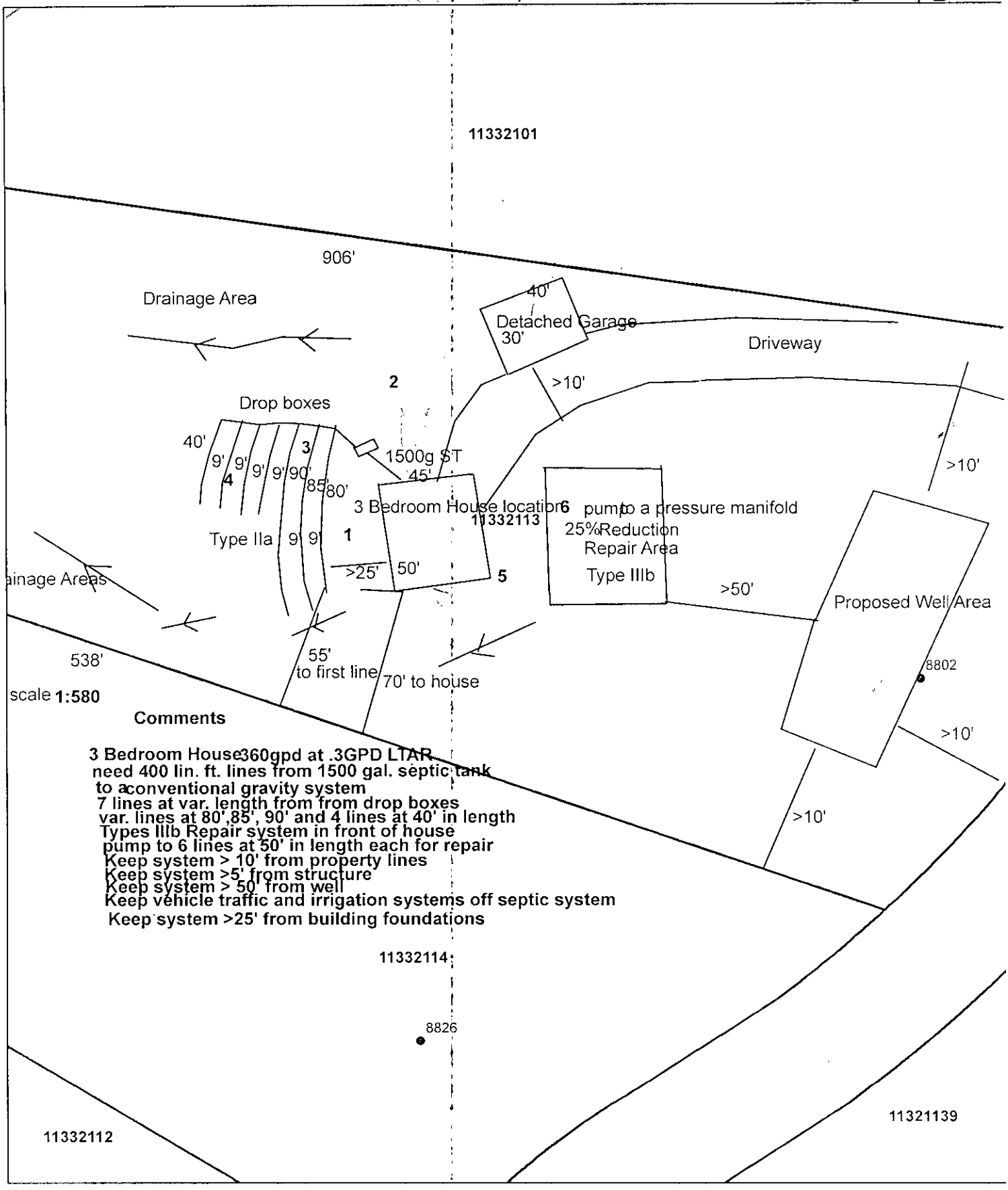
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 7/1/08



House 24 x 32
porch 32 x 16

Proposed Plot Plan
8744 Bracebridge ct
APPLICATION # ~~4208~~ 4291 File # 8024B



Comments

3 Bedroom House360gpd at .3GPD LTAR
need 400 lin. ft. lines from 1500 gal. septic tank
to aconventional gravity system
7 lines at var. length from from drop boxes
var. lines at 80',85', 90' and 4 lines at 40' in length
Types IIIb Repair system in front of house
pump to 6 lines at 50' in length each for repair
Keep system > 10' from property lines
Keep system >5' from structure
Keep system > 50' from well
Keep vehicle traffic and irrigation systems off septic system
Keep system >25' from building foundations

Map Created By: J. Jackson
Map Created On: 7/13/09

0 40 80

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 #: **30004291** GWS File #: **8024B** Tax Parcel #: **113-321-13**

- 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):** 7/13/2014

Type of Installation: Residential - Modified Plot Plan Lot Number: 2

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

Building Foundation: Basement With Plumbing Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: Pump to Approved **System Classification:** N/A

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	30	Depth of Media (in):	0	Distribution Device:	Drop Boxes		

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: Jason Jackson Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 7/13/2009

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 #: **30004291** GWS File #: **8024B**

IV. Permit Conditions/Comments:

- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The septic system shall be located at least 25 feet from any foundation drain.

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

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

DENR Authorized Agent: Jason Jackson

Signature: Jason Jackson

Date Issued: 7/13/2009

Owner/Legal Agent: _____
Print Name

Signature: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 711 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30004291 GWS File #: 8024B Tax Parcel #: 113-321-13

- 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): 7/13/2014

Type of Installation: Residential - Modified Plot Plan Lot Number: 2

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

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: Conventional System Classification: IIa

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	8	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: Pump to Approved System Classification: N/A

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	30	Depth of Media (in):	0	Distribution Device:	Drop Boxes		

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: Jason Jackson Owner/Legal Agent: David Scott Shaffner
Print Name

Signature: [signature] Signature: [signature]

Date Issued: 7/13/2009

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5100 Fax: (704) 336-6994

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30004291 GWS File #: 8024B

IV. Permit Conditions/Comments:

- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The septic system shall be located at least 25 feet from any foundation drain.

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

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

DENR Authorized Agent: Jason Jackson

Signature: Jason Jackson

Date Issued: 7/13/2009

Owner/Legal Agent: David Scott Shaffner
Print Name

Signature: David Scott Shaffner

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 #: 8024 B Permit #: 4291 Tax Parcel #: 113 32113

Property Owner: David Scott Shaffner

Job Location Address: 8744 Braebridge Ct

City: Charlotte State: NC Zip Code: 28208

Installation Approval Issuance Date: 6/24/10

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 7/24/10, 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: 360 GPD Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 3(80') @ 4(40') feet

Depth of Media: 12 inches (Type) gravel

Distribution Device: Drop boxes

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

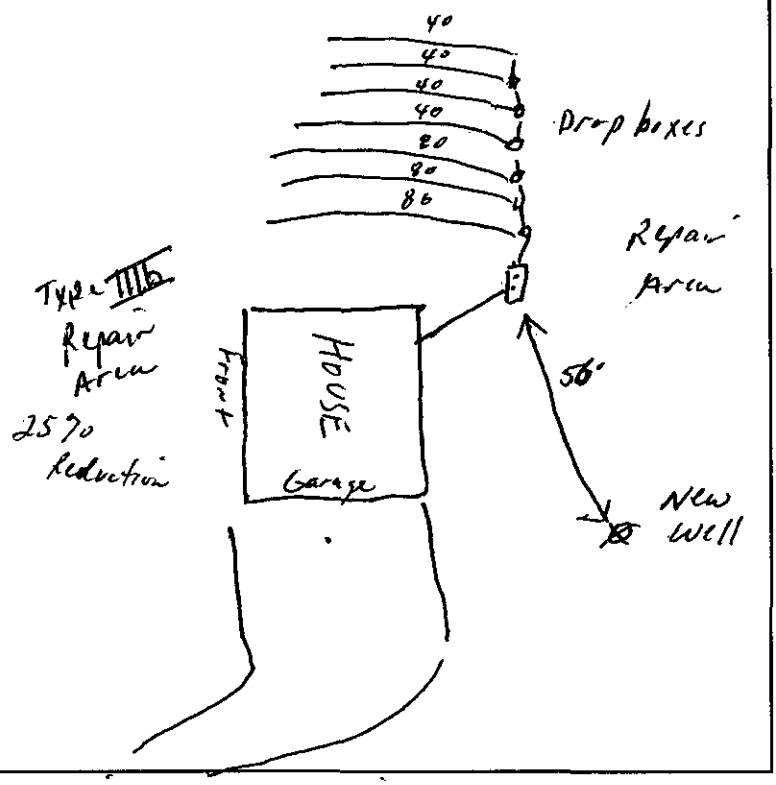
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type IIa, Gravity conventional, Drop box distribution
Install 1500 ST, 3 lines @ 80' long x 3' wd x 12" stone & 4 lines @ 40' long x 3' wd x 12" stone

DENR Authorized Agent: Philo Walker RS Signature: Philo Walker RS

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 #: 8024B Permit #: 4291 Tax Parcel #: 113 321 13

Property Owner: David S. Shaffner

Job Location Address: 8744 Bracebridge Ct

City: Charlotte State: NC Zip Code: 28208

Operation Permit Issuance Date: 6/26/10 Contractor Name: Chris Stevens

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 3(80') @ 4(40') feet

Depth of Media: 12 inches (Type) Gravel

Depth of Cover: 18 inches

Distribution Device: Drop boxes

Inspection Dates

Tank(s) Inspected: 6/26/10

Excavation Inspected: 6/26/10

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See installation approval

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: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 56 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: Type IIa, Gravity gravel

DENR Authorized Agent: Philo Walker RS Signature: Philo Walker RS

Philo Walker

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 #: 8024B Permit #: 4291 Tax Parcel #: 113 321 13

Property Owner: David S. Shaffner

Job Location Address: 8744 Bracebridge Ct

City: Charlotte State: NC Zip Code: 28208

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: IIa

*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: Gravel gravity

DENR Authorized Agent: Philo Walker RS Date: 6/26/10

Signature: Philo Walker RS

80240 625159 4208

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

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 113-321-13
STREET ADDRESS: 8744 Bracebridge ct.
CITY: Charlotte N.C.
STATE: NC ZIP: 28208
SUBDIVISION NAME:
LOT #: 1 LOT SIZE (acres): 4.10
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: 2
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

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

6. WATER SUPPLY: ☐ MUNICIPAL ☑ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE (DRINKING WATER) ☐ OTHER _____

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

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

8A. RANK: 1 ___ ___ ___ ___

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? 5-1-09 ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Scott Shaffner
ADDRESS: 1912 E John St.
CITY: Matthews
STATE: NC ZIP: 28105
HOME PHONE: 704-847-2170
WORK PHONE:
MOBILE PHONE: 704 309 6200
FAX: 704 847-3195

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

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

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring. DSS (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

David Scott Stephens — Property Owner's or Owner's Legal Representative Signature

5-21-09 — Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 250.00 CC 025759 DATE FEE RECEIVED: 5/21/09

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

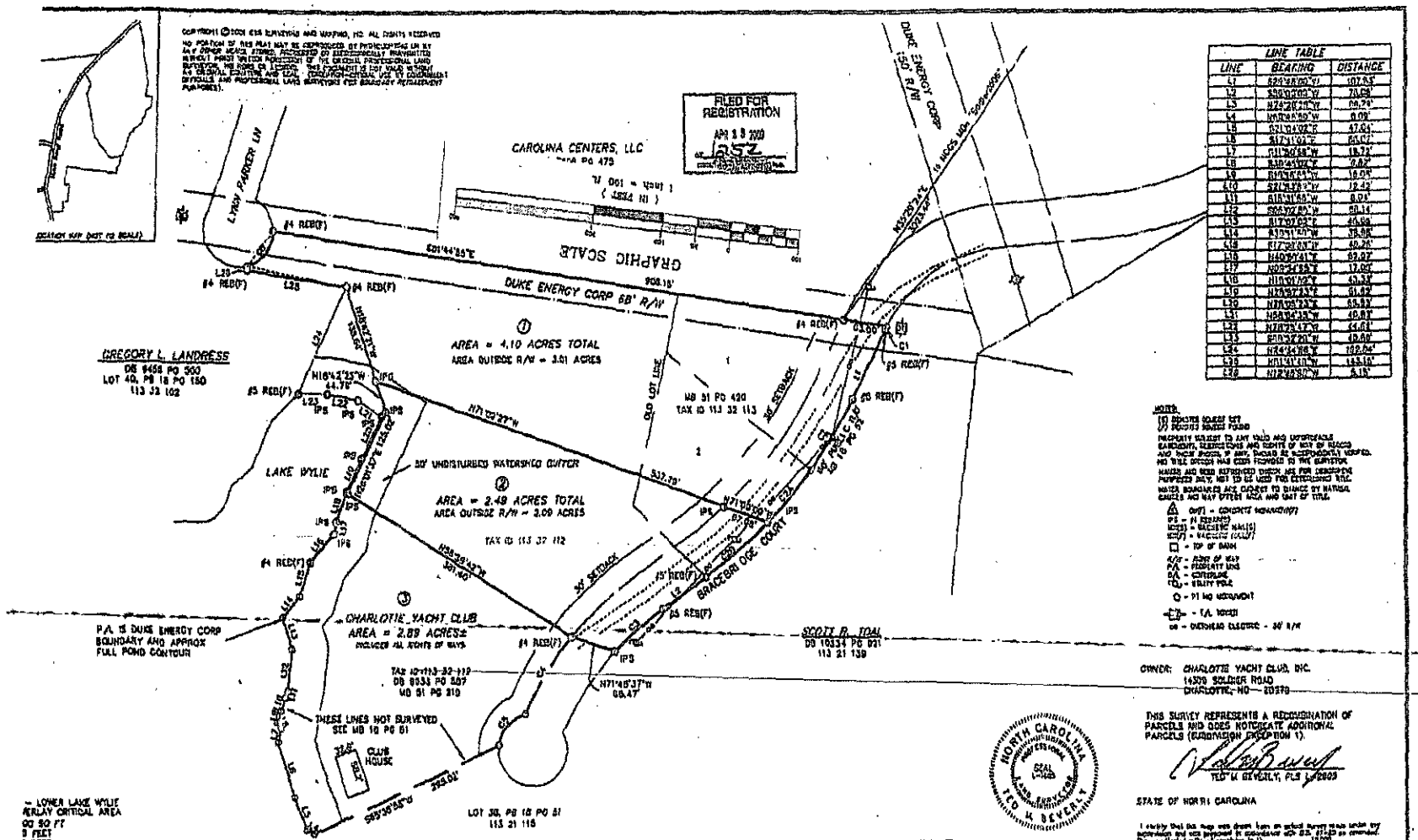
APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 8024B

APPLICATION ID NUMBER ASSIGNED: 4208

COMMENTS:

MAP BOOK 57 PAGE 523



LINE TABLE		
LINE	BEARING	DISTANCE
L1	S24°48'50"E	107.53'
L2	S39°00'00"W	70.68'
L3	N24°28'31"W	99.79'
L4	N17°44'55"W	8.09'
L5	N71°04'02"E	47.61'
L6	N17°31'02"E	64.07'
L7	N11°30'58"W	18.73'
L8	N38°45'02"E	9.82'
L9	N17°08'55"W	18.09'
L10	S71°34'19"W	19.43'
L11	N18°31'48"W	8.04'
L12	S88°02'58"W	60.14'
L13	N17°00'03"E	40.66'
L14	N39°51'20"W	38.86'
L15	S17°38'08"W	40.26'
L16	N40°09'41"E	63.07'
L17	N09°54'15"E	17.00'
L18	N11°00'00"E	43.32'
L19	N24°57'33"E	61.57'
L20	N71°03'33"E	69.82'
L21	N68°06'33"W	46.81'
L22	N18°29'47"W	54.68'
L23	S20°07'20"W	49.66'
L24	N24°14'56"E	102.04'
L25	N11°41'10"W	144.10'
L26	N12°48'50"W	5.15'

NOTES:
(I) DENOTES SOURCE SET
(F) DENOTES SOURCE FOUND
PROPERTY SUBJECT TO ANY VALID AND ENFORCEABLE EASEMENTS, RESTRICTIONS AND RIGHTS OF WAYS OF RECORD AND THOSE RIGHTS, IF ANY, WHICH AN INSPECTION MAY REVEAL. NO TITLE OPINION HAS BEEN FURNISHED TO THE SURVEYOR.
RANGE AND REED REFERENCED DEEDS ARE FOR DESCRIPTIVE PURPOSES ONLY, NOT TO BE USED FOR CONVEYANCE WILL.
WATER BOUNDARIES ARE CLOSEST TO DISTANCE BY NATURAL CAUSES AND MAY AFFECT AREA AND LIMIT OF TITLE.
CM(F) - CONCRETE MONUMENT(F)
IPS - PK SET(NAIL)
RB(F) - REBAR(F)
□ - TOP OF BANK
R/W - RIGHT OF WAY
PL - PROPERTY LINE
CL - CENTERLINE
UP - UTILITY POLE
○ - PI NO MONUMENT
OH - OVERHEAD ELECTRIC - 30' R/W

OWNER: CHARLOTTE YACHT CLUB, INC.
16309 SOLDIER ROAD
CHARLOTTE, NC — 28278

THIS SURVEY REPRESENTS A RECOMBINATION OF PARCELS AND DOES NOTCREATE ADDITIONAL PARCELS (SUBDIVISION EXCEPTION 1).

TED M. BEVERLY, PLS L-3603

STATE OF NORTH CAROLINA

I hereby that the map was drawn from an actual survey made under my supervision and was prepared in accordance with G.S. 47-30 as amended. The unadjusted ratio of precision is 1:_____. Witness my hand and seal this 22nd day of _____, 2009.

L-3603
SEAL No.

~ LOWER LAKE WYLIE
RESERVOIR CRITICAL AREA
100 SQ FT
0 FEET
1 FEET
KEY
FEET

100 AREA PER LOT PER WATERSHED REGULATIONS

RECORDING OF THIS PLAT, THIS PROPERTY IS LOCATED CHARLOTTE'S EXTRA TERRITORIAL JURISDICTION.

MEET TO THE PROVISIONS OF THE CITY OF CHARLOTTE SUBDIVISION ORDINANCES AND DOES NOT REQUIRE CHARLOTTE-MECKLENBURG PLANNING COMMISSION. E SUBDIVISION OF THIS PROPERTY MAY BE SUBJECT

ECKLENBURG PLANNING COMMISSION

4/22/09
MISSION STAFF DATE

, REVIEW OFFICER OF MECKLENBURG COUNTY MAP OR PLAT TO WHICH THIS CERTIFICATION ALL STATUTORY REQUIREMENTS FOR RECORDING.

4/22/09
REVIEW OFFICER DATE

CURVE TABLE				
CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	201.93'	5.51'	5.51'	S27°32'50"W
C2	848.60'	114.72'	114.57'	S31°21'13"W
C2A	848.60'	55.00'	55.00'	S41°11'19"W
C2B	848.60'	118.02'	118.75'	S50°43'36"W
C3	401.03'	90.10'	90.44'	S48°31'26"W
C4	481.93'	125.05'		
C5	50.00'	80.61'		
C6	50.00'	67.34'	62.56'	N32°19'34"E

RECOMBINATION PLAT FOR:
CHARLOTTE YACHT CLUB, INC. ~ PLAT 3

TOWNSHIP: STEELE CREEK TAX I.D.: AS SHOWN
COUNTY: MECKLENBURG STATE: NORTH CAROLINA
DATE: MARCH 4, 2009 JOB NO.: 0509102

REVISIONS

DATE	DESCRIPTION

CES Surveying & Mapping, Inc.
122 EAST ROBINSON STREET
GAFFNEY, SC 29340 (864) 489-5058

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

Sheet: 1 of 2
Property ID: 113-321-13
Lot #: 1
File #: 8024b
AppID: 4208

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Scott Shaffer
Address: 1912 E. John St Matthews NC 28105
Proposed Facility: Residence
Design Flow (.1949): 360GPD
Location of Site: 8744 Bracebridge Ct. Charlotte NC 28208
Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Scott Shaffer
Date Evaluated: 05/25/2009
Property Size: 4.10a
Property Recorded: 05/01/2009

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941		PROFILE FACTORS b				
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	L.S	0-2	GR/L	FR,SS,SP,SXP	>48" TO SOIL WETNESS	48	N/A	NONE	P S IV
	14%	2-30	SBK/C	FI,S,P,SXP					.3GPD/FT^2
		30-48	SBK/CL	FI-FR,S,SP,SXP					
2	L.S	0-15	SBK/C	FI,S,P,SXP	LATERAL WATER @ 15"				U.S IV
	10%				HOLE FILLED W/ WATER				.3GPD/FT^2
3	L.S	0-2	GR/L	FR,SS,SP,SXP					
	10%	2-24	SBK/C	FI,S,P,SXP	>48" TO SOIL WETNESS	48	"	"	P.S IV
		24-48	SBK/CL	FI-FR,S,SP,SXP					.3GPD/FT^2
4	L.S	0-2	GR/L	FR,SS,SP,SXP	"	"	"	"	"
	12%	2-28	SBK/C	FI,S,P,SXP					
		28-48	SBK/SCL	FI-FR,S,SP,SXP					
5	L.S	0-2	GR/L	FR,SS,SP,SXP	"	"	"	"	"
	8%	2-36	SBK/C	FI,S,P,SXP					
		36-48	SBK/SCL	FI-FR,S,SP,SXP					
6	L.S	0-4	GR/SL	FR,SS,SP,SXP	"	"	"	"	"
	5%	4-48	SBK/C	FI,S,P,SXP					
				Site LTAR .3GPD/FT^2					

Description	Initial System	Repair System
Available Space (.1945)	P.S	P.S
System Type(s)	IIa	IIIb
Site LTAR	.3GPD/FT2	.3GPD/FT2

Other Factors (.1946):
Soil Evaluation By: Jason Jackson
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jason Jackson
Others Present:

Sheet: 2of2

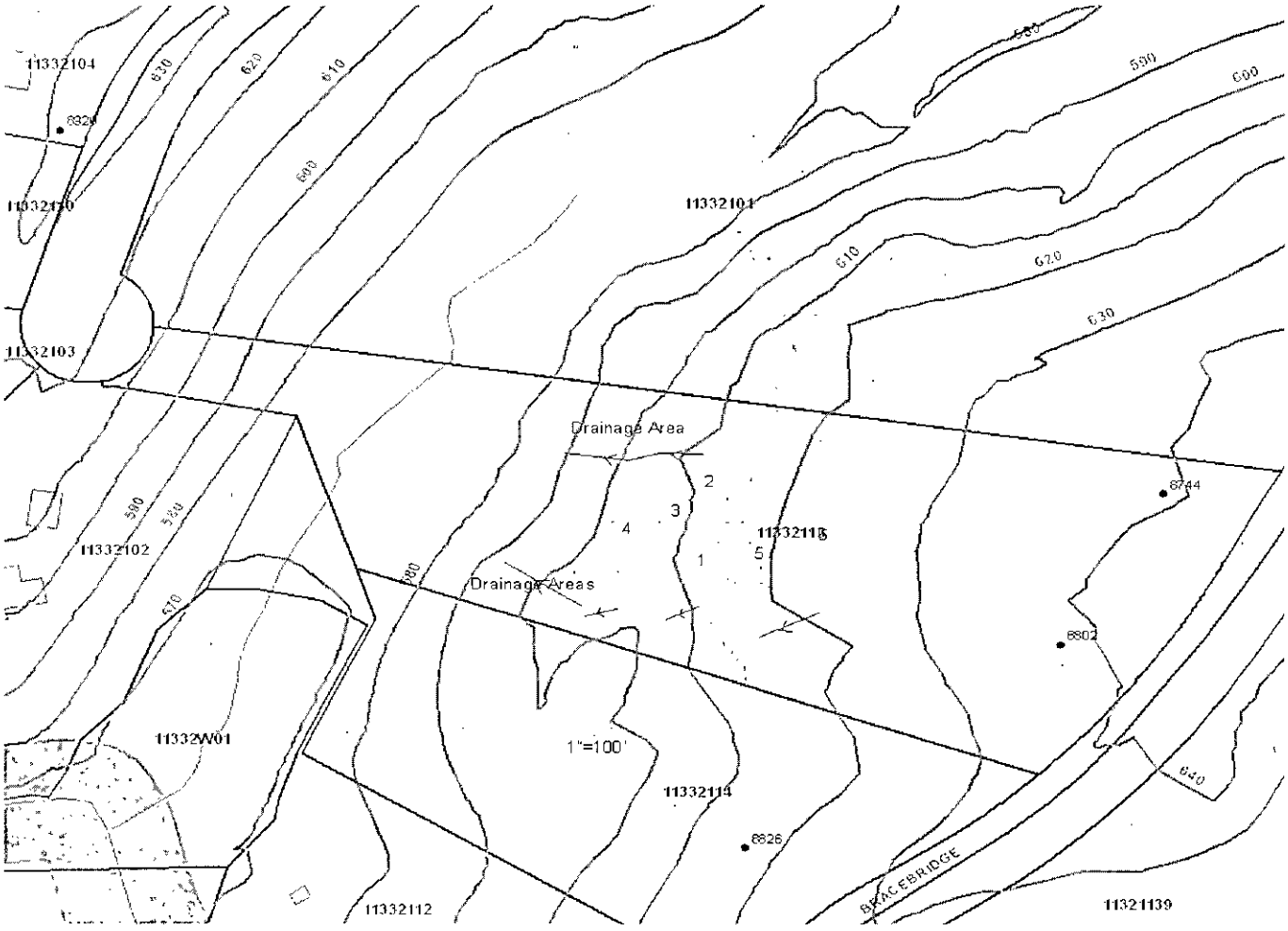
COMMENTS: FILE #: 8024B

Lot requires 100% repair area.

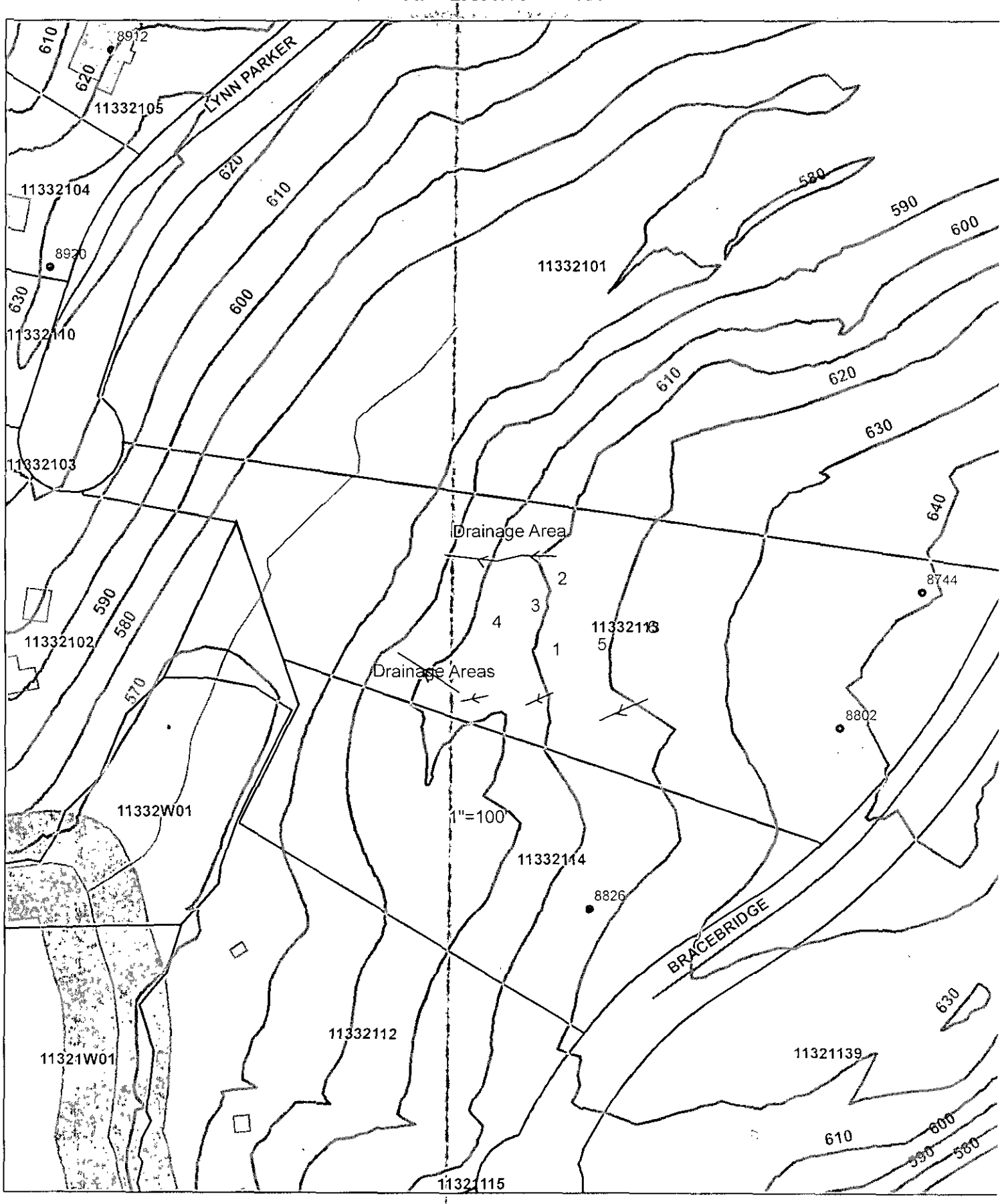
Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
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



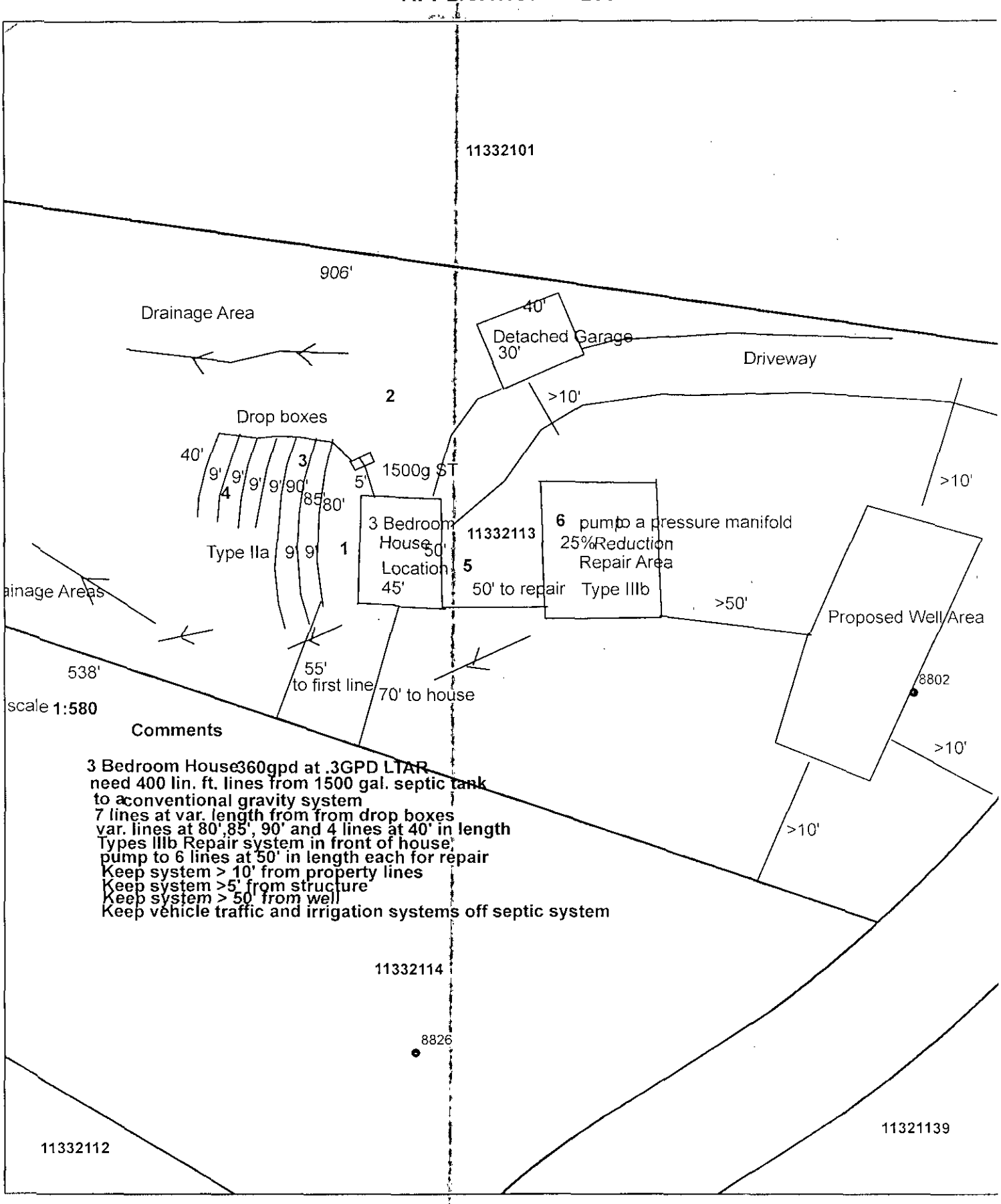
SOIL EVALUATION LOCATIONS FOR
8744 Bracebridge ct
APPLICATION # 4208



Map Created By: J. Jackson
Map Created On: 6/1/09

0 60 120 240 Feet

Proposed Plot Plan
8744 Bracebridge ct
APPLICATION # 4208



Comments

3 Bedroom House 360gpd at .3GPD LTAR
need 400 lin. ft. lines from 1500 gal. septic tank
to a conventional gravity system
7 lines at var. length from from drop boxes
var. lines at 80', 85', 90' and 4 lines at 40' in length
Types IIIb Repair system in front of house,
pump to 6 lines at 50' in length each for repair
Keep system > 10' from property lines
Keep system >5' from structure
Keep system > 50' from well
Keep vehicle traffic and irrigation systems off septic system

Map Created By: J. Jackson
Map Created On: 6/1/09

0 40 80

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 #: **30004208** GWS File #: **8024B** Tax Parcel #: **113-321-13**

- 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):** 6/1/2014

Type of Installation: Residential - New System Lot Number: 1

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

Building Foundation: Concrete Slab Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Jason Jackson Owner/Legal Agent: _____ Print Name

Signature: Jason Jackson Signature: _____

Date Issued: 6/1/2009

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/29/09
Receipt #: 65055
Check / Auth #: VISA 030704
Received By: CRAIGGY

Amount: 200.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: SHAFFNER DAVID
Attn:
Address: 1912 E JOHN ST
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 8744 BRACEBRIDGE ST/FILE 8024B		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
35.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/29/09
Receipt #: 65056
Check / Auth #: VISA 030704
Received By: CRAIGGY

Amount: 200.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: SHAFFNER DAVID
Attn:
Address: 1912 E JOHN ST
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 8744 BRACEBRIDGE CT FILE 8024B		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
35.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/10/09	**Amount:**	100.00
Receipt #:	63526	**Tendered:**	0.00
Check / Auth #:	VISA 05656B	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: SHAFFNER DAVID SCOTT
Attn:
Address: 1912 EAST JOHN STREET
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 8744 Bracebridge CT file 8024B		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
225.00	145.00	40.00			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/21/09	**Amount:**	250.00
Receipt #:	62899	**Tendered:**	0.00
Check / Auth #:	VISA 025159	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: SHAFFNER DAVID
Attn:
Address: 1912 E JOHN ST
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 8744 BRACEBRIDGE CT		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
40.00					