MECKLENBURG COUNTY
HEALTH DEPARTMENT

10140B #9971

APR 17 '18 PM12:06

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: 111-143-02
STREET ADDRESS: 7800 Hamsburg Rd
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 6.25
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

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

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

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

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

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

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: _____ _____ _____ _____ _____

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

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

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

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

12. PROPERTY OWNER:
NAME: Christopher Kinchelse & Allison Tate
ADDRESS: 7800 Hamsburg Rd
CITY: Charlotte
STATE: NC ZIP: 28215
WORK PHONE: 704-292-8503
MOBILE PHONE: "
FAX: _____
E-MAIL: alli94@gmail.com

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

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

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

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

_____ 10/2/18

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Revised on: 12/15/10

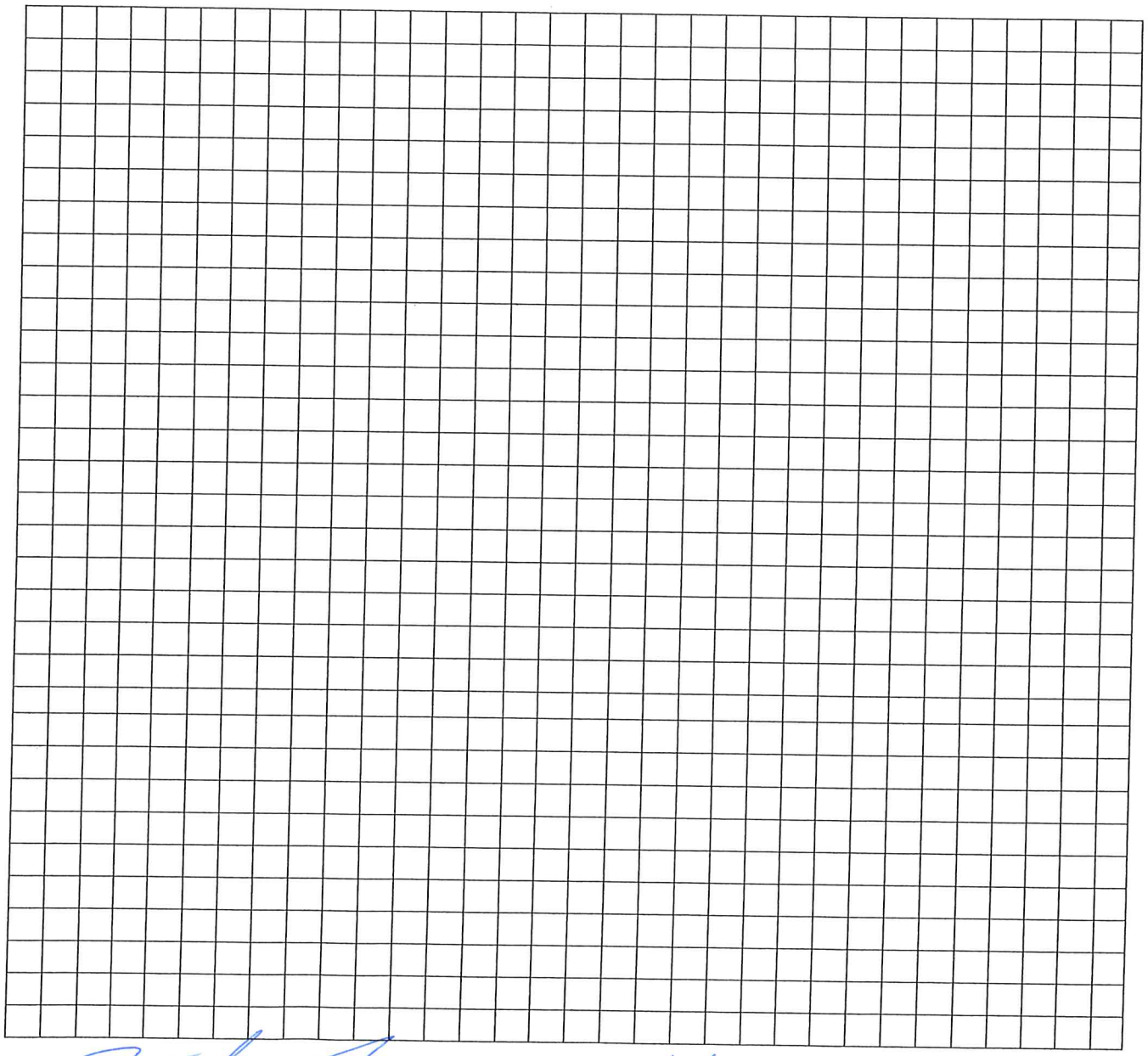
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

10/2/18
Date

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

Revised on: 12/15/10

Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	7500 Hamsburg Rd.
WASPS App #:	
Primary ES assigned to project:	
Secondary ES assigned to project:	
Project Type:	Repair
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	N/A
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	N/A
Corrections/modifications needed?	No
Comments:	
IA issued date:	
OP Issued date:	
Review performed by:	Jeremy Michael
Date performed:	10/19/2018

Created at 10/19/2018 2:52 PM by Michael, Jeremy
Last modified at 10/19/2018 2:52 PM by Michael, Jeremy

Close

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Christopher Kincheloe & Allison Tate — APPLICATION DATE: 10-2-18
ADDRESS: 7800 Harrisburg Rd — DATE EVALUATED: ___
PROPOSED FACILITY: Residence — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: ___
LOCATION OF SITE: Same — PROPERTY RECORDED: ___
WATER SUPPLY: [X] Private [ ] Public [ ] Well [ ] Spring [ ] Other ___
EVALUATION METHOD: [X] Auger Boring [ ] Pit [ ] Cut — TYPE OF WASTEWATER: [X] Sewage [ ] Industrial Process [ ] Mixe

PROFILE PIT	1940 LANDSCAPE POSITION / SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1945 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 3%	0-10	SCl WSBK	SS SP SEXP	N/A	48"	N/A	N/A	.3 PS
		10-24	C SBK	SS SP SEXP					
		24-48	Cl WSBK	SS SP SEXP					
2									
3									
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: April Bumgarner
OTHER(S) PRESENT: ___

FOR REGISTRATION
Fredrick Smith
REGISTER OF DEEDS
Mecklenburg County, NC
2018 OCT 18 02:27:56 PM
BK:33053 PG:979-984
FEE:$26.00
INSTRUMENT # 2018131822
PHETSL



Returned to customer

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC SYSTEM EASEMENT AGREEMENT

This EASEMENT made this 18 day of October, 2018, by and between

GRANTOR	**GRANTEE**
Christopher R. Kincheloe & Vera A Tate 7800 Harrisburg Rd. Charlotte, NC 28215	Christopher R. Kincheloe & Vera A Tate 7800 Harrisburg Rd. Charlotte, NC 28215

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 Charlotte, _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

This instrument was prepared by: Christopher R. Kincheloe and Vera A Tate

Mail after recording to: _____

Mecklenburg Tax Parcel No. 111-143-01 as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot _____ Block _____ of _____ recorded

In Map Book _____ Page _____ (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 System 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 _____, _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 111-143-02 as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot _____ Block _____ of _____ recorded

In Map Book _____ Page _____ (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 System Easement Area on the Easement Parcel and to inspect, maintain, repair and replace components of said septic system 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 System 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

_____ _____ (SEAL)
(Corporate Name) Christopher R Kincheloe

BY: _____ _____ (SEAL)
_____ President Vera Allison Tate

ATTEST: _____ (SEAL)

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP

DEBRA E MATHERLY
Notary Public
Mecklenburg Co., North Carolina
My Commission Expires Sept. 25, 2023

North Carolina, Mecklenburg County

I, Debra E. Matherly, a Notary Public of the County and State aforesaid, certify that Christopher Ryan Kincheloe Vera Allison Tate Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. WITNESS my hand and official stamp or seal, this 18 day of October, 2018.

My Commission Expires: Sept 25 2023 Debra E Matherly
(Notary Public)

SEAL-STAMP

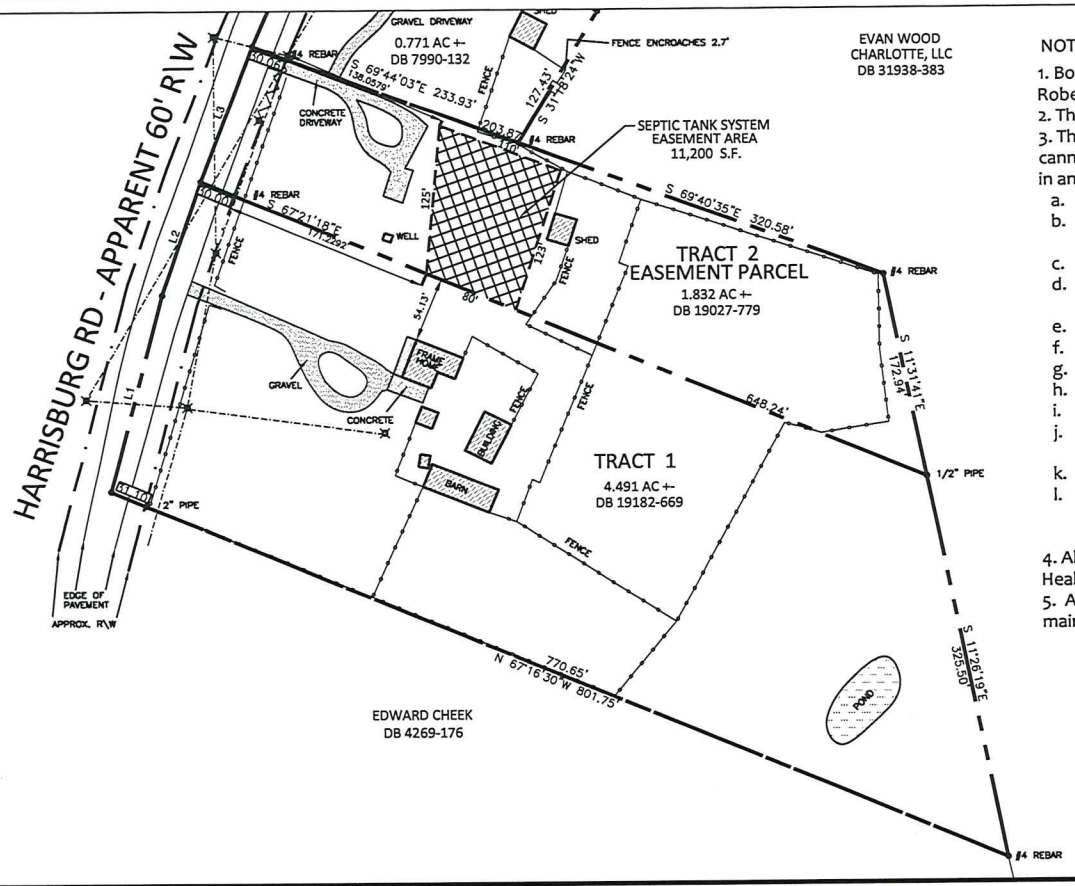
North Carolina, _____ County

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)

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.



NOTES:

1. Boundary information taken from digital file by Dedmon Surveys, Robert Dedmon, PLS #3899, dated 10/12/17.
2. This is not a survey for conveyance or sales purposes.
3. The Septic Tank System Easement Area denoted on Lot 2, DB 19027-779, cannot be used and will not be used for any of the following activities or in any of the following ways;
   a. Grading or Filling
   b. Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
   c. Excavating soil from the Area
   d. Placing footings or foundations or engaging in any other construction activity in the Area
   e. Placing in-ground or above-ground swimming pools in the Area
   f. Placing irrigation systems in the Area
   g. Placing underground utility lines or cables in the Area
   h. Planting trees or gardens in the Area
   i. Removing any large trees in the Area unless dead or diseased
   j. Using the Area for the burial of stumps, trash, or any other type of construction material
   k. Using the Area for grave sites
   l. 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
4. All construction shall be in full conformance with Mecklenburg County Health Department standards and specifications.
5. Access ingress/egress shall be maintained to the Area for inspection, maintenance, repair and replacement components of the system.

LEGEND

R\W	RIGHT-OF-WAY
E\P	EDGE OF PAVEMENT
C\L	CENTERLINE
PDE	PERMANENT DRAINAGE EASEMENT
	UTILITY POLE
	LIGHT POLE
	SANITARY SEWER MANHOLE
	OVERHEAD UTILITY LINE

TONY M. TATE LANDSCAPE ARCHITECTURE, PA
5011 SOUTHPARK DRIVE, STE. 200 - DURHAM, NC 27713
p: (919) 484-6880 f: (919) 484-8881 e: tony@tmtla.com

NORTH CAROLINA REGISTERED LANDSCAPE ARCHITECT 741 TONY M. TATE

NORTH CAROLINA REGISTERED LANDSCAPE ARCHITECTURE FIRM No. C-126

KINCHELOE/TATE RESIDENCE

EXHIBIT B

7800 Harrisburg Road
Charlotte, North Carolina

October 10, 2018

Vera A. Tate
Chris R. Kincheloe
7800 Harrisburg Road
Charlotte, North Carolina
Mecklenburg County

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

_____ _____ (SEAL)
(Corporate Name) Christopher R. Kincheloe

BY: _____ _____ (SEAL)
_____ President Vera Allison Tate

ATTEST: _____ (SEAL)

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, Mecklenburg County

I, Debra E. Matherly, a Notary Public of the County and State aforesaid, certify that Christopher Ryan Kincheloe Vera Allison Tate Grantee, personally appeared before me this day and acknowledged the execution of the foregoing instrument. WITNESS my hand and official stamp or seal, this 18 day of October, 2018.

DEBRA E MATHERLY
Notary Public
Mecklenburg Co., North Carolina
My Commission Expires Sept. 25, 2023

My Commission Expires: Sept. 25, 2023 Debra E Matherly
(Notary Public)

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: _____ Permit #: _____ Tax Parcel #: 111-143-02

Property Owner: Christopher Kincheloe & Allison Tate

Job Location Address: 7800 Harrisburg Rd

City: Charlotte State: NC Zip Code: 28215

Improvement Permit Issuance Date: NA **Construction Authorization Issuance Date** 10-19-18

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 permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

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

Liquid Capacity of Septic Tank: 1000 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) 25% Red.

Distribution Device: _____

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: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Option 1 Replace tank w/ new 1000 gal tank & Reconnect to existing system if possible.

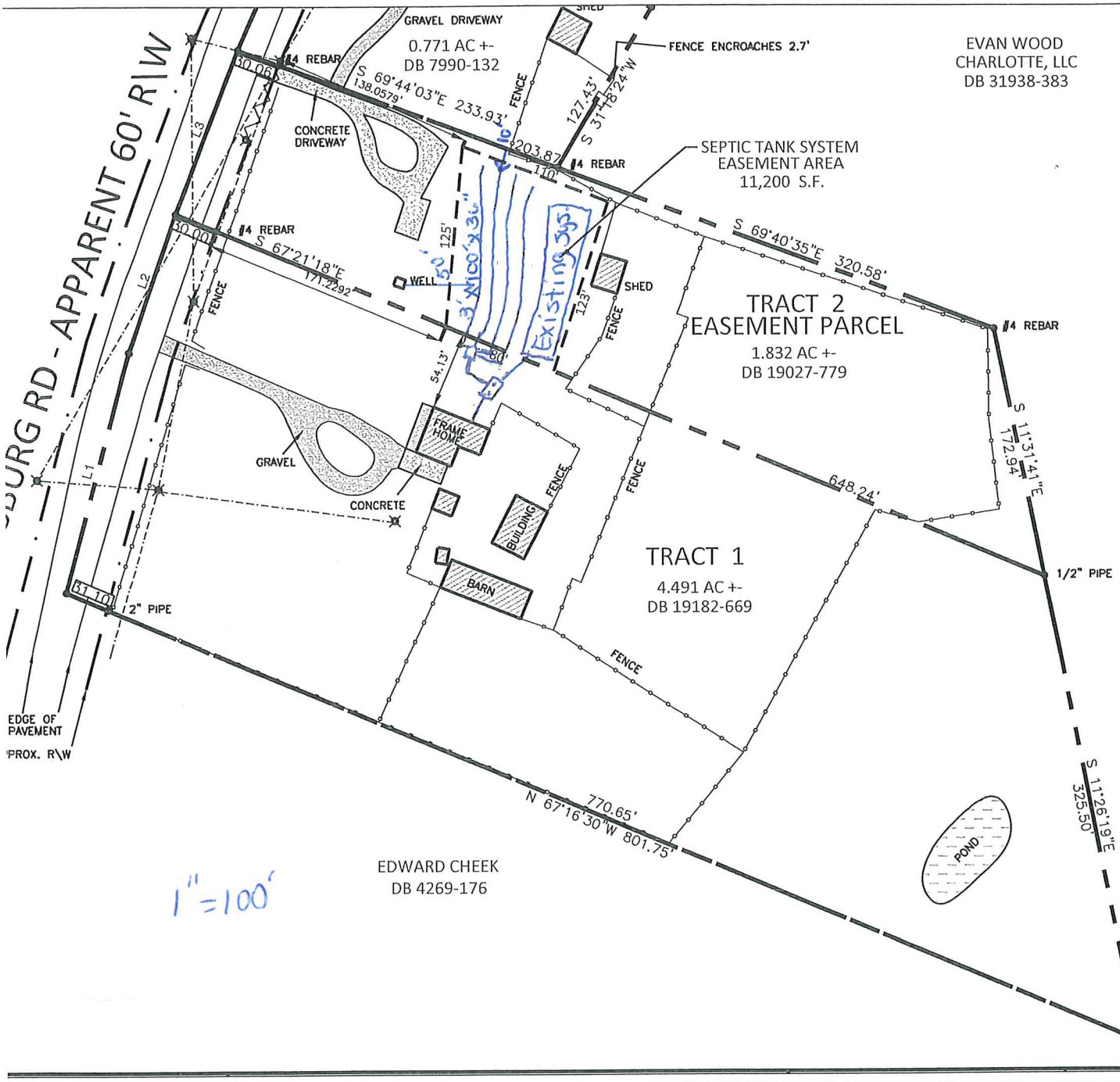
option 2 add 400 LF of new drainfield. (see attached drawing)

Call April Bumgarner @ 7045129831 for Preconstruction meeting.

Comments: System Classification & Type: IITgl

Authorized Agent: April Bumgarner Signature: April Bumgarner

Owner Signature: _____ Date: _____



NOT

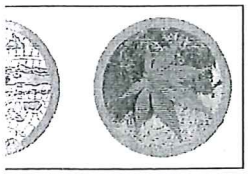
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PE ARCHITECTURE, PA
200 - DURHAM, NC 27713
-8881 e: tony@lmla.com

NORTH CAROLINA REGISTERED LANDSCAPE ARCHITECT 741 TONY M. TATE

NORTH CAROLINA LANDSCAPE ARCHITECTURE, P.A. No. C-126 TONY M. TATE LANDSCAPE ARCHITECTURE, P.A.

KINCHELOE/TATE F

EXHIBIT B

7800 Harrisburg Road
Charlotte, North Carolina

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
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City: Charlotte State: NC Zip Code: 28215

Improvement Permit Issuance Date: NA **Construction Authorization Issuance Date** 10-19-18

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 permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

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

Liquid Capacity of Septic Tank: 1000 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) 25% Red.

Distribution Device: _____

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: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Option 1 Replace tank w/ new 1000 gal tank & Reconnect to existing system if possible.

option 2 add 400 LF of new drainfield. (see attached drawing)

Call April Bumgarner @ 7045129831 for Preconstruction meeting.

Comments: System Classification & Type: IIIg1

Authorized Agent: April Bumgarner Signature: April Bumgarner

Owner Signature: _____ Date: _____