12/5/2012

8640B

MECKLENBURG COUNTY HEALTH DEPARTMENT App #5940

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: 19502221

STREET ADDRESS: 13318 Belle Grove Manor LN.

CITY: Mint Hill

STATE: NC ZIP: 28227

SUBDIVISION NAME: Belle Grove Manor

LOT #: 21 LOT SIZE (acres): .76

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: 4019

NUMBER OF BEDROOMS: 5

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? July 2013 ☐ N/A

12. PROPERTY OWNER:

NAME: Essex Homes Southeast Inc.

ADDRESS: 13310 South Ridge DR

CITY: Charlotte

STATE: N.C. ZIP: 28273

WORK PHONE: 704-423-8988

MOBILE PHONE: 704-825-9284

FAX: 980-225-8990

E-MAIL: SLatt@essexhomes.Net

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Susan Latt

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.

SC (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.

N/A (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.

Jason Scott — 12/5/2012

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 DATE FEE RECEIVED: 12/7/12

WELL APPLICATION FEE RECEIVED: $ [illegible] DATE FEE RECEIVED: [illegible]

APPLICATION PROCESSED BY: lwa

GWS FILE NUMBER ASSIGNED: 8640 B

APPLICATION ID NUMBER ASSIGNED: 5940

COMMENTS:

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

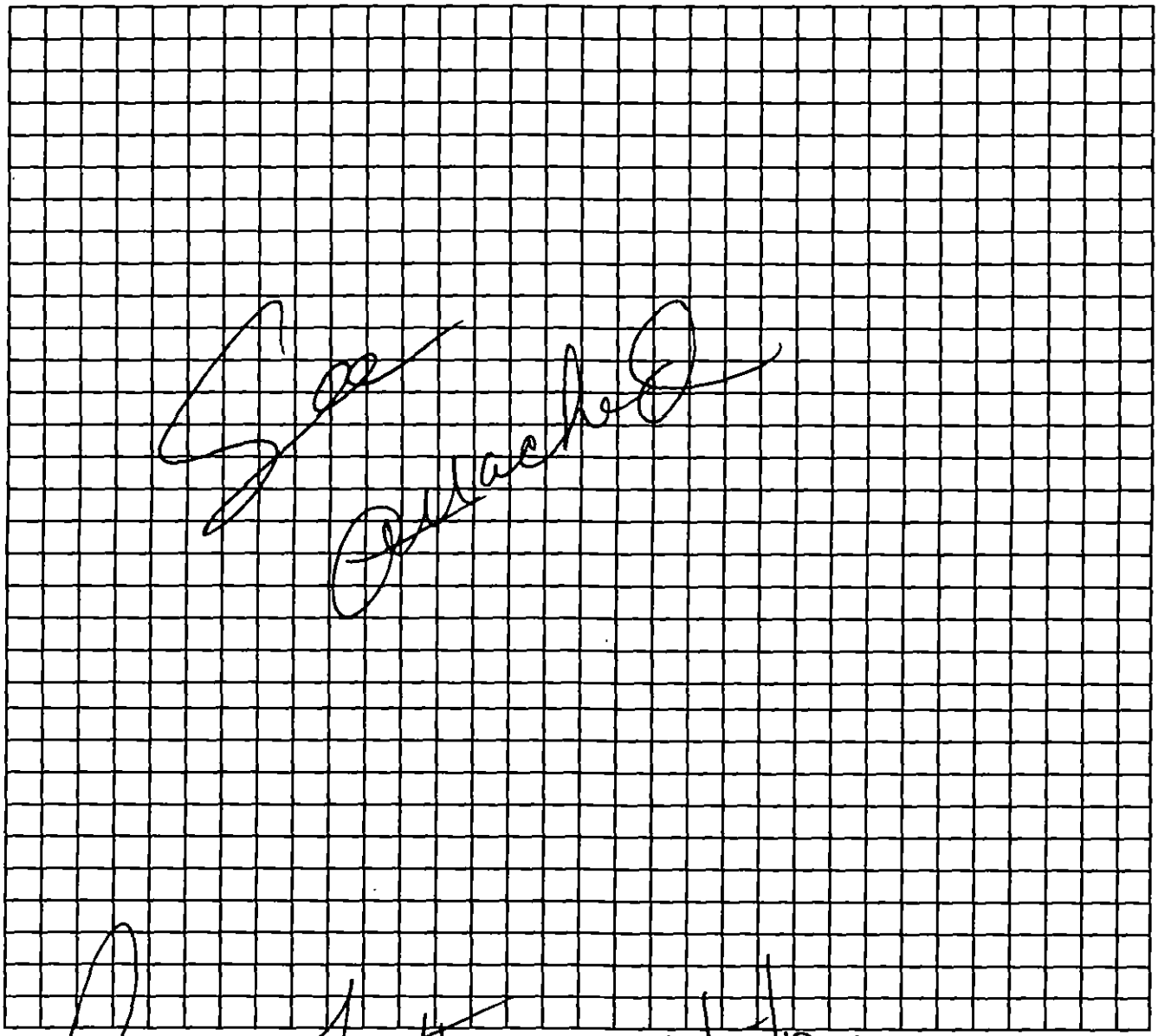
File #: _____

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 #: _____

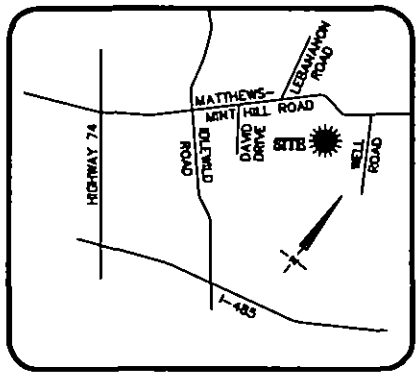


Property Owner's or Owner's Legal Representative Signature

12/5/12
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

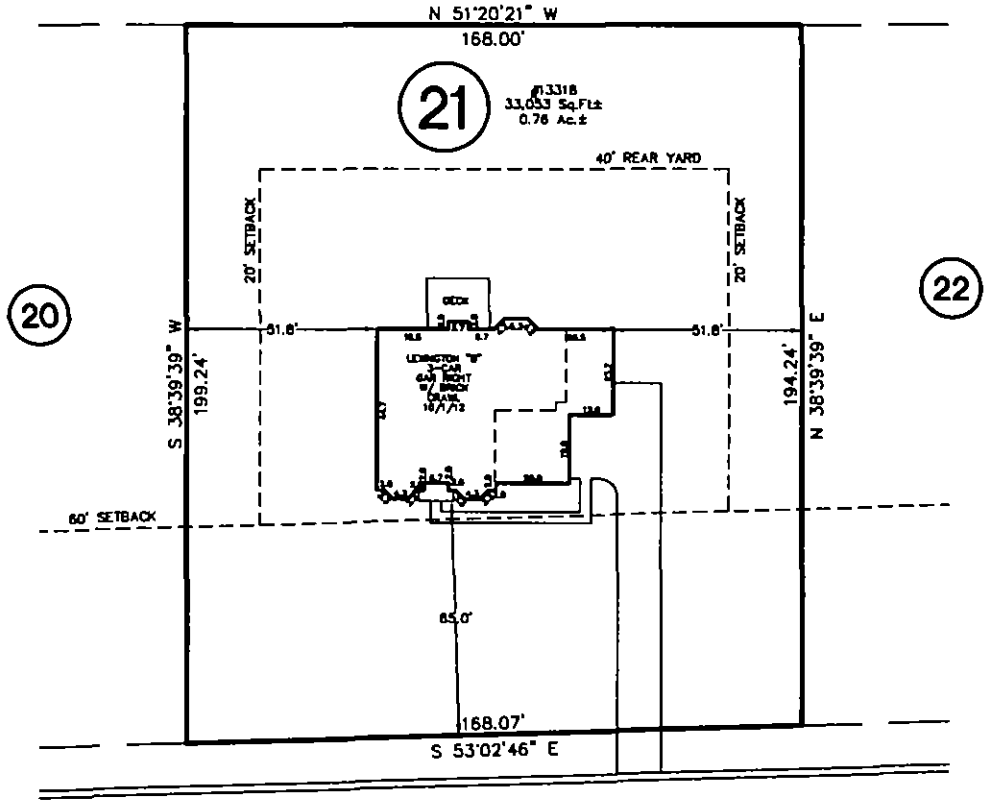


VICINITY MAP
Not To Scale

IMPERVIOUS SURFACE AREA	
DESCRIPTION	AREA
HOUSE w/ PORCH	2,695 S.F.
PATIO/HVAC/MISC	235 S.F.
DRIVEWAY & WALKS	1,565 S.F.
TOTAL (PROPOSED)=	4,495 S.F.
LOT AREA =	33,053 S.F.

MB. 54 PG. 39

NOTTAWAY PLANTATION LLC
DB. 23028, PG. 322, 328, 330
(FUTURE DEVELOPMENT)



BELLE GROVE MANOR LANE

DEDICATED AS 60' PUBLIC R/W

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.
THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

40 0 40
SCALE: 1" = 40'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS - C-1833
600 TOWNE CENTRE BOULEVARD, SUITE #309
PINEVILLE, NORTH CAROLINA 28134
PHONE (704) 927-8080
FAX (704) 521-1078

HOUSE LOCATION PLOT PLAN
FOR

LOT 21, BELLE GROVE MANOR PHASE 1 MAP 3
Town of Mint Hill, Mecklenburg County, North Carolina

PROPERTY OF: ESSEX HOMES

MAP BOOK 54 PAGE 39 DEED REFERENCE

DRAWN BY: ERG | DATE: JULY 19, 2012

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5109 Fax: (704) 336-5804

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30005940 GWS File #: 8640B Tax Parcel #: 195-022-21

- 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):** 1/2/2018

Type of Installation: Residential - New System Lot Number: 21

Structure Type: HOUSE Size (ft^2): 4018 # Bedrooms: 5 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

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):	999	Total Trench Length (ft):	333
Maximum Trench Depth (in):	30	Depth of Media (in):	22	Distribution Device:	Manifold (LPP Distr		

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):	1000	Total Trench Length (ft):	333
Maximum Trench Depth (in):	30	Depth of Media (in):	22	Distribution Device:	Manifold (LPP Distr		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Eric Bailey Owner/Legal Agent: Susan Catt

Print Name

Signature: Eric Bailey Signature: Susan Catt

Date Issued: 1/2/2013

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 #: 30005940 GWS File #: 8640B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 3 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.
- This type of septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections 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.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 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:

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DENR Authorized Agent: Eric Bailey

Signature: Eric Bailey

Date Issued: 1/2/2013

Owner/Legal Agent: SUSAN CATT
Print Name

Signature: Susan Catt

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

Sheet: 1 of 2
Property ID: 19502221
Lot #: 21
File #: 8640B
AppID: 5940

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Essex Homes Southeast Inc.
Address: 13310 South Ridge Dr. Charlotte, NC 28273
Proposed Facility: residence
Design Flow (.1949): 600GPD
Location of Site: 13318 Belle Grove Manor Ln Mint Hill, NC 28227
Water Supply: [X] Public [ ] Individual [ ] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: Essex Homes Southeast
Date Evaluated: 12-11-12
Property Size: .76
Property Recorded:
[ ] Spring [ ] Other
[ ] Cut
[ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
1	LS	0-2	wfg SL	ss sp fr sexp	2.5YR 7/1	49	NA	S	Yellow mottles	PS IV	34"
	6%	2-17	wfsbk SCL	ss sp fr sexp	@48"				white minerals	0.3	
		17-38	mmsbk C	ss sp fi sexp							
		38-49	wfsbk CL	ss sp fr sexp							
2	LS	0-1	wfg SL	ss sp fr sexp	2.5 YR 7/1	50	NA	S	Yellow Mottles	PS IV	33"
	6%	1-12	wfsbk SCL	ss sp fr sexp	@47"				White minerals	0.3	
		12-50	mmsbk C	ss sp fi sexp							
3	LS	0-7	wfg SL	ss sp fr sexp	2.5 YR 7/1	49	NA	S	Yellow Mottles	PS IV	31"
	6%	7-49	mmabk C	ss sp fr sexp	@45"				White Minerals	0.3	
4	LS	0-5	wfg SL	ss sp fr sexp	2.5 YR 7/2	48	NA	S	Yellow Mottles	PS IV	30"
	6%	5-48	mmsbk C	ss sp fi sexp	@ 44"				White Minerals	0.3	

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	Iva	Iva
Site LTAR	0.3	0.3

Other Factors (.1946): PS
Soil Evaluation By: Eric Bailey LSS Eric Bailey
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Eric Bailey
Others Present:

COMMENTS:

Landscape Position
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain
D-Drainage Way

Group	Texture	.1955 LTAR
I	S-Sand	1.2 - 0.8
	LS-Loamy Sand	
II	SL-Sandy Loam	0.8 - 0.6
	L-Loam	
III	Si-Silt	0.6 - 0.3
	SiCL-Silty Clay Loam	
	CL-Clay Loam	
	SCL-Sandy Clay Loam	
	SiL-Silt Loam	
IV	SC-Sandy Clay	0.4 - 0.1
	SiC-Silty Clay	
	C-Clay	

Structure
sg-Single Grain
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangular Blocky
abk-Angular Blocky
pl-Platy
pr-Prismatic

Structure Prefixes

w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

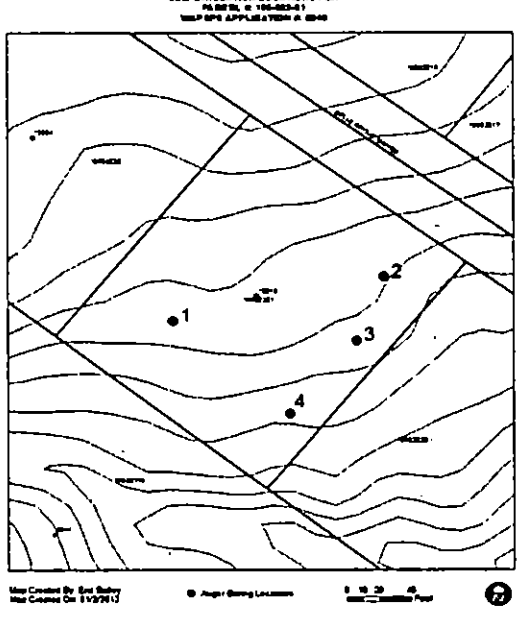
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Classification
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

Sketch of Soil Evaluation Locations



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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30005940** GWS File #: **8640B** Tax Parcel #: **195-022-21**

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- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Eric Bailey Owner/Legal Agent: _____
Print Name

Signature: Eric Bailey Signature: _____

Date Issued: 1/2/2013

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

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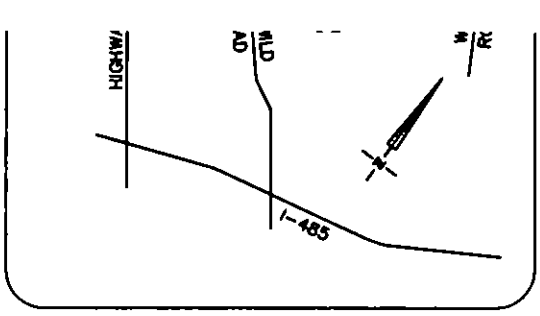
DENR Authorized Agent: Eric Bailey

Signature: Eric Bailey

Date Issued: 1/2/2013

Owner/Legal Agent: _____
Print Name

Signature: _____



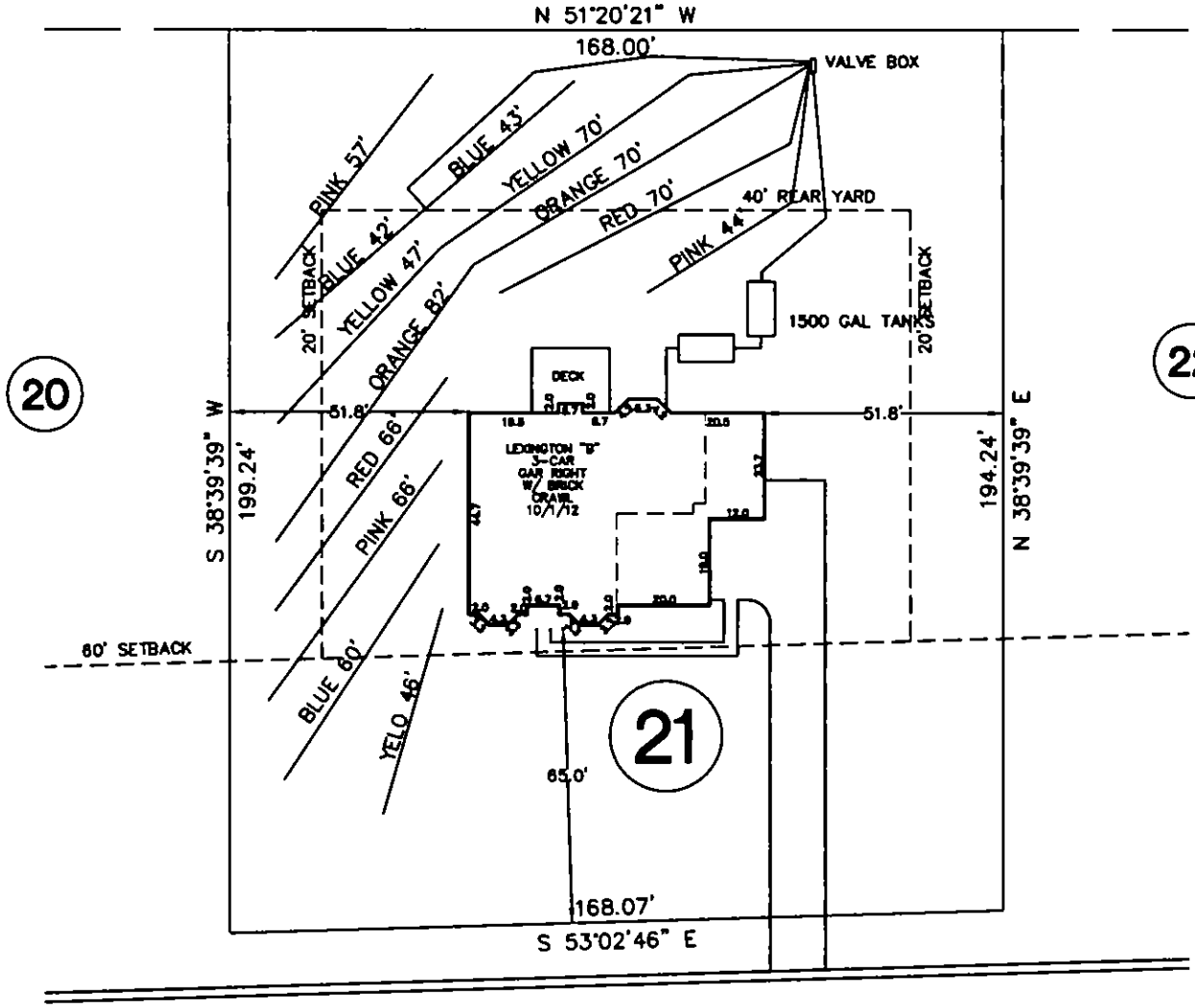
VICINITY MAP
Not To Scale

DRIVEWAY & WALKS	1,565 S.F.
TOTAL (PROPOSED)=	4,495 S.F.
LOT AREA =	33,053 S.F.

8640B
revised
site plan
1/8/13 EB

MB. 54 PG. 39

NOTTAWAY PLANTATION LLC
DB. 23028, PG. 322, 326, 330
(FUTURE DEVELOPMENT)



BELLE GROVE MANOR LANE

DEDICATED AS 60' PUBLIC R/W

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
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THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

40 0 40

HOUSE LOCATION PLOT PLAN

FOR

Hugh Creed Associates, Inc. P.A.

Consulting Engineers & Land Surveyors

1306 W. WENDOVER AVENUE P.O. BOX 9623
GREENSBORO, N.C. 27408 GREENSBORO, N.C. 27429
TELE: (336) 275-9826 OR (336) 275-8084 FAX: (336) 275-3379
FIRM LICENSE #C-0551 E-MAIL: HCA@TRIADBIZ.RR.COM

September 14, 2012

Mecklenburg County Ground Water and Wastewater Services
700 N. Tryon Street, Suite 211
Charlotte, NC 28202

Attn: Mr. Jeremy Michael

Re: Design Review for Pressure Dosed PPBPS Septic System
Five Bedroom Single Family Home on Lot 21 Belle Grove Manor Subdivision
13318 Belle Grove Manor Lane, Matthews, NC 28105

Dear Mr. Michael,

Based on our review of the pumping system design submitted by S&EC for the above referenced project dated August 20, 2012, we find the design to be of sound engineering practices.

Having not visited the site of the work, our design review is based totally on the limited information provided in the submittal. Hugh Creed Associates, Inc., P.A. assumes no responsibility for incorrect site information provided.

If you have any question, please do not hesitate to call.

Sincerely,
Hugh Creed Associates, Inc., P.A.

Norris Z. Clayton, P.E., P.L.S.

NORTH CAROLINA PROFESSIONAL SEAL 10727 ENGINEER NORRIS Z. CLAYTON

September 14, 2012

GWS Septic System Design Review

GWS File #:_____ Approved Disapproved

Design Review: ☒ ☐

Field Inspection: Eric Bailey ☒ ☐

Pre-construction conditions above are [illegible]

Hugh Creed Associates, Inc. P.A.

Consulting Engineers & Land Surveyors

1306 W. WENDOVER AVENUE P.O. BOX 9623
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FIRM LICENSE #C-0551 E-MAIL: HCA@TRIADBIZ.RR.COM

December 30, 2013

Mecklenburg County Ground Water and Wastewater Services
700 N. Tryon Street, Suite 211
Charlotte, NC 28202
Attn: Mr. Brad Hallman,

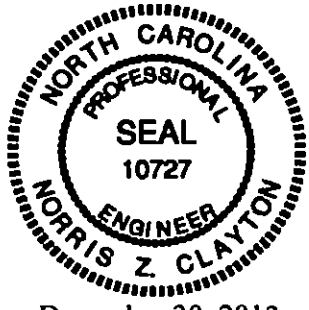
Re: Final Certification of Installation for PPBPS Septic System
Lot 21 Belle Grove Manor Subdivision
13318 Belle Grove Manor Lane, Matthews, NC 28105

Dear Mr. Hallman,

This letter is to certify, based upon inspections by myself, and/or others under my supervision, the above referenced pressure dosed PPBPS septic system was completed in accordance with the approved design.

Sincerely,
Hugh Creed Associates, Inc., P.A.

Norris Z. Clayton, P.E., P.L.S.



December 30, 2013

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 #: 5640 B Permit #: 5940 Tax Parcel #: 19502221

Property Owner: _____

Job Location Address: 13319 Belle Grove Manor Ln Lot 21

City: Mint Hill State: NC Zip Code: _____

Operation Permit Issuance Date: 12/30/13 Contractor Name: Sid Gaskins

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: PE 31 M 1/3hp 2/12/13 7/15/13 STB 444 PT 477

Drainfield Installation ☐ N/A

Trench Depth: 20 inches

Trench Width: ~~2.5~~ 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 339 feet

# of Lines: 6 @ various feet

Depth of Media: N/A inches (Type) IVa PPBPS

Depth of Cover: 12' inches

Distribution Device: Press. LPP

Inspection Dates

Tank(s) Inspected: 8/23/13

Excavation Inspected: 8/23/13

Pump & Controls Inspected: 12/13/13

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

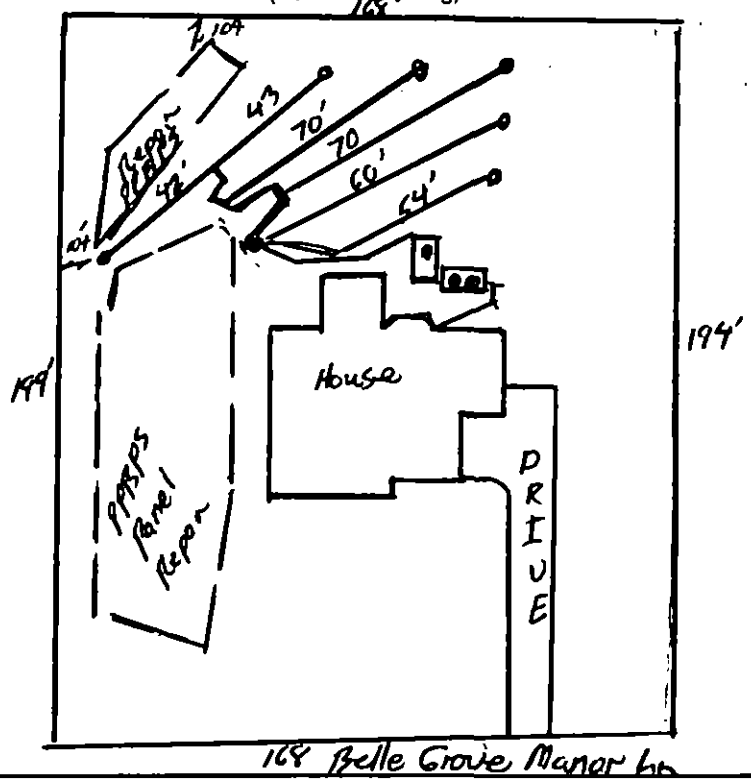
System Installation Setbacks

Distance from Building Foundation: ~~10~~ 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

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: IVa / PPBPS / P / NA / NA

Drawdown completed 12/13/13, 3.5" @ 3:00 min MA set for 8 mins

DENR Authorized Agent: Bradley W. Hallman Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 8640B Permit #: 5940 Tax Parcel #: 195-022-21

Property Owner: _____

Job Location Address: 13318 Belle Grove Manor Ln Lot 21

City: Mint Hill State: NC Zip Code: _____

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: IVa

*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.

BWO

☐ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☒ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

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

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

_____

_____

_____

_____

DENR Authorized Agent: Bradley W. Hallman Date: _____

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 #: 8640 B Permit #: 5940 Tax Parcel #: 19502221

Property Owner: _____

Job Location Address: 3318 Belle Grove Manor Ln Lot 21

City: Mint Hill State: NC Zip Code: _____

Installation Approval Issuance Date: 8/20/13

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval shall *be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of* granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.
***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 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: 20 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 339 feet
# of Lines: 6 @ various length feet
Depth of Media: N/A inches (Type) IVa PPBPS
Distribution Device: Press 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: 5 feet
Distance from Property Line: 10 feet
Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

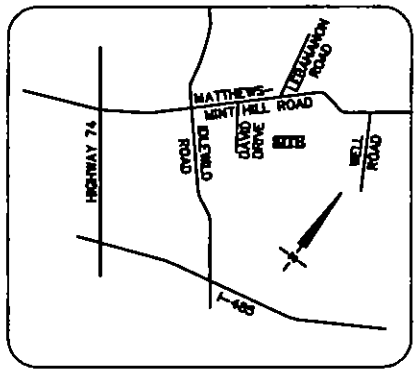
Install system per engineers design
No design alteration without prior approval

Comments: System Classification & Type: IVa, PPBPS, P

DENR Authorized Agent: Bradley W. Hallman Signature: _____

FIGURE 1. SEPTIC SYSTEM LAYOUT AND HOUSE PLAN

As Built



VICINITY MAP
Not To Scale

IMPERVIOUS SURFACE AREA	
DESCRIPTION	AREA
HOUSE w/ PORCH	2,695 S.F.
PATIO/HVAC/MISC	235 S.F.
DRIVEWAY & WALKS	1,565 S.F.
TOTAL (PROPOSED)=	4,495 S.F.
LOT AREA =	33,053 S.F.

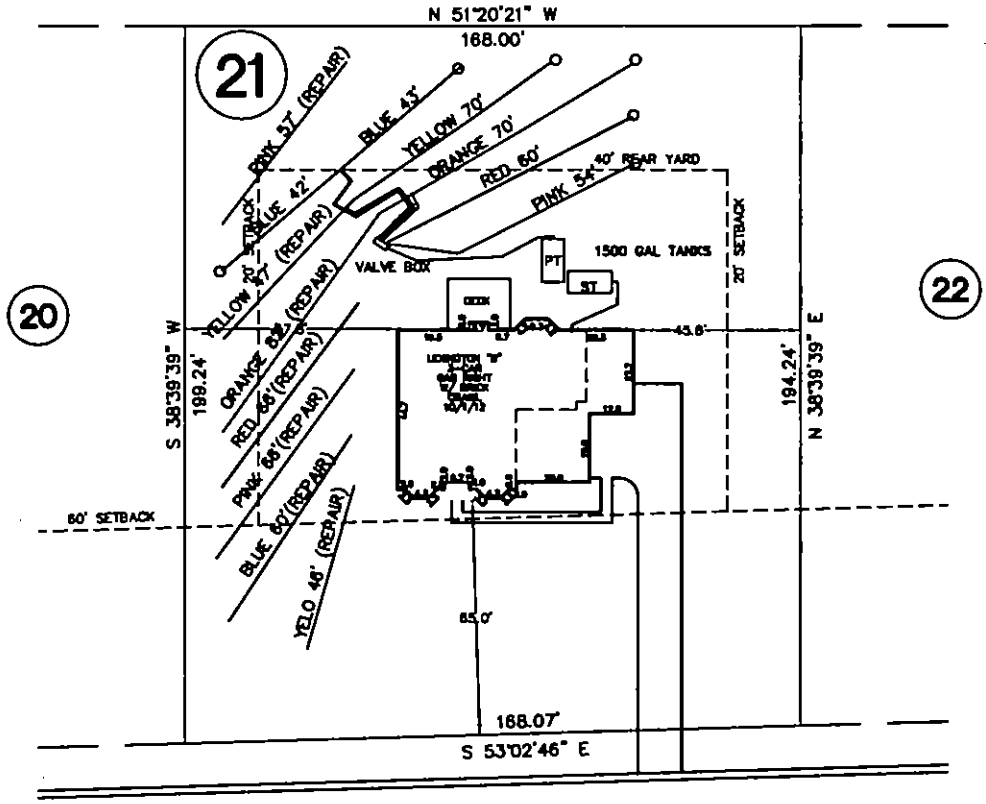
REVISIONS

REV. #	DATE	COMMENT
REV. 1	12/12/12	SHIFT RIGHT 6'

MB. 54 PG. 39

NOTTAWAY PLANTATION LLC
DB. 23028, PG. 322, 325, 330
(FUTURE DEVELOPMENT)

* SEPTIC SYSTEM LAYOUT PERFORMED BY SOIL & FORESTRY SERVICES*



BELLE GROVE MANOR LANE

DEDICATED AS 60' PUBLIC R/W

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
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PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

40 0 40
SCALE: 1" = 40'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS – PLANNERS – C-1833
600 TOWNE CENTRE BOULEVARD, SUITE #309
PINEVILLE, NORTH CAROLINA 28134
PHONE (704) 927-8080
FAX (704) 521-1078

HOUSE LOCATION PLOT PLAN

FOR

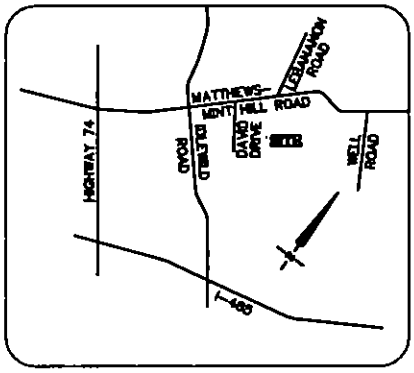
LOT 21, BELLE GROVE MANOR PHASE 1 MAP 3
Town of Mint Hill, Mecklenburg County, North Carolina

PROPERTY OF: ESSEX HOMES

MAP BOOK 54 PAGE 39 DEED REFERENCE

DRAWN BY: ERG | DATE: JULY 19, 2012

FIGURE 1. SEPTIC SYSTEM LAYOUT AND HOUSE PLAN



VICINITY MAP
Not To Scale

IMPERVIOUS SURFACE AREA	
DESCRIPTION	AREA
HOUSE w/ PORCH	2,695 S.F.
PATIO/HVAC/MISC	235 S.F.
DRIVEWAY & WALKS	1,565 S.F.
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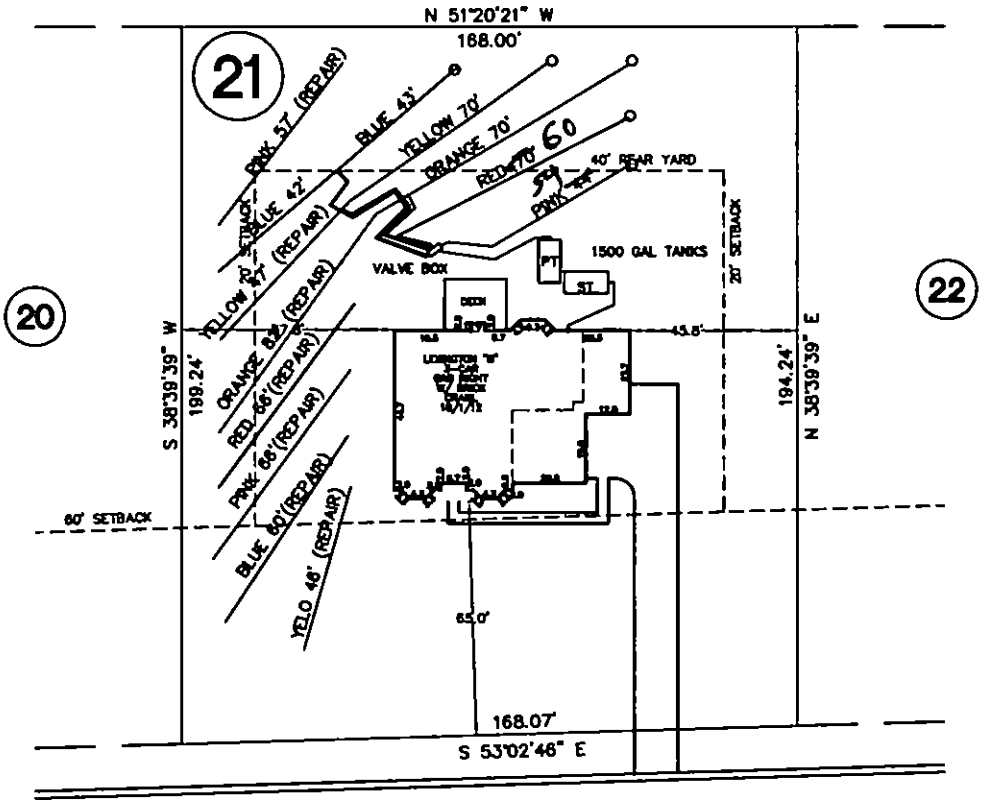
REVISIONS

REV. #	DATE	COMMENT
REV. 1	12/12/12	SHIFT RIGHT 6'

NOTTAWAY PLANTATION LLC
DB. 23028, PG. 322, 328, 330
(FUTURE DEVELOPMENT)

MB. 54 PG. 39

* SEPTIC SYSTEM LAYOUT PERFORMED BY SOIL & FORESTRY SERVICES*



BELLE GROVE MANOR LANE

DEDICATED AS 60' PUBLIC R/W

NOTE:
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PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

40 0 40
SCALE: 1" = 40'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS - C-1833
600 TOWNE CENTRE BOULEVARD, SUITE #300
PINEVILLE, NORTH CAROLINA 28134
PHONE (704) 927-8080
FAX (704) 521-1078

HOUSE LOCATION PLOT PLAN
FOR

LOT 21, BELLE GROVE MANOR PHASE 1 MAP 3
Town of Mint Hill, Mecklenburg County, North Carolina

PROPERTY OF: ESSEX HOMES

MAP BOOK 54 PAGE 39 DEED REFERENCE

DRAWN BY: ERG | DATE: JULY 19, 2012

FEE: 200.00

DATE: 1/11/2013

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

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 8640B

PERMIT NUMBER: 30005940

PARCEL NUMBER: 19502221

JOB LOCATION INFORMATION

ADDRESS: 13318 BELLE GROVE MANOR LN

CITY: MATTHEWS **STATE: NC** **ZIP:** 28105

ISSUED TO: Essex Homes Southeast Inc

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 1/2/2013

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30005940, 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: 1/2/2018