Supervisor/Administrative Professional Checklist

New Septic ☑ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ BM Initials/Date 4/8/15

CA ($200.00) 8/19/16 LE Initials/Date

OP ($200.00) 8/19/16 LE Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☑ JAM

OK To issue CA When fees are paid

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☑ Signature received. ☑ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____



Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	5394B
WASPS App #:	8381
Primary ES assigned to project:	Jacob Presley
Secondary ES assigned to project:	
Project Type:	New System
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	
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?	Yes
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?	Yes
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?	N/A

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?	Yes
Corrections/modifications needed?	No
Comments:	
IA issued date:	12/7/16
OP Issued date:	5/11/17
Review performed by:	Jeremy Michael
Date performed:	7/29/2016

Created at 7/29/2016 9:08 AM by Michael, Jeremy
Last modified at 7/29/2016 9:08 AM by Michael, Jeremy

Close

X45201

5394B #8381

MECKLENBURG COUNTY
HEALTH DEPARTMENT

25 JUL '16 AM 9:05

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: 19937126
STREET ADDRESS: 10530 Sweetleaf Pl
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: The Sanctuary at Lake Wyle
LOT #: 51 LOT SIZE (acres): 4.90
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: 3,273
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

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

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

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

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

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

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

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

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

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 6/12/15 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Peter and Jane Mitchell
ADDRESS: 12552 Overlook Mountain Dr
CITY: Charlotte
STATE: NC ZIP: 28216
WORK PHONE: _____
MOBILE PHONE: (704) 650-3733
FAX: _____
E-MAIL: pmitchell12552@gmail.com

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

NAME: John A Tammaro
ADDRESS: PO Box 1546
CITY: Cornelius
STATE: NC ZIP: 28031
WORK PHONE: (704) 333-8999
MOBILE PHONE: (980) 722-1116
FAX: (704) 896-3630
E-MAIL: john@simonini.com

Adam

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.

SAO (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.

SAO (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.

Property Owner's or Owner's Legal Representative Signature

7-22-16
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:

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

Property ID: 199-371-26
Lot #: 51
File #: 5394B
AppID: 8381

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Peter & Jane Mitchell
Applicant:
Address: 12552 Overlook Mountain Dr, Charlotte, NC 28216
Date Evaluated: 7/14/2016
Proposed Facility: 4BR House
Design Flow (.1949): 480 GPD
Property Size: 4.9 ac
Location of Site: 10530 Sweetleaf Pl, Charlotte, NC 28278
Property Recorded: 6/12/2015
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Municipal
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 12%	0 - 40	sbk C	S P FI SEXP	>52"	52	NA	NA		PS IV 0.3	36"
		40 - 52	sbk CL	SS SP FR SEXP							
Boring #2	LS 15%	0 - 24	sbk C	S P FI SEXP	>53"	53	NA	NA		PS IV 0.325	36"
		24 - 53	sbk CL	SS SP FR SEXP							
Boring #3	LS 12%	0 - 36	sbk C	S P FI SEXP	>52"	52	NA	NA		PS IV 0.3	36"
		36 - 52	sbk CL	SS SP FR SEXP							
Boring #4	LS 12%	0 - 38	sbk C	S P FI SEXP	>52"	52	NA	NA		PS IV 0.3	36"
		38 - 52	sbk CL	SS SP FR SEXP							
Boring #5	NS 9%	0 - 33	sbk C	S P FI SEXP	>51"	51	NA	NA		PS IV 0.3	36"
		33 - 51	sbk CL	SS SP FR SEXP							
Boring #6	NS 9%	0 - 35	sbk C	S P FI SEXP	>51"	51	NA	NA		PS IV 0.3	36"
		35 - 51	sbk CL	SS SP FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIbg	IIIbg
Site LTAR (gpd/sq ft)	0.3	0.3

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

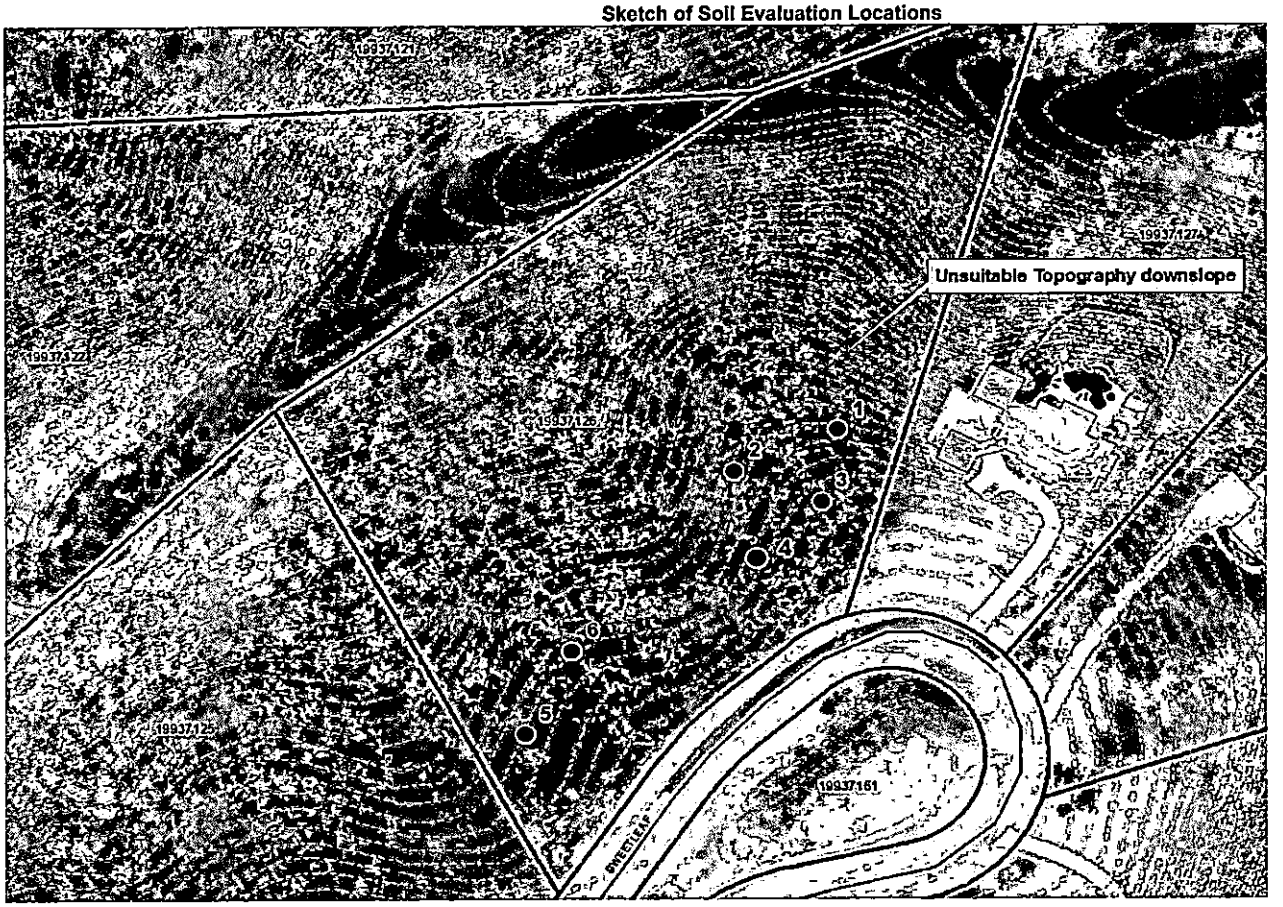
COMMENTS:

Sheet: 2 of 2
File #: 5394B
AppID: 8381

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Sketch of Soil Evaluation Locations



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 #: **30008381** GWS File #: **5394B** Tax Parcel #: **199-371-26**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 7/28/2021

Type of Installation: Residential - New System Lot Number: 51

Structure Type: HOUSE Size (ft^2): 3273 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	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):	36	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	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):	36	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 STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jacob Presley

Signature: _____

Date Issued: 7/28/2016

Owner/Legal Agent: Adam Bailey
Print Name

Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30008381** GWS File #: **5394B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The supply pipe shall be installed with a minimum of 30" of compacted cover over the pipe or properly sleeved under areas that are subject to vehicular traffic.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 15 feet from any foundation drain.
- Additional information on attached Site Plan.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jacob Presley

Signature: _____

Date Issued: 7/28/2016

Owner/Legal Agent: Adam Bailey
Print Name

Signature: _____

Kevin
714 277 4679

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

Septic System Pre-Construction Meeting Checklist

File # 5394B App # 8381 Tax Parcel # 199 371 26

Property Owner: Peter and Jane Mitchell

Job Location Address: 10530 Sweetleaf Pl

City: Charlotte State: NC Zip Code: 28278

1. **Does System design match facility, flow & wastewater characteristics?**

   ☒ YES ☐ NO

   Comments:

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☒ YES ☐ NO

   Comments:

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☒ YES ☐ NO

   Comments: Drainfield adjusted to 3 lines @ 188' instead of 4 lines @ 100'

* If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Phil Walker REHS — Authorized Agent

12/7/16 — Date

Jamie Odonald — Others Present

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

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

File #: 5394B Permit #: 8381 Tax Parcel #: 199 371 26

Property Owner: Peter and Jane Mitchell

Job Location Address: 10530 Sweetleaf Pl

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 5/11/17 Contractor Name: Specialty Septic

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1500 gallons Manufacture Dellinger Effluent Pump Model: Liberty 909

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 3 @ 133' feet

Depth of Media: 12 inches (Type) Chambers

Depth of Cover: 24 inches

Distribution Device: pressure manifold

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

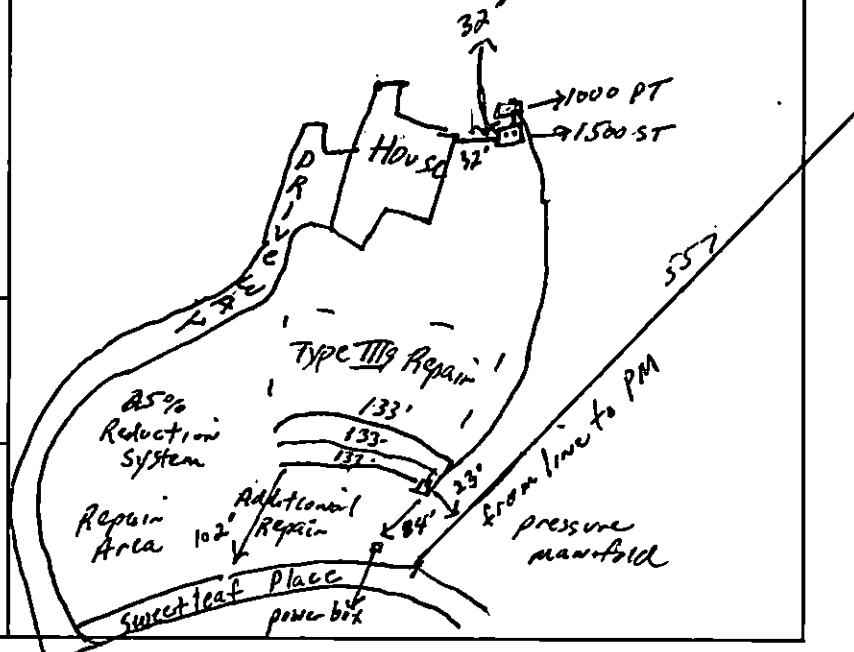
Inspection Dates

Tank(s) Inspected: 3/21/17

Excavation Inspected: 3/21/17

Pump & Controls Inspected: 5/11/17

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: III6 Pump to chambers IQ4, P, NA, NA

DHHS Authorized Agent: Philo Walker Signature: Philo Walker REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 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 #: 5394B Permit #: 8381 Tax Parcel #: 199 371 26

Property Owner: Peter and Jane Mitchell

Job Location Address: 10530 Sweetleaf Pl

City: Charlotte State: NC Zip Code: 28278

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: IIIb

*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: Pump to Chambers

DENR Authorized Agent: Philo Walker Date: 5/11/17

Signature: Philo Walker REHS

S

FEE: 200.00
DATE:5/11/2017

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5394B

PERMIT NUMBER: 30008381

PARCEL NUMBER: 19937126

JOB LOCATION INFORMATION

ADDRESS: 10530 SWEETLEAF PL

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

ISSUED TO: PETER AND JANE MITCHELL

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 8/19/2016

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30008381, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

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, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

s

FEE: 200.00
DATE:8/19/2016

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5394B

PERMIT NUMBER: 30008381

PARCEL NUMBER: 19937126

JOB LOCATION INFORMATION

ADDRESS: 10530 SWEETLEAF PL

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

ISSUED TO: PETER AND JANE MITCHELL

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 8/19/2016

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30008381, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

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.

dotloop signature verification: www.dotloop.com/my/verification/DL-95238165-3-201T

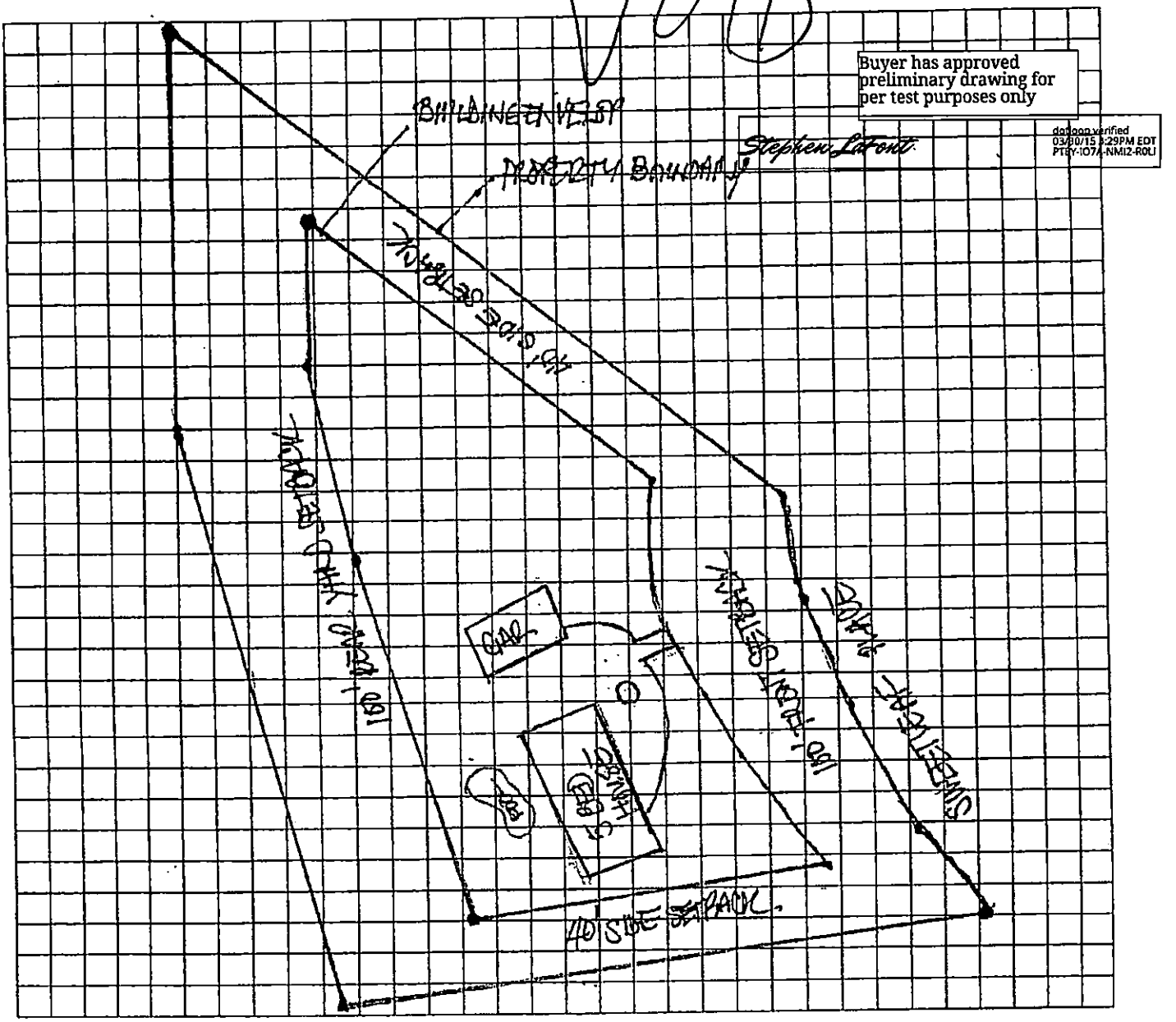
File #: _____

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: 10530 SWEETLEAF PL. Tax Parcel #: 199-371-26

Subdivision Name: THE SANCTUARY Lot #: 81



Buyer has approved preliminary drawing for per test purposes only

Stephen LaFont

dotloop verified 03/30/15 3:29PM EDT PTBY-IO7A-NMIZ-R0LI

Property Owner's or Owner's Legal Representative Signature

3/30/2015
Date

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Sue Oxley is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

10530 Sweetleaf Pl Charlotte.
Number Street Town
(Or Parcel Number)

Peter T. Mitchell
Property Owner (print name)

Property Owner (signature)

7/24/16
Date



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
19937126	INDIVIDUAL		19937126

Owner(s)

Owner Name	Mailing Address	City/State
MITCHELL PETER T	12552 OVERLOOK MOUNTAIN DR	CHARLOTTE NC 28216
MITCHELL JANE E WIFE	12552 OVERLOOK MOUNTAIN DR	CHARLOTTE NC 28216

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
L51 M42-621	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	4.999

Total Parcel Assessment

Building	Land	Features	Total
0	144500	0	144500

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Jun 12 2015	199000	398		VAC	WARRANTY D	30044-181	HEPPLER FAMILY TRUST
Sep 28 2007	0		LESS $3000	VAC	SPEC WARRNTY	22877-224	HEPPLER, KIRK R
Dec 8 2004	340000	680		VAC	SPEC WARRNTY	18098-448	

Land Use

Use	Units	Type	Neighborhood	Assessment
R120	5	AC	T916	144500

Building Information

Bldg	Description	Type	Year	Property Location
				10530 SWEETLEAF PL UNINC

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths

Sub Area

Bldg	Description	Size

Depreciation

Bldg	Physical	Functional	Economic	Special	Override

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value

Notes

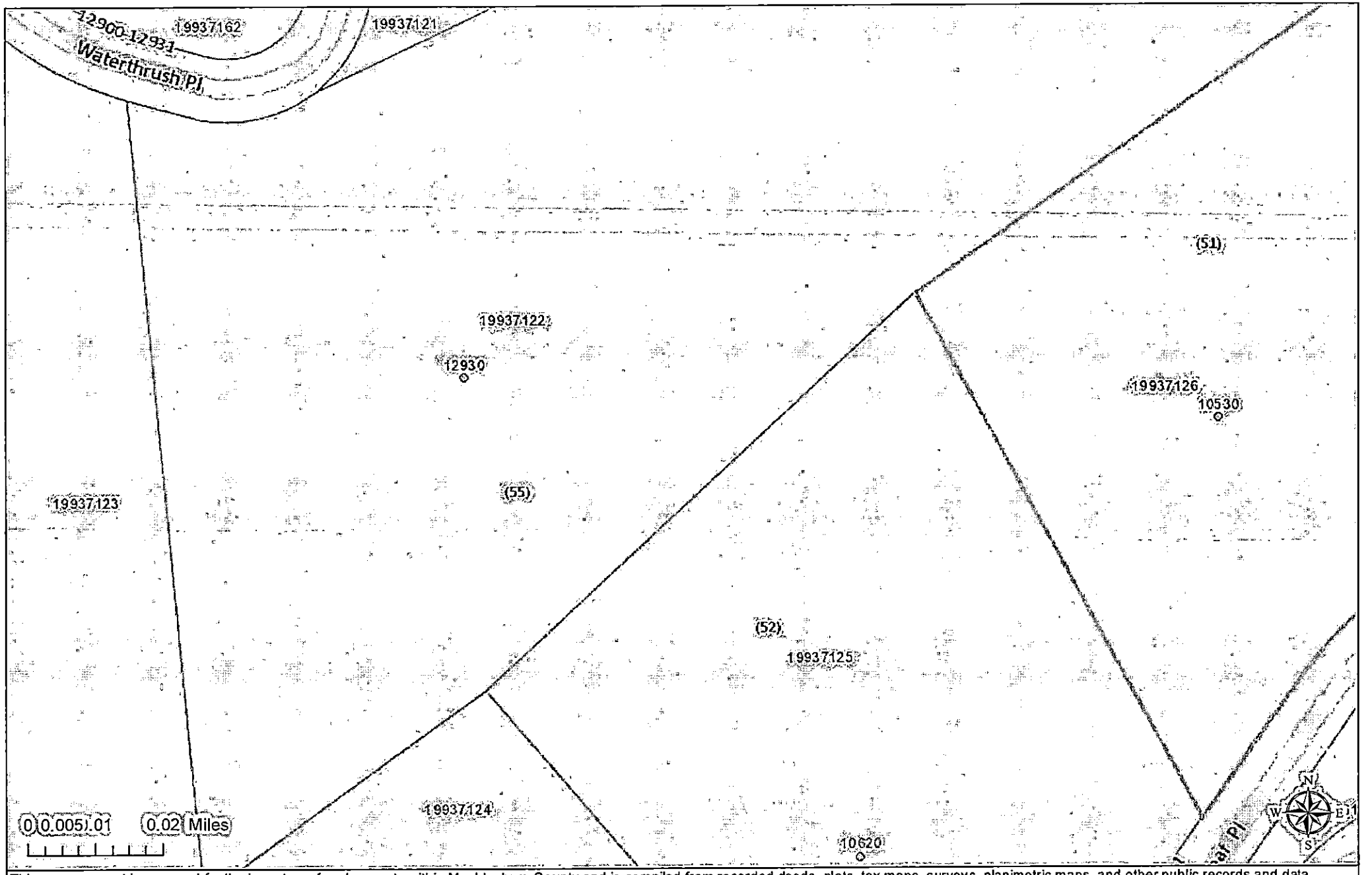
Tax Year	Notes	Note Date
2011	Informal Review Request Received	03/11/2011

Value Changes

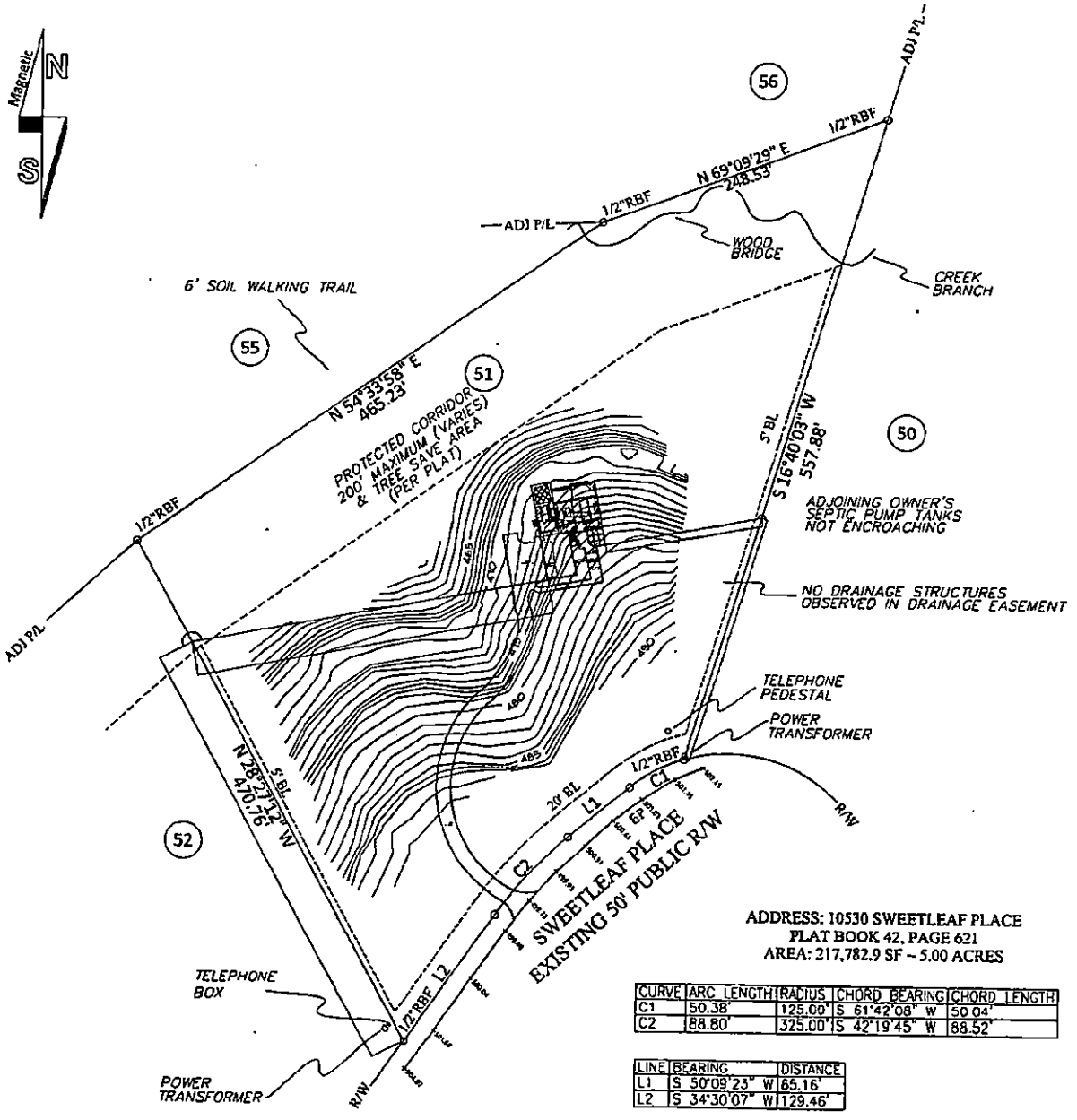
Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	321100	0
Jul 7 2005	2005	Division of Land and/or New Parcel	262800	0
Jul 7 2005	2005	Division of Real Estate and/or New Parce	262800	0

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 3/22/2017 9:53:29 AM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.



ADDRESS: 10530 SWEETLEAF PLACE
PLAT BOOK 42, PAGE 621
AREA: 217,782.9 SF ~ 5.00 ACRES

CURVE	ARC LENGTH	RADIUS	CHORD BEARING	CHORD LENGTH
C1	50.38'	125.00'	S 61°42'08" W	50.04'
C2	88.80'	325.00'	S 42°19'45" W	88.52'

LINE	BEARING	DISTANCE
L1	S 50°09'23" W	65.16'
L2	S 34°30'07" W	129.46'

PREVIOUS COVERAGE CALCULATION
LOT SQUARE FOOTAGE = 87,120
PREVIOUS SQUARE FOOTAGE = 9,101
TOTAL PREVIOUS PERCENTAGE = 4.3%

0 5 10 20 40
Scale 1" = 40'

SITE PLAN

PROJECT:
THE MITCHELL RESIDENCE
LOT 51, SWEETLEAF TRAIL
IN
CHARLOTTE, NORTH CAROLINA

SMITH SLOVIK DESIGN GROUP
2170 HAWKINS STREET
SUITE C
CHARLOTTE, N.C. 28203
TROY S. SMITH
704.841.2544
DAVE SLOVIK
704.560.4919

DECEMBER 21, 2015

A2

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MECKLENBURG COUNTY

E. Winters Mabry, MD
Director

Health Department

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that J ANDREW ARLEGUI is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

10530 SWEETLEAF PL. CHARLOTTE, NC 28278 (LOT 51) PID 199-371-26
Number Street Town
(Or Parcel Number)

Kirk Heppler — dotloop verified 03/30/15 6:26PM EDT PRRU-WYCZ-QT2N-NECS

Paula Heppler — dotloop verified 03/30/15 10:25PM EDT Q7QU-T9FQ-3S5T-DQFQ

KIRK AND PAULA HEPPLER
Property Owner (print name)

Property Owner (signature)

MARCH 30, 2015
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/22/16
Receipt #: 101196
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: X45201
Contractor: SIMONINI ALAN HOMES LLC
Attn:
Address: P O BOX 1546
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 10530 SWEETLEAF PL		1	250.00	250.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
8,558.01					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/19/16
Receipt #: 101514
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: X45201
Contractor: SIMONINI ALAN HOMES LLC
Attn:
Address: P O BOX 1546
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 10530 SWEETLEAF PL		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
3,612.50					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/19/16
Receipt #: 101515
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: X45201
Contractor: SIMONINI ALAN HOMES LLC
Attn:
Address: P O BOX 1546
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 10530 SWEETLEAF PL		1	200.00	200.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
3,812.50					

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE-_____

CREDIT ☐ REFUND ☒ CANCEL ☐

1. Property Owner's name: _____ 2. Permit #: _____
3. Permit Address: _____ 4. Fire Fee #: _____
5. Account Name: _____ 6. Account #: _____
7. *If Refund*, Check payable to: Stephen Lafont 8. Phone #: _____
9. Mailing Address: 116 Glade Valley Avenue, Mooresville, NC 28117

Reason for Request

☐ Plan Change ☒ Not doing work ☐ Return credit balance
☐ Wrong Contractor ☐ Duplicate permit ☐ Other

Reason (*explain in detail-application may be rejected without complete details*)

No longer will be purchasing the property and has requested a refund for 10580 Sweetleaf Place, Charlotte, NC 28278

*Signature (Requestor): Stephen LaFont dotloop verified 04/22/15 7:27PM EDT XEDN-AMDX-BODK-RVOZ Name: Stephen LaFont

*Fax #: 7049195202 *Phone #: 8657483633 *Date: 04/22/2015

Staff signature for in-person verification: _____ (*or accept notary below*)

ID used for in-person verification: _____ (*examples: DL #, Business card, Student ID, etc...*)

State of North Carolina
County of _____

The above named individual personally appeared before me on this day who, being duly sworn, deposes and says that the above statement is true and correct.

This, the _____ day of _____, 20_____

_____
Notary Public Signature
My commission expires: _____

Notary or staff verification needed only when cancelling a permit

(Seal)

Manager/Supervisor approval (*signature*): Bai B Bhatt Date: 4/27/15

Notes: 3620 3122 6038 5C4340

For Department use only

Inspection Count & Cancellation of Permit

(completed by core process)

Number of Inspections

B ☐ M ☐ E ☐ P ☐

Initials _____ Date _____

Plan Review

# of Hours _____ X Rate _____ = $ _____

Processing Notes:

Expired Permit
Date:

Calculation

(completed by Applicable Core Process)

Pmt or Permit Fee
- Less Zoning Fee
-Plan review
(Total Hours X Rate)
-Inspection Info
(# of Insp. X Rate)

Misc Fees deductions

-Homeowner Recovery
-Other Deduction _____
-Other Deduction _____

Total Credit/Refund $250.00
☐ Minimum Fee retained
(Permit Fee-Zoning-Insp-Plan Rev- Misc fees= Total Cr/Refund)

Valeri Walker 4/27/14
Calculation Signature Date

Supervisor/Manager Signature Ronald Bibbitt Date 4/27/14

If Adjustment

(to be completed by Employee & Supervisor)

Incorrect Entry- _____
Correct Entry- _____

Reason: _____

Initials _____ Date / /

Supervisor/Manager Signature _____ Date _____

Verification (to be completed by Revenue Collections)

If Refund	If Refund with Credit Balance	If Credit-Trans #	Serv Chg Cr	Verification	Posting Date
Org/Account [87 03 = 0]	8 03=0 9004=$ Refund / Charge to account	88 - - -	$ 88116	5/5/15 Initials & Date	5/5/15 in Navision

APPROVALS (To Be Completed By Department And Finance Representatives)

Dept Approval: _____ Date 5/5/15

Finance Approval: _____ Date _____

Assigned to: S R C
4/30/15
Rev Coll. Distribution Date

Rev. Coll. Tracking #
04-019-15

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/08/15
Receipt #: 94254
Check / Auth #: CHECK 1561
Received By: BEACHMS

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: LAFONT, STEPHEN
Attn:
Address: 116 GLADE VALLEY AVENUE
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 10530 SWEETLEAF PLACE		1	250.00	250.00

Outstanding Balances

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