

15014 WAYMART LN

19933146

1/4/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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FEE: 200.00 ck# 1043 APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

DATE: 3/6/00 SC [ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 42195

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-321-80

STREET ADDRESS: Waymart Ln

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 2500

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE 3/30/2000

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES ✓ NO	WELL, SPRINGS OR WATERLINES	__ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	__ YES ✓ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES ✓ NO		

PROPERTY OWNER:

NAME: Bowles Darryl
(LAST) (FIRST) (MI)

ADDRESS: Waymart Ln

CITY: STATE: NC ZIP:

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Ryon Mike
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 361-1084

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: _____ DATE: 3/6/2000

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

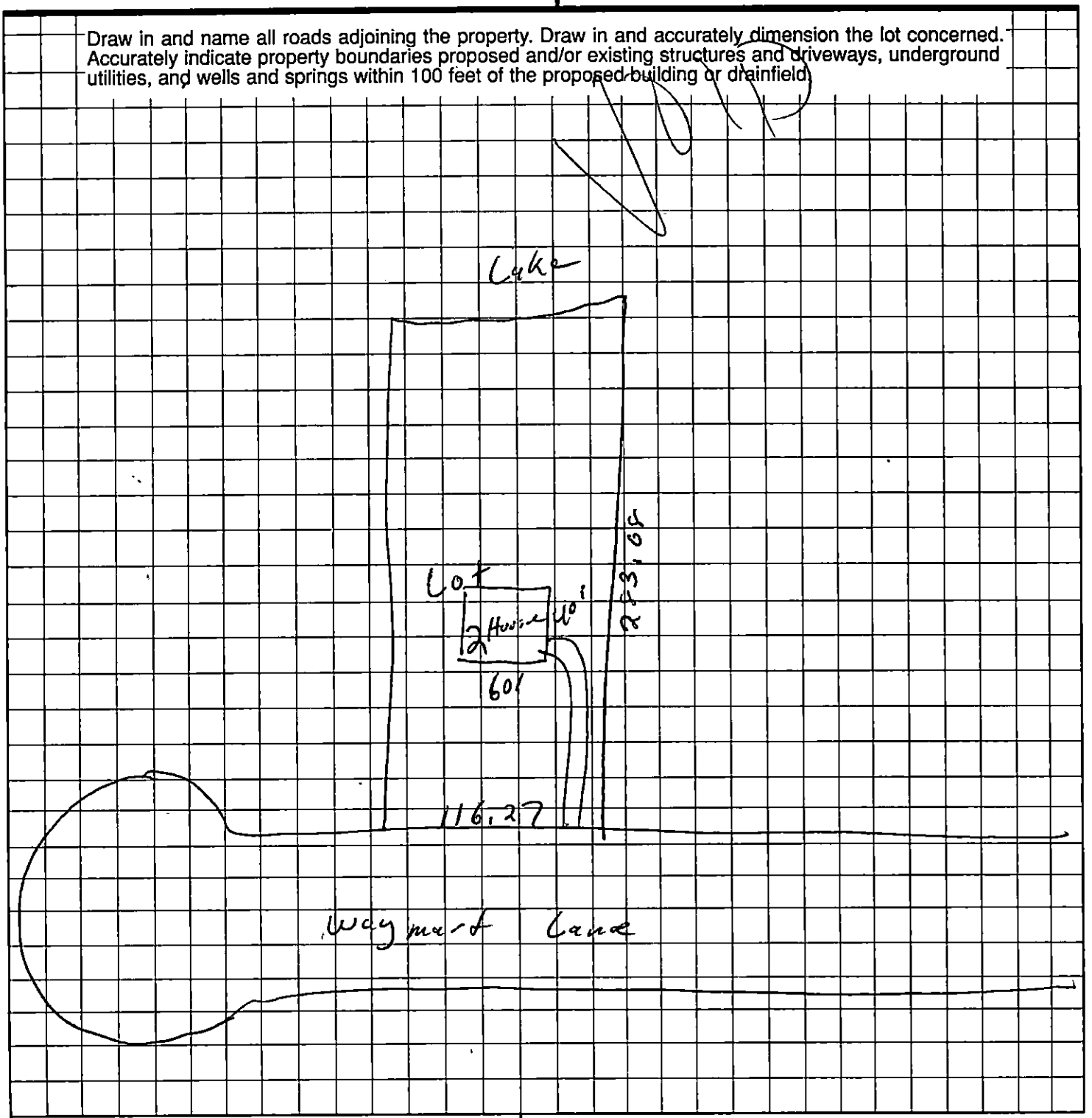
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4219B

TC: 199-331-30 PR

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 3/6/2000

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

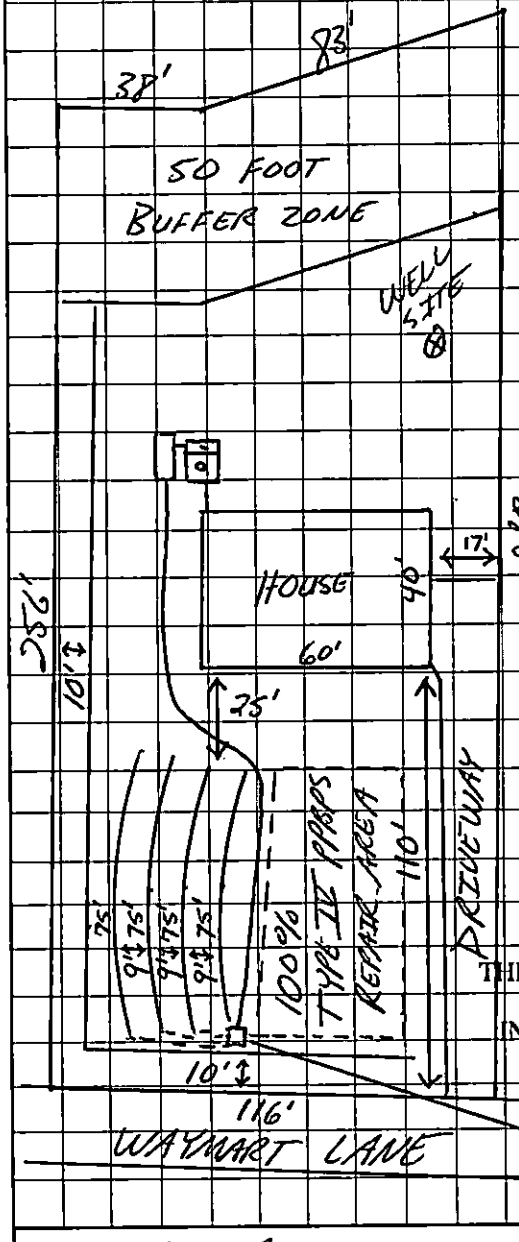
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4219B

TC: 199-331-3010

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Comments

→ Scale: 1" = 50'

→ Keep lines level and on contour of the land

→ Keep trenches shallow (24" Max.)

→ Keep all parts of system the minimum distances from the following:
- 10' off property lines
- >50' from all wells
- 25' from foundation drain

→ System designed for 3 bedroom house

→ Install 4 lines x 75' Type II Innovative System w/ Pressure Manifold

→ Type II RPBPS Repair System

→ House located 110' of front property

THIS IS NOT A PERMIT TO INSTALL THE SEPTIC SYSTEM
THE SEPTIC TANK INSTALLER IS REQUIRED TO OBTAIN AN INSTALLATION LAYOUT FROM THE MECKLENBURG COUNTY HEALTH DEPARTMENT PRIOR TO THE INSTALLATION OF THE SEPTIC TANK SYSTEM. THE SEPTIC TANK CONTRACTOR MUST BE REGISTERED WITH MECKLENBURG COUNTY.

OWNER/AGENT SIGNATURE

DATE 4/18/00

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 4219B

PARCEL NO: 199-331-30

JOB LOCATION ADDRESS: Waymont Lane

PROPERTY OWNER: Mike Ryan

BUILDING CONTRACTOR: Ryder Homes

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Tammy P. Mustin DATE: 3/30/00

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4219B, 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, CONSTRUCTION, ALTERATION AND/OR REPAIR 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 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms to be on file before C.A. Release

See conditions of I.P.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Karl Windsor 3-23-2000

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 70170 179-551-80 (C

- The 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.

Basement	X Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
0.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone		
Any surface waters present: YES Type: Lake Wylie Minimum separation distance: 50'				
Site modifications required:				
Additional Conditions: Agreement forms to be on file before C.A. Release Install 4 lines x 75' Type IIIb Innovative System				
Repair Area System Type Type (circle one): I II III (IV) V VI	X Conventional Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
900 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	NA Depth of Stone Trench	8' Trench spacing (min. on centers)	36" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Jerry L. Mickle 3/30/00
MCHNR Authorized Agent Date

Karl Windsor 3-23-2000
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet: _____

Property ID: 0199-331-30

Lot #: 2

File #: 42193

#1 AGS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Darryl Bowles APPLICANT: Mike Ryan

ADDRESS: 15029 Waymart Lane, Charlotte DATE EVALUATED: 3-12-00

PROPOSED FACILITY: reside PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .7±

LOCATION OF SITE: Waymart Lane PROPERTY RECORDED: _____

WATER SUPPLY: ☑Private ☐Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope:%	Horizon Depth (IN:)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR. HORIZ	PROFILE CLASS &LTAR
1	LS, 0%	0-2"	gr/scl	Fr/SE/Pl/SS/SP	7.5YR 6/8 soil wetness	46"	N/A	None	PS .391 F_2 IV
		2-37"	sbk/c	Fi/SE/Pl/SP					
		37-48"	sbk/scl	Fr/SE/Pl/SS/SP					
2	LS - 6%	0-3"	gr/scl	Fr/SE/Pl/SS/SP	7.5YR 6/8 soil wetness	48"	N/A	None	PS .391 F_2 IV
		3-33"	sbk/c	Fi/SE/Pl/SP					
		33-48"	sbk/cl	Fr/SE/Pl/SS/SP					
3	LS 8%	~~0-3"~~ 0-13"	gr/cl	Fr/SE/Pl/SS/SP	7.5YR 6/8 soil wetness	46"	N/A	None	PS .391 F_2 IV
		3-33"	sbk/c	Fi/SE/Pl/SP					
		33-46"	sbk/cl	Fr/SE/Pl/SS/SP					
4	LS 20%	0-4"	gr/cl	Fr/SE/Pl/SS/SP	7.5YR 6/8 soil wetness	46"	N/A	None	PS .391 F_2 IV
		4-28"	sbk/c	Fi/SE/Pl/SP					
		28-46"	sbk/scl	Fr/SE/Pl/SS/SP					
5	LS 24%	0-3"	gr/cl	Fr/SE/Pl/SS/SP	7.5YR 6/8 soil wetness	28"	N/A	None	US IV .125 gal/F_2 (LPP)
		3-22"	sbk/c	Fi/SE/Pl/SP					
		22-28"	sbk/scl	Fr/SE/Pl/SS/SP					

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Provisionally Suitable

EVALUATED BY: W. A. Marlin LSS 3-14-00

OTHER(S) PRESENT: _____

FILE # 4219B

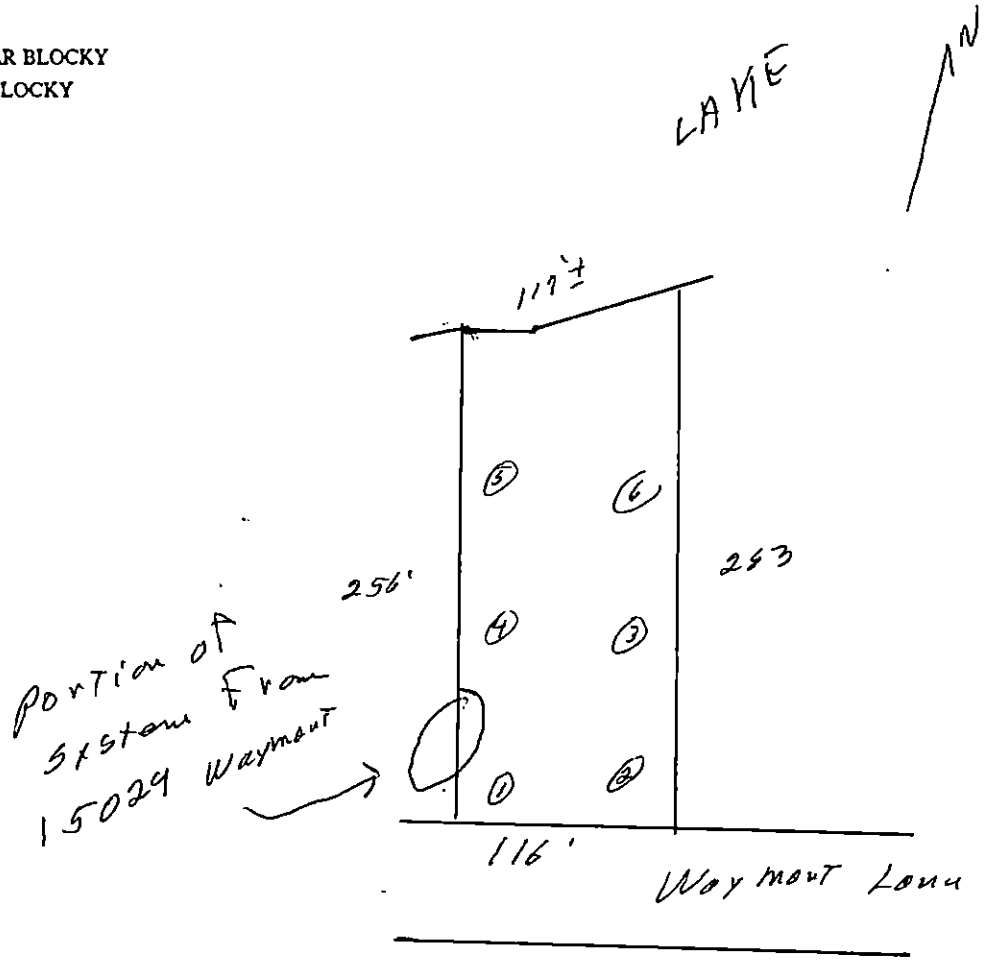
COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

VOID

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 4219B WASPS App #: 7826

Primary ES assigned to project: Philo Walker

Secondary ES assigned to project:

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

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☑	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☑	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 6 Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.3	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b) 130A-336 (a)(3)	Proposed System Type stated-Repair System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

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

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: JAM Date performed: 21

MECKLENBURG COUNTY
HEALTH DEPARTMENT

4219B App # 7826

16 OCT '15 PM 12:15

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: 19933145

STREET ADDRESS: 15022 Waymart Lane

CITY: Charlotte

STATE: NC ZIP: 28278

SUBDIVISION NAME: Copper Cove

LOT #: 2 LOT SIZE (acres): 0.78

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: 2,500

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 6

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? 6/30/00 ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Charles Myers

ADDRESS: 200 Providence Road #200

CITY: Charlotte

STATE: NC ZIP: 28207

WORK PHONE: (704) 991-1279

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Michael Athanas and Associates

ADDRESS: 561 Ennis Road

CITY: Weddington

STATE: NC ZIP: 28173

WORK PHONE: _____

MOBILE PHONE: (704) 576-3887

FAX: _____

E-MAIL: scott@michaelathanas.com

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.

SK (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.

Matt Kenney
Property Owner's or Owner's Legal Representative Signature

10/16/15
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

File #: _____

PROPOSED PLOT PLAN

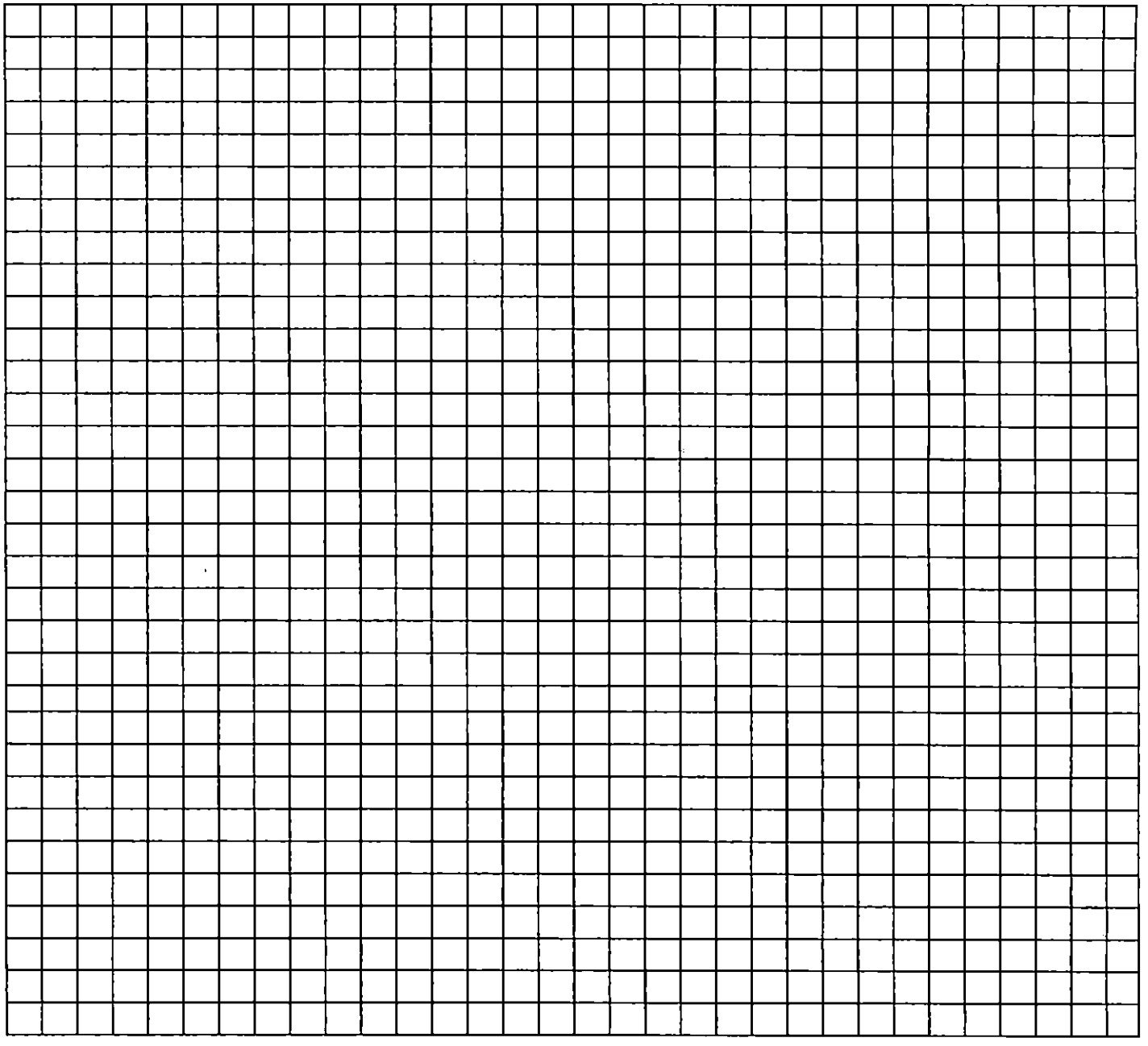
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 15022 Waymart Lane

Tax Parcel #: 19933145

Subdivision Name: Copper Cove

Lot #: 2



J. Scott Kennedy

Property Owner's or Owner's Legal Representative Signature

10/16/15

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

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 Michael A Munns and Associates is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

15022 Waymart Lane Charlotte .
Number Street Town
(Or Parcel Number)

Charles N. Myers
Property Owner (print name)

Charles N. Myers
Property Owner (signature)

4-20-15
Date

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: Lot 2; 15022 Waymart Lane
COUNTY: Mecklenburg

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Charles Myers
ADDRESS: 141 Providence Road, Charlotte, NC 28207
PROPOSED FACILITY: 3-Bedroom Residence PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: Lot 2; 15022 Waymart Ln, Charlotte, NC

APPLICATION DATE:
DATE EVALUATED: 1/27/2015
PROPERTY SIZE:0.78 Acres
PROPERTY RECORDED: 10/24/2000

WATER SUPPLY: ☐ Private ☐ Public * Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring * Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 8-9%	0"-4"	R CL WSBK	SS SP FR SEXP	N/A	45"	Few to common Saporlite Inclusions 32"-45" PS	None	.3
		4"-32"	R C SBK	SS SP FR SEXP					
		32"-45"	R CL WSBK	SS SP FR SEXP					
		45"-48"	L Saporlite M	NS NP VFR NEXP					
AB 2	LS 8-9%	0"-4"	R CL WSBK	SS SP FR SEXP	N/A	30"	Few to common Saporlite Inclusions 22"-30" PS	None	.3
		4"-22"	R C SBK	SS SP FR SEXP					
		22"-30"	R CL WSBK	SS SP FR SEXP					
		30"-48"	L Saporlite M	NS NP VFR NEXP					
AB 3	LS 8-9%	0"-8"	Br CL WSBK	SS SP FR SEXP	N/A	42"	Few to common Saporlite Inclusions 30"-42" PS	None	.3
		8"-30"	R C SBK	SS SP FR SEXP					
		30"-42"	R CL WSBK	SS SP FR SEXP					
		42"-48"	L Saporlite M	NS NP VFR NEXP					
AB 4	LS 8-9%	0"-20"	R C SBK	SS SP FR SEXP	N/A	28"	Few to common Saporlite Inclusions 20"-28"	None	.3
		20"-28"	R CL WSBK	SS SP FR SEXP					
		28"-48"	L Saporlite M	NS NP VFR NEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 ft2	645 ft2
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):

EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: Lot 2; 15022 Waymart Lane
DATE OF EVALUATION: 01/27/2015
COUNTY: Mecklenburg

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 5	LS 8-9%	0"-4"	Br CL WSBK	SS SP FR SEXP	N/A	33"	Few to Common Saporlite 25"-33"	None	.3
		4"-25"	R C SBK	SS SP FR SEXP					
		25"-33"	R CL WSBK	SS SP FR SEXP					
		33"-48"	R L Saporlite M	NS NP VFR NEXP					
Pit 1	LS 8-9%	0"-7"	Br CL WSBK	SS SP FR SEXP	N/A	41"	Few to Common Saporlite 20"-41" PS	None	.3
		7"-20"	R C SBK	SS SP FR SEXP					
		20"-41"	R SCL WSBK	SS SP FR SEXP					
		41"-58"	R SL Saporlite M	NS NP VFR NEXP					
Pit 2	LS 8-9%	0"-6"	Br CL WSBK	SS SP FR SEXP	N/A	54"	Few to Common Saporlite 24"-54"	None	.3
		6"-24"	R C SBK	SS SP FR SEXP					
		24"-54"	R CL WSBK	SS SP FR SEXP					

COMMENTS: _____



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Lot 2; Copper Cove; Waymart Lane; Mecklenburg Co., NC

House Footprint: 50'x50'
Building Setback: 20' Front, 15' Side, 50' Rear
Water Source: Private Well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.3 gpd/ft2
Suggested System Type: PPBPS/9' Centers
Repair System Type: PPBPS/9' Centers
Distribution: LP-CVB
Flow per Orifice: .59
Hole Size & Material: 3/16"
Number of Panels: 47
System Flow: 27.73 gal/min
Dosing Volume: 169.2 gal/dose
Pump Run Time: 6.1 min
Total Linear Footage: 200'
Trench Bottom Square Footage: 600 sq.ft
Elevation Head: 26.7'
Friction Head: 2.96'
Pressure Head: 2'
Total Dynamic Head: 31.66'
Supply Line Length: 160'
Proposed Trench Bottom Depth: 36"
Septic/ Pump tank size: 1000 ST, 1000 PT

GWS Septic System Design Review
GWS File #: 42193
Design Review:
Field Review:
Approved
Disapproved
*Projects are not considered "APPROVED" until both sections above are completed and indicate an APPROVED status.

Line	Design Length	# of Panels	Actual Length	Elevation
Red 1	**30'**	**7**	**30'**	**1.5'**
Blue 2	**50'**	**12**	**50'**	**2'**
Yellow 3	**65'**	**15**	**65'**	**3.1'**
Orange 4	**55**	**13**	**85'**	**3.9'**
Blue 5			100'	4.6'
Yellow 6			115'	5.7'

Initial System: 200' **Repair System:** 215' **Benchmark:** 6.6'
Pump Tank: 23.2' **House Corner:** 23.8'

Comments:

- The purpose of this evaluation is to permit the property for a 3-bedroom residence.
- The site has been previously permitted by the Mecklenburg County Health Department.
- The house site has been marked using white pin flags. The house location should be kept a minimum of 15 feet below the septic easement to not encroach on the easement. No foundation drains should be located within 25' of the septic easement or lot 2's septic area.
- The proposed well location will need a variance from Mecklenburg County due to it being less than 10' from the property line. This location is needed to keep 100' from the tanks due to the use of saporlite in the system.
- The pressure line should be sleeved in ductile iron or installed at 30" deep.

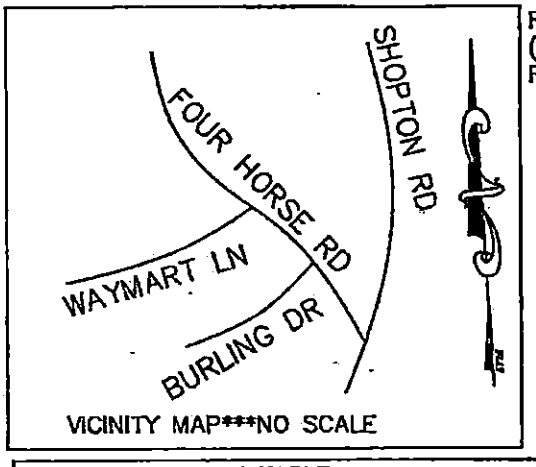
survey made under my supervision recorded in deed book 11393, page 818, and/or plat book 34, page 102, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 2, day of FEB, A.D. 20 15

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

REVISED DATE: AUG. 11, 2015 (ADDED THE DUKE POWER R\W RELEASE)



LINE TABLE		
LINE	BEARING	LENGTH
L8	S 75°39'00" E	37.11'
L9	N 82°21'00" E	50.48'
L10	N 87°52'00" E	33.36'

570 CONTOUR PER ACTUAL FIELD SURVEY

LAKE WYLIE

L8 L9 L10

EIP

50' SETBACK

Proposed Well Loc 1

Proposed Well

159.09

N13°25'04"E

50' 3BR House

LOT 2 0.78 AC.

5'

S13°26'00"W 285.08'

Iron Duchle Sleeve or 36" Deep

LOT 1 CHARLES N. MYERS 11393\818

N41°50'08"W 45.00

AB3

P.P.

29'

12'

13'

N48°09'52"E 83.24

155.20

99.64

N48°09'52"E

S48°09'52"W

SEPTIC EASEMENT (PB34 PG 102)

AB2

AB4

AB5

LOT 3 CHARLES N. MYERS 11393\818

132'

DUKE POWER R\W (DB 7127 PG 496)

N10°13'12"E 46.99

20' SETBACK

15' to First Line

30'

N76°34'00"W 61.03

92.24

N76°34'00"W

WAYMART LN. (60' PUBLIC R\W)

CVB

PLAT

X Signature

NOTES

1) THIS PROPERTY MAY BE SUBJECT

LEGEND

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 #: 30007826 GWS File #: 4219B Tax Parcel #: 199-331-45

- 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):** 2/19/2021

Type of Installation: Residential - New System Lot Number: 2

Structure Type: HOUSE Size (ft^2): 2500 # Bedrooms: 3 # Occupants: 6

Building Foundation: Basement With Plumbing Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd): 360 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): 600 Total Trench Length (ft): 200

Maximum Trench Depth (in): 36 Depth of Media (in): N/A Distribution Device: Manifold (LPP Distri

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

Repair System Specifications:

Design Flow (gpd): 360 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): 600 Total Trench Length (ft): 200

Maximum Trench Depth (in): 36 Depth of Media (in): N/A Distribution Device: Manifold (LPP Distri

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: Philo Walker

Signature: Philo Walker REHS

Date Issued: 2/19/2016

Owner/Legal Agent: J. Scott Kennedy
Print Name

Signature: J. Scott Kennedy

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 #: 30007826 GWS File #: 4219B

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.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- 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.
- 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 25 feet from any foundation drain.
- 3 bedroom house w/basement.

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: Philo Walker

Signature: Philo Walker REHS

Date Issued: 2/19/2016

Owner/Legal Agent: J Scott Kennedy
Print Name

Signature: J Scott Kennedy

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

Sheet: 1 of 2
Property ID: 199-331-45
Lot #: 2
File #: 4219B
AppID: 7826

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: Charles Myers
Address: 200 Providence Rd, Suite 246, Denver, NC 28037
Proposed Facility: 3 Bedroom House
Design Flow (.1949): 360 GPD
Location: 15022 Waymart Ln, Charlotte, NC 28278
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Municipal
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Michael Athanas & Associates
Date Evaluated: 11/10/15
Property Size: 0.76 ac
Property Recorded: 6/30/2000

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
Pit #1	LS 10%	0 - 6	wfsbk CL	SS SP FR SEXP	>72"	40	PS	NA	saprolite inclusions 12 - 40"	PS IV 0.3	36"
		6 - 26	mmsbk/abk C	S P FR SEXP							
		26 - 40	wfsbk SCL	SS SP FR SEXP							
		40 - 72	mass SL	SS SP FR SEXP							
Pit #2	LS 18%	0 - 7	wfsbk CL	SS SP FR SEXP	>67"	47	PS	NA	saprolite inclusions 30 - 47"	PS IV 0.3	36"
		7 - 34	mmsbk C	S P FI SEXP							
		34 - 47	wfsbk CL	SS SP FR SEXP							
		47 - 67	mass L	SS SP FR SEXP							
Pit #3	LS 9%	0 - 7	wfsbk CL	SS SP FR SEXP	>62"	37	PS	NA	saprolite inclusions 28 - 37"	PS IV 0.3	36"
		7 - 28	mfsbk C	S P FI SEXP							
		28 - 37	wfsbk CL	SS SP FR SEXP							
		37 - 63	mass L	SS SP FR SEXP							
Pit #4	LS 10%	0 - 5	wfsbk CL	SS SP FR SEXP	>60"	46	PS	NA	saprolite inclusions 30 - 46"	PS IV 0.3	36"
		5 - 33	mfsbk C	S P FI SEXP							
		33 - 46	wfsbk CL	SS SP FR SEXP							
		46 - 60	mass SL	SS SP FR SEXP							
Pit #5	LS 9%	0 - 6	gr L	SS SP FR SEXP	>68"	44	PS	NA	saprolite inclusions 24 - 44"	PS IV 0.3	36"
		6 - 27	mfsbk C	S P FI SEXP							
		27 - 44	wfsbk CL	SS SP FR SEXP							
		44 - 68	mass L	SS SP FR SEXP							

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

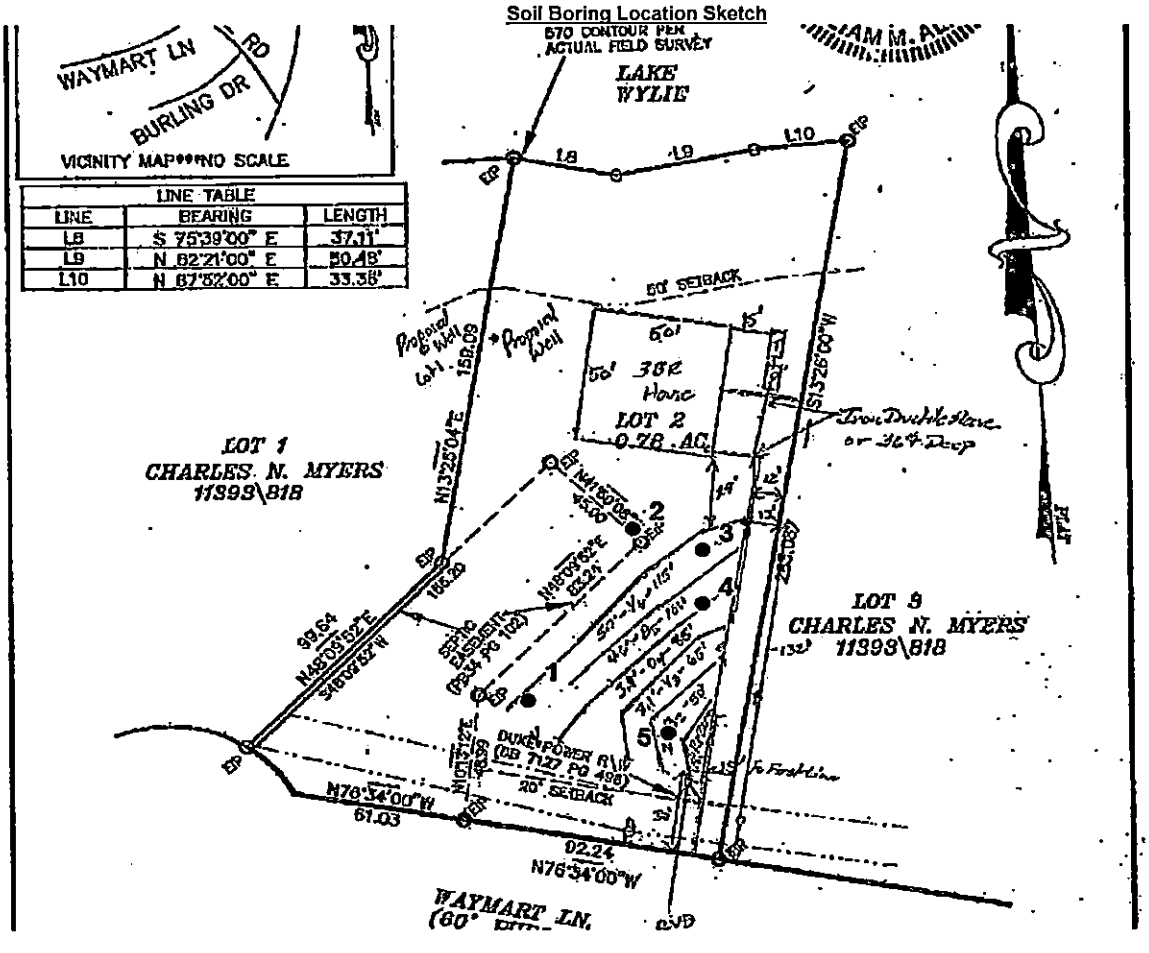
Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, REHS, LSS JRP
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Phillo Walker
Others Present:

COMMENTS:

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
		SiCL-Silty Clay Loam		
CV-Convex Slope				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
				s-strong f-fine
				m-medium
		Silt		c-coarse
	IV	SC-Sandy Clay	0.4 - 0.1	
		SiC-Silty Clay		
		C-Clay		

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

Soil Boring Location Sketch



Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ 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 ☐ ____

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. ☐ _____

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 #: **30007826** GWS File #: **4219B** Tax Parcel #: **199-331-45**

- 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):** 2/19/2021

Type of Installation: Residential - New System Lot Number: 2

Structure Type: HOUSE Size (ft^2): 2500 # Bedrooms: 3 # Occupants: 6

Building Foundation: Basement With Plumbing Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	360	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):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	36	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

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

Repair System Specifications:

Design Flow (gpd):	360	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):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	36	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

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: Philo Walker Owner/Legal Agent: _____
Print Name

Signature: Philo Walker REHS Signature: _____

Date Issued: 2/19/2016

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 #: **30007826** GWS File #: **4219B**

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.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- 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.
- 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 25 feet from any foundation drain.
- 3 bedroom house w/basement.

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: Philo Walker

Signature: Philo Walker REHS

Date Issued: 2/19/2016

Owner/Legal Agent: _____
Print Name

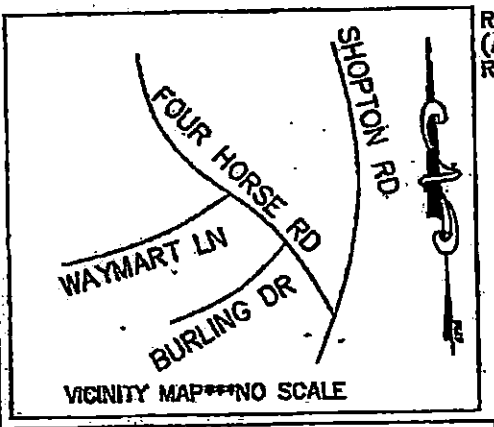
Signature: _____

survey made under my supervision recorded in deed book 11393, page 818, and/or plat book 34, page 102, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 2, day of FEB, A.D. 20 15

REVISED DATE: AUG. 11, 2015
(ADDED THE DUKE POWER R\W RELEASE)

WILLIAM M. ALLEN, PLS

NO. SEAL L3499 PROFESSIONAL LAND SURVEYOR WILLIAM M. ALLEN



LINE TABLE		
LINE	BEARING	LENGTH
L8	S 75°39'00" E	37.11'
L9	N 82°21'00" E	50.48'
L10	N 87°52'00" E	33.36'

570 CONTOUR PER ACTUAL FIELD SURVEY

LAKE WYLIE

L8 L9 L10

50' SETBACK

Proposed Well

Proposed Well

188.09

N13°25'04"E

S13°26'00"W

50' 3BR House

LOT 2 0.78 AC.

Iron Double Sleeve or 36' Deep

LOT 1 CHARLES N. MYERS 11393\818

N41°50'08"W 45.00

N48°09'52"E 83.24

155.20

99.64

N48°09'52"E

S48°09'52"W

SEPTIC EASEMENT (PB34 PG 102)

285.08'

LOT 3 CHARLES N. MYERS 11393\818

132'

DUKE POWER R\W (DB 7127 PG 498)

20' SETBACK

N10°13'12"E 48.89

N76°34'00"W 61.03

92.24

N76°34'00"W

WAYMART LN. (60' PUBLIC R\W)

PLAT

X Signature

For Michael Mannas

NOTES

1) THIS PROPERTY MAY BE SUBJECT

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/19/15
Receipt #: 96441
Check / Auth #: CHECK 1296
Received By: ELLISLW

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: CHARLES MYERS
Attn:
Address: 200 PROVIDENCE ROAD #200
Address:
City/State/Zip: CHARLOTTE, NC 28207

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 15022 WAYMART LANE		1	250.00	250.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	370.00				

IP
Only

Initial complete
Field Review



15022 WAYMART LN

19933145

1/4/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

FEE: 200.00 CK# 1434 DATE: 3/6/00 SC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 42198

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-331-30

STREET ADDRESS: waymeet Ln

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S) ___ MODULAR HOME (M)
___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
✓ HOUSE (H) ___ OTHER (O)

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ___ 6 HUNTERSVILLE
___ 3 CORNELIUS ___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 2500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

CLOSING DATE 3/30/2000

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C) ___ MUNICIPAL (M) ✓ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Bowles (LAST) Darryl (FIRST) (MI)	NAME: Ryan (LAST) Mike (FIRST) (MI)
ADDRESS: Waymeet Ln	DAYTIME PHONE: ( ) 361-1084
CITY: STATE: NC ZIP:	
DAYTIME PHONE: ( ) -	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: _____ DATE: 3/6/2000

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

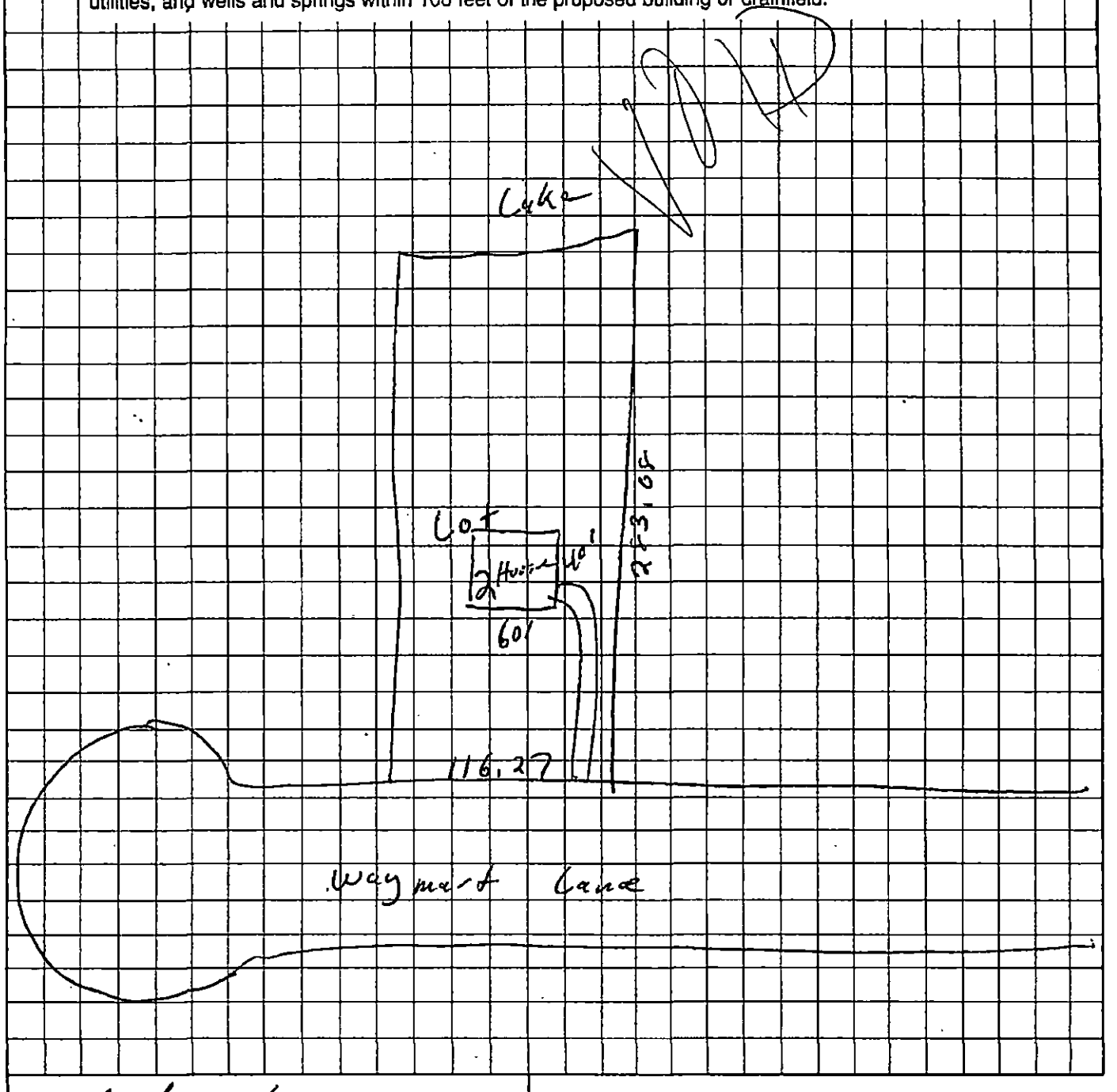
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4/2/98

TC: 199-331-30 PO

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 3/6/2000

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

#1 AGS

Sheet: _____

Property ID: 0199-331-30

Lot #: 2

File #: 42193

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Darryl Bowles APPLICANT: Mike Ryan

ADDRESS: 15029 Waymont Lane, Charlotte DATE EVALUATED: 3-12-00

PROPOSED FACILITY: reside PROPOSED DESIGN FLOW (.1949) 360 gpd PROPERTY SIZE: .7±

LOCATION OF SITE: Waymont Lane PROPERTY RECORDED: _____

WATER SUPPLY: ☒Private ☐Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS, BC	0-2"	gr/scl	Fr/SE x Pl SS/SP	7 46" TO soil wetness	46"	N/A	None	PS .391 F_2 IV
		2-37"	SBK/c	Fi/SE x Pl S/P					
		37-48"	SBK/scl	Fr/SE x Pl SS/SP					
2	LS - BC	0-3"	gr/scl	Fr/SE x Pl SS/SP	7 48" TO soil wetness	48"	N/A	None	PS .391 F_2 IV
		3-33"	SBK/c	Fi/SE x Pl S/P					
		33-48"	SBK/cl	Fr/SE x Pl SS/SP					
3	LS BC	0-3" ~~0-13"~~	gr/cl	Fr/SE x Pl SS/SP	7 49" TO soil wetness	46"	N/A	None	PS .391 P_2 IV
		3-33"	SBK/c	Fi/SE x Pl S/P					
		33-48"	SBK/cl	Fr/SE x Pl SS/SP					
4	LS 20%	0-4"	gr/cl	Fr/SE x Pl SS/SP	7 46" TO soil wetness	46"	N/A	None	PS .391 P_2 IV
		4-28"	SBK/c	Fi/SE x Pl S/P					
		28-46"	SBK/ scl	Fr/SE x Pl SS/SP					
5	LS 24%	0-3"	gr/cl	Fr/SE x Pl SS/SP	7 26" TO soil wetness	28"	N/A	None	US IV .125 F_2 (LPP)
		3-22"	SBK/c	Fi/SE x Pl S/P					
		22-28"	SBK/ scl	Fr/SE x Pl SS/SP					

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Provisionally Suitable

EVALUATED BY: W. A. Marks LSS 3-14-00

OTHER(S) PRESENT: _____

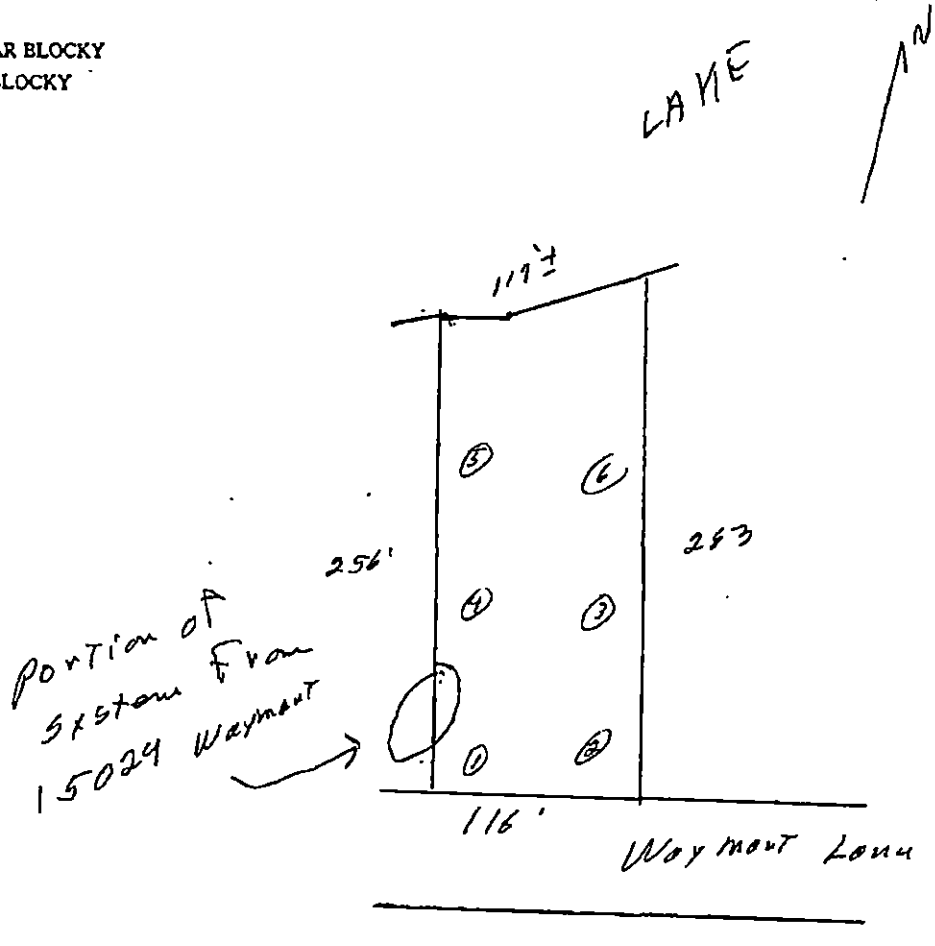
FILE # 42193

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



(2)

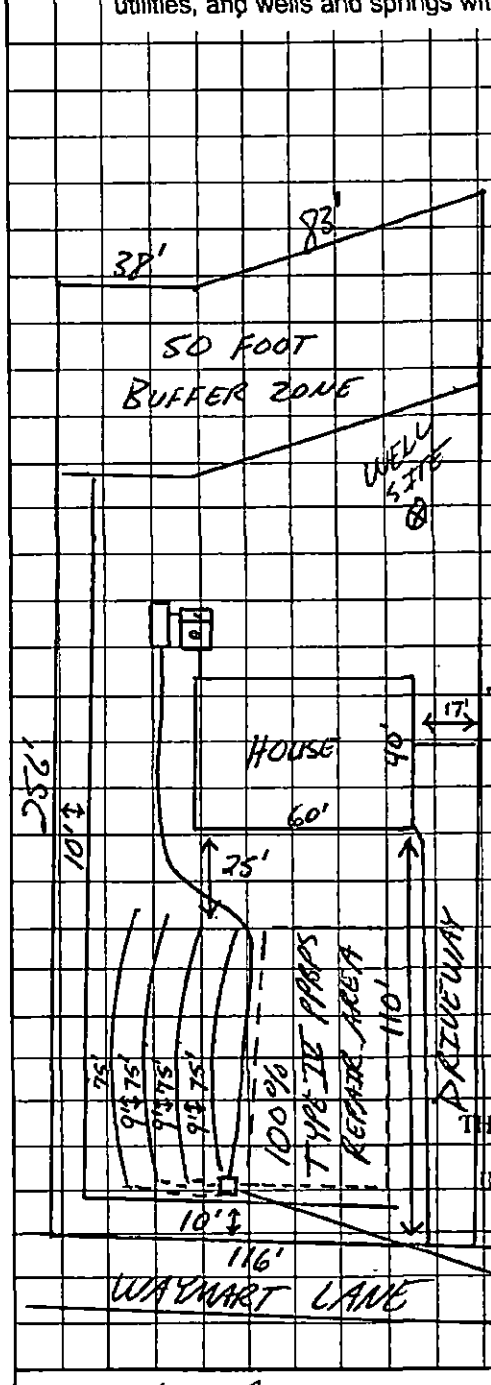
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4219B

TC: 199-331-3010

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Comments

→ Scale: 1" = 50'

→ Keep lines level and on contour of the land

→ Keep trenches shallow (24" Max.)

→ Keep all parts of system the minimum distances from the following:
- 10' off property lines
- 100' from all wells
- 25' from foundation drain

→ System designed for 3 bedroom house

Install 4 lines x 75' Type II Innovative System w/ Pressure Manifold

→ Type II RRPS Repair System

→ House located 110' of front property

THIS IS NOT A PERMIT TO INSTALL THE SEPTIC SYSTEM
THE SEPTIC TANK INSTALLER IS REQUIRED TO OBTAIN AN INSTALLATION LAYOUT FROM THE MECKLENBURG COUNTY HEALTH DEPARTMENT PRIOR TO THE INSTALLATION OF THE SEPTIC TANK SYSTEM. THE SEPTIC TANK CONTRACTOR MUST BE REGISTERED WITH MECKLENBURG COUNTY.

OWNER/AGENT SIGNATURE

DATE 4/18/00

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Permit Number: 4219B

199-331-80 1C

- The 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.

Basement: X Yes ___ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
X Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

0.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
yes Serviced by private well	1200 Gallon septic tank	300 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone	

Any surface waters present: yes Type: Lake Wylie Minimum separation distance: 50'

Site modifications required:

Additional Conditions: Agreement forms to be on file before C.A. Release
Install 4 Lines x 75' Type IIIb Innovative System

Repair Area System Type
Type (circle one): I II III (IV) V VI

X Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
___ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

900 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Henry L. Mitchell 3/30/00
DEHNR Authorized Agent Date

Karl Winston 3-23-2000
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 42198

PARCEL NO: 199-331-30

JOB LOCATION ADDRESS: Waymont Lane

PROPERTY OWNER: Mike Ryan

BUILDING CONTRACTOR: Ryder Homes

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ DATE: 3/30/00

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 42198, 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, CONSTRUCTION, ALTERATION AND/OR REPAIR 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 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms to be on file before C.A. Release
See conditions of I.P.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Karl W Lindsay 3-23-2000

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

June 14, 2017

COPY

Charles N. Myers
c/o Myers Park Properties, Inc.
141 Providence Rd.
Charlotte, NC 2828207

RE: **Notice of Intent to Revoke Improvement Permit**

Dear Mr. Myers:

The Mecklenburg County Health Department inspected the site for the on-site wastewater system located at **15022 Waymart Ln.**, File # 4219B for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit # **30007826** conditions. Because of this inspection, the Department has determined the following:

Property owner has elected to utilize the NC Engineers Option Permit: 15A NCAC 18A .1971

This is to notify you that based on this request, the Department intends to revoke your Improvement Permit 30 days from the date of this notice.

If the health department determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the current laws and rules necessary to obtain a new permit.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You have the right to a formal appeal of this decision by filing a petition for a contested case hearing with the Office of Administration Hearings, 6714 Mail Service Center, Raleigh, NC, 27699-6714. To obtain a petition form (H-06), you may write the Office of Administrative Hearings, call that office at (919) 431-3000 or get a copy of the petition form from their web site at www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provisions of North Carolina General Statutes 130A-24, 150B-23, and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335(g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is June 14, 2017. Meeting the 30 day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you may request.

If you file a petition for a contested case with the Office of Administrative Hearings, you are required by law (NCGS 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director
(704) 336-4700

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may call or write the local health department if you need additional information or assistance.

Sincerely,

Bradley W Hallman, R.E.H.S.
Environmental Health Specialist
Mecklenburg County
Groundwater & Wastewater Services
704-201-7983