

16035 SUNSET DR

00102342

1/11/2008

duponbj

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 2102B WASPS App #: 2313

Primary ES assigned to project: 05

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: 3 Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
1939(d), 1955, 1956, .1957	LTAR .275	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☑
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
1937(g) 1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
1937 (f)(g)	Is System design consistent with *soil/site conditions?*	Yes ☑	No ☐	N/A ☐
1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?			
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 ☑
		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 ☐
		Yes ☐	No ☐	N/A ☐

H. 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 ☐

Comments: # Items requiring correction/modification: _____

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: IGR Date performed: 7/6/2-07

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 #: **30002313** GWS File #: **7142B** Tax Parcel #: **001-023-42**

- 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):** 7/11/2012

Type of Installation: Residential - New System Lot Number: 6

Structure Type: HOUSE Size (ft^2): 4000 # Bedrooms: 5 # Occupants: 5

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1092	Total Trench Length (ft):	364
Maximum Trench Depth (in):	30	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):	600	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1091	Total Trench Length (ft):	364
Maximum Trench Depth (in):	30	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 MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

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

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: Tim Whitaker

Signature: Jeremy Michelone, RS Signature: Tim Whitaker

Print Name

Date Issued: 7/11/2007

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

Permit #: **30002313** GWS File #: **7142B**

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

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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone

Date Issued: 7/11/2007

Owner/Legal Agent: Tim Whittaker

Print Name

Signature: T Whittaker

PPBPS Design Worksheet

(5) Bdrm. Plan

File #: 7142-B
Tax #: 001-023-42
Address: 16035 Sunset Dr.
Consultant: T. Whitaker
Phone: 704 830-4344
Reviewed By:
Date:

GWS Septic System Design Review

GWS File #: 7142-B Approved Disapproved

Design Review: TCT 7-10-07 ☒ ☐

Field Review: JMM 7/6/07 ☒ ☐

*Projects are not considered "APPROVED" until both sections above are completed and indicate an APPROVED status.

System Requirements

Design Flow	600	gpd
LTAR	.275	gpd/ft.^2
Linear footage	727	ft. (conventional)
Linear footage	363	ft. (50% Reduction)

Design Layout

Laterals	Length (ft)	# Panels	Calculated
Line # 1			
Line # 2	60	14	63
Line # 3	60	14	63
Line # 4	60	14	63
Line # 5	60	14	63
Line # 6	60	14	63
Line # 7	60	14	63
Line # 8			
Totals	360'	84	378'

Repair 363'+

T & J Panels	
Linear Feet	# Panels
30	7
40	9
50	11
60	14
70	16

Absorption Area

Length (ft) 60'x60' Width (ft) Area (ft^2) 3,600

System Pressure Head	3	ft.	Value selected by system designer (must be between 2-5 ft.)
Orifice Diameter	5/32	in.	Size selected by system designer (1/8 in. minimum)
Flow Rate per Orifice	.50	gpm	Determined from orifice flow design table (value dependent on pressure head & orifice diameter)
Total System Flow Rate	42	gpm	Total number of panels required multiplied by the orifice flow rate
System Dose Volume	302.4	gal.	Total number of panels required multipled by 3.6 gal./panel
Pump Run Time	7.2	min.	System dose volume divided by the total system flow rate
Pump Tank Drawdown	10	in.	~~1,000~~ gal. Pump tank, volume is approximately 21 gallons per inch
			1,500 gal. ~~Pump~~ Septic tank, volume is approximately 29 gallons per inch

1,500 gal.

Sim Tec Filter, Nema 4 Box

Comments:

1. Install system using 3 ft. wide trenches. ✓
2. Install drainlines on 9 ft. centers, level, and on contour. ✓
3. System design requires effluent pump for distribution. • 4/10 HP
4. 100% repair area (PPBPS) required for property. Feasible 363+ shown

7/9/07
T. Whitaker
704-830-4344
Revision

CWS Septic System Design Review

CWS PDA #: _____ Approved Disapproved

Date Received: _____

By: _____

Y THAT ON THE 14th. DAY OF AUG., 2006 I, SURVEYED THE PROPERTY SHOWN ON THIS
HE TITLE LINES SHOWN HEREON, AND THAT THE
ON OF THIS SURVEY WAS 1:10,000.

SIGNED David H. Snider updated 6/26/07
PROFESSIONAL LAND SURVEYOR

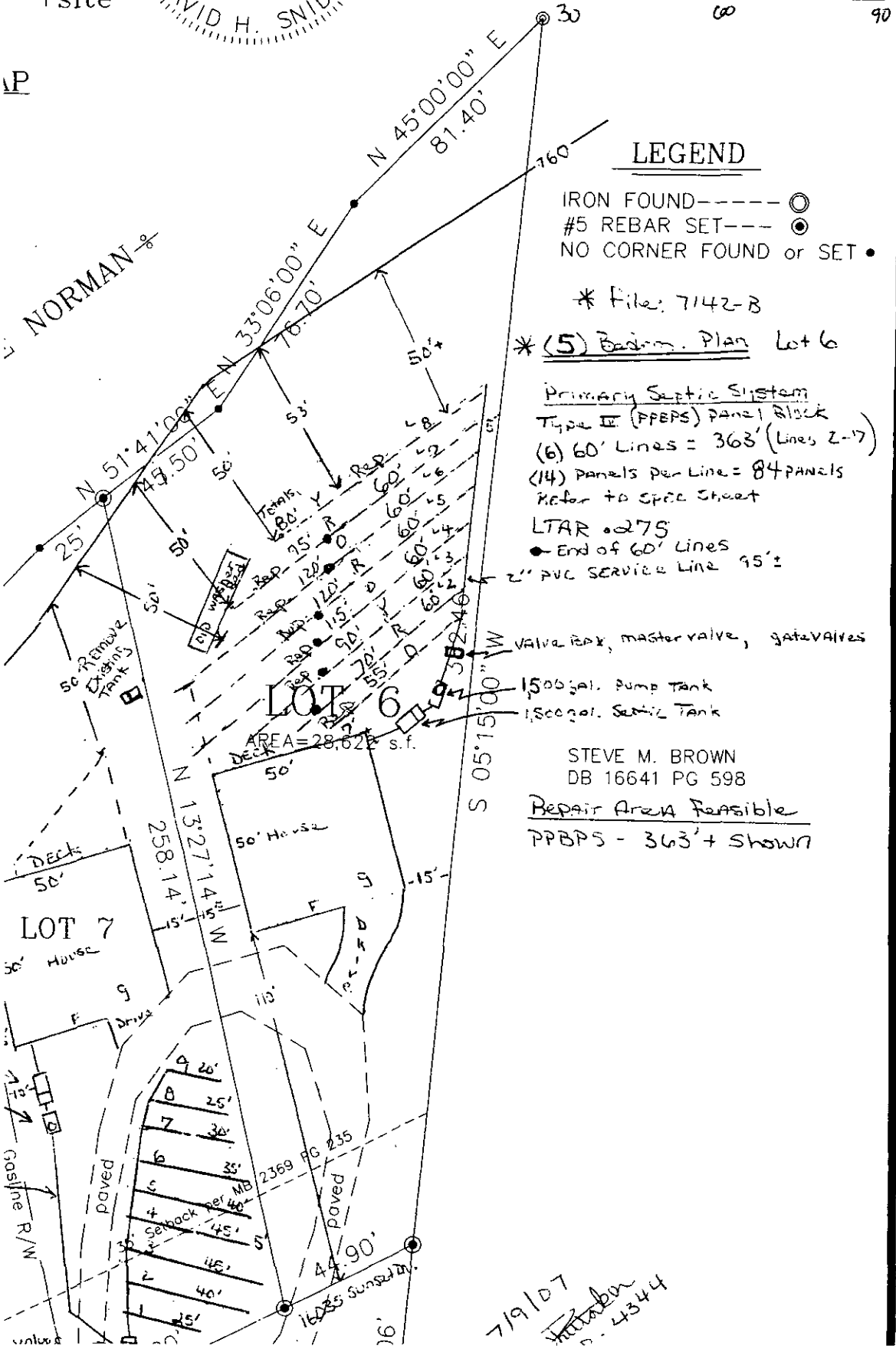
DAVID H. SNIDER
SURVEYOR, PLANNER, BROKER
108 OAK HILL DRIVE
HUNTERSVILLE, NC 28078
(704) 875-0626

NORTH CAROLINA PROFESSIONAL SEAL L-2942 LAND SURVEYOR DAVID H. SNIDER

0 50 100 150
30 60 90

site

AP



LEGEND

IRON FOUND----- ◎
#5 REBAR SET--- ◉
NO CORNER FOUND or SET •

* File: 7142-B

* (5) Bedrm. Plan Lot 6

Primary Septic System
Type II (PPBPS) Panel Block
(6) 60' Lines = 363' (Lines 2-7)
(14) Panels per Line = 84 PANELS
Refer to spec sheet
LTAR .275
● End of 60' Lines
2" PVC Service Line 95'±
Valve box, master valve, gate valves
1,500 gal. Pump Tank
1,500 gal. Septic Tank

STEVE M. BROWN
DB 16641 PG 598

Repair Area Feasible
PPBPS - 363' + Shown

7/9/07

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

Sheet: 1 of 2
Property ID: 001-023-42
Lot #: 6
File #: 7142B
AppID: 2313

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Sunset Drive LLC
Applicant: T. Whittaker
Address: 19835 Henderson Road, Suite J, Cornelius, N. C. 28031
Date Evaluated: 6/11/07
Proposed Facility: Residence
Design Flow (.1949): 600 GPD
Property Size: .91a
Location of Site: 16035 Sunset Drive
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
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	Profile Class & LTAR
1	LS, 5	0-10	COMPACTED	FILL	>50" TO SOIL WETNESS	50+	N/A	NONE	PS, IV .3GPD/FT^2
		10-20	GR/SCL	FR/SEXP/SS/SP					
		20-50	SBK/ABK/C	FI/SEXP/S/P					
2	"	0-17	COMPACTED	FILL	>55" TO SOIL WETNESS	55+	"	"	"
		17-55	SBK/ABK/C	FI/SEXP/S/P					
3	"	0-14	COMPACTED	FILL	>55" TO SOIL WETNESS	55+	"	"	PS, IV .25GPD/FT^2
		14-55	SBK/C	FI/SEXP/S/P					
			MANGANESE	CONCRETIONS AT 49"					
					SITE LTAR .275GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	Iva	Iva
Site LTAR	*0.275*	*0.275*

Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 6/11/07,
Others Present:
Site Classification (.1948): PS
Site Evaluation By:
Others Present:

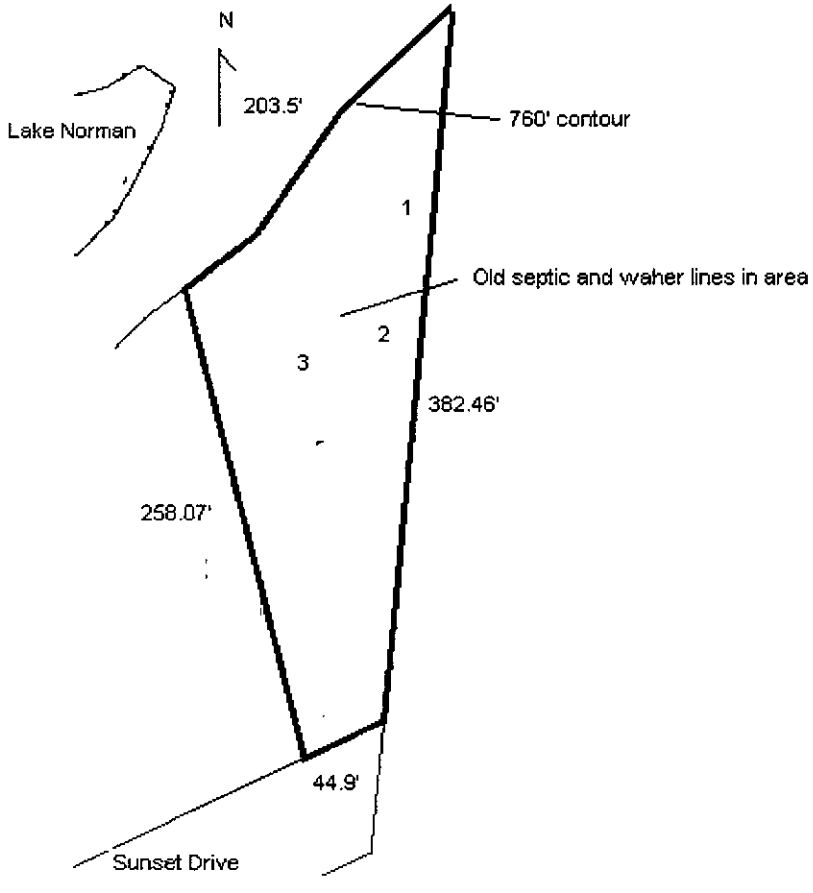
Sheet:

COMMENTS: FILE #:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



FILE NUMBER: 7142-B

Revised On: January 3, 2007

APPLICATION NUMBER: _____

SEPTIC FEE: _____
DATE: _____

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 001-023-42
STREET ADDRESS: Sunset Dr.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: Sunset Cove 16035
LOT #: 6 LOT SIZE (acres):
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☑ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 4000 +
NUMBER OF BEDROOMS: ~~4~~ 5 TW. 7/9/07
NUMBER OF OCCUPANTS: 5
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

☑ 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 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

10. PROPERTY OWNER:
NAME: Sunset Drive, LLC
ADDRESS: 19835 Henderson Rd. Suite J
CITY: Cornelius
STATE: NC ZIP: 28031
HOME PHONE: WORK PHONE:
MOBILE PHONE: 910-612-1387 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Tim Whittaker
ADDRESS: 1112 Queens Gate St.
CITY: Gastonia,
STATE: NC ZIP: 28054
HOME PHONE: WORK PHONE: 7048669540
MOBILE PHONE: 704 830-4344 FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Aug. 11th, 1971
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ASAP

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

T. Whittaker 5/14/07
Property Owner's or Owner's Legal Representative Signature Date
TW-7/9/07

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
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 12 months from the date of issuance.

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

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

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

FILE NUMBER: 7142 #60

SEPTIC FEE: 200.00 + 100

DATE: 5/10/07

Revised On: January 3, 2007

APPLICATION NUMBER: 2313

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____

DATE: _____

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2. **WELL / TYPE APPLICATION:** ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 001023-42

STREET ADDRESS: 16035 Sunset Dr.

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION NAME: Sunset Cove

LOT #: 6 LOT SIZE (acres):

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☑ 6-HUNTERSVILLE

☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL

☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME

☐ DOUBLE WIDE ☐ MULTIPLE FAMILY

☑ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE: 4000 +

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 5

FOUNDATION TYPE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

8A. **RANK:** ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

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 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

10. **PROPERTY OWNER:**

NAME: Sunset Drive, LLC

ADDRESS: 19835 Henderson Rd. Suite J

CITY: Cornelius

STATE: NC ZIP: 28031

HOME PHONE: WORK PHONE:

MOBILE PHONE: 910-612-1387 FAX:

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

NAME: Tim Whittaker

ADDRESS: 1112 Queensgate St.

CITY: Gastonia,

STATE: NC ZIP: 28054

HOME PHONE: WORK PHONE: 7048669540

MOBILE PHONE: 704 830-4344 FAX:

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** Aug. 11th, 1971

13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** ASAP

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**

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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

T. Whittaker 5/14/07

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

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**

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 12 months from the date of issuance.

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

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

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

THIS IS TO CERTIFY THAT ON THE 14th DAY OF AUG.,2006.I,SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES SHOWN HEREON,AND THAT THE ERROR OF PRECISION OF THIS SURVEY WAS 1:10,000.

SIGNED _____

PROFESSIONAL LAND SURVEYOR
DAVID H. SNIDER
SURVEYOR,PLANNER,BROKER
108 OAK HILL DRIVE
HUNTERSVILLE,NC 28078
(704) 875-0626

NORTH CAROLINA PROFESSIONAL L-2942 LAND SURVEYOR DAVID H. SNIDER

PRELIMINARY PLAT

Not for Recordation, Conveyance or Sales

0 50 100 150

SUNSET DRIVE
NC HWY 73
site

VICINITY MAP

PER MB 2369 PG 235
DATED 4/24/1964

LAKE NORMAN

LEGEND

IRON FOUND------ O
#5 REBAR SET---- ●
NO CORNER FOUND or SET •

N 45°00'00" E 81.40'
760'
N 33°06'00" E 76.70'
760'
N 51°41'00" E 45.50'
25'
760'
N 42°48'00" E 85.06'
760'
25'
760'

LOT 6

382.46'
S 05°15'00" W

2000 sf on one level
garage

STEVE M. BROWN
DB 16641 PG 598

N 13°27'14" W 258.14'

LOT 7
AREA=23,046 s.f.

2000 sf on one level
garage

Gasline R/W
N 12°27'12" W 223.44'
Gasline R/W

LOT 8

35' Setback per MB 2369 PG 235

44.90'
100.00'
S 63°14'00" W
70.06'
51.40'

SUNSET DRIVE
60' R/W

L=113.12' R=210.40'

BOUNDARY & PHYSICAL SURVEY
FOR
HOWARD KOSOFSKY

SCALE 1"=50'
THE PROPERTY KNOWN AS LOT 6 SUNSET COVE
MAP RECORDED IN BOOK 2369 AT PAGE 235 DEED RECORDED IN BOOK 3237 PAGE 614
LOCATED IN HUNTERSVILLE,MECKLENBURG CO.,NC