


14909 SHINGLE OAK RD

19521205

1/9/2008

duponbj

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

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5785B Permit #: _____ Tax Parcel #: 19521205

Property Owner: Farrington Oaks LLC

Job Location Address: 14909 Shingle Oak Rd Lot 82

City: Charlotte State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 8/23/06 Contractor Name: RES

Permitted Design Flow: 720 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: Gould

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 720 feet

# of Lines: 4 (130') @ 2 (100') feet

Depth of Media: 12 inches (Type) EZ Flow

Depth of Cover: 12-18" 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

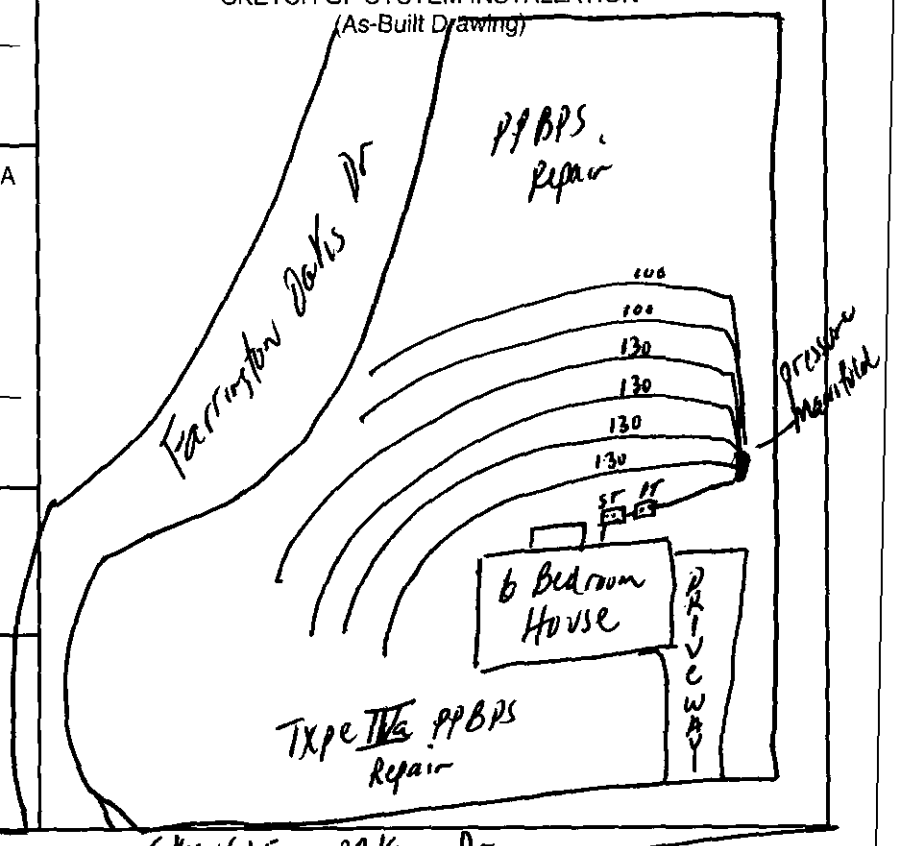
Inspection Dates

Tank(s) Inspected: 8/18/06

Excavation Inspected: 8/18/06

Pump & Controls Inspected: 8/23/06

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: Type IIIb pump to EZ Flow

DENR Authorized Agent: Philip S. Walker Signature: Philip S. Walker RS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

# INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5785B Permit #: _____ Tax Parcel #: 195 212 05

Property Owner: Farrington Oaks LLC

Job Location Address: 14909 Shingle Oak Rd Lot 82

City: Charlotte State: NC Zip Code: 28227

**Installation Approval Issuance Date:** 8/10/06

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

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

Permitted Design Flow: 720 GPD Site LTAR: .25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 7 feet (O.C.)

Total line length: 720 feet

# of Lines: Line lengths to vary @ +/- feet

Depth of Media: 12 inches (Type) Innovative

Distribution Device: Drop boxes

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

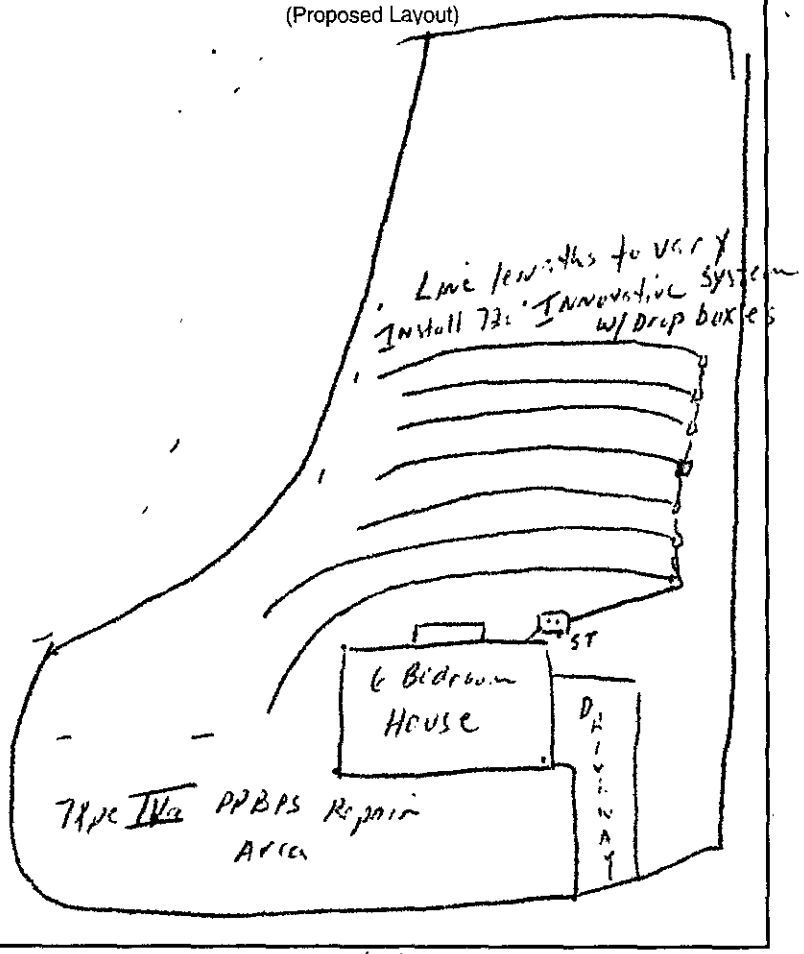
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




Comments: System Classification & Type: Type III: Innovative system w/ Drop box distribution
Type IVa Repair Area

DENR Authorized Agent: Philip S. Walker Signature: Philip S. Walker

FEE: 300.00

DATE: 4/28/2006

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

**MECKLENBURG COUNTY**

**GROUNDWATER & WASTEWATER SERVICES**

10

**FILE NUMBER:** 5785B

**PERMIT NUMBER:** 30000611

**PARCEL NUMBER:** 19521205

**JOB LOCATION INFORMATION**

**ADDRESS:** 14909 SHINGLE OAK RD

**CITY:** CHARLOTTE **STATE: NC** **ZIP:** 28227

**ISSUED TO:** Fairington Oaks, LLC

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 4/28/2006

## *CONSTRUCTION AUTHORIZATION CONDITIONS*

1. **WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000611, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.**

2. **AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.**

3. **ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.**

4. **THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.**
   ***CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 4/4/2011**

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 #: **30000611** GWS File #: **5785B** Tax Parcel #: **195-212-05**

- 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):** 4/4/2011

Type of Installation: Residential - New System Lot Number: 82

Structure Type: HOUSE Size ($ft^2$): 3495 # Bedrooms: 6 # Occupants: 4

Building Foundation: Concrete Slab Water Supply: Municipal

**II. Initial System Type:** PPBPS (gravity) **System Classification:** IIIe

*Initial System Specifications:*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 720 | LTAR (gpd/$ft^2$): | 0.275 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1308 | Total Trench Length (ft): | 436 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | N/A | Distribution Device: | Drop Boxes | | |

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

*Repair System Specifications:*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 0 | LTAR (gpd/$ft^2$): | 0.25 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1440 | Total Trench Length (ft): | 480 |
| Maximum Trench Depth (in): | 0 | Depth of Media (in): | N/A | Distribution Device: | N/A | | |

**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: Philo Walker

Signature: Philo S. Walker III

Date Issued: 4/4/2006

Owner/Legal Agent: Brian Parmenter

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 #: **30000611** GWS File #: **5785B**

**IV. Permit Conditions/Comments:**

- Owner agreement forms for site reclassification shall be on file prior to issuance of Construction Authorization.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- Pressure PPBPS repair area

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: Philo Walker

Signature: Philo S. Walker RS

Date Issued: 4/4/2006

Owner/Legal Agent: Brian Pyrmaster
Print Name

Signature:

COMMENTS / 6 Bedroom House

Agreement Forms Required, PPBPS Septic System

1500 ST, Drop Box Distribution, 3' Wide Trenches

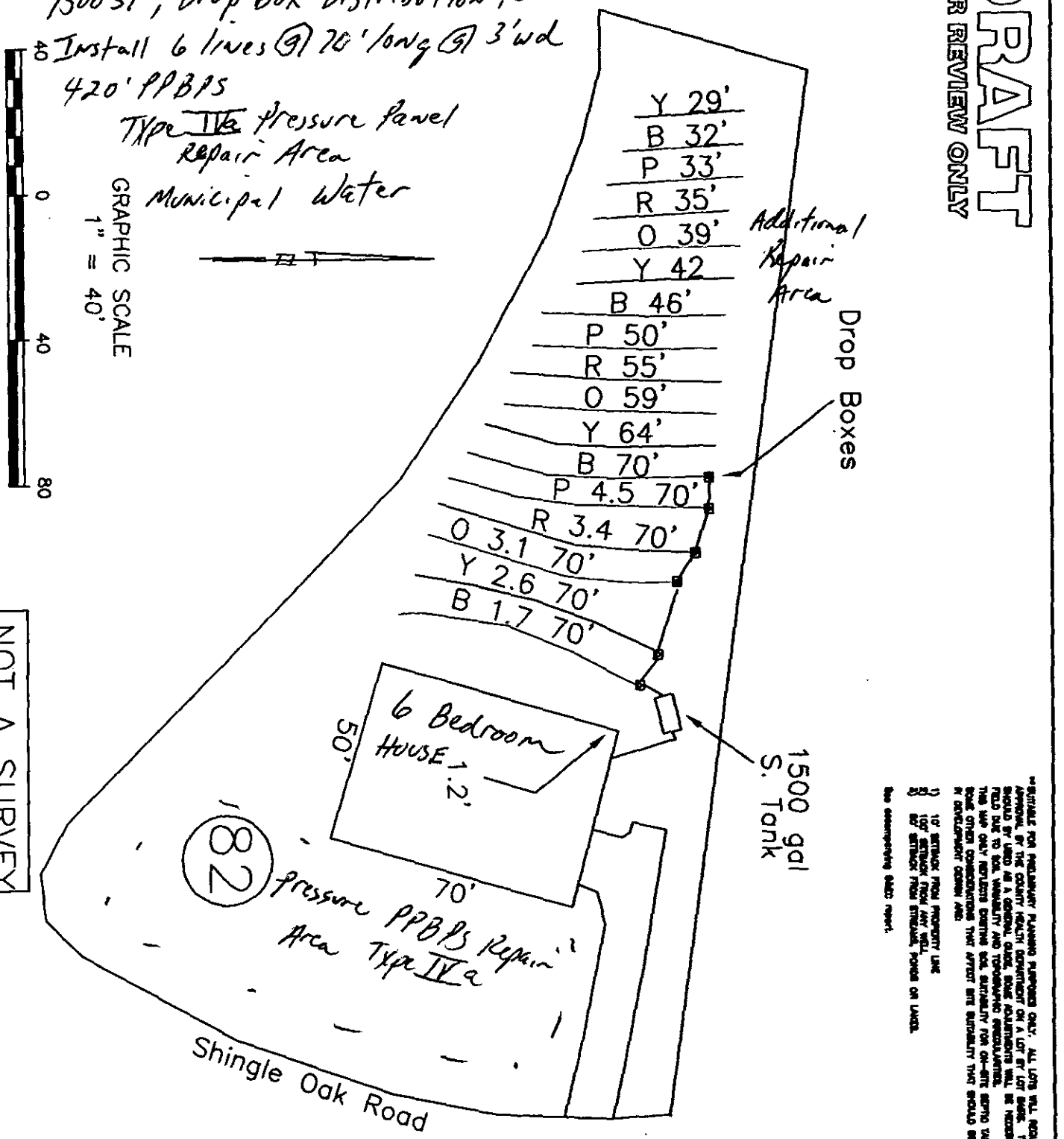
Install 6 lines @ 20' long @ 3' wd

420' PPBPS

Type IVa Pressure Panel

Repair Area

Municipal Water




DRAFT

FOR REVIEW ONLY

**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE. SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying SMDC report.

| | | | | | |
|---|---|---|---|---|---|
| SHEET: 1 OF 1 | SHEET TITLE: SEPTIC SYSTEM LAYOUT SKETCH MAP | FAIRINGTON OAKS LOT 82 - FAIRINGTON OAKS LOT 82 - MECKLENBURG COUNTY, NORTH CAROLINA April 2006 | S&EC Soil & Environmental Consultants, PA 520 Lafayette Ct. Ste C • Concord, North Carolina 28025 • Phone (704)720-0485 • Fax (704) 720-0486 | FILE: C:\MOBILE\1-1.553 | PROJECT NO: A-1553.B PROJECT MGR: WD DRAWN BY: ZP FIELD WORK: WD/BF SCALE: 1" = 40' |

# FAIRINGTON OAKS / Lot 82

Project No. 5-1553

LAYOUT FOR 6 BEDROOM HOME

Apr-06

| LINE # | FLAG COLOR | BS | HI | FS | ELEVATION | FLAGGED LINE LENGTH | DESIGN LENGTH |
|---|---|---|---|---|---|---|---|
| TBM | | 1.2 | | | 100.0 | | |
| INSTR. 1 | | | 101.2 | | | | |
| | | | SYSTEM | | | | |
| 1 | Blue | | | 2.60 | 98.6 | 84 | 70 |
| 2 | Yellow | | | 3.50 | 97.7 | 89 | 70 |
| 3 | Orange | | | 3.90 | 97.3 | 85 | 70 |
| 4 | Red | | | 4.10 | 97.1 | 80 | 70 |
| 5 | Pink | | | 4.60 | 96.6 | 73 | 70 |
| 6 | Blue | | | 4.50 | 96.7 | 70 | 70 |
| | | | | | **Total** | **481** | **420** |
| | | | Repair | | | | |
| 7 | Yellow | | | 4.70 | 96.5 | 65 | |
| 8 | Orange | | | 4.80 | 96.4 | 61 | |
| 9 | Red | | | 4.70 | 96.5 | 56 | |
| 10 | Pink | | | 4.70 | 96.5 | 53 | |
| 11 | Blue | | | 4.90 | 96.3 | 50 | |
| 12 | Yellow | | | 4.70 | 96.5 | 45 | |
| 13 | Orange | | | 4.40 | 96.8 | 43 | |
| 14 | Red | | | 5.40 | 95.8 | 38 | |
| 15 | Pink | | | 6.20 | 95.0 | 36 | |
| 16 | Blue | | | 6.60 | 94.6 | 33 | |
| 17 | Yellow | | | 7.00 | 94.2 | 29 | |
| | | | | | **Total** | **509** | |

| | LINE LENGTH | LTAR GPD/FT$^2$ | SYSTEM TYPE | DISTRIBUTION |
|---|---|---|---|---|
| * System | 420 | 0.320 | PPBPS | Drop Box |
| Repair | 509 | 0.32 | PPBPS | Drop Box |

**Notes:**

** TBM located top back right house corner

**TBM is assumed to be 100'

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS and FS indicate rod readings

**Septic lines on 8 foot centers, additional layout needed for 9 foot centers

**Site plan is based on no basement, foundation drain, or wing walls

FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 APR 28 11:56 AM
BK 20347 PG 752-755 FEE $20 00

INSTRUMENT # 2006081183



2006081183

**STATE OF NORTH CAROLINA**

**COUNTY OF MECKLENBURG**

**WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AN ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); OR .1957(c); OR .1969**

FILE #: 5785 B Lot 82

PARCEL #: 19521205

The undersigned, I
14909 Shingle Oak, owner of property located at
instrument recorded in Book _____ at Page _____, (the "site") and described in an
hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 *et seq.*; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as 'provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following will apply to the site:

This instrument was prepared by: Ted VonBADINski

Mail after recording to: 10150 Mallard Creek Rd Ste 106
Charlotte N.C. 28262

- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to rule .1961, Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulation in effect at the time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 20____.

_____ _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

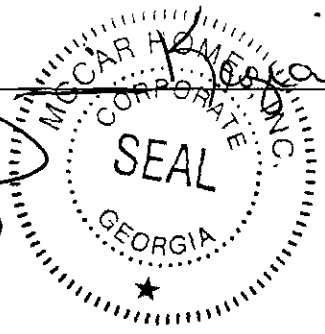
_____ President _____ (SEAL)

ATTEST:

_____

Asst. Secretary

(Corporate Seal)




STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this date and acknowledged the execution of the foregoing instrument.

WITNESS my hand and notarial seal this _____ day of _____, _____.

_____
Notary Public

My Commission Expires: _____

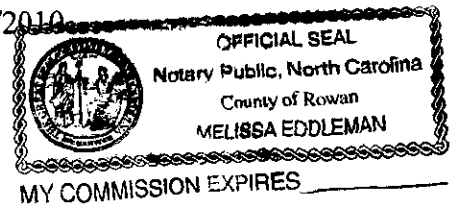
STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

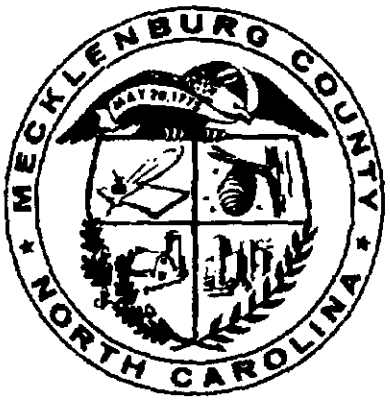
I, **Melissa Eddleman**, a Notary Public for said County and State, do hereby certify that **Janice Keziah** personally came before me this day and acknowledged that she is the Assistant Secretary of McCAR HOMES, INC., a Georgia corporation, which is the Manager of McCAR HOMES-CHARLOTTE, LLC, a North Carolina limited liability company, and that she, being authorized to do so, executed the foregoing on behalf of the said corporation. Witness my hand and notarial stamp or seal, this **26th** day of **April**, 2006.

Melissa Eddleman
Notary Public

My Commission Expires: 09/19/2010

9-19-2010






JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

# PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

**********

**Filed For Registration:** 04/28/2006 11:56 AM

**Book:** RE 20347 Page: 752-755

**Document No.:** 2006081183

PRMIT 4 PGS $20.00

**Recorder:** JESSIE YOUNG



*2006081183*

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 04/06/06 | **Amount:** | 150.00 |
| **Receipt #:** | 43145 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | AIDOOJK | | |

**Account Information**

**Account #:** X32342
**Contractor:** MCCAR HOMES CHARLOTTE LLC
**Attn:**
**Address:** 10150 MALLARD CREEK RD
**Address:** SUITE 160
**City/State/Zip:** CHARLOTTE, NC 28262

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0734 | Auth for Waste Wtr Sys Constr<br>14909 SHINGLE OAK ROAD | | 1 | 150.00 | 150.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 1,582.74 | 25,809.71 | | | | |

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

**Date:** 04/06/06
**Receipt #:** 43147
**Check / Auth #:** CHARGE
**Received By:** AIDOOJK

**Amount:** 150.00
**Tendered:** 0.00
**Returned:** 0.00

**Account Information**

**Account #:** X32342
**Contractor:** MCCAR HOMES CHARLOTTE LLC
**Attn:**
**Address:** 10150 MALLARD CREEK RD
**Address:** SUITE 160
**City/State/Zip:** CHARLOTTE, NC 28262

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0703 | Installation/Final Approval<br>14909 SHINGLE OAK ROAD | | 1 | 150.00 | 150.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 1,582.74 | 25,809.71 | | | | |

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 04/28/06 | **Amount:** | 100.00 |
| **Receipt #:** | 43579 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | AIDOOJK | | |

**Account Information**

**Account #:** X32342
**Contractor:** MCCAR HOMES CHARLOTTE LLC
**Attn:**
**Address:** 10150 MALLARD CREEK RD
**Address:** SUITE 160
**City/State/Zip:** CHARLOTTE, NC 28262

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0704 | Change in Plot Plan<br>14909 SHINGLE OAK ROAD | | 1 | 100.00 | 100.00 |

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

| nth-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 18,041.27 | | | | | |

2/21/06 100.00 ck #

SEPTIC FEE:
DATE:
CRT #:

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

GWS - RES APP 07/05

WELL FEE:
DATE:
CRT #:

FILE # 5785B

SEPTIC TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☒ MODIFY PLOT PLAN

WELL TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

**JOB LOCATION INFORMATION:**

TAX/PARCEL #: 195-212-05
STREET ADDRESS: 14909 Shingle OAK Rd.
CITY: MINT HILL
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME: FAIRINGTON OAKS
LOT #: 88
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☒ 7-MINT HILL

**BUILDING INFORMATION:**

TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3 4 5 6 7 8
NUMBER OF OCCUPANTS 5

FOUNDATION FOR RESIDENCE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT W/ NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED:
NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:
☒ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER SPRINGS (O)

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

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN(S):

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES | ☒ NO | WELLS, SPRINGS, OR WATER LINES | ☐ YES | ☒ NO |
| EXISTING WASTEWATER SYSTEMS | ☐ YES | ☐ NO | DESIGNATED WETLANDS | ☐ YES | ☐ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES | ☒ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☒ NO |

**PROPERTY OWNER:**

NAME: Fairington OAKS L.L.C.
ADDRESS: 1518 EAST 3rd St.
CITY: Charlotte
STATE: NC ZIP: 28204
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-401-8599 FAX: 704-573-0770

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: John Millergan
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-634-4355 Fax

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

"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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

2-14-06
Owner's/Agent's Signature Date

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

"A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX 704-336-5391



Jeff Ellis

704 401-8599

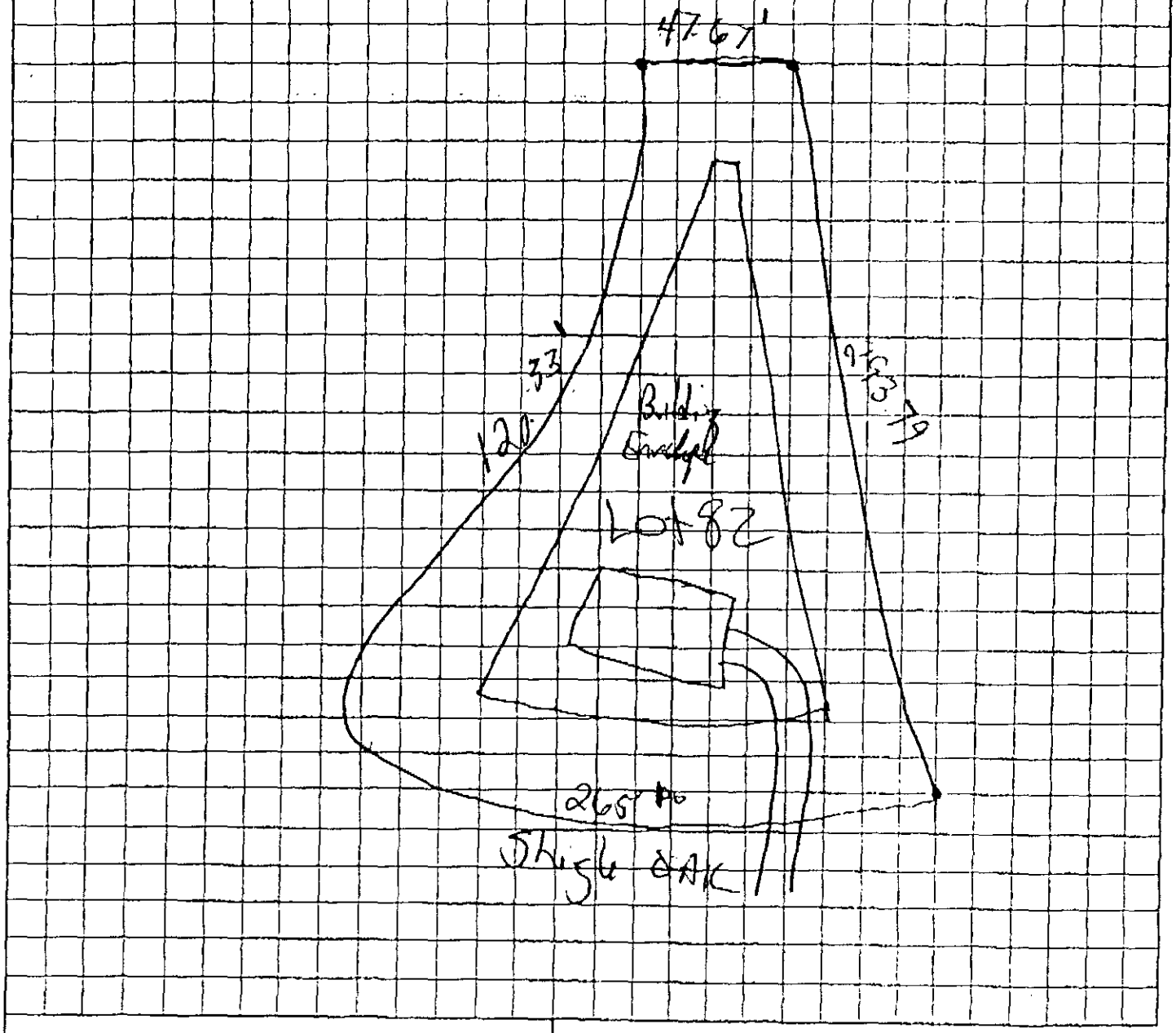
# PROPOSED PLOT PLAN

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

FILE: 57858

TC: 195-21-05

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

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

X32342 100.00 2nd site Evaluation 2/21/06JKA

Sheet: 1 of 2
Property ID: 195-202-05
Lot #: 82
File #: 5785B
Code: 2

AGS

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Farrington Oaks, LLC
Applicant: John Millenaar
Address: 1518 East 3rd St., Charlotte, N. C. 28204
Date Evaluated: 12/1/2004
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .66a
Location of Site: 14909 Shingle Oak Road
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 | OTHER PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS, 6 | 0-7 | GR/SCL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48 | N/A | NONE | PS, IV .25GPD/FT$^2$ |
| | | 7-48 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| 2 | " | 0-8 | GR/SCL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 8-48 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| 3 | " | 0-11 | GR/SCL | FR/SEXP/SS/SP | >49" TO SOIL WETNESS | 49 | " | " | " |
| | | 11-49 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| 4 | " | 0-7 | GR/SCL | FR/SEXP/SS/SP | " | " | " | " | PS, IV .275GPD/FT$^2$ |
| | | 7-37 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 37-49 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 5 | " | 0-4 | GR/CL | " | >46" TO SOIL WETNESS | 46 | " | " | " |
| | | 4-46 | SBK/C | FI/SEXP/S/P | | | | | |
| | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | US | US |
| System Type(s) | | |
| Site LTAR | .275GPD/FT$^2$ | .25GPD/FT$^2$ |

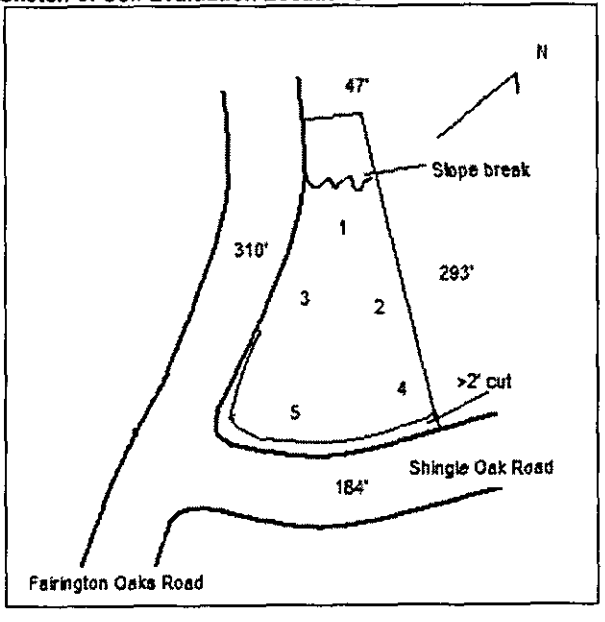
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 12/2/2004, W. R. Marlin
Others Present:

**COMMENTS:**
100% repair

| 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-Food 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 | | CL-Clay Loam | | |
| FP-Flood Plain | | 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**



FEE: 200 no check

DATE: 11/8/04 32572

# 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 #: 57858

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195 - 202 - 05

STREET ADDRESS: 14909 Shingle Oak Rd.

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME: FAIRINGTON OAKS

LOT NUMBER: 82

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3495 Sq. ft.

NUMBER OF BEDROOMS: 6 ~~5~~ NUMBER OF OCCUPANTS: 4

CLOSING DATE 4/30/04

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: N/A

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:

NAME: FAIRINGTON OAKS, LLC.
(LAST) (FIRST) (MI)

ADDRESS: 1518 EAST 3rd St.

CITY: Charlotte STATE: NC ZIP: 28204

DAYTIME PHONE: (704) 370 - 0303

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MILLENAAR, JOHN M.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 634 - 4355

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 10/1/04

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: J. John Millenaar DATE: 11/8/04

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
[illegible] MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202 (704) 336-5102

87

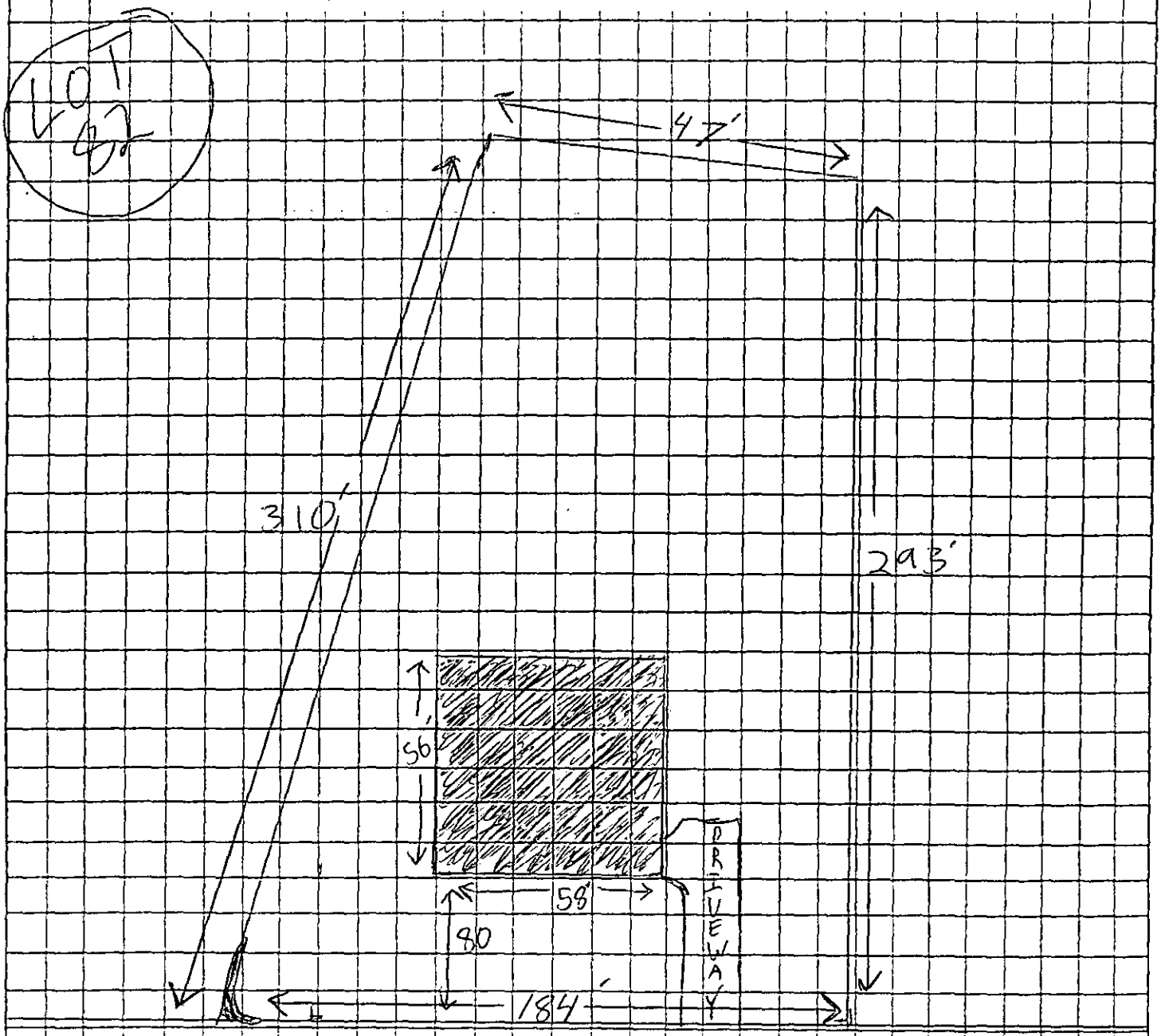
# PROPOSED PLOT PLAN

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

FILE: 5785B

TC: 195-202-05

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.

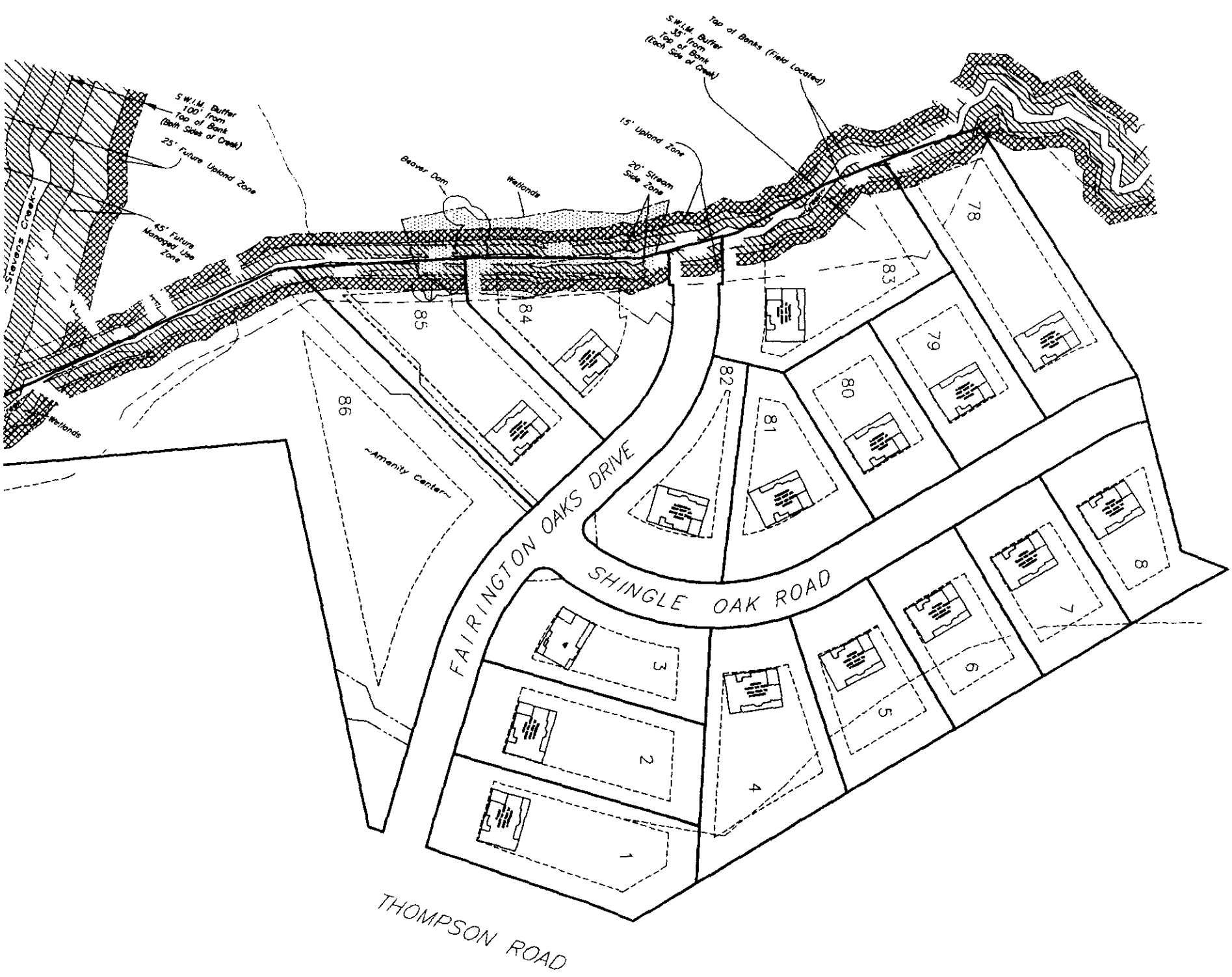



OWNER/AGENT SIGNATURE

DATE 11/8/04

APPROVAL DATE _____

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


S.W.I.M. Buffer
100' from
Top of Bank
(Both Sides of Creek)
25' Future Upland Zone
45' Future
Managed Use
Zone
Stevens Creek
Wetlands
Beaver Dam
Wetlands
S.W.I.M. Buffer
35' from
Top of Bank
(Each Side of Creek)
Top of Banks (Field Located)
15' Upland Zone
20' Stream
Side Zone
85
84
86
~Amenity Center~
82
83
78
81
80
79
8
7
6
5
4
3
2
1
FAIRINGTON OAKS DRIVE
SHINGLE OAK ROAD
THOMPSON ROAD