


16519 CABARRUS RD

13916122

1/11/2008

duponbj

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

EHS DC

Reviewer

Posse

6000 County Permit Review Worksheet

| Rule or Law | Permit Application | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| .1937(d) | Is the Application complete | ✓ | | | | | | | | | |
| .1937(d) | Is there a Site plan/Plat with application | ✓ | | | | | | | | | |
| .1937(d) | Is the Facilityshown? | ✓ | | | | | | | | | |
| .1937(d) | Are appurtenances shown | ✓ | | | | | | | | | |
| | **Site Evaluation Information** | | | | | | | | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | ✓ | | | | | | | | | |
| .1940 (a-g) | Slope % Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(2) | Texture Class Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(2) | Structure type Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(2) | Consistence Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(2) | Mineralogy Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(3) | Soil Wetness Condition Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered? | ✓ | | | | | | | | | |
| .1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | ✓ | | | | | | | | | |
| .1939 (a)(6) | Sufficient Available Space Recorded? | ✓ | | | | | | | | | |
| .1937(m) | Are the Profile Locations Shown? | ✓ | | | | | | | | | |
| .1939(a) & .1945(b) | Are the S/PS Profiles in system & in repair area? | ✓ | | | | | | | | | |
| | Number of auger borings made: | ✓ | | | | | | | | | |
| | Were sufficient auger borings made? | ✓ | | | | | | | | | |
| .1939(d), .1955, .1956, .1957 | LTAR | .275 | | | | | | | | | |
| | **IP/CA** | | | | | | | | | | |
| G.S. 130A-336(a) & .1937(g) | Proposed System Type stated-Initial | ✓ | | | | | | | | | |
| .1945(b) | Proposed System Type stated-Repair | ✓ | | | | | | | | | |
| G.S. 130A-336(a)(3) | System location identifiable by setbacks - Initial | ✓ | | | | | | | | | |
| .1937(g) & .1945(b) | System components shown - Initial | ✓ | | | | | | | | | |
| .1945(b) | Repair area shown | ✓ | | | | | | | | | |
| .1937 (f)(g) | Does System design match facility, flow & WW characteristics? | ✓ | | | | | | | | | |
| .1937 (f)(g) | Is System design consistent with soil/site conditions? | ✓ | | | | | | | | | |
| .1937 (f)(g) | Is the System located in the approved area? | ✓ | | | | | | | | | |
| G.S. 130A-336(a) | Is the Design flow (gpd) indicated? | ✓ | | | | | | | | | |
| G.S. 130A-336(a) | Number of Bedrooms, employees, seats, etc. indicated? | ✓ | | | | | | | | | |
| .1937(g) | Trench depth indicated? | ✓ | | | | | | | | | |
| .1937(g) | Trench width indicated? | ✓ | | | | | | | | | |
| .1937(g) | Trench length indicated? | ✓ | | | | | | | | | |
| G.S. 130A-336(a)(1) | Proposed/existing well shown? | ✓ | | | | | | | | | |
| G.S. 130A-336(a)(1) | Property line lengths shown? | ✓ | | | | | | | | | |
| G.S. 130A-336(a) | Facility/appurtenance setbacks shown from fixed points? | ✓ | | | | | | | | | |
| | **OP** | | | | | | | | | | |
| .1937(i) | System type as described in table V(a) of rule .1961 | ✓ | | | | | | | | | |
| .1937(i) | Conditions for system performance, operation, maintenance, monitoring and reporting. | ✓ | | | | | | | | | |

*If system design is incorrect or inconsistent with site conditions, indicate why for each below*

Next Owner

FILE NUMBER: 6810B

Revised On: January 3, 2007

APPLICATION NUMBER: 2293

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: 400.00
DATE: 5/15/07
X 35814 JRA

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

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 13911622
STREET ADDRESS: 11519 Cabarrus Rd
CITY: Charlotte
STATE: NC ZIP: 28207
SUBDIVISION NAME:
LOT #: 2A LOT SIZE (acres): .93
TOWNSHIP:
☑ 9-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: 3998
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 1
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT (WITH PLUMBING)
☑ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ YES
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, 2-2ND CHOICE, ETC.)
☐ 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: Gold Medallion Homes LLC
ADDRESS: 5923-A Stockbridge DR.
CITY: Monroe
STATE: NC ZIP: 28110
HOME PHONE: WORK PHONE: 704-821-7606
MOBILE PHONE: FAX: 704-821-1097

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

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.

Property Owner's or Owner's Legal Representative Signature — Date: 5/14/07

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 location 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 6 months from the date of issuance.

Property Owner's or Owner's Legal Representative Signature — Date: 5/14/07

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

MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5100 FAX: (704) 336-6854

CC 016343 #1365

GWS – RES. APP 07/05

SEPTIC FEE: 200
DATE: 9/9/16
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

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 68103

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 #: 139-161-15 P/O
STREET ADDRESS: ~~16601~~ CABARRUS Road
CITY: MINT Hill
STATE: NC NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 2
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: 4
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH 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/PLAT.

| | | | | | |
|---|---|---|---|---|---|
| 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: Mecklenburg Holding
ADDRESS: 16601 Cabarrus Road
CITY: Mint Hill
STATE: NC ZIP: 28227
HOME PHONE: (704) 641-5898 WORK PHONE:
MOBILE PHONE: FAX: (704) 753-5898

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: 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.

Owner's/Agent's Signature 9/8/16 Date

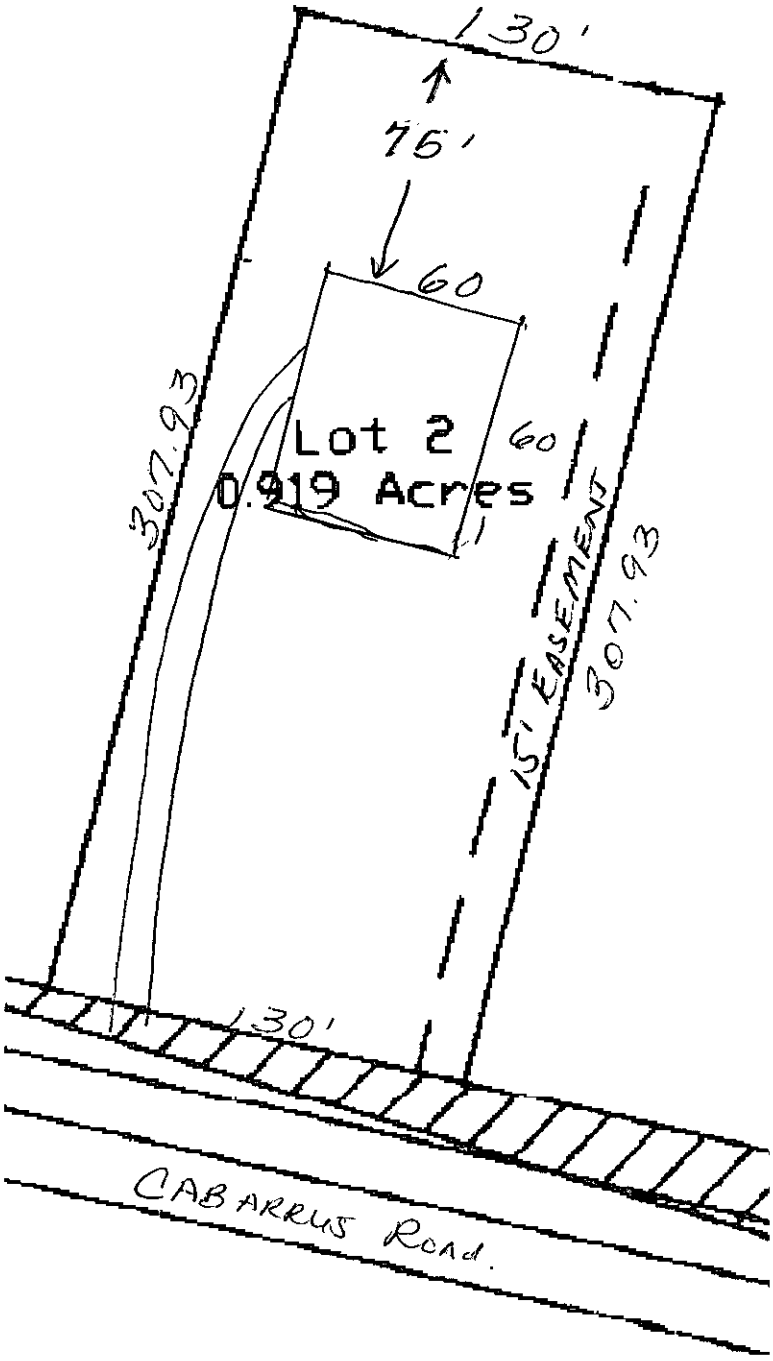
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*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.

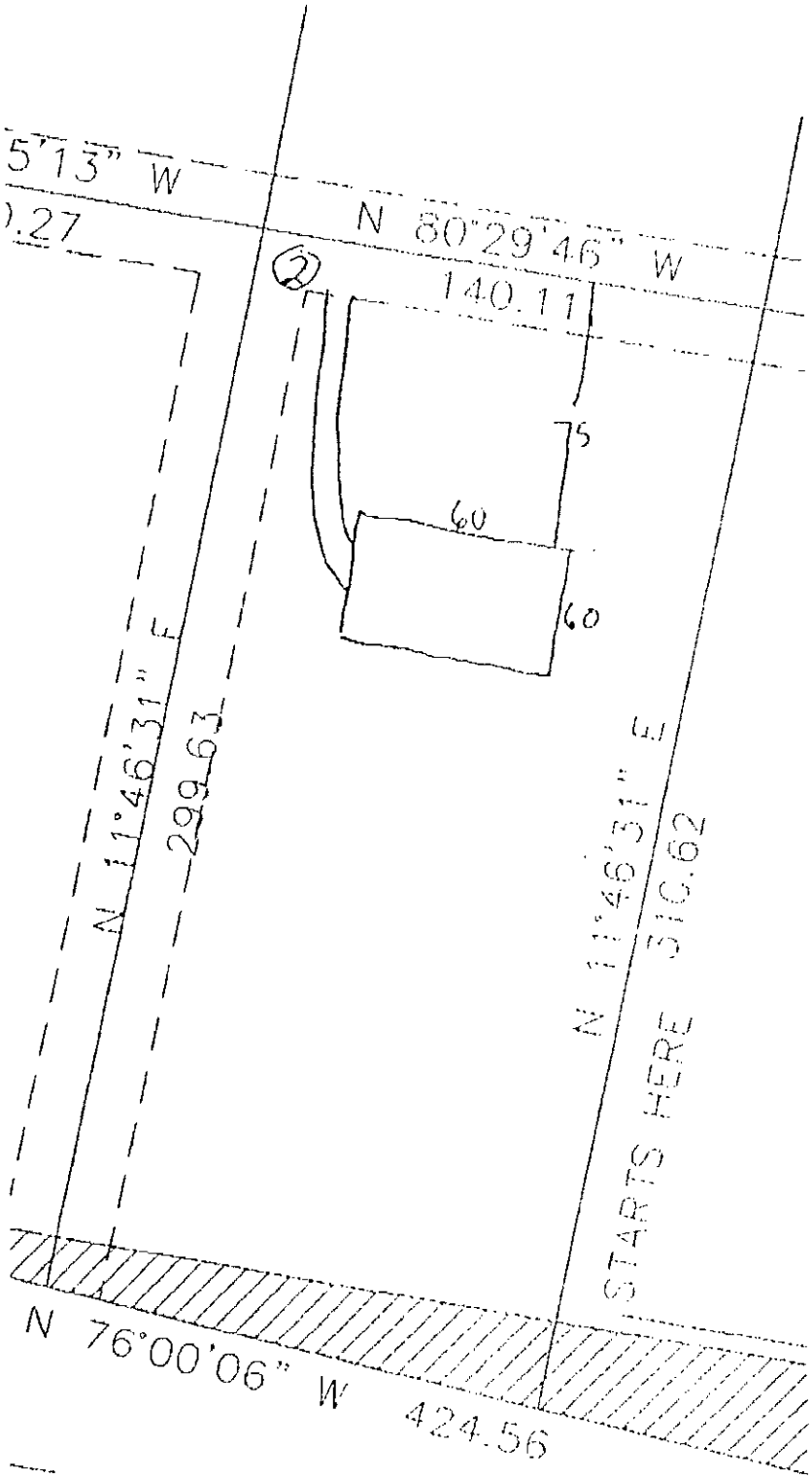
Owner's/Agent's Signature Date

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

6810B


130'
76'
60
307.93
Lot 2
0.919 Acres
60
15' EASEMENT
307.93
130'
CABARRUS Road.

1" = 50'


5'13" W
.27
N 80°29'46" W
140.11
5
60
60
N 11°46'31" E
299.63
N 11°46'31" E
316.62
START HERE
N 76°00'06" W
424.56

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

Sheet: 1 of 2
Property ID: PO 139-161-15
Lot #: 2
File #: 6810B
AppID: 1365
Code: 1

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Mecklenburg Holding
Applicant:
Address: 16601 Cabarrus Road, Mint Hill, N. C. 28227
Date Evaluated: 9/22/06
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .92a
Location of Site: Cabarus Road
Property Recorded:
Water Supply: [ ] Public [ x ] Individual [ x ] 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 | | b PROFILE FACTORS | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 1941 Structure/ Texture | 1941 Consistence Mineralogy | 1942 Soil Wetness/ Color | 1943 Soil Depth (IN:) | 1956 Sapro Class | 1944 Restr Horiz | Profile Class & LTAR |
| 1 | LS, 8 | 0-8 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48 | N/A | NONE | PS, IV |
| | | 8-48 | SBK/ABK/C | FI/SEXP/S/P | | | | | .275GPD/FT$^2$ |
| 2 | " | 0-4 | GR/CL | FR/SEXP/SS/SP | >43" TO SOIL WETNESS | 43 | " | " | " |
| | | 4-43 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| 3 | R, 5 | 0-3 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48 | " | " | " |
| | | 3-40 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| | | 40-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 4 | " | 0-4 | GR/CL | " | " | " | " | " | " |
| | | 4-48 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| 5 | LS, 8 | 0-4 | GR/CL | FR/SEXP/SS/SP | >44" TO SOIL WETNESS | 44 | " | " | " |
| | | 4-34 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| | | 34-44 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 6 | " | 0-3 | GR/CL | " | >43" TO SOIL WETNESS | 43 | " | " | " |
| | | 3-33 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| | | 33-43 | SBK/SICL | FR/SEXP/SS/SP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 1 | 1 |
| Site LTAR | .275GPD/FT$^2$ | .275GPD/FT$^2$ |

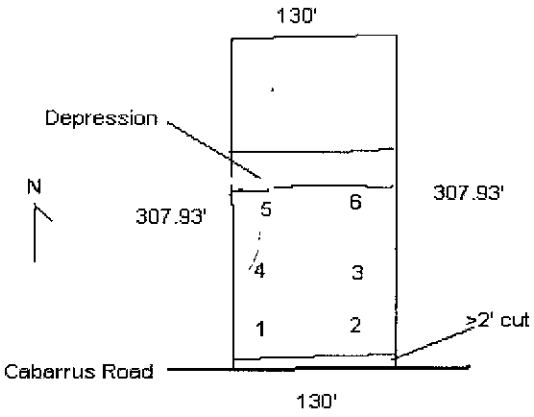
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 9/26/2006, W. R. Marlin
Others Present:

**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-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**

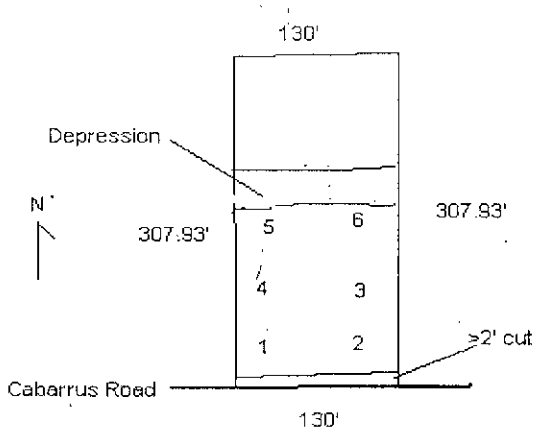


**COMMENTS:**
100% repair

| 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-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**



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 #: **30001365** GWS File #: **6810B** Tax Parcel #: **139-161-15**

- 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):** 10/11/2011

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

Structure Type: HOUSE Size ($ft^2$): 0 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Private Well

**II. Initial System Type:** Pump to Innovative or Experimental **System Classification:** IIIg

*Initial System Specifications:*

Design Flow (gpd): 480 LTAR ($gpd/ft^2$): 0.275 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area ($ft^2$): 1745 Total Trench Length (ft): 582

Maximum Trench Depth (in): 30 Depth of Media (in): N/A Distribution Device: Distribution Box

**III. Repair System Type:** Pump to Innovative or Experimental **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd): 480 LTAR ($gpd/ft^2$): 0.275 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area ($ft^2$): 1309 Total Trench Length (ft): 436

Maximum Trench Depth (in): 30 Depth of Media (in): N/A Distribution Device: Distribution Box

**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: David Cornelius Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 10/11/2006

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 #: 30001365 GWS File #: 6810B

**IV. Permit Conditions/Comments:**

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- 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.

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: David Cornelius

Signature: _____

Date Issued: 10/11/2006

Owner/Legal Agent: _____
Print Name

Signature: _____

# PROPOSED PLOT PLAN

1"=50'

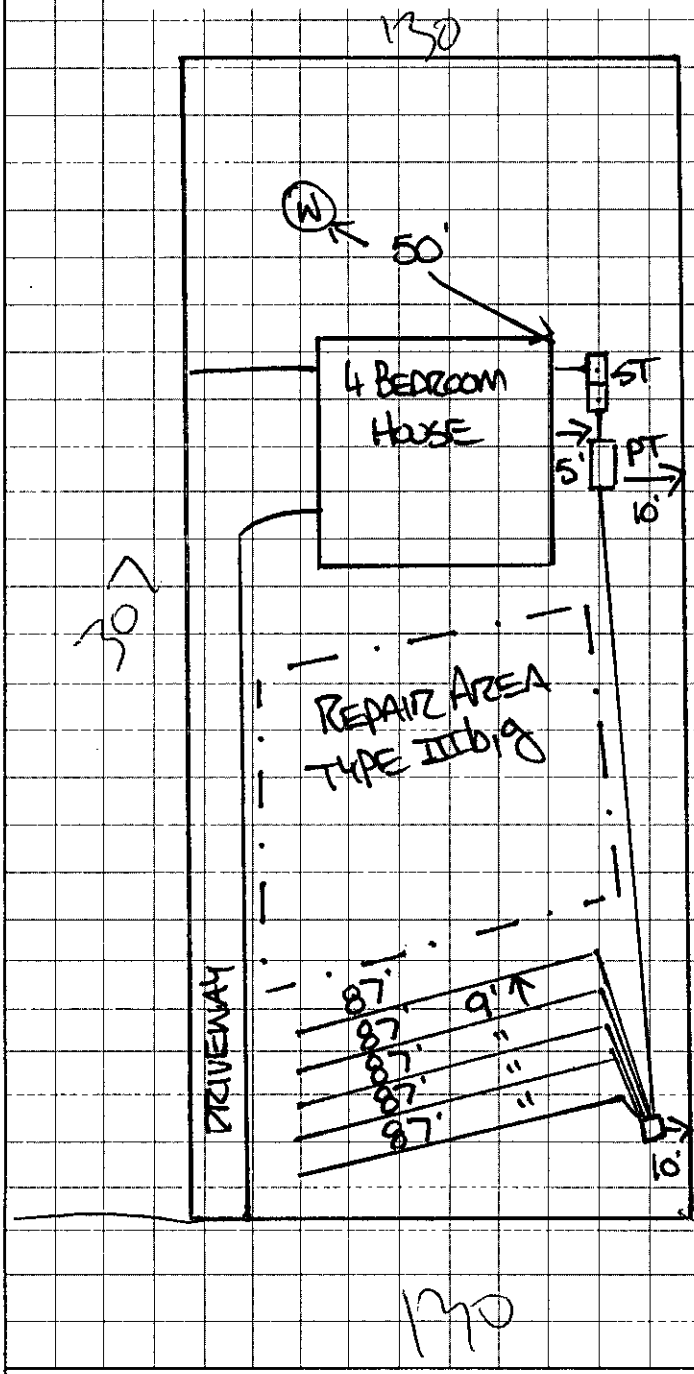
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

Collins-Lot #2

FILE: 6810B

TC: 139-161-15PO

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.




- SEPTIC DESIGN FOR A 4 BEDROOM HOUSE
- 480 GPD MAX WW FLOW
  LTAR = 0.275 GPD/FT²

INSTALL 5 LINES @ 87' ea.
PLACE LINES LEVEL & ON CONTOUR
ON 9' CENTERS.

INNOVATIVE, 25% REDUCTION
TYPE IIIb,g

1500 GALL ST
1,000 GAL PT
D-BOX

SETBACKS:
≥ 5' FROM HOUSE
≥ 10' FROM PROPERTY LINE
≥ 50' FROM WELL

REPAIR AREA TYPE IIIb,g

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 10/11/06

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

FEE: 300.00

DATE: 7/26/2007

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

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

**FILE NUMBER:** 6810B

**PERMIT NUMBER:** 30001365

**PARCEL NUMBER:** 13916122

**JOB LOCATION INFORMATION**

**ADDRESS:** 16519 CABARRUS RD

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

**ISSUED TO:** GOLD MEDALLION HOMES

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 7/26/2007

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30001365, 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: 10/11/2011

2A

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6694

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30001365 GWS File #: 6810B Tax Parcel #: 139-161-15

- *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):** 10/11/2011

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

Structure Type: HOUSE Size (ft²): 0 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Private Well

**II. Initial System Type:** Pump to Innovative or Experimental **System Classification:** IIIg

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| *Design Flow (gpd):* | 480 | LTAR (gpd/ft²): | 0.275 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area (ft²): | 1745 | Total Trench Length (ft): | 582 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | N/A | Distribution Device: | Distribution Box | | |

**III. Repair System Type:** Pump to Innovative or Experimental **System Classification:** IIIg

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| *Design Flow (gpd):* | 480 | LTAR (gpd/ft²): | 0.275 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area (ft²): | 1305 | Total Trench Length (ft): | 436 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | N/A | Distribution Device: | Distribution Box | | |

**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: David Cornelius Owner/Legal Agent: Jennifer L. Dupree
Print Name

Signature: Signature:

Date Issued: 10/11/2006

2 A

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone (704) 336-5100 Fax (704) 330 6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30001365 GWS File #: 8810B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- 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.

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: David Cornelius

Signature:

Date Issued: 10/11/2006

Owner/Legal Agent: Jennifer Dupree
Print Name

Signature:

# PROPOSED PLOT PLAN

1"=50'

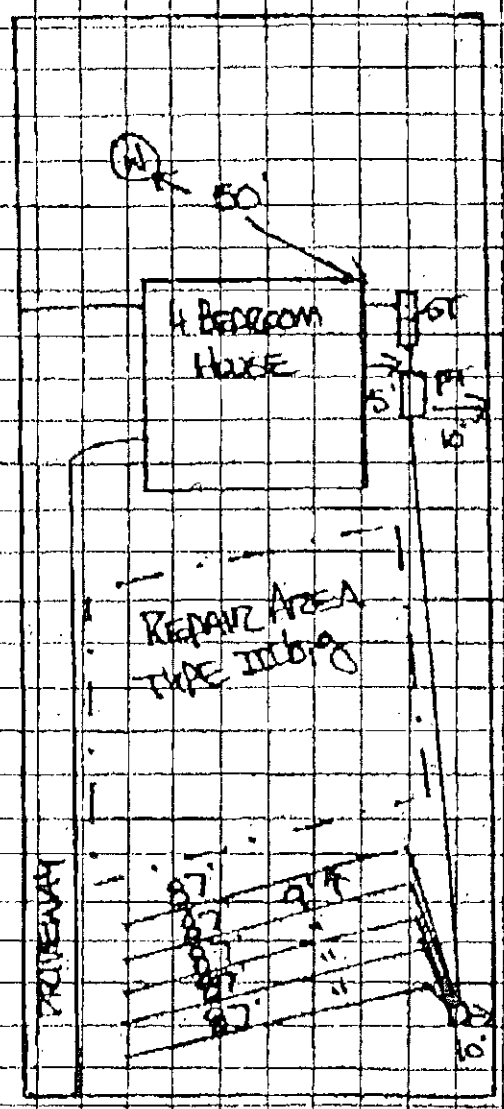
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

CALLARS-LOT #2A

FILE: 68108

TC: 139-161-1510

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.




- SEPTIC DESIGN FOR A 4 BEDROOM HOUSE
- 480 GPD MAX WASTEFLOW
LTAR = 0.275 GPD/FT²

INSTALL 5 LINES @ 87' EA.
PLACE LINES LEVEL & ON CONTOUR
ON 9' CENTERS

INNOVATIVE, 25% REDUCTION
TYPE IIIb,g

1500 GALL ST
1000 GAL PT
D-box

SETBACKS:
75' FROM HOUSE
210' FROM PROPERTY LINE
750' FROM WELL

REPAIR AREA TYPE IIIb,g

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 10/11/06

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

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 #: 68108 Permit #: _____ Tax Parcel #: 139-161-22

Property Owner: GOLD MEDALLION HOMES

Job Location Address: 16519 CABARRUS RD.

City: CHARLOTTE State: NC Zip Code: 28227

**Installation Approval Issuance Date:** APRIL ~~MAR~~ 29TH, 2008

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 5/29/08, 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: 480 GPD

Site LTAR: 0.275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A INNOVATIVE 25% REDUCTION

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 436 feet

# of Lines: 5 @ 87 feet

Depth of Media: N/A inches (Type) IIIb,g

Distribution Device: D-Box

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 _____

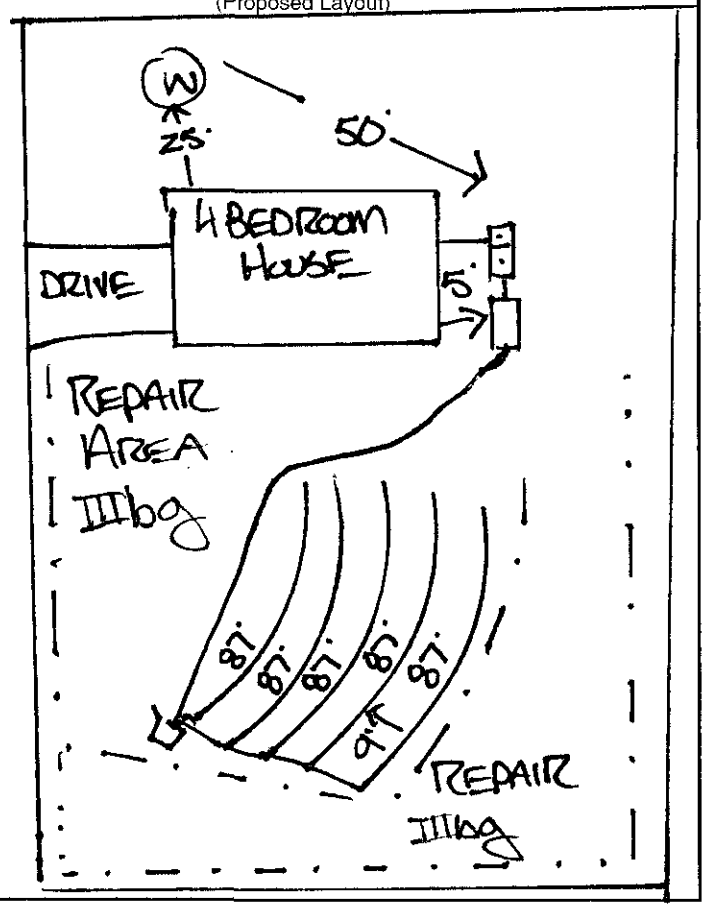
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




Comments: System Classification & Type: IIIb,g, INNOVATIVE, 25% REDUCTION. INSTALL 5 LINES @ 87' ea. 1500 GAL ST, 1000 GAL PT, 750' FROM WELL

DENR Authorized Agent: DAVID CORNELIUS Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 08108 Permit #: _____ Tax Parcel #: 139-161-22

Property Owner: GOLD MEDALLION HOMES

Job Location Address: 16519 CABARRUS RD. RD.

City: CHARLOTTE State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 5/1/08 Contractor Name: BOBBY MACARVER

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: PE 3M MEYERS

Drainfield Installation ☐ N/A INNOVATIVE 25% REDUCTION CHAMBERS

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 436 feet

# of Lines: 5 @ 87 feet

Depth of Media: N/A inches (Type) 1110g

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: 5/1/08

Excavation Inspected: 5/1/08

Pump & Controls Inspected: 5/1/08

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

INSTALLED AS SHOWN ON INSTALLATION APPROVAL

DL

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: _____

ater Supply Source

Municipal ☐ Private Well ☐ Community Well

Other _____

stem Installation Setbacks

tance from Building Foundation: 5 feet

ance from Property Line: 10 feet

ance from Water Supply Source: 750 feet

undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired
s detailed in the plot above ☒ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and
s for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation
it does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling,
ng such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to
restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below
"Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are
to the property which would increase the requirements for said system.

**: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.**

ents: System Classification & Type: 1110g, INNOVATIVE, 25% REDUCTION. 5 LINES
STALLED @ 87' EACH. > 50' From Well. (I, Q, HW, P, W/A, N/A)

Authorized Agent: DAVID CORNELIUS, RS Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6810B Permit #: _____ Tax Parcel #: 139-161-22

Property Owner: GOLD MEDALLION HOMES

Job Location Address: 16519 CABARRUS RD.

City: CHARLOTTE State: NC Zip Code: 28227

**OPERATION PERMIT CONDITIONS:**

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

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

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

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

System Classification: IIIbog

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

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

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

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

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

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

V. *Other:*

_____

_____

_____

_____

DENR Authorized Agent: DAVID CORNELIUS, RS Date: _____

Signature: _____