5561B

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

4063

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

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☑ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 19937106
STREET ADDRESS: Lot 182 The Sanctuary
CITY: Charlotte 9219 Sweetleaf
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: 182 LOT SIZE (acres): 5.344 Ac
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: 5000
NUMBER OF BEDROOMS: 7
NUMBER OF OCCUPANTS: 14
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

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

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

6. WATER SUPPLY: ☒ MUNICIPAL ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

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

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

8A. RANK: ____ ____ ____ ____ ____

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

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

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 12-15-2004 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 2-12-09 ☐ N/A

12. PROPERTY OWNER:
NAME: The Sanctuary @ Lake Wylie
ADDRESS: 11235 PO Box 38839
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE:
WORK PHONE: 877-295-0950
MOBILE PHONE:
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Paul Penninger or Jacob Presley
ADDRESS: 3715 Old Battleground Rd
CITY: Greensboro
STATE: NC ZIP: 27410
HOME PHONE:
WORK PHONE: 704-662-8625
MOBILE PHONE: 704-996-6330
FAX:

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

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

_____ 2-6-09

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

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OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 250.00 ck — DATE FEE RECEIVED: 2/9/09

WELL APPLICATION FEES RECEIVED: $ _____ — DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: QC

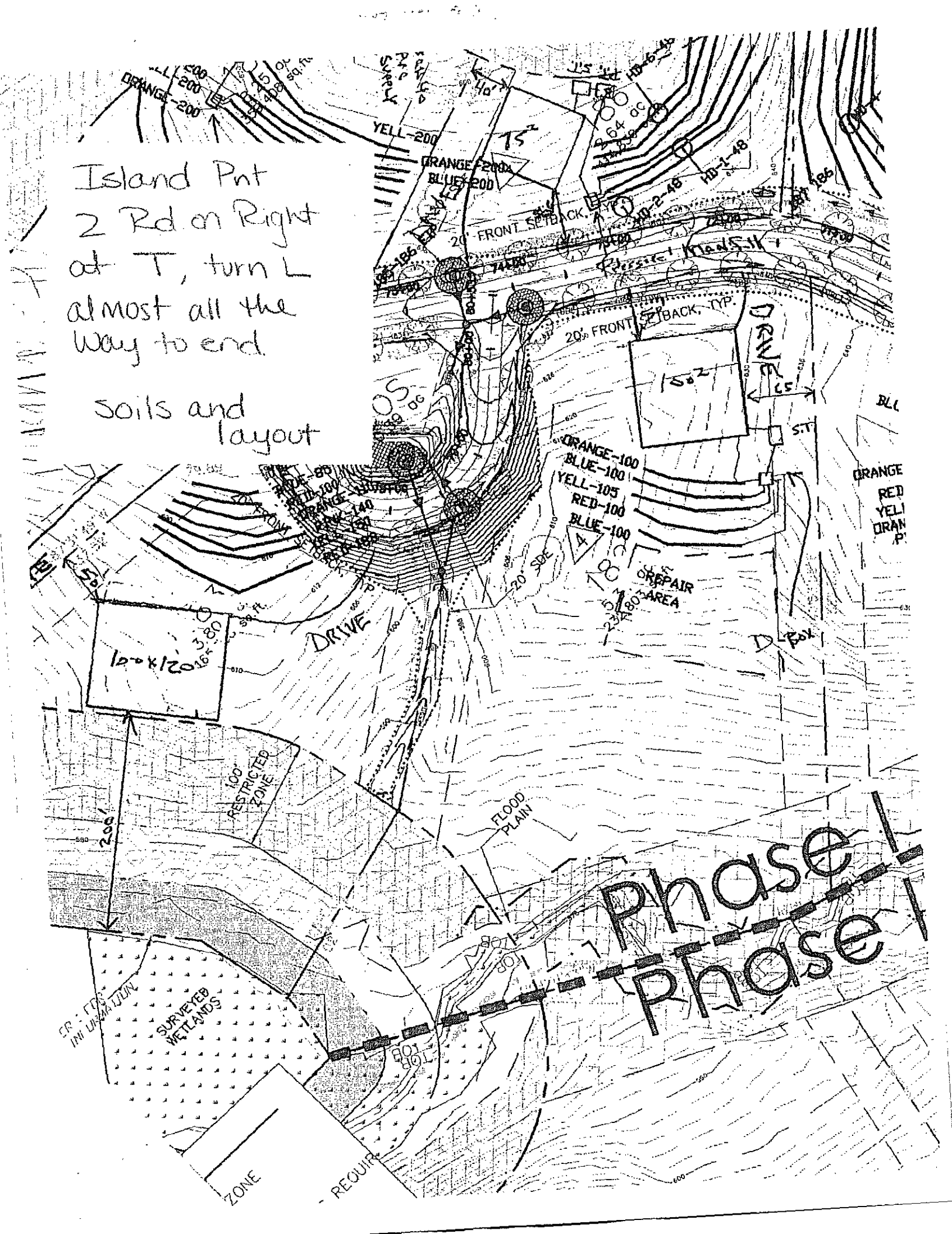
GWS FILE NUMBER ASSIGNED: 5561B

APPLICATION ID NUMBER ASSIGNED: 4063

COMMENTS:

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

Revised on: 7/1/08


Island Pnt
2 Rd on Right
at T, turn L
almost all the
way to end
soils and
layout
ORANGE-200
YELL-200
BLUE-200
20' FRONT SETBACK, TYP.
DRIVE
ORANGE-100
BLUE-100
YELL-105
RED-100
BLUE-100
REPAIR AREA
100' RESTRICTED ZONE
FLOOD PLAIN
SURVEYED WETLANDS
Phase I
Phase I

Crawl space

The Sanctuary @ Lake Wylie
11235 Wildlife Rd.
Clover NC 28730
877-295-0950
Permit 55618

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

Sheet: 1 of 2
Property ID: PO 199-371-03
Lot #: 182
File #: 5561B
Code: 1

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary at Lake Wylie
Applicant: Toney Jacobs
Address: 10933 Ballantyne Crossing Ave., Charlotte, N. C. 28277 840
Date Evaluated: 05/17/2004
Proposed Facility: Residence
Design Flow (.1949): ~~600gpd~~
Property Size: .5a inv.
Location of Site: Sweetleaf Place
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	
1	LS, 15	0-8	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		8-37	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		37-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-12	GR/CL	"	>43" TO SOIL WETNESS	43	"	"	"
		12-43	SBK/C	FI/SEXP/S/P					
3	"	0-8	GR/CL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	"	"	"
		8-40	SBK/C	FI/SEXP/S/P					
		40-45	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IVg
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

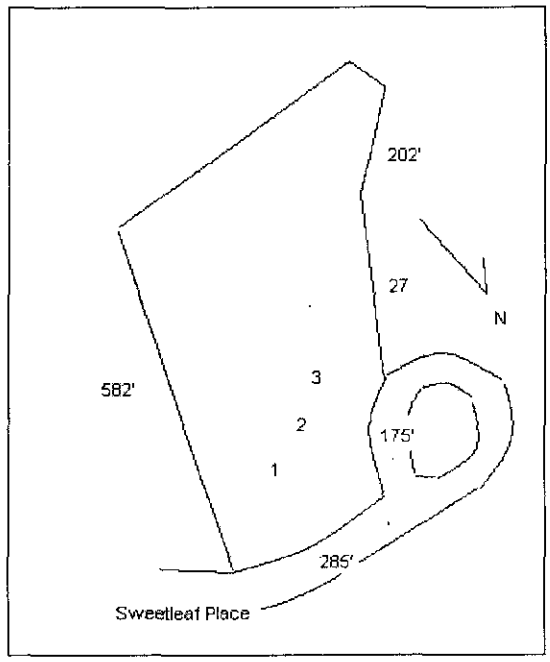
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 5/18/2004, W. R. Marlin
Others Present:

COMMENTS:
100% repair, would need pump

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		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



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 #: **30004063** GWS File #: **5561B** Tax Parcel #: **199-371-06**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 2/11/2014

Type of Installation: Residential - New System Lot Number: 182

Structure Type: HOUSE Size (ft^2): 5000 # Bedrooms: 7 # Occupants: 14

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Approved **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	840	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	2100	Total Trench Length (ft):	700
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	840	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1400	Total Trench Length (ft):	467
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: JOSEPH G. WALKER
Print Name

Signature: Jeremy Michelone, R.S. Signature: Joseph G. Walker

Date Issued: 2/11/2009

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 #: **30004063** GWS File #: **5561B**

IV. Permit Conditions/Comments:

- 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.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.

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

Signature: Jeremy Michelone, R.S.

Date Issued: 2/11/2009

Owner/Legal Agent: JOSEPH G. WALKER
Print Name

Signature: Joseph G. Walker

S&ME

February 9, 2009

Mr. Joe Walker, Development Manager
The Sanctuary at Lake Wylie
11235 Wildlife Road
Charlotte, North Carolina 28278

Reference: **Request for a new Septic Improvement Permit for Lot 182 at The Sanctuary at Lake Wylie Phase**
Mecklenburg County Health Department (MCHD) File # 5561B

Dear Mr. Walker,

The Sanctuary at Lake Wylie is requesting a new Improvement Permit for the above referenced lot. The lot has a valid, existing Improvement Permit for a 5 bedroom home. The soils and system layout for the 5 bedroom home were approved by the MCHD in 2004. You are now requesting a 7 bedroom Improvement Permit. S&ME, Inc. has flagged the new proposed system and repair on the lot. The attached sketch and specifications are not an Improvement Permit and are intended only to assist the MCHD in permitting the referenced lot at The Sanctuary.

We understand that a building permit cannot be issued until the MCHD issues an Authorization to Construct (ATC). The buyer will apply for the ATC. If the buyer's house pad does not fit in the "building envelope" shown on the Improvement Permit, we understand that the proposed system may have to be modified prior to the MCHD issuing the ATC. **No grading shall take place on the lot prior to obtaining the ATC from the MCHD.**

Tri-County Wastewater (TCWW) is under contract to supply maintenance services for each septic system installed at The Sanctuary. TCWW will have a list of preferred septic contractors for the subdivision and will also have requirements for septic system installation that are greater than the MCHD and State requirements. It will be the responsibility of TCWW to enforce any requirements above State requirements or the MCHD conditions on the Improvement Permit.

Please review the attached system sketch and design specifications for the Improvement Permit. The MCHD may make additions or revisions as they feel are necessary on the Improvement Permit. Please call in you have and questions or comments.

Sincerely,

S&ME, Inc.

Paul G. Penninger, LSS
Licensed Soil Scientist

Jacob Presley, LSS
Soil Scientist

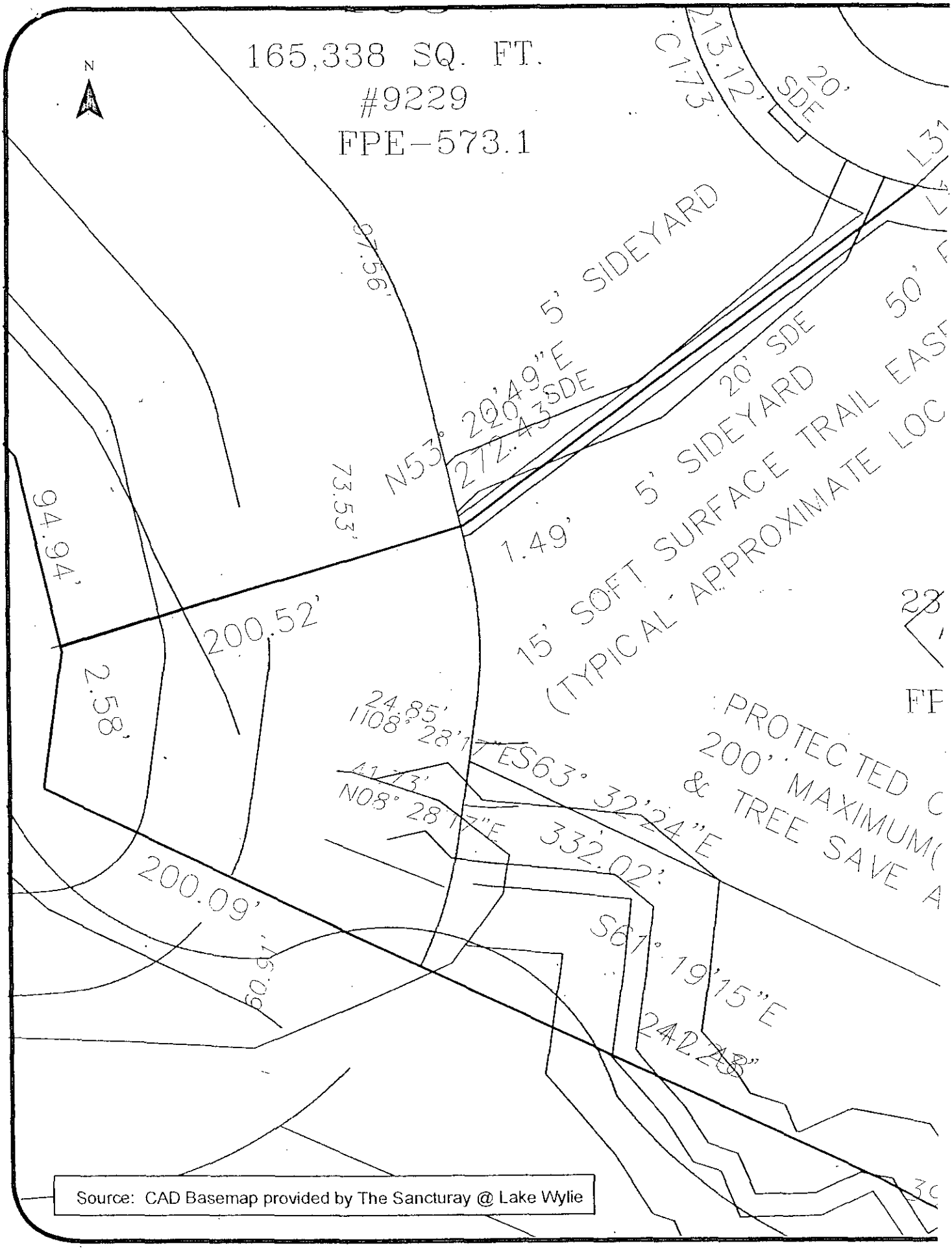
Attachments:
1. System Specifications
2. Site Plan
3. Soil Notes
4. MCHD 2004 Soil Evaluation for existing IP
5. 2004 Existing 5 bedroom IP

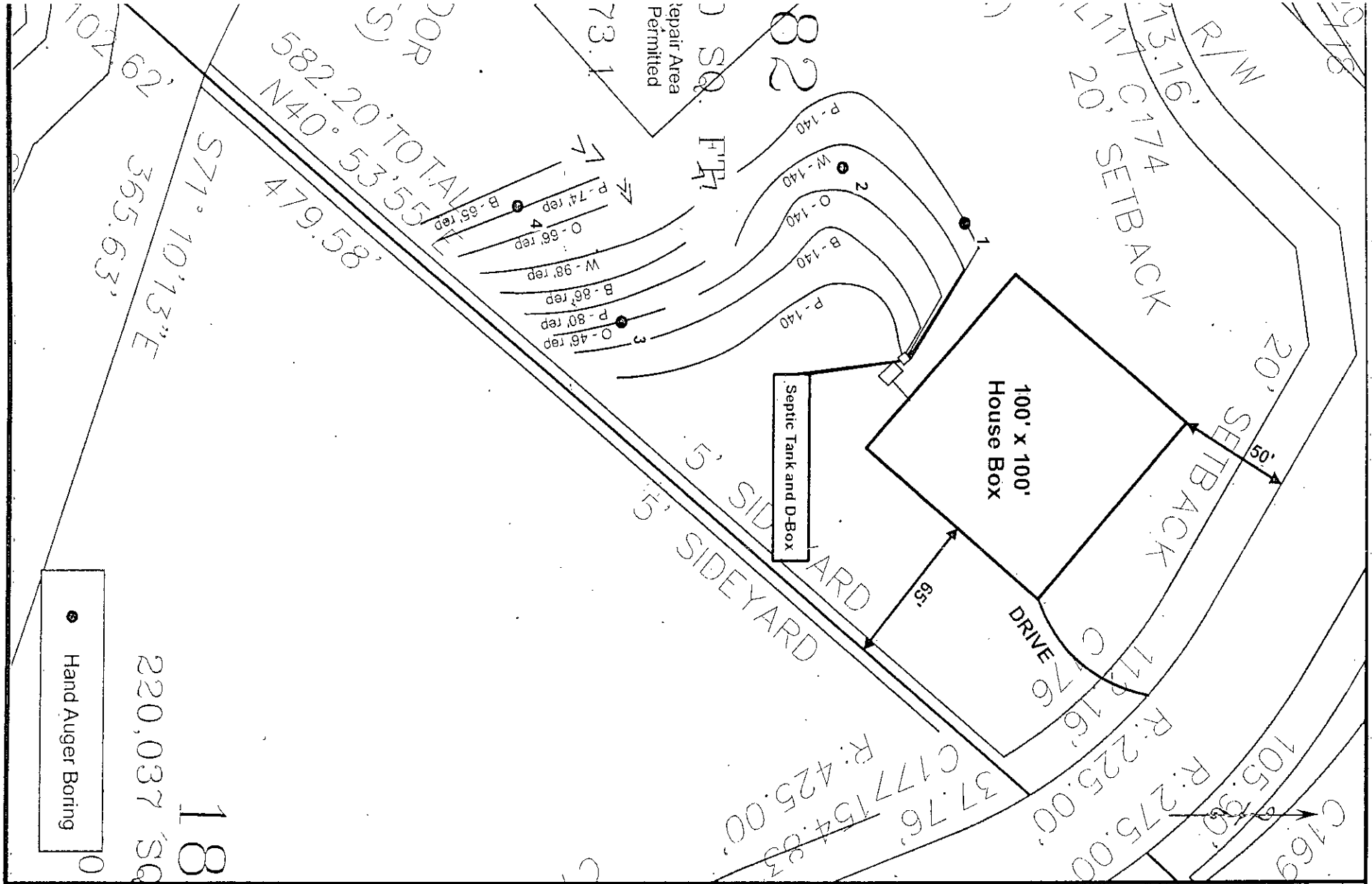
Copy: Mr. Jeremy Michelone, R.S.
MCHD

Design Specifications for Lot 182 at The Sanctuary
MCHD File # 5561B

Daily Design Flow:	840 gpd
Number Bedrooms:	7 bedrooms
Basement or Crawl Space:	Crawlspace
Septic Tank Size:	1500 gal
Primary System Loading Rate:	**0.3 gpd/ft^2**
Primary System:	**25% reduction**
Number and length of laterals:	5 @ 140 ft. endfed
Total ft. of primary system:	700 ft.
Use D-Box for distribution of effluent	
Repair System Loading Rate:	**0.3 gpd/ft^2**
Repair System:	**LPPPBPS**
Total ft. of repair	467 + ft. (467 ft. required)

Notes:


165,338 SQ. FT.
#9229
FPE=573.1
N
C173
213.12'
20' SDE
97.56'
5' SIDEYARD
N53° 20'49"E
272.43'
20' SDE
5' SIDEYARD
50'
15' SOFT SURFACE TRAIL EASE
(TYPICAL - APPROXIMATE LOC
1.49'
73.53'
94.94'
200.52'
2.58'
24.85'
N08° 28'17"E
S63° 32'24"E
332.02'
PROTECTED
200' MAXIMUM
& TREE SAVE A
200.09'
60.09'
S61° 19'15"E
242.28"
Source: CAD Basemap provided by The Sancturay @ Lake Wylie



THE SANCTUARY @ LAKE WYLIE
LOT 182

SCALED SITE PLAN
MECKLENBURG COUNTY, NC

FIGURE NO. 1

S&ME
WWW.SMEINC.COM

SCALE: 1" = 60'	DATE: 2-10-09
PROJECT NO: 1588-05-067	DRAWN BY: JBP
	CHECKED BY: PGP

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ *of* ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: The Sanctuary @ Lake Wylie — APPLICATION DATE: _____
ADDRESS: Lot 182 — DATE EVALUATED: 2-6-09
PROPOSED FACILITY: 7BR — PROPOSED DESIGN FLOW (.1949): 840 — PROPERTY SIZE: _____
LOCATION OF SITE: _____ — PROPERTY RECORDED: _____
WATER SUPPLY: • Private • Public • Well • Spring • Other _____
EVALUATION METHOD: • X Auger Boring • Pit • Cut — TYPE OF WASTEWATER: • Sewage • Industrial Process • Mixed

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) 1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS 1943 SOIL DEPTH	OTHER PROFILE FACTORS 1956 SAPRO CLASS	OTHER PROFILE FACTORS 1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 12-15%	0-16	Gr scl	Fr SS SP	Brown	48"	—	—	.3
		16-48	msbk C	F; SS SP	Brownish Red	F YBr mottles		from 30-48"	PS
2		0-4	Gr cl	Fr SS SP	Brown	47"	—	—	PS
		4-20	msbk C	F; S SP	Red				.3
		20-47	msbk scl	Fr SS SP	Red	C River rock throughout	pebbles		
3		0-3	Gr cl	Fr SS SP	Brown	48"	—	—	PS
		3-36	msbk C	F; S P	Red				.3
		36-48	msbk cl	Fr SS SP	Red	F Sap	inclusions		
4		0-8	Gr cl	Fr SS SP	Brown	48"	—	—	PS
		8-44	msbk C	F; S P	Red C	YBr and	F rock	one from 38-44"	.3
		44-48	msbk cl	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25.1 red	Pond Block
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Jacob Presley, LSS
OTHER(S) PRESENT: _____

COMMENTS: _____

FEE: 200.00
DATE: 3-24-04

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 #: 5561B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-371-03

STREET ADDRESS: Island Point Rd

SUBDIVISION OR MOBILE HOME PARK NAME: The Sanctuary at Lake Wylie, LLC

LOT NUMBER: 182

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: (LAST) The Sanctuary at Lake Wylie, LLC (FIRST) (MI)

ADDRESS: 10933 Ballantyne Crossing Ave

CITY: Charlotte STATE: NC ZIP: 28277

DAYTIME PHONE: (704) 544-0201 ext 226

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Jacobs (FIRST) Tony (MI) C

DAYTIME PHONE: 704 663-6905

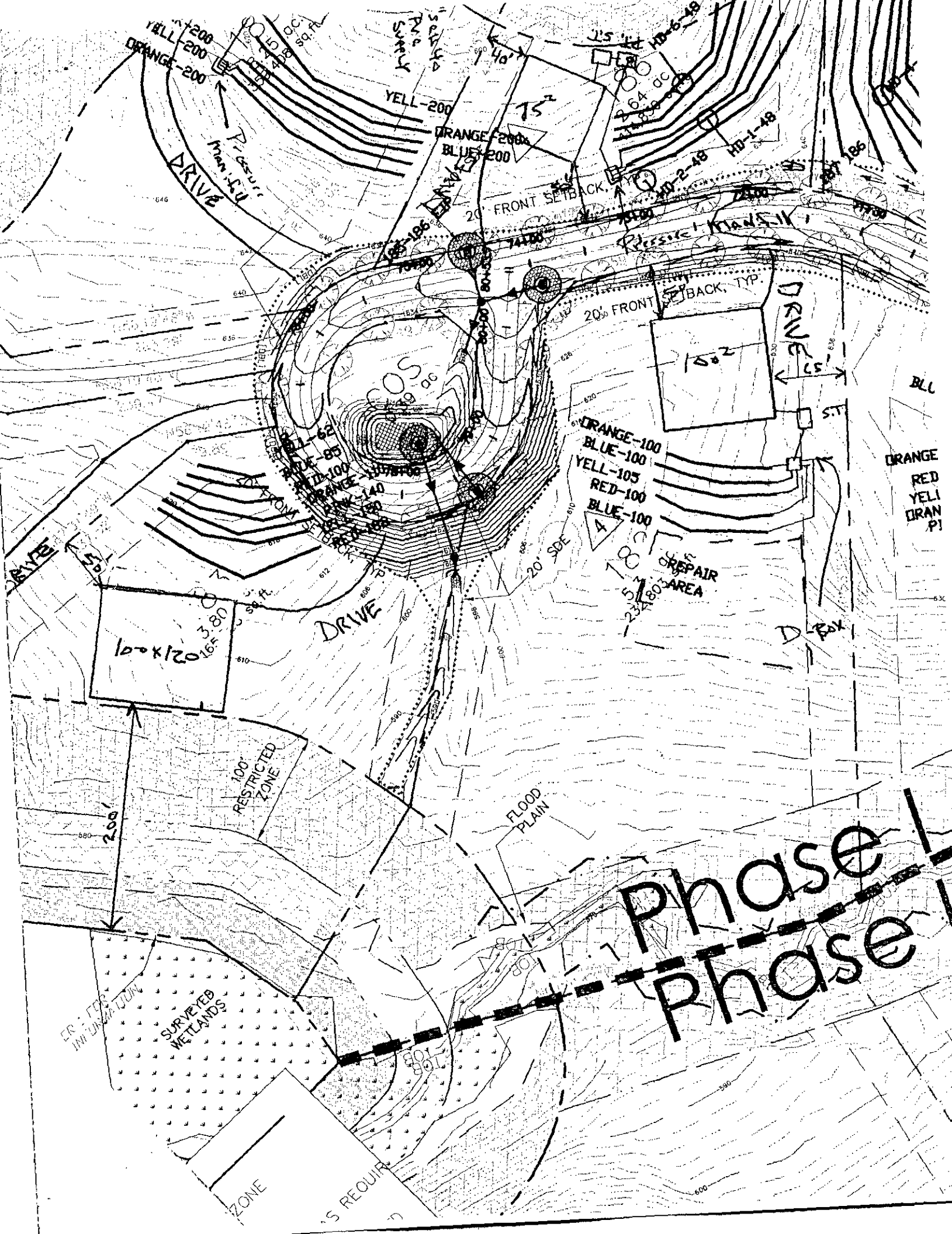
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WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Tony C Jacobs, CPSS (Agent) DATE: 3/24/04

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


YELL-200
ORANGE-200
DRIVE
20' FRONT SETBACK, TYP.
ORANGE-100
BLUE-100
YELL-105
RED-100
BLUE-100
REPAIR AREA
10'x12'
100' RESTRICTED ZONE
FLOOD PLAIN
SURVEYED WETLANDS
Phase I
Phase

TONEY C. JACOBS & ASSOCIATES, INC.

Consulting Soil Scientists

Licensed by the North Carolina Board for Licensing of Soil Scientists
Certified by the American Registry of Certified Professionals in Agronomy, Crops and Soils

168 Broadbill Drive
Mooresville, NC 28117
Phone (704) 663-6905
Fax (704) 662-9845 E-mail jacobs@i-america.net

June 28, 2004

To: Mr. David Cornelius, R.S.
Mecklenburg County Env. Health Dept.

From : Toney C. Jacobs
Paul G. Penninger

RE: Request for an Improvement Permit for lot 182 at The Sanctuary:
MCHD file # 5561B

Crescent Resources is requesting an Improvement Permit for lot **182** at The Sanctuary Subdivision for a 5 bedroom, crawl space home. Mr. Bill Marlin of the MCHD evaluated the soils on 5-18-2004 and determined the septic area is PS at an 0.3 gpd/ft^2 LTAR. Toney C. Jacobs and Associates, Inc. has flagged a 25% reduction septic system and PPBPS repair system on the lot, as shown on the attached sketch.

We understand a building permit cannot be issued until your office issues an Authorization to Construct (ATC). The buyer of the lot will apply for the ATC. If the buyer's house pad does not fit in the "building envelope" shown on the Improvement Permit, we understand the proposed system may have to be modified prior to your office issuing the ATC. **No grading shall take place on lot prior to obtaining the ATC from the MCHD.**

Tri-County Wastewater (TCWW) is under contract to supply maintenance services for each septic system installed at The Sanctuary. TCWW will have a list of preferred septic contractors for the subdivision and will also have requirements for the installation of the septic systems that are greater that the state requirements. It will be the responsibility of TCWW to enforce any requirements above state requirements or the conditions on the Improvement Permit or ATC.

Please review the attached system sketch and design specifications for the Improvement Permit. Please call if you have and questions, comments, or corrections.

Design Specifications for Lot 182 at

The Sanctuary, MCHD File # 5561B

System Type:	primary: repair:	25% reduction PPBPS
Daily design flow:		600 gpd.
Septic tank size:		1500 gal. (2 compartments)
Effluent loading rate:		0.3 gpd/ft^2 for primary and repair
Number and length of laterals:		5 @ 100 ft. 25% reduction primary
Distrubution Device:		D-Box

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

Sheet: 1 of 2
Property ID: PO 199-371-03
Lot #: 182
File #: 5561B
Code: 1

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary at Lake Wylie
Applicant: Toney Jacobs
Address: 10933 Ballantyne Crossing Ave., Charlotte, N. C. 28277
Date Evaluated: 05/17/2004
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .5a inv.
Location of Site: Sweetleaf Place
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 .1941 Structure/ Texture	SOIL MORPHOLOGY 1941 1941 Consistence Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 15	0-8	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		8-37	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		37-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-12	GR/CL	"	>43" TO SOIL WETNESS	43	"	"	"
		12-43	SBK/C	FI/SEXP/S/P					
3	"	0-8	GR/CL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	"	"	"
		8-40	SBK/C	FI/SEXP/S/P					
		40-45	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 5/18/2004, W. R. Marlin
Others Present:

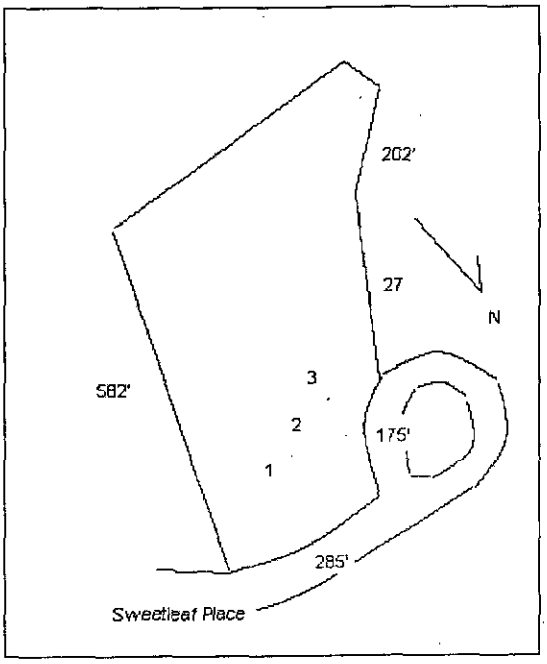
COMMENTS:

100% repair, would need pump

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		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



CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5561B

Tax Number: 199-371-03

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

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	600 Max gallons/day wastewater flow	1500 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	500 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	na Gallon pump tank	na Depth of stone (in)	

Any surface water present: **No** Type: Minimum separation distance (ft):

Additional conditions: **Install according to plans on file submitted by Toney Jacobs and associates.**

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

1000 Absorption Area (ft^2) 333 Total trench length (ft)	na Depth of stone (in)	8 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

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

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

*** This Improvement permit is transferable.

RS. 8/3/04

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5561B Lot 182 Tax Number: 199-371-03

- The IMPROVEMNET 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.
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- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

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5 Bedrooms in residence	na Gallon pump tank	na Depth of stone (in)	

Any surface water present: **No** Type: Minimum separation distance (ft):

Additional conditions: **Install according to plans on file submitted by Toney Jacobs and associates.**

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
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☐ Other
☐ Innovative or Experimental:

1000 Absorption Area (ft^2) 333 Total trench length (ft)	na Depth of stone (in)	8 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

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

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*** This Improvement permit is transferable.

R.S. 8/13/04
DENR Authorized Agent Date

E.R.S. 8-13-04
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

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



9219 SWEETLEAF PL

1/8/2008

duponbj

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5561B WASPS App #: 4063

Primary ES assigned to project: J. Michelone

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

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

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: P Walker Date performed: 2/11/09

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 #: **30004063** GWS File #: **5561B** Tax Parcel #: **199-371-06**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 2/11/2014

Type of Installation: Residential - New System Lot Number: 182

Structure Type: HOUSE Size (ft^2): 5000 # Bedrooms: 7 # Occupants: 14

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Approved **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	840	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	2100	Total Trench Length (ft):	700
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	840	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1400	Total Trench Length (ft):	467
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: JOSEPH G. WALKER
Print Name

Signature: Jeremy Michelone Signature: Joseph G. Walker

Date Issued: 2/11/2009

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 #: **30004063** GWS File #: **5561B**

IV. Permit Conditions/Comments:

- 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.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.

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

Signature: Jeremy Michelone, P.E.

Date Issued: 2/11/2009

Owner/Legal Agent: JOSEPH G - WALKER
Print Name

Signature: Joseph G Walker