


15100 DURMAST CT

19521283

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 711 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 #: 30000318 GWS File #: 6279B Tax Parcel #: 195-212-83

- 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): 3/10/2011

Type of Installation: Residential - New System Lot Number: 54

Structure Type: HOUSE Size ($ft^2$): 3100 # Bedrooms: 6 # Occupants: 6

Building Foundation: Basement With Plumbing Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd): 720 LTAR (gpd/$ft^2$): 0.30 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 3 Trench Spacing (ft): 3 Absorption Area ($ft^2$): 2400 Total Trench Length (ft): 800

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

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

Repair System Specifications:

Design Flow (gpd): 0 LTAR (gpd/$ft^2$): 0.30 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 3 Trench Spacing (ft): 3 Absorption Area ($ft^2$): 2400 Total Trench Length (ft): 800

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

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: Philip Walker

Signature: Philip S. Walker P.E.

Date Issued: 3/10/2006

Owner/Legal Agent: [illegible]
Print Name

Signature: [illegible]

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

Permit #: 30000318 GWS File #: 6279B

IV. Permit Conditions/Comments:

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

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 J. Walker Rd

Date Issued: 3/10/2006

Owner/Legal Agent [illegible]
Print Name

Signature [illegible]

# PROPOSED PLOT PLAN

Lot 54

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

FILE: 6279B

TO: _____

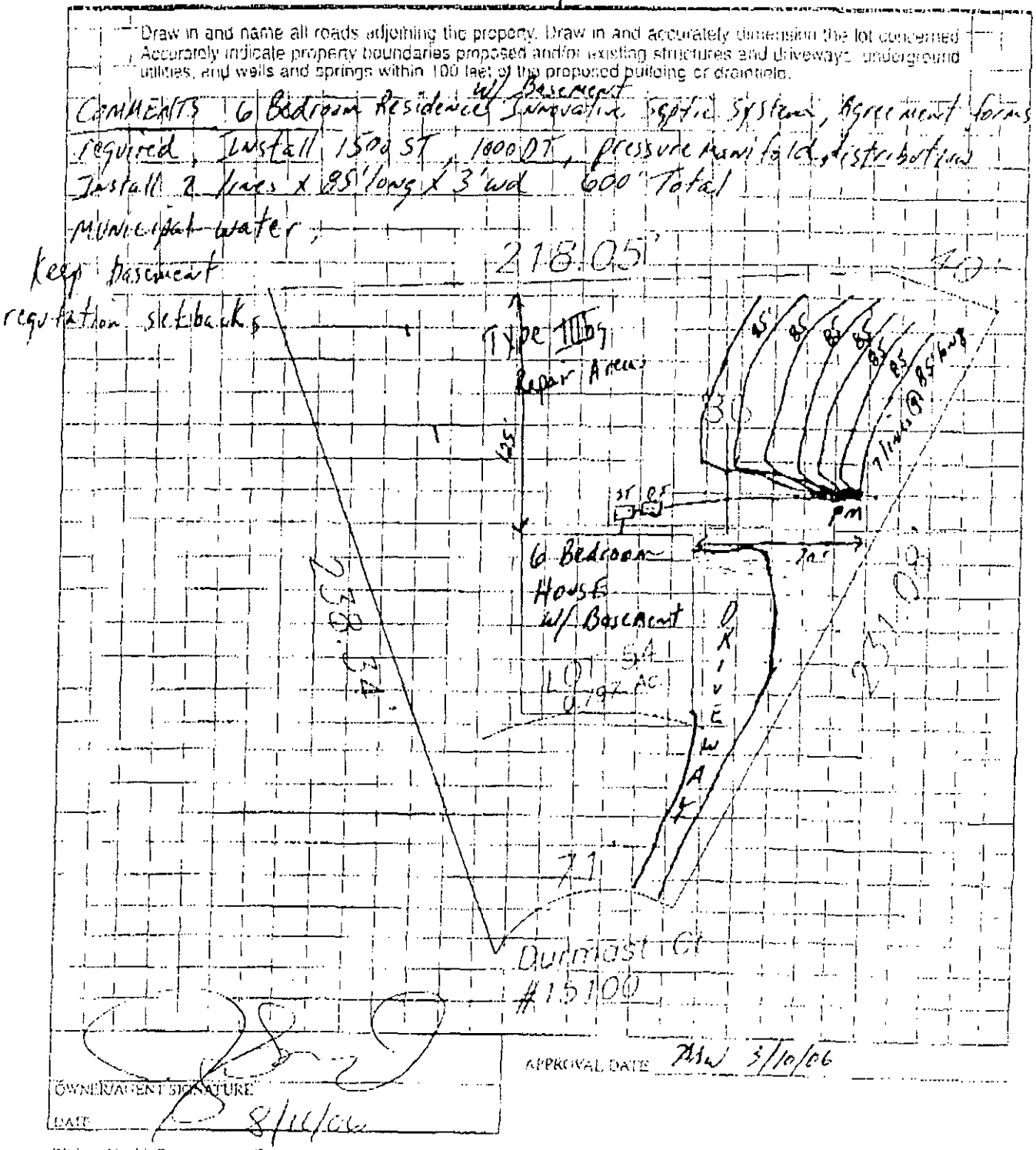
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

COMMENTS: 6 Bedroom Residence w/ Basement Innovative Septic System, Agreement forms required, Install 1500 ST, 1000 DT, pressure manifold, distribution Install 2 lines x 85' long x 3' wd 600" Total

Municipal water

Keep basement

regulation setbacks




OWNER/AGENT SIGNATURE

DATE 8/11/06

APPROVAL DATE JAW 3/10/06

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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 #: 6279B Permit #: _____ Tax Parcel #: 19521283

Property Owner: Farrington Oaks LLC

Job Location Address: 15100 Durmast Ct Lot 54

City: Charlotte State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 7/21/06 Contractor Name: RCS

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: 600 feet

# of Lines: 10 @ 60 feet

Depth of Media: 12 inches (Type) EZ Flow

Depth of Cover: 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: 15 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

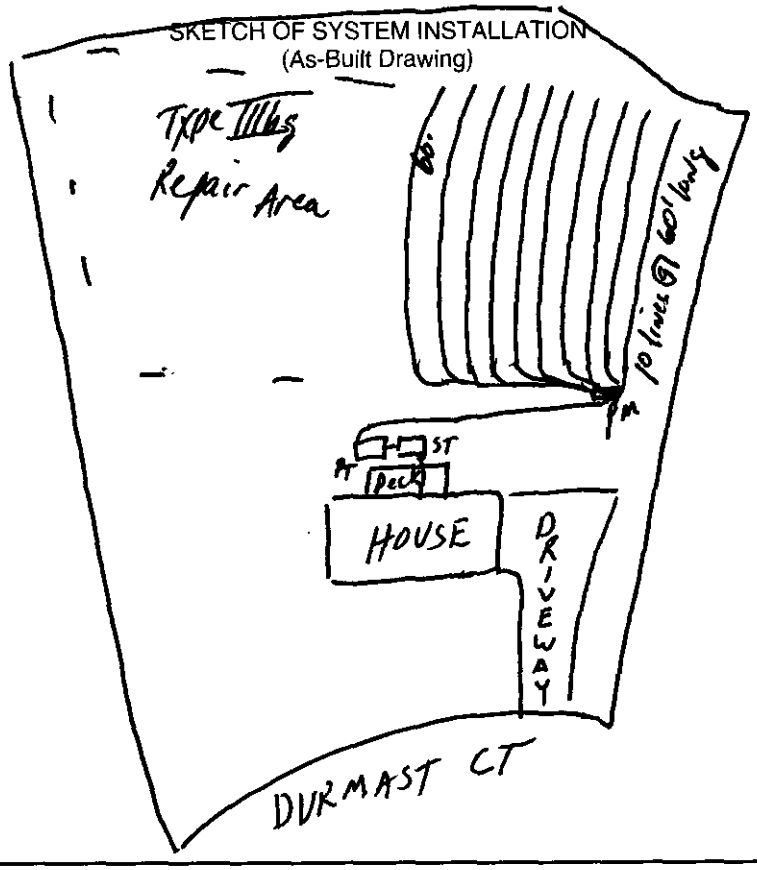
Inspection Dates

Tank(s) Inspected: 7/21/06

Excavation Inspected: 7/21/06

Pump & Controls Inspected: 7/21/06

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 IIIbg septic system EZ Flow Installed

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

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NC DENR
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On-Site Wastewater Section

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

File #: 6279B Permit #: _____ Tax Parcel #: 195 212 83

Property Owner: Farrington Oaks LLC

Job Location Address: 15100 Durmast Ct Lot 54

City: Charlotte State: NC Zip Code: 28227

**Installation Approval Issuance Date:** 7/7/06

*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 8/7/06, 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: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 600 feet

# of Lines: 7 @ 80 feet

Depth of Media: 12 inches (Type) Innovative

Distribution Device: pressure manifold

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 _____

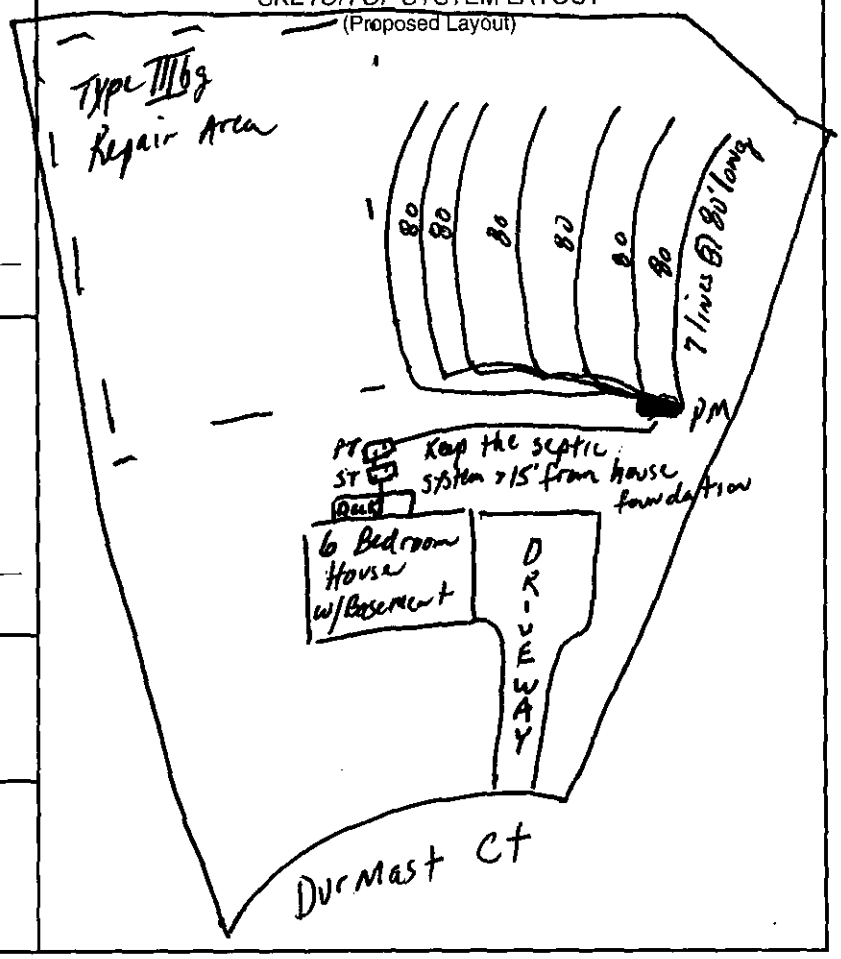
Minimum System Setbacks

Distance from Building Foundation: 15' & 25' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: >10' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




Comments: System Classification & Type: Install Type

~~French drain to be installed~~

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

Phil S. Walker

FEE: 300.00

DATE: 3/28/2006

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

**MECKLENBURG COUNTY**

**GROUNDWATER & WASTEWATER SERVICES**

HD171545

**FILE NUMBER:** 6279B

**PERMIT NUMBER:** 30000318

**PARCEL NUMBER:** 19521283

**JOB LOCATION INFORMATION**

**ADDRESS:** 15100 DURMAST CT

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

**ISSUED TO:** FAIRINGTON OAKS LLC

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 3/28/2006

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000318, 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: 3/10/2011

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

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

Permit #: **30000318** GWS File #: **6279B** Tax Parcel #: **195-212-83**

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- 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):** 3/10/2011

Type of Installation: Residential - New System Lot Number: 54

*Structure Type:* HOUSE *Size ($ft^2$):* 3100 # Bedrooms: 6 # Occupants: 4

Building Foundation: Basement With Plumbing Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 720 | LTAR (gpd/$ft^2$): | 0.30 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1500 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 2400 | Total Trench Length (ft): | 800 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

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

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
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**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:

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- 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: 3/10/2006

Owner/Legal Agent: _____
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 #: **30000318** GWS File #: **6279B**

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DENR Authorized Agent: Philo Walker

Signature: Philo J. Walker RS

Date Issued: 3/10/2006

Owner/Legal Agent: _____
Print Name

Signature: _____

# PROPOSED PLOT PLAN

Lot 54

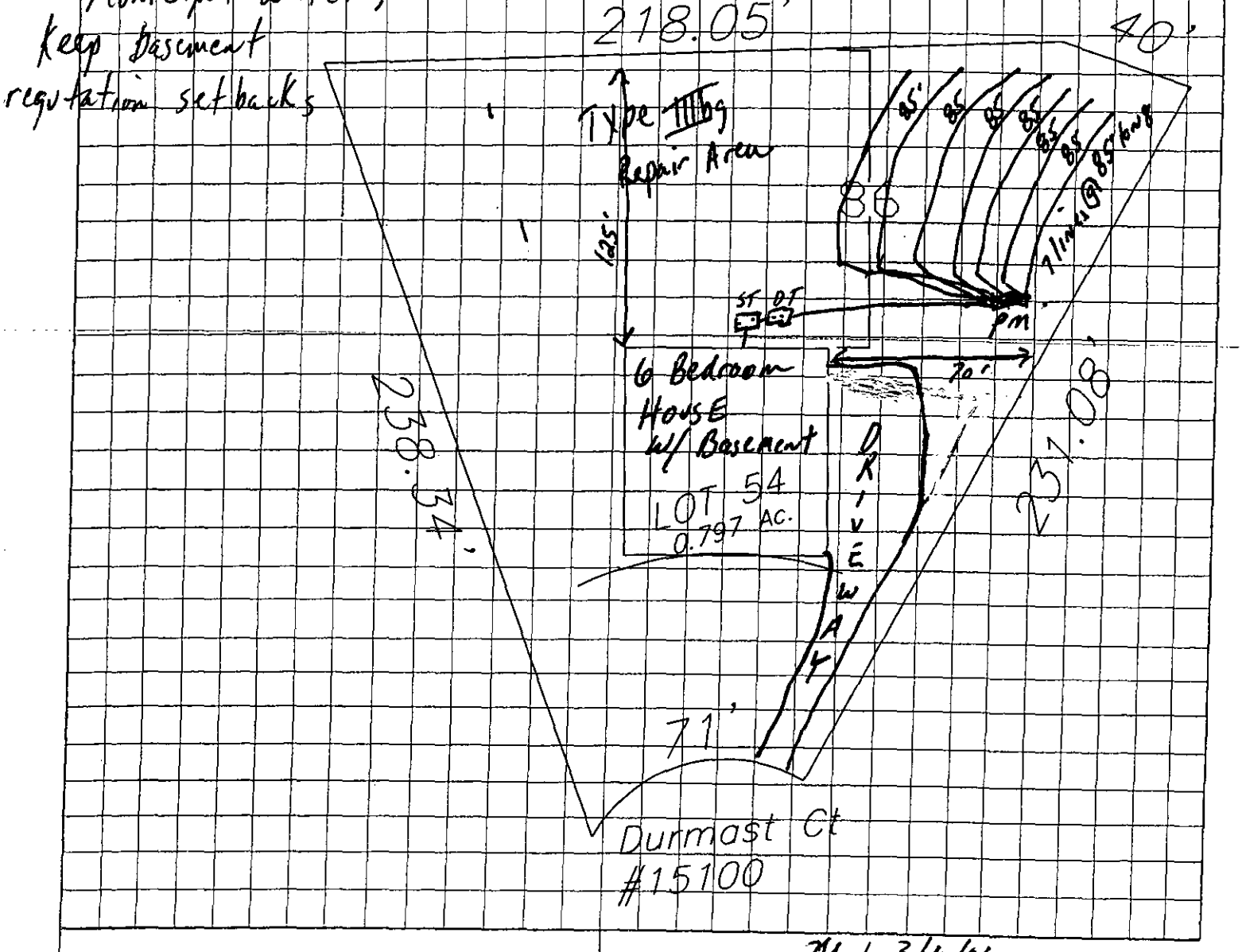
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 62798

TC: _____

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

COMMENTS 6 Bedroom Residence w/ Basement Innovative Septic System, Agreement forms required. Install 1500 ST, 1000 DT, pressure manifold distribution Install 2 lines x 85'long x 3'wd 600' Total
Municipal water,
Keep basement
regulation setbacks




APPROVAL DATE MSW 3/10/06

OWNER/AGENT SIGNATURE

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

Sheet: 1 of 2
Property ID: 195-212-83
Lot #: 54
File #: 6279B
Code: 2

# SOIL/SITE EVALUATION
# for ON-SITE WASTEWATER SYSTEM

Owner: Fairington Oaks, LLC
Applicant: John Millenaar
Address: 1518 East 3rd St., Charlotte, N. C. 28204
Date Evaluated: 2/3/06
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .79a
Location of Site: 15100 Durmast Ct.
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 | 0-5 | GR/SCL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48+ | N/A | NONE | PS, IV |
| | | 5-40 | SBK/C | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
| | | 40-48 | SBK/SCL | FR/SEXP/SS/SP | | | | | |
| 2 | " | 0-6 | GR/SCL | " | " | " | " | " | " |
| | | 6-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 3 | " | 0-5 | GR/SCL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 5-38 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 38-48 | SBK/SCL | FR/SEXP/SS/SP | | | | | |
| 4 | " | 0-5 | GR/SCL | " | >38" TO SOIL WETNESS | 38 | " | " | " |
| | | 5-27 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 27-38 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 5 | " | 0-7 | GR/SCL | " | >48" TO SOIL WETNESS | 48+ | " | " | " |
| | | 7-41 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 41-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

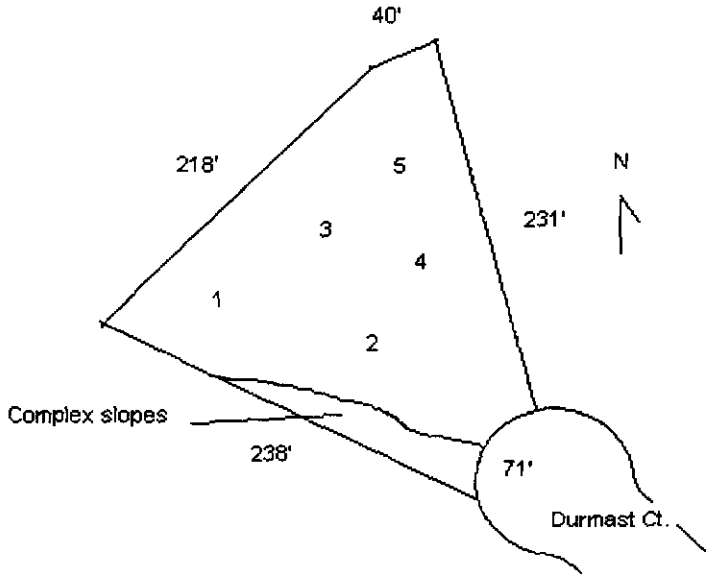
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 2/7/2006, W. R. Marlin
Others Present:

**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-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 | | | | |
| 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**



Lot 54

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 MAR 20 10:20 AM
BK:20158 PG:880-901 FEE:$20.00

INSTRUMENT # 2006051208

**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 #: 62798

PARCEL #: 195-212-82

The undersigned, McCar Homes, owner of property located at 15120 Dunnest Ct. (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, 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: Jeff Ems

Mail after recording to: 10150 Mallard Creek Rd Suite 100 Charlotte, NC, 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____.

McCall Homes _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: Jeff Ellis _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

I, Denise A. Swanson, a Notary Public for said County and State, do hereby certify that Jeff Ellis personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal this 16 day of March, 20 06.

Denise A. Swanson
Notary Public

My Commission Expires:

10-18-2010

DENISE A. SWANSON NOTARY PUBLIC MECKLENBURG COUNTY, NC

STATE OF NORTH CAROLINA

COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this date and acknowledged that he is _____ Secretary of _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal this _____ day of _____, 20 _____

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02



TOTAL P.05

FEE: 200
DATE: 12/27/05

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

#318

[ ] 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 #: 62798

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 19521283

STREET ADDRESS: 15100 Dunmore Ct

SUBDIVISION OR MOBILE HOME PARK NAME: FAIRINGTON OAKS

LOT NUMBER: 54

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3100

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
✓ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

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? _____

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: [signature] DATE: 12/27/05