SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☒ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____Initial/Date

OP ($200.00) _____Initial/Date

OK to release hold for the pool house.

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 11/9/21 SP Initial/Date

Alteration Fees Paid: $300 Total $200 _____Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____

9 NOV '21 AM 8:52

11195 B
#12640

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (•) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
(•) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Mitchell Browning
ADDRESS: 8207 Village Harbor Dr
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: (704) 201-8256
ALTERNATE PHONE:
E-MAIL: mitchelldbrowning@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Eric and Shondra Lenz
ADDRESS: 3131 Maple Way Dr
CITY: Davidson
STATE: NC ZIP: 28036
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 00310119
STREET ADDRESS: 3131 Maple Way Dr
CITY: Davidson
STATE: NC ZIP: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:
Maple Grove
LOT #: 2

WATER SUPPLY:
( ) MUNICIPAL (•) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(•) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☒ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*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 tl property for the purpose of processing this request.

Deb Lane, Fineline, Inc. 11.08.2021
Owner's/Agent's Signature Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/

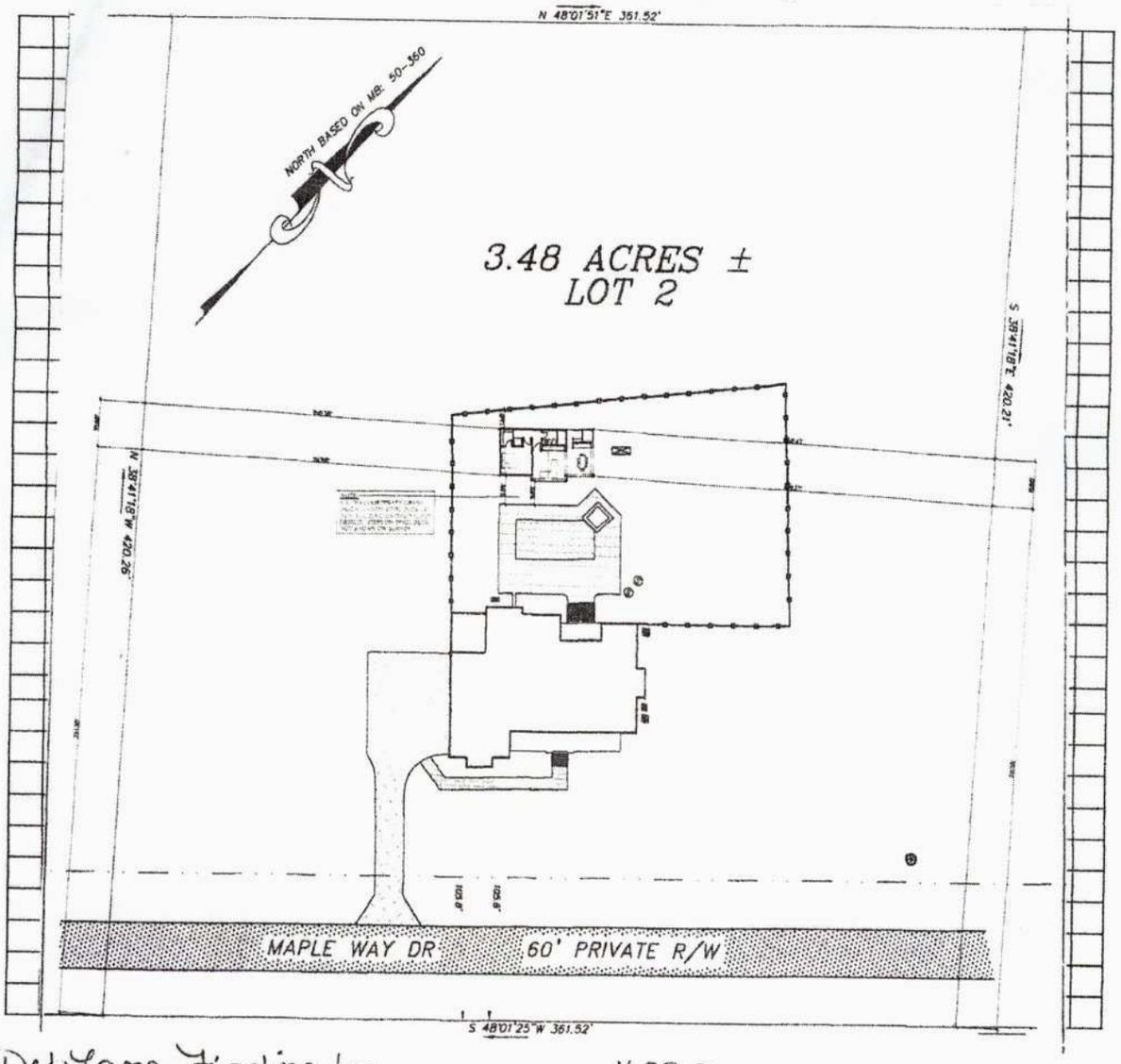
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 3131 MAPLE WAY DR Tax Parcel #: 00310119

Subdivision Name: MAPLE GROVE Lot #: 2



Deb Lane, Fireline, Inc
Property Owner's or Owner's Legal Representative Signature

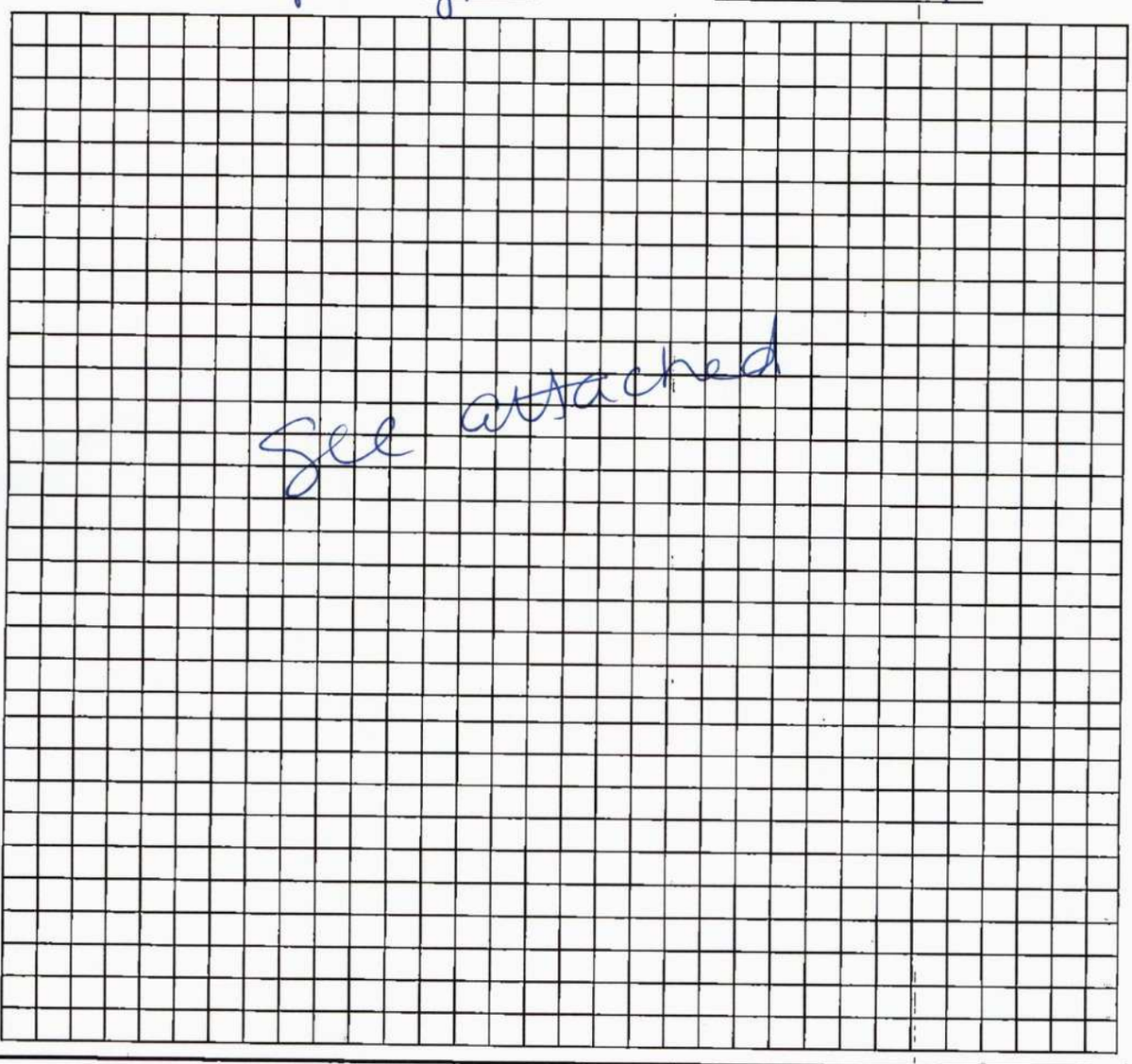
11.08.21
Date

File #: 100643

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 3131 Maple Way Dr Tax Parcel #: 003.101.19



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Pool house project approved; no bedrooms; meets setbacks off existing septic & well

REHS Signature: Kim Garrett Date: 1/3/22

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Electric Inc is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

3131 Maple Wood Dr Davidson
Number Street Town
(Or Parcel Number)

Brenda Ivey
Property Owner (print name)

Property Owner (signature)

11/2/24
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 11/09/21
Receipt #: 131441
Check / Auth #: VISA 075998
Received By: PLACILJ

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MITCHELL D BROWNING
Attn: FINELINE, INC.
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 3131 MAPLE WAY DR		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

CRAWL NOTES

*ALL GIRDERS TO BE MIN. 12"
& ALL FLOOR JOISTS TO BE MIN. OF 18"
FROM GRADE OF CRAWLSPACE

*EXCAVATION OF CRAWL MAY BE NECESSARY TO MAINTAIN MINIMUM CLEARANCES TO FLOOR SYSTEM. BUILDER HAS OPTION OF CONSTRUCTING DROPPED FLOOR AREAS ON ELEVATED SLAB.

*UTILIZE 12" BLOCK AT SPECIFIED LOCATIONS TO PROVIDE A 4" LEDGE FOR BRICK / CONCRETE SLAB.

*SLAB INSULATION TO BE R-5 MINIMUM
24" AT PERIMETER OF FOUNDATION WALL

*TERMITE CONTROL SHALL BE BY CHEMICAL SOIL TREATMENT OR OTHER METHODS APPROVED BY THE NORTH CAROLINA DEPT. OF AGRICULTURE

*■INDICATES BLOCKING FOR ABOVE CONCENTRATED LOADS AND ROOF BRACING POINT LOADS U.N.O.

*BUILDER TO LOCATE CRAWL ACCESS

*BUILDER TO LOCATE HVAC UNITS AS REQUIRED

*BUILDER TO PROVIDE VENTS AS REQUIRED

*PER CODE SECTION R408.8 PROVIDE MIN. 18"x24" CRAWL ACCESS DOOR TO NEW AREAS

*PROVIDE ACCESS TO ALL AREAS OF CRAWL SPACE

*PER CODE SECTION R408.1.1 & 2-PROVIDE FOUNDATION VENT LOCATIONS WITHIN 3'-0" OF EACH CORNER (VENT SIZE BY BUILDER)

*PER CODE SECTION 408.2 PROVIDE MIN. 6 mil. POLY VAPOR BARRIER AT NEW CRAWL SPACE

MAIN FLOOR NOTES

*REFER TO ALL STRUCTURAL SHEETS FOR ALL WALL HEIGHT NOTES

*ALL DOORS TO BE 6" OFF CORNERS U.N.O.

*VERIFY ALL WINDOW SIZES WITH SUPPLIER FOR ACTUAL SIZE AND EGRESS PRIOR TO ORDERING

*OWNER TO VERIFY ALL FINISHES. G.C. TO COORD. W/ OWNER FOR FINISH AND STYLE SELECTIONS.

*ALL STAIRS AND RAILING TO BE INSTALLED IN ACCORDANCE WITH 2018 NC RESIDENTIAL CODE

*GC TO VERIFY GRADE AND COORDINATE NUMBER OF STEPS REQUIRED AT ENTRY AREAS PRIOR TO CONSTRUCTION.

*ALL WALLS ARE NOMINAL 2x STUD WALLS DIMENSIONED TO EITHER THE CENTER OF STUD (AT INTERIOR LOCATIONS) OR TO THE OUTSIDE FACE OF STUD (ALL EXTERIOR LOCATIONS)

*VERIFY ALL SITE INFORMATION AND BUILDING PLACEMENT WITH SITE PLAN AND THE TOWN OF DAVIDSON

ABBREVIATIONS

O.H.C. -	OVER HEAD CABINETS
HGT. -	HEIGHT
O/ -	OVER
CLG. -	CEILING
SIM. -	SIMILAR CONDITION
DBL. -	DOUBLE
W/ -	WITH
T.D.S. -	TURNED DOWN SLAB
M.O. -	MASONRY OPENING
REF. -	REFRIGERATOR
CL -	CENTER LINE
HDR. -	HEADER
K.W. -	KNEEWALL
PLT. -	PLATE
VER. -	VERIFY
F.W.H. -	FINISH WALL HEIGHT
W.S. -	WEATHER STRIPPING

NOTE:
SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION

LEGEND

WALL (2x4 OR 2x6 PER PLAN)

Lenz Family

3131 Maple Way Dr.
Davidson, NC 28036

SEAL:

IMPORTANT NOTE ABOUT PLAN LIABILITY:
THERE HAS BEEN REASONABLE CARE AND PROFESSIONAL SKILL IN PREPARATION AND EXECUTION OF THESE DOCUMENTS BUT NO GUARANTEE OF "PERFECT" DOCUMENTS OR FLAWLESS JUDGEMENT. BUILDER & TRADES MUST CAREFULLY INSPECT ALL DIMENSIONS & DETAILS FOR ACCURACY AND ASSUMES COMPLETE RESPONSIBILITY FOR THEM. ANY DISCREPANCIES SHOULD BE BROUGHT TO THE ATTENTION OF G.C. PRIOR TO CONSTRUCTION.

DRAWING:
December 28, 2021

ISSUED FOR:
For Permit

DRAWING:
BUILDING PLANS

SCALE: 1/4"=1'-0"

PAGE:
04

homeowner decided not to put bedroom in pool house so Use Existing from 11/9/21 approved

10064B #12657

MECKLENBURG COUNTY HEALTH DEPARTMENT

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: 00310119
STREET ADDRESS: 3131 Maple Way Dr
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME: Maple Grove
LOT #: 2 LOT SIZE (acres): 3.48
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
⊙ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
⊙ HOUSE ○ OTHER
HEATED SQUARE FOOTAGE: ≅500
NUMBER OF BEDROOMS: 1
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
⊙ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT 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: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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?** 3/4/21 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 4/7/20 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Eric and Shondra Lenz
ADDRESS: 3131 Maple Way Dr
CITY: Davidson
STATE: NC ZIP: 28036
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

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

**Owner's Authorization form is required if legal representative is submitting application*

NAME: Fineline, Inc
ADDRESS: 8207 Village Harbor Dr
CITY: Cornelius
STATE: NC ZIP: 28031
WORK PHONE:
MOBILE PHONE: (704) 201-8256
FAX:
E-MAIL: mitchelldbrowning@gmail.com

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.

DAL
_____ (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. A PROPOSED PLOT PLAN is required to be submitted with each application.

Deb Lame, Fineline, Inc.
Property Owner's or Owner's Legal Representative Signature

11.16.2021
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

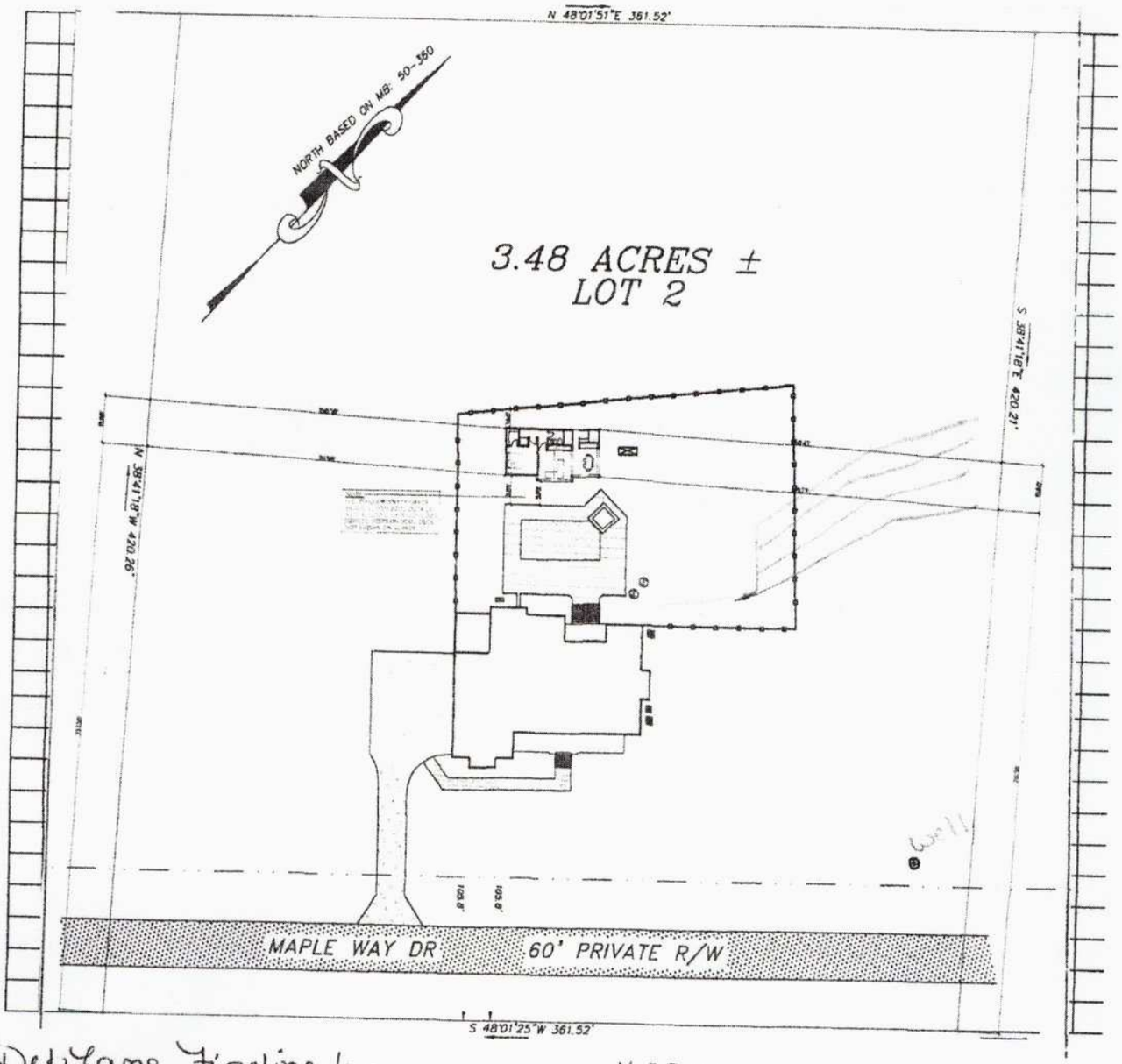
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), locatio of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 3131 MAPLE WAY DR Tax Parcel #: 00310119

Subdivision Name: MAPLE GROVE Lot #: 2



Deb Lane, Fineline, Inc
Property Owner's or Owner's Legal Representative Signature

11.08.21
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 11/16/21
Receipt #: 131498
Check / Auth #: VISA 027832
Received By: ELLISLW

Amount: 150.00
Tendered: 150.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: BROWNING, MITCHELL
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 3131 MAPLE WAY DR		1	150.00	150.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

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

Sheet: 1 of 2
Property ID: 003-101-19
Lot #: 2
File #: 10064B
AppID: 12657

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Eric & Shondra Lenz
Address: 3131 Maple Way Dr, Davidson, NC 28036
Proposed Facility: 2 Bedroom Detached from 4 Bedroom
Design Flow (.1949): 240 GPD
Location: 3131 Maple Way Dr, Davidson, NC 28036
Water Supply: [ ] Public [X] Individual [X] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: Fineline, Inc.
Date Evaluated: 12/14/2021
Property Size: 3.48 ac
Property Recorded: Unknown
[ ] Spring [ ] Municipal
[ ] Cut
[ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #A	LS 2%	0 - 6	gr SL	SS SP FR SEXP	>48"	48	NA	NA		**PS IV 0.3**	**36"**
		6 - 42	sbk C	S P FI SEXP							
		42 - 48	sbk CL	SS SP FR SEXP							
Boring #B	LS 2%	0 - 4	Fill	NA	>42"	42	NA	NA		**PS IV 0.3**	**30"**
		4 - 22	sbk C	S P FI SEXP							
		22 - 38	sbk CL	SS SP FR SEXP							
		38 - 42	sbk L	SS SP FR SEXP							
Boring #C	LS 2%	0 - 4	gr SL	SS SP FR SEXP	>48"	48	NA	NA		**PS IV 0.3**	**36"**
		4 - 15	sbk SCL	SS SP FR SEXP							
		15 - 39	sbk C	S P FI SEXP							
		39 - 48	sbk CL	SS SP FR SEXP							
Boring #D	LS 2%	0 - 4	Fill	NA	>48"	48	NA	NA		**PS IV 0.3**	**36"**
		4 - 44	sbk C	S P FI SEXP							
		44 - 48	sbk CL	SS SP FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR (gpd/sq ft)	**0.3**	**0.3**

Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:

Sheet: 2 of 2
File #: 10064B
AppID: 12657

Landscape Position
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain
D-Drainage Way

Group	Texture	.1955 LTAR
I	S-Sand LS-Loamy Sand	1.2 - 0.8
II	SL-Sandy Loam L-Loam	0.8 - 0.6
III	Si-Silt SiCL-Silty Clay Loam CL-Clay Loam SCL-Sandy Clay Loam Silt	0.6 - 0.3
IV	SC-Sandy Clay SiC-Silty Clay C-Clay	0.4 - 0.1

Structure
sg-Single Grain
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangular Blocky
abk-Angular Blocky
pl-Platy
pr-Prismatic
Sap-Saprolite

Structure Prefixes
w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

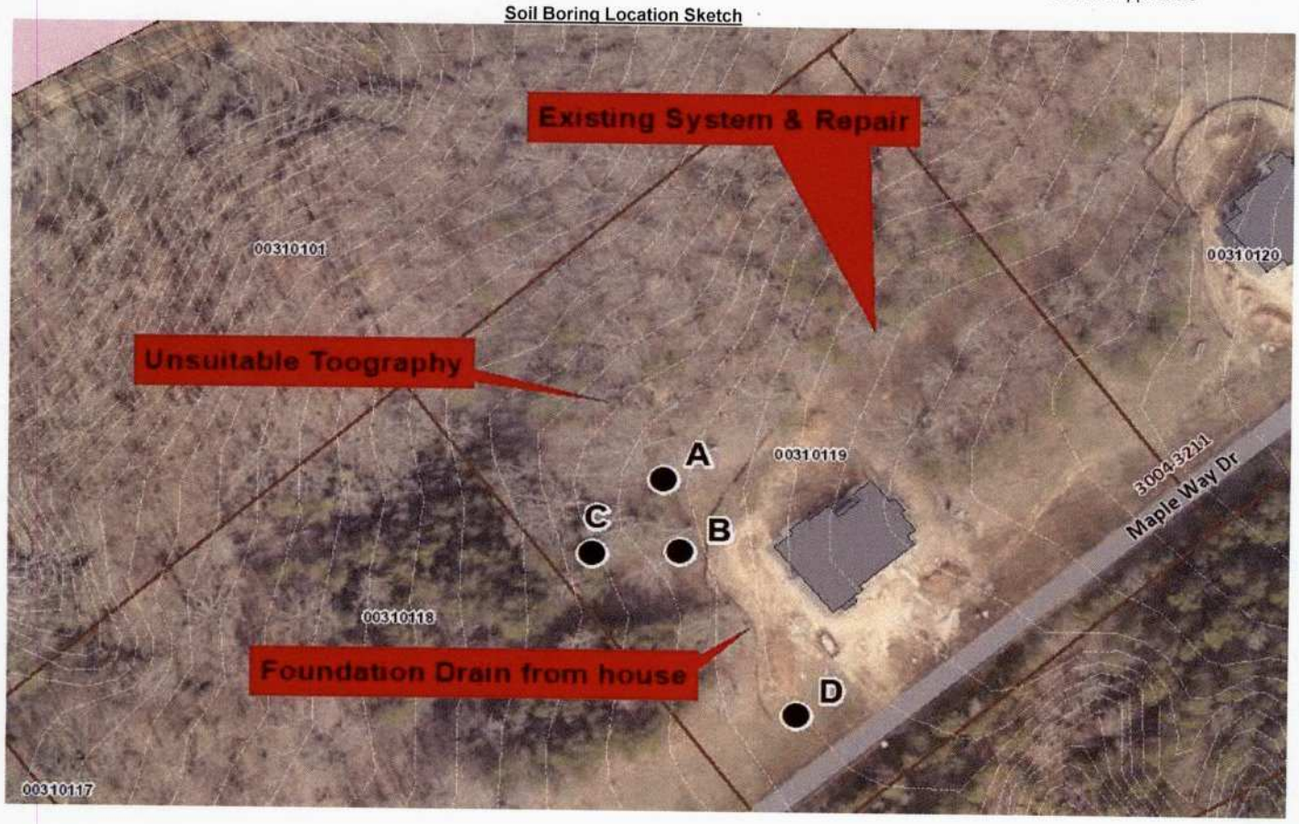
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Classification
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

Soil Boring Location Sketch



Supervisor/Administrative Professional Checklist

New Septic X **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

SEPTIC FILE COMPLETE. DO NOT RELEASE HOLD UNTIL WELL SAMPLED.

New Septic Fees Paid

IP ($250.00) LE @ 7/13/18 Initials/Date

CA ($200.00) LE 10/24/18 Initials/Date

OP ($200.00) LE 10/24/18 Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

~~**New Well Fee Paid: $550.00**~~ _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid) _____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☑ Reviewed ☑ JAm 10/30/18

This site is served by septic and well. Verify each is complete before final hold is released. ☑

Septic file completed. ☒ JPM 5/19/20 Well file completed. ☐ _____

Send permit for signature. ☑ Signature received. ☑ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	10064B
WASPS App #:	9775
Primary ES assigned to project:	Kim Garrett
Secondary ES assigned to project:	
Project Type:	New System
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes

MECKLENBURG COUNTY
HEALTH DEPARTMENT

100648 #9775 main house
20 JUN '18 PM 2:16

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: 00310119
STREET ADDRESS: 3131 Maple Way Dr
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME: Maple Grove
LOT #: 2 LOT SIZE (acres): 3.48
TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
◉ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 4,649
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:

◉ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT 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?** _____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: John E. Littlefield
ADDRESS: 175 Davidson Hwy.
CITY: Concord
STATE: NC ZIP: 28027
WORK PHONE: (336) 908-2694
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

NAME: William M. Porter
ADDRESS: 175 Davidson Hwy.
CITY: Concord
STATE: NC ZIP: 28027
WORK PHONE: _____
MOBILE PHONE: (336) 908-2694
FAX: _____
E-MAIL: willporter@renngeo.com

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.

W.P. (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.

W.P. (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. A PROPOSED PLOT PLAN is required to be submitted with each application.

William M. Porter
Property Owner's or Owner's Legal Representative Signature

6/20/2018
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

File #: _____

PROPOSED PLOT PLAN

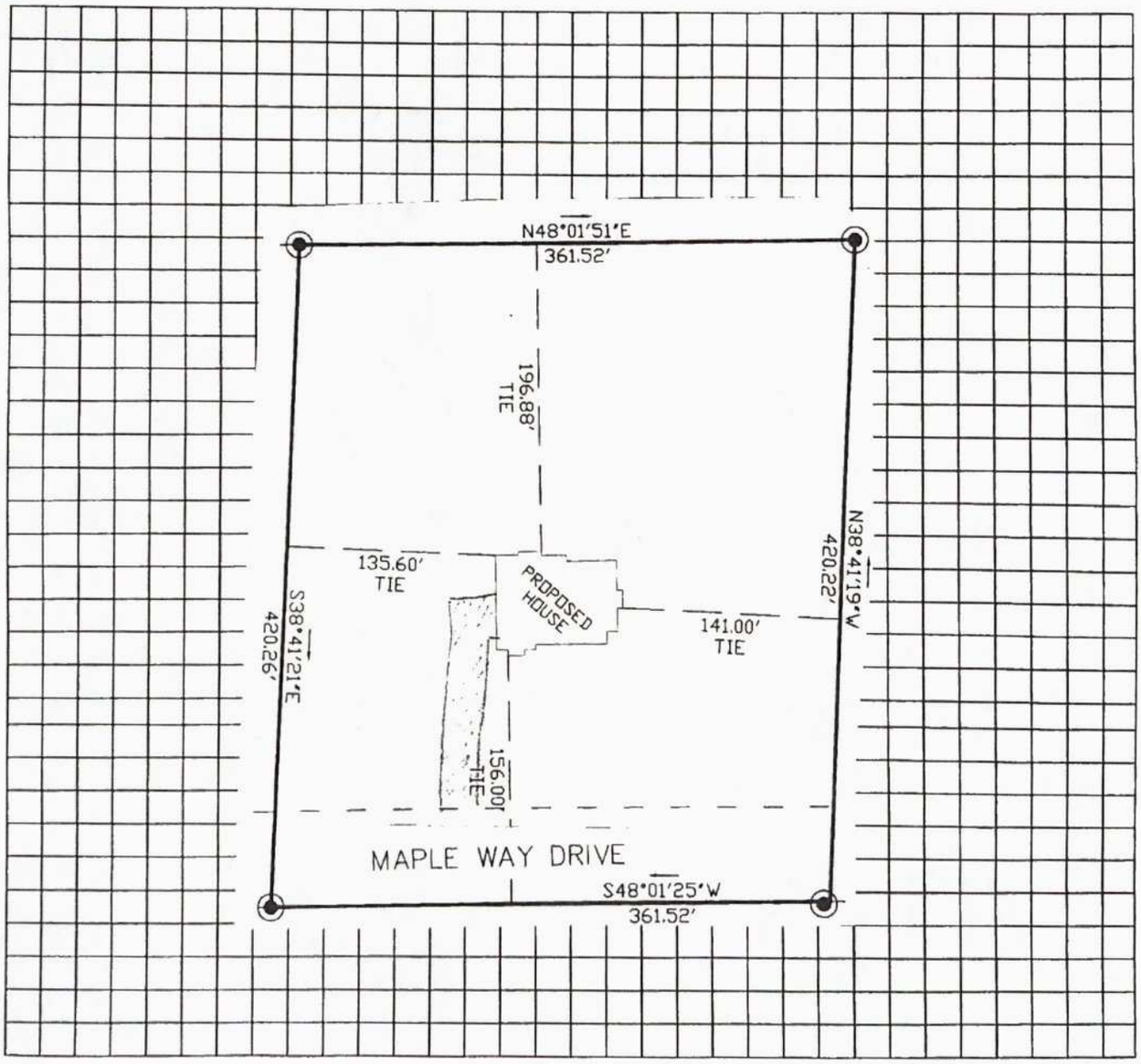
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 3131 Maple Way Dr

Tax Parcel #: 00310119

Subdivision Name: Maple Grove

Lot #: 2



William M. Porter

Property Owner's or Owner's Legal Representative Signature

~~DRAFT~~ 6/20/2018

Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Lot 2

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.

2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.

3. I acknowledge that William Porter is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

Parcel #: 00310119
Number Street Town
(Or parcel Number)

John E. Littlefield
Property Owner (print name)

Property Owner (signature)

July 12 2018
Date

WellReg@MeckNC.gov
MeckNC.com

FEE: 200.00
DATE: 10/30/2018

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 10064B

PERMIT NUMBER: 30009775

PARCEL NUMBER: 00310119

JOB LOCATION INFORMATION

ADDRESS: 3131 MAPLE WAY DR

CITY: DAVIDSON **STATE: NC** **ZIP:** 28036

ISSUED TO: JOHN E LITTLEFIELD

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 10/30/2018

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30009775, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

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, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature Kim Daneth

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/24/18	**Amount:**	200.00
Receipt #:	113510	**Tendered:**	200.00
Check / Auth #:	CHECK 1047	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: DDC CONSTRUCTION COMPANY LL
Attn:
Address: 175 DAVIDSON HWY
Address:
City/State/Zip: CONCORD, NC 28037

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 3131 MAPLE WAY DR		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/24/18	**Amount:**	200.00
Receipt #:	113509	**Tendered:**	200.00
Check / Auth #:	CHECK 1047	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: DDC CONSTRUCTION COMPANY LL
Attn:
Address: 175 DAVIDSON HWY
Address:
City/State/Zip: CONCORD, NC 28037

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 3131 MAPLE WAY DR		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

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

Sheet: 1 of 2
Property ID: 003-101-19
Lot #: 2
File #: 10064B
AppID: 9775

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: John E. Littlefield
Address: 175 Davidson Hwy, Concord, NC 28027
Proposed Facility: 4 Bedroom House
Design Flow (.1949): 480 GPD
Location: 3131 Maple Way Dr, Davidson, NC 28036
Water Supply: [ ] Public [X] Individual [X] Well
Evaluation Method: [ ] Auger Boring [X] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: William Porter
Date Evaluated: 9/27/2018
Property Size: 3.48 ac
Property Recorded: Unknown
[ ] Spring [ ] Municipal
[ ] Cut
[ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Pit #1	LS 4%	0 - 4	gr SCL	SS SP FR SEXP	>63"	33	PS	NA		PS IV 0.3	36"
		4 - 25	sbk C	S P FR SEXP							
		25 - 33	sbk CL	SS SP FR SEXP							
		33 - 63	mass L Sap	SS SP FR SEXP							
Pit #2	LS 4%	0 - 4	gr CL	SS SP FR SEXP	>62"	36	PS	NA		PS IV 0.3	36"
		4 - 22	sbk C	S P FR SEXP							
		22 - 36	sbk CL	SS SP FR SEXP							
		36 - 62	mass L Sap	SS SP FR SEXP							
Pit #3	LS 4%	0 - 4	gr SL	SS SP FR SEXP	>70"	44	PS	NA		PS IV 0.3	36"
		4 - 36	sbk C	S P FR SEXP							
		36 - 44	sbk CL	SS SP FR SEXP							
		44 - 70	mass L Sap	SS SP FR SEXP							
Pit #4	LS 5%	0 - 4	gr SCL	SS SP FR SEXP	>62"	44	PS	NA		PS IV 0.3	36"
		4 - 23	sbk C	S P FR SEXP							
		23 - 44	sbk CL	SS SP FR SEXP							
		44 - 62	mass L Sap	SS SP FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIg
Site LTAR (gpd/sq ft)	0.3	0.3

Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Kim Kanelos REHS
Others Present:

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30009775** GWS File #: **10064B** Tax Parcel #: **003-101-19**

- 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):** 10/18/2023

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

Structure Type: HOUSE Size (ft^2): 4649 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Concrete Slab Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Accepted **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Kim Garrett Owner/Legal Agent:_____
Print Name

Signature:_____ Signature:_____

Date Issued: 10/18/2018

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30009775** GWS File #: **10064B**

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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.

Authorized Agent: Kim Garrett

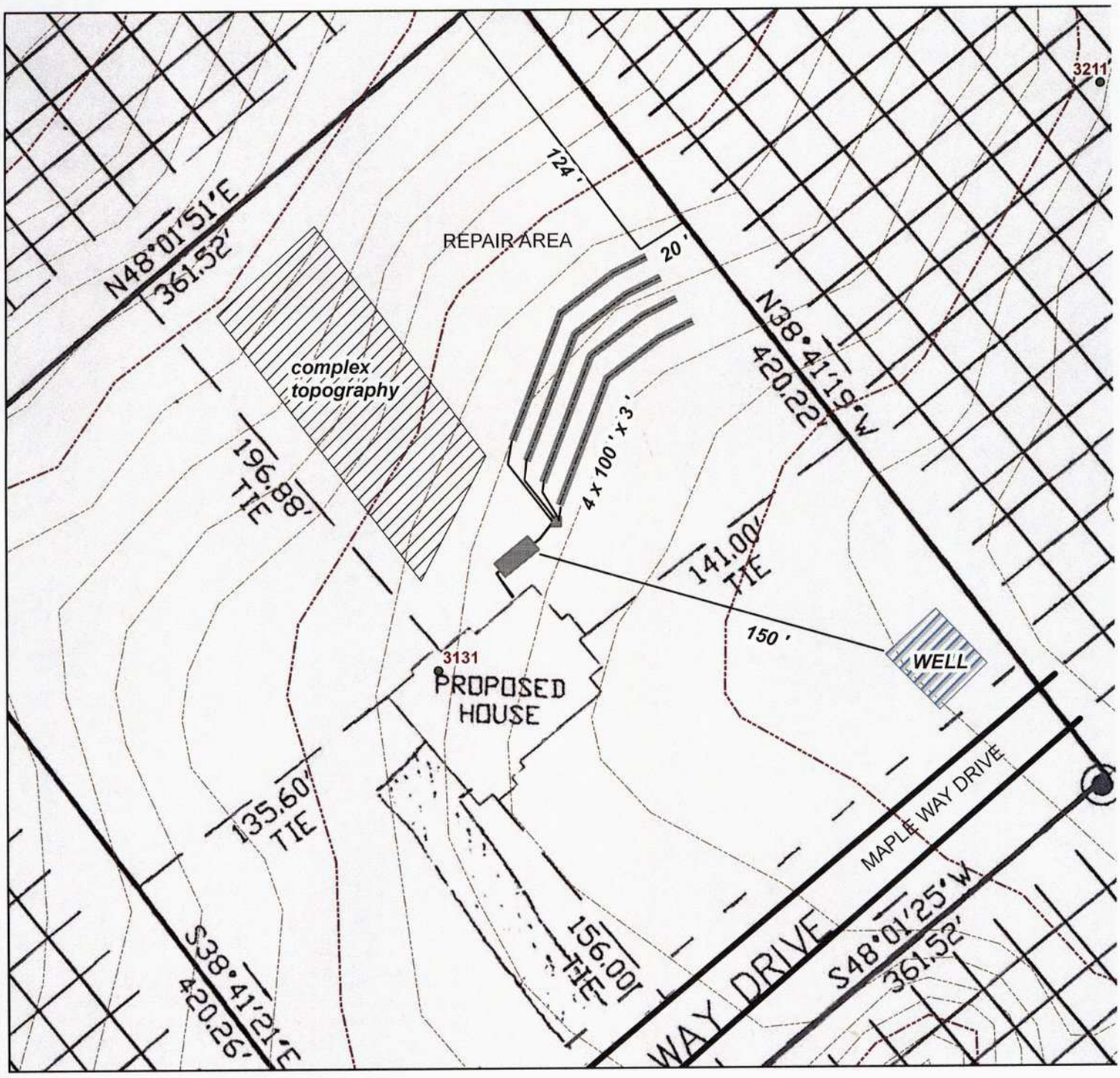
Signature: Kim Garrett REHS

Date Issued: 10/18/2018

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30009775
PID #: 003-101-19
File #: 10064 B

Authorized Agent: Kim Thomas, REHS Date: 10/18/18

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 feet

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30009775** GWS File #: **10064B** Tax Parcel #: **003-101-19**

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- 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.
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Structure Type: HOUSE Size (ft^2): 4649 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Concrete Slab Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1200 Total Trench Length (ft): 400

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Distribution Box

III. Repair System Type: Accepted **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1200 Total Trench Length (ft): 400

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Distribution Box

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Kim Garrett

Signature: _____

Date Issued: 10/18/2018

Owner/Legal Agent: William Porter 10/19/2018

Print Name

Signature: William Porter

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30009775** GWS File #: **10064B**

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
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Authorized Agent: Kim Garrett

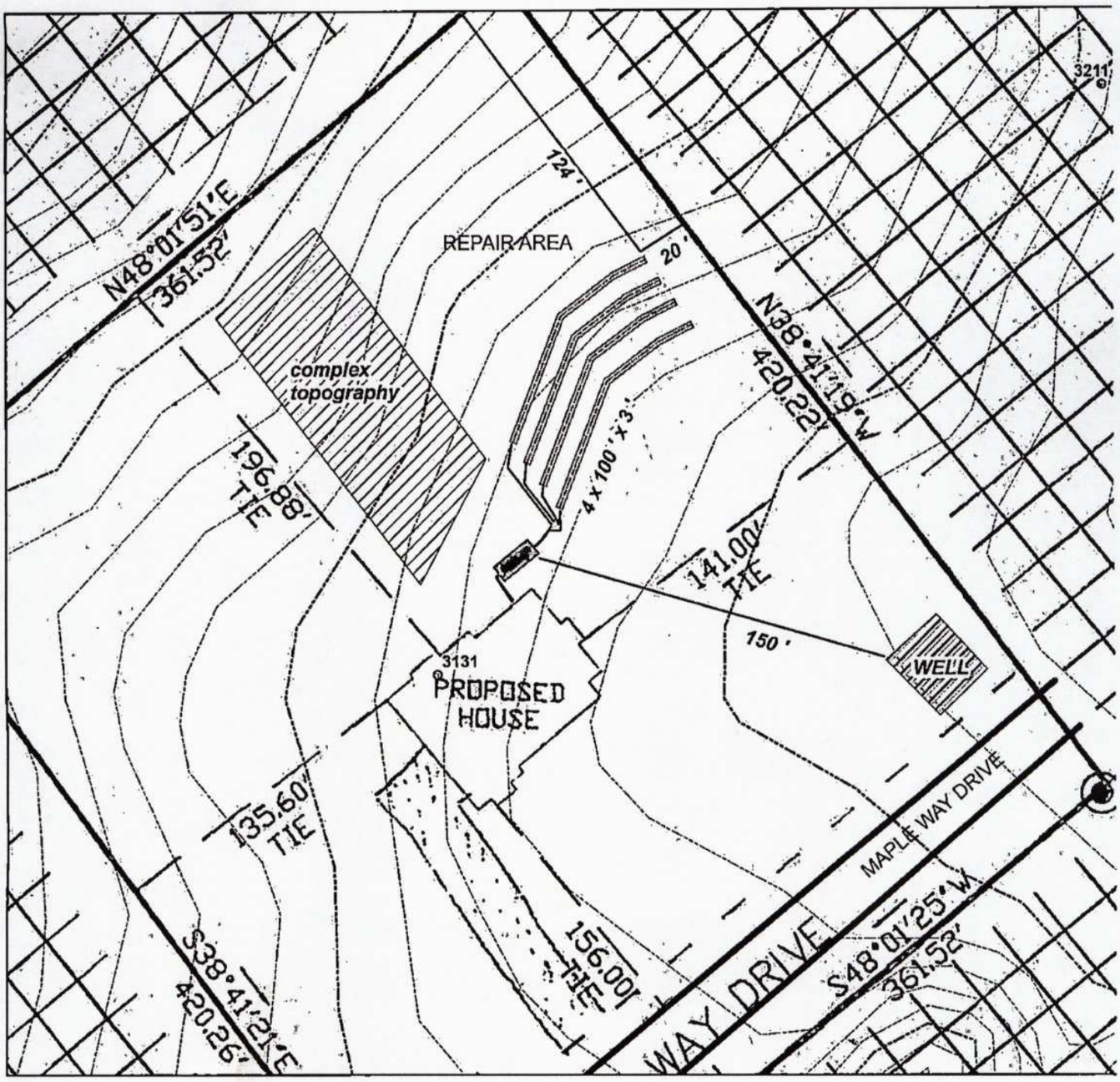
Signature: Kim Garrett REHS

Date Issued: 10/18/2018

Owner/Legal Agent: William Porter 10/19/2018
Print Name

Signature: William Porter

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30009775
PID #: 003-101-19
File #: 10064 B

Authorized Agent: Kim Thomas, REHS Date: 10/18/18

Owner/ Legal Agent: William Porter Date: 10/23/2018

1 inch = 60 fee

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 100648 App# 9775 Tax Parcel# 003-101-19

Property Owner: John Littlefield

Job Location Address: 3131 Maple Way Dr

City: Davidson State: NC Zip Code: 28036

1. **Does System design match facility, flow & wastewater characteristics?**

   ☒ YES ☐ NO

   Comments: _____

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☒ YES ☐ NO

   Comments: _____

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☒ YES ☐ NO

   Comments: _____

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. System shall not be installed while soils are in wet condition.

Kim Garnett, REHS — Authorized Agent

5/12/20 — Date

Chris Hedrick & Brad Russell — Others Present

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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 10064B Permit #: 30059775 Tax Parcel #: 003-101-19

Property Owner: John Littlefield

Job Location Address: 3131 maple way drive

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 5/12/20 Contractor Name: Chris Hedrick #4959 & Brad Russell

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: n/a gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Delinger Effluent Pump Model: n/a

Drainfield Installation ☐ N/A

Trench Depth: 36 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 400 feet
# of Lines: 4 @ 100 feet
Depth of Media: 12 inches (Type) Chambers
Depth of Cover: 24 inches
Distribution Device: endcaps

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

Bed Depth: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Depth of Cover: _____ inches
Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well
☐ Other _____

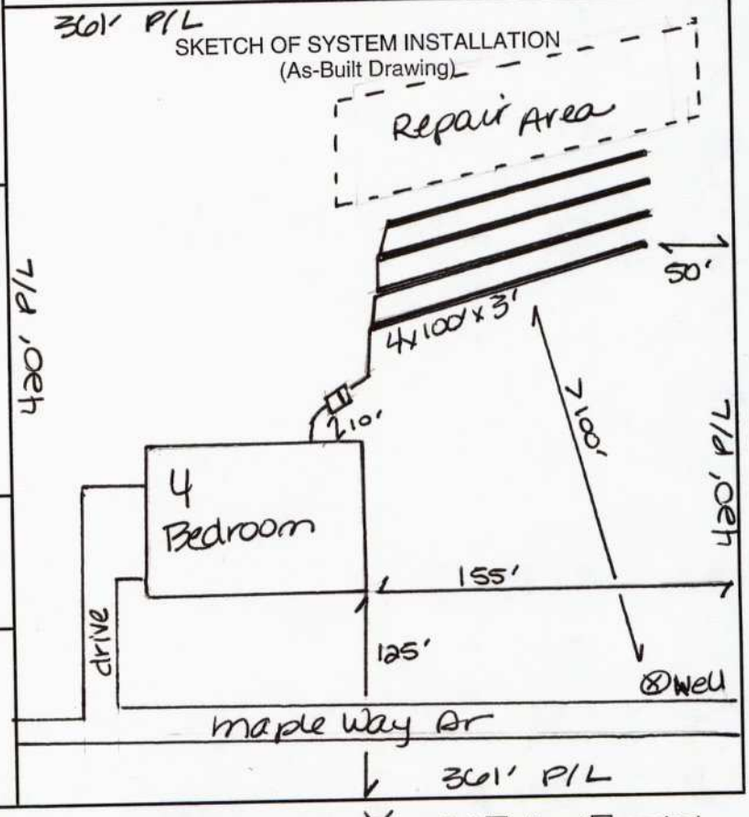
System Installation Setbacks

Distance from Building Foundation: >10 feet
Distance from Property Line: >10 feet
Distance from Water Supply Source: >100 feet

Inspection Dates

Tank(s) Inspected: 5/12/20
Excavation Inspected: 5/12/20
Pump & Controls Inspected: n/a

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: IIIg, gravity, IQ4, n/a, n/a

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett REHS

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Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 10064B Permit #: 30009775 Tax Parcel #: 003-101-19

Property Owner: John Littlefield

Job Location Address: 3131 Mapleway Drive

City: Davidson State: NC Zip Code: 28036

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: IIIg

*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: Kim Garrett, REHS Date: 5/12/20

Signature: Kim Garrett, REHS

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/12/18	**Amount:**	250.00
Receipt #:	112019	**Tendered:**	250.00
Check / Auth #:	CHECK 1019	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: DDC CONSTRUCTION COMPANY LL
Attn:
Address: 175 DAVIDSON HWY
Address:
City/State/Zip: CONCORD, NC 28037

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 3131 MAPLE WAY DR		1	250.00	250.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance