Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7393 B WASPS App #: 2047

Primary ES assigned to project: DC

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: 6 Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR .26	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:

1 hole in repair
need to design @ .26 LTAR
need note in system area
for 3 + 5' unsuitable for 24" min.
trench depth

IA issued date: _____

OP issued date: _____

Review performed by: _____ Date performed: _____

LOT 7

- 1 HOLE IN REPAIR | SYSTEM HOLE
- NEED 0.26 LTAR DESIGN
- HOLE 3+5 UNSUITABLE FOR 24" MIN T. DEPTH

FILE NUMBER: 7393B ch 16284 Revised On: August 31, 2007 APPLICATION NUMBER: 2847

SEPTIC FEE: 200
DATE: 10/17/07

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

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 139-161-08
STREET ADDRESS: Old Camden Rd
CITY: Midland
STATE: NC ZIP: 28107
SUBDIVISION NAME:
LOT #: 7 LOT SIZE (acres): .718
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: 3000
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☒ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

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

	☒ ANY TYPE	☐ CONVENTIONAL	☐ ACCEPTED	☒ INNOVATIVE	☒ ALTERNATIVE	☐ OTHER _____
8A. RANK:	4	1	____	2	3	____

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

10. PROPERTY OWNER:
NAME: Gold Medallion Homes, LLC
ADDRESS: 5923-A Stockbridge Drive
CITY: Monroe
STATE: NC ZIP: 28110
HOME PHONE: WORK PHONE: (704)821-7606
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Joseph L. Collins
ADDRESS: 1101 Lester Mullis Road
CITY: Indian Trail
STATE: NC ZIP: 28079
HOME PHONE: WORK PHONE:
MOBILE PHONE: (704)641-5898 FAX: (704)753-5898

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 9/7/2007
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? already closed on 9/7/2007

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

Joseph L Collins 10/16/07
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and 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 12 months from the date of issuance.

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

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

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

Sheet: 1 of 2
Property ID: PO 139-161-08
Lot #: 7
File #: 7393B
AppID: 2847

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Gold Medallion Homes, LLC
Applicant: Joseph L. Collins
Address: 5923-A Stockbridge Drive, Monroe, N. C. 28110
Date Evaluated: 12/6/2007
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .72a
Location of Site: Off Old Camden Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b 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/CL	FR/SEXP/SS/SP	>36" TO SOIL WETNESS	36	N/A	NONE	PS, IV
		5-36	SBK/ABK/C	FI/SEXP/S/P					.26GPD/FT^2
2	"	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV
		6-42	SBK/ABK/C	FI/SEXP/S/P					.275GPD/FT
		42-48	SBK/CL	FR/SEXP/SS/SP					
3	"	0-4	GR/CL	"	>25" TO SOIL WETNESS	25	"	"	US, IV
		4-23	SBK/ABK/C	FI/SEXP/S/P					.13GPD/FT^2
		23-25	M/CL	FR/SEXP/SS/SP					
4	"	0-3	GR/CL	"	>27" TO SOIL WETNESS	27	"	"	"
		3-27	SBK/ABK/C	FI/SEXP/S/P					
5	"	0-4	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		4-27	SBK/ABK/C	FI/SEXP/S/P					
6	"	0-3	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV
		3-32	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
		32-48	SBK/CL	FR/SEXP/SS/SP					
					SITE LTAR- LLP .13GPD/FT^2				
					CONV. .275GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	Iva
Site LTAR	0.275	0.275

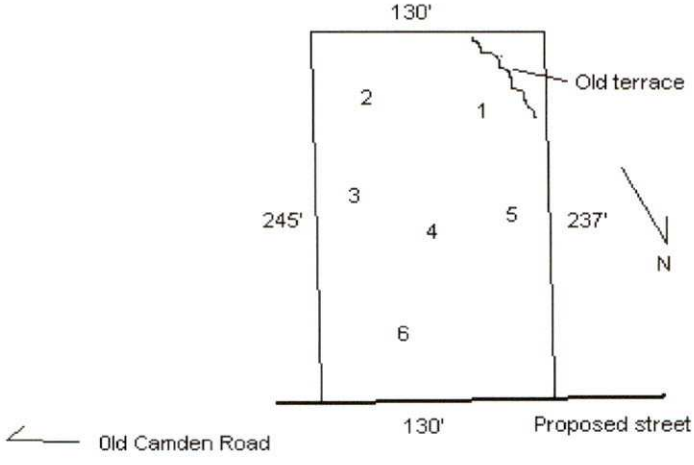
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 12/10/2007,
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: David Cornelius, RS
Others Present: Tim Whittaker

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

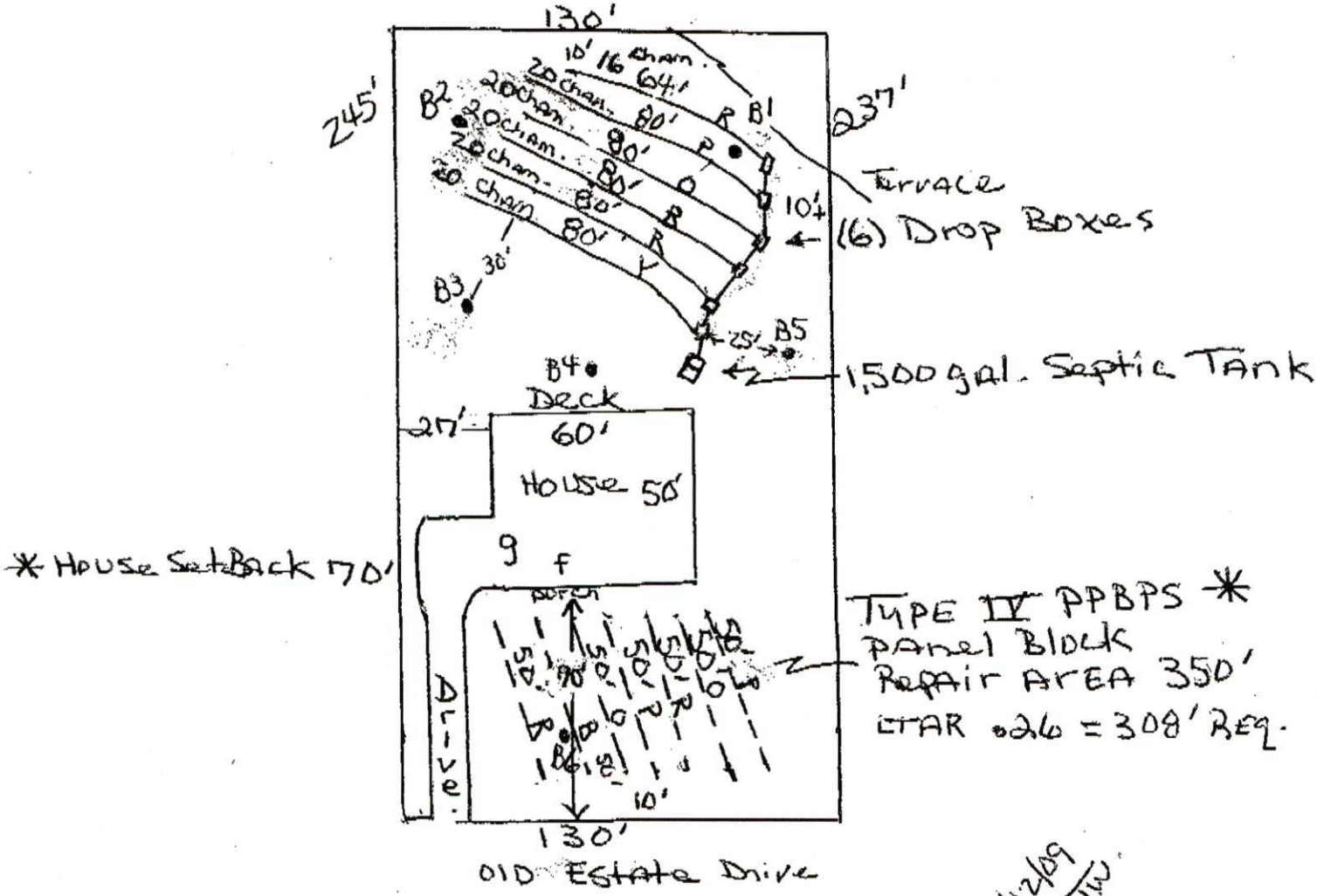
Sketch of Soil Evaluation Locations



Revision 2/12/09 Lot 7 T.W.

M.C.G.W.S.
File: 7393-B
Lot 7 Old Camden Est.

(4) Bedrm. Gravity Fed, 25% Reduction
Septic Sys. Quick Four Chamber. LTAR .26
1,500 gal. Septic Tank, Drop Box Distribution-(6) boxes
464' As Shown, LTAR .26 = 462' Req.
(116) chambers Req.
* minimum 24" installment Depth, 12" cover



Revision 2/12/09 TW
11/24/08
Tim Whittaker
704 830-4344
S/50

12/16/08

To: David Cornelius, RS.

From: T. Whittaker
704 830-4344

RE: Lot 7 OLD Camden Est.
File: 7393-B

David: I'LL touch base
About Lot status and
additional site visits for
Lots ~~5~~ 9, 10, 11, 12, 13, 14, 15,
17.

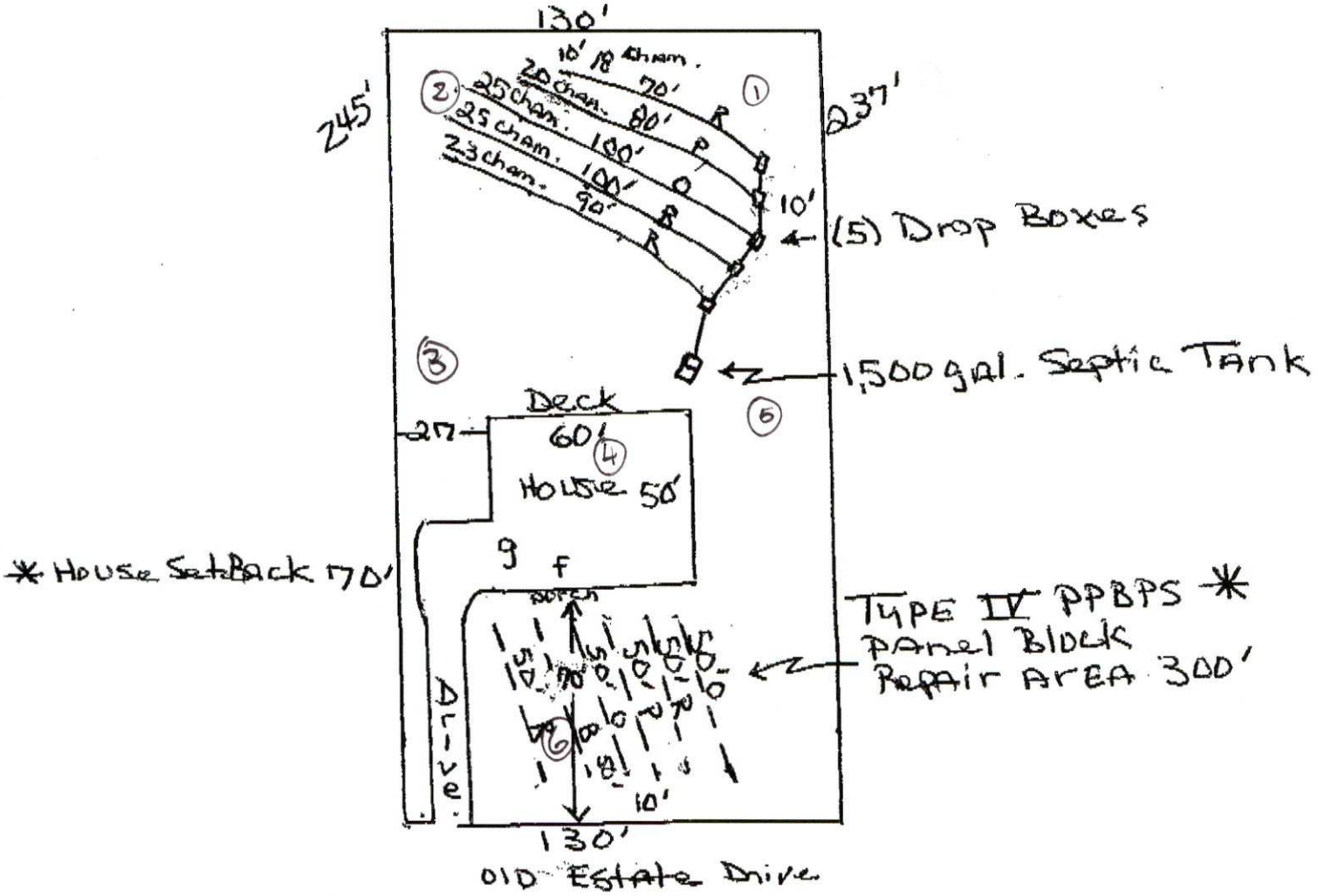
Thanks,

T. Whitt.

Cover plus 1 Pg.

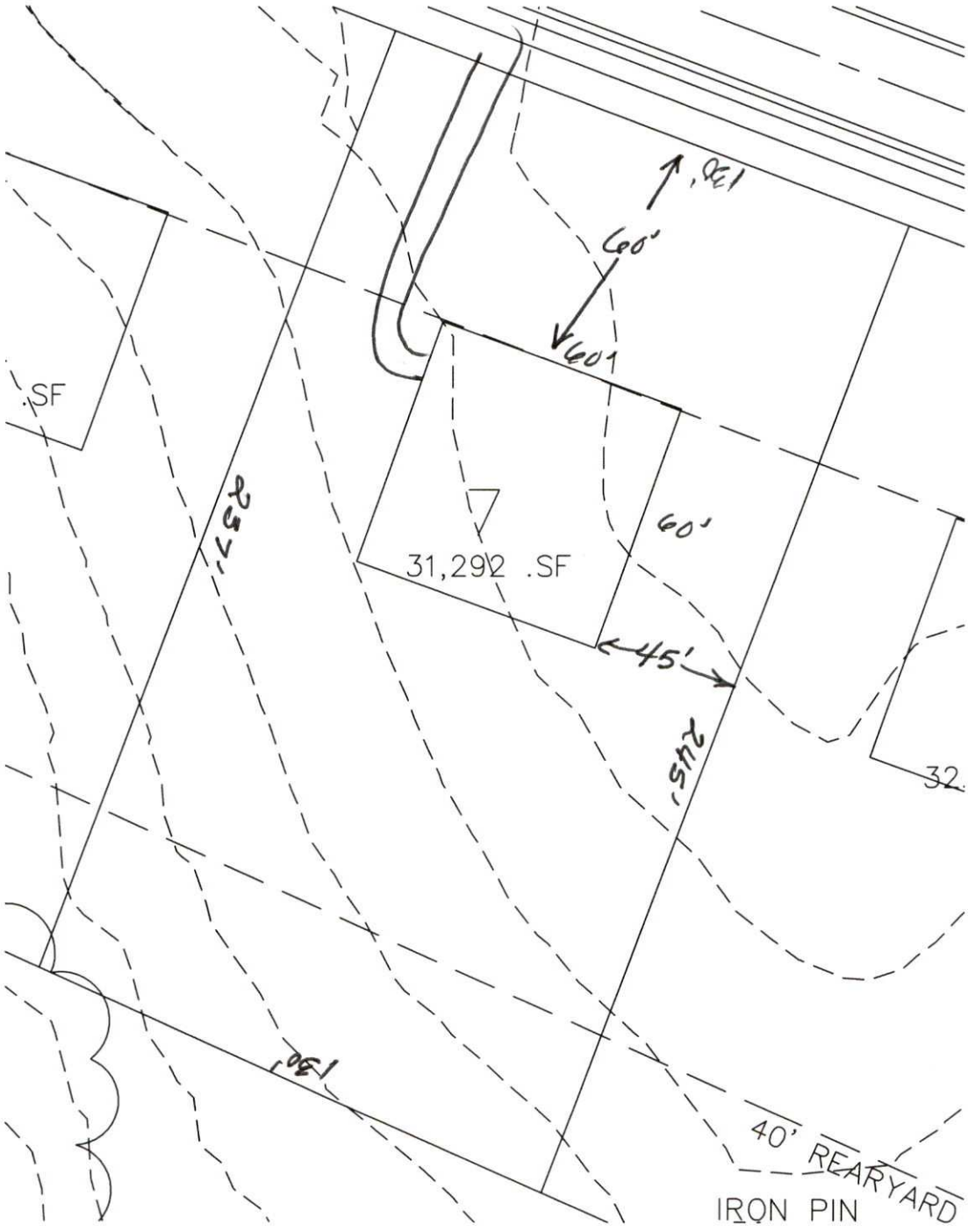
m.c.G.W.S.
File: 7393-B
Lot 7 Old Camden Est.

(4) Bedrm. Gravity Fed, 25% Reduction
Septic Sys. Quick Four Chamber; LTAR .275
1,500 gal. Septic Tank, Drop Box Distribution-(5) boxes
436' As Shown
(111) chambers REQ.
* minimum 24" installment Depth, 12" cover



FIELD REVIEW - 12/15/08
D. Cornelius, RS
Approved

11/24/08
Tim Whittaker
704 830-4344


.SF
60'
60'
31,292 .SF
45'
40' REARYARD
IRON PIN

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 #: **30002847** GWS File #: **7393B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Install according to plans on file submitted by Tim Whittaker, 12/16/08. A full set of plans must be submitted and on file before issuance of construction authorization. DC

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: David Cornelius

Signature: _____

Date Issued: 1/14/2008

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 #: **30002847** GWS File #: **7393B** Tax Parcel #: **139-161-08**

- 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):** 1/14/2013

Type of Installation: Residential - New System Lot Number: 7

Structure Type: HOUSE Size (ft^2): 3000 # Bedrooms: 4 # Occupants: 3

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Innovative **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1309	Total Trench Length (ft):	436
Maximum Trench Depth (in):	24	Depth of Media (in):	N/A	Distribution Device:	Drop Boxes		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1091	Total Trench Length (ft):	291
Maximum Trench Depth (in):	24	Depth of Media (in):	N/A	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: David Cornelius Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 1/14/2008

1"=40'

PROPOSED PLOT PLAN

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

OLD CAMDEN RD. LOT #7

FILE: 73938

TC: 139-161-08

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.



* HOUSE LOCATION SETBACK FROM FRONT PROPERTY LINE CHANGED FROM 60' TO 100'.

- SEPTIC SYSTEM DESIGN FOR A 5 BEDROOM HOUSE
- 600 GAL/DAY MAX
- LTAR = 0.275 GPD/FT²

INSTALL 7 LINES @ 78' EA. PLACE LEVEL & ON CONTOUR & ON 9' CENTERS

1500 GAL SEPTIC TANK
1000 GAL PUMP TANK
PRESSURE MANIFOLD

REPAIR AREA TYPE IV

SETBACKS:
KEEP ALL PARTS OF SEPTIC:
>10' FROM PROPERTY LINE
>5' FROM HOUSE
>50' FROM ANY WELL

FOOT PRINT INCLUDES WALK WAYS.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 1/14/08, RS

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