

7031 SAMPLE RD

02320102

1/11/2008

duponbj

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

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 #: **30001411** GWS File #: **6788B** Tax Parcel #: **023-201-02**

- 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):** 6/1/2012

Type of Installation: Residential - New System Lot Number: 50

Structure Type: HOUSE Size (ft^2): 5000 # Bedrooms: 4 # Occupants: 8

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.325	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	738	Total Trench Length (ft):	246
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.325	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
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Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Jeremy Michelone

Signature: [signature]

Date Issued: 6/1/2007

Owner/Legal Agent: Jacob Presley
Print Name

Signature: [signature]

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- This type of septic system requires an inspection once every 3 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.

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DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone

Date Issued: 6/1/2007

Owner/Legal Agent: Jacob Presley
Print Name

Signature: Jacob Presley

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 6700 B WASPS App #: 1411

Primary ES assigned to project: OJ

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 ☐	w/ PLAN
.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?	YES			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐	
& .1945(b)	Number of auger borings made: 4 Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐	
.1939(d), .1955, .1956, .1957	LTAR .325	Yes ☐	No ☐	N/A ☐	
	Improvement Permit/Construction Authorization				
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐	
.1945(b) 130A-336 (a)(3)	Proposed System Type stated-Repair System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐	
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐	
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐	
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐	
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐	
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐	
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐	

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☑
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐

Operation Permit

.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: ICR Date performed: 6-7-07

S&ME

GWS Septic System Design Review

GWS File #: 6788B	Approved	Disapproved
Design Review: TCT 5-17-07	☒	☐
Field Review: 5/16/07	☒	☐

*Projects are not considered "APPROVED" until both sections above are completed and indicate an APPROVED status.

Date: May 3, 2007

To: Mr. Jeremy Michelone, R.S.
Mecklenburg County Env. Health Dept.

From: Jacob B. Presley, LSS
Toney C. Jacobs, LSS

RE: Request for an Improvement Permit for Lot 50 off of Sample Road.
MCHD File #6788B

FCD Development , LLC, is requesting an Improvement Permit for the above referenced lot. Mr. W.R. Marlin has evaluated the soils (see attached MCHD soil sheets) and S&ME, Inc. has flagged the system and repair on the lot. The septic lines have been located by S&ME and are shown on the attached maps. The attached sketch and specifications are not an Improvement Permit and are intended only to assist the MCHD in permitting the referenced lot off of Sample Rd.

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

The proposed system is a TYPE IV and will require a contract with a Certified Operator to supply maintenance services for the septic system. Please review the attached system sketch and design specifications for the Improvement Permit. If necessary, the MCHD may add comments to the site plan or specifications. Please call if you have any questions or comments.

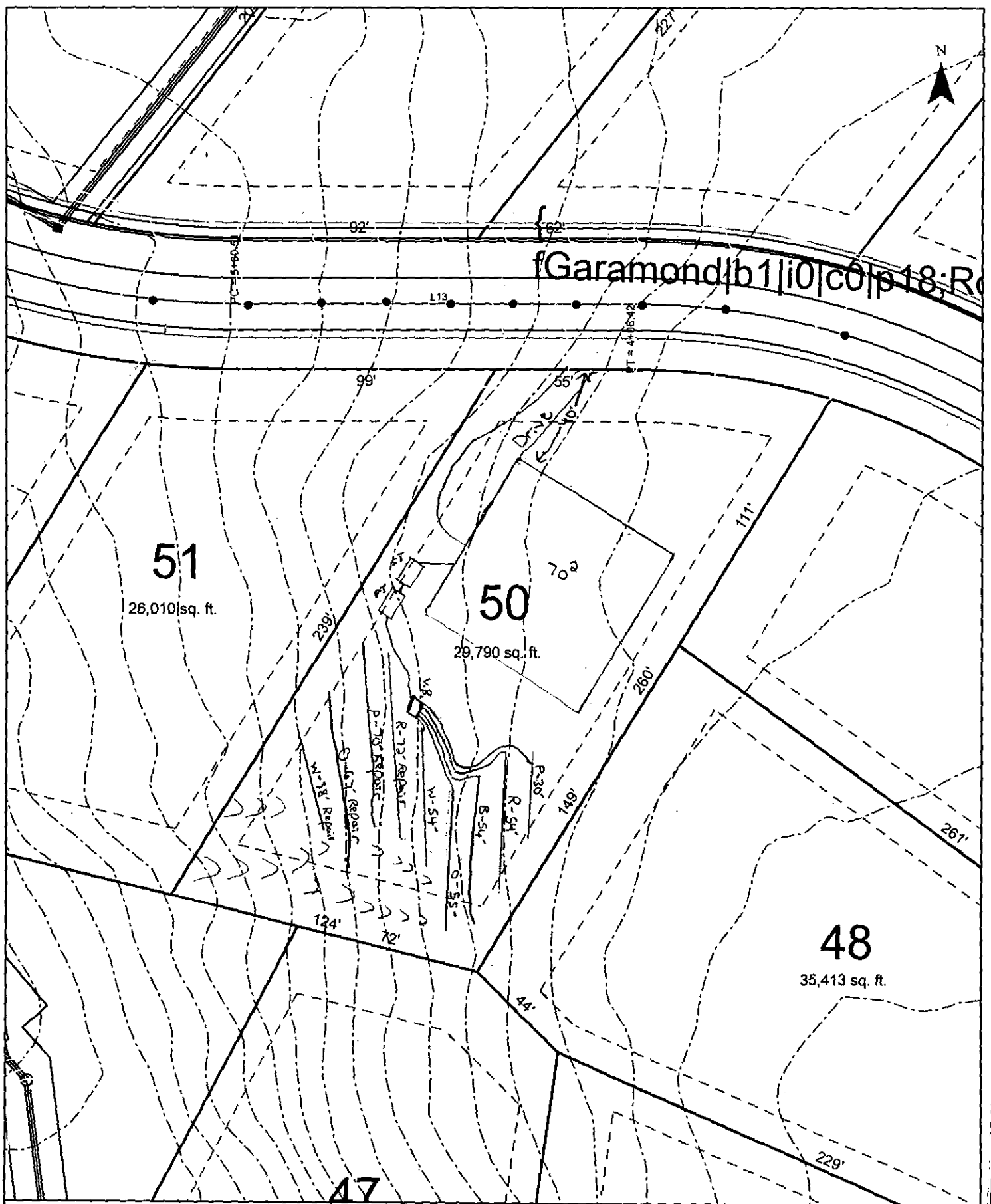
Design Specifications for Lot 50 off of Sample Rd. ✓ TCT
MCHD File # 6788B

Daily Design Flow:	480 gpd
Number Bedrooms:	4 bdr.
Basement or Crawlspace:	Crawlspace
Septic Tank Size:	1500 gal
Pump Tank Size:	1500 gal
Primary System Loading Rate:	**0.325 gpd/ft^2**
Primary System:	**LP PPBPS**
Number and length of laterals:	3 lines @ 54 ft. endfed 1 line @ 55 ft. endfed 1 line @ 30 ft. endfed
Total ft. of primary system:	247 ft. (247 ft. required)
Number of T&J Panels:	3 lines @ 54 ft., 12 panels each (36 total) 1 line @ 55 ft., 13 panels 1 line @ 30 ft., 7 panels Total of 56 panels
Flow Rate through system:	28 gpm – use 5/32 in. holes with 3 ft. head pressure
Pump Requirements:	to be calculated by installer when specific house and pump tank locations are available
Dosing Volume:	approx. 202 gal. – (3.6 gal per panel)* 2.38 doses/day
Depth of effluent pumped per dose:	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Check Valve:	yes
Siphon break hole:	yes

Repair System Loading Rate:	0.325 gpd/ft^2
Repair System:	LP PPBPS
Total ft. of repair	247 ft. (247 ft. required)

Notes: Before placement of cap block, one panel on each line, near the center of the field should be observed filling to make certain that it does not overflow the top chamber into the air chambers. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.

PPBPS Design Worksheet							File #:	
							Tax #:	
System Requirements							Address:	Lot 50 Sample Rd.
Design Flow	480	gpd						
LTAR	0.325	gpd/ft.^2					Consultant:	Jacob Presley - S&ME, Inc.
Linear footage	492	ft. (conventional)					Phone:	336-288-7180
Linear footage	246	ft. (50% Reduction)						
							Reviewed By:	TCT
Design Layout							Date:	5-17-07 ✓
Laterals	Length (ft)	# Panels	Calculated					
Line # 1	54	12	12.46		T & J Panels			
Line # 2	55	13	12.69		Linear Feet	# Panels		
Line # 3	54	12	12.46		20	5		
Line # 4	54	12	12.46		30	7		
Line # 5	30	7	6.92		40	9		
Line # 6	0	0	0.00		50	11		
Line # 7	0	0	0.00		60	14		
Line # 8	0	0	0.00					
Line # 9	0	0	0.00		70	16		
Totals	**247**	**56**	57.00					
Absorption Area								
Length (ft)	Width (ft)	Area (ft^2)						
247	3	741						
System Pressure Head	3	ft.	Value selected by system designer (must be between 2-5 ft.)					
Orifice Diameter	5/32	in.	Size selected by system designer (1/8 in. minimum)					
Flow Rate per Orifice	0.5	gpm	Determined from orifice flow design table (use table from Flow Rate tab)					
Total System Flow Rate	28	gpm	Total number of panels required multiplied by the orifice flow rate					
System Dose Volume	201.60	gal.	Total number of panels required multipled by 3.6 gal./panel					
Doses Per Day	2.38	cycles	Number of dose cycles per day based on daily design flow					
Pump Run Time	7.20	min.	System dose volume divided by the total system flow rate					
Pump Tank Volume / Inch	29	gal./in.	1,000 gal. Pump tank, volume is approximately 21 gallons per inch. 1,500 gal. pump tank, volume is approximately 29 gallons per inch					
Pump Tank Drawdown	6.95	in.	Depth of effluent pumped per dose cycle.					
Cells with blue shading require user input.								
Cells with yellow shading are automatically calculated.								
Comments:								
1. Install system using 3 ft. wide trenches.								
3. System design requires effluent pump for distribution.								
4. 100% Repair area is required.								



Scale: 1 inch equals 50 feet	S&ME	Faison-Sample Road, LLC	FIGURE
Drawn by: JBP		Lot 50	1
Reviewed by: Jeremy P. Michelone, RS		Mecklenburg County, NC	
Date: April, 2007	ENVIRONMENTAL SERVICES · ENGINEERING · TESTING	S&ME Project #1588-05-091	

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

Sheet: 1 of 2
Property ID: PO 023-201-02
Lot #: 50
File #: 6788B
AppID: 1411

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Faison- Sample Road LLC
Applicant: S & ME, T. Jacobs
Address: 121 W. Trade St., 27th Floor, Charlotte, N. C. 28202-5399
Date Evaluated: 4/12/07
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .68a
Location of Site: Off Sample Road
Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.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, 8	0-7	GR/CL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	50+	N/A	NONE	PS, IV
		7-34	SBK/C	FI/SEXP/S/P					.325GPD/FT^2
		34-50	SBK/CL	FR/SEXP/SS/SP					
2	"	0-8	GR/SCL	"	>48" TO SOIL WETNESS	48+	"	"	"
		8-36	SBK/C	FI/SEXP/S/P					
		36-48	SBK/CL	FR/SEXP/SS/SP					
3	LS, 12	0-5	GR/CL	"	"	"	"	"	PS, IV
		5-48	SBK/CL	"					.375GPD/FT^2
4	"	0-6	GR/CL	"	>40" TO SOIL WETNESS	40	"	"	PS, IV
		6-19	SBK/C	FI/SEXP/S/P					.35GPD/FT^2
		19-40	SBK/CL	FR/SEXP/SS/SP					
					SITE LTAR .325GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

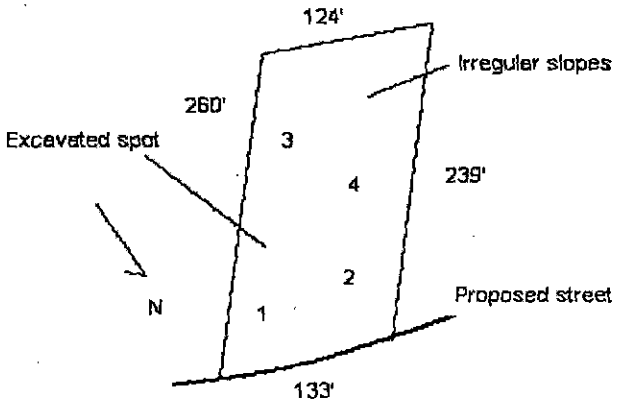
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 4/13/2007. W. R. Marlin
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:
100% repair

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

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

Sketch of Soil Evaluation Locations



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

Sheet: 1 of 2
Property ID: PO 023-201-02
Lot #: 50
File #: 6788B
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4	"	0-6	GR/CL	"	>40" TO SOIL WETNESS	40	"	"	PS, IV
		6-19	SBK/C	FI/SEXP/S/P					.35GPD/FT^2
		19-40	SBK/CL	FR/SEXP/SS/SP					
					SITE LTAR .325GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIa	IIIa
Site LTAR	0.325	0.325

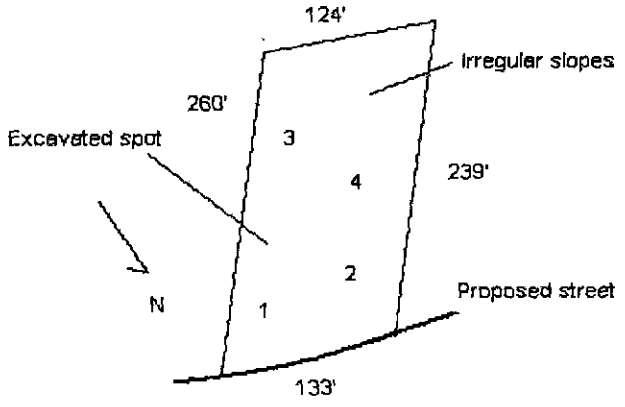
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	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



1411

GWS – RES. APP 07/05

SEPTIC FEE: 200 chk
DATE: 9/7/06
CRT [ ]

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

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 67886

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 02320102P0
STREET ADDRESS: Sample Road
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 50
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☑ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: ~5000
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 8

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☑ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Faison - Sample Road, LLC
ADDRESS: 121 W. Trade St., 27th Floor
CITY: Charlotte
STATE: NC ZIP: 28202-5399
HOME PHONE: WORK PHONE: 704 972 2674
MOBILE PHONE: FAX: 972 2676

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: STME Tony Jacobs
ADDRESS: 385 Timber Rd
CITY: Mooresville
STATE: NC ZIP: 28115-7899
HOME PHONE: WORK PHONE: 704-662-8625
MOBILE PHONE: 704 582-9219 FAX: 662-8735

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2006
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 2006

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

Tony C Jacobs, LSS 9/7/06
Owner's/Agent's Signature Date

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

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

Owner's/Agent's Signature Date

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