7398B

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

3927

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: 139-161-08
STREET ADDRESS:
CITY: Mint Hill
STATE: NC ZIP:
SUBDIVISION NAME: Old Camden
LOT #: 12 LOT SIZE (acres): 37,239 Sq. ft.
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: 2,400 +
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

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

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

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

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

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

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

8A. RANK: ____ ____ ____ ____ ____

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

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

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☑ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Gold Medallion Homes
ADDRESS: 5923-A Stockbridge Dr.
CITY: Monroe
STATE: NC ZIP: 28110
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 704 201-0050
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Tim Whitaker
ADDRESS: 1112 Queensgate St.
CITY: Gastonia
STATE: NC ZIP: 28054
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 704 830-4344
FAX: 704 866-9540

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

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

T.W. (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.

T. Whittaker
Property Owner's or Owner's Legal Representative Signature

9/26/08
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 250 ck DATE FEE RECEIVED: 10/17/08

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

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 7398B

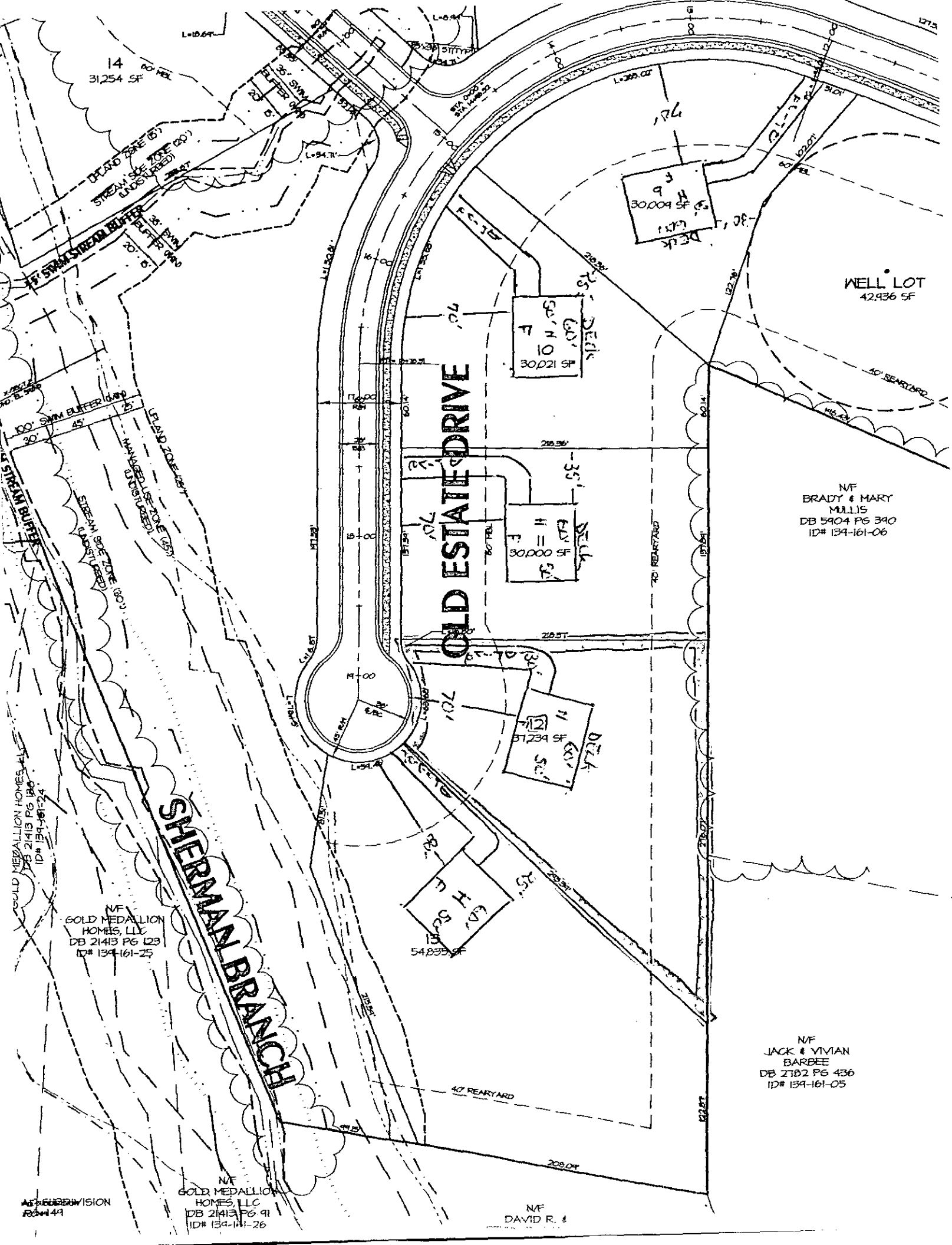
APPLICATION ID NUMBER ASSIGNED: 3927

COMMENTS:

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

Revised on: 7/1/08

TOTAL P.02


OLD ESTATE DRIVE
SHERMAN BRANCH
WELL LOT
42,936 SF
14
31,254 SF
10
30,021 SF
11
30,000 SF
12
37,239 SF
13
54,839 SF
9
30,009 SF
N/F
BRADY & MARY
MULLIS
DB 5904 PG 390
ID# 139-161-06
N/F
JACK & VIVIAN
BARBEE
DB 2782 PG 436
ID# 139-161-05
N/F
GOLD MEDALLION
HOMES, LLC
DB 21413 PG 123
ID# 139-161-25
N/F
GOLD MEDALLION
HOMES, LLC
DB 21413 PG 91
ID# 139-161-26
N/F
DAVID R. &
40' REARYARD
100' SWIM BUFFER
STREAM SIDE ZONE (150')
UNDISTURBED
MANAGED USE ZONE (45')
UNDISTURBED
UPLAND ZONE (45')
15' STREAM BUFFER
35' SWIM BUFFER
20' BUFFER
5' BUFFER

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 #: 12
File #: 7398B
AppID: 3927

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Gold Medallion Homes
Applicant: T. Whitaker
Address: 5923-A Stockbridge Dr., Monroe, N. C. 28110
Date Evaluated: 10/23/2008
Proposed Facility: Residence Design Flow (.1949) 360gpd
Property Size: .85a
Location of Site: Old Estate Drive (proposed) off Old Camden Rd.
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [x] 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, 8	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		4-48	SBK/C	FI/SEXP/S/P					.25GPD/FT^2
2	"	0-3	GR/CL	FR/SEXP/SS/SP	2.5Y AT 35"	"	"	"	US, IV
		3-30	SBK/C	FI/SEXP/S/P					.2GPD/FT^2
		30-48	ABK/SBK/C	"					
3	"	0-8	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	"	"	PS, IV
		8-46	SBK/C	FI/SEXP/S/P					.175GPD/FT^2
		MN	STAINS, DULL	SOIL COLORS					
4	"	0-5	GR/CL	FR/SEXP/SS/SP	>41" TO SOIL WETNESS	41	"	"	PS, IV
		5-41	SBK/C	FI/SEXP/S/P					.2GPD/FT^2
5	"	0-14	GR/CL	FR/SEXP/SS/SP	>42" TO SOIL WETNESS	42	"	"	"
		14-42	SBK/C	FI/SEXP/S/P					
					SITE LTAR .175GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	Iva
Site LTAR	0.175	0.175

Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 10/24/2008.
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: David Cornelius, RS
Others Present: Tim Whittaker

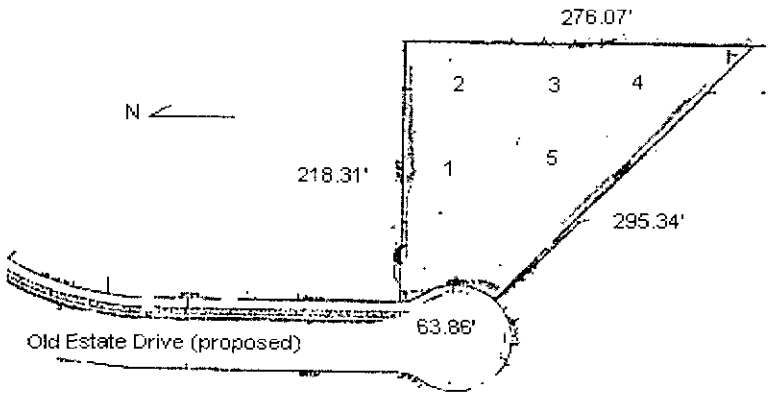
David Cornelius, RS

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

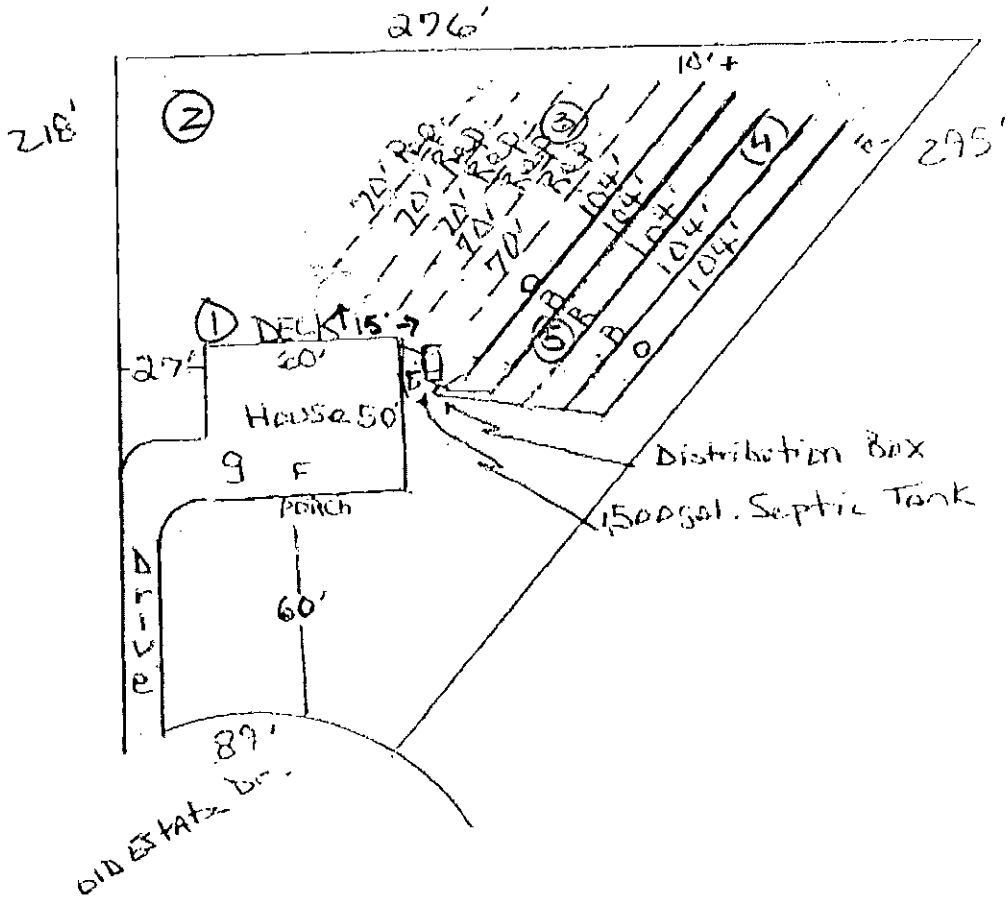


M.C.G.W.S.

File: 7398-B

Lot 12 DID Camden Est.

(3) Bedrm. Gravity Fed, 25% Reduction Septic System.
Quick Four Chamber. LTAR .175
1500 gal. Septic Tank, Distribution Box
(5) 104' Chamber Lines = 520'
(26) Chambers per Line = 130 chambers Req.
Type IV PPBPS (Panel Block) Repair AREA 350'+



2/6/09
FIELD REVIEW - APPROVED

12/2/08
Tim Whittaker
704 836-4344
5/60

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 #: **30003927** GWS File #: **7398B** 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):** 2/9/2014

Type of Installation: Residential - New System Lot Number: 12

Structure Type: HOUSE Size (ft^2): 2400 # Bedrooms: 3 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.175	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1543	Total Trench Length (ft):	514
Maximum Trench Depth (in):	29	Depth of Media (in):	N/A	Distribution Device:	Drop Tees		

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

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.175	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1029	Total Trench Length (ft):	343
Maximum Trench Depth (in):	29	Depth of Media (in):	N/A	Distribution Device:	Distribution Box		

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: 2/9/2009

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30003927** GWS File #: **7398B**

IV. Permit Conditions/Comments:

- 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.
- 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 15 feet from any foundation drain.
- Install according to plans on file submitted by Tim Whittaker, 12/2/08. A full set of house plans must be on file before release of construction authorization.

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: 2/9/2009

Owner/Legal Agent: _____
Print Name

Signature: _____

7398-B

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

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: 139-161-08
STREET ADDRESS:
CITY: Mint Hill
STATE: NC ZIP:
SUBDIVISION NAME: Old Camden
LOT #: 12 LOT SIZE (acres): 50,000 Sq. ft.
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 8-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: 2,400 +
NUMBER OF BEDROOMS: 3 Tw
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: _____

8. 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 Chamber Plan

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: Gold Medallion Homes
ADDRESS: 5923-A Stockbridge Dr.
CITY: Monroe
STATE: NC ZIP: 28110
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 704 201-0050
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Tim Whittaker
ADDRESS: 1112 Queensgate St.
CITY: Cornelius
STATE: NC ZIP: 28031
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 704 930-4844
FAX: 704 896-9540

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. T.W. (Initial here for septic system applications)

for G.M.H.

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.

T. Whittaker — 8/13/08

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

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OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: _____

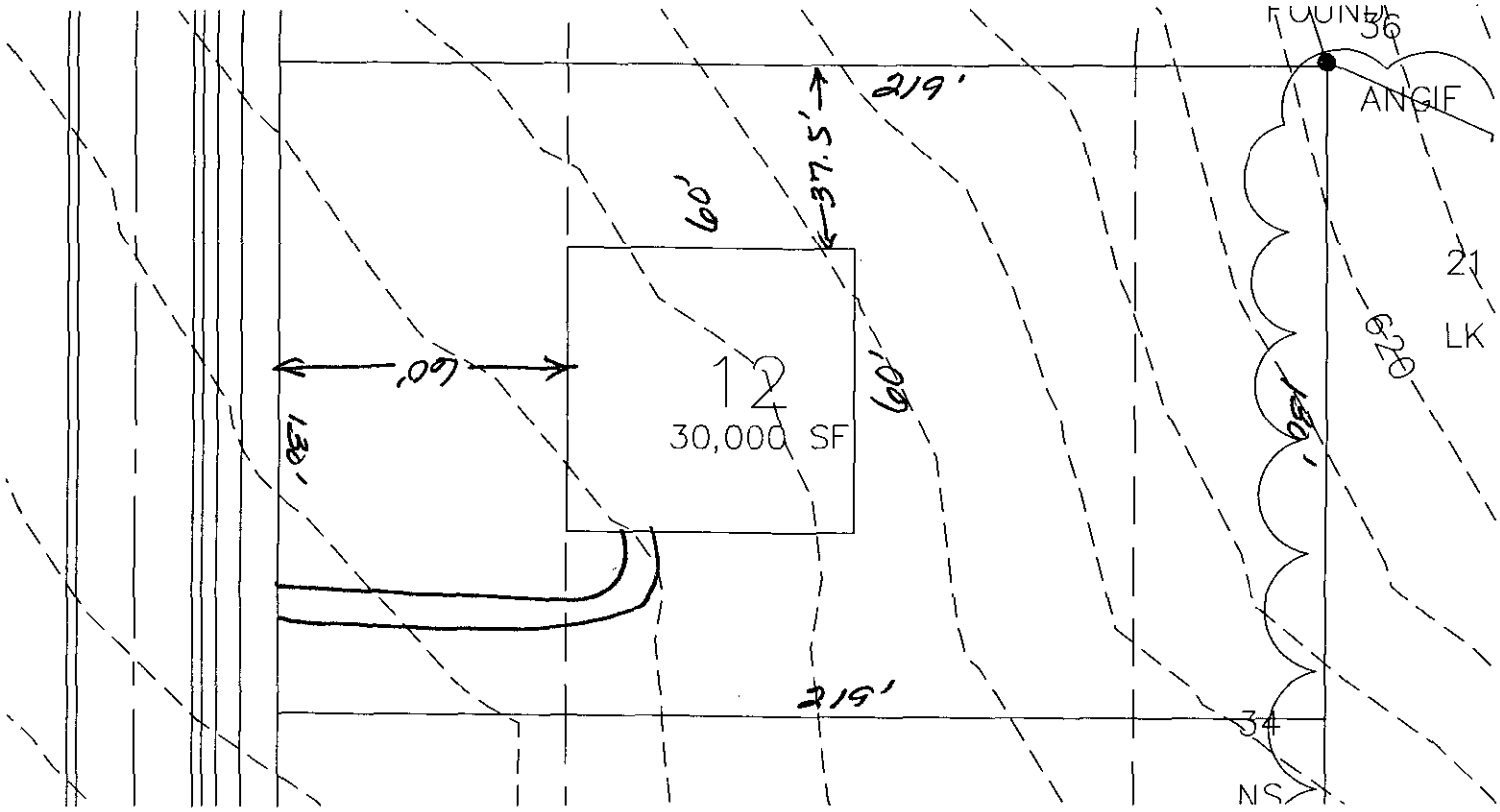
GWS FILE NUMBER ASSIGNED: 7398-B Lot 12

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-5994

Revised on: 7/1/08


FOUND
36
ANGIF
219'
37.5'
60'
21
LK
620
12
30,000 SF
60'
109'
134'
219'
34
NS

M. C. G. W. S.

File: 7398-B

* Lot 12
139-161-08

(3) Bedrm., Gravity-fed, Quick 4 Chamber, 25% Reduction Septic System. (.2 LTAR)

(6) 76' Chamber Lines = 456'

(19) Chambers per Line = 114 chambers

GWS Septic System Design Review

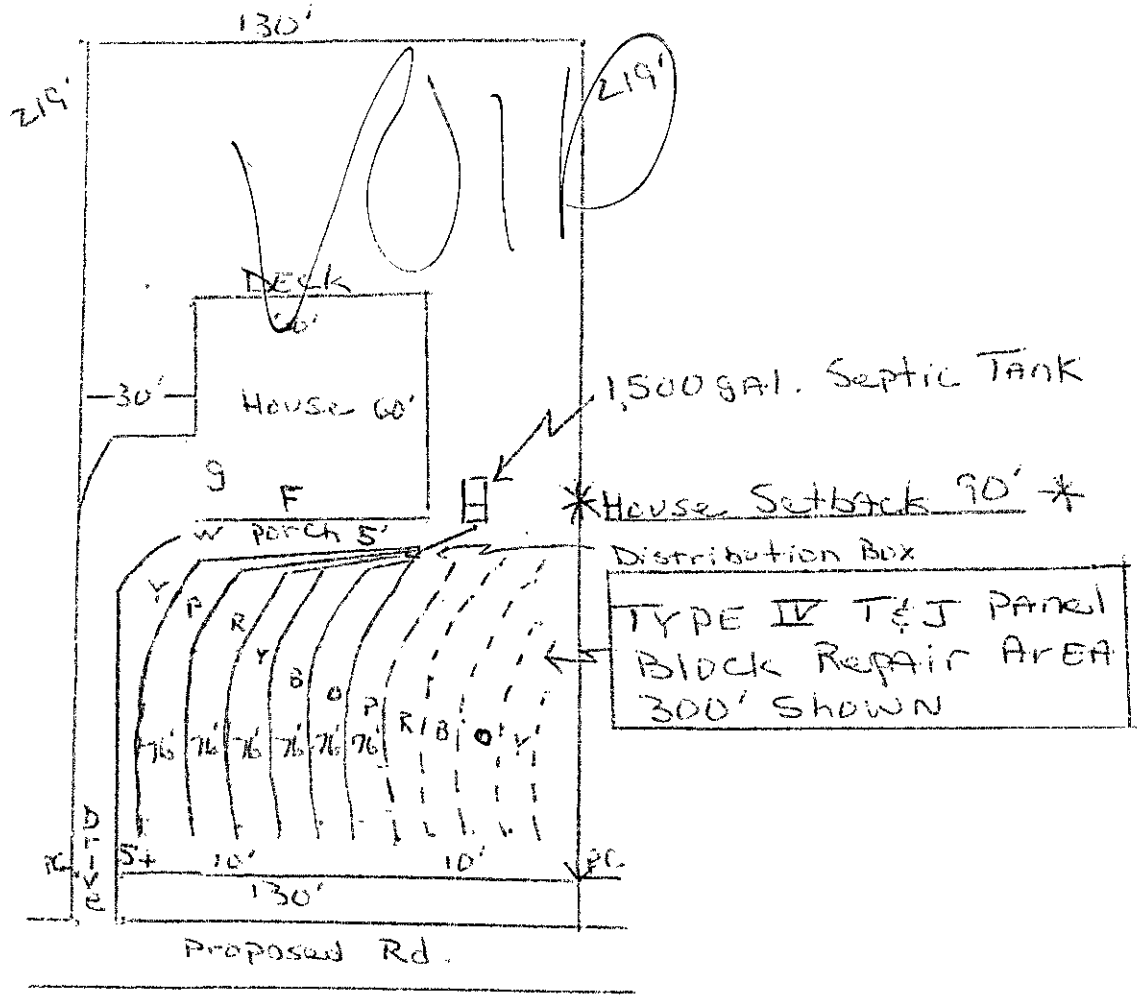
GWS File #: 7398

Approved ☐ Disapproved ☐

Design Review: TCT 8/11/08 ☒ ☐

Field Review: _____ ☐ ☐

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



Note: Septic Tank placement may vary pending final grading & Stub-out Elevation. Builder Responsible for final grade/gravity-fed system.

8/5/08

Contractor
704 630-4344
5150

FILE NUMBER: 7398B chk #84 Revised On: August 31, 2007 APPLICATION NUMBER 2858

SEPTIC FEE: 200
DATE: 10/12/07

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 #: 12 LOT SIZE (acres): .688
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: 4
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: ____ ____ ____ ____ ____

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

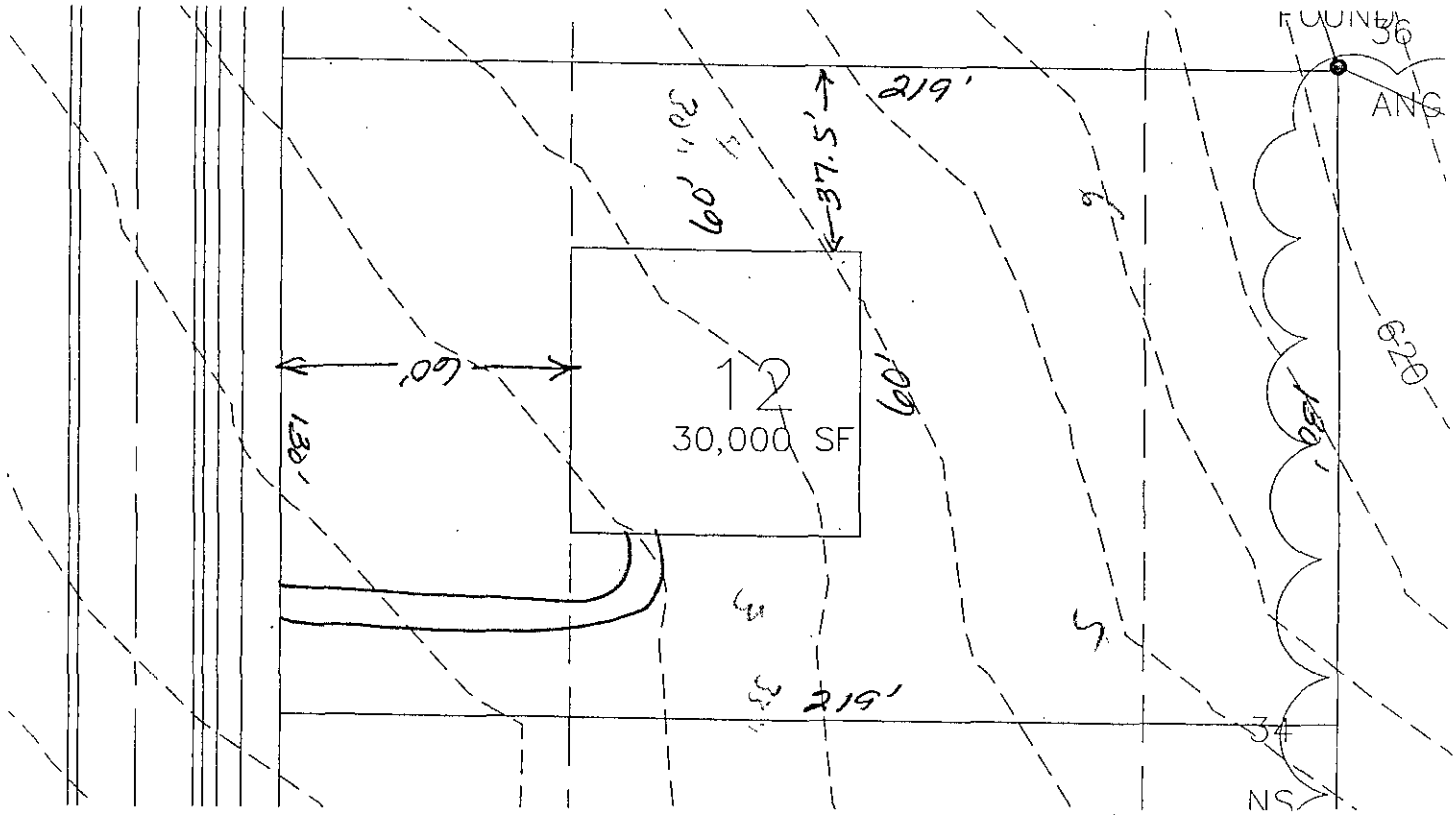
12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 9/7/2007
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? already closed on 9/7/2007

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


FOUND
36
ANG
219'
37.5'
60'
12
30,000 SF
109'
138'
620
219'
34
NS

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 #: 12
File #: 7398B
AppID: 2858

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 360gpd
Date Evaluated: 2/7/08
Proposed Facility: Residence Design Flow (.1949) 600gpd
Property Size: .69a
Location of Site: Off Old Camden Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] 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	PROFILE FACTORS b 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-4	GR/CL	FR/SEXP/SS/SP	>52" TO SOIL WETNESS	52	N/A	NONE	PS, IV .25GPD/FT^2
		4-29	SBK/ABK/C	FI/SEXP/S/P					
		29-52	WKSBK/CL	FR/SEXP/SS/SP					
2	"	0-12	GR/CL	"	>53" TO SOIL WETNESS	53	"	"	PS, IV .2GPD/FT^2
		12-38	SBK/ABK/C	FI/SEXP/S/P					
		38-53	WKSBK/CL	FR/SEXP/SS/SP					
3	"	0-5	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	US, IV .2GPD/FT^2
		5-33	ABK/SBK/C	FI/SEXP/S/P					
		33-48	ABK/SBK/C	FI-VFI/MIXED/S/VP					
4	"	0-9	GR/CL	FR/SEXP/SS/SP	>54" TO SOIL WETNESS	54	"	"	"
		9-30	SBK/ABK/C	FI/SEXP/S/P					
		30-54	ABK/PL/C	"					
5	"	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	US, IV
		4-16	SBK/ABK/C	FI/SEXP/S/P					
		16-48	ABK/PL/C	FI/SEXP/S/P					
6	"	0-3	GR/CL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	50	"	"	US, IV
		3-17	SBK/C	FI/SEXP/S/P					
		17-32	ABK/PL/C	"					
		32-50	WKABK/CL	FR/SEXP/SS/SP					
					SITE LTAR .2GPD/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, 2/11/2008, W. R. Marlin
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
SS-Shoulder Slope		LS-Loamy Sand	
LS-Linear Slope			
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6
NS-Nose Slope		L-Loam	
HS-Head Slope			
CC-Concave Slope	III	SI-Silt	0.6 - 0.3
CV-Convex Slope		SICL-Silty Clay Loam	
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	

Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

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

