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

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

File #: 8435B Permit #: 6042 Tax Parcel #: 013-191-04

Property Owner: RANDLE Q WARFIELD

Job Location Address: 15510 HARRARD ROAD

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 10/16/13 Contractor Name: KEVIN HALLMAN

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: GOULDS 1½ HORSE

Drainfield Installation ☐ N/A

Trench Depth: 28 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) IQ4W

Depth of Cover: 16 inches

Distribution Device: P. Manifold

Inspection Dates

Tank(s) Inspected: 10/16/13

Excavation Inspected: 10/16/13

Pump & Controls Inspected: 10/16/13

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

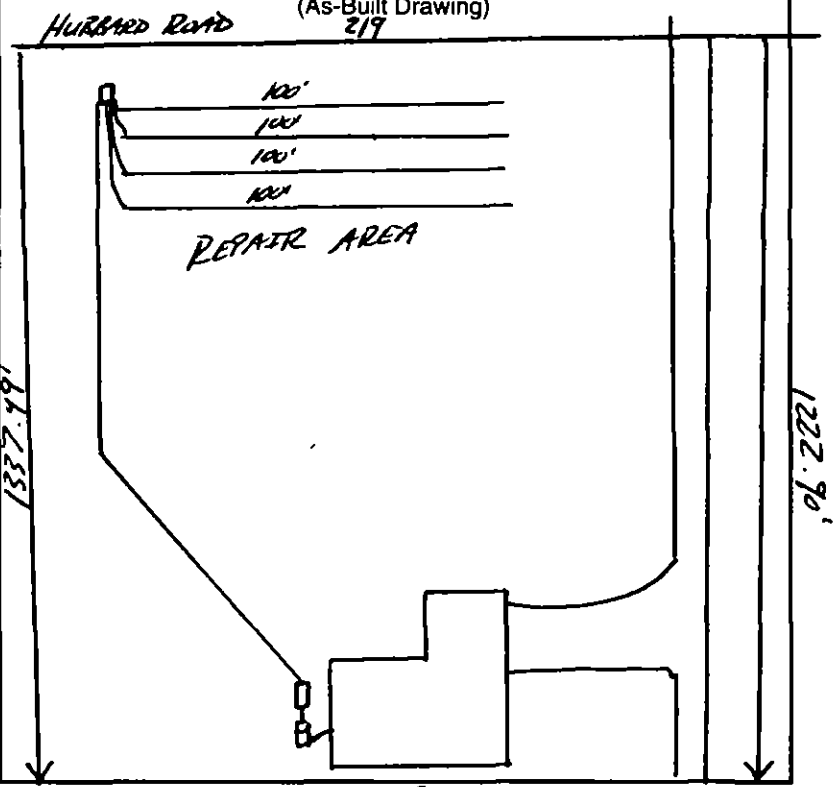
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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

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: III6, IQ4W, Pressure, NA, NA

DENR Authorized Agent: Jeremy Michels REHS Signature: Jeremy Michels REHS

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NC DENR
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On-Site Wastewater Section

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

File #: 8435B Permit #: 6042 Tax Parcel #: 013-191-04

Property Owner: Lanelle Q Warfield

Job Location Address: 15510 Hubbard Road

City: Huntersville State: NC Zip Code: 28078

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: IIIb

*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: Jeremy Mecklenburg REHS Date: 10/16/13

Signature: Jeremy Mecklenburg REHS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 8455B Permit #: 6042 Tax Parcel #: 013-191-04

Property Owner: Pamelle Q. Warfield

Job Location Address: 15510 Hubbard Road

City: Huntersville State: NC Zip Code: 28078

Installation Approval Issuance Date: 10/14/13

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 10/14/13, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of *granting this approval. An* ***Operation Permit*** *must be obtained from the Mecklenburg County Health Department before any system* can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 480 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 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) 25% RED

Distribution Device: P. Manifold

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

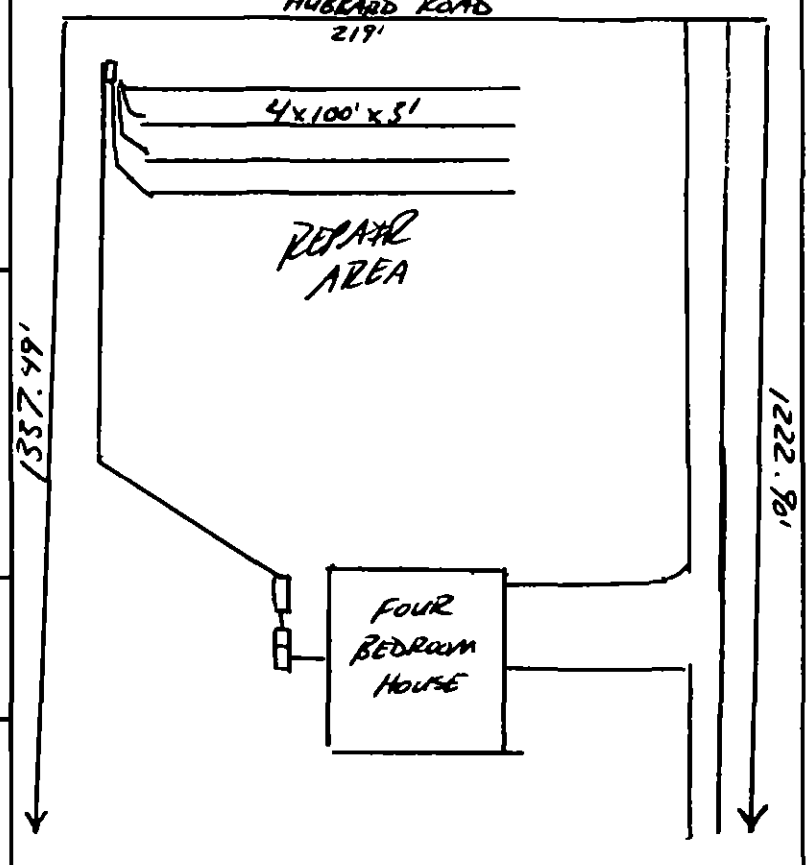
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III b Pump To 25% RED

DENR Authorized Agent: Jeremy Nicholson, REHS Signature: Jeremy Nicholson, REHS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30006042** GWS File #: **8435B** Tax Parcel #: **013-191-04**

- 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):** 2/28/2018

Type of Installation: Residential - Modified Plot Plan Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2900 # Bedrooms: 4 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Pump to Approved **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	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):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Approved **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	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):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: Karl Platthaus

Signature: Jeremy Michelone, REHS Signature:

Print Name

Date Issued: 2/28/2013

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 #: **30006042** GWS File #: **8435B**

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.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.

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: Jeremy Michelone REHS

Date Issued: 2/28/2013

Owner/Legal Agent: Karl Platner
Print Name

Signature: Karl Platner

15510 HUBBARD ROAD

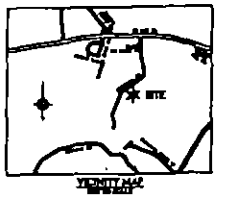
PARCEL # 013-181-04

FILE # 24358

PERMIT # 6042

→ 4 BEDROOM RESIDENCE

4 LINES X 100' X 3' (400 TLF)
TYPE II LOW PRESS TO 25% RED.
SYSTEM & REPAIR





PRESSURE MANIFOLD

WELL SITE #1 (POTABLE)

-1500 SEPTIC TANK

-1000 PUMP TANK

WELL SITE #2 (IRRIGATION)

PRELIMINARY

PRELIMINARY

GRAPHIC SCALE



Jimmy Mark C. Reavis 2/28/13

PRELIMINARY

SURVEY PREPARED FOR:
RANELLE WARFIELD

FEE: 200.00
DATE: 3/19/2013

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 8435B

PERMIT NUMBER: 30006042

PARCEL NUMBER: 01319104

JOB LOCATION INFORMATION

ADDRESS: 15510 HUBBARD RD

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: Ranelle Warfield

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 2/28/2013

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30006042, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 2/28/2018

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

Page 1
Property ID: 1319115
Lot #:
File #: 8435B
AppID: 5431

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: RANELLE Q. WARFIELD
Applicant: RANELLE Q. WARFIELD
Address: 7623 VISTAVIEW DRIVE CORNELIUS, NC 28031
Date Evaluated: 2/21/2012
Proposed Facility: RESIDENCE Design Flow (.1949) 480 GPD
Property Size: 7 ACRES
Location of Site: 15520 HUBBARD ROAD HUNTERSVILLE, NC 28078
Property Recorded:
Water Supply: [ ] Public [x] 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	0-13	SBK/SCL	FR/SS/SP/SEXP	>47" TO SOIL WETNESS	47"	NA	NA	PS
	5%	13-47	SBK/C	FI/S/P/SEXP					0.3 G/D/FT2
2	LS	0-12	SBK/SCL	FR/SS/SP/SEXP	>46" TO SOIL WETNESS	46"	NA	NA	PS
	5%	12-40	SBK/C	FI/S/P/SEXP					0.3 G/D/FT2
		40-46	SBK/CL	FI/S/P/SEXP					
3	LS	0-11	SBK/CL	FR/SS/SP/SEXP	>47" TO SOIL WETNESS	47"	NA	NA	PS
	5%	11-38	SBK/C	FI/S/P/SEXP					0.3 G/D/FT2
		38-47	SBK/CL	FI/S/P/SEXP					
4	FS	0-12	SBK/CL	FR/SS/SP/SEXP	>32" TO SOIL WETNESS	32"	NA	NA	U
	3%	12-23	SBK/C	FI/S/P/SEXP					
		23-32	SBK/CL	FI/S/P/SEXP					
		32+	SAPROLITE						

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III b	III b
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: Jeremy Michelone, REHS
Others Present:
Site Classification (.1948): PROVISIONALLY SUITABLE
Site Evaluation By: Jeremy Michelone, REHS
Others Present:

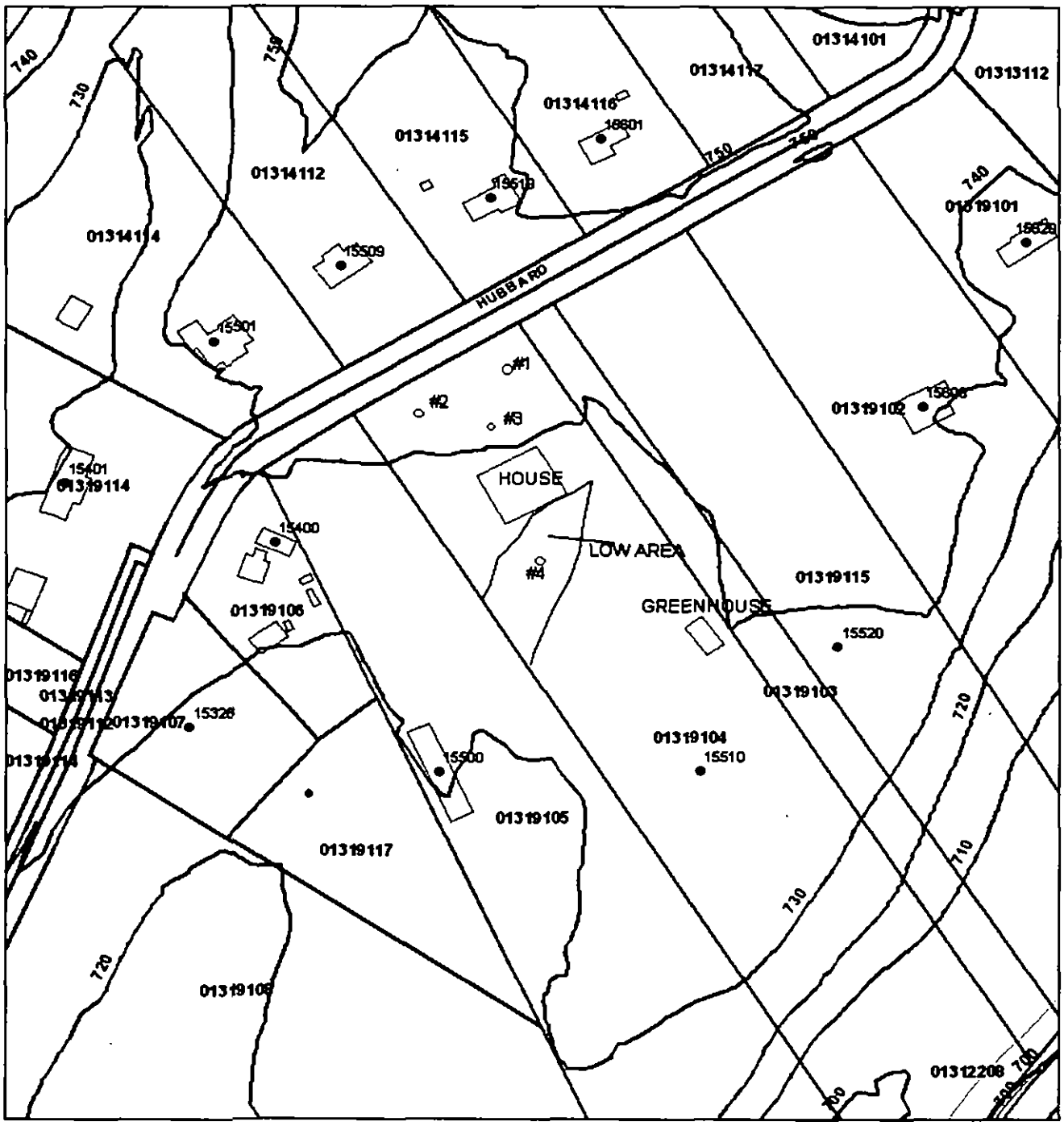
Jeremy Michelone, REHS
2/28/13

COMMENTS:

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	

SOIL EVALUATION FOR:
15520 HUBBARD ROAD
FILE # 8435B



Jeremy Michelone, R.S.
February 21, 2012

0 105 210 420 Feet

8435B

MECKLENBURG COUNTY HEALTH DEPARTMENT

App #6042

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: 013-191-04
STREET ADDRESS: 15510 BUBSARD RD.
CITY: HUNTERSVILLE NC
STATE: NC ZIP: 28078
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 7 AC.
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: 2980
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2
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 (Cable Co Rock on property for Huntersville)	☑ 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?** 3-15-12 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**
NAME: DANELLE WARFIELD
ADDRESS: 7623 NORTHERN RD.
CITY: CORNELIUS
STATE: NC ZIP: 28031
WORK PHONE: _____
MOBILE PHONE: 704-604-1809
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: PINNACLE CUSTOM BUILDERS (STEVE WATTERS)
ADDRESS: P.O. Box 1138
CITY: DAVIDSON
STATE: NC ZIP: 28036
WORK PHONE: _____
MOBILE PHONE: 704-746-4531
FAX: 704-230-0206
E-MAIL: STEVEWATTERS166@GMAIL.COM

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

Revised on: 12/15/10

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.

_____ (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.

NA (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.

_____ 2-26-2013

Property Owner's or Owner's Legal Representative Signature — 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
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

File #: _____

PROPOSED PLOT PLAN

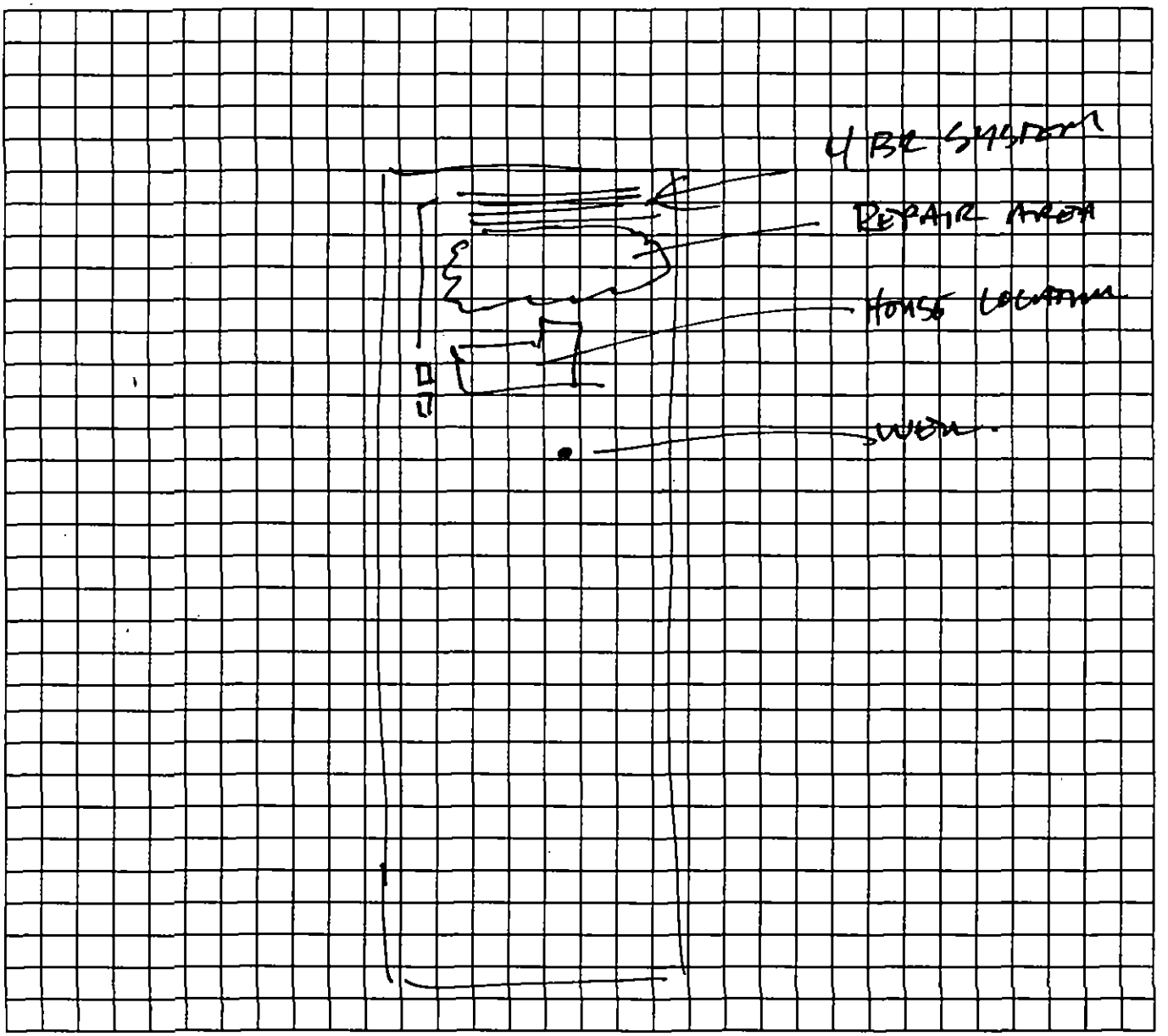
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 15510 HUBBARD RD. HUNTERSVILLE NC 28078

Tax Parcel #: _____

Subdivision Name: _____

Lot #: _____



_____ _____

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

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

Revised on: 12/15/10

8435B

MECKLENBURG COUNTY HEALTH DEPARTMENT 5431 +5432

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:** O N/A ☒ NEW SYSTEM O ALTERATION O REPAIR O MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** O N/A ☒ NEW WELL(S) O MAJOR REPAIR O ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 01319103 & Part of 01319104
STREET ADDRESS: 15520 & part of 15510 Hubbard Road
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 7
TOWNSHIP:
O MECKLENBURG O CORNELIUS ☒ HUNTERSVILLE
O DAVIDSON O CHARLOTTE O PINEVILLE
O MATTHEWS O MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
O SINGLE MOBILE HOME O MODULAR HOME
O DOUBLE WIDE O MULTIPLE FAMILY
☒ HOUSE O OTHER _____
HEATED SQUARE FOOTAGE: 2600
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
O CONCRETE SLAB O BASEMENT WITH PLUMBING
☒ CRAWL SPACE O 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:** O MUNICIPAL ☒ PRIVATE WELL O PUBLIC WELL O SHARED WELL O OTHER _____

7. **PROPOSED USE OF WELL:** O N/A ☒ IRRIGATION ☒ POTABLE (DRINKING WATER) O OTHER _____
Will near Bolton land & will near house

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

Creek & back of property for Huntersville town restrictions

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

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 3/15/12 ☐ N/A
sooner if possible

12. **PROPERTY OWNER:** (Current)
NAME: Daniel Phillips
ADDRESS: 14720 Brownshill Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704-875-3147
MOBILE PHONE: 704-622-2611
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

Buyer: Ranelle D. Warfield
7623 Vistaview Drive
Cornelius NC 28031 (Cell 704.604.1809)

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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.

AEP ROW (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.

AEP ROW (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.

Property Owner's or Owner's Legal Representative Signature

2/06/12
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: $ 250.00 DATE FEE RECEIVED: 2/6/12

WELL APPLICATION FEE RECEIVED: $ 1100.00 DATE FEE RECEIVED: 2/6/12

APPLICATION PROCESSED BY: lws

GWS FILE NUMBER ASSIGNED: 8435B

APPLICATION ID NUMBER ASSIGNED: 5431

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
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