

10915 GREEN HERON CT

19935354

1/10/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 6340 B WASPS App #: _____

Primary ES assigned to project: CJ

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: 4			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
1939(d), 1955, 1956, 1957	LTAR	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	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?	✓		
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 ☑
				N/A ☐
1937(i)	Operation Permit	Yes ☑	No ☐	N/A ☐
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 ☐

Comments: # Items requiring correction/modification: _____

CA issued date: 8-7-07

OP issued date: 10-11-07

Review performed by: JR Date performed: 8-9-07

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 #: 6340B Permit #: _____ Tax Parcel #: 199-353-04

Property Owner: MICK MIXON

Job Location Address: 10915 GREEN HERON CT. (LOT #96)

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: 10/11/07 Contractor Name: R+H

Pool

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: ME 50

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 600 feet

# of Lines: 3 @ 200 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Depth of Cover: 12 inches

Distribution Device: PRESSURE MANIFOLD

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

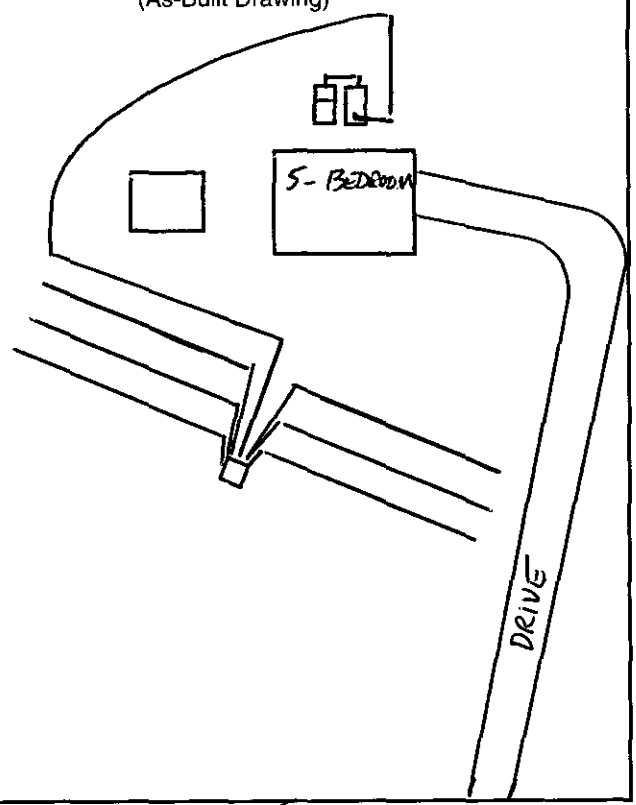
Inspection Dates

Tank(s) Inspected: 8/29/07

Excavation Inspected: 8/29/07

Pump & Controls Inspected: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☑ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIb; INFILTRATOR; TO BE INSPECTED/5 YRS; INSTALLED PER, 1961

DENR Authorized Agent: Chris Sherrill RS, LSS Signature: _____

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700 N. Tryon St., Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6340B Permit #: _____ Tax Parcel #: 199-353-04

Property Owner: MICK MIXON

Job Location Address: 10915 GREEN HERON CT (LOT 96)

City: CHARLOTTE State: NC Zip Code: 28278

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: Chris Sherrill, RS LSS Date: 10/11/07

Signature: _____

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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 #: 6340B Permit #: _____ Tax Parcel #: 199-353-54

Property Owner: MICK MIXON

Job Location Address: 10915 GREEN HERON CT. (LOT #96)

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 8/7/07

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 9/7/07, 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: 600 GPD

Site LTAR: 0.25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 600 feet

# of Lines: 3 @ 200 feet CENTER-FED

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: PRESSURE 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

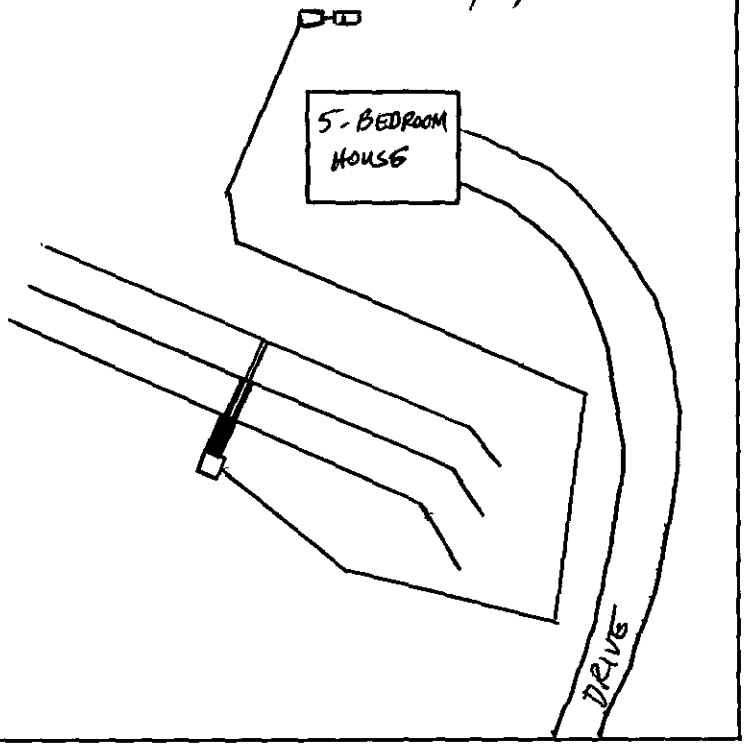
Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

*INSTALL PER PLANS ON FILE
CMS
8/7/07



Comments: System Classification & Type: IIIb PUMP 25% REDUCTION; INSTALL IN ACCORDANCE W/ .1961; TO BE INSPECTED BY GWS/5YRS.

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

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 #: **30000357** GWS File #: **6340B** Tax Parcel #: **199-353-02**

- 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):** 7/12/2011

Type of Installation: Residential - New System Lot Number: 96

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 5 # Occupants: 3

Building Foundation: Basement With Plumbing Water Supply: Community

II. Initial System Type: Pump to Innovative or Experimental **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1800	Total Trench Length (ft):	600
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Innovative or Experimental **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1800	Total Trench Length (ft):	600
Maximum Trench Depth (in):	30	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: Zach Petersen Owner/Legal Agent: PAUL G. PENNINGTON

Signature: Zach Petersen Signature: Paul G. Pennington

Print Name

Date Issued: 7/12/2006

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 #: **30000357** GWS File #: **6340B**

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.

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: Zach Petersen

Signature: Zach Peterson 5/5/06

Date Issued: 7/12/2006

Owner/Legal Agent: Paul Pennington
Print Name

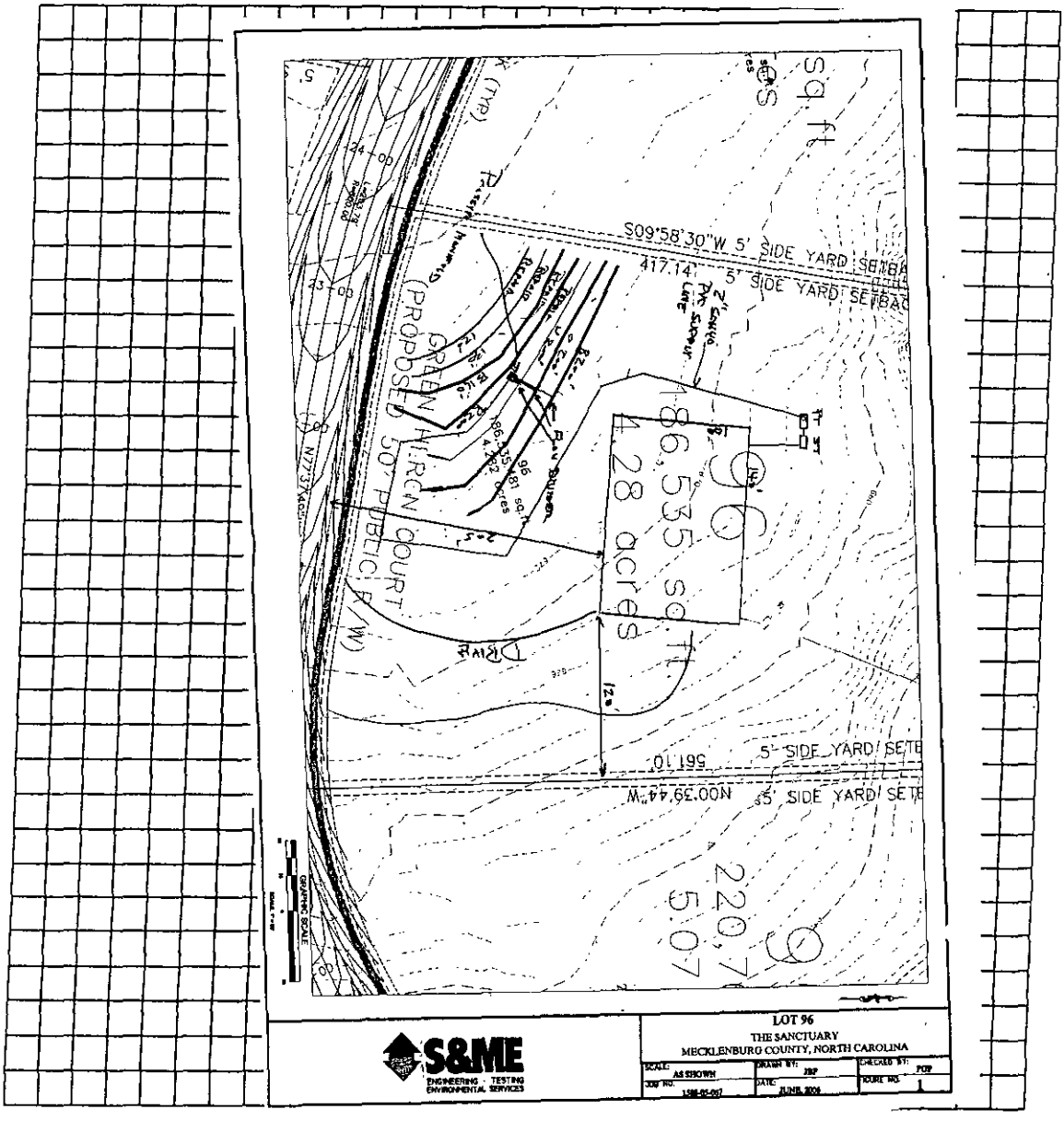
Signature: Paul Pennington

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

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature _____

Date 1/24/07

LBC 12/15/04

S&ME

Date: June 23, 2006

To: Mr. Zach Petersen, R.S.
Mecklenburg County Env. Health Dept.

From: Paul G. Penninger, LSS
Kathleen Saunders, LSSIT

RE: Request for an Improvement Permit for Lot 96 at The Sanctuary:
MCHD File #6340B

The Sanctuary at Lake Wylie is requesting an Improvement Permit for the above referenced lot. Mr. Bill 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 the surveyor and are shown on the attached maps provided by LandDesign Engineering. The attached sketch and specifications are not an Improvement Permit and are intended only to assist the MCHD in permitting the referenced lot at The Sanctuary.

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.**

Tri-County Wastewater (TCWW) is under contract to supply maintenance services for each septic system installed at The Sanctuary. TCWW will have a list of preferred septic contractors for the subdivision and will also have requirements for septic system installation that are greater than the MCHD and State requirements. It will be the responsibility of TCWW to enforce any requirements above State requirements or the MCHD conditions on the Improvement Permit.

Please review the attached system sketch and design specifications for the Improvement Permit. Any additions or revisions you feel are necessary can be made on the Improvement Permit. Please call in you have and questions or comments.

S&ME, Inc.
105-D Denver Business Park Dr.
Mooresville, North Carolina 28115-7926

(704) 662-8625
(704) 662-8735 fax
www.smeinc.com

Design Specifications for Lot 96 at The Sanctuary
MCHD File # 6340B

Daily Design Flow:	600 gpd
Number Bedrooms:	5 bedroom
Basement or Crawl Space:	Basement
Septic Tank Size:	1500 gal
Pump Tank Size:	1500 gal
Primary System Loading Rate:	**0.25 gpd/ft^2**
Primary System:	**25% reduction**
Number and length of laterals:	3 @ 200 Centerfed
Total ft. of primary system:	600 ft.
Flow Rate through system:	16.5 gpm – use ½ in. SCH 80 taps with 2 ft. head pressure on pressure manifold (5.5 gpm per tap)
Pump Requirements:	to be calculated by installer when specific house and pump tank locations are available
Dosing Volume:	approx. 270 gal. – 2.2 doses/day at design flow
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:	no
Repair System Loading Rate:	**0.25 gpd/ft^2**
Repair System:	**25 % Reduction**
Total ft. of repair	600+ ft.

Notes:

Division of Environmental Health
On-site Wastewater Section

Property ID: PO 199-383-02
Lot #: 96
File #: 6340B
Code: 1

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary of Lake Wylie, LLC
Address: 11104 Limehurst Place, Charlotte, N. C., 28278
Proposed Facility: Residence Design Flow (.1949): 600gpd
Location of Site: Green Heron Lane
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Paul Penninger
Date Evaluated: 6/16/06
Property Size: .2a inv.
Property Recorded:

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 Structure/ Texture	SOIL MORPHOLOGY 1941 Consistence Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, B	0-7	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		7-48	SBK/C	FI/SEXP/S/P					.225GPD/FT^2
2	"	0-9	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		9-48	SBK/C	FI/SEXP/S/P					
3	"	0-8	GR/CL	FR/SEXP/SS/SP	"	"	"	"	PS, IV
		8-48	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
4	"	0-9	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		9-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.25GPD/FT^2	.25GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R.Marlin, LSS, 6/19/2006
Others Present:

COMMENTS:
100% repair

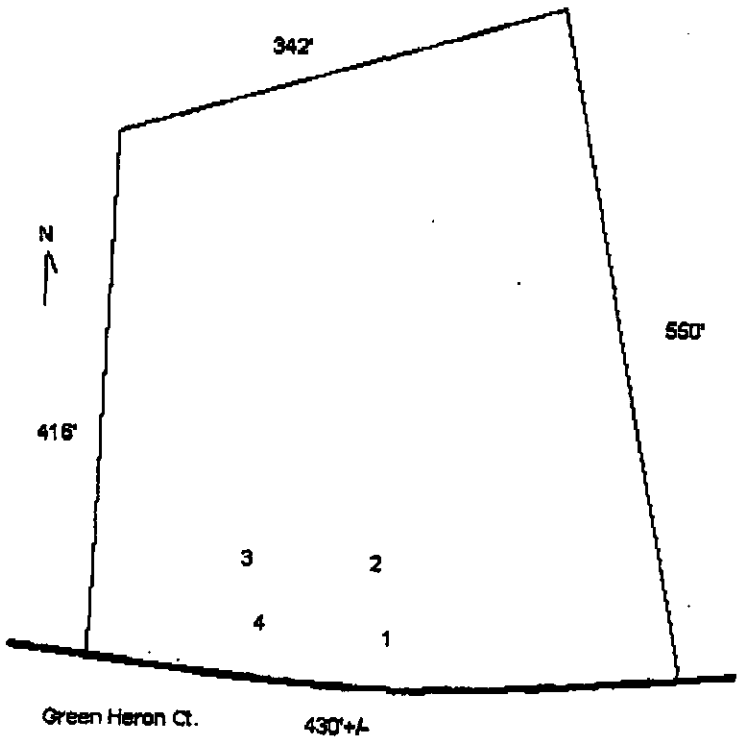
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FILE #: 6340B.

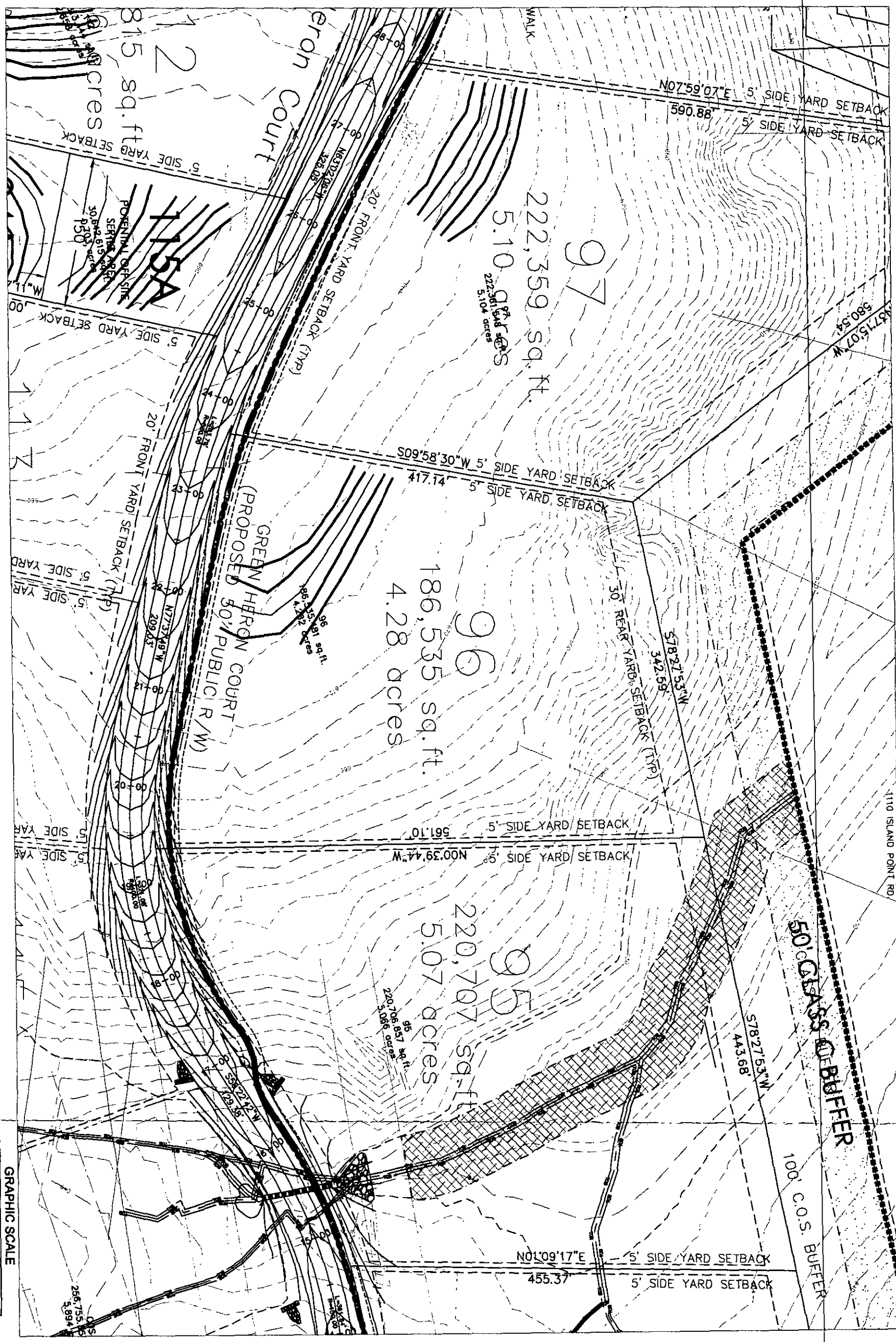
Landscape Position	Group	Texture	.1958 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
SS-Shoulder Slope		LS-Loamy Sand	
LS-Linear Slope			
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6
NS-Nose Slope		L-Loam	
HS-Head Slope			
CC-Concave Slope	III	SI-Silt	0.6 - 0.3
CV-Convex Slope		SICL-Silty Clay Loam	
T-Terrace		CL-Clay Loam	
FP-Flood Plain		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

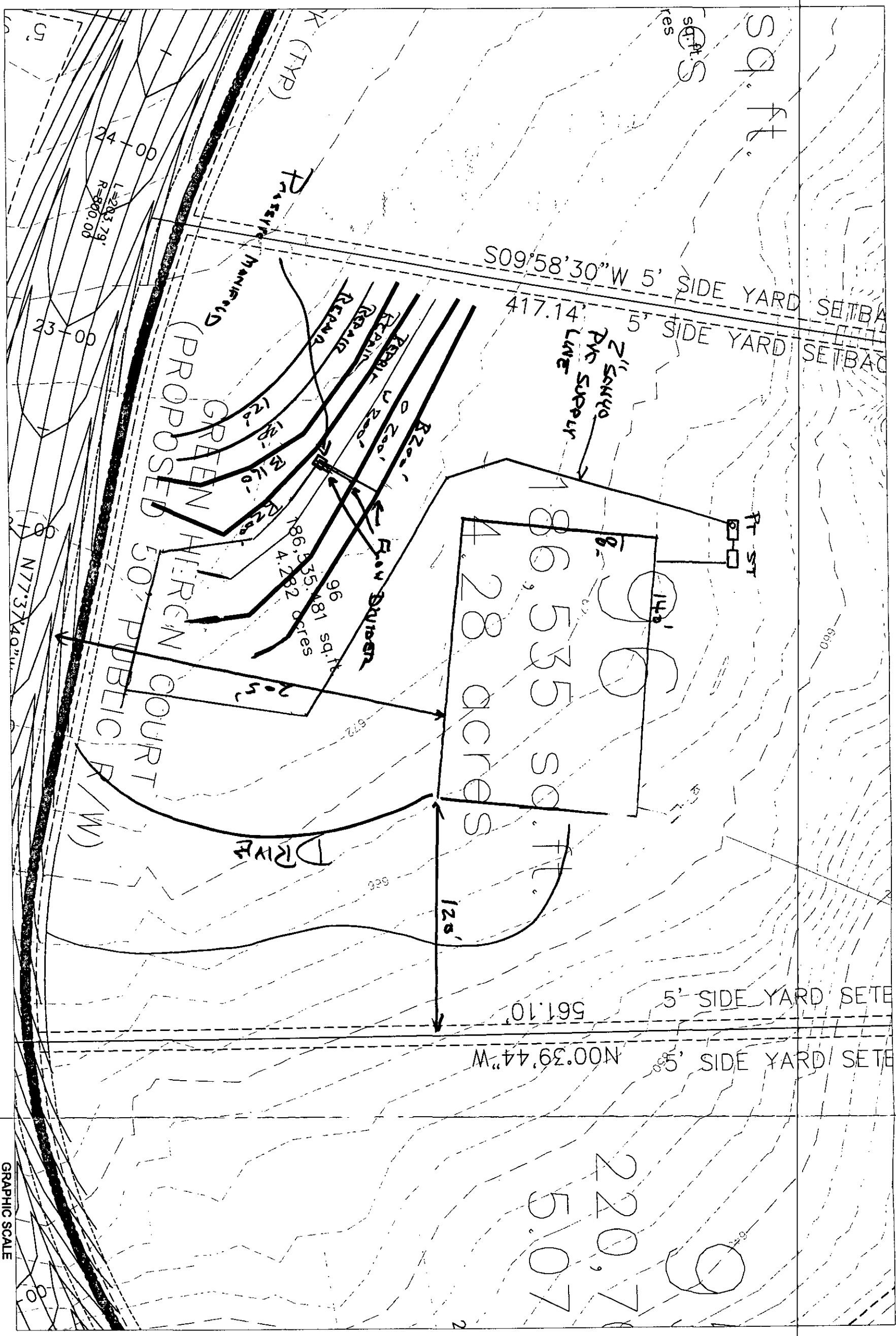




S&ME
ENGINEERING · TESTING
ENVIRONMENTAL SERVICES

LOT 96
THE SANCTUARY
MECKLENBURG COUNTY, NORTH CAROLINA

SCALE:	DRAWN BY:	CHECKED BY:
AS SHOWN	JBP	PGP
JOB NO.	DATE:	FIGURE NO.
1588-05-067	JUNE, 2006	1


S09°58'30"W 5' SIDE YARD SETBA
417.14'
5' SIDE YARD SETBAC
S.F. dwg
1 STY
1865 sq. ft.
4.28 acres
GREEN HERON COURT
50' PUBLIC R/W
N77°37'40"W
186,535 sq. ft.
4.282 acres
96
Existing Pond
Proposed Pond
Proposed Pond
Proposed

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/31/07	**Amount:**	100.00
Receipt #:	48058	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X33901
Contractor: DIENST BUILDERS II LLC
Attn:
Address: 9606-A CALDWELL COMMONS CIRCLE
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 10915 Green Herron/file 6340B		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
5,773.90					

Application #3507

GWS – RES. APP 07/05

SEPTIC FEE: 200.00
DATE: 2/14/06
CRT [ ] Check #008426 JKA

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

FILE # 6340B

WELL FEE: _____
DATE: _____
CRT [ ]

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 #: 19935302
STREET ADDRESS: Sage Thrasher Lane
CITY: Charlotte
STATE: NC **ZIP:** 28278
SUBDIVISION OR MOBILE HOME PARK NAME: The Sanctuary
LOT #: 96
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:
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS:

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: The Sanctuary of Lake Wylie, LLC
ADDRESS: 11104 Limehurst Place
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: — WORK PHONE: 295-1106
MOBILE PHONE: — FAX: —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Paul Penninger, S+ME, Inc
ADDRESS: 385 Timber Rd suite 104
CITY: Mooresville
STATE: NC ZIP: 28115
HOME PHONE: WORK PHONE: 662-8625
MOBILE PHONE: 996-6330 FAX: 662-8735

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2005
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ~ 120 days

*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.

2-13-06

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

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

Sheet: 1 of 2
Property ID: PO 199-353-02
Lot #: 96
File #: 6340B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary of Lake Wylie, LLC
Applicant: Paul Penninger
Address: 11104 Limehurst Place, Charlotte, N. C., 28278
Date Evaluated: 6/16/06
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .2a inv.
Location of Site: Green Heron Lane
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] 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	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-7	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		7-48	SBK/C	FI/SEXP/S/P					.225GPD/FT^2
2	"	0-9	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		9-48	SBK/C	FI/SEXP/S/P					
3	"	0-8	GR/CL	FR/SEXP/SS/SP	"	"	"	"	PS, IV
		8-48	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
4	"	0-9	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		9-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III b	III b
Site LTAR	.25GPD/FT^2	.25GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 6/19/2006, W. R. Marlin
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-Food 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	

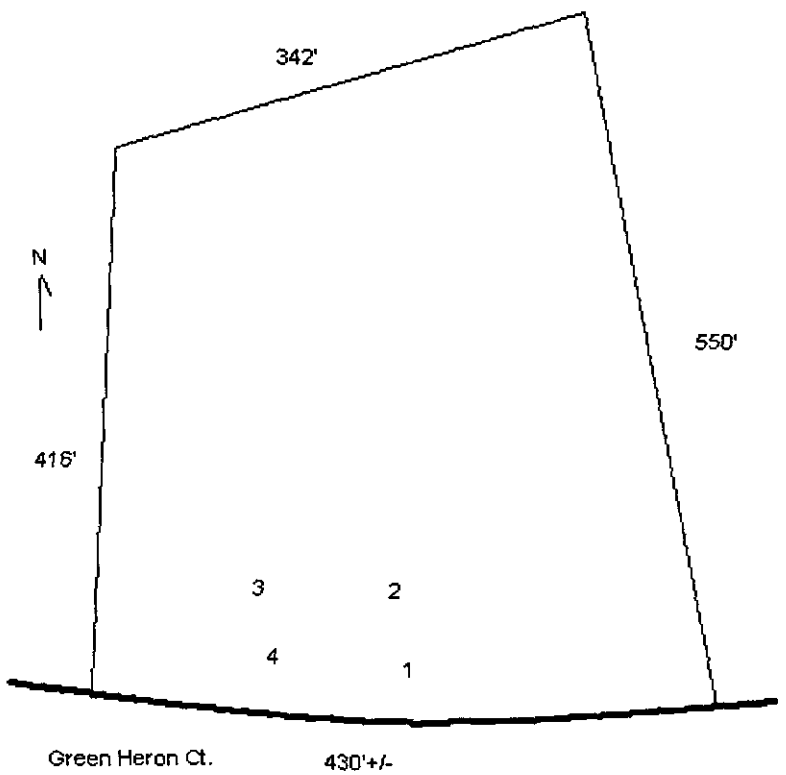
Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

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

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

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Sketch of Soil Evaluation Locations



FILE NUMBER: 6340B Act #100 x33401

Revised On: January 3, 2007

APPLICATION NUMBER: ~~6355~~

SEPTIC FEE: 200 or
DATE: 1/26/07

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 LD

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 199-353-54
STREET ADDRESS: 10915 Green Heron Ct.
CITY: Charlotte, NC
STATE: NC ZIP: 28278
SUBDIVISION NAME: The Sanctuary
LOT #: 96 LOT SIZE (acres): 4.28
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION: New Owners
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 4857
NUMBER OF BEDROOMS: ~~4~~ 5 RP
NUMBER OF OCCUPANTS: 2
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)*:

8A. RANK: ☒ ANY TYPE ☒ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
___ ___ ___ ___ ___

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 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: Mick Mixon
ADDRESS: 1003 Maple Ridge Dr
CITY: Chapel Hill
STATE: NC ZIP: 27516
HOME PHONE: 919-969-1616 WORK PHONE: 919-969-1616
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Dienst Custom Homes
ADDRESS: 9606-A Caldwell commons Cr
CITY: Cornelius NC
STATE: NC ZIP: 28031
HOME PHONE: (704) 892-8426 WORK PHONE: (704) 892-8426
MOBILE PHONE: (704) 361-2827 FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 10-1-07

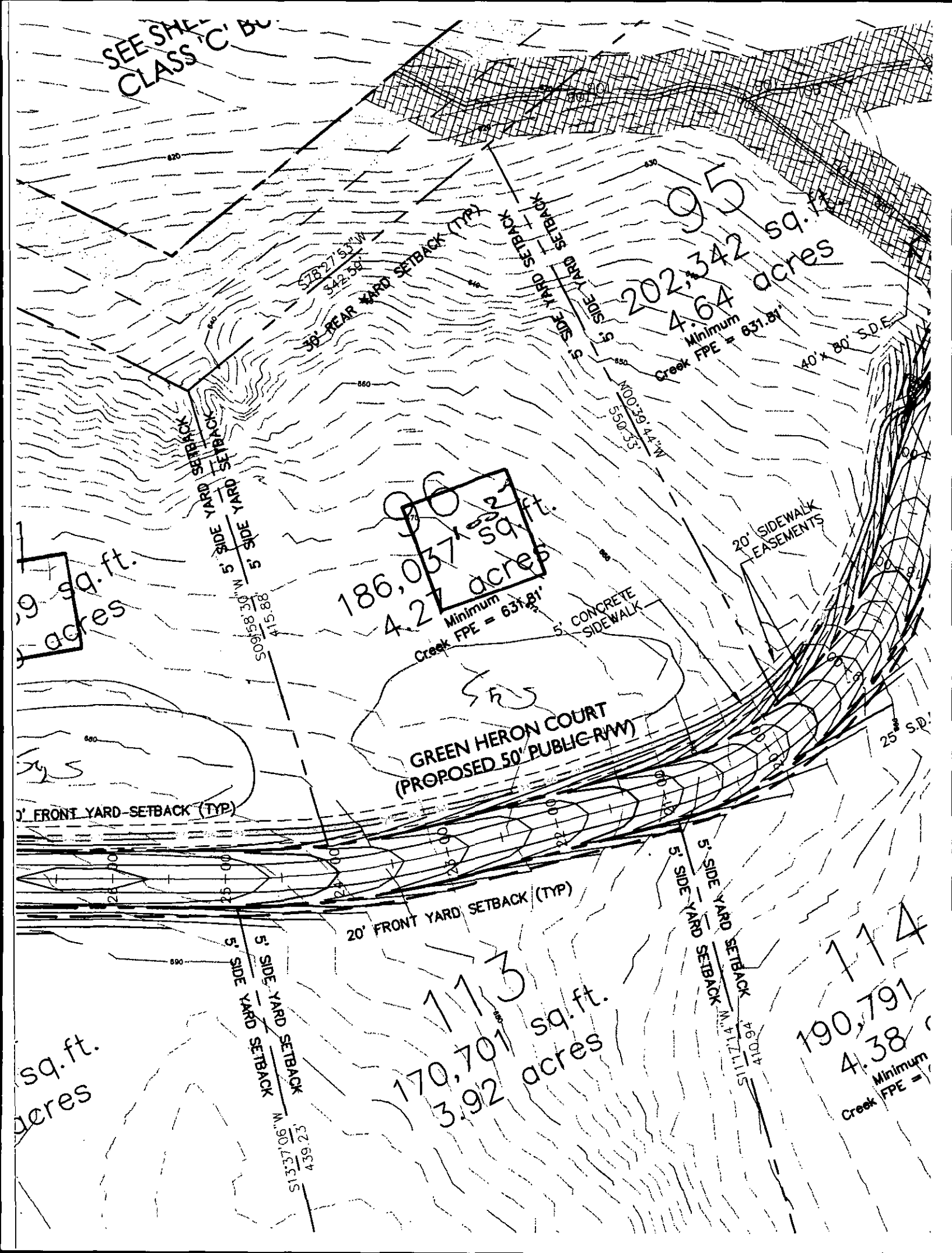
14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein 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.

[signature] 1/24/07
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 certif 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.

N/A
Property Owner's or Owner's Legal Representative Signature Date

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


SEE SHEET
CLASS 'C' BO
95
202,342 sq.ft.
4.64 acres
Minimum
Creek FPE = 631.81'
40' x 80' S.D.E.
S78°27'55"W
342.59'
30' REAR YARD SETBACK (TYP)
5' SIDE YARD SETBACK
5' SIDE YARD
N00°39'44"W
550.33'
96
186,037 sq.ft.
4.27 acres
Minimum
Creek FPE = 631.81'
5' SIDE YARD SETBACK
5' SIDE YARD
S09°58'39"W
415.88'
20' SIDEWALK EASEMENTS
5' CONCRETE SIDEWALK
GREEN HERON COURT
(PROPOSED 50' PUBLIC R/W)
20' FRONT YARD SETBACK (TYP)
20' FRONT YARD SETBACK (TYP)
5' SIDE YARD SETBACK
5' SIDE YARD SETBACK
5' SIDE YARD SETBACK
5' SIDE YARD SETBACK
S13°37'06"W
439.23'
S11°11'14"W
410.94'
113
170,701 sq.ft.
3.92 acres
114
190,791
4.38
Minimum
Creek FPE =

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/14/06
Receipt #: 41266
Check / Auth #: CHECK 9426
Received By: AIDOOJK

Amount: 1,000.00
Tendered: 1,000.00
Returned: 0.00

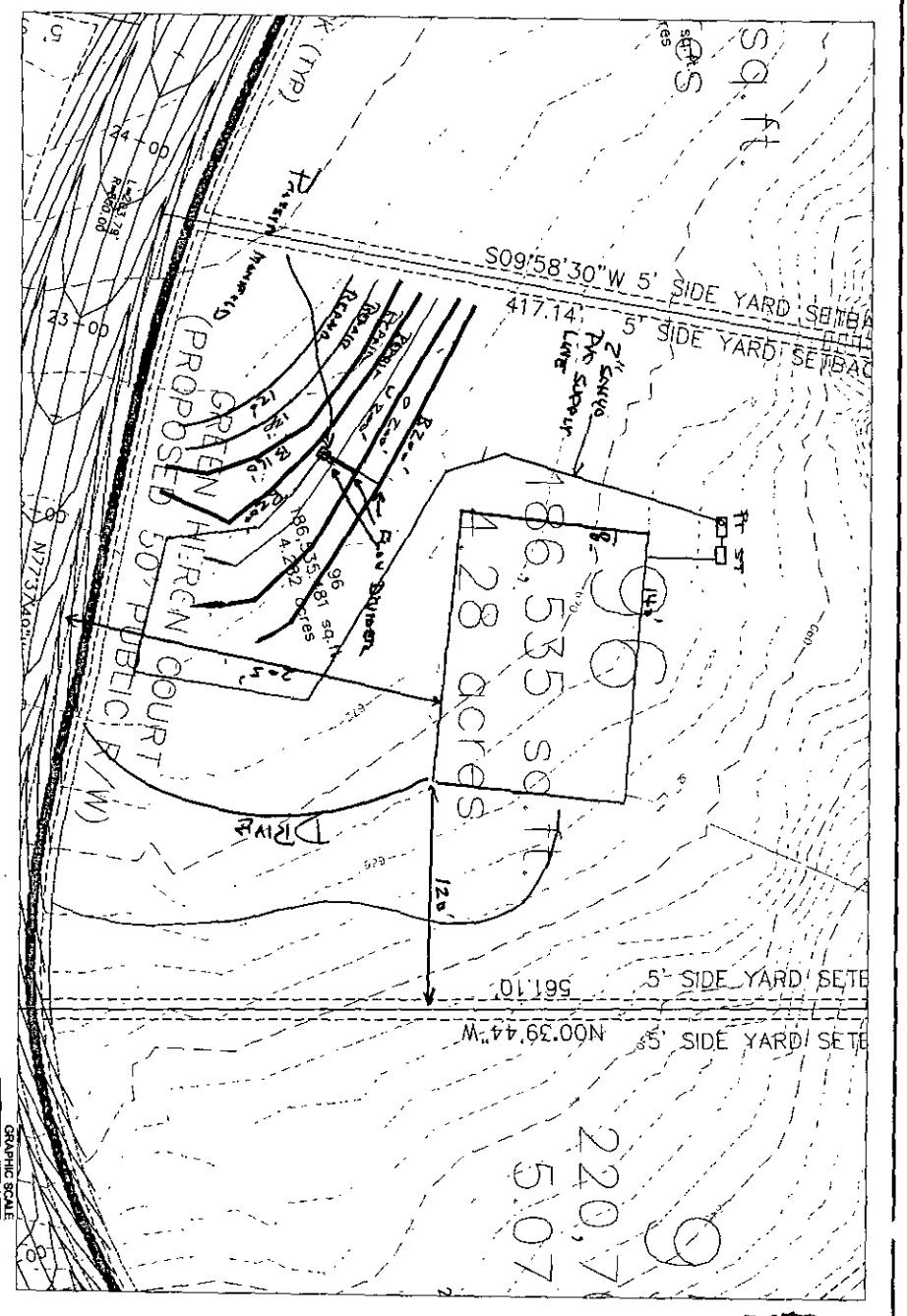
Account Information

Account #: 200000
Contractor: S&ME
Attn:
Address: 3718 OLD BATTLEGROUND ROAD
Address:
City/State/Zip: GREENSBORO, NC 27410

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen THE SANTUARY LOTS 96-98, 104&105		1	1,000.00	1,000.00

Outstanding Balances

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



S&ME
ENGINEERING · TESTING
ENVIRONMENTAL SERVICES

LOT 96
THE SANCTUARY
MECKLENBURG COUNTY, NORTH CAROLINA

SCALE: AS SHOWN	DRAWN BY: JBP	CHECKED BY: POF
JOB NO. 1588-05-067	DATE: JUNE 2006	FIGURE NO. 1