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 #: 6515B Permit #: 6497 Tax Parcel #: 197-131-53

Property Owner: Knotts Development Resources

Job Location Address: 8127 Calterra Dr

City: Mint Hill State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 3/5/14 Contractor Name: Stanley Environmental

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: _____ gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 100 feet

# of Lines: 5 @ 100 feet

Depth of Media: 12 inches (Type) IIIg

Depth of Cover: 12"+ inches

Distribution Device: D-Box (equal)

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

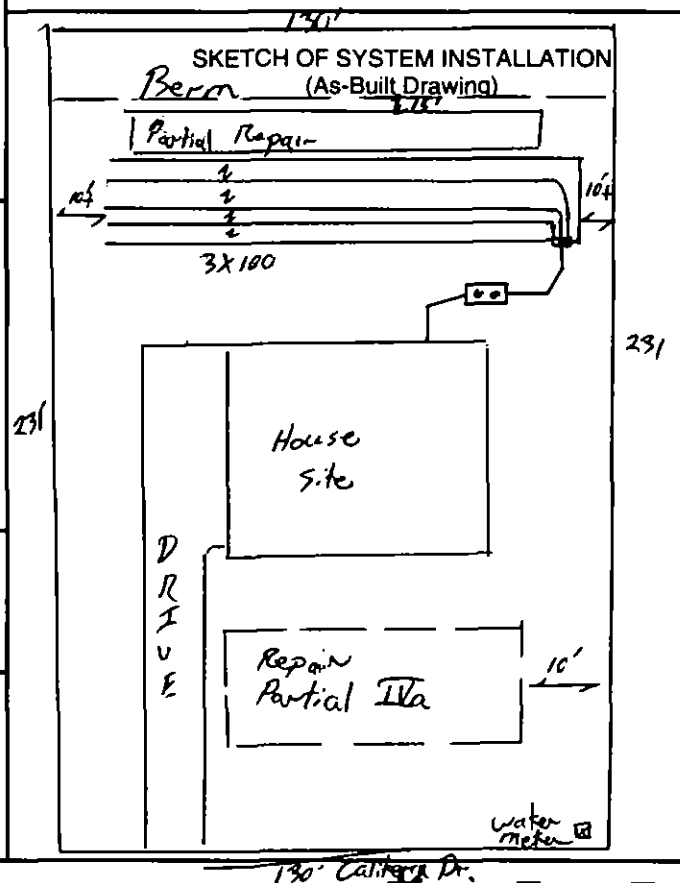
Distance from Water Supply Source: 100'+ feet

Inspection Dates

Tank(s) Inspected: 3/5/14 Dellinger 2/3/14 3713-338 1500

Excavation Inspected: 3/5/14

Pump & Controls Inspected: N/A




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: IIIg / Arch 3/6 / NA / NA

5 lines 3X100 25%

DENR Authorized Agent: Bradley W. Hallman Signature: _____

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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 #: G5153 Permit #: 6497 Tax Parcel #: 197-131-53

Property Owner: _____

Job Location Address: 8127 Calitera Dr

City: Mint Hill State: NC Zip Code: 28227

**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:* IIIg

*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: Bradley W. Hallman Date: 5/5/04

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 #: 6515B Permit #: 6497 Tax Parcel #: 197-131-53

Property Owner: Knotts Development Resources

Job Location Address: 5127 Calitera Dr.

City: Mint Hill State: NC Zip Code: 28227

**Installation Approval Issuance Date:** 3/5/14

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 _____, 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: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 100 feet

# of Lines: 5 @ 100 feet

Depth of Media: 12" inches (Type) IIIg

Distribution Device: D-Box

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

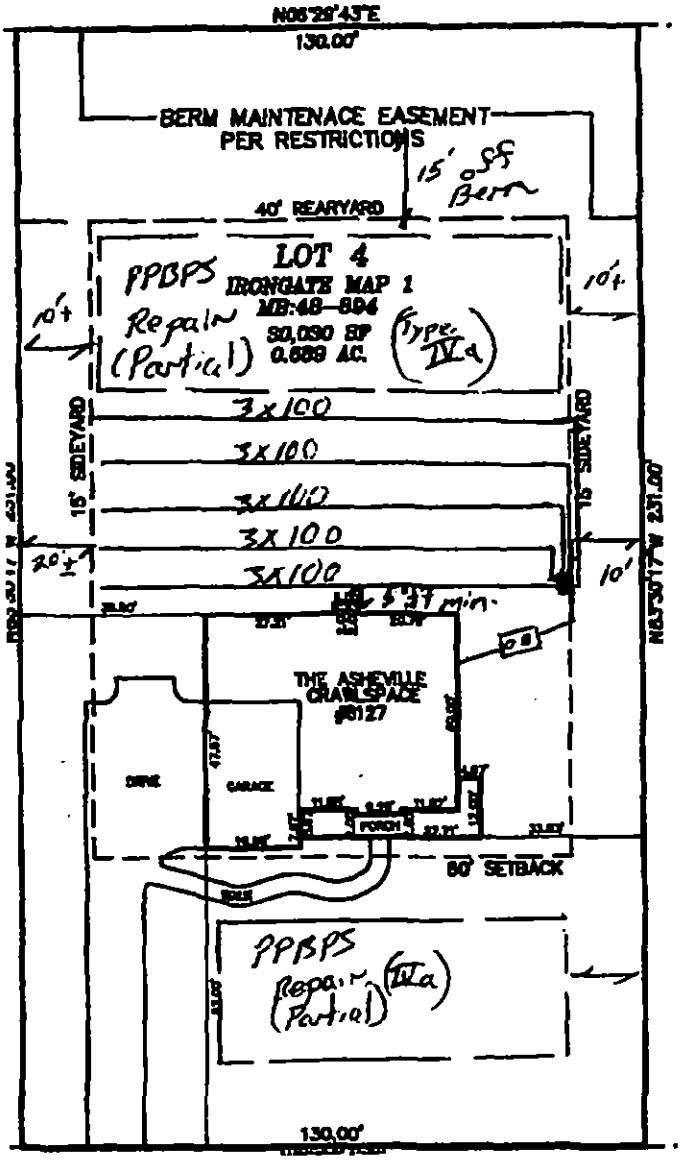
Distance from Water Supply Source: 50+ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See attached Design. OK to adjust tank location if needed. BWH 3/5/14

Comments: System Classification & Type: IIIg

DENR Authorized Agent: Bradley W. Hallman Signature: [signature]




- 5 lines
- 3x100
- 25% Reduction
- Trench Depth 36"

(Note utilize D-Box to provide equal distribution to all Lines)

FEE: 200.00
DATE: 4/3/2014

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

**MECKLENBURG COUNTY**
**GROUNDWATER & WASTEWATER SERVICES**

**FILE NUMBER:** 6515b

**PERMIT NUMBER:** 30006497

**PARCEL NUMBER:** 19713153

**JOB LOCATION INFORMATION**

**ADDRESS:** 8127 CALITERRA DR

**CITY:** CHARLOTTE **STATE: NC** **ZIP:** 28227

**ISSUED TO:** Knotts Development Resources Inc

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 11/5/2013

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30006497, 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: 11/5/2018

6515B

**MECKLENBURG COUNTY HEALTH DEPARTMENT**

Appt# 6497

**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:** 197-131-53

TAX PARCEL NUMBER: ~~197-131-05~~

STREET ADDRESS: 2817 Calibra Dr.

CITY: Mint Hill 8127

STATE: NC ZIP: 28227

SUBDIVISION NAME: Iron Gate

LOT #: 4 LOT SIZE (acres): .75

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: 3600

NUMBER OF BEDROOMS: ~~4~~ 5

NUMBER OF OCCUPANTS: 3

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: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 1

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 ☑ 1 CONVENTIONAL ☐ ACCEPTED ☑ 2 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?** 2007 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Knotts Development Resources Inc.
ADDRESS: PO BOX 687
CITY: Pineville
STATE: NC ZIP: 28134
WORK PHONE: 704 542 5486
MOBILE PHONE: 704 575 9211
FAX: 704 542 2703
E-MAIL: TerryK@Knottsdevelopment.net

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____



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

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
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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 #: 30006497 GWS File #: 6515b Tax Parcel #: 197-131-53

- 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):** 11/5/2018

Type of Installation: Residential - Modified Plot Plan Lot Number: 4

Structure Type: HOUSE Size ($ft^2$): 3600 # Bedrooms: 5 # Occupants: 3

Building Foundation: Crawl Space Water Supply: Shared Well

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

*Initial System Specifications:*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1500 | Total Trench Length (ft): | 500 |
| *Maximum Trench Depth (in):* | 36 | *Depth of Media (in):* | N/A | *Distribution Device:* | *Distribution Box* | | |

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

*Repair System Specifications:*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1500 |
| Trench Width (ft): | 2 | Trench Spacing (ft): | 6 | Absorption Area ($ft^2$): | 1000 | Total Trench Length (ft): | 333 500 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | N/A | Distribution Device: | Manifold (LPP Distri | | |

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

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

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

DENR Authorized Agent: Brad Hallman Owner/Legal Agent: Terry Knotts
Print Name

Signature: Signature:

Date Issued: 11/5/2013

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 #: **30006497** GWS File #: **6515b**

**IV. Permit Conditions/Comments:**

- This type of repair system requires the installation of a pump tank and all associated components. This *type of system will require routine inspections by our office. The system owner is responsible for all fees* associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to *perform routine inspections and maintenance on the system.*
- This type of repair system requires periodic inspections 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.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across 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 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: Brad [illegible] Owner/Legal Agent: Terry Knotts
Print Name

Signature: Signature:

Date Issued: 11/5/2013

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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 #: **30006497** GWS File #: **6515b** Tax Parcel #: **197-131-53**

- 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):** 11/5/2018

Type of Installation: Residential - Modified Plot Plan Lot Number: 4

Structure Type: HOUSE Size ($ft^2$): 3600 # Bedrooms: 5 SM # Occupants: 3

Building Foundation: Crawl Space Water Supply: Shared Well

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | LTAR (gpd/$ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1500 | Total Trench Length (ft): | 500 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | N/A | Distribution Device: | Distribution Box | | |

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

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | LTAR (gpd/$ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1500 |
| Trench Width (ft): | 2 | Trench Spacing (ft): | 8 | Absorption Area ($ft^2$): | 1000 | Total Trench Length (ft): | 333 SM 500 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | N/A | Distribution Device: | Manifold (LPP Distrl | | |

**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: Brad Hallman Owner/Legal Agent: MICAAEL
Print Name

Signature: Signature:

Date Issued: 11/5/2013

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Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30006497** GWS File #: **6515b**

**IV. Permit Conditions/Comments:**

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections 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.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.

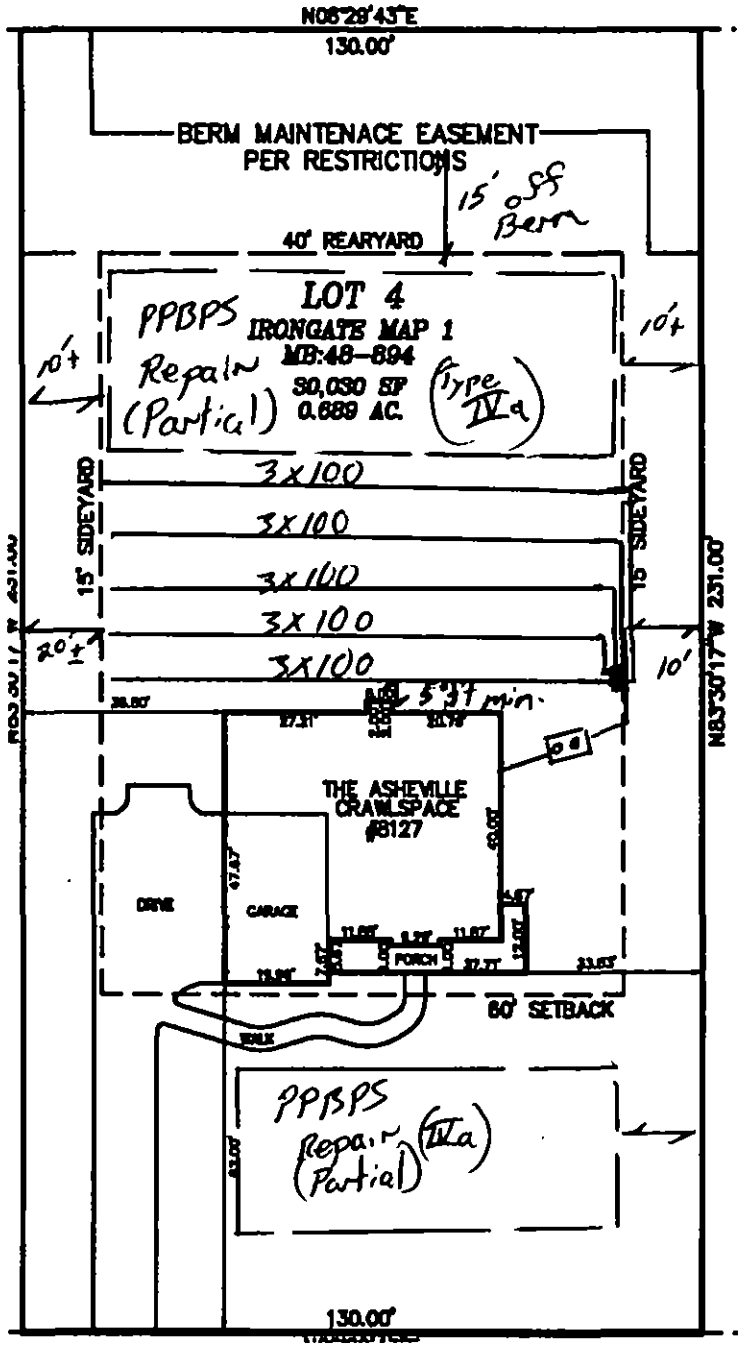
The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject 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: Brad Hallman Owner/Legal Agent:_____
Print Name

Signature:_____ Signature:_____

Date Issued: 11/5/2013




- 5 lines
- 3x100
- 25% Reduction
- Trench Depth 36"

(Note utilize D-Box to provide equal distribution to all Lines)

NOTES:

IRON PINS OR ALL CORNERS UNLESS OTHERWISE NOTED

AREAS WERE CALCULATED BY COORDINATE METHOD.

NO NGCS TRAVERSE WAS FOUND TO BE WITHIN 300'

THIS PROPERTY SUBJECT TO ANY OTHER EASEMENTS, AGREEMENTS, OR RIGHTS-OF-WAY OF RECORD.

THIS PROPERTY MAY BE SUBJECT TO WETLANDS REGULATIONS. INDIVIDUAL PROPERTY OWNERS NEED TO REVIEW CURRENT GOVERNMENTAL REGULATIONS PRIOR TO CONSTRUCTION

ALL LOTS ARE SUBJECT TO A 10' UTILITY EASEMENT ALONG SIDE AND REAR PROPERTY LINES.

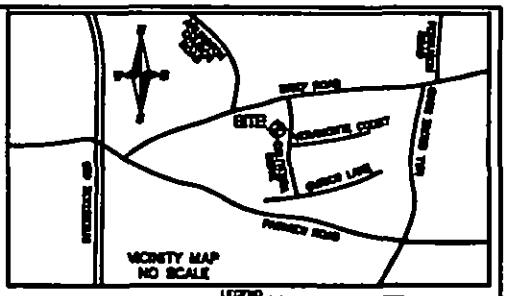
PIPE SYSTEMS AND OPEN CHANNELS WITH PUBLIC STORM DRAINAGE EASEMENTS ARE THE MAINTENANCE RESPONSIBILITY OF THE PROPERTY OWNER OR IT'S ASSIGNS.

THIS PROPERTY DOES NOT LIE WITHIN A FEMA FLOODPLAIN PER FEMA FIRM PANEL 3710855300J 03-03-2009.

THE PURPOSE OF THE STORM DRAINAGE EASEMENT (SDE) IS TO PROVIDE STORM WATER CONVEYANCE. BUILDINGS ARE NOT PERMITTED IN THE EASEMENT AREA, ANY OTHER OBJECTS WHICH IMPEDE STORM WATER FLOW OR SYSTEM MAINTENANCE ARE ALSO PROHIBITED.

THIS PROPERTY MAY BE SUBJECT TO A DECLARATION OF CONDITIONS, CONDITIONS AND RESTRICTIONS APPLICABLE TO IRONGATE WHICH WOULD BE RECORDED IN THE MECKLENBURG COUNTY REGISTRY OF DEEDS.

"I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 28287, page 592); that the boundaries are correctly indicated as shown from information in Map Book 46, page 694; that the ratio of precision or positional accuracy is 1:10,000; and that this map meets the requirements of the Standards of Practice for Land Surveying in North Carolina (21 NCAC 56, 1600)." This 30 day of OCTOBER, 2013.




PROJECT INFORMATION

ZONING - R

| | |
|---|---|
| MIN. FRONT SETBACK | 60' |
| MIN. SIDEYARD | 15' |
| MIN. CORNER SIDEYARD | 30' |
| MIN. REARYARD | 40' |
| MIN. LOT AREA | 30,000 SF |
| MIN. LOT WIDTH | 130' |

*REFER TO ZONING ORDINANCE FOR POSSIBLE ADJUSTMENTS TO THESE MINIMUM DIMENSIONS.

LEGEND

AC - ACRE
MBK - MAP BOOK
R/W - RIGHT OF WAY
SF- SQUARE FEET

BEARINGS BASED ON MB:46-694

MINT HILL ATHLETIC ASSOCIATION, INC. DEED:5822-648

NORTH 130.00'

BERM MAINTENACE EASEMENT PER RESTRICTIONS

40' REARYARD

LOT 4
IRONGATE MAP 1
MB:46-694
80,030 SF
0.869 AC.

15' SIDEYARD

15' SIDEYARD

LOT 5
IRONGATE MAP 1
MB:46-694

LOT 3
IRONGATE MAP 1
MB:46-694

THE ASHEVILLE GARAGE #8127

60' SETBACK

SOUTH 130.00'

CALITERRA DRIVE
EXISTING 60' PUBLIC R/W

NORTH CAROLINA PROFESSIONAL SEAL L-3954 LAND SURVEYOR JOSEPH E. WHALEY JR.

10-30-13

GRAPHIC SCALE

40 0 20 40 80

1 inch = 40 ft.

MAP FOR

PLOT PLAN FOR
KNOTTS DEVELOPMENT

| SCALE | TOWNSHIP | COUNTY | STATE | DATE |
|---|---|---|---|---|
| 1" = 40' | CLEAR CREEK | MECK. | N.C. | 10/30/13 |

8127 CALITERRA DRIVE
LOT 4 OF IRONGATE MAP 1

| DRAWN | CHECKED |
|---|---|
| YWH | |

YARBROUGH-WILLIAMS & HOULE, INC.
730 WINDSOR OAK COURT CHARLOTTE, NC. 28273
704-556-1990 NCBELS LICENSE # C-0475

JOB NUMBER 13-1071
SHEET NUMBER 1 OF 1

# PROPOSED PLOT PLAN

1" = 50'

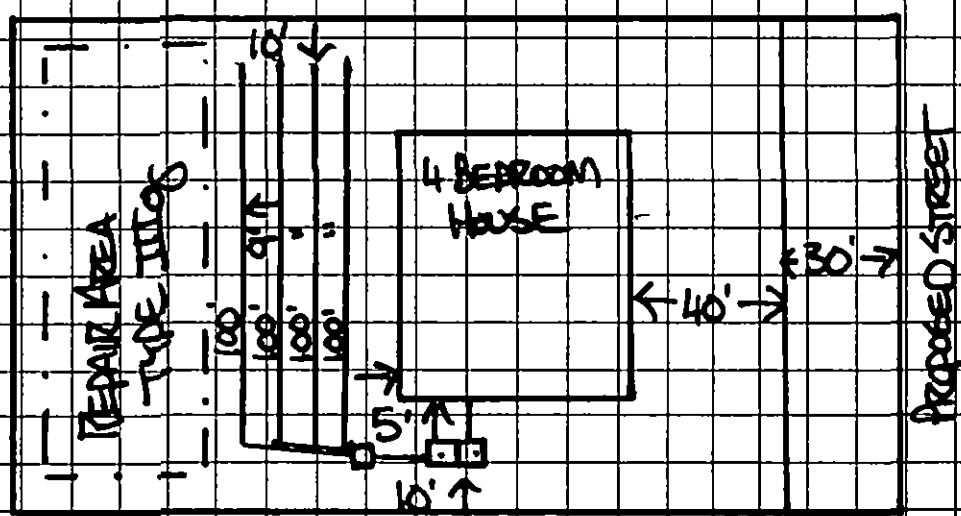
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

JOE COLLINS / BRIERFD.
LOT # 33

FILE: 65158

TC: PO 147-131-05

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




- SEPTIC SYSTEM DESIGN FOR A 4 BEDROOM HOUSE
- 480 GPD MAX W.W. FLOW
- LTAR = 0.3 GPD/FT²
- INNOVATIVE, 25% REDUCTION TYPE III
- INSTALL 4 LINES @ 100' EA LEVEL ON CONTOUR ON 9' CTR.
- 1500 GAL ST
- D-BOX

TYPE III REPAIR AREA

SETBACKS:
→ 10' FROM PROPERTY LINE
75' FROM HOUSE

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

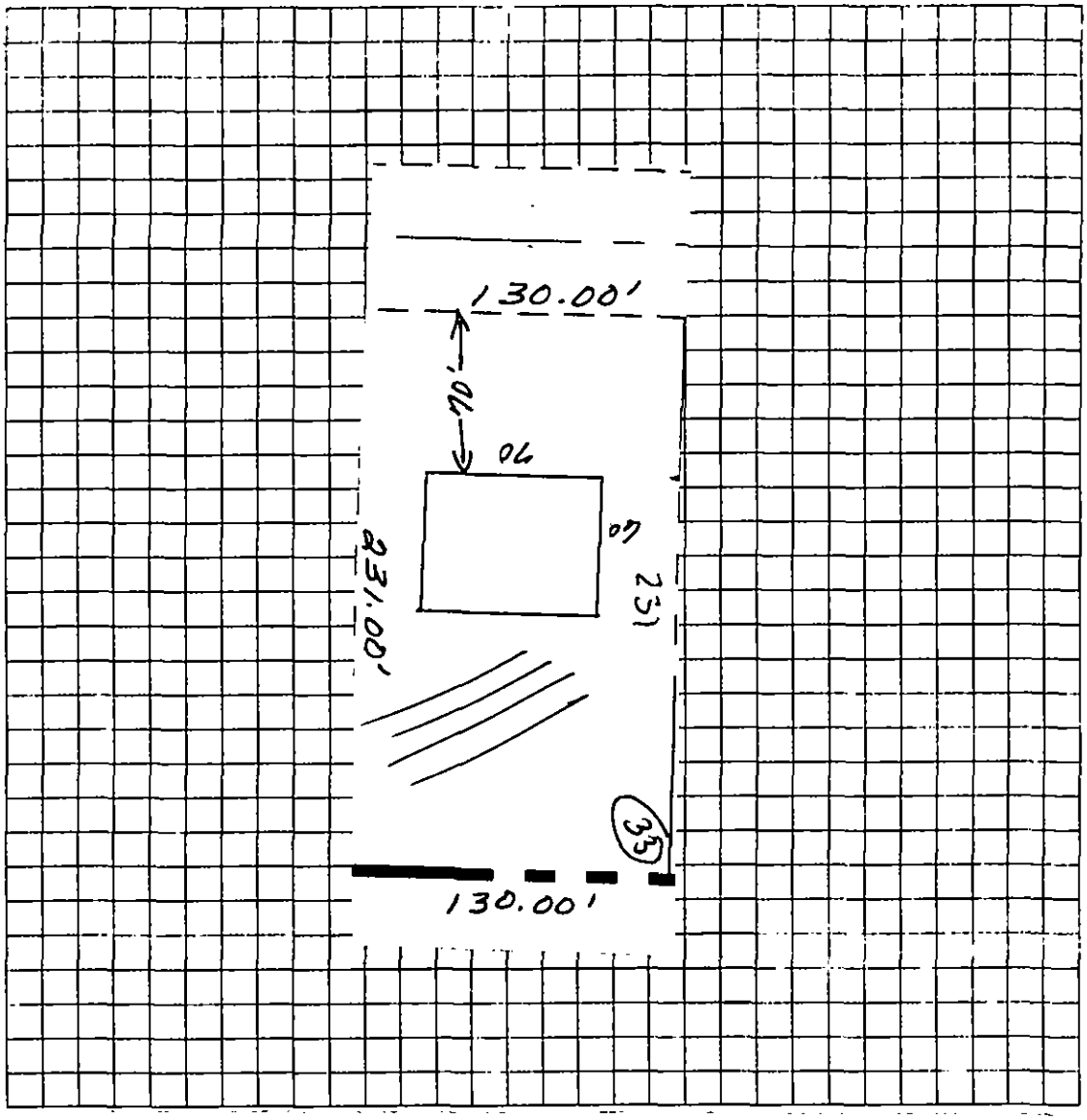
White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

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 # 65153
Date_____

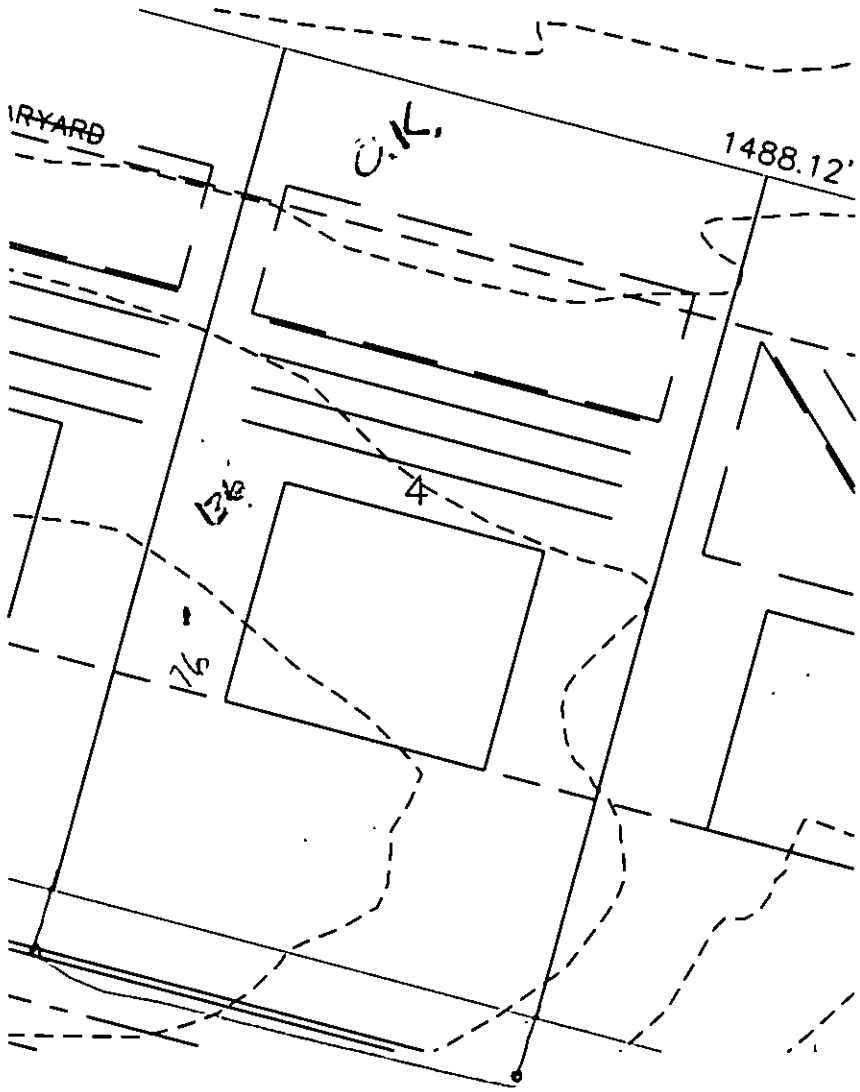
## PROPOSED PLOT PLAN

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 |

LBC 12/15/04


IRYARD
U.K.
1488.12'
4

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

Sheet: 1 of 2
Property ID: PO 197-131-05
Lot #: 33
File #: 6515B
Code: 1

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Angela B. Page
Applicant: J. Scot Collins
Address: 9900 Brief Road, Charlotte, N. C 28227
Date Evaluated: 6/13/06
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .69a
Location of Site: 9820 Brief Road
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 | OTHER PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS, 8 | 0-6 | GR/CL | FR/SEXP/SS/SP | >32" TO SOIL WETNESS | 32 | N/A | NONE | US, IV |
| | | 6-32 | SBK/ABK/C | FI/SEXP/S/P | | | | | .275GPD/FT$^2$ |
| 2 | " | 0-5 | GR/CL | FR/SEXP/SS/SP | >43" TO SOIL WETNESS | 43 | " | " | PS, IV |
| | | 5-29 | SBK/ABK/C | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
| | | 29-43 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 3 | " | 0-4 | GR/CL | " | >48" TO SOIL WETNESS | 48 | " | " | " |
| | | 4-32 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| | | 32-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 4 | " | 0-5 | GR/CL | " | >46" TO SOIL WETNESS | 46 | " | " | " |
| | | 5-31 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| | | 31-46 | SBk/CL | FR/SEXP/SS/SP | | | | | |
| 5 | | 0-18 | cl | ss/sp/fr-fi/sexp | >48 sap inclusions noted @ 18+ | 48 | N/A | N/A | PS. .3 |
| | | 18-48 | c | ss/sp/fi-fr/sexp | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | IIIg | IVa |
| Site LTAR | .3GPD/FT$^2$ | .3GPD/FT$^2$ |

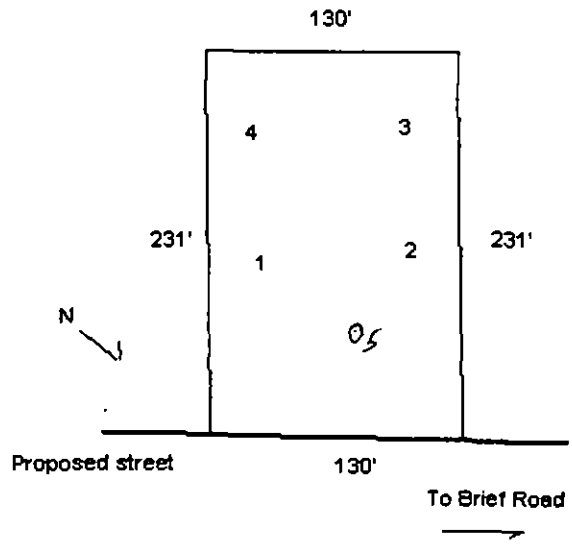
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 6/14/2006. W. R. Marlin
Others Present:

**COMMENTS:**
100% repair

| Landscape Position | Group | Texture | .1955 LTAR | Structure |
|---|---|---|---|---|
| R-Ridge | I | S-Sand | 1.2 - 0.8 | SG-Single Grain |
| SS-Shoulder Slope | | LS-Loamy Sand | | M-Massive |
| LS-Linear Slope | | | | CR-Crumb |
| FS-Food 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**



#833

GWS – RES. APP 07/05

SEPTIC FEE: 200.00
DATE: 5/15/06
CRT [ ]
JC

**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 # 65158

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 #: Portion of 19713105
STREET ADDRESS: 9820 Brief Road
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME: Undecided
LOT #: 33
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: n/a
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: n/a

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: Angela B. Page
ADDRESS: 9900 Brief Road
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 704.545.6375 WORK PHONE:
MOBILE PHONE: FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: J. Scot Collins
ADDRESS: 1101 Lester Mullis Road
CITY: Indian Trail
STATE: NC ZIP: 28079
HOME PHONE: 704.248.8493 WORK PHONE: 704.641.4470
MOBILE PHONE: FAX: 704.753.5898

**WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** n/a
**WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** within 30 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.

J Scot Collins 5/15/06
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