FEE: 160 (or cut x37557)
DATE: 11/30/09
CRT # 1

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 61933

TYPE APPLCATION: pw. 4455

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: Urban Building Group
ADDRESS: 342 Circle Ave
CITY: Charlotte
STATE: NC ZIP: 28207
PHONE: 704 - ~~58~~ 307-4606
ALTERNATE PHONE: 704 589-4627

PROPERTY OWNER:
NAME: Samuel & Karen Franklin
ADDRESS: 4030 Lochfoot Dr
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: 704 - 975-1511
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 113-281-10
STREET ADDRESS: 4030 Lochfoot Dr
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT #: 36 Sec 36 1970

WATER SUPPLY:
- ☐ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☒ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
- ☒ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE: Existing bedroom to be converted to office
- ☒ BEDROOM
- ☒ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
- ☐ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☐ OTHER

*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.

Susan Harris — Owner's/Agent's Signature
11/30/09 — Date

*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1-YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

Approval for bedroom conversion / residence to remain a 2 bedroom house / use existing system

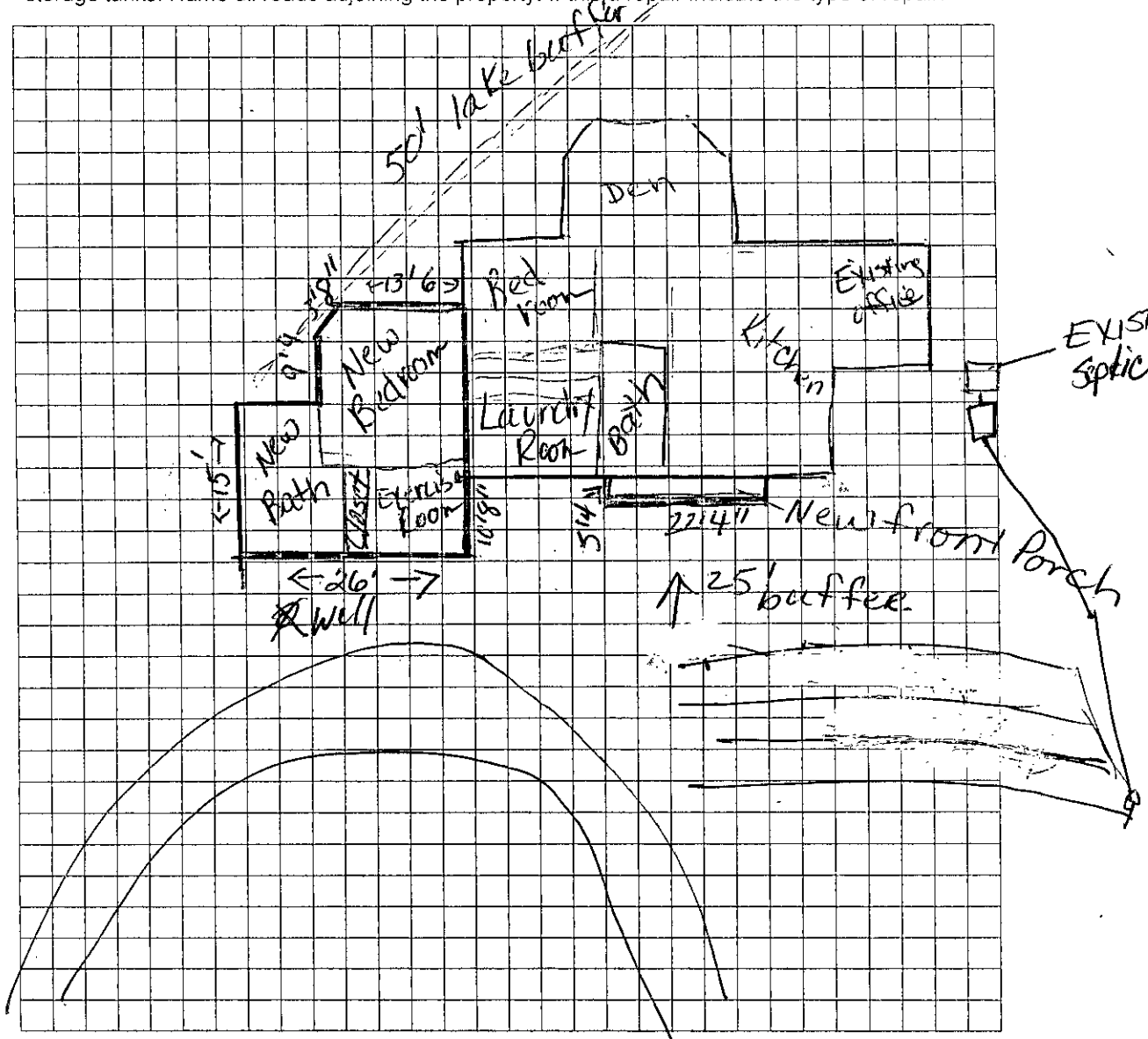
Phila Walker RS — EHS Signature
12/4/09 — Date

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	Susan Harris
Date	11-30-09

LBC 12/15/04

3810# Chris S.

FEE: 100.00
DATE: 8-18-08
CRT I Charged-X31514

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 6193B

TYPE APPLCATION:

- [X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- [ ] ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: Rick West
ADDRESS: P.O. Box 990 Concord
CITY:
STATE: NC ZIP: 28026
PHONE: 704-363-0668
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: Samuel L Franklin
ADDRESS: 4030 Loch Foot Dr.
CITY: Charlotte NC. 28277
STATE: NC ZIP:
PHONE: 704-675-1474
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 113281 10
STREET ADDRESS: 4030 Loch Foot Dr.
CITY: Charlotte
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

- [X] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [ ] 7-MINT HILL

WATER SUPPLY:

- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- [X] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- [X] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [ ] OTHER

*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: 8-18-08

*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

[ ] ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

OK TO USE EXISTING SYSTEM

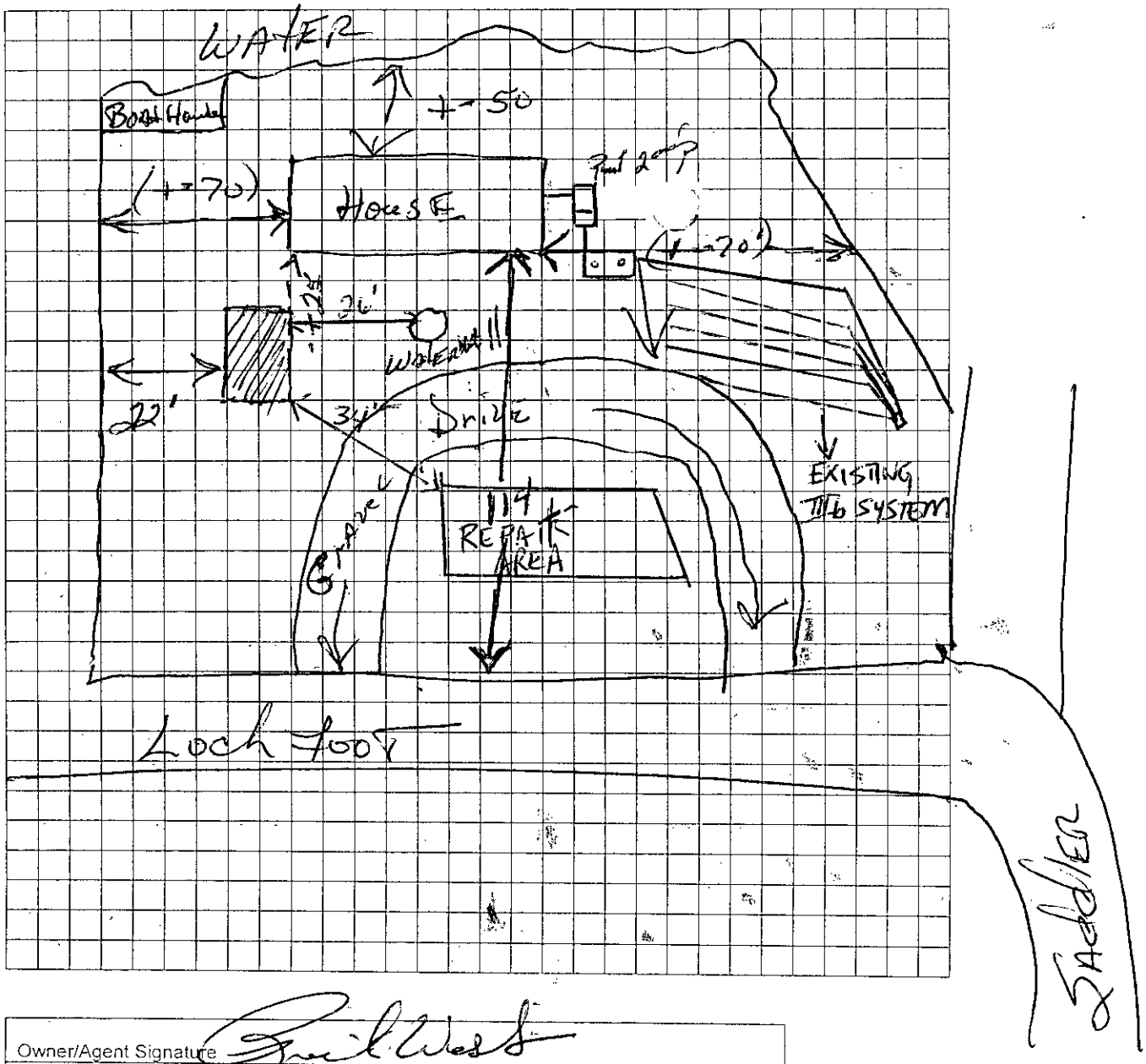
EHS Signature — Date: 8/19/08

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	Emil West
Date	8-18-08

LBC 12/15/04

1657

GWS – RES. APP 07/05

SEPTIC FEE: 200.00
DATE: 11/21/06
CRT [ ] UHA
X 36 208

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 # 6193 B

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 #: 113 28110
STREET ADDRESS: 4030 Lochfoot drive
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
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: 1600
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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: Sam & Karen Elliot
ADDRESS: 4030 Lochfoot Dr.
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Robert Thomas Renovation
ADDRESS: 427 E. Statesville Ave 202
CITY: Mooresville NC. 28115
STATE: NC ZIP:
HOME PHONE: 704-658-9256 WORK PHONE:
MOBILE PHONE: 704-400-8801 FAX:

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

*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.

11/10/06

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

file # 6193B

For Department Use

PERMIT #

RESIDENTIAL PLOT PLAN FOR INTERNET PERMIT APPLICATION

LOCATION/SITE DATA

4030 _____ Lochfoot Dr
Street # (N,S,E,W) Street Name (Av,Rd,St)
Project/Subdivision Name _____ Phase _____ Section _____
Lot # _____ Block # _____ Land Area (sq. ft.) _____

OWNER INFORMATION

Owner: Samuel Karen Franklin Address: 4030 Lochfoot Dr
City: Charlotte State NC Zip 28278 Phone # _____

FOR DEPARTMENT USE Tax Parcel # _____ Tax Jurisdiction _____
Zoning _____ Juris _____ Map # _____ R/W _____
Special (Circle) C D N P S Flood Plain ☐ Yes Flood Elev _____ Fire Dist. ☐ Yes
Lot: ☐ Corner ☐ Through ☐ Front Street (if different) _____
Minimum Setbacks: Front _____ Left Side _____ Right Side _____ Rear _____
Remarks: _____

PROJECT DATA

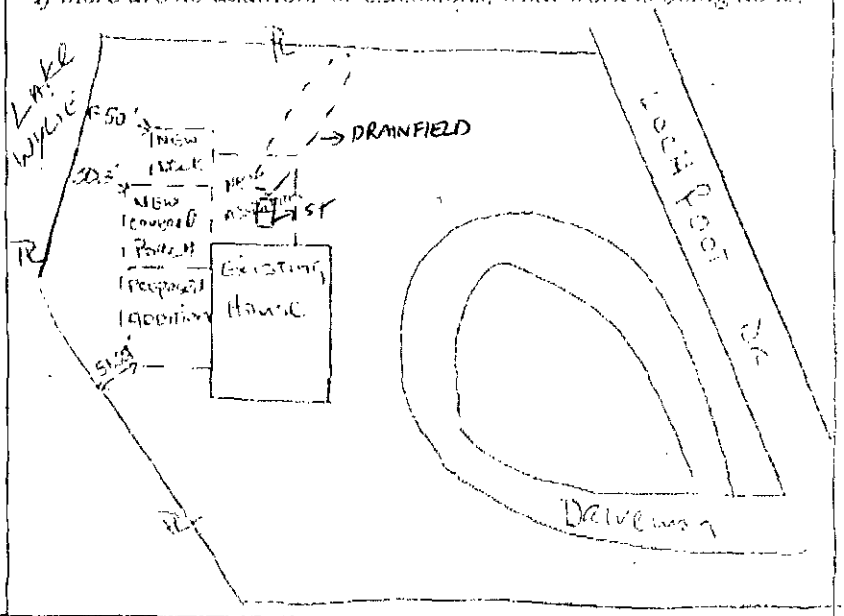
Type Work:
__New X Addition __Accessory

Project Description:
X Single Family (detached)
__Duplex __Modular
__Garage __Other _____

Area (sq. ft.):
Heated _____ Unheated _____
Deck(s) 406

Note: This plot plan must be faxed to 336-5823 before your Internet permit will be processed.

DRAW PLOT PLAN - Show what the permit is requesting.
If there are no additions or extensions, what work is being done.



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Applicant's Signature 10/9/06 Date Robert Thomas Print Applicant's Name Fax # 704-658-9277

Contractor Name Robert Thomas Renovations LLC Contractor Acct. # X 36 2037

MECKLENBURG COUNTY ENGINEERING & BUILDING STANDARDS DEPARTMENT
P. O. Box 31097, Charlotte, NC 28231-1097 • (704) 336-3803 • Fax # (704) 336-3823
Abbreviations: C = Conditional Use N = Non-Conforming S = Special Use Permit
D = Historic District P = Historic Property

For Department Use
Zoning Approved By
Initial Date

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

Sheet: 1 of 2
Property ID: 113-281-10
Lot #:
File #: 6193B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Sam and Karen Elliot
Applicant: Robert Thomas Renovations
Address: 427 E. Statesville Ave, Suite 202, Mooresville, NC 28115
Date Evaluated: 11/29/2006
Proposed Facility: Residence
Design Flow (.1949): 360 gpd
Property Size:
Location of Site: 4030 Lochfoot Drive
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 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,15	0-7	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48	NA	NA	PS,IV
		7-48	SBK/ABK/C	FI/S/P/SEXP					.3 GPD/FT^2
2	"	0-12	GR/SCL	FR/SS/SP/SEXP	"	"	"	"	"
		12-32	SBK/C	FI/S/P/SEXP					
		32-48	SBK/SCL	FR/S/P/SEXP					
3	LS,20	0-10	GR/SCL	FR/SS/SP/SEXP	>32" TO SOIL WETNESS	32	"	"	US,IV
		10-32	SBK/C	FI/S/P/SEXP					.125 GPD/FT^2/LPP
4	"	0-10	GR/SL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48	"	"	PS,IV
		2-42	SBK/ABK/C	FI/S/P/SEXP					.3 GPD/FT^2
		42-48	SBK/SCL	FR/S/P/SEXP					
5	"	0-12	GR/SL	FR/SS/SP/SEXP	>45" TO SOIL WETNESS	45	"	"	"
		12-34	SBK/C	FI/S/P/SEXP					
		34-45	SBK/SCL	FR/S/P/SEXP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III.b	IV.a
Site LTAR	.3 GPD/FT^2	.3 GPD/FT^2

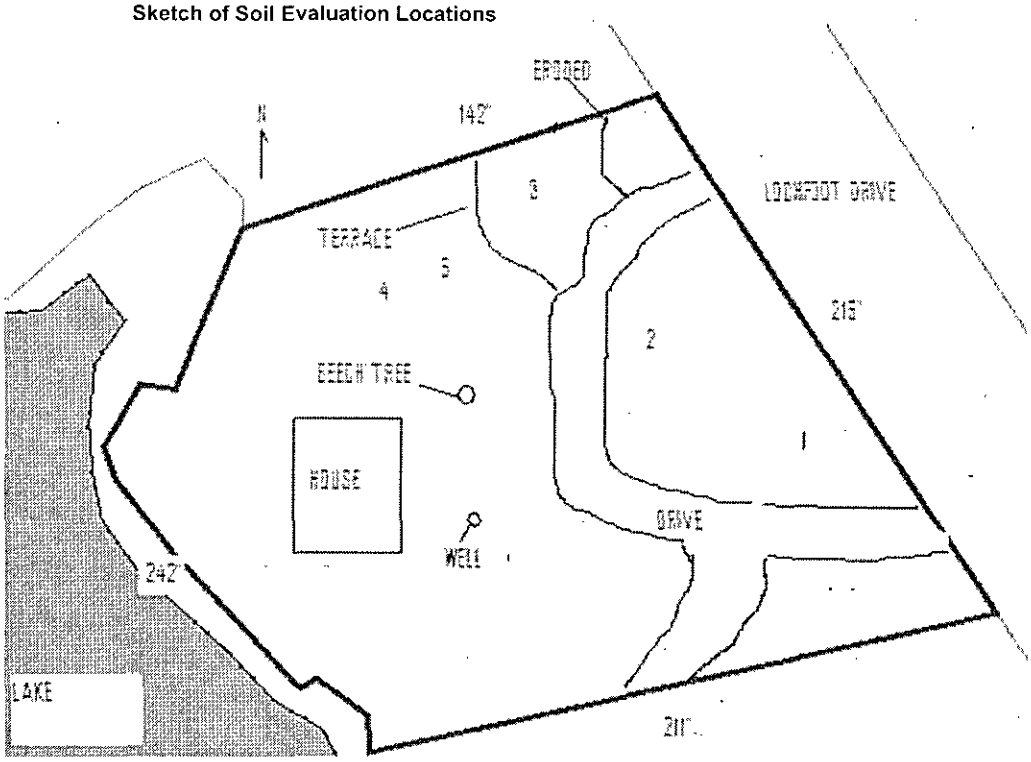
Other Factors (.1946):
Site Classification (.1948): Provisionally Suitable
Evaluated By: Chris Sherrill,RS, LSS 11/30/06
Others Present: No

COMMENTS: 100% Repair Area

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				
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	

Sketch of Soil Evaluation Locations



1" = 30'
3BR - 360 GPD
LTAR - 0.3 GPD/FT²
5 LINES @ 3' × 60'
1500 ST
1000 PT
>50' FROM WELL
>5' FROM PL
>5' FROM FOUNDATION

6193 B
113-281-10

FRANK N SITE PLAN

Christopher M Merrill

12/1/06

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ALL RIGHTS RESERVED

A | B | D

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **6193B** Tax Number: **113-281-10**

- The 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.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ *Shallow Placed Conventional*
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ *Other*
☒ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	**360** Max gallons/day wastewater flow	**1200** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	**1500** Gallon septic tank	**300** Total trench length (ft)	**30** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	**1000** Gallon pump tank	**12** Depth of media (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions:

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

1200 Absorption Area (ft^2) **200** Total trench length (ft)	**24** Depth of media (in)	**9** Trench spacing (min. on centers) (ft)	**30** Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation Approval is granted by this Department.

*** This Improvement permit is transferable.

Christopher M Shea 12/1/06

DENR Authorized Agent Date

Owner/Agent Signature Date

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

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

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

File #: 6193B Permit #: _____ Tax Parcel #: 113-281-10

Property Owner: SAM AND KAREN ELLIOTT

Job Location Address: 4030 LOCHFOOT DR.

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 12/1/06

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 1/2/07, 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: 360 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: 300 feet
# of Lines: 5 @ 60 feet
Depth of Media: 12 inches (Type) INNOVATIVE
Distribution Device: PM

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: _____ feet
Distance from Property Line: _____ feet
Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

TO BE INSTALLED IN ACCORDANCE W/ DESIGN ON FILE.

Comments: System Classification & Type: III b ; PUMP 25% REDUCTION

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

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

File #: 6193B Permit #: _____ Tax Parcel #: 113-251-10

Property Owner: SAM SAND KAREN ELLIOTT

Job Location Address: 4030 LOCHFOOT DR.

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: 2/16/07 Contractor Name: STANLEY

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: GOULDS WE0312MH

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ 60 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Depth of Cover: _____ inches

Distribution Device: D-BOX

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: 5 feet

Distance from Water Supply Source: 50 feet

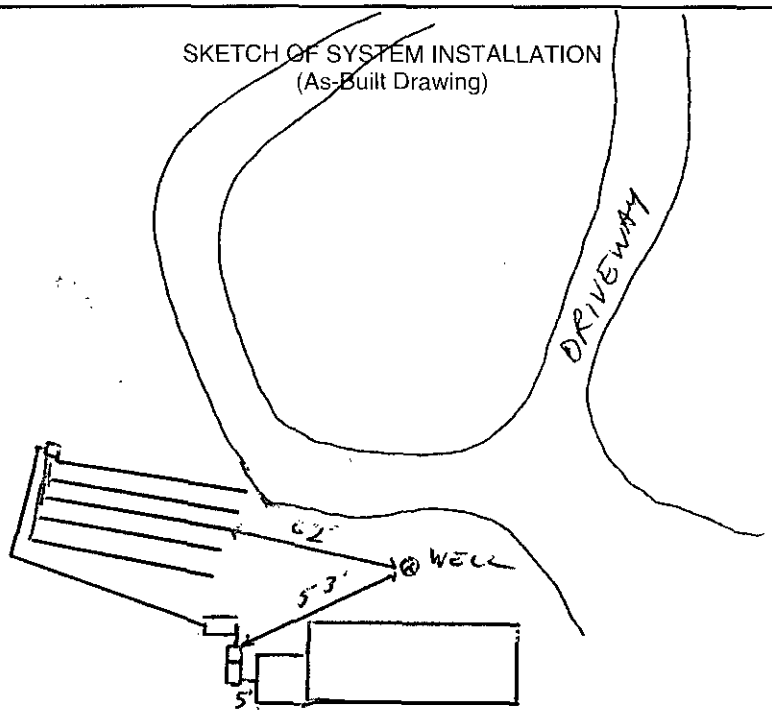
Inspection Dates

Tank(s) Inspected: 2/16/07

Excavation Inspected: 2/16/07

Pump & Controls Inspected: 2/16/07

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 PUMP 25% REDUCTION; QUICK 4 INFILTRATORS

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

#1601 CS

FEE: 100.00
DATE: 11/2/06
CK# 1 X36208 DKA

APPLICATION FOR APPROVAL TO USE AN EXISTING ON SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5100 Fax: (704) 336-5694

GWS – UFS APP 01/05

FILE #: 6193B

TYPE APPLICATION:
- [ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (X)
- [X] ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- [ ] COMMERCIAL OR INDUSTRIAL (I)

PERSON FILING APPLICATION:
NAME: Robert Thomas Renovations, LLC
ADDRESS: 427 E. Statesville Ave Ste 202
CITY: Mooresville
STATE: NC ZIP: 28115
PHONE: 704-658-9256
ALTERNATE PHONE: 704-400-8801

PROPERTY OWNER:
NAME: Sam & Karen Franklin
ADDRESS: 4030 Lochfoot Dr.
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 1137811O
STREET ADDRESS: 4030 Lochfoot Dr
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 3

TOWNSHIP:
- [X] 0-MECKLENBURG
- [ ] 4-PINEVILLE
- [ ] 1-CHARLOTTE
- [ ] 5-MATTHEWS
- [ ] 2-DAVIDSON
- [ ] 6-HUNTERSVILLE
- [ ] 3-CORNELIUS
- [ ] 7-MINT HILL

WATER SUPPLY:
- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
- [X] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [X] SUNROOM
- [X] PORCH
- [X] DECK
- [X] OTHER (office/exercise room)

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [ ] OTHER None

"The undersigned, owner, or legal agent for the owner, of the property described above on 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 11/1/06

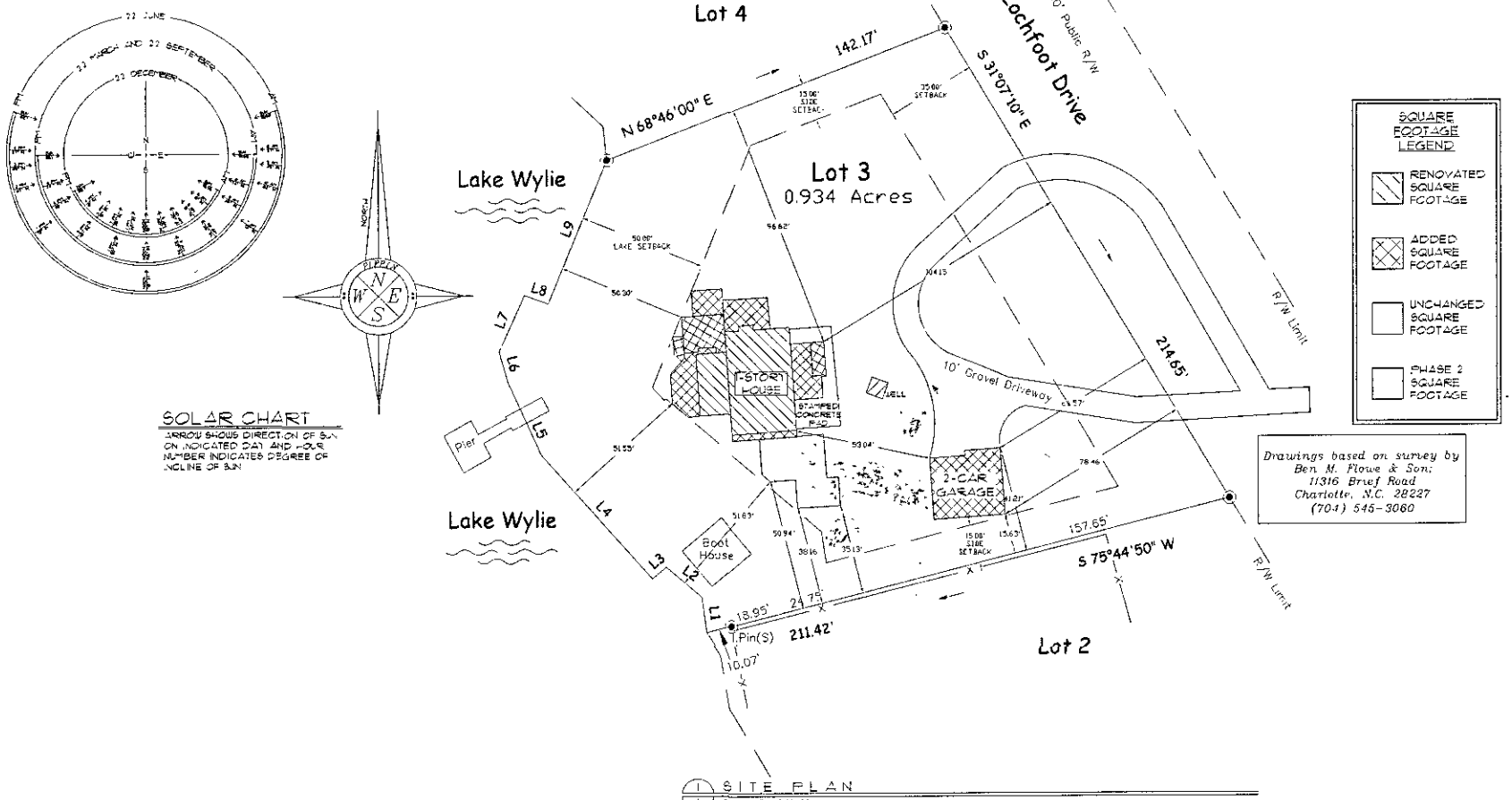
"The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.

- [ ] ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
- [ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

Use existing - denied

EHS Signature — Date 11/10/06



1 SITE PLAN
SCALE 1" = 20'-0"

PIPPIN HOME DESIGNS INC.
Professional Member, AIBD
11015 CATAWBA AVE.
CORNELIUS, NC 28031
FAX 704.895.0066
TEL 704.895.0668
www.pippinhomedesign.com

A NEW ADDITION AND RENOVATION FOR:
KAREN & BO FRANKLIN
4050 LOCHFOOT DRIVE
CHARLOTTE, NC
MECKLENBURG COUNTY
BUILDER:

PROJECT NO: 06C
DATE: JUNE 1 2006
DRAWN BY: SDU
DESIGNED BY: JBP

REVISIONS | BY

SHEET NO: 1 OF 8

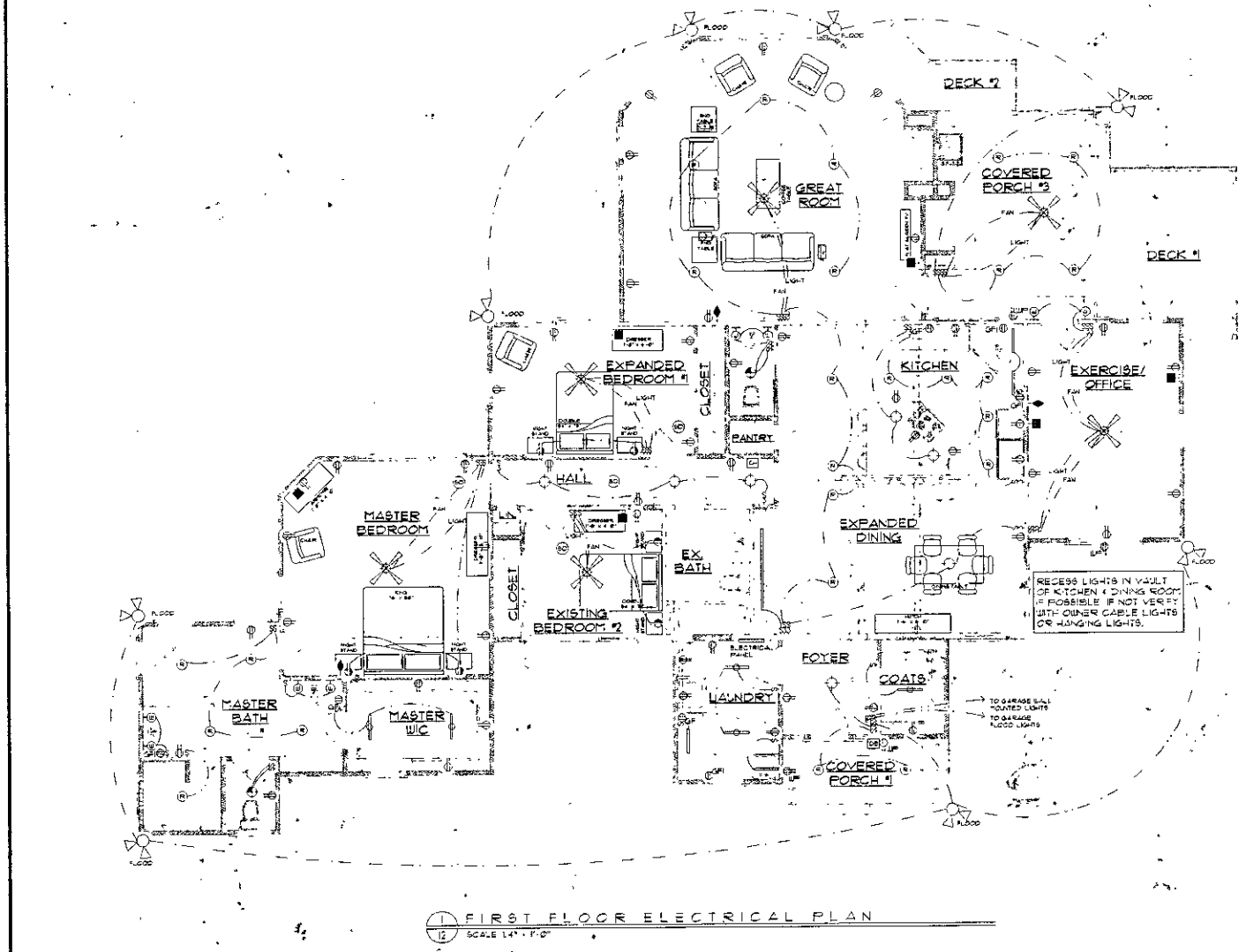
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AIBD



1/12 FIRST FLOOR ELECTRICAL PLAN

SCALE 1/4" = 1'-0"

ELECTRICAL LEGEND

- OUTLET IN BASEBOARD
- OUTLET 12" AFF
- OUTLET 42" AFF
- W/ HOT OUTLET
- DRYER OUTLET/ RANGE/OVEN/COOKTOP OUTLET
- OUTLET IN FLOOR
- OUTLET IN CEILING
- GROUND FAULT (GFI)
- WATERPROOFED OUTLET (WP)
- TELEVISION
- TELEPHONE
- SMOKE DETECTOR (SD)
- CARBON DIOXIDE (CD)
- DECORATIVE WALL LIGHT (DW)
- EXISTING RELOCATED
- DECORATIVE WALL LIGHT (DW)
- DECORATIVE CEILING LIGHT
- RECESSED LIGHT (6"D.) (2)
- RECESSED LIGHT (4" ") (3)
- RECESSED LIGHT (2" ") (1)
- EYEBALL LIGHT
- EXHAUST FAN
- EXHAUST FAN W/ LIGHT
- FLUORESCENT LIGHT
- UNDER CABINET LIGHT
- TRACK LIGHTING
- SINGLE SWITCH (S)
- 3-WAY SWITCH (S3)
- 4-WAY SWITCH (S4)
- CEILING FAN
- CEILING FAN W/ LIGHT
- FLOOD LIGHTS W/ MOTION DET.
- THERMOSTAT (T)
- GARAGE DOOR BUTTON (GB)
- DOOR BELL BUTTON (DB)
- DOOR BELL CHIME (DC)
- SIMPLE CEILING FIXTURE
- STEP LIGHT (SL)
- RECESSED LIGHT T/W (3") (R)
- LANDSCAPE WIRE (LW)
- ELECTRICAL PANEL (EP) (E.P.)

NOTE

1. ALL ELECTRICAL TO COMPLY WITH THE NATIONAL ELECTRIC CODE AND LOCAL BUILDING STANDARDS
2. VERIFY ELECTRICAL PLAN WITH OWNERS
3. VERIFY ANY ADDITIONAL ELECTRICAL CHANGES WITH OWNER

PIPPIN HOME DESIGNS INC.
2936 CATAWBA AVE.
CORNELIUS, NC 28031
FAX 704 895-3016
704 975-8960
www.pippinhomedesigns.com

NCBDC

RE

A NEW ADDITION AND RENOVATION FOR:
KAREN & BO FRANKLIN
4230 LOCHFOOT DRIVE
CHARLOTTE, NC
MECKLENBURG COUNTY
BUILDER:

PROJECT NO.	0662
DATE	JUNE 1, 2006
DRAWN BY:	EDJ
DESIGNED BY:	JBP

REVISIONS	BY

SHEET NO 12 OF 6

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AIBD

1200 x 5
7,250

140 A
TON

Blacktop 8200

150
10 Min

Concrete 5x8 (4) 25 (yard.)

1200 x 42"
2" Blacktop

$800.00 (1) per yard
680. 3 on Mark yards

NO Engineering

2500 sq
feet at e Fence

8200 Blacktop - 1200x42"
140 A TON white there
150 A TON 10 yard Minimum

2500

7500 cut e Fence
$600 A yard.
1000 per yard. #1
680- per 3 yards

4'
50.
$1200
5000
$6500
40 days