7846B MECKLENBURG COUNTY HEALTH DEPARTMENT APP# 7353

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ◉ SEPTIC ONLY ○ WELL ONLY ○ SEPTIC & WELL
◉ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: NELSON S. LEA
ADDRESS: 13225 FARRINGTON OAKS DR (Farrington Oaks)
CITY: MINT HILL
STATE: NC ZIP: 28227
PHONE: 704 506 9858
ALTERNATE PHONE:
E-MAIL: LEACON GROUP@GMAIL.COM

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: BRENDEN ZENIF (ZENI)
ADDRESS: 13225 FARRINGTON OAK
CITY: MINT HILL
STATE: NC ZIP: 28227
PHONE:
ALTERNATE PHONE: 704 506 9858
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 19521311
STREET ADDRESS: 13225 FARRINGTON
CITY: MINT HILL
STATE: NC ZIP: 28277

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 132

WATER SUPPLY:
◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
◉ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

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

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ◉ DECK ☐ OTHER

ADDITION/RENOVATION 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.

Owner's/Agent's Signature

3/24/15
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

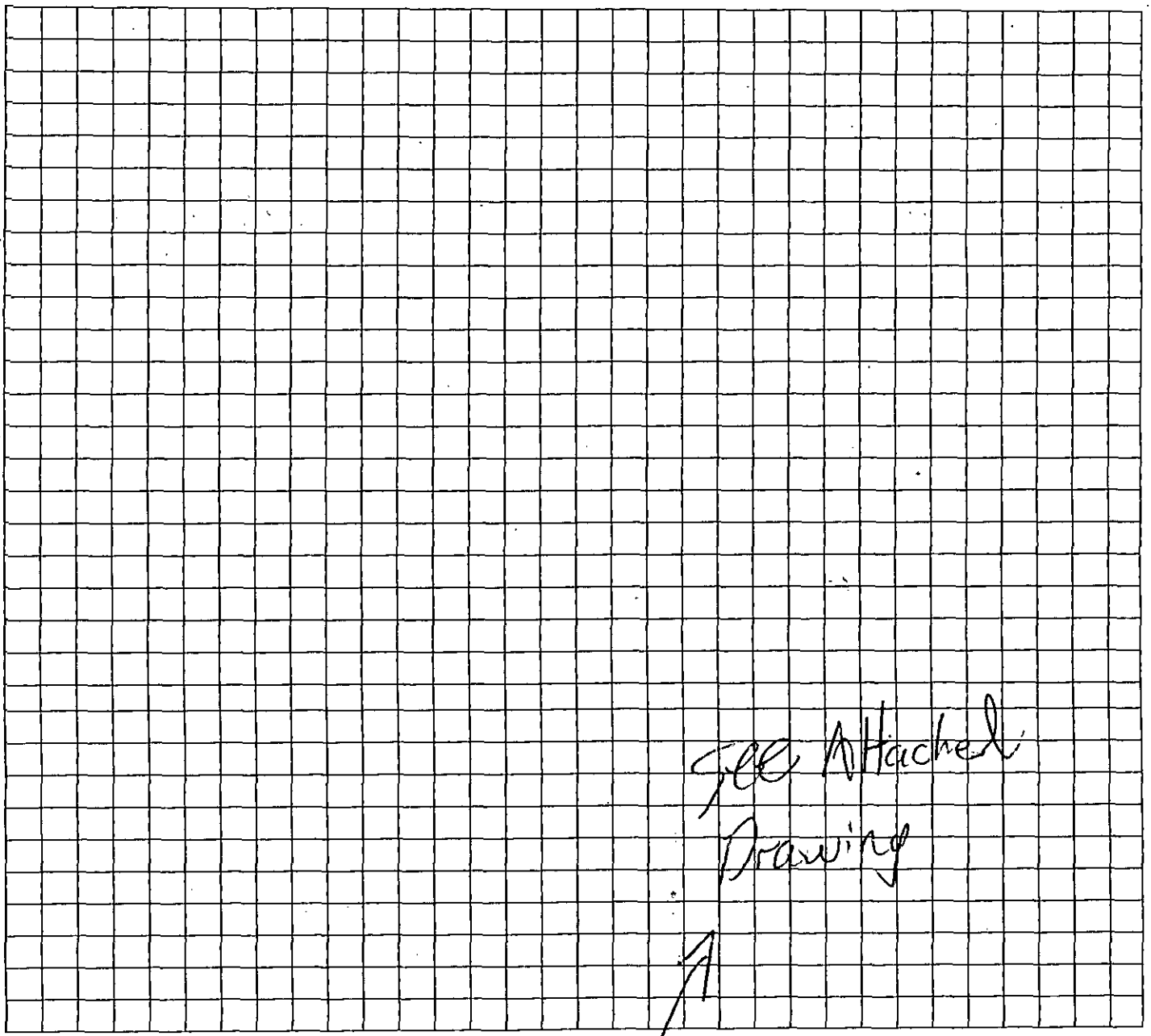
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 13225 FAIRINGTON CIR Tax Parcel #: _____



*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 and Water Supply Wells 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 date
- Mobile home exchange approval valid 6 months from issuance date

Approved. Deck was altered to maintain 5' ft min setback from we

REHS Signature 3/27/15 Date

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

Revised on: 01/03/11

Brad Hallman



NORTH CAROLINA PROFESSIONAL SEAL L-4530 LAND SURVEYOR JOHN D. LOWERY

LOT 74

LOT 75

HATCHED AREA CONTAINS:
35' SWIM BUFFER
15' UPLAND ZONE
20' STREAMSIDE ZONE
10' STORM DRAIN EASEMENT

IPF

S 28°09'42"E 138.13'

40' RY

100' UNDISTURBED

SDE

20' S

LOT 132
45552 SF
FFE=689.70

S 72°21'33"W 352.32'

N 72°21'33"E 388.26'

LOT 131

LOT 133

ED
HVAC

TWO STORY
BRICK/FRAME
FFE=713.4

20' SDE

50' FY

ELEVATIONS
(A) 710.2
(B) 709.2
(C) 708.2
(D) 707.2
(E) HVAC=708.2
FFE=713.4
CRAWL=708.2

IPF (A)

CL

IPF (B)

FAIRINGTON OAKS DRIVE

60' PUBLIC R/W

LINE	BEARING	DISTANCE
L1	N 17°38'27"W	64.67'

CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C1	9°53'56"	380.00'	65.65'	32.91'	65.57'	N 22°35'25"W

NOTE: O.E. UTILITIES IN AREA SERVING OTHER PROPERTIES
THIS PROPERTY SUBJECT TO ANY EASEMENTS AND OR RIGHT OF WAYS OF RECORD
SEE RECORD PLAT FOR FURTHER NOTES.

IPF	IRON PIN FOUND
IPS	IRON PIN SET
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SDE	STORM DRAIN EASEMENT
SY	SIDE YARD SETBACK
FFE	FINISHED FLOOR ELEVATION
FPE	FLOOD PROTECTION ELEVATION

PHYSICAL SURVEY

OF

11325 FAIRINGTON OAKS DRIVE

LOT 132 OF FAIRINGTON OAKS PHASE 3 MAP 2

TOWN OF MINT HILL MECKLENBURG COUNTY N.C.

PROPERTY OF BRENDEN ZENT

SCALE 1" = 60'

0 30 60 90

AREA BY COORDINATE COMPUTATION

RECORDED IN BOOK 50

AT PAGE 165

JENKINS & LOWERY PLS PA
P.O. BOX 1169
WAXHAW NC 28173
PHONE (704) 821-3350
NC FIRM # C-3167

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/24/15	**Amount:**	100.00
Receipt #:	94065	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

Account #: X48762
Contractor: LEA NELSON S
Attn:
Address: 127 STRATFORD DR
Address:
City/State/Zip: INDIAN TRAIL, NC 28079

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 13225 FAIRINGTON OAKS DRIVE		1	100.00	100.00

Stem
704 Verder
608 9967

704 516-0604
Almann

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00	1.29	129.17			

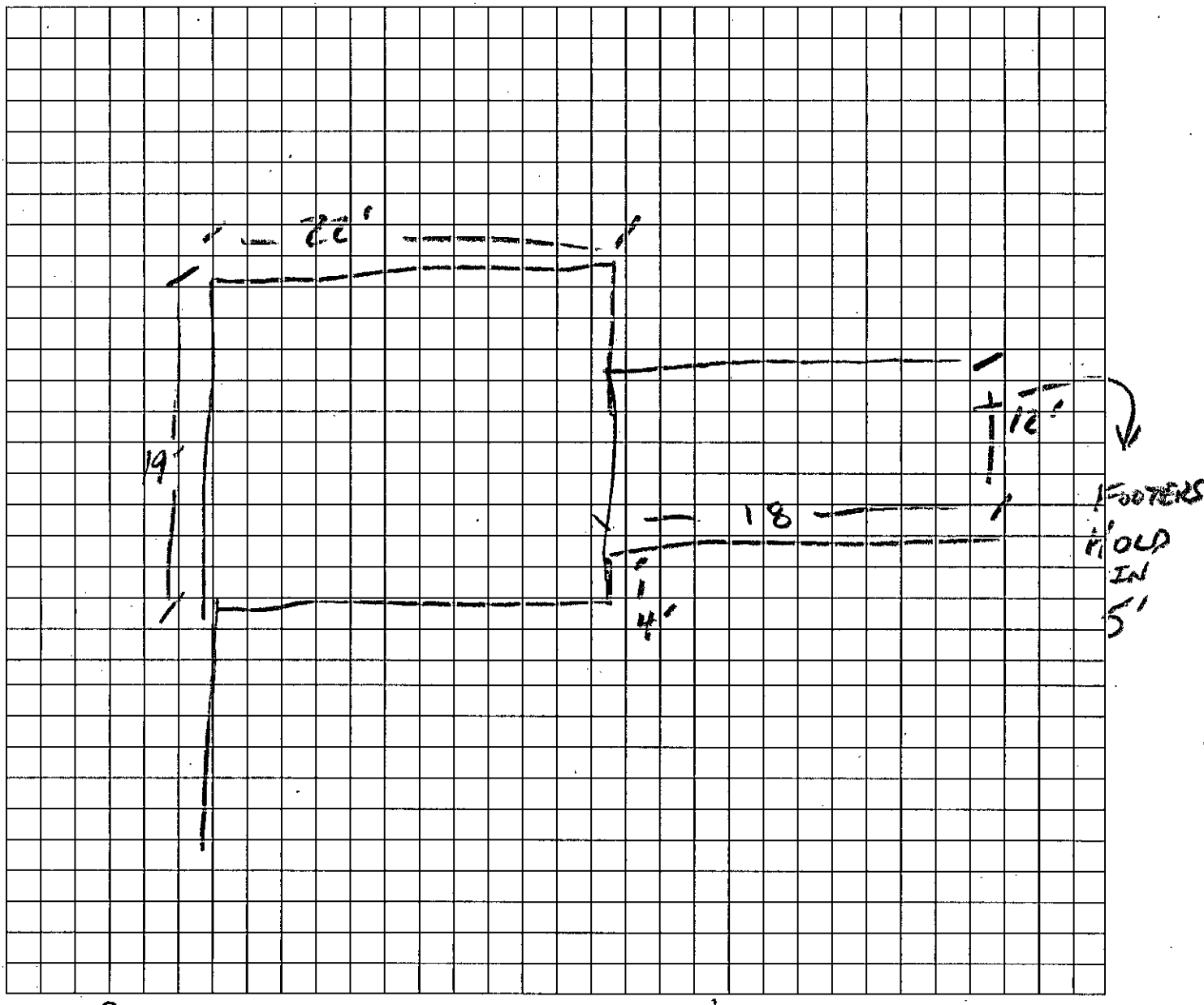
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 13225 FAIRINGTON OAKS DR. Tax Parcel #: _____

Subdivision Name: FAIRINGTON OAKS Lot #: 132



Brenda Zinn
Property Owner's or Owner's Legal Representative Signature

3/26/15
Date

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

Revised on: 12/15/10

7846

Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☐ **Use Existing** ☑ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 mrb 3/24/15 Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

Released in Posse 4/9/15 VMW

7846B MECKLENBURG COUNTY HEALTH DEPARTMENT APP# 7353

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
(●) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
( ) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: NELSON S. LEA
ADDRESS: 13225 FARRINGTON OAKS DR (Farrington Oaks)
CITY: MINT HILL
STATE: NC ZIP: 28227
PHONE: 704 506 9858
ALTERNATE PHONE:
E-MAIL: LEACONGROUP@GMAIL.COM

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: BRENDEN ZEALF (ZEAL)
ADDRESS: 13225 FARRINGTON OAK
CITY: MINT HILL
STATE: NC ZIP: 28227
PHONE:
ALTERNATE PHONE: 704 506 9858
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 19521311
STREET ADDRESS: 13225 FARRINGTON
CITY: MINT HILL
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 132

WATER SUPPLY:
(●) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(●) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

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

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☒ DECK ☐ OTHER

ADDITION/RENOVATION 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.

Owner's/Agent's Signature

3/24/15
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

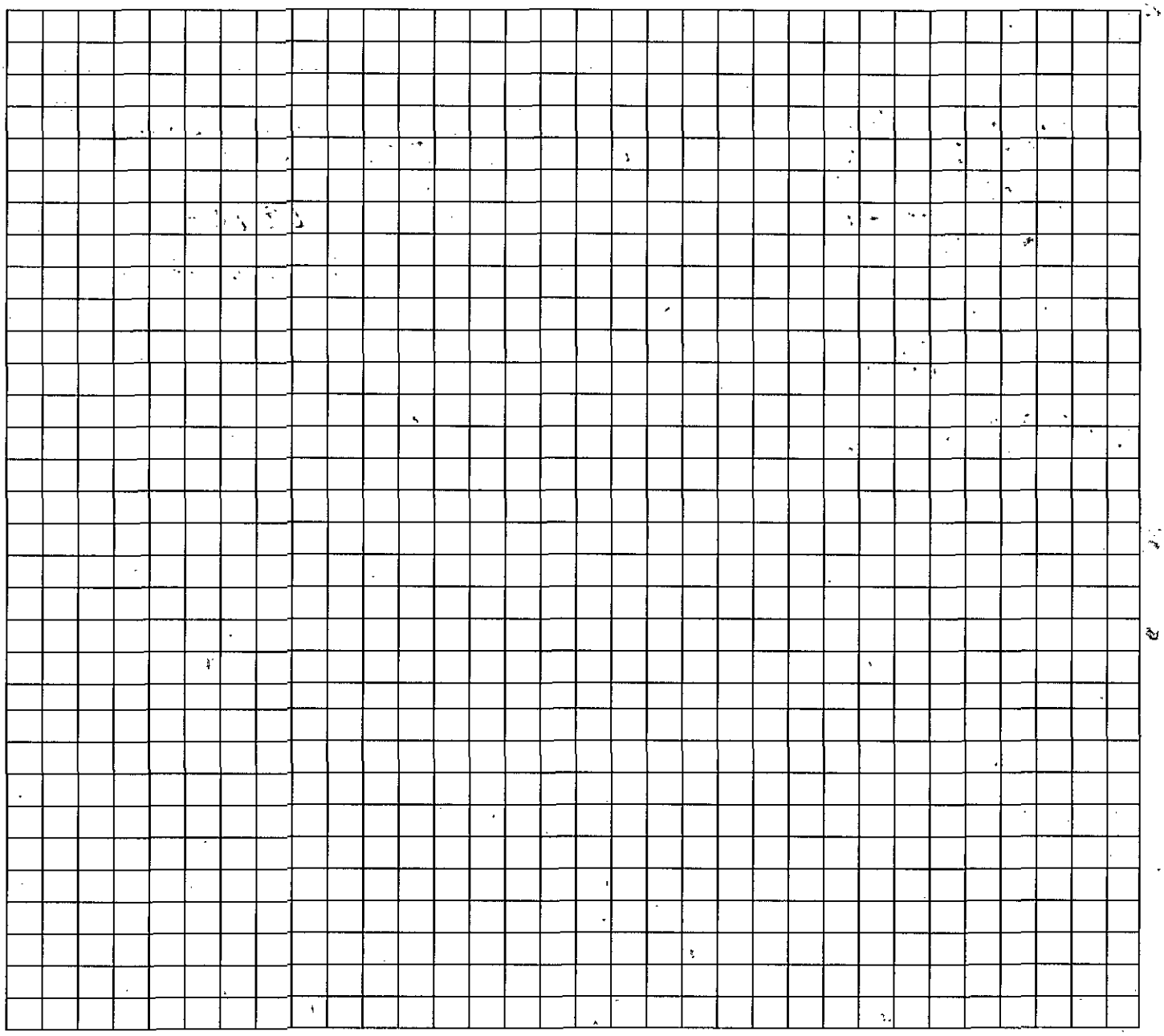
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 13225 FARRINGTON OAK Tax Parcel #: _____



*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 and Water Supply Wells 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 date
- Mobile home exchange approval valid 6 months from issuance date

_____

_____

REHS Signature _____ Date

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

Revised on: 01/03/11

Brad Hallman



NORTH CAROLINA PROFESSIONAL SEAL L-4530 LAND SURVEYOR JOHN D. LOWERY

LOT 75

HATCHED AREA CONTAINS:
35' SWIM BUFFER
15' UPLAND ZONE
20' STREAM/LAKE ZONE
48' STORM DRAIN EASEMENT

LOT 132
45568 SF
FFE=609.70

LOT 131

LOT 133

ELEVATIONS
(A) 710.2
(B) 700.2
(C) 700.2
(D) 711.1
(E) HVAC-708.2
FFE-713.4
CRAWL-708.2

FAIRINGTON OAKS DRIVE
60' PUBLIC R/W

LINE	BEARING	DISTANCE
L1	N 12°38'22"W	64.67'

CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C1	9°53'55"	380.00'	65.65'	32.91'	65.57'	N 22°35'25"W

NOTE: U.G. UTILITIES IN AREA SERVING OTHER PROPERTIES.
THIS PROPERTY SUBJECT TO ANY EASEMENTS AND OR RIGHT-OF-WAYS OF RECORD.
SEE RECORD PLAT FOR FURTHER NOTES.

IPF	IRON PIN FOUND
IPS	IRON PIN SET
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SDE	STORM DRAIN EASEMENT
SY	SIDE YARD SETBACK
FFE	FINISHED FLOOR ELEVATION
FPE	FLOOD PROTECTION ELEVATION

SCALE: 1" = 60'
0 30 60 90

PHYSICAL SURVEY

OF

13225 FAIRINGTON OAKS DRIVE
LOT 132 OF FAIRINGTON OAKS PHASE 3 MAP 2
TOWN OF MINT HILL, MECKLENBURG COUNTY, N.C.
PROPERTY OF BRENDEN ZEHR

AREA BY COORDINATE COMPUTATION.
RECORDED IN BOOK 50
AT PAGE 155

JENKINS & LOWERY, PLLC, P.A.
P.O. BOX 1189
WAXHAW, NC 28173
PHONE: (704) 821-3350
NC FIRM # C-3162

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/24/15	**Amount:**	100.00
Receipt #:	94065	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

Account #: X48762
Contractor: LEA NELSON S
Attn:
Address: 127 STRATFORD DR
Address:
City/State/Zip: INDIAN TRAIL, NC 28079

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 13225 FAIRINGTON OAKS DRIVE		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00	1.29	129.17			

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7846B WASPS App #: 6175

Primary ES assigned to project: Jeremy Michael

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 0.3	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?	Yes ☑	No ☐	N/A ☐
.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 ☐
	Operation Permit			
.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 ☐

7846B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App #6175

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION
FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ● NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ● N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 19528111
STREET ADDRESS: 13225 Farrington Oaks Dr.
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Farrington Oaks
LOT #: 132 LOT SIZE (acres): _____
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
NUMBER OF OCCUPANTS: 6
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

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

6. WATER SUPPLY: ● MUNICIPAL ○ PRIVATE WELL ● PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ● N/A ● IRRIGATION ○ POTABLE (DRINKING WATER) ● OTHER modified

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

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

8A. RANK: 1 2 ___ ___ 3

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

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

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

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

12. PROPERTY OWNER:
NAME: True Homes
ADDRESS: 2649 Brekonridge Centre Dr
CITY: Monroe
STATE: NC ZIP: 28110
WORK PHONE: 704-238-1229
MOBILE PHONE: _____
FAX: _____
E-MAIL: mshurdivant@truehomesusa.com

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

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

MS (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Michelle Shurdivant 4.17.13

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

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Michelle Stuckey — Property Owner's or Owner's Legal Representative Signature

4.17.13 — Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 DATE FEE RECEIVED: 4/23/13

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

APPLICATION PROCESSED BY: Dus

GWS FILE NUMBER ASSIGNED: 78460

APPLICATION ID NUMBER ASSIGNED: 6175

COMMENTS:

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

Revised on: 12/15/10

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 13225 Fairington Oaks Dr. Tax Parcel #: 19521311

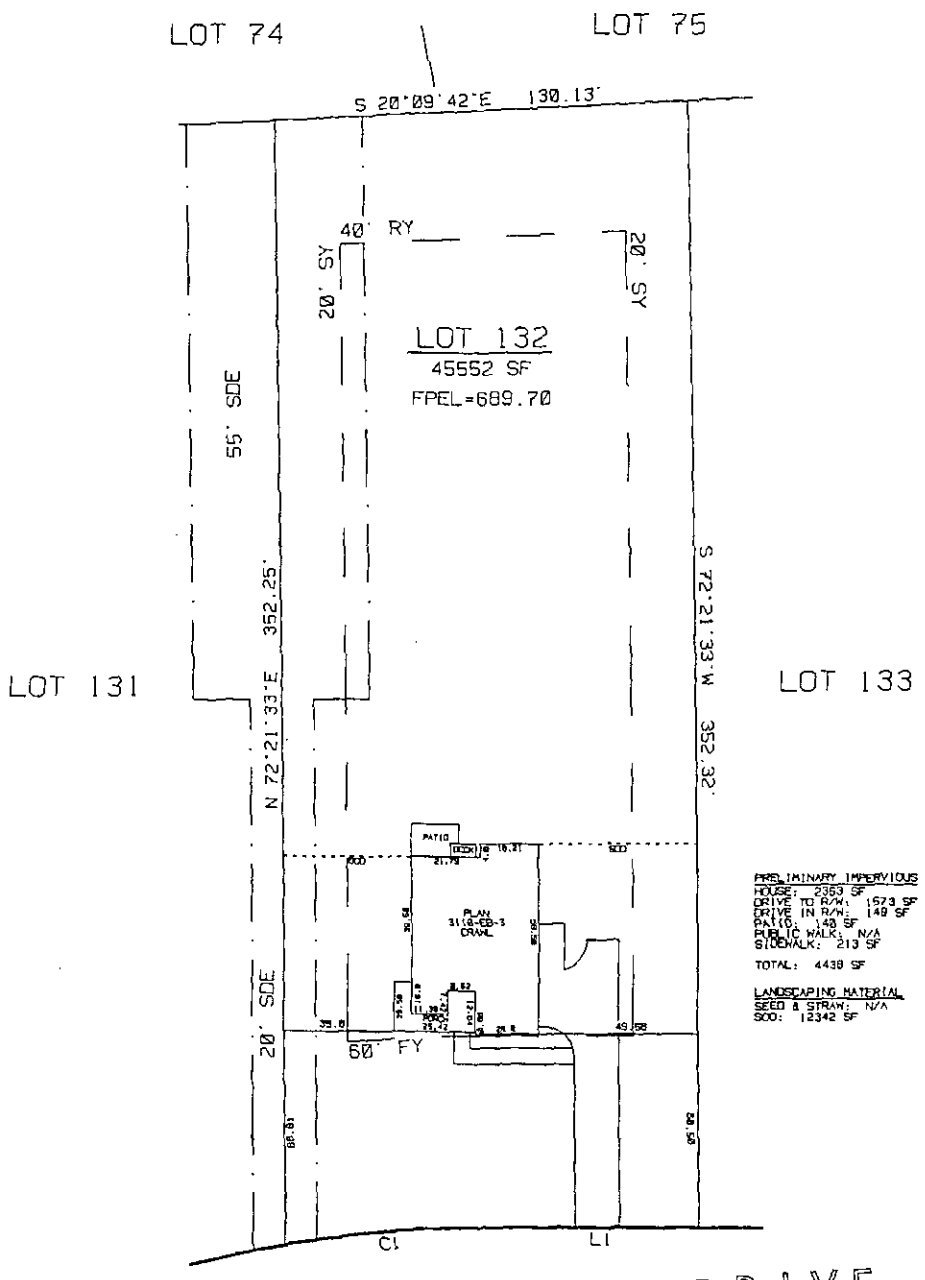
Subdivision Name: Farrington Oaks Lot #: 132

Michael Strickland 4-17-13

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

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

Revised on: 12/15/10



FAIRINGTON OAKS DRIVE

60' PUBLIC R/W

LINE	BEARING	DISTANCE
L 1	N 17°38'27"W	64.67'

CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C 1	9°53'56"	380.00'	65.65'	32.91'	65.57'	N 22°35'25"W

TRUE HOMES

PLOT PLAN

OF

13225 FAIRINGTON OAKS DRIVE
LOT 132 OF FAIRINGTON OAKS PHASE 3 MAP 2
TOWN OF MINT HILL, MECKLENBURG COUNTY, N.C.

SCALE: 1" = 60'

0 30 60 90

MAP RECORDED IN BOOK 50
AT PAGE 155

CAGEO#30
DATE: 06/04/13
DSK CA#58 FT0132
DRAWN BY: CLJ/TAJ/CLJ

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 #: 7846B Permit #: 6175 Tax Parcel #: 195-213-11

Property Owner: _____

Job Location Address: 13225 Fairington Oak Dr. Lot 132

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 10/15/13 Contractor Name: Chris Stevens

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 6 @ various feet

Depth of Media: N/A inches (Type) III g

Depth of Cover: 12" inches

Distribution Device: Drop Box

Inspection Dates

Tank(s) Inspected: 10/15/13 STB PIT 515 (5/13/13

Excavation Inspected: 10/15/13

Pump & Controls Inspected: N/A

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 _____

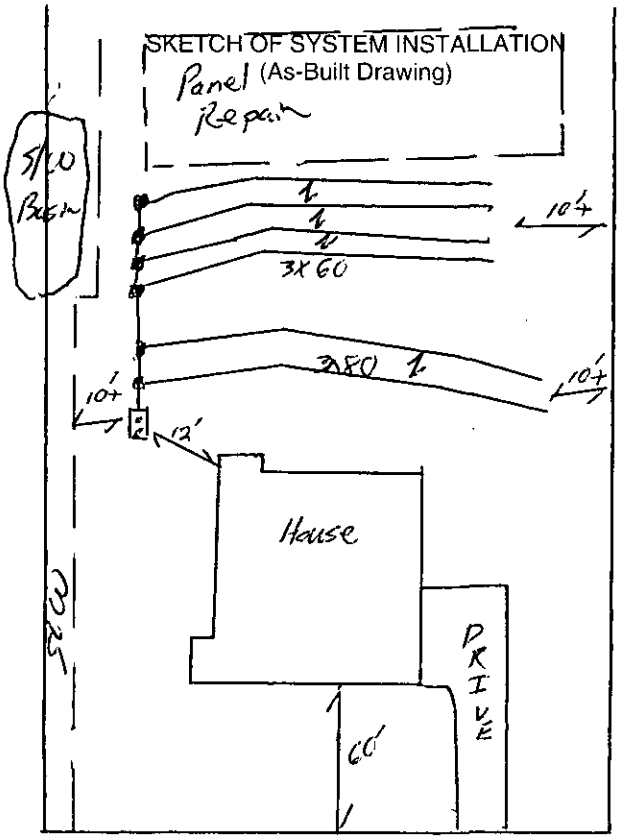
System Installation Setbacks

Distance from Building Foundation: 5+ feet

Distance from Property Line: 10+ feet

Distance from Water Supply Source: 10+ feet

SKETCH OF SYSTEM INSTALLATION (As-Built Drawing)

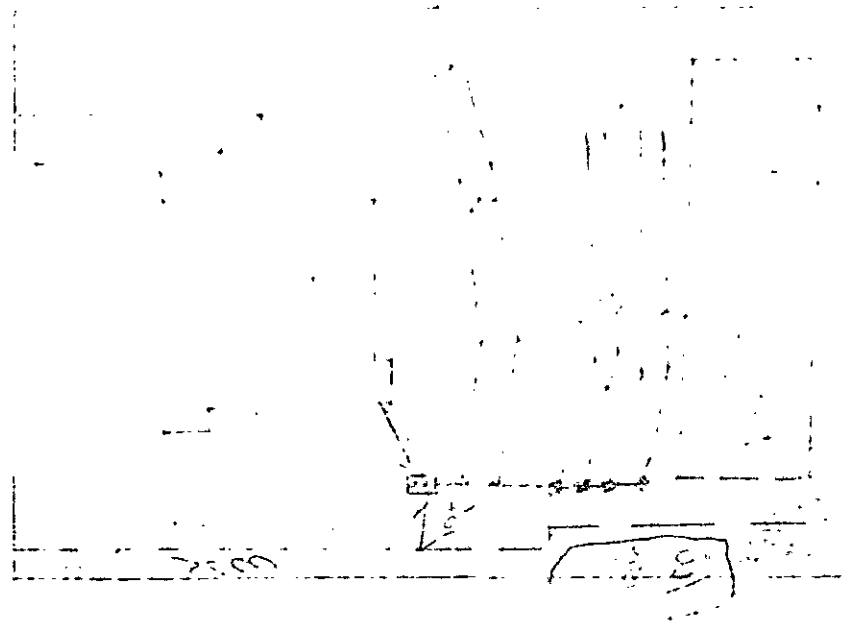


The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☒ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" 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: III g / PIGA36 / G / NA / NA

DENR Authorized Agent: Bradley W. Hallman Signature: _____



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 #: 7846B Permit #: 6175 Tax Parcel #: 195-213-11

Property Owner: _____

Job Location Address: 13225 Fairington Oak Dr Lot 132

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: THG

*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: 10/15/13

Signature: _____

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 #: 7846 B Permit #: 6175 Tax Parcel #: 195-213-11

Property Owner: _____

Job Location Address: 13225 Fairington Oak Dr. Lot 132

City: Mint Hill State: NC Zip Code: 28227

Installation Approval Issuance Date: 8/27/13

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, 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: 450 GPD

Site LTAR: .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: 400 feet

# of Lines: 6 @ various lengths feet

Depth of Media: N/A inches (Type) IIIg

Distribution Device: Drop Boxes

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 _____

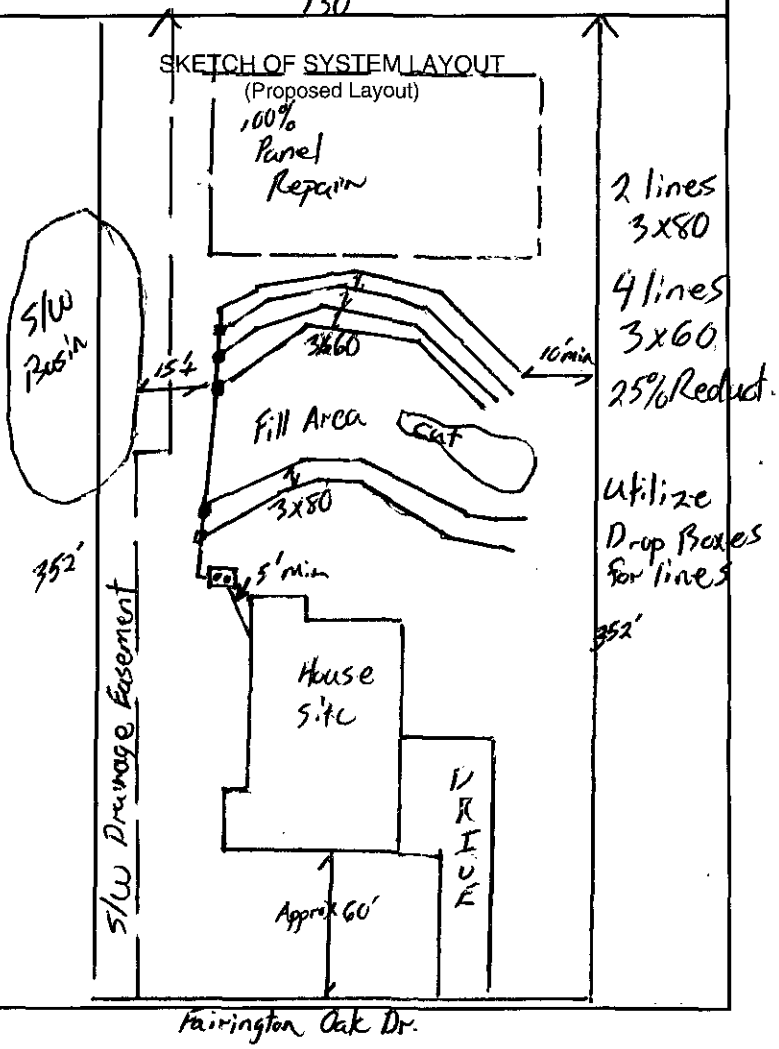
Minimum System Setbacks

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)

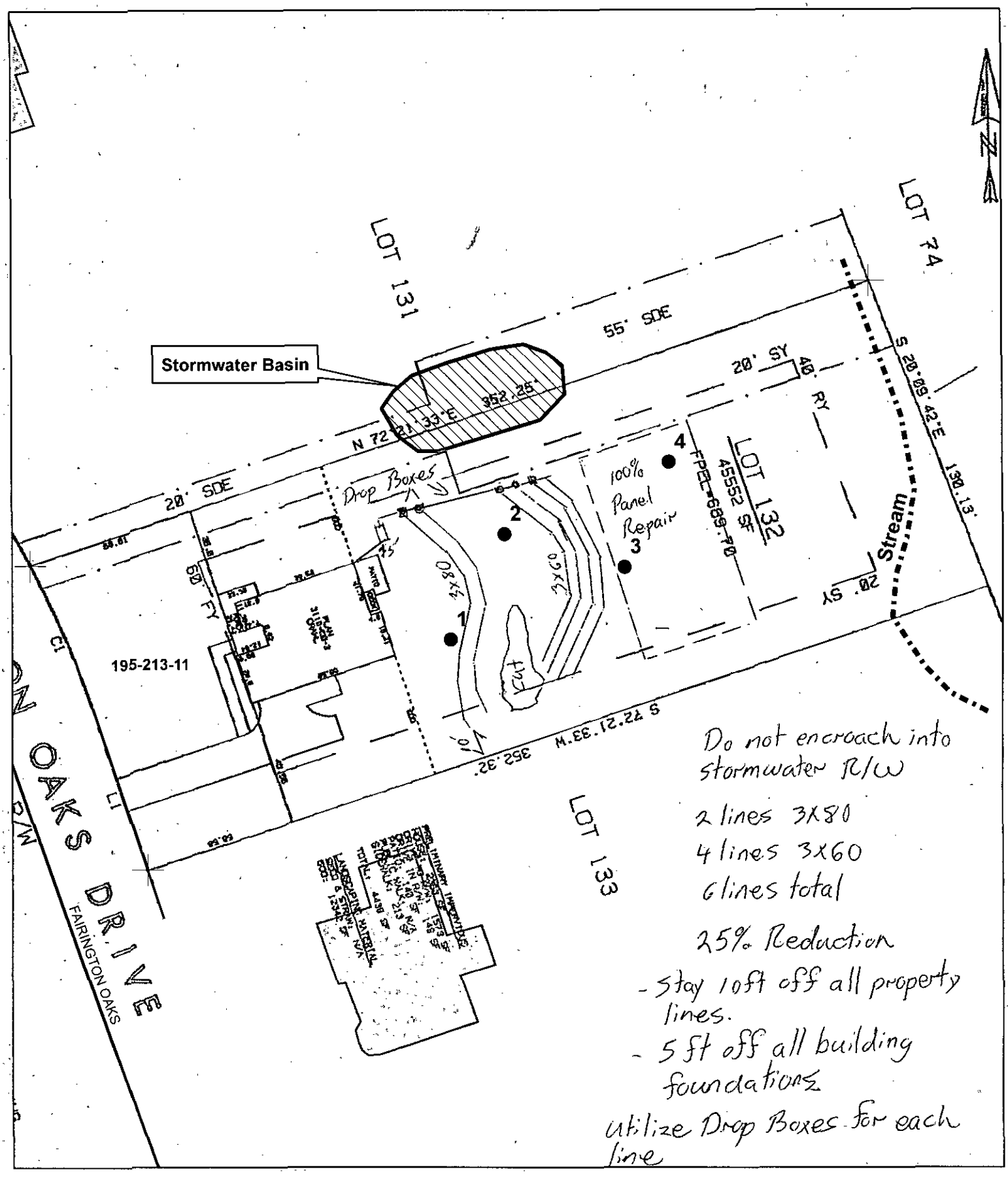


Comments: System Classification & Type: P.S. IIIg

Maintain 15' off S/W Basin (minimum)

DENR Authorized Agent: Bradley W. Hallman Signature: _____

PARCEL #: 195-213-11
WASPS APPLICATION #: 6175



Map Created By:
Map Created On:

0 25 50 Feet

FEE: 200.00
DATE: 6/26/2013

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 7846B

PERMIT NUMBER: 30006175

PARCEL NUMBER: 19521311

JOB LOCATION INFORMATION

ADDRESS: 13225 FAIRINGTON OAKS DR

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

ISSUED TO: True Homes

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 6/25/2013

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30006175, 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:** 6/25/2018

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 #: **30006175** GWS File #: **7846B** Tax Parcel #: **195-213-11**

- 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):** 6/25/2018

Type of Installation: Residential - New System Lot Number: 132

Structure Type: HOUSE Size (ft^2): 3600 # Bedrooms: 4 # Occupants: 6

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	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):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: PPBPS (gravity) **System Classification:** N/A

Repair System Specifications:

Design Flow (gpd):	480	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):	800	Total Trench Length (ft):	267
Maximum Trench Depth (in):	27	Depth of Media (in):	N/A	Distribution Device:	Drop Boxes		

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

Signature:

Date Issued: 6/25/2013

Owner/Legal Agent: Jackie Draup
Print Name

Signature:

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 #: **30006175** GWS File #: **7846B**

IV. Permit Conditions/Comments:

- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- 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:

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Brad Hallman

Signature: _____

Date Issued: 6/25/2013

Owner/Legal Agent: Jackie Dracup
Print Name

Signature: Jackie Dracup

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 #: **30006175** GWS File #: **7846B** Tax Parcel #: **195-213-11**

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Type of Installation: Residential - New System Lot Number: 132

Structure Type: HOUSE Size (ft^2): 3600 # Bedrooms: 4 # Occupants: 6

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	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):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: PPBPS (gravity) **System Classification:** N/A

Repair System Specifications:

Design Flow (gpd):	480	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):	800	Total Trench Length (ft):	267
Maximum Trench Depth (in):	27	Depth of Media (in):	N/A	Distribution Device:	Drop Boxes		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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- 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: 6/25/2013

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

NC DENR
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On-Site Wastewater Section

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

Permit #: **30006175** GWS File #: **7846B**

IV. Permit Conditions/Comments:

- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Brad Hallman

Signature: _____

Date Issued: 6/25/2013

Owner/Legal Agent: _____
Print Name

Signature: _____

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

Sheet: 1 of 2
Property ID: 195-213-11
Lot #: 132
File #: 7846B
AppID: 6175

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: True Homes
Address: 2649 Brekonridge Centre Dr, Monroe, NC 28110
Proposed Facility: 4BR Home
Design Flow (.1949): 480 GPD
Location of Site: 13325 Fairrington Oaks Dr., Mint Hill, NC 28227
Water Supply: [X] Public [ ] Individual [ ] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: True Homes
Date Evaluated: 6/10/2013
Property Size: 45552 SQ FT
Property Recorded: Unknown
[ ] Spring [ ] Other
[ ] Cut
[ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 1941 Structure/ Texture	1941 Consistence Mineralogy	b PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 8%	0 - 6 6 - 52	wfsbk CL mfsbk C	SS SP FR SEXP S P FI SEXP	>52"	52	NA	S		PS IV 0.3	36"
Boring #2	LS 16%	0 - 4 4 - 54	wfsbk CL mfsbk C	SS SP FR SEXP S P FI SEXP	>54"	54	NA	S		PS IV 0.3	36"
Boring #3	LS 18%	0 - 7 7 - 55	wfsbk CL mfsbk C	SS SP FR SEXP S P FI SEXP	>55"	55	NA	S		PS IV 0.3	36"
Boring #4	LS 16%	0 - 8 8 - 48	wfsbk CL mfsbk C	SS SP FR SEXP S P FI SEXP	10 YR 7/1 @ 45"	48	NA	PS		PS IV 0.3	27"

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIg
Site LTAR (gpd/sq ft)	0.3	0.3

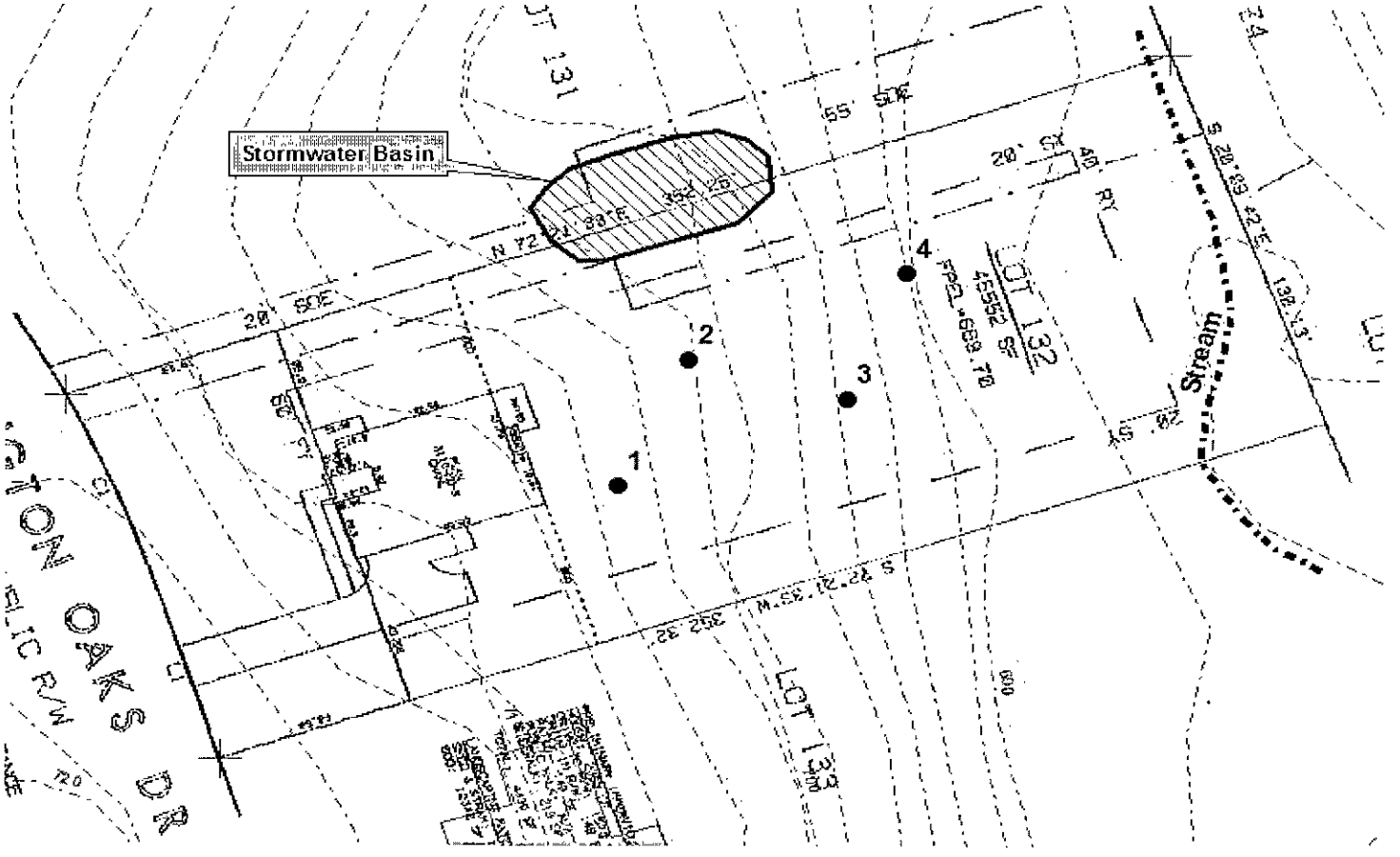
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Brad Hallman
Others Present:

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	*Structure*
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace		CL-Clay Loam		**Structure Prefixes**
FP-Flood Plain		SCL-Sandy Clay Loam		w-weak
D-Drainage Way		SiL-Silt Loam		m-moderate
				s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence	**Consistence**	**Mineralogy**
Moist	**Wet**	SEXP-Slightly Expansive
VFR-Very Friable	SS-Slightly Sticky	EXP-Expansive
FR-Friable	S-Sticky	
FI-Firm	VS-Very Sticky	**Classification**
VFI-Very Firm	NP-Non-Plastic	US-Unsuitable
EFI-Extremely Firm	SP-Slightly Plastic	PS-Provisionally Suitable
	P-Plastic	S-Suitable
	VP-Very Plastic	NA-Not Applicable

Sketch of Soil Evaluation Locations



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/23/13	**Amount:**	250.00
Receipt #:	83811	**Tendered:**	250.00
Check / Auth #:	CHECK 3378	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: TRUE HOMES
Attn:
Address: 2649 BREKONRIDGE CENTRE DR
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 13225 FAIRINGTON OAKS DR		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
40.00	1,387.15				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/14/13	**Amount:**	200.00
Receipt #:	84424	**Tendered:**	200.00
Check / Auth #:	CHECK 3579	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: TRUE HOMES
Attn:
Address: 2649 BREKONRIDGE CENTRE DR
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 13225 FAIRINGTON OAKS, LOT 132		1	200.00	200.00

7846B

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
40.00	50.00	40.00	1,347.15		

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/14/13	**Amount:**	200.00
Receipt #:	84423	**Tendered:**	200.00
Check / Auth #:	CHECK 3579	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: TRUE HOMES
Attn:
Address: 2649 BREKONRIDGE CENTRE DR
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 13225 FAIRINGTON OAKS, LOT 132		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
40.00	50.00	40.00	1,347.15		

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

Sheet: 1 of 2
Property ID: 195-213-11
Lot #: 132
File #: 7846B
AppID: 6175

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: True Homes
Applicant: True Homes
Address: 2649 Brekonridge Centre Dr, Monroe, NC 28110
Date Evaluated: 6/10/2013
Proposed Facility: 4BR Home
Design Flow (.1949): 480 GPD
Property Size: 45552 SQ FT
Location of Site: 13325 Fairrington Oaks Dr., Mint Hill, NC 28227
Property Recorded: Unknown
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	b PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 8%	0 - 6 6 - 52	wfsbk CL mfsbk C	SS SP FR SEXP S P FI SEXP	>52"	52	NA	S		PS IV 0.3	36"
Boring #2	LS 16%	0 - 4 4 - 54	wfsbk CL mfsbk C	SS SP FR SEXP S P FI SEXP	>54"	54	NA	S		PS IV 0.3	36"
Boring #3	LS 18%	0 - 7 7 - 55	wfsbk CL mfsbk C	SS SP FR SEXP S P FI SEXP	>55"	55	NA	S		PS IV 0.3	36"
Boring #4	LS 16%	0 - 8 8 - 48	wfsbk CL mfsbk C	SS SP FR SEXP S P FI SEXP	10 YR 7/1 @ 45"	48	NA	PS		PS IV 0.3	27"

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR (gpd/sq ft)	0.3	0.3

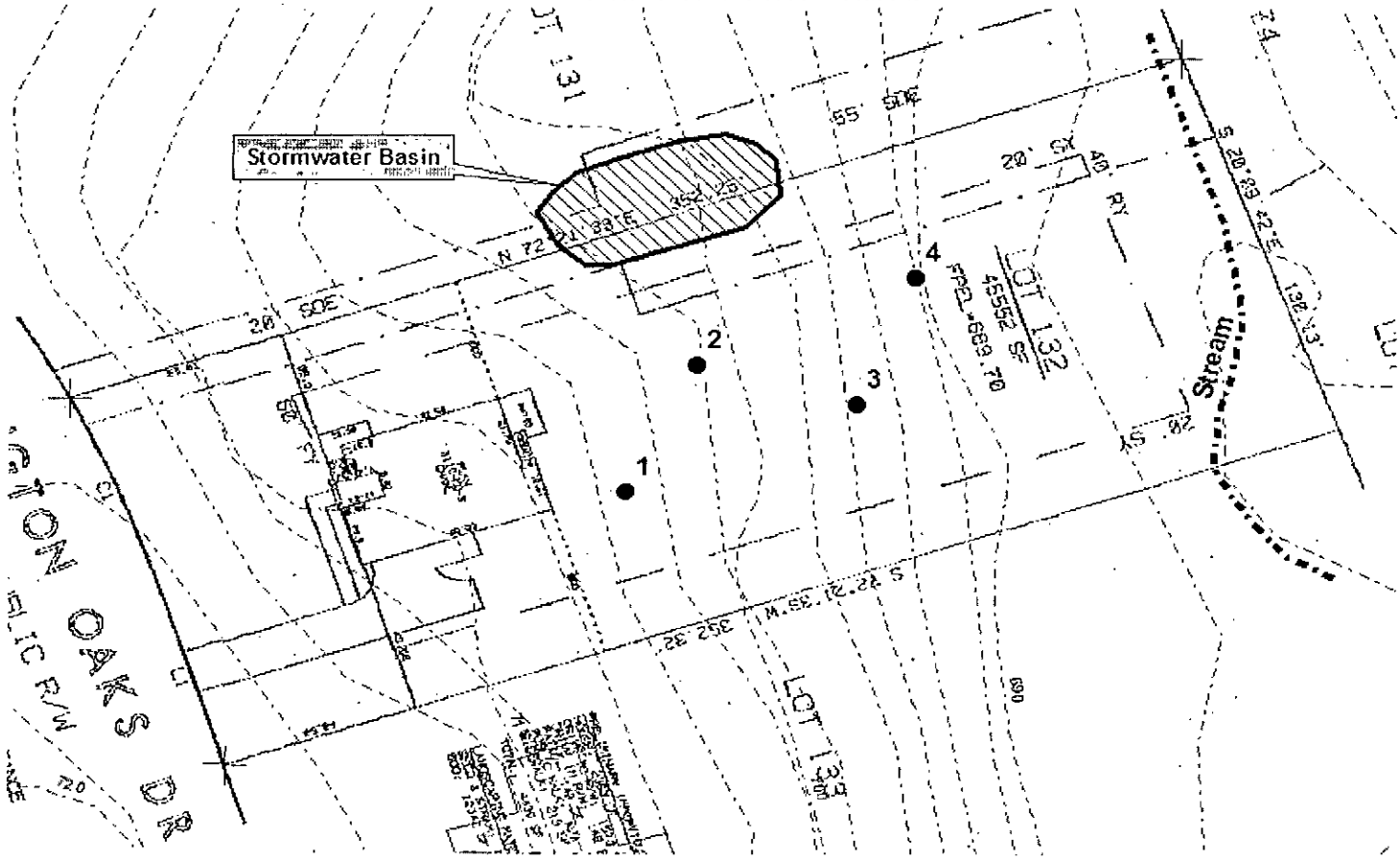
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace		CL-Clay Loam		**Structure Prefixes**
FP-Flood Plain		SCL-Sandy Clay Loam		w-weak
D-Drainage Way		SiL-Silt Loam		m-moderate
				s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Sketch of Soil Evaluation Locations



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

Sheet: 1 of 2
Property ID: 195-213-11
Lot #: 132
File #: 7846B
AppID: 3695

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: McCar Homes
Applicant: S & EC
Address: 1050 Mallard Creek Road, Charlotte, N. C. 28262
Date Evaluated: 7/16/08
Proposed Facility: Residence
Design Flow (.1949) 600gpd
Property Size: 1.04a
Location of Site: 13225 Fairington Oaks Drive
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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS; 15	0-3	GR/CL	FR/SEXP/SS/SP	>43" TO SOIL WETNESS	43	N/A	NONE	PS, IV
		3-43	SBK/ABK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		4-48	SBK/ABK/C	FI/SEXP/S/P					
3	"	0-3	GR/CL	FR/SEXP/SS/SP	>44" TO SOIL WETNESS	44	"	"	"
		3-44	SBK/ABK/C	FI/SEXP/S/P					
					SITE LTAR .3GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

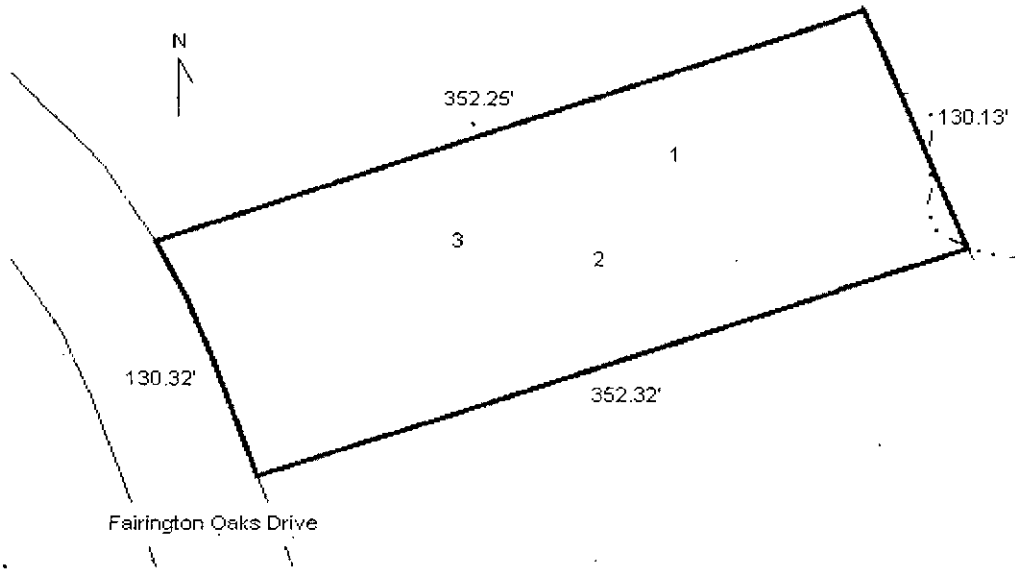
Other Factors (.1946):
Soil Evaluation By: W.R. Marlin, LSS, 7/18/2008
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

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-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☑ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 19521311
STREET ADDRESS: 13225 Fairington Oaks Dr.
CITY:
STATE: NC ZIP: 28227
SUBDIVISION NAME: Fairington Oaks
LOT #: 132 LOT SIZE (acres): approx 1/2 ac
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☑ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☐ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

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

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

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

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

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

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

8A. RANK: ___ ___ 1 ___ ___

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

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

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

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

12. PROPERTY OWNER:

NAME: McCAR
ADDRESS: 1050 Mallard Creek Rd
CITY: Charlotte
STATE: NC ZIP: 28262
HOME PHONE:
WORK PHONE: 704-509-5742
MOBILE PHONE:
FAX: 704-509-5743

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Soil Environmental Consultants, PA
ADDRESS: 248 LaPhillip Ct.
CITY: Concord
STATE: NC ZIP: 28025
HOME PHONE:
WORK PHONE: 704-720-9405
MOBILE PHONE:
FAX: 704-720-9406

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

CTB (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Soil & Environmental Consultants PA (Agent for Applicant) 7/08/2008

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 250.00 CK 1076 DATE FEE RECEIVED: 7/8/08

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

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 7846B

APPLICATION ID NUMBER ASSIGNED: 3695

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

Revised on: 7/1/08

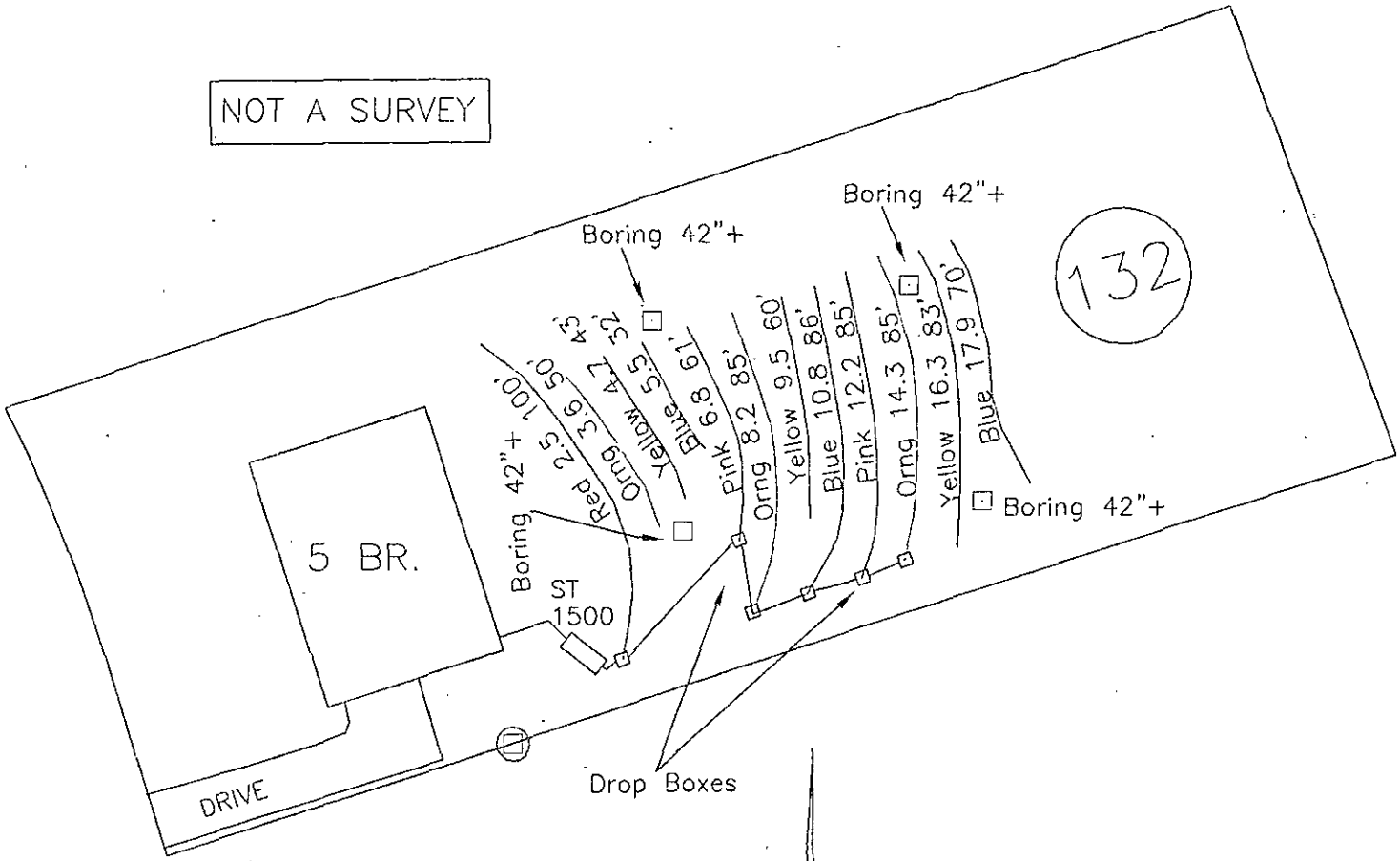
**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

DRAFT
FOR REVIEW ONLY

NOT A SURVEY



GRAPHIC SCALE
1" = 50'

50 0 50 100

PROJECT NO. S-1553.SS
PROJECT MGR. BF
DRAWN BY BF
FIELD WORK BF
SCALE 1" = 50'
FILE Y:\JOBS\15-1553

Soil & Environmental Consultants, PA
248 LaPhilip Ct. • Concord, North Carolina 28027 • Phone (704)795-9405 • Fax (704) 784-9406

S&EC

PROJECT NAME: LOT 132 FARRINGTON OAKS
MOOAR HOMES
- LOT 132 FARRINGTON OAKS -
MECKLENBURG COUNTY, NORTH CAROLINA
JULY 2018

SHEET TITLE: SEPTIC SYSTEM SKETCH MAP

SHEET 1 OF 1

S&EC

Soil & Environmental Consultants, PA

248 LePhillip Court • Concord, North Carolina 28025 • Phone: (704) 720-9405 • Fax: (704) 720-9406
www.SandEC.com

Attached is a proposed design for a innovative Septic System for a 5 bedroom single family residence on lot 132 Fairington Oaks Mecklenburg County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
Layout Specifications---------- 2
Repair ---------- 3
Site Plan/System Plan---------- 4

Septic Tank Diagram---------- 5

Maintenance---------- 6-9

June 30, 2008
S & EC Project No. 5-1553
Design By: Brandon Fulton

Greensboro Office:
3817-E Lawndale Drive
Greensboro, NC 27455
Phone: (336) 540-8234
Fax: (336) 540-8235

Raleigh Office:
11010 Raven Ridge Road
Raleigh, NC 27614
Phone: (919) 846-5900
Fax: (919) 846-9467

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DEHNR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
  System is specified as a innovative installation
- Repair is specified as a PPBPS with low pressure distribution
- Trench bottom to be 24" on system

Fairington Oaks Lot 132

Project No. 5-1553

LAYOUT FOR 5 BEDROOM HOME June-08

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH
TBM		2.3			100.00	
INSTR. 1			102.30			
			System			
1	Red			2.50	99.80	100
5	Pink			6.80	95.50	61
6	Orange			8.20	94.10	85
8	Blue			10.80	91.50	86
9	Pink			12.20	90.10	85
10	Orange			14.70	87.60	85
					Total	**502**
			Repair			
2	Orange			3.60	98.70	50
3	Yellow			4.70	97.60	43
4	Blue			5.50	96.80	32
7	Yellow			9.50	92.80	60
11	Yellow			16.70	85.60	83
12	Blue			18.30	84.00	70
						338

	LINE LENGTH	Soil LTAR	SYSTEM TYPE	Innovative Type	DISTRIBUTION	Trench Depth
SYSTEM	502	0.3	Innovative	25%	Drop Box	24
REPAIR	338	0.3	PPBPS	50%	Low Pressure	30"+

Notes:

**TBM is ground beside back left house corner

**Nitrification lines are demonstrated on contour via colored pin flags

**BS, HI, and FS indicate rod readings

**Lines may be longer in field than design requires

Fairington Oaks lot 130

REPAIR

Line #	Color	Length	# Panels	Hole Size	Flow
2	Orange	50	11	5/32"	4.51
3	Yellow	43	9	5/32"	3.69
4	Blue	32	7	5/32"	2.87
7	Yellow	60	13	5/32"	5.33
11	Yellow	83	19	5/32"	7.79
12	Blue	70	16	5/32"	6.56
		338	75		30.75

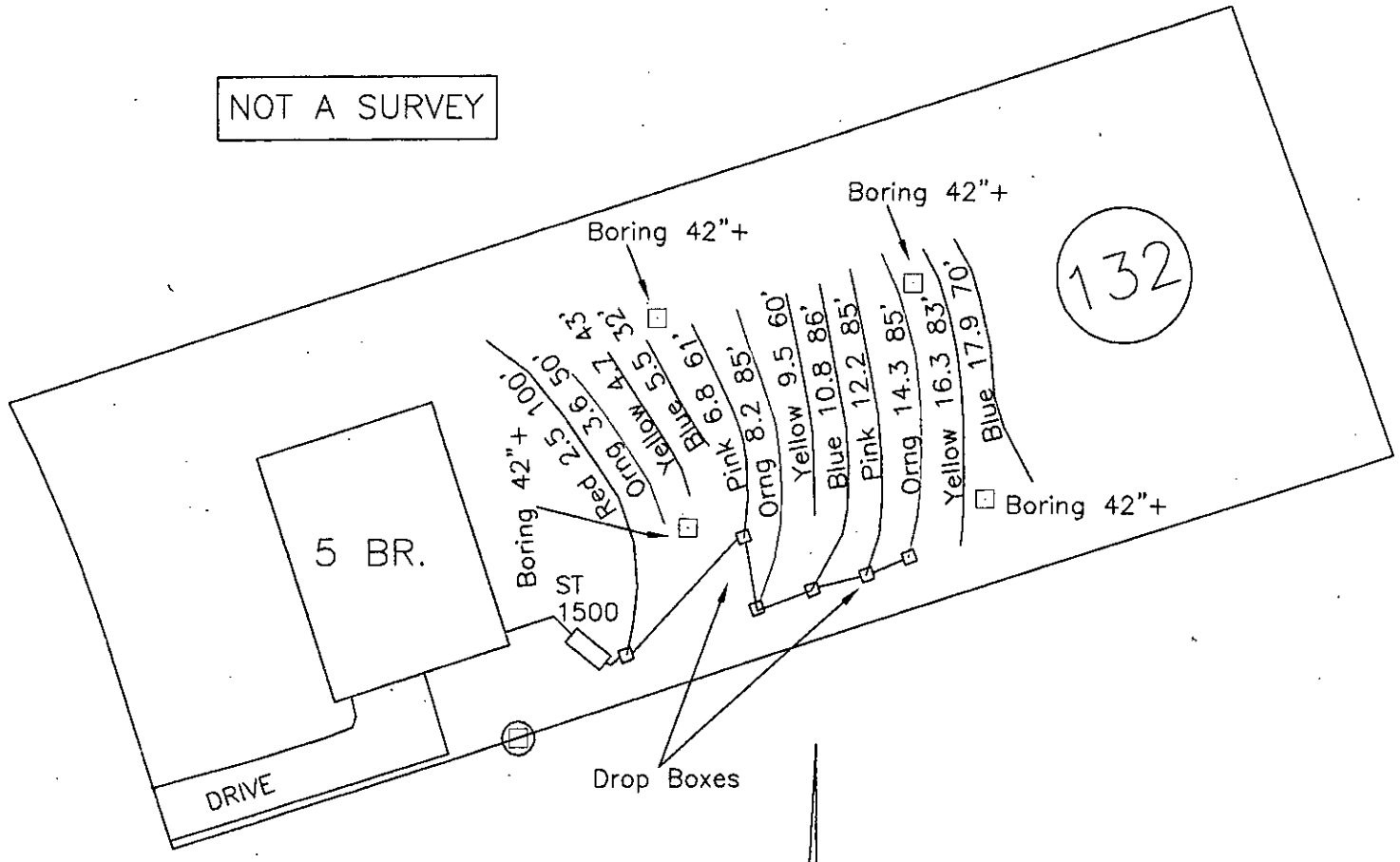
**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE. SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

DRAFT
FOR REVIEW ONLY

NOT A SURVEY



GRAPHIC SCALE
1" = 50'

50 0 50 100

PROJECT NO.	5-1553 SOS
PROJECT MGR.	BF
DRAWN BY	BF
FIELD WORK	BF
SCALE	1" = 50'
FILE	Y:\JOBS\5-1553

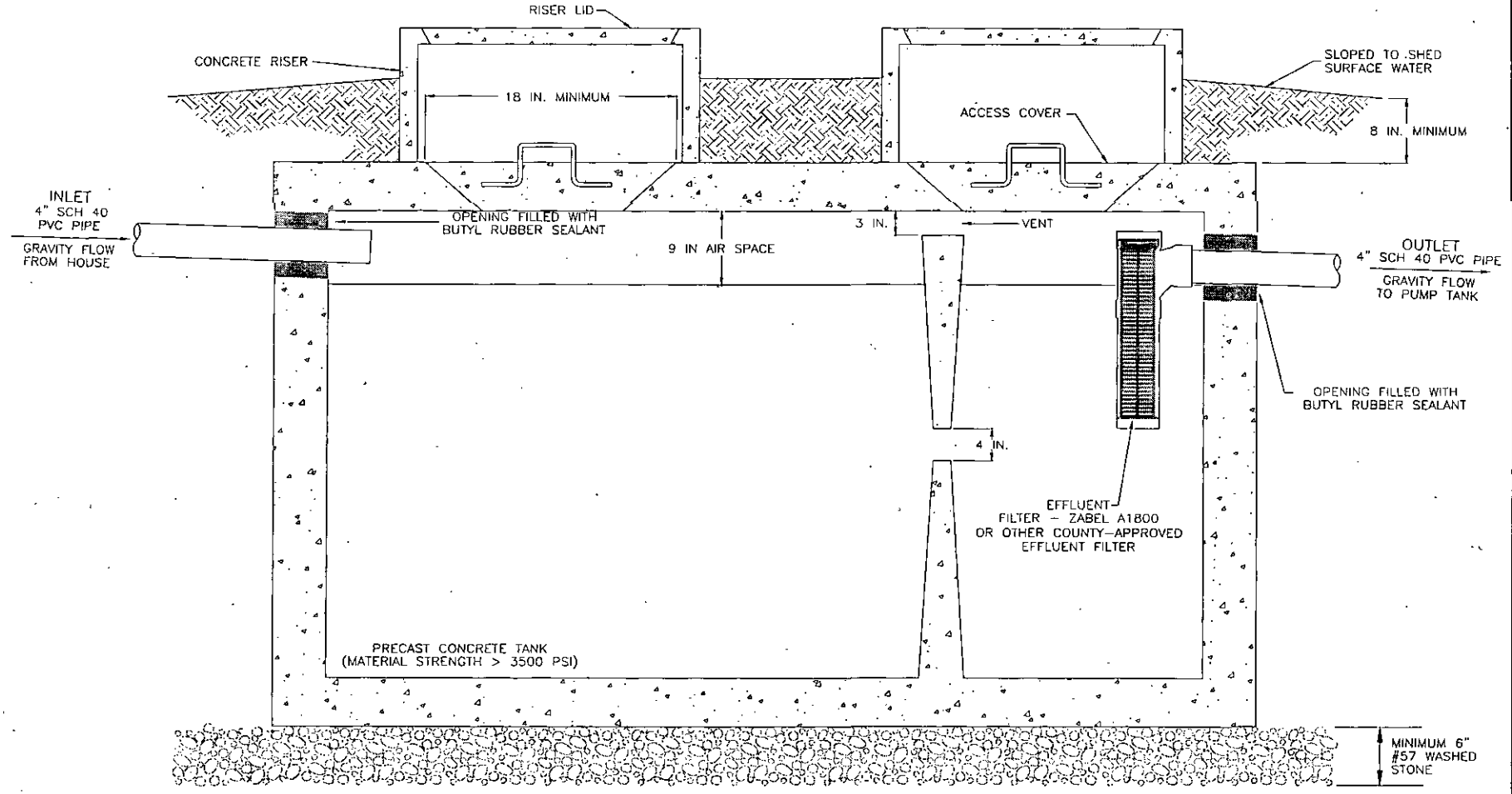
Soil & Environmental Consultants, PA
848 Lafayette Dr. • Concord, North Carolina 28025 • Phone (704)795-9455 • Fax (704) 795-9456

S&EC

PROJECT NAME: LOT 132 FAIRINGTON OAKS
MCCAR HOMES
- LOT 132 FAIRINGTON OAKS -
MECKLENBURG COUNTY, NORTH CAROLINA
JULY 2018

SHEET TITLE: SEPTIC SYSTEM SKETCH MAP

SHEET 1 OF 1



NOTES

1. TANK DIMENSIONS VARY BY MANUFACTURER.

1500 GALLON SEPTIC TANK

PROJECT NO. 4591	PROJECT NAME: **Fairington Oaks Lot 132**	S&EC Soil & Environmental Consultants, Inc.
PROJECT MGR.	SHEET TITLE: SEPTIC TANK DIAGRAM	11010 Raven Ridge Road Raleigh, North Carolina 27614 Phone: (919) 846-5900 Fax: (919) 846-9467 Web Page: www.SandEC.com
SCALE NTS		

(1) The pit shall consist of an excavation at least 42 inches square and in no case shall the bottom of an excavation be closer than one foot from the seasonally high water table or rock.

(2) The pit shall be properly curbed to prevent caving. In sandy or loose soil, the curb should extend the full depth of the pit. In tight soils, partial curbing is acceptable if it prevents caving.

(3) The privy floor slab shall be constructed of reinforced concrete. Where it is impractical to secure or construct reinforced concrete floor assemblies, wood construction shall be acceptable provided the floor slab is made of rough sub-flooring and covered with tight tongue-and-groove flooring or other type flooring materials to provide strength and prevent entrance of flies and mosquitoes to the privy pit. Where wood construction is used, floors shall be anchored to at least four-inch by four-inch sills.

(4) Wood used for riser, seat assemblies, and the floor slab shall be tongue-and-groove or plywood (exterior or marine) material.

(5) Privies shall not be used for the disposal of water-carried sewage.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. December 1, 1990.

15A NCAC 18A .1960 MAINTENANCE OF PRIVIES

(a) Any person owning or controlling the property upon which a privy is located shall be responsible for these requirements:

(1) The privy building shall afford a reasonable degree of protection from bad weather conditions.

(2) When the pit becomes filled to within 18 inches of the top of the ground, the privy building shall be moved to a new pit and the old pit completely covered with earth.

(3) If the pit caves in, a new pit shall be provided.

(b) The tenant or person occupying the property shall be responsible for these requirements:

(1) The walls, floors, and seat of the privy and grounds immediately adjacent to the building shall be kept in a clean and decent condition.

(2) Fowl and other animals shall not be harbored in the privy building.

(3) Seat cover shall be hinged and closed at all times when the privy is not in use.

(4) Flies shall be excluded from the pit at all times.

(5) Ashes, garbage, and trash shall be kept out of the pit.

History Note: *Authority G.S. 130A-335(e) and (f);*
Eff. July 1, 1982;
Amended Eff. January 1, 1990.

15A NCAC 18A .1961 MAINTENANCE OF SEWAGE SYSTEMS

(a) Any person owning or controlling the property upon which a ground absorption sewage treatment and disposal system is installed shall be responsible for the following items regarding the maintenance of the system:

(1) Ground absorption sewage treatment and disposal systems shall be operated and maintained to prevent the following conditions:

(A) a discharge of sewage or effluent to the surface of the ground, the surface waters, or directly into groundwater at any time; or

(B) a back-up of sewage or effluent into the facility, building drains, collection system, or freeboard volume of the tanks; or

(C) a free liquid surface within three inches of finished grade over the nitrification trench for two or more observations made not less than 24 hours apart. Observations shall be made greater than 24 hours after a rainfall event.

The system shall be considered to be malfunctioning when it fails to meet one or more of these requirements, either continuously or intermittently, or if it is necessary to remove the contents of the tank(s) at a frequency greater than once per month in order to satisfy the conditions of Parts (A), (B), or (C) of this Paragraph. Legal remedies may be pursued after an

authorized agent has observed and documented one or more of the malfunctioning conditions and has issued a notice of violation.

(2) 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.

(b) System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992. After July 1, 1992, system management in accordance with Tables V(a) and V(b) shall be required for all existing Type V and Type VI systems.

(c) No Improvement Permit or Construction Authorization shall be issued for Type IV, Type V, or Type VI systems, unless a management entity of the type specified in Table V(b) is specifically authorized, funded, and operational to carry out this management program in the service area where the proposed system is to be located.

(d) A local health department may be the public management entity only for systems classified Type IV, V(a) and V(b) and only when specifically authorized by resolution of the local board of health.

(e) A contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity, unless the system owner and certified operator are the same. The contract shall include the specific requirements for maintenance and operation, responsibilities of the owner and system operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system. It shall also be a condition of the Operation Permit that subsequent owners of the system execute such a contract.

(f) Inspections of the system shall be performed by a management entity at the frequency specified in Table V(b). The management entity shall report the results of their inspections to the local health department at the specified reporting frequency. However, where inspections indicate the need for system repairs, the management entity shall notify the local health department within 48 hours in order to obtain a Construction Authorization for the repairs.

(g) The management entity shall be responsible for assuring routine maintenance procedures and monitoring requirements in accordance with the conditions of the Operation Permit and the contract.

(h) Sewage systems with multiple components shall be classified by their highest or most complex system type in accordance with Table V to determine local health department and management entity responsibilities.

(i) Sewage systems not identified in this Rule shall be classified by the Division of Environmental Health after consultation with the appropriate commission governing operators of pollution control facilities.

(j) The local health department shall routinely review the performance and operation reports submitted in accordance with Table V(b) of this Rule and shall perform an on-site inspection of the systems as required in Table V(a).

(k) The certified operator shall hold a valid and current certificate from the appropriate commission, and nothing in this Section shall preclude any requirements for system operators in accordance with Article 3 of G.S. 90A.

TABLE V(a)

LOCAL HEALTH DEPARTMENT RESPONSIBILITIES

System Classification	System Description	Permits Required	Minimum System Review Frequency
Type I	a. Privy b. Chemical toilet c. Incinerating toilet d. Other toilet system e. Grease trap	Improvement Permit, Construction Authorization, and Operation Permit	N/A
Type II	a. Conventional septic system (single-family or 480 GPD or less) b. Conventional septic system with 750 linear feet of	Improvement Permit, Construction Authorization, and Operation Permit	N/A

	nitrification line or less c. Conventional system with shallow placement		
Type III	a. Conventional septic system > 480 GPD (excluding single-family residence) b. Septic system with single effluent pump or siphon c. Gravity fill system d. Dual gravity field system e. PPBPS system, gravity dosed f. Large diameter pipe system g. Other non-conventional trench systems	Improvement Permit, Construction Authorization, and Operation Permit	5yrs.(lifbonly)
Type IV	a. Any system with LPP distribution b. System with more than 1 pump or siphon	Improvement Permit, Construction Authorization, and Operation Permit	3 yrs.
Type V	a. Sand filter pretreatment system b. Any > 3,000-GPD septic tank system with a nitrification field designed for > 1500 GPD c. Aerobic Treatment Unit (ATU) d. Other mechanical, biological, or chemical pretreatment plant (< 3000 GPD)	Improvement Permit, Construction Authorization, and Operation Permit	12 mos.
Type VI	a. Any > 3,000 GPD system with mechanical, biological, or chemical pretreatment system plant b. Wastewater reuse/recycle	Improvement Permit, Construction Authorization, and Operation Permit	6 mos.

TABLE V(b)

MANAGEMENT ENTITY RESPONSIBILITIES

System Classification	Management Entity	Minimum System Inspection/Maintenance Frequency	Reporting Frequency
Type I	Owner	N/A	N/A
Type II	Owner	N/A	N/A
Type III	Owner	N/A	N/A
Type IV	Public Management	2/yr.	12 mos.

	Entity with a Certified Operator or a private Certified Operator		
Type V	Public Management Entity With a Certified Operator or a private Certified Operator	a. 2/yr (0-1500 GPD) 4/yr (1500-3000 GPD) 12/yr (3000-10000 GPD) 1/wk (> 10000 GPD) b. 12/yr (3000-10000 GPD) 1/wk (> 10000 GPD) c. 4/yr. d. 12/yr.	6 mos.
Type VI	Public Management Entity With a Certified Operator	a. 1/wk(3000-10000 GPD) 2/wk(10000-25000 GPD) 3/wk(25000-50000 GPD) 5/wk(> 75000 GPD) b. 12/yr.	3 mos.

(l) A sewage collection, treatment, and disposal system that creates or has created a public health hazard or nuisance by surfacing of effluent or discharge directly into groundwater or surface waters, or that is partially or totally destroyed shall be repaired within 30 days of notification by the state or local health department unless the notification otherwise specifies a repair period in writing. If a system described in the preceding sentence has for any reason been disconnected, the system shall be repaired prior to reuse. The state or local health department shall use its best professional judgement in requiring repairs that will reasonably enable the system to function properly. If, for any reason, a sewage collection, treatment, and disposal system is found to be nonrepairable, or is no longer required, the system shall not be used, and may be required to have any contents removed, collapse any components and backfill, or otherwise secured as directed by the authorized agent to protect the public health and safety.

(m) When necessary to protect the public health, the state or local health department may require the owner or controller of a malfunctioning system to pump and haul sewage to an approved wastewater system during the time needed to repair the system.

History Note: *Filed as a Temporary Amendment Eff. July 3, 1991, for a period of 180 days to expire on December 30, 1991;*
Filed as a Temporary Amendment Eff. June 30, 1990, for a period of 180 days to expire on December 27, 1990;
Authority G.S. 130A-335(e),(f);
Eff. July 1, 1982;
Amended Eff. August 1, 1991; October 1, 1990; January 1, 1990; August 1, 1988;
Temporary Amendment Eff. January 20, 1997;
Amended Eff. August 1, 1998.

15A NCAC 18A .1962 APPLICABILITY

The provisions of this Section shall not apply to properly functioning sewage collection, treatment, and disposal systems in use or for which a valid permit to install a system has been issued prior to July 1, 1977. This provision is applicable only where the sewage flow and sewage characteristics are unchanged. This provision does not affect the requirements for system operation, maintenance, and management in accordance with Rule .1961 of this Section.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. August 1, 1991; December 1, 1990.

7846 B

Supervisor/Administrative Professional Checklist

New Septic ☑ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) lwo 4/23/13 Initials/Date

CA ($200.00) lwo 6/14/13 Initials/Date

OP ($200.00) lwo 6/14/13 Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☑ JAM 6/25/13

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☑ Signature received. ☑ 6/25/13

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7846B WASPS App #: 6175

Primary ES assigned to project: Jeremy Michael

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 0.3	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?	Yes ☑	No ☐	N/A ☐
.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 ☐
	Operation Permit			
.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 ☐

Items requiring correction/modification: _____

Comments:

IA issued date: 8/27/13

OP issued date: 10/15/13

Review performed by: JAM

Date performed: 10/16/13

Copy

7846B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App #6175

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION
FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ● NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ● N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 195A131I
STREET ADDRESS: 13225 Fairington Oaks Dr.
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Farrington Oaks
LOT #: 132 LOT SIZE (acres): _____

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
NUMBER OF OCCUPANTS: 6

FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

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

6. WATER SUPPLY: ● MUNICIPAL ○ PRIVATE WELL ● PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ● N/A ● IRRIGATION ○ POTABLE (DRINKING WATER) ● OTHER modified

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

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

8A. RANK: 1 2 ___ ___ 3

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

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

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

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

12. PROPERTY OWNER:

NAME: True Homes
ADDRESS: 2649 Brewonridge Centre Dr
CITY: Monroe
STATE: NC ZIP: 28110
WORK PHONE: 704-238-1229
MOBILE PHONE: _____
FAX: _____
E-MAIL: msturdivant@truehomesusa.com

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

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Michelle Stuart
Property Owner's or Owner's Legal Representative Signature

4.17.13
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 DATE FEE RECEIVED: 4/23/13

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

APPLICATION PROCESSED BY: lws

GWS FILE NUMBER ASSIGNED: 7846B

APPLICATION ID NUMBER ASSIGNED: 6175

COMMENTS: