Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) MLB 4/8/15 Initials/Date

CA ($200.00) LE 10/22/15 Initials/Date

OP ($200.00) LE 10/22/15 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

~~Waiting on well to be abandoned before CA is issued.~~ CA can be issued.

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

Septic file completed. ☑ JAM Well file completed. ☑ JAM.

Waiting on well to be abandoned do not release hold in POSSE

Send permit for signature. ☐ Signature received. ☑ JAM

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 #: 6899 WASPS App #: 7400

Primary ES assigned to project: Jeremy Michelonk

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: _____

OP issued date: _____

Review performed by: JAM _____ Date performed: _____

S

FEE: 200.00
DATE:10/22/2015

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6899

PERMIT NUMBER: 30007400

PARCEL NUMBER: 00102336

JOB LOCATION INFORMATION

ADDRESS: 15921 SUNSET DR

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

ISSUED TO: ELIZABETH JANAK

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 5/19/2015

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30007400, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

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.

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

Septic System Pre-Construction Meeting Checklist

File # 6899 App # 7400 Tax Parcel # 001-023-36

Property Owner: Elizabeth Janak

Job Location Address: 15921 Sunset Drive

City: Huntersville State: NC Zip Code: 28078

1. **Does System design match facility, flow & wastewater characteristics?**

   ☒ YES ☐ NO

   Comments: _____

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☒ YES ☐ NO

   Comments: _____

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☒ YES ☐ NO

   Comments: _____

* If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☐ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. System shall not be installed while soils are in wet condition.

Authorized Agent — Date: 5/19/15

Others Present

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6899 Permit #: 7400 Tax Parcel #: 001-023-36

Property Owner: ELIZABETH SANAK

Job Location Address: 15921 SUNSET DRIVE

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 5/20/15 Contractor Name: Dennis Hoyle

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture GAMEWELL Effluent Pump Model: 1/2 HORSE

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 5 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400' feet

# of Lines: 5 @ 80 feet

Depth of Media: 12 inches (Type) IQ4W

Depth of Cover: 12 inches

Distribution Device: P. MANIFOLD

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 55' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: 710' feet

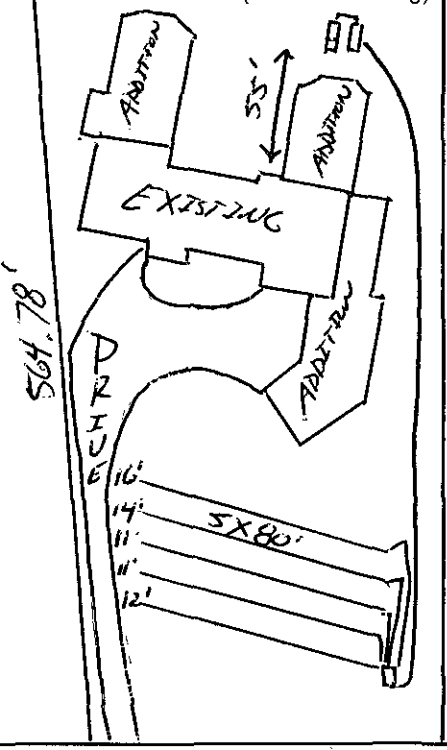
Inspection Dates

Tank(s) Inspected: 5/19/15

Excavation Inspected: 5/19/15

Pump & Controls Inspected: 5/20/15

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



THE ADDITIONS HAVE NOT YET BEEN BUILT. THE TANKS ARE LOCATED 55' FROM THE EXISTING HOUSE

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

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

Comments: System Classification & Type: III6, IQ4W, PRESSURE, NA, NA

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



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 #: 6899 Permit #: 7400 Tax Parcel #: 001-023-36

Property Owner: ELIZABETH JANIK

Job Location Address: 15921 SUNSET DRIVE

City: HUNTERSVILLE State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: III-b

*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: 2015 ALTERATION

DENR Authorized Agent: Jeremy Michelove, REHS Date: 5/20/15

Signature: Jeremy Mich. REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-8894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30007400 GWS File #: 6899 Tax Parcel #: 001-023-36

- 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):** 4/30/2020

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 1735 # Bedrooms: 4 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Accepted **System Classification:** N/A

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	0	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michelone Owner/Legal Agent: [illegible]
Print Name

Signature: [signature] Signature: [illegible]

Date Issued: 4/30/2015

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 #: 30007400 GWS File #: 6899

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- Proper well abandonment is required prior to receiving an installation Approval from our office to install the septic system.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- 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.

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- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michelone

Signature:

Date Issued: 4/30/2015

Owner/Legal Agent:

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 #: **30007400** GWS File #: **6899** Tax Parcel #: **001-023-36**

- 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.
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Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Accepted **System Classification:** N/A

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	0	Distribution Device:	Pressure Manifold		

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.

Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 4/30/2015

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 #: **30007400** GWS File #: **6899**

IV. Permit Conditions/Comments:

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- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- Proper well abandonment is required prior to receiving an Installation Approval from our office to install the septic system.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
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- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michelone

Signature: _____

Date Issued: 4/30/2015

Owner/Legal Agent: _____
Print Name

Signature: _____

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
JEFFREY ROSS

Bill To:

JEFFREY ROSS
15921 SUNSET DR

Huntersville, NC 28078

Single Payment

Transaction Date:	10/22/2015 12:54 PM Pacific Time
Pay Method:	VISA **********7349
Approval #:	022506
Trace Number:	21447002-3b47-43ae-a58b-34e85b48482a
Amount:	$400.00

Payment Amount:	$400.00
Total:	**$400.00**

Thank you for your payment.

THIS IS TO CERTIFY THAT ON THE 3RD DAY OF MARCH, 2015 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, AND THE IMPROVEMENTS IF ANY ARE AS SHOWN HEREON.

SIGNED John A. Christian II

PROFESSIONAL LAND SURVEYOR

JOHN A. CHRISTIAN II
JACK R. CHRISTIAN & ASSOCIATES
7811 OLD CONCORD RD, CHARLOTTE, N.C. 28213
PHONE: (704)596-2214

SUNSET15921
FB#321

NORTH CAROLINA PROFESSIONAL SEAL L-4897 LAND SURVEYOR JOHN A. CHRISTIAN II

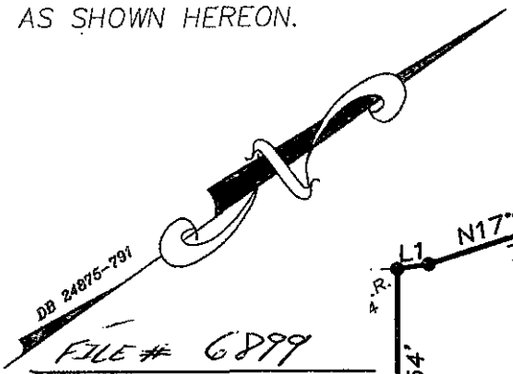
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PERMIT # 7400

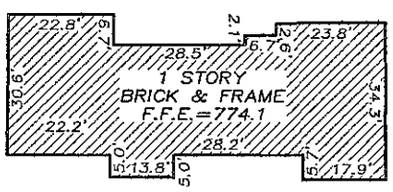
PARCEL # 001-023-36

→ 4 BEDROOM HOUSE
→ 1000 SEPTIC TANK
→ 1000 PUMP TANK
→ 5 LINES x 80' x 3'
→ 400 TLF
→ TYPE IIIb PUMP TO 25% REDUCTION SYSTEM & REPAIR

→ EXISTING WELL MUST BE ABANDONED PRIOR TO ISSUANCE OF A BUILDING PERMIT DUE TO CLOSER THAN 25' FROM NEW ADDITION TO EXISTING WELL



LINE TABLE		
LINE	LENGTH	BEARING
L1	10.36'	N26°08'44"E
L2	17.77'	N01°29'31"E
L3	3.61'	N57°17'34"E
L4	15.39'	S76°20'04"E
L5	8.88'	S66°54'21"E
L6	19.87'	S58°44'29"E
L7	26.86'	S69°41'20"E
L8	23.69'	S73°45'32"E
L9	25.24'	S86°03'54"E



Jimmy Mitchell, RLS
4/30/15

SYMBOL LEGEND
POWER POLE (P.P.)
—x—x— ELECTRIC LINE
—E—E— ELECTRIC LINE
E.I.R. EXISTING IRON REBAR
N.I.R. NEW IRON REBAR
E.I.P. EXISTING IRON PIPE



SURVEY

MAY EXIST WHICH MAY NOT BE SHOWN.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/22/15	**Amount:**	200.00
Receipt #:	96504	**Tendered:**	200.00
Check / Auth #:	VISA 022506	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #:	200000
Contractor:	ROSS, JEFFREY
Attn:	
Address:	15921 SUNSET DR
Address:	
City/State/Zip:	HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 15921 SUNSET DR		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	370.00				

OF

15921 SUNSET DRIVE

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/22/15	**Amount:**	200.00
Receipt #:	96505	**Tendered:**	200.00
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Account Information

Account #: 200000
Contractor: ROSS,JEFFREY
Attn:
Address: 15921 SUNSET DR
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 15921 SUNSET DR		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	370.00				

6899 Apt 7400

MECKLENBURG COUNTY HEALTH DEPARTMENT

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: 001-023-36
STREET ADDRESS: 15921 Sunset Drive
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: 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: 1,735
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

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

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

NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

6. **WATER SUPPLY:** ⊙ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

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

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

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

8A. **RANK:** ____ ____ ____ ____ ____

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

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ⊙ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ⊙ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	⊙ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ⊙ NO
WELLS, SPRINGS, OR WATER LINES	⊙ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ 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?** 4/17/15 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Elizabeth Janak
ADDRESS: 15921 Sunset Drive
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE:
MOBILE PHONE: (704) 804-4256
FAX:
E-MAIL: Ejanak@bellsouth.net

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

NAME: Jeff Ross
ADDRESS: 15921 Sunset Drive
CITY: Huntersville
STATE: NC ZIP: 28031
WORK PHONE:
MOBILE PHONE: (704) 661-5000
FAX:
E-MAIL: ross_construction@msn.com

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

Revised on: 12/15/10

J. Presley

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.

EJ (Initial here for septic system applications)

EJ

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.

Elizabeth Jarrah Jeff Ross 4/1/15

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 FEE RECEIVED: $ 250.00 DATE FEE RECEIVED: 4/8/15

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

APPLICATION PROCESSED BY: PA

GWS FILE NUMBER ASSIGNED: 6899

APPLICATION ID NUMBER ASSIGNED: 7400

COMMENTS:

PLEASE CALL JEFF ROSS FOR CREDIT CARD FOR PERC TEST FEE 704-661-5022

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

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: 15921 Sunset Drive Tax Parcel #: 00102336

Subdivision Name: _____ Lot #: _____

PLEASE SEE ATTACHED PLAT FOR INFORMATION

SURVEY Dated 3/3/15 Segner Caldwell

Elizabeth Jones
Property Owner's or Owner's Legal Representative Signature

4.1.15
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

THIS IS TO CERTIFY THAT ON THE 3RD DAY OF MARCH, 2015 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, AND THE IMPROVEMENTS IF ANY ARE AS SHOWN HEREON.

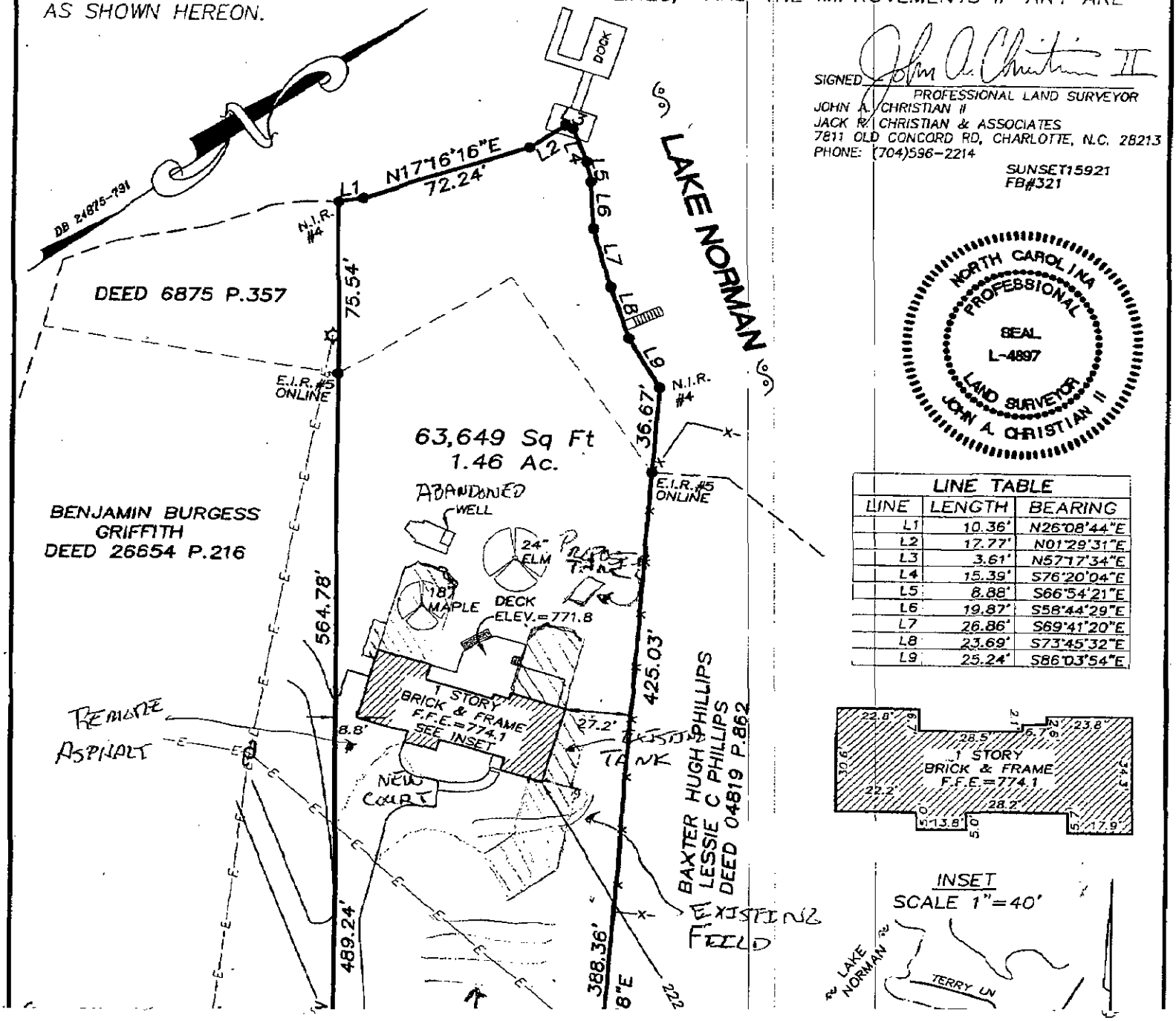
SIGNED John A. Christian II

PROFESSIONAL LAND SURVEYOR

JOHN A. CHRISTIAN II
JACK R. CHRISTIAN & ASSOCIATES
7811 OLD CONCORD RD, CHARLOTTE, N.C. 28213
PHONE: (704)596-2214

SUNSET15921
FB#321

NORTH CAROLINA PROFESSIONAL SEAL L-4897 LAND SURVEYOR JOHN A. CHRISTIAN II



LINE TABLE		
LINE	LENGTH	BEARING
L1	10.36'	N26°08'44"E
L2	17.77'	N01°29'31"E
L3	3.61'	N57°17'34"E
L4	15.39'	S76°20'04"E
L5	8.88'	S66°54'21"E
L6	19.87'	S58°44'29"E
L7	26.86'	S69°41'20"E
L8	23.69'	S73°45'32"E
L9	25.24'	S86°03'54"E

INSET
SCALE 1"=40'

THIS IS TO CERTIFY THAT ON THE 3RD DAY OF MARCH, 2015 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, AND THE IMPROVEMENTS IF ANY ARE AS SHOWN HEREON.

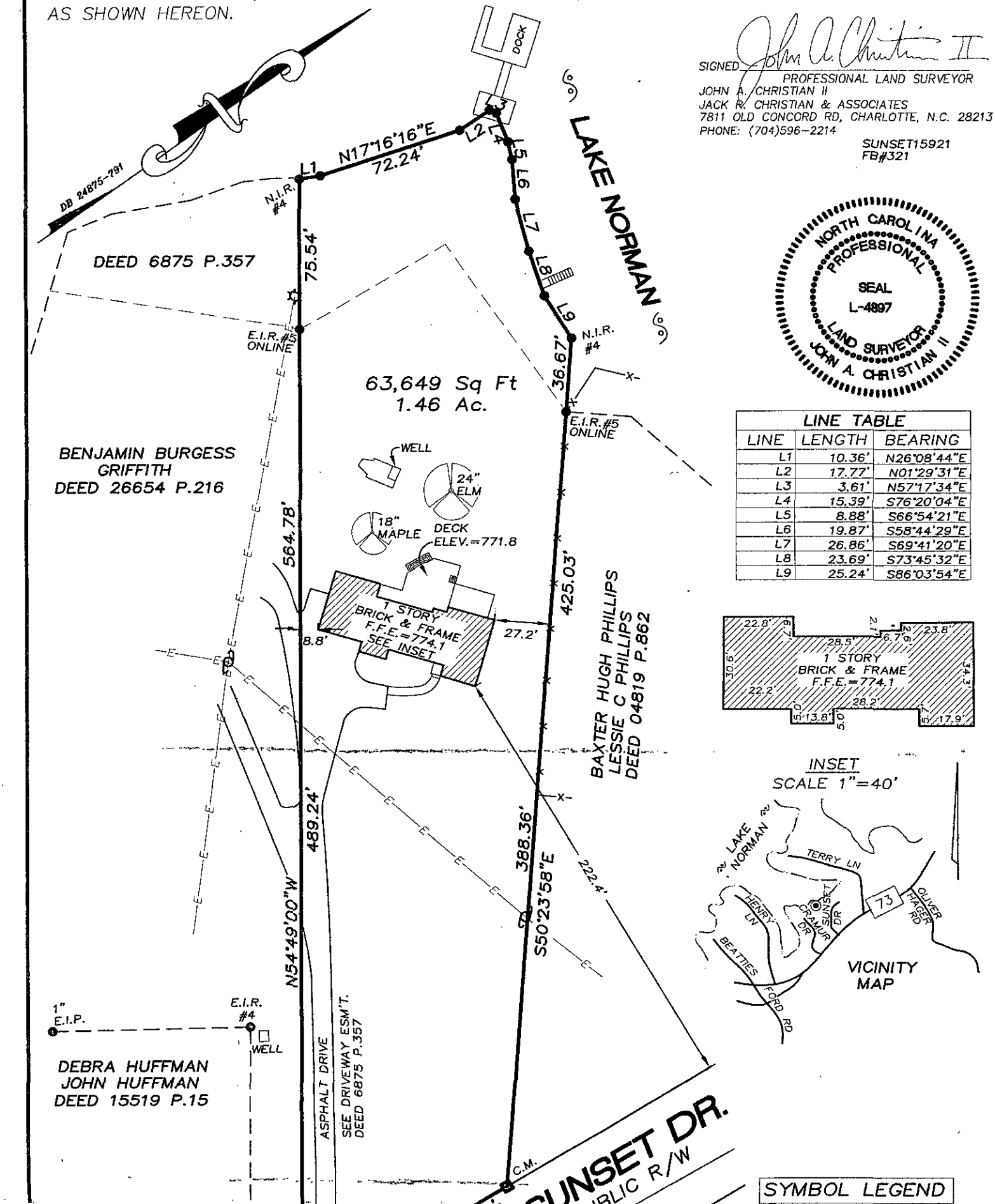
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PROFESSIONAL LAND SURVEYOR

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SUNSET15921
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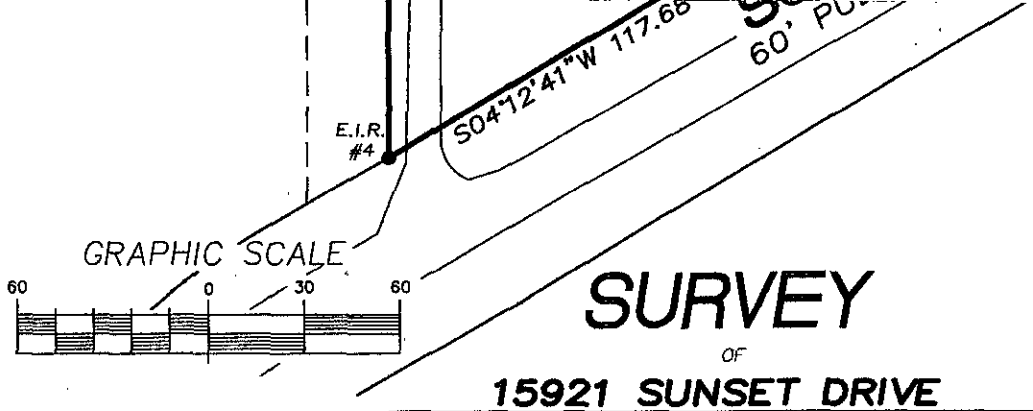
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INSET
SCALE 1"=40'

SYMBOL LEGEND



	POWER POLE (P.P.)
—x—x—	ELECTRIC LINE
—E—E—	ELECTRIC LINE
E.I.R.	EXISTING IRON REBAR
N.I.R.	NEW IRON REBAR
E.I.P.	EXISTING IRON PIPE
C.M.	CONCRETE MONUMENT

GRAPHIC SCALE

60 0 30 60

NOTE:

OTHER R/W'S OR EASEMENTS MAY EXIST WHICH MAY NOT BE SHOWN.

SURVEY

OF

15921 SUNSET DRIVE

TOWN OF HUNTERSVILLE, MECKLENBURG COUNTY, NORTH CAROLINA

SCALE 1"=60'

THE PROPERTY OF: MABEL W (TRUST) MORROW

MAP RECORDED IN BOOK ____ AT PAGE ____ DEED RECORDED IN BOOK 24875 PAGE 291

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

Sheet: 1 of 2
Property ID: 001-023-36
Lot #: NA
File #: 6899
AppID: 7400

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Jeff Ross
Applicant: owner
Address: 15921 Sunset Dr, Huntersville, NC 28078
Date Evaluated: 4/23/15
Proposed Facility: 4 Bedroom House
Design Flow (.1949): 480 GPD
Property Size: 1.46 ac
Location: 15921 Sunset Dr, Huntersville, NC 28078
Property Recorded: Unknown
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Municipal
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		b PROFILE FACTORS				General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN)	1956 Sapro Class	1944 Restr Horiz			
Boring #1	LS 5%	0 - 15	wfsbk SCL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.3	34"
		15 - 38	mfsbk C	S P FR SEXP							
		38 - 48	wfsbk CL	SS SP FR SEXP							
Boring #2	LS 5%	0 - 9	wfsbk SCL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.3	34"
		9 - 36	mfsbk C	S P FR SEXP							
		36 - 48	wfsbk CL	SS SP FR SEXP							
Boring #3	LS 5%	0 - 10	wfsbk SCL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.3	34"
		10 - 38	mfsbk C	S P FR SEXP							
		38 - 48	wfsbk CL	SS SP FR SEXP							
Boring #4	LS 4%	0 - 7	wfsbk SCL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.3	35"
		7 - 35	mfsbk C	S P FR SEXP							
		35 - 48	wfsbk CL	SS SP FR SEXP							

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

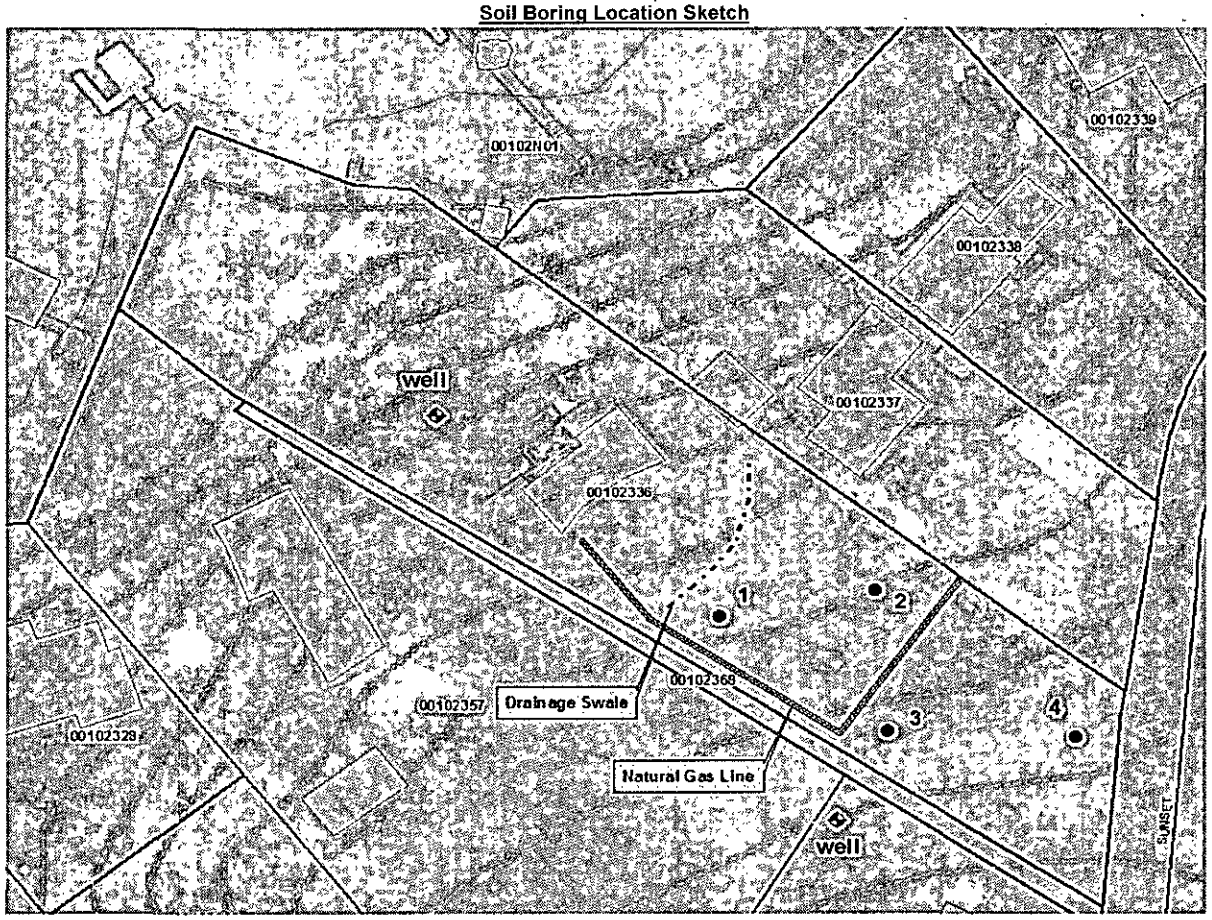
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present: Jeff Ross
Site Classification (.1948):
Site Evaluation By:
Others Present:

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		Sap-Saprolite
FP-Flood Plain		SCL-Sandy Clay Loam		**Structure Prefixes**
D-Drainage Way		SiL-Silt Loam		w-weak
				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

Soil Boring Location Sketch



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

Sheet: 1 of 2
Property ID: 001-023-36
Lot #: NA
File #: 6899
AppID: 7400

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PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 a 1941 Structure/ Texture	1941 Consistence Mineralogy	PROFILE FACTORS b 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
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		38 - 48	wfsbk CL	SS SP FR SEXP							
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		7 - 35	mfsbk C	S P FR SEXP							
		35 - 48	wfsbk CL	SS SP FR SEXP							

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

Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present: Jeff Ross
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jeremy Michelone, REHS
Others Present: April, Bryan

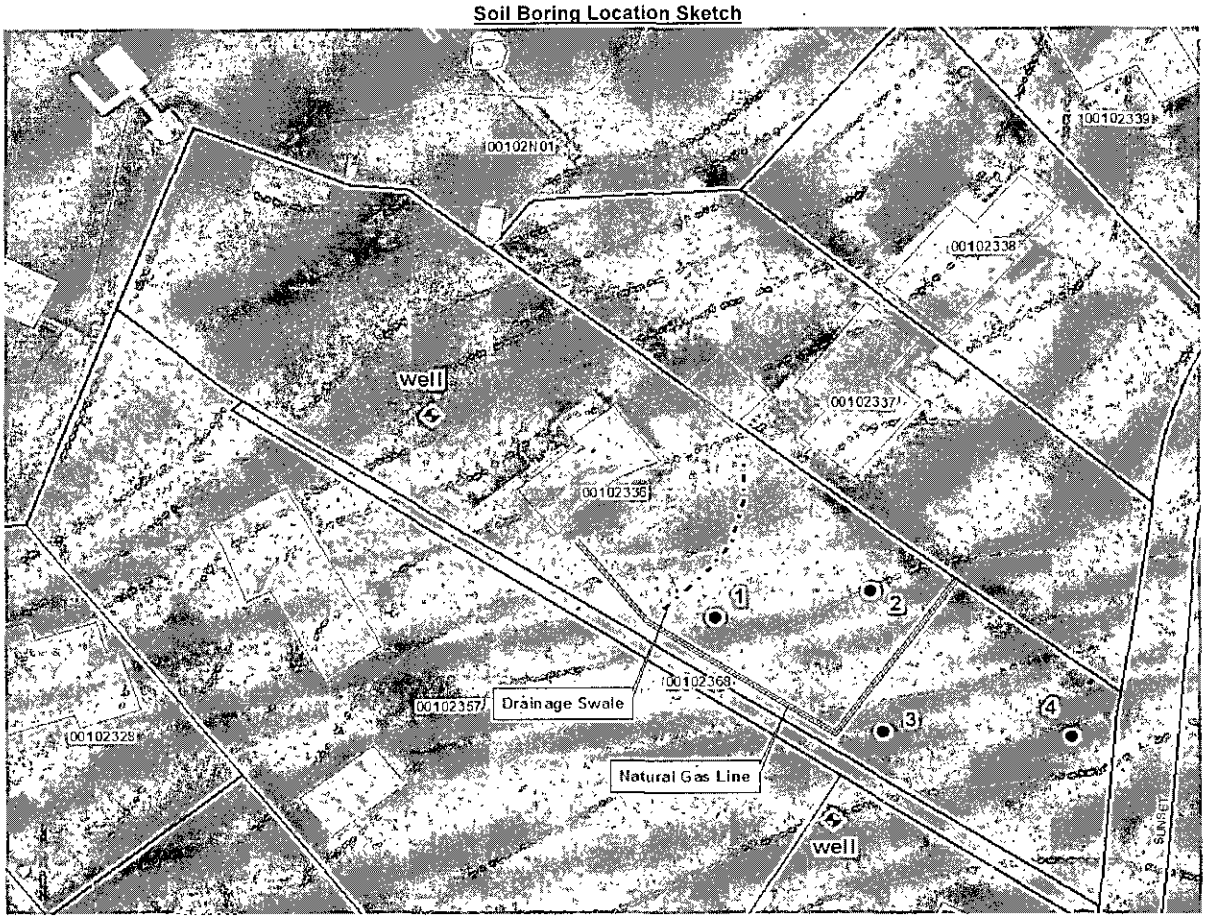
Jeremy Michelone, REHS

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
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				m-moderate
				s-strong
				f-fine
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		SiC-Silty Clay		c-coarse
		C-Clay		

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	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Soil Boring Location Sketch



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/08/15	**Amount:**	250.00
Receipt #:	94256	**Tendered:**	250.00
Check / Auth #:	VISA 008670	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

Account #: 200000
Contractor: ROSS, JEFFREY, SR
Attn:
Address: 19020 BRIGADOON PLACE
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 15921 SUNSET DRIVE		1	250.00	250.00

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

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

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
JEFFREY ROSS, SR

Bill To:

JEFFREY ROSS, SR
19020 BRIGADOON PLACE

Cornelius, NC 28031

Single Payment

Transaction Date: 04/08/2015 11:45 AM Pacific Time
Pay Method: VISA **********1124
Approval #: 008670
Trace Number: 54cc1532-669c-4653-bd06-b8b7ddfe87f6
Amount: $250.00

Payment Amount: $250.00

Total: $250.00

Thank you for your payment.

Fax Cover Sheet

REVISED Septic Permit Application for

15921 Sunset Drive Huntersville

Elizabeth Janak

4/2/2015

1:00 PM

Attention: Brenda

Comments:

Brenda we spoke about this permit application on Tuesday. We have included the original 1974 and amended 1992 septic permits for your use, permit application, along with the plat survey of the property showing where we could possibly add on to the house one day. Please review it and get back to Jeff Ross 704-661-5000 with any questions and to pay perk test fee by phone. Thank you for all of your assistance.

Elizabeth Janak

OLD File Records
Printed 4/9/15

NO File In Cabinet

Date Received 8-13-13

APT No. 6999

T. C. No. 001-023-36

Map Date 7-17-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Hubbard (LAST) Benjamin (FIRST) Franklin (MIDDLE)

2) ADDRESS OF OWNER 3909 Colebrook Rd Char. ZIP 28215

3) PHONE NO. Home 536 2310 Office

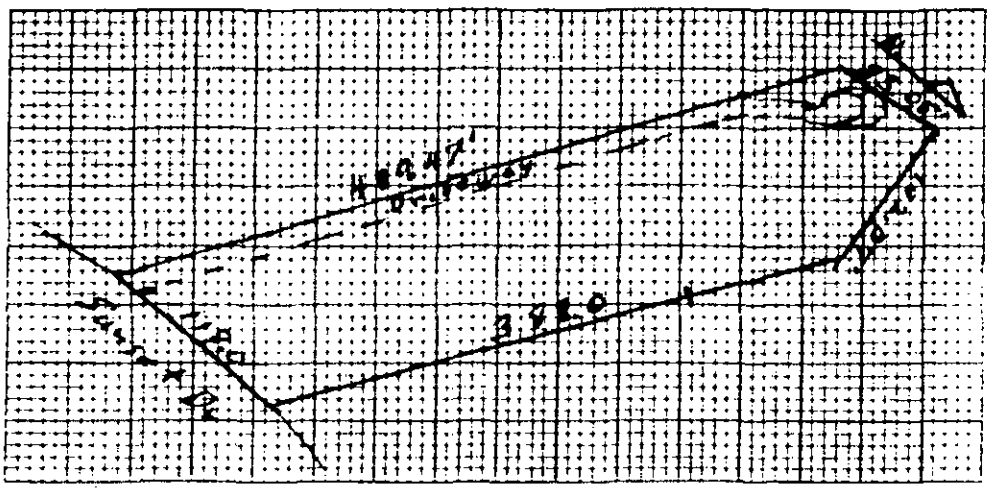
4) LOCATION OF PROPERTY Sunset Dr Hy 73 (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK 1538 PAGE NO 439

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Ben F. Hubbard
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203
Telephone 374-2113

Date Issued
1. August 29, 1973 SITE DISAPPROVAL REPORT SDR No. 8899
2. _____ INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, T.C. No. 001-028-36
3. _____ SOIL ABSORPTION, EFFLUENT DISCHARGE 7-17-72

NAME OF OWNER Hubbard, Benjamin Franklin

ADDRESS OF OWNER 3909 Colebrook Road ZIP 28215

LOCATION OF LOT Sunset Drive

The lot described above has been disapproved for the installatic of an individual septic tank system with subsurface soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
X	1.	8-28-73	150 min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

Environmentalist

(Stencil No.)
HHD 398
8/70

FORM NO.
E-19-8-14-70

Serial No. 3706

PTR No. 6899

Date Issued October 23, 1973

T C. No. 001-023-36

Map Date 7-17-72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

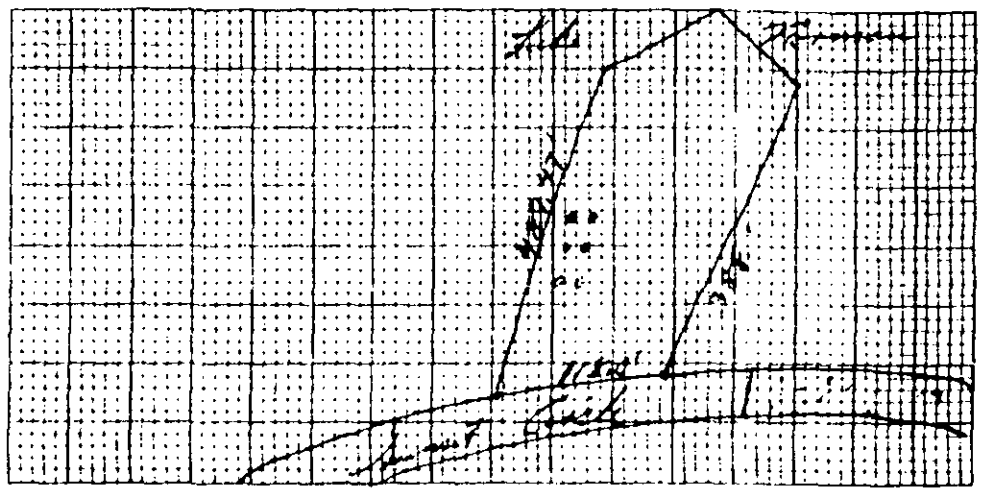
PERCOLATION TEST REPORT

NAME OF OWNER Hubbard (LAST) Benjamin (FIRST) Franklin (MIDDLE)

ADDRESS OF OWNER 3909 Colebrook Road ZIP 28215

LOCATION OF PROPERTY Sunset Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot

The percolation rate determined by the test was 46 min/in. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

John N. Hobson

Director Environmental Health Division or Authorized Section Head

FORM NO E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 8-23-23

ICAR(S) Application No. 6899

T C No.

Map Date

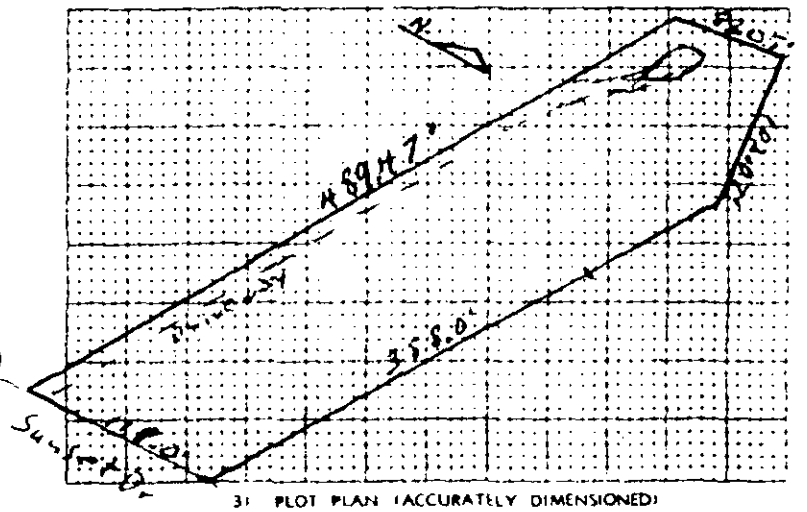
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) X Install or Construct 2) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedroom 3

5) Business Use Max. No. Employees

6) Washing Machine ✓ Yes No

7) Garbage Disposal Yes ✓ No

8) Dishwasher ✓ Yes No

9) Water Supply
A) Individual Well Yes
B) Government System
C) Community System
1) Well Serving
2) Government

10) Sewage System
House located less than 200 feet of public sewer Yes ✓ No
House located within 200 feet of community sewer Yes No

11) FHA Case No.

12) VA Case No.

13) NAME OF OWNER Hubbard (LAST) Benjamin (FIRST) Franklin (MIDDLE)

14) ADDRESS OF OWNER 3409 Colebrook Rd Charlotte N.C.

15) PHONE NO Home 536-2310 Office

16) LOCATION OF SYSTEM Sunset Dr (County) (STREET OR COUNTY ROAD) Hy. 73

17) SUBDIVISION Lot No Block No

Map Book No Page No

18) DEED REFERENCE — DEED BOOK 1538 AT PAGE 439

19) HAS A PERCOLATION TEST BEEN RUN? YES NO DATE RUN

20) PTR NUMBER (See Instructions)

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION

OWNER Ben F. Hubbard

REV. 12 E-4-9-1-72

HEALTH DEPARTMENT'S COPY

LA No. 6899

Serial No. 3548

Date Issued October 23, 1973

IMPROVEMENTS PERMIT

T. C. No. 001-023-36

Map Date 7-17-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Hubbard (LAST) Benjamin (FIRST) Franklin (MIDDLE)

ADDRESS OF OWNER 3909 Colebrook Road ZIP 28215

LOCATION OF LOT Sunset Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 46 min/in on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6899. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

M. K. Kirby
Environmentalist

John R. Kissam
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 30 Aug 71 Serial No. 5681 ICAR(S) Permit No. 6899

T C No. 09-023-36

Map Date 1.7 July 72

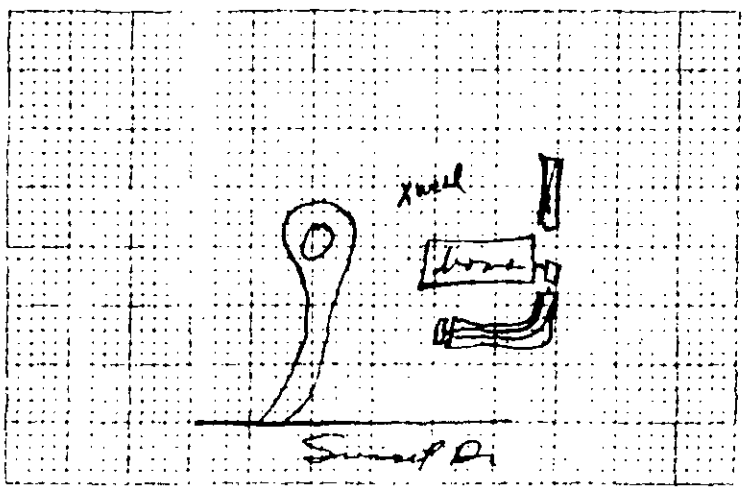
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, Alter or Repair the individual septic tank waste water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 6899 dated 8-23-71 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 30 Sept 71, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank 1500

Tank Construction C

Absorption and/or Nitrification Lines

Total Line Length 400' & 150 Lin.

Number of Lines 5 (12½' x 50 x 17") 4 (12½' x 50' x 17")

Distance from House 12'

Distance from Property Line 10'

Distance from Well 85'

NAME OF OWNER Hubbard, B. F.

LOCATION OF PROPERTY Sunset Dr (Lake)

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used

Comments Aeration pit 2½' x 2' x 1' 9 Sta (Morrison)

Division or Section Head

Environmentalist

If this permit is for the installation or construction of a new system it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired

Form E-S-9-1-72

DEPARTMENTS COPY

Date Issued 10 Sept 74 Serial No. 5210 C of A (s) No. 6899

T C No 001-03-36

Map Date 12 July 72

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Hubbard, S. F. (LAST, FIRST, MIDDLE)

Location of Property Summit Dr.

Application Number 6899 Permit Number 6899

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 400' & 150' Number of Lines 5@12½'x80'x17" 4@104.37½'x17"

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 85'

Excavation Inspected 10 Sept 74 (DATE) Tank Inspected 10 Sept 74 (DATE)

Nitrification Field Inspected 10 Sept 74 (DATE)

Washing Machine Line Inspected, If Applicable 10 Sept 74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning or controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit and in addition to those listed below under comments. This Certificate of Approval 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.

Comments Aeration pit 2½x9'x4'sto

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY