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 #: 8659B Permit #: _____ Tax Parcel #: 137-095-06

Property Owner: Mayford Christenbury

Job Location Address: 6630 Lake Rd,

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 1/17/14 Contractor Name: Stevens Septic

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons Dellinger 11-29-13

Liquid Capacity of Dosing Tank: 1000 gallons Dellinger 11-21-13

Effluent Pump Model: Liberty FLS1M ½HP

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 8 @ 40 feet

Depth of Media: 12 inches (Type) ADS Chambers

Depth of Cover: 12-24 inches

Distribution Device: Pressure Manifold.

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 16 feet

Distance from Property Line: 5 feet

Distance from Water Supply Source: 10'+ feet

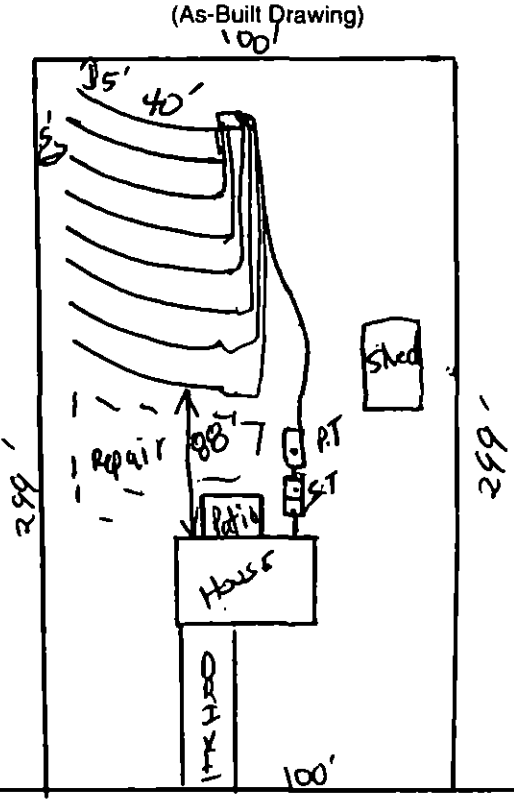
Inspection Dates

Tank(s) Inspected: 1/17/14

Excavation Inspected: 1/17/14

Pump & Controls Inspected: 1/17/14

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: 111bg BIOA36, P, N/A, N/A

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael REHS

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

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

File #: 8659B Permit #: 5984 Tax Parcel #: 137-095-06

Property Owner: Mayford Christenbury

Job Location Address: 6630 Lake Rd

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: IIIbg

*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: Jeremy Michael Date: 1/17/14

Signature: Jeremy Michael 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

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

File #: 8659B Permit #: 30005984 Tax Parcel #: 137-095-06

Property Owner: Mayford Christenbury

Job Location Address: 6630 Lake Rd.

City: Mint Hill State: NC Zip Code: 28227

Installation Approval Issuance Date: 1/13/14

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 360 GPD

Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 40 feet

# of Lines: 8 @ 40 feet

Depth of Media: 12" inches (Type) III b

Distribution Device: Press. Manifold

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

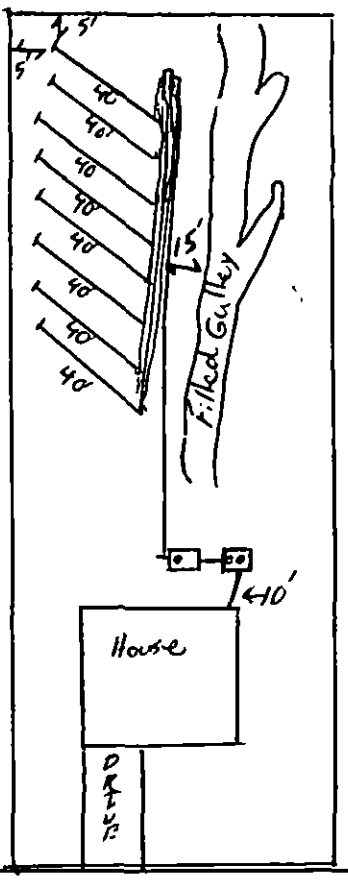
Minimum System Setbacks

Distance from Building Foundation: 10' feet

Distance from Property Line: 5' feet

Distance from Water Supply Source: 10' from line feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



8 lines
3x40'
25% Red.

36" Trench Depth

Ensure to stay 15'ft from gulley location

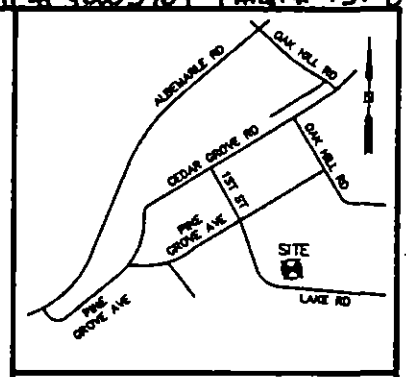
Comments: System Classification & Type: III b

DENR Authorized Agent: Bradley W. Hallman Signature: _____

PLOT PLAN File # 8659B Permit # 20005984 Parcel # 137-095-06

NOTES:

- AREA DETERMINED BY COORDINATE METHOD.
- SUBJECT PROPERTY DESCRIPTION RECORDED IN DEED BOOK 2773 PG. 205.
- THIS SURVEY WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE REPORT.
- THIS PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED EASEMENTS, RIGHT OF WAYS, SETBACKS AND/OR RESTRICTIVE COVENANTS NOT SHOWN HEREON.
- THIS MAP IS NOT INTENDED TO MEET G.S. 47-30 AND IS NOT TO BE RECORDED AS A PLAT.
- SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD ZONE AS PER FIRM PANEL 3710550300J, DATED MARCH 2, 2009. (NOT DETERMINED BY FIELD SURVEY.)
- R ZONING: PRINCIPAL SETBACKS AS SHOWN
  ACCESSORY STRUCTURE: 8' SETBACK

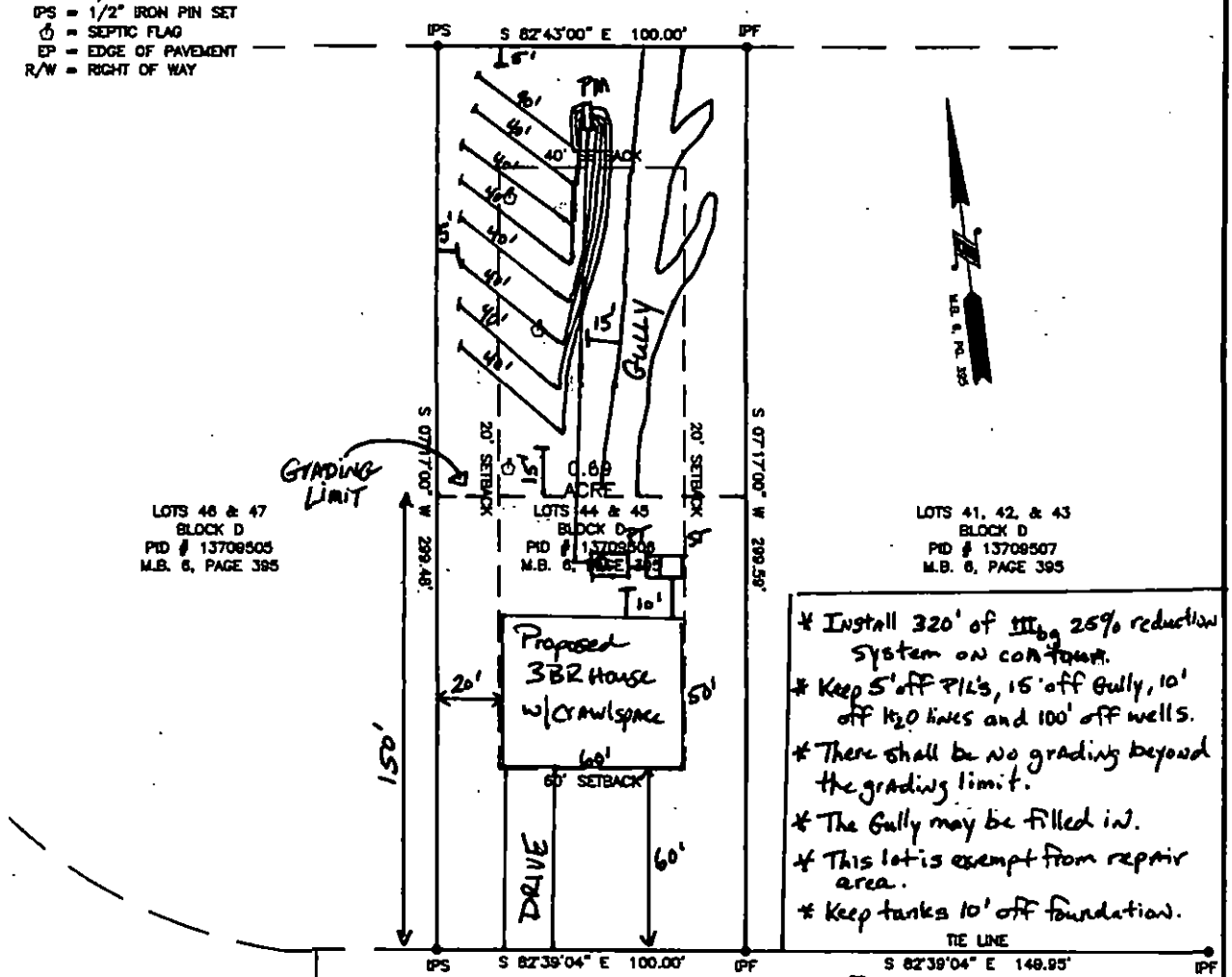


VICINITY MAP (NOT TO SCALE)

LOT 14
BLOCK D
PID # 13709521
M.B. 6, PAGE 395

LEGEND

IPF = 1/2" IRON PIN FOUND
IPS = 1/2" IRON PIN SET
⏁ = SEPTIC FLAG
EP = EDGE OF PAVEMENT
R/W = RIGHT OF WAY



* Install 320' of LTAbg 25% reduction system on contour.
* Keep 5' off P/L's, 15' off Gully, 10' off H_2O lines and 100' off wells.
* There shall be no grading beyond the grading limit.
* The Gully may be filled in.
* This lot is exempt from repair area.
* Keep tanks 10' off foundation.

GRAPHIC SCALE

0 30 60 120

(IN FEET)
1 inch = 60 ft.

NORTH CAROLINA PROFESSIONAL SEAL L-4880 LAND SURVEYOR MICHAEL P. McMURRAY

I hereby certify that this map was drawn under my supervision from an actual survey made under my supervision; that the ratio of precision or positional accuracy is 1:10,000+; that the boundaries not surveyed are shown as broken lines plotted from information found in (references as shown), and that this map meets the requirements of the Standards of Practice for Land Surveying in North Carolina (21 NCAC 56. 1600). Witness my original signature, registration number and seal this 11th day of February, 2013.

Michael P. McMurray — Professional Land Surveyor

L-4880 — Registration Number

PHYSICAL SURVEY

6630 LAKE ROAD
LOT 44 & 45, BLOCK D, WILGROVE FARMS
MAP BOOK 6, PAGE 395
MINT HILL, MECKLENBURG COUNTY, NORTH CAROLINA

PREPARED FOR: MARIYA & SERGEY SHVETS

MCMURRAY LAND SURVEYING, INC., C-3908
MICHAEL P. MCMURRAY, NCPLS L-4880
318 E. OLD HIGHWAY 74
MONROE, N.C.

8659B

MECKLENBURG COUNTY HEALTH DEPARTMENT Appt# 5984

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: 137-095-06

STREET ADDRESS: 6630 Lake Rd.

CITY: Mint Hill

STATE: NC ZIP: 28227

SUBDIVISION NAME: none

LOT #: 44 & 45 LOT SIZE (acres): 0.75

TOWNSHIP:

◉ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 1,500

NUMBER OF BEDROOMS: 3

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: _____ 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 _____

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?** 3/6/13 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Mayford L. Christenbury

ADDRESS: 708 Denning Pl.,

CITY: Charlotte

STATE: NC ZIP: 28227

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

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

NAME: Frank Redies

ADDRESS: 7521 Mathews-Mint Hill Rd.,

CITY: Mint Hill

STATE: NC ZIP: 28227

WORK PHONE: _____

MOBILE PHONE: (704) 451-8106

FAX: _____

E-MAIL: fredies@carolina.rr.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

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.

MY (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.

Boldt Buyer's representative — Property Owner's or Owner's Legal Representative Signature

1-22-2013 — Date

704-560-6460

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250.00 DATE FEE RECEIVED: 1/22/13

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

APPLICATION PROCESSED BY: lws

GWS FILE NUMBER ASSIGNED: 8659B

APPLICATION ID NUMBER ASSIGNED: 5984

COMMENTS:

Preferably to have septic tank on the front yard. A House location is approximately. Can be moved farther if/is needed.

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

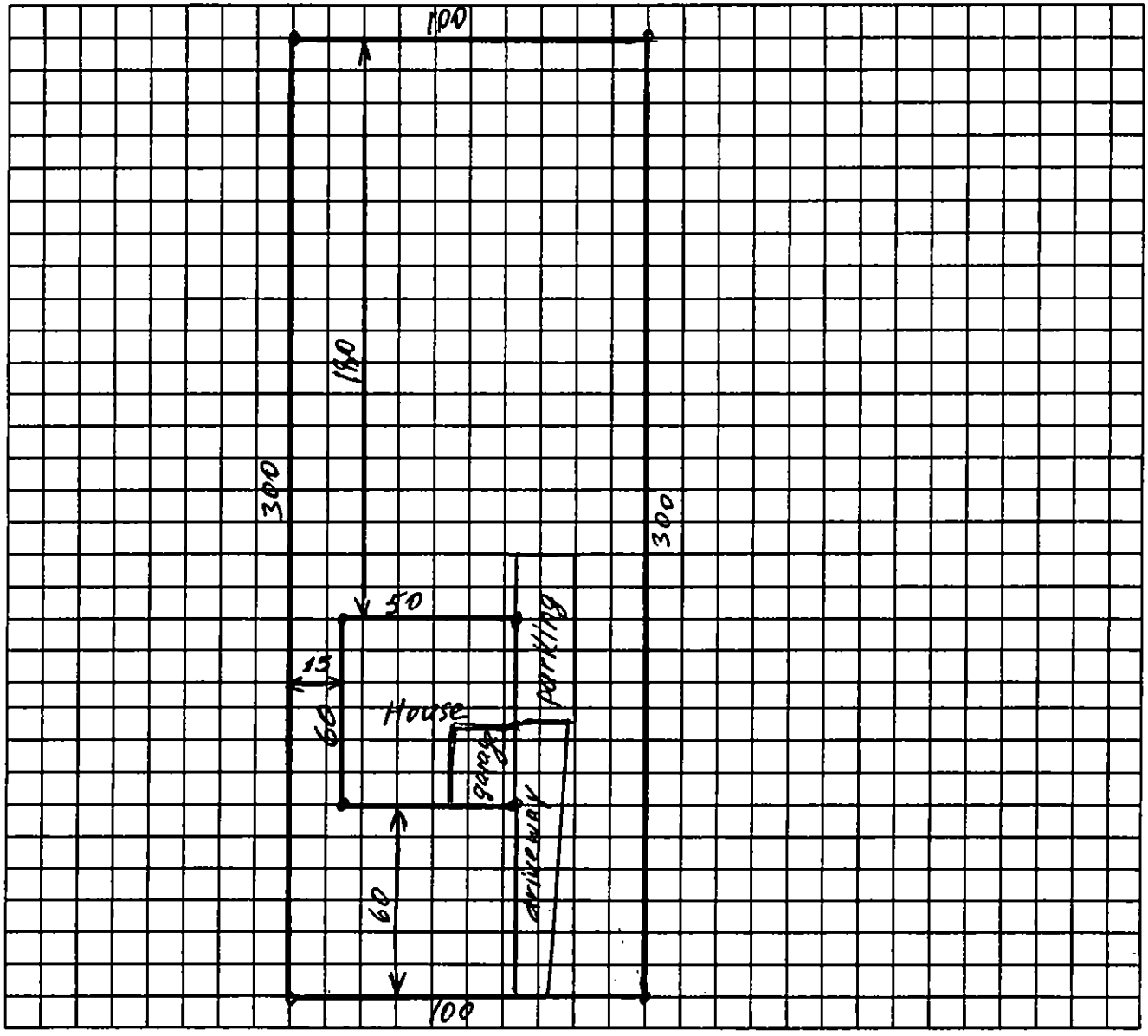
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 6630 Lake Rd., Mint Hill, NC 28227

Tax Parcel #: 137-095-06

Subdivision Name: none

Lot #: 44 & 45



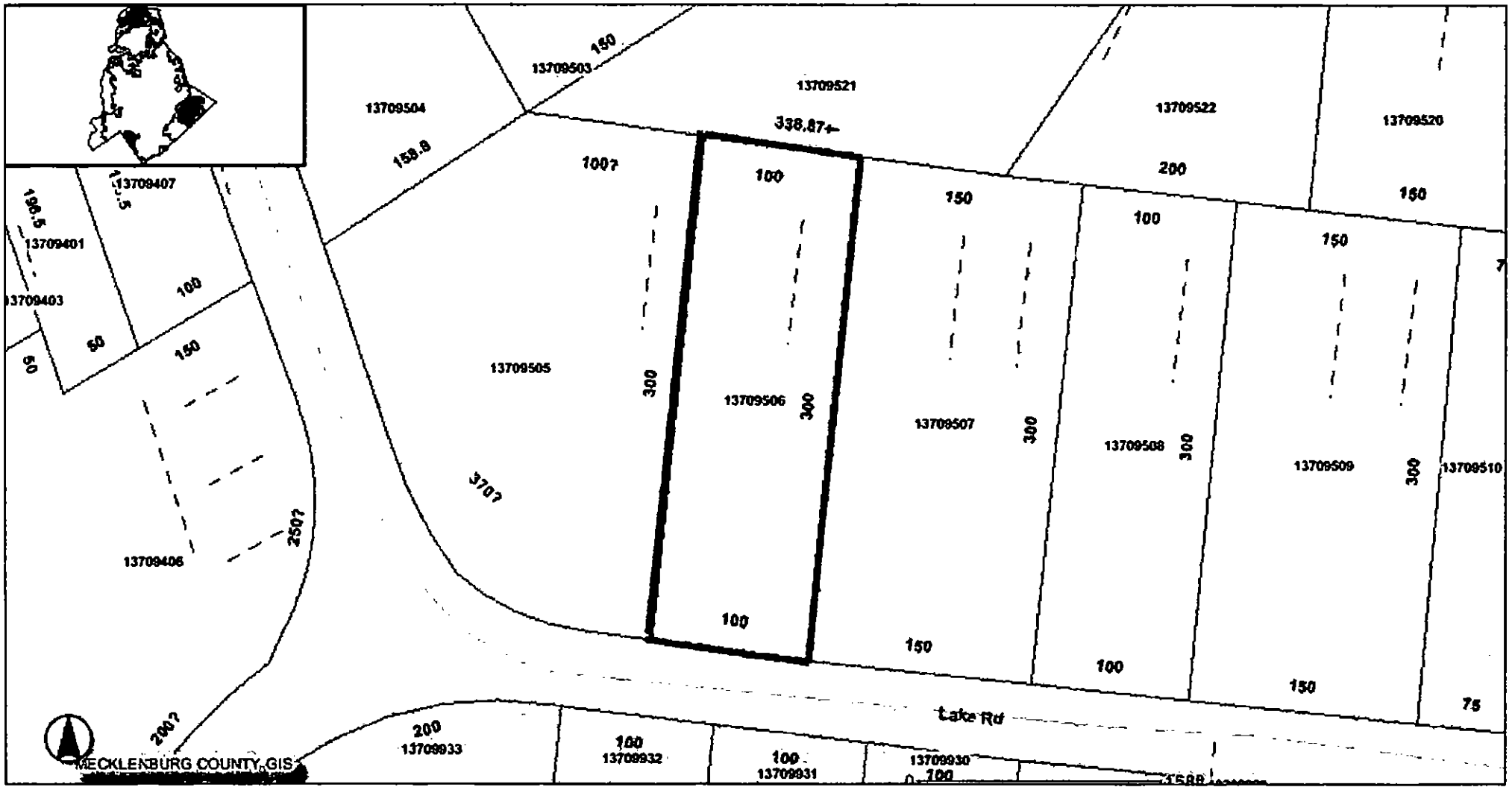
Property Owner's or Owner's Legal Representative Signature

1-23-2013
Date

704-560-6460

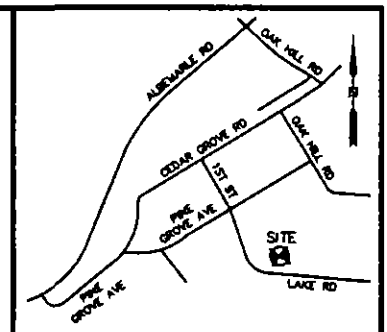
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10


13709407
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13709509
13709510
13709406
13709933
13709932
13709931
13709930
338.87+
158.8
196.5
Lake Rd
MECKLENBURG COUNTY GIS

NOTES:

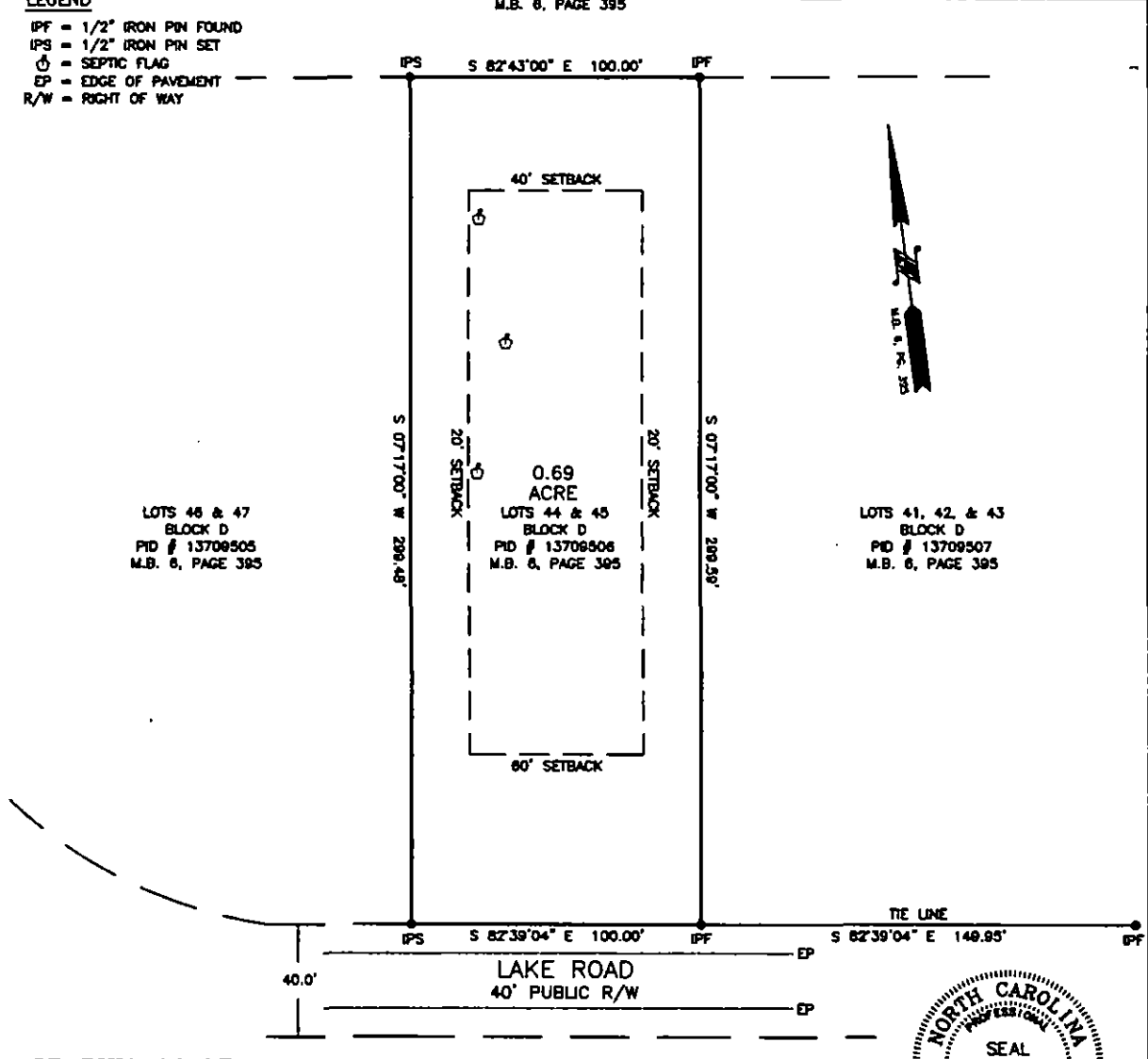
- AREA DETERMINED BY COORDINATE METHOD.
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- THIS SURVEY WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE REPORT.
- THIS PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED EASEMENTS, RIGHT OF WAYS, SETBACKS AND/OR RESTRICTIVE COVENANTS NOT SHOWN HEREON.
- THIS MAP IS NOT INTENDED TO MEET G.S. 47-30 AND IS NOT TO BE RECORDED AS A PLAT.
- SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD ZONE AS PER FIRM PANEL 3710550300J, DATED MARCH 2, 2009. (NOT DETERMINED BY FIELD SURVEY.)
- R ZONING: PRINCIPAL SETBACKS AS SHOWN
  ACCESSORY STRUCTURE: 8' SETBACK



VICINITY MAP (NOT TO SCALE)

LEGEND

IPF = 1/2" IRON PIN FOUND
IPS = 1/2" IRON PIN SET
⏁ = SEPTIC FLAG
EP = EDGE OF PAVEMENT
R/W = RIGHT OF WAY



GRAPHIC SCALE



(IN FEET)
1 inch = 40 ft.

NORTH CAROLINA PROFESSIONAL SEAL L-4880 LAND SURVEYOR MICHAEL P. McMURRAY

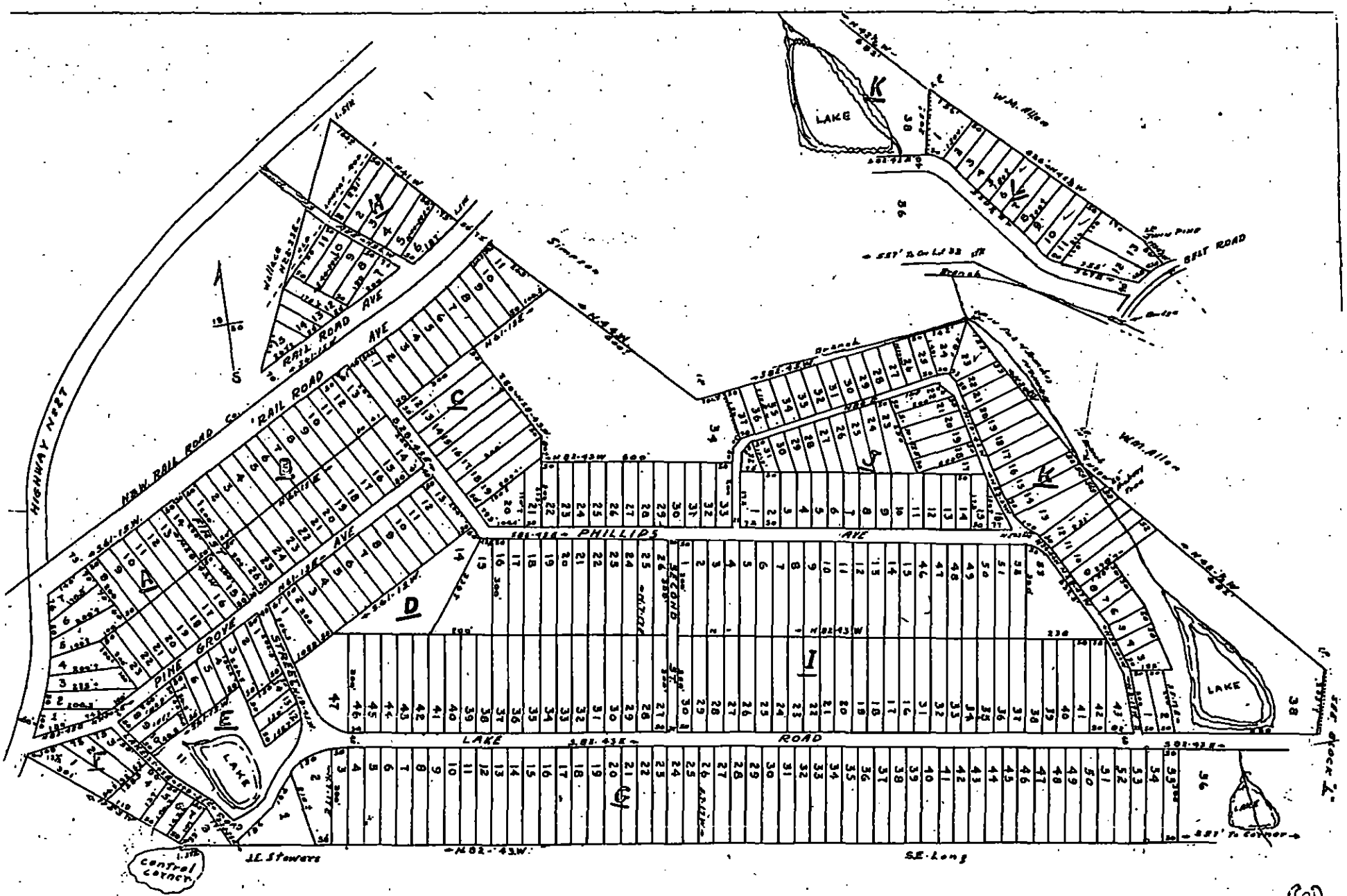
PHYSICAL SURVEY
8630 LAKE ROAD LOT 44 & 45, BLOCK D, WILGROVE FARMS MAP BOOK 6, PAGE 395 MINT HILL, MECKLENBURG COUNTY, NORTH CAROLINA
PREPARED FOR: MARIYA & SERGEY SHVETS
MCMURRAY LAND SURVEYING, INC., C-3908 MICHAEL P. MCMURRAY, NCPLS L-4880 318 E. OLD HIGHWAY 74 MONROE, N.C. 704-254-2736

I hereby certify that this map was drawn under my supervision from an actual survey made under my supervision; that the ratio of precision or positional accuracy is 1:10,000+; that the boundaries not surveyed are shown as broken lines plotted from information found in (references as shown), and that this map meets the requirements of the Standards of Practice for Land Surveying in North Carolina (21 NCAC 56. 1600). Witness my original signature, registration number and seal this 11th day of February, 2013.

Michael P. McMurray — Professional Land Surveyor

L-4880 — Registration Number

This survey is of an existing parcel of land.



WILGROVE FARMS

CLEAR CREEK TWP. MECKLENBURG Co. N.C.

Aug. 1950 1"-200' S. Leon Hartley Surveyor

365

Revenue Stamp affixed $ .55¢ .

STATE OF NORTH CAROLINA—Mecklenburg County

THIS DEED, Made this 7th day of October A. D., 19 66, by and between James B. Christenbury and wife, Edna W. Christenbury

of the County of Mecklenburg and State of North Carolina, part 1st of the first part, and Hayford L. Christenbury

of the County of Mecklenburg and State of North Carolina, part 2nd of the second part.

WITNESSETH, That the said parties of the first part, in consideration of One hundred dollars and other valuable considerations

to them paid by the part y of the second part, the receipt of which is hereby acknowledged, ha ve bargained and sold, and by these presents do grant, bargain, sell and convey unto the said party of the second part and his heirs, all their undivided one-half right, title, interest and estate in and to those certain lots or parcels of land, situate, lying and being in Clear Creek Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

Being all of Lots 44 and 45 in Block "D" of that certain subdivision known as Wilgrove Farms, according to map thereof recorded in Map Book 6, page 395, of Mecklenburg County Registry.

Reference is made to deed dated May 30, 1966, from Mrs. Lillian S. Ross (Widow) to James B. Christenbury and Hayford L. Christenbury recorded in Book 2726 page 317 of said Mecklenburg County Registry, conveying the above described lots of land, and it is the purpose of the parties of the first part herein to convey all of their right, title, interest and estate in and to said lots of land to the party of the second part herein.

TO HAVE AND TO HOLD the aforesaid undivided one-half interest in and to said lots of land and all privileges and appurtenances thereto belonging, to the said party of the second part, his heirs and assigns, to his and their only use and behoof forever.

And the said parties of the first part for themselves their heirs, executors and administrators, covenant with the said party of the second part his heirs and assigns, that they are seized of said premises in fee and ha ve right to convey the same in fee simple, that the same are free and clear from all incumbrances, and that they will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

IN TESTIMONY WHEREOF, The said parties of the first part of these Presents ha ve hereunto set their hands and seals the day and year above written.

Signed, Sealed and Delivered in presence of

James B. Christenbury (Seal)

Edna W. Christenbury (Seal)

(Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

In and

I, Margaret B. Alexander a Notary Public for said County and State, do hereby certify that James B. Christenbury and wife, Edna W. Christenbury personally appeared before me this day, and acknowledged the due execution of the foregoing (or annexed) instrument.

Witness my hand and notarial seal, this 7th day of October A. D., 19 66.

SEAL

Margaret B. Alexander Notary Public

My Commission Expires Feb. 26th, 1967

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

The foregoing (or annexed) Certificate of Margaret B. Alexander, a Notary Public for said County and State, is adjudged to be correct. Let the instrument and the certificate be registered.

This 10th day of October A. D., 1966

J. Edward Stokes, Clerk Superior Court by: Louise B. Hair Deputy

Filed at 10:15 o'clock, A. M., on the 10th day of October A.D., 1966

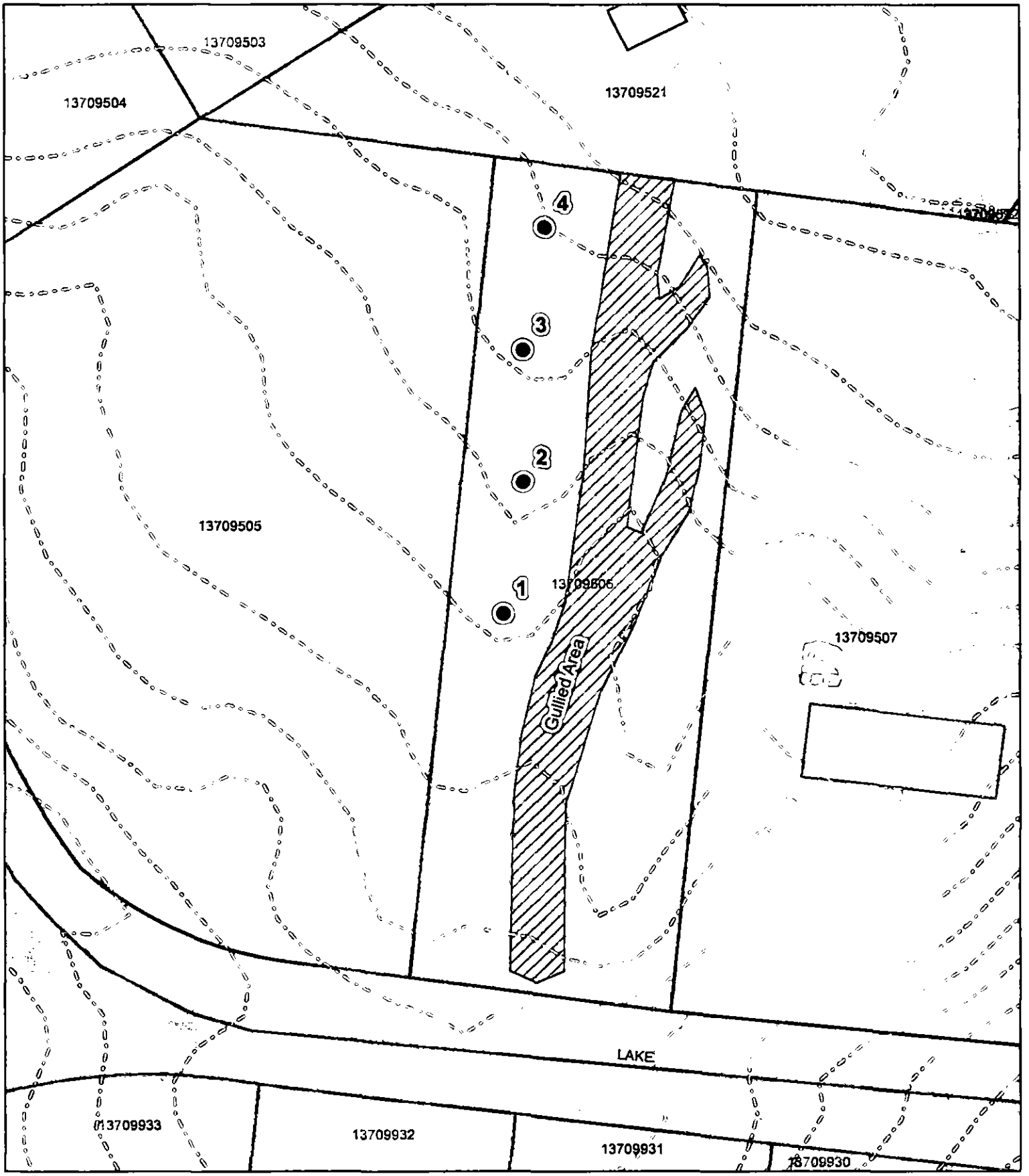
Recorded at 2:40 o'clock, P. M., on the 11th day of October A.D., 1966

and verified. EDGAR SMITH, Register of Deeds.

Drawn By Ray Rankin, Attorney

dfy

SOIL EVALUATION LOCATIONS FOR
PARCEL #: 137-095-06
WAPSPS APPLICATION #: 5984



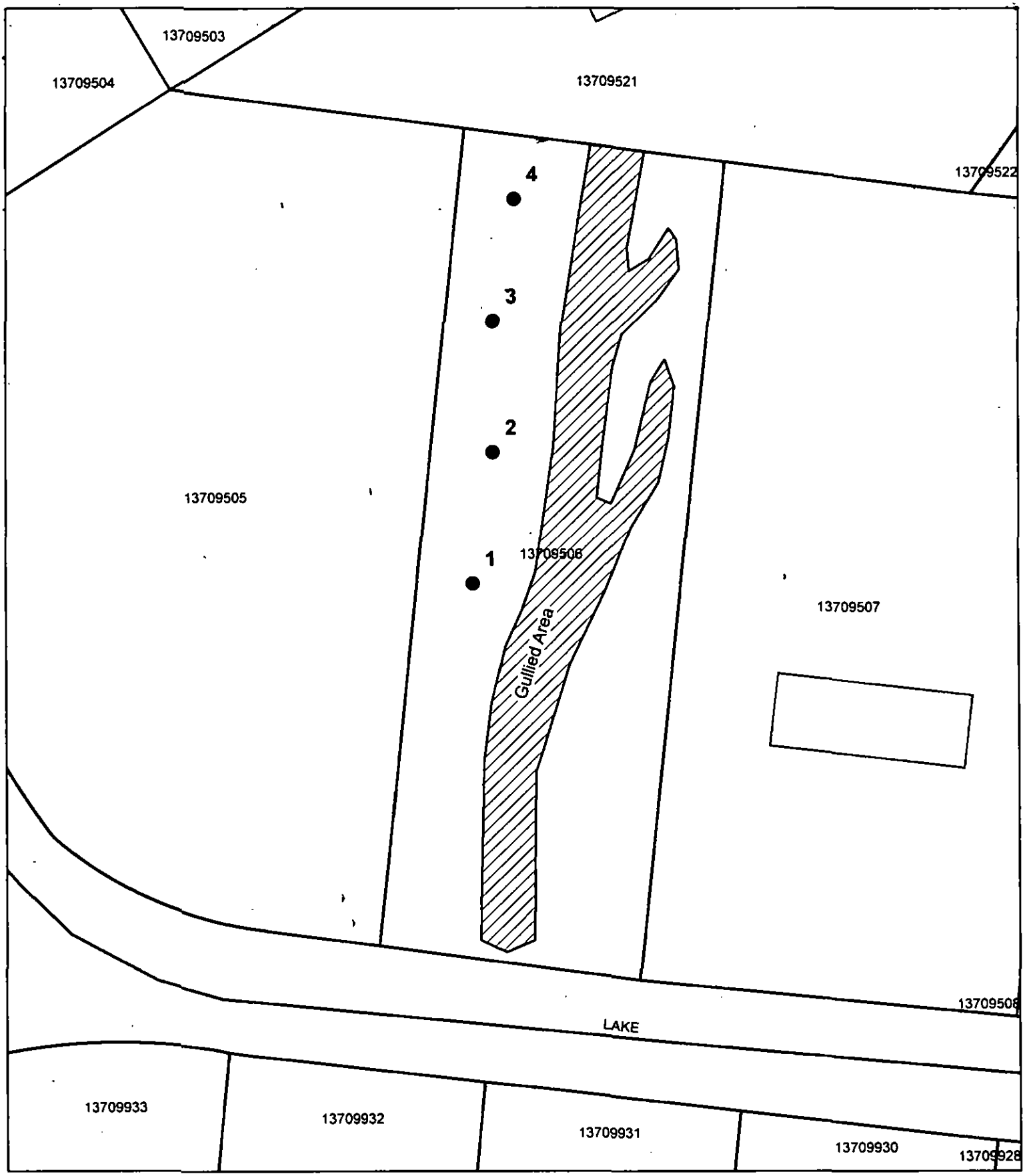
Map Created By: Jacob Presley
Map Created On: 01/29/2013

● Auger Boring Locations

0 12.5 25 50
Feet

N

SOIL EVALUATION LOCATIONS FOR
PARCEL #: 137-095-06
WAPSPS APPLICATION #: 5984



Map Created By: Jacob Presley
Map Created On: 01/29/2013

● Auger Boring Locations

0 25 50 Feet

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

Sheet: 1 of 2
Property ID: 137-095-06
Lot #: NA
File #: 8659B
AppID: 5984

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Mayford Christenbury
Address: 708 Denning Pl., Charlotte, NC 28227
Proposed Facility: 3BR Home
Design Flow (.1949): 360 GPD
Location of Site: 6630 Lake Rd, Mint Hill, NC 28227
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Linda Wallace
Date Evaluated: 1/28/2013
Property Size: 0.75 acres
Property Recorded: NA

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 4%	0 - 5	wfsbk CL	SS SP FR SEXP	>51"	51	NA	S		PS IV 0.3	36"
		5 - 51	mmsbk C	SS P FR SEXP							
Boring #2	LS 4%	0 - 7	wfsbk CL	SS SP FR SEXP	>50"	50	NA	S		PS IV 0.3	36"
		7 - 50	mmsbk C	SS P FR SEXP							
Boring #3	LS 4%	0 - 7	wfsbk CL	SS SP FR SEXP	>50"	50	NA	S	piece of weathered rock encountered @ 30"	PS IV 0.3	36"
		7 - 34	wfsbk C	S P FR SEXP							
		34 - 50	mmsbk C	SS P FR SEXP							
Boring #4	LS 4%	0 - 10	wfsbk CL	SS SP FR SEXP	>50"	50	NA	S		PS IV 0.3	36"
		10 - 25	wfsbk C	S P FR SEXP							
		25 - 50	mmsbk C	SS P FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	Exempt
System Type(s)	IIIbg	N/A
Site LTAR	0.3	~~0.3~~ N/A

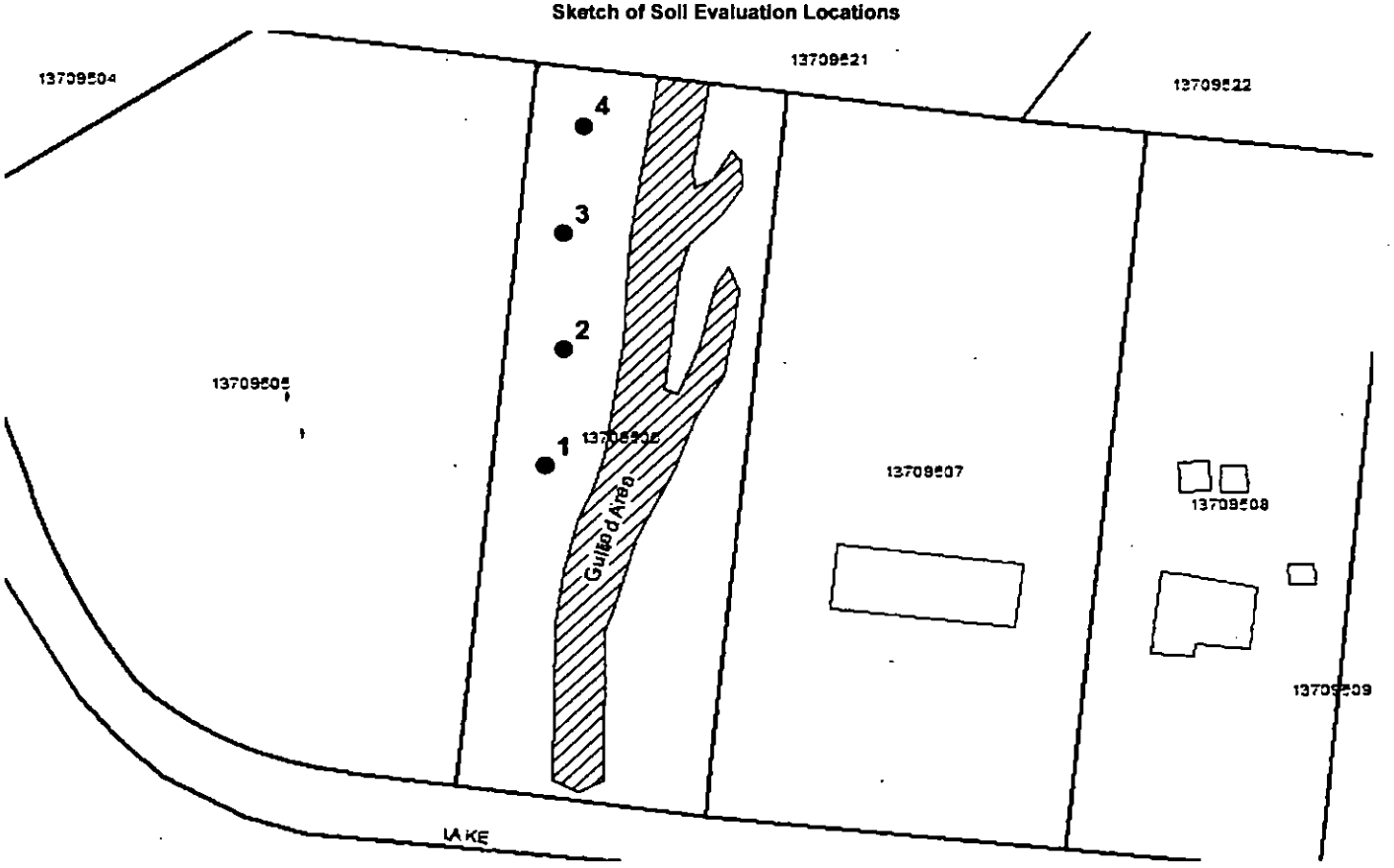
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS
Others Present:
Site Classification (.1948):
Site Evaluation By: Tyler Ashe
Others Present: Natalie (Builder) + Maria (Newowner) on 2/22/13

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				
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
		SiL-Silt Loam		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



FEE: 200.00
DATE: 8/16/2013

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 8659B

PERMIT NUMBER: 30005984

PARCEL NUMBER: 13709506

JOB LOCATION INFORMATION

ADDRESS: 6630 LAKE RD

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

ISSUED TO: Mayford L Christenbury

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 2/25/2013

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30005984, 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: 2/25/2018

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 #: **30005984** GWS File #: **8659B** Tax Parcel #: **137-095-06**

- 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):** 2/25/2018

Type of Installation: Residential - New System Lot Number: 44

Structure Type: HOUSE Size (ft^2): 1500 # Bedrooms: 3 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: N/A **System Classification:**

Repair System Specifications:

Design Flow (gpd):	0	LTAR (gpd/ft^2):	0	Septic Tank Size (gal):	0	Pump Tank Size (gal):	0
Trench Width (ft):	0	Trench Spacing (ft):	0	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	0	Distribution Device:	N/A		

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: Tyler Ashe

Signature: [signature] EHS

Date Issued: 2/25/2013

Owner/Legal Agent: Mariya Shvets
Print Name

Signature: Mariya Shvets

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 #: **30005984** GWS File #: **8659B**

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.
- This Improvement Permit is being issued based on a supplemental soil investigation performed by staff from our office.
- 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 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.
- See Plot Plan for additional 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: Tyler Ashe

Signature: Tyler Ashe REHS

Date Issued: 2/25/2013

Owner/Legal Agent: Mariya Shvets
Print Name

Signature: Mariya Shvets

4 MAY '17 PM 3:23

8659B # 8988

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: Black Eagle Contractors, Inc.
ADDRESS: 8041 Lansford Rd
CITY: Charlotte
STATE: NC ZIP: 28277
PHONE: 704-756-7438
ALTERNATE PHONE:
E-MAIL: eagle.homes@hotmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Zenon Glogowski
ADDRESS: 6630 Lake Road
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704-780-5053
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 137-095-06
STREET ADDRESS: 6630 Lake Road
CITY: Mint Hill
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 45-46

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: 3
NUMBER OF OCCUPANTS: 3

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

5-3-17
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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

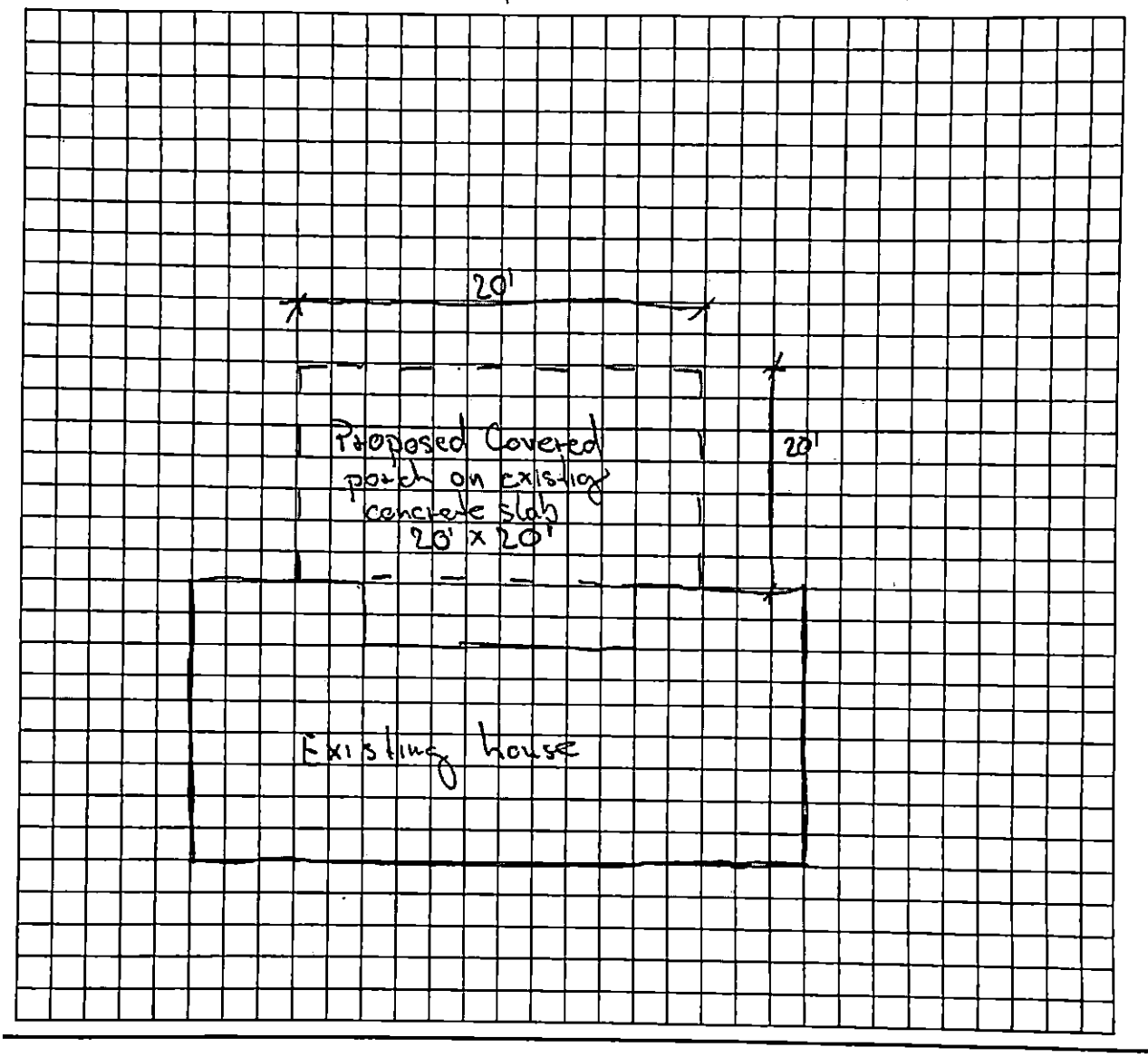
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File #: _____

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: 6630 Lake Road, Mint Hill, 28227 Tax Parcel #: 137-095-06



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

Meets all set backs

April Bumgarner 5-10-17
REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/05/17	**Amount:**	100.00
Receipt #:	105676	**Tendered:**	100.00
Check / Auth #:	VISA 07483G	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: KERESTES, JIMMY
Attn:
Address: 8041 LANSFORD RD
Address:
City/State/Zip: CHARLOTTE, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 6630 LAKE ROAD		1	100.00	100.00

----------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: JIMMY KERESTES

Bill To:

JIMMY KERESTES
8041 LANSFORD RD

Charlotte, NC 28277

Single Payment

Transaction Date: 05/05/2017 11:49 AM Pacific Time
Pay Method: VISA **********8044
Approval #: 07483G
Trace Number: b7db7a06-f957-4644-9e78-0eeaa5b58119
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Black Eagle Contractors, Inc. is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

6630 Lake Road Mint Hill .
Number Street Town
(Or Parcel Number)

Zenon Glogowski
Property Owner (print name)

Zenon Glogowski
Property Owner (signature)

5-8-17
Date

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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 #: 8659B Permit #: _____ Tax Parcel #: 137-095-06

Property Owner: Mayford Christenbury

Job Location Address: 6630 Lake Rd.

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 1/17/14 Contractor Name: Stevens Septic

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons Dellinger 11-19-13

Liquid Capacity of Dosing Tank: 1000 gallons Dellinger 11-21-13

Effluent Pump Model: Liberty FLS1M ½ HP

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 8 @ 40 feet

Depth of Media: 12 inches (Type) ADS Chambers

Depth of Cover: 12-24 inches

Distribution Device: Pressure Manifold.

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 16 feet

Distance from Property Line: 5 feet

Distance from Water Supply Source: 10'+ feet

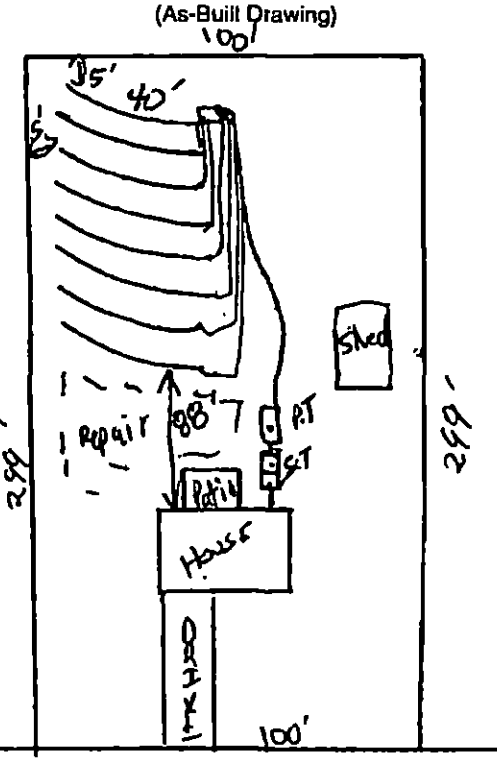
Inspection Dates

Tank(s) Inspected: 1/17/14

Excavation Inspected: 1/17/14

Pump & Controls Inspected: 1/17/14

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: IIIbg BEOA36, P, N/A, N/A

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael REHS

Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) AM _____ Initials/Date

CA ($200.00) mab 7/23/13 _____ Initials/Date

OP ($200.00) mab 7/23/13 _____ 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 ☑ AM 7/23/13

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. ☐ 7/23/13

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

Certified operator contract is on file. ☐ _____

Sader, Linda

From: Frank Redies [Fredies@carolina.rr.com]
Sent: Monday, February 25, 2013 3:44 PM
To: Sader, Linda
Subject: Re: 6630 Lake Rd

Thank you. I have forwarded it to the new Buyer's of this property.

----- Original Message -----
From: Sader, Linda
To: fredies@carolina.rr.com
Sent: Monday, February 25, 2013 3:31 PM
Subject: 6630 Lake Rd

Good afternoon Mr. Redies

I have attached the Improvement permit and approved plot plan for the septic system at 6630 Lake Rd. Please sign the Improvement permit where the lines indicate and sign the plot plan on the right side somewhere outside the horizontal line. Please email or fax a copy to me for the file. When ready to begin construction, $400 will be due for the installation approval ($200) and Operation permit ($200).

Regards,

Linda Sader
Environmental Management and Support Services
Clerk to the Groundwater Advisory Committee
700 N. Tryon St., Suite 211
Charlotte, NC 28202-2222
704-336-7291 (phone) 704-336-6894 (fax)
linda.sader@mecklenburgcountync.gov

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 8659B WASPS App #: 5984

Primary ES assigned to project: Tyler Ashe

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:

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IA issued date: 1/13/14

OP issued date: 1/17/14

Review performed by: JAM Date performed: 2/25/13