21 JUN '17 AM 8:21

MECKLENBURG COUNTY
HEALTH DEPARTMENT

Lot 41B

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

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

PERSON FILING APPLICATION:
NAME: LAWRENCE SCHAUF
ADDRESS: 15210 PAVILION VALLEY CIRCLE
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
PHONE: 858-354-8700
ALTERNATE PHONE:
E-MAIL: LARRY@theSCHAUFS.com

PROPERTY OWNER: SAME AS PERSON FILING APPLICATION
NAME: LAWRENCE SCHAUF
ADDRESS: 15210 PAVILION VALLEY Circle
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
PHONE: 858-354-8700
ALTERNATE PHONE:
E-MAIL: LARRY@theSCHAUFS.com

JOB LOCATION INFORMATION
TAX PARCEL #: 01924315
STREET ADDRESS: 15210 PAVILION VALLEY Circle
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:
THE PAVILION ESTATES
LOT #: 16

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

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

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

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: N/A
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

6-20-17
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: 704-336-5103, FAX: 704-336-6894

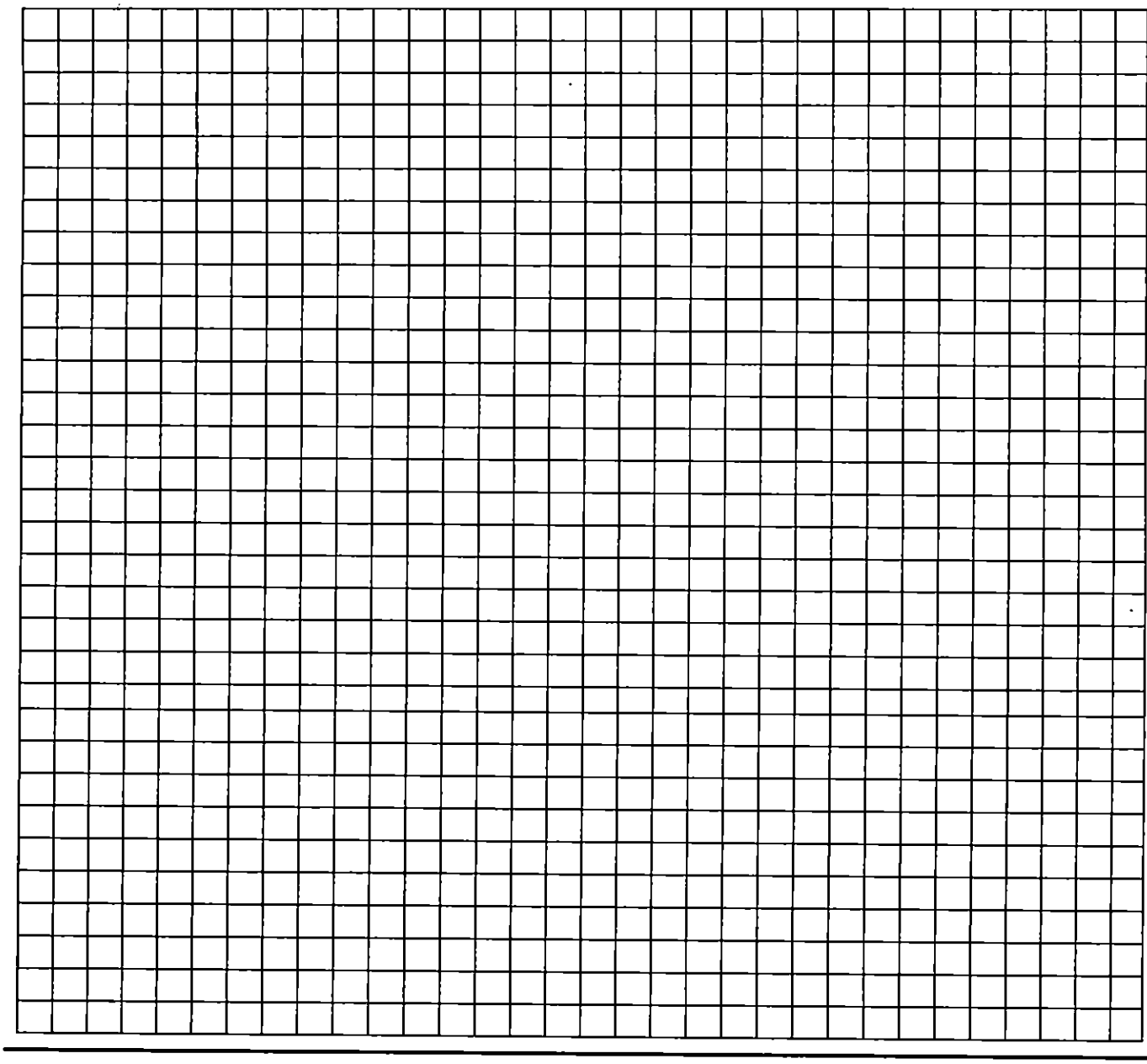
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

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

Street Address: _____ Tax Parcel #: _____



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

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

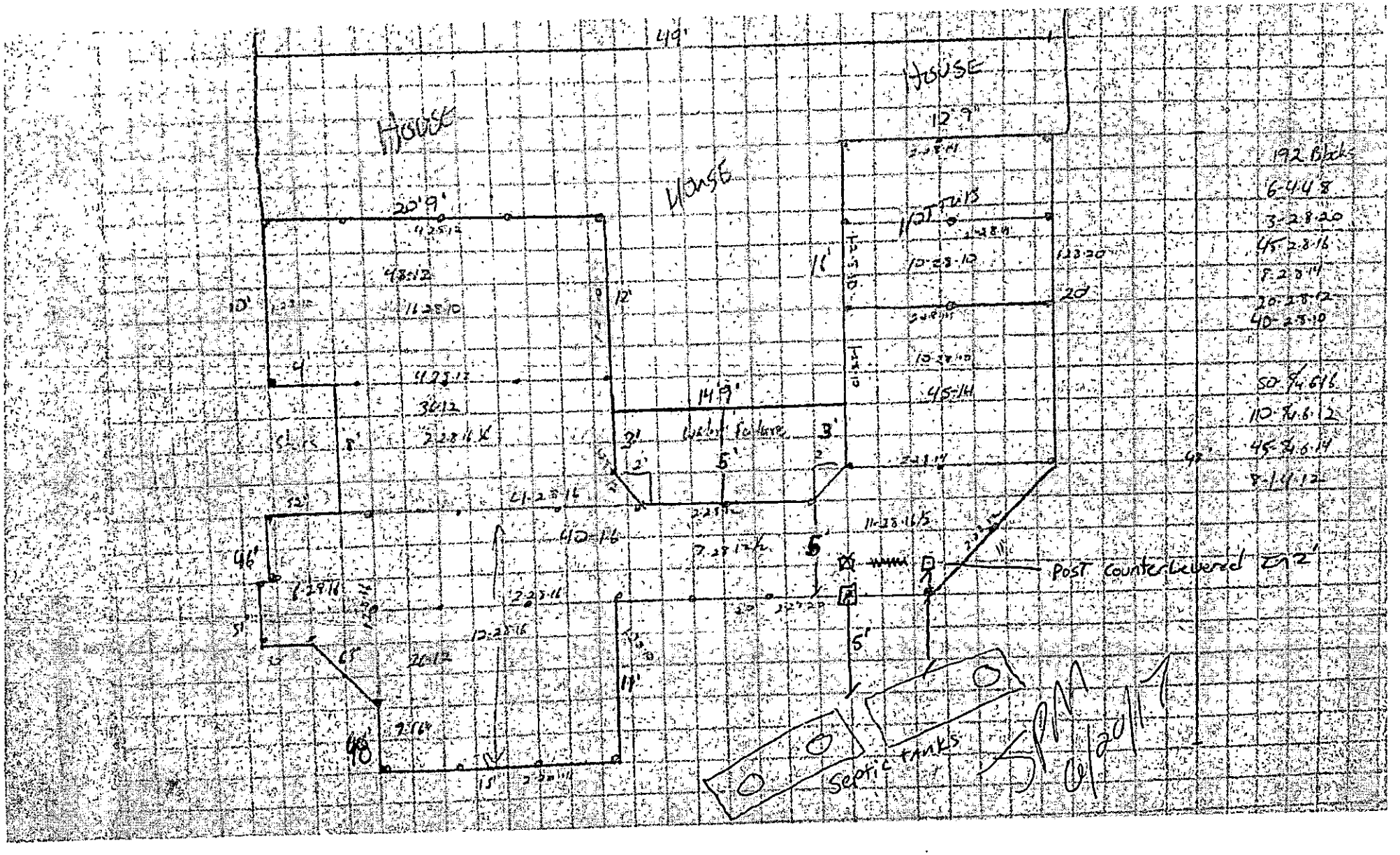
O.K. TO USE FOR A Deck Addition

REHS Signature _____ Date 6/20/17

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

15210 Pavilion Valley Circle, Huntersville



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/21/17
Receipt #: 106358
Check / Auth #: MC 203969
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: BOWDEN,DONALD
Attn:
Address: 1519 CHART WELL RD
Address:
City/State/Zip: CONCORD, NC 28025

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15210 PAVILION VALLEY CR		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:
DONALD BOWDEN

Bill To:

DONALD BOWDEN
1519 CHART WELL CT

Concord, NC 28025

Single Payment

Transaction Date: 06/21/2017 6:47 AM Pacific Time
Pay Method: ••••••••••••9491
Approval #: 203969
Trace Number: c25e4c01-b986-4a13-82d4-faba0a7105b9
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 Donnie Bowden is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

15210 Pavilion Valley Circle Huntersville.
Number Street Town
(Or Parcel Number)

Lawrence Schaaf
Property Owner (print name)

Property Owner (signature)

6-21-17
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/17/16
Receipt #: 99495
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: X44709
Contractor: LIVE WELL HOMES LLC
Attn:
Address: 501 SPRINGCREST DR
Address:
City/State/Zip: FORT MILL, SC 29715

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 15210 PAVILION VALLEY CIRCLE		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
2,039.81	5,371.45				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/17/16
Receipt #: 99494
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: X44709
Contractor: LIVE WELL HOMES LLC
Attn:
Address: 501 SPRINGCREST DR
Address:
City/State/Zip: FORT MILL, SC 29715

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 15210 PAVILION VALLEY CIRCLE		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,839.81	5,371.45				

s

FEE: 200.00
DATE:3/18/2016

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6641B

PERMIT NUMBER: 30001082

PARCEL NUMBER: 01924315

JOB LOCATION INFORMATION

ADDRESS: 15210 PAVILION VALLEY CIR

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

ISSUED TO: SIMONINI BUILDERS

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 3/18/2016

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30001082, 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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 16416 Permit #: 30001082 Tax Parcel #: 019-243-15

Property Owner: Live Well Homes

Job Location Address: 15210 Pavilion Valley Circle

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 2/16/17 Contractor Name: Chris Dobbins #1064

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: 1500 gallons

Liquid Capacity of Septic Tank: 1500 gallons Manufacture: Infiltrator Effluent Pump Model: Liberty 283-2 DM-1530 Plastic

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 510 feet

# of Lines: 18 @ 30 60 feet

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 18 inches

Distribution Device: end cap

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: 10 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

Inspection Dates

Tank(s) Inspected:	2/14/17
Excavation Inspected:	12/16/16
Pump & Controls Inspected:	2/16/17

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

System installed as per design by Kerry Owens.

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: IQ4, pressure, IIIb, n/a, n/a

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, 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 #: 6641 B Permit #: 30001088 Tax Parcel #: 019-243-15

Property Owner: Live Well Homes

Job Location Address: 15210 Pavilion Valley Circle

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: LPP

*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: Kim Garrett, REHS Date: 2/16/17

Signature: Kim Garrett, REHS

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 # 16416 App # 1082 Tax Parcel # 019-243-15

Property Owner: _____

Job Location Address: 15210 Pavilion Valley Circle

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.**

Kimberly Reis — Authorized Agent

6/14/16 — Date

Chris Dobbins/Wesson Septic — Others Present

Ellis, Loretta

From: Donnie Bowden <dbowden@redtreecontracting.net>
Sent: Tuesday, June 20, 2017 7:27 PM
To: WellReg
Subject: application for 15210 Pavilion Valley Circle
Attachments: 15210 Pavilion Valley Circle .pdf

Hello, attached is an application needed for us to pull a deck permit for 15210 Pavilion Valley Circle. Today Jeremy Michaleone (I think I spelled that correctly) was in the neighborhood and was kind enough to look at the proposed site for the deck. He stated that we were fine with the deck location and to go ahead and send this paperwork in. You can reach me at 704-777-8266 for payment whenever your ready.

The new Meck building permit number is B3167212 and our project number is NR0516190. Thanks so much for your help.

Donnie