SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC A2

IP & CA

File Number: 118258

Assigned Inspector: Heather

☒ IP & CA $180.00: SM 12/8/23 Initial/Date

☑ OP $200.00: SM 12/19/23 Initial/Date

☒ Send IP permit for signature: 12/18/23 LP ☑ Signature received: 12/19/23 SM

☒ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☒ Septic file complete: 4/7/26

☒ Release final hold in Winchester: none 4/8/26

Comments:

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/08/23	**Amount:**	180.00
Receipt #:	145360	**Tendered:**	180.00
Check / Auth #:	DISCOVER 0	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: JEFF FRANCIS
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 6639 CLINTON RD	1	180.00	180.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
				555.00	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/19/23	**Amount:**	200.00
Receipt #:	145517	**Tendered:**	200.00
Check / Auth #:	MC 019473	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: 6639 CLINTON RD
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 6639 CLINTON RD	1	200.00	200.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
				555.00	

11825B/14292

8 DEC '23 AM 11:56

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: 03518239
STREET ADDRESS: 6639 Clinton Rd
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION NAME: N/A
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: 1604
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 Low profile

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?** 2022 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** May 2024 ☐ N/A

12. **PROPERTY OWNER:**
NAME: Matt Springer
ADDRESS: 10300 Hattington Dr.
CITY: Charlotte
STATE: NC ZIP: 28269
WORK PHONE: 360-348-5564
MOBILE PHONE: _____
FAX: _____
E-MAIL: Xtreme9352@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

Revised on: 4/20/17

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.

JF (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.

JF (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.

Jeff Francis / Odyssey Custom Homes & Renovations 12-8-2023

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: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

Mecklenburg County

Environmental Health

Groundwater & Wastewater Services

How to Prepare Your Property for an Improvement Permit:

The following items must be done before a Mecklenburg County Health Department representative can visit your site:

- Identity and mark all property corners
    - **Note: For tracts larger than 2 acres contact this department for specific instructions relating to identifying property lines.**
- All property lines should be marked every 50 feet.
- You are responsible for marking all structures to be built on site.
- Clearing excessive underbrush (i.e., thick briars, pine thickets, broom sage bushes, kudzu, honeysuckle, weeds, etc.) is required to allow thorough inspection for soil and wastewater system layout.
    - **Note: Absolutely no grading, filling, or cutting shall occur on site prior to evaluation for permit issuance.**
- When lot is clearly marked as above instructions require, give our office a call at 980-314-1680. We will then connect you with the inspector who will complete the soil test.

Note: Failure to follow these instructions properly can result in a 2-week delay in processing your application. If the lot is improperly marked and results in an additional trip a $100 extra trip fee may apply.

By signing below, I acknowledge that I have fully read and understand this document.

Property Owner's or Owner's Legal Representative Signature

12-8-2023
Date

3205 Freedom Dr. Suite 8000 J, Charlotte NC • 28208 • (980) 314-1680 • Fax (704) 336-6894
Last Modified: 8/7/23

PRELIMINARY SOIL AND SITE EVALUATION

6639 Clinton Road
Charlotte, NC 28216

Prepared For:

Ivan Dudley
16615 Riverstone Way, Suite 300
Charlotte, NC 28277

Prepared By:

Thompson Environmental Consulting
WATER • WASTEWATER • WETLANDS

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

July 7, 2022



INTRODUCTION & SITE DESCRIPTION

This Preliminary Soil and Site Evaluation was performed on a 0.96-acre lot located at 6639 Clinton Road, Charlotte, North Carolina (Mecklenburg County Parcel Number: 03518239).

Thompson Environmental Consulting, Inc. (TEC) was retained to determine whether the soils were suitable for the installation of an onsite subsurface wastewater treatment and disposal system. The property was evaluated in accordance with North Carolina statutes for waste disposal ("Laws and Rules for Sewage Treatment and Disposal Systems", amended April 1, 2017).

INVESTIGATION METHODOLOGY & SITE PHYSICAL CHARACTERISTICS

Individual soil borings were evaluated, and soil color was determined with a Munsell Soil Color Chart. Observations of the landscape (slope, drainage patterns, etc.) as well as soil properties (depth, texture, structure, seasonal wetness, restrictive horizons, etc.) were recorded.

The project study area is currently undeveloped and is vegetated with a mixed deciduous forest.

FINDINGS

A field survey was conducted on July 7, 2022. Six soil borings were advanced with a hand-held auger and their locations noted in the attached Figure 1.

Boring 2 was Provisionally Suitable for Low-Profile Chamber System drainfield product and is shown in the attached Figure as a green point. Surfaces typically exhibited friable sandy clay loam textures with weak, medium blocky structure to a depth of 4 inches. Lower subsurface horizons exhibited sandy clay textures with moderate, medium subangular blocky structure to a depth of 23 inches before reaching unsuitable clay mineralogy.

Borings 5 and 6 were Provisionally Suitable for Pre-Treated Subsurface Drip Dispersal drainfield products and are denoted in the attached Figure as yellow points. Surfaces typically exhibited friable sandy clay loam textures with weak, medium, blocky structure 14 to 17 inches in depth before reaching unsuitable clay mineralogy. A long-term acceptance rate (LTAR) of 0.1 gal./day/sq. ft. would typically be recommended for these soils.

Borings 1, 3 and 4 would be classified as unsuitable for wastewater treatment due to unsuitable soils, soil wetness indicators and greater than 50% parent material present less than 12 inches deep.

DISCUSSION

A small area of soils on this lot were found to be Provisionally Suitable for the installation of a Pre-Treated Subsurface Drip Dispersal System. Based upon current rules and regulations, supplemental soil work would be required to assist with permitting this lot. A special hydraulic assessment, or saturated hydraulic conductivity study, will be required to determine the long-

term acceptance rate for the soils (the amount of wastewater that can be applied each day over an indefinite period of time to a square foot of soil). The long-term acceptance rate governs the square footage required for a drip dispersal drainfield and, subsequently, the number of bedrooms the lot will support.

The lot is described in a deed recorded with the Mecklenburg County Register of Deeds Office on April 19, 1965, and would be considered "repair exempt per 15A NCAC 18A .1945 AVAILABLE SPACE, which states in part:

(c) The repair area requirement of Paragraph (b) of this Rule shall not apply to a lot or tract of land:

(1) which is specifically described in a document on file with the local health department on July 1, 1982, or which is specifically described in a recorded deed or a recorded plat on January 1, 1983;

Based upon previous work in similar soils, TEC anticipates that approximately 3,600 square feet of suitable soil area would need to be allocated and left completely available for the installation Pre-Treated Subsurface Drip Dispersal System serving a 3-bedroom single family residence. Having stated this, TEC would strongly recommend that saturated hydraulic conductivity testing and a system layout be performed prior to lot purchase to assure that there is adequate space for the proposed house and septic drainfield area.

CONCLUSION

The findings presented herein represent TEC's professional opinion based on our Soil and Site Evaluation and knowledge of the current laws and rules governing on-site wastewater systems in North Carolina. Soils naturally change across a landscape and contain many inclusions. As such, attempts to quantify them are not always precise and exact. Due to this inherent variability of soils and the subjectivity when determining limiting factors, there is no guarantee that a regulating authority will agree with the findings of this report.



Thompson Environmental Consulting	Prepared For: Ivan Dudley	Soil and Site Evaluation 6639 Clinton Road Charlotte, NC 28216 Cabarrus County	Date: July 2022 Scale: 0 20 40 ft TEC Job #: 22-192	Figure 1

PIEDMONT
ASSOCIATES, P.A.

Site Plan - 6639 Clinton Rd

216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

Job# 3985
Date: 9/6/2023
Client: Odyssey Custom Homes
County: Mecklenburg

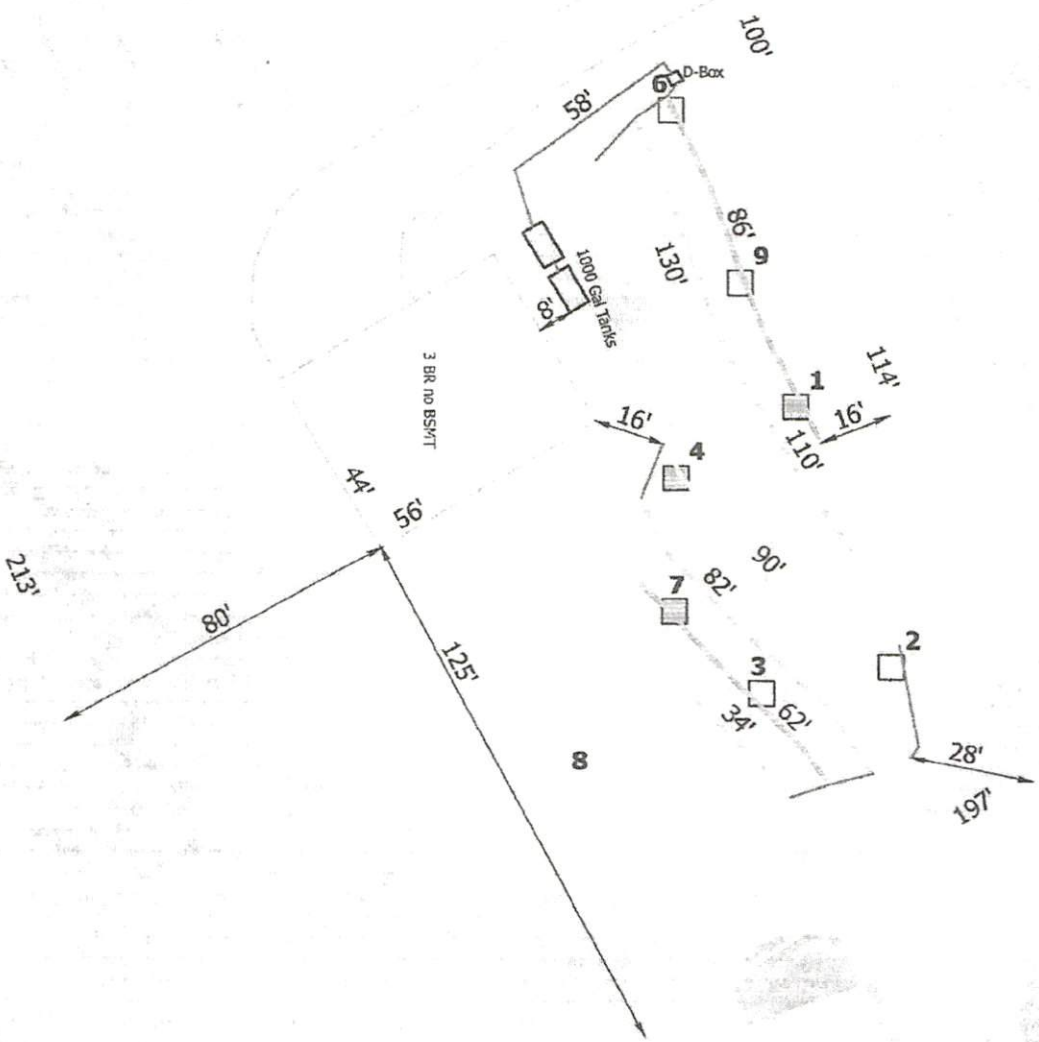
MAP NOT VALID WITHOUT REPORT

Legend

- Supply line
- Dim
- tanks
- Drive
- House box

PEA Detailed Boring

- 20"-24"
- 24"-30"
- Conv
- Drip
- UNS
- <all other values>
- Property Line



1 inch = 40 feet

0 20 40 80 Feet

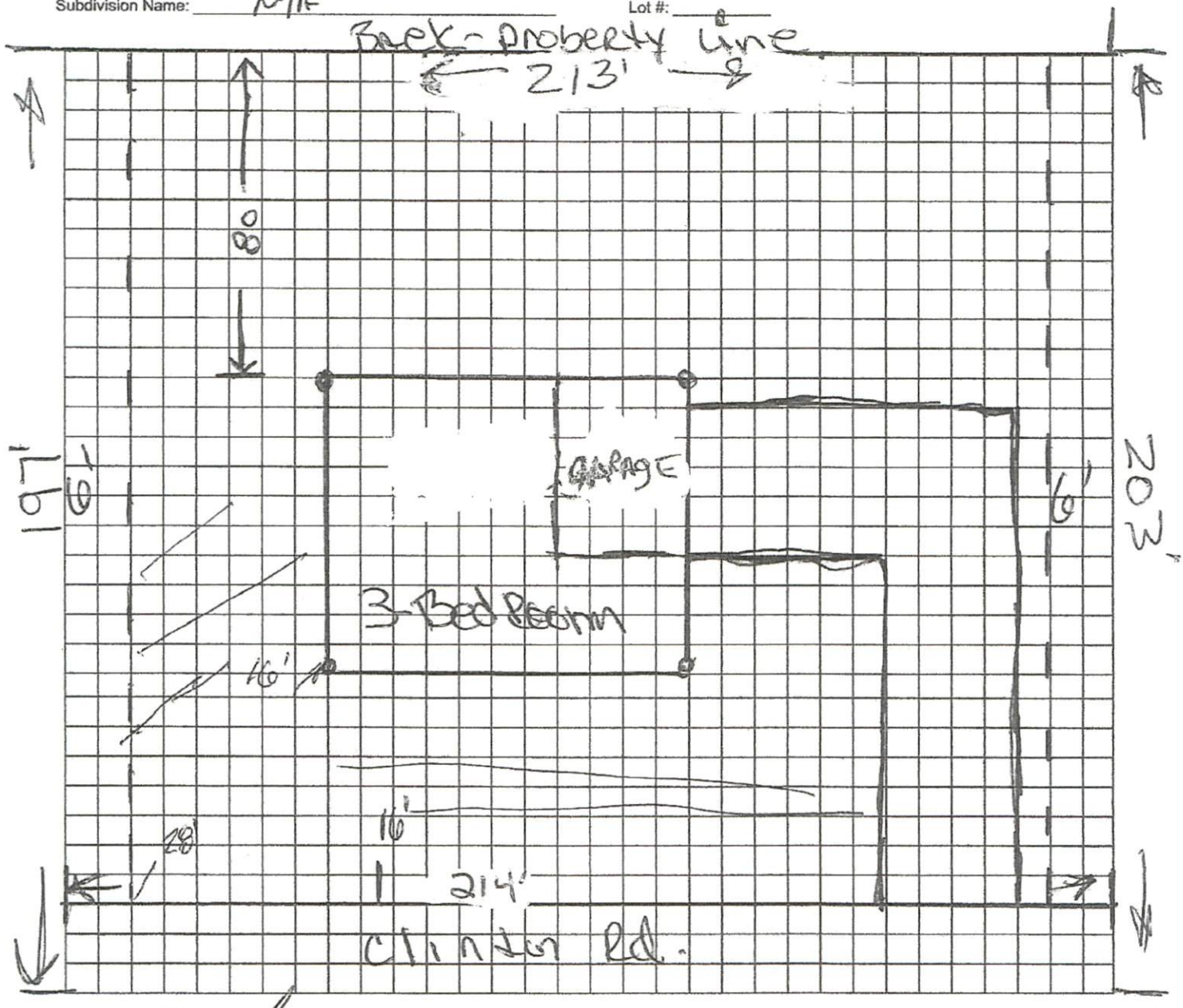
File #: _____

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: 6659 Clinton Rd Tax Parcel #: 03518239

Subdivision Name: N/A Lot #: _____



Property Owner's or Owner's Legal Representative Signature

12-8-2024
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

MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

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 Jeff Francis is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 6639 Clinton Rd meck county.

Number Street Town
(Or Parcel Number)

Jeff Francis
Property Owner (print name)

Property Owner (signature)

12-8-203
Date

Revenue Stamp affixed $------

STATE OF NORTH CAROLINA—Mecklenburg County

THIS DEED, Made this 19th. day of April A. D., 19 65, by and between
D.E. Dellinger and wife, Willie Sherrill Dellinger

of the County of Mecklenburg and State of North Carolina, part ies of the first part, and
Virginia Dellinger Burns and her husband, Robert Edward Burns

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

WITNESSETH, That the said part ies of the first part, in consideration of
One (1.00) Dollar and natural love and affection ----------Dollars
to them paid by the part ies 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
parties of the second part and their heirs, all
that certain lot or parcel
of land, situate, lying and being in ---------- Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

Beginning at an 8" Oak located in the easterly margin of the right-of-way of Clinton Road (30 feet in width); and runs thence along the easterly margin of Clinton Road, South 23- 16 East 213.50 feet; thence, in two new lines as follows: (1) South 54- 30 West 243.0 feet to an iron; (2) North 23-16 West 213.50 feet to an iron in the Marvin Burgen Lynn property line; thence, with the Lynn line, North 54-30 East 243.0 feet to the point of BEGINNING; and containing 1.168 acres, all as shown on Boundary Survey of a portion of the D. E. Dellinger property, made by A. V. Blankenship, C.E., dated March 12, 1965, to which reference is hereby made.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging, to the said parties of the second part, their heirs and assigns, to them 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 part ies of the second part, their 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 part ies of the first part of these Presents ha ve hereunto set their hand s and seal s the day and year above written.

Signed, Sealed and Delivered in presence of
Steele E. Blankenship & Barbara D. Blankenship

D. E. Dellinger (Seal)
Willie Sherrill Dellinger (Seal)
(Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

I, Richard M. Blankenship a Notary Public for said County and State, Mecklenburg, N.C. do hereby certify that D. E. Dellinger and Willie Sherrill Dellinger his wife personally appeared before me this day, and acknowledged the due execution of the foregoing (or annexed) instrument.

Witness my hand and notarial seal, this 29th. day of April A. D., 19 65

Richard M. Blankenship Notary Public

My Commission Expires April 16, 1966

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

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

This 22nd. day of November A. D., 19 65

J. Edward Stukes, Clerk Superior Court By: Geneva K. Blackley Deputy

Filed at 9:30 o'clock, A. M., on the 22nd day of November A.D., 19 65

Recorded at 3:30 o'clock, P. M., on the 23rd. day of November A.D., 19 65

and verified. EDGAR SMITH, Register of Deeds.

Drawn By: Byrum & Byrum, Attorneys - at Law.

RDM

For Registration
Fredrick Smith
Register of Deeds
Mecklenburg County, NC
Electronically Recorded
2021 Nov 12 03:24 PM RE Excise Tax: $ 156.00
Book: 36755 Page: 540 - 542 Fee: $ 26.00
Instrument Number: 2021216152

Fredrick Smith

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: $ 156.00

Parcel Identifier No. 03518239 Verified by _____ County on the ____ day of _____, 20__
By: _____

Mail/Box to: Brent King, The Law Offices of Brent F. King, PLLC, 8604 Cliff Cameron Drive, Suite 187, Charlotte, NC

This instrument was prepared by: The Law Offices of Brent F. King, PLLC, 8604 Cliff Cameron Drive, Suite 187, Charlotte,

Brief description for the Index: _____

THIS DEED made this 12th day of November, 2021 by and between

GRANTOR	GRANTEE
Virginia Dellenger Burns, widow 106 Wendover Dr Lincolnton, NC 28092	Rayna Properties LLC 1401 Funny Cide Dr Waxhaw, NC 28173

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Charlotte, _____ Township, _____ County, North Carolina and more particularly described as follows:

See Attached Exhibit "A"

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2669 page 33.

All or a portion of the property herein conveyed ___ includes or X does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book _____ page _____.

NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010
Printed by Agreement with the NC Bar Association

Submitted electronically by The Law Offices of Brent F King PLLC in compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Mecklenburg County Register of Deeds.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

_____ (Entity Name)

By: _____

Print/Type Name & Title: _____

By: _____

Print/Type Name & Title: _____

By: _____

Print/Type Name & Title: _____

Virginia Dellenger Burns (SEAL)

Print/Type Name: Virginia Dellenger Burns

_____ (SEAL)

Print/Type Name: _____

_____ (SEAL)

Print/Type Name: _____

_____ (SEAL)

Print/Type Name: _____

State of North Carolina - County or City of Lincoln

I, the undersigned Notary Public of the County or City of Lincolnton and State aforesaid, certify that Virginia Dellenger Burns personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 12th day of November, 2021.

My Commission Expires: Oct. 25, 2022

(Affix Seal)

Evalina G. Herndon

EVALINA S. HERNDON Notary Public

Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally came before me this day and acknowledged that _he is the _____ of _____, a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, __he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this _____ day of _____, 20___.

My Commission Expires: _____

(Affix Seal)

_____ Notary Public

Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____.

Witness my hand and Notarial stamp or seal, this _____ day of _____, 20___.

My Commission Expires: _____

(Affix Seal)

_____ Notary Public

Notary's Printed or Typed Name

NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010
Printed by Agreement with the NC Bar Association

Exhibit "A"

Beginning at an 8 foot Oak located in the easterly margin of the right of way of Clinton road (30 feet in width); and runs thence along the easterly margin of Clinton Road, South 23-16 East, 213.50 foot; thence, in two new lines as follows: (1) South 54-30 West 243.0 foot to an iron; (2) North 23-16 West 213.50 feet, to an Iron in the Marvin Burgen Lynn property line; thence, with the Lynn Line, North 54-30 East 243.0 feet to the point of Beginning; and containing 1.168 acres, all as shown on Boundary Survey of a portion of the D.E. Dellinger property, made by A. V. Blankenship, C.E., dated March 12, 1965, to which reference is hereby made.

PROPERTY ADDRESS: 6639 Clinton Road, Charlotte, NC 28216

PARCEL ID: 03518239

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

Site Plan - 6639 Clinton Rd

Job# 3985
Date: 9/6/2023
Client: Odyssey Custom Homes
County: Mecklenburg



ONSITE WASTEWATER EVALUATOR

LICENSED SOIL SCIENTIST ERIC BAILEY 1205 STATE OF NORTH CAROLINA

PIEDMONT
ENVIRONMENTAL
ASSOCIATES, P.A.

September 6, 2023

Project # 3985

Session Law 2023-90 (H628)

Client:

Odyssey Custom Homes & Renovations

Site:

6639 Clinton Rd

Mecklenburg County, NC

PIN: 03518239

Prepared by:

Eric Bailey

NC Licensed Soil Scientist # 1305

NC Onsite Wastewater Evaluator #10026E

ATTENTION: The State of NC revises the Common Form annually.
Please submit this packet to your local Environmental Health Department as soon as possible.

216 S. Swing Rd, Suite 1, Greensboro, NC 27409

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System Specifications	13
COI	14

PIEDMONT

ASSOCIATES, P.A.

9/6/2023 Project # 3985

Mecklenburg County Environmental Health
Department
700 N Tryon St,
Charlotte, NC 28202

To whom it may concern,

In accordance with Session Law 2022-11 (S372) Section 5.(a), this statement is submitted respectfully to satisfy signed and dated statement requirement from the property owner or owner's legal representative:

"The LSS evaluation attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

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Sincerely,

12-8-2023

Jeff Francis

Odyssey Custom Homes & Renovations

PIEDMONT
ENVIRONMENTAL
ASSOCIATES, P.A.

9/6/2023 Project # 3985

Mecklenburg County Environmental Health
Department
700 N Tryon St,
Charlotte, NC 28202

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Sincerely,

_____

Jeff Francis

Odyssey Custom Homes & Renovations

Permit Parameters and Conditions

- Design flow with residential systems utilizes the number of bedrooms and assumes no more than two residents per bedroom at 60 gallons per resident or 120 gallons per bedroom. This is how the design flow of gallons per day is calculated. The wastewater system is designed to handle a maximum flow of gallons per day. This flow should not be maintained for any sustained length of time or oversaturation can occur in the trenches. An average daily water usage of 50% is recommended for peak performance.
- No garbage disposals should be added to the wastewater stream.
- Water softener waste should not be added to the wastewater stream.
- Fats, oils and greases or FOG should not be added to the wastewater stream and can cause premature failure. Dispose of fats, oils, greases and garbage properly in household waste.
- There should be no traffic over the wastewater system area.
- Piedmont Environmental recommends a preconstruction conference prior to any installation to ensure that the system is placed in the correct area once the site is cleared of vegetation.
- Please note that mechanical clearing that is done in wet conditions or done by someone not following best management practices can render an otherwise usable site unsuitable.
- Piedmont Environmental Associates, PA highly recommends using a reputable septic system installer that is licensed in North Carolina to perform or oversee any clearing.
- All installation work shall be performed by a licensed Wastewater System Installer
- Do not install during wet conditions
- Pump tank every two years all records shall be kept
- Landscape promptly to obtain a good grass cover to prevent erosion over new part of system
- All setbacks listed in this packet
- All tanks are 1000 gallons and are top seam tanks
- Serial distribution
- All dams shall have the last 3 inches of earth removed with a shovel

Disclaimer

This report discusses the general location of potentially usable soils for on-site wastewater disposal and the soil and site limitations on the property that exists at the time of the evaluation. Piedmont Environmental Associates, PA ("Piedmont") provides professional consulting specializing in the practice of soil science and wastewater management. Piedmont is therefore hired for its professional opinion regarding these matters. This report is being prepared as part of a packet to obtain an improvement permit Session Law 2023-90 (H628) and GS 130A-335 and GS 130A-336.

Piedmont Environmental Associates provides no warranty either written or implied regarding the lifespan of any type of septic system. Piedmont Environmental Associates utilizes accepted soil science practices and assigns LTAR's and proposes trench depths based on field observation, law, rule, published data and accepted practice of the profession. Piedmont Environmental Associates however cannot guarantee the life span of any type of septic system component, trench media, pretreatment device, distribution device, distribution method, or installation method as there are simply too many variables that are not within the control of Piedmont Environmental Associates.

If you have any further questions, please feel free to call 336-344-4008. Thank you for the opportunity to serve.

Sincerely,





Eric Bailey
NC Licensed Soil Scientist
NC Licensed Onsite Wastewater Evaluator
Piedmont Environmental Associates, PA

15A NCAC 18A .1950 LOCATION OF SANITARY SEWAGE SYSTEMS

(a) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following:

(1) Any private water supply source, including any well or spring 100 feet;
(2) Any public water supply source 100 feet;
(3) Streams classified as WS-I 100 feet;
(4) Waters classified as S.A. 100 feet, from mean high water mark;
(5) Other coastal waters 50 feet, from mean high water mark;
(6) Any other stream, canal, marsh, or other surface waters 50 feet;
(7) Any Class I or Class II reservoir 100 feet, from normal pool elevation;
(8) Any permanent storm water retention pond 50 feet, from flood pool elevation;
(9) Any other lake or pond 50 feet, from normal pool elevation;
(10) Any building foundation 5 feet;
(11) Any basement 15 feet;
(12) Any property line 10 feet;
(13) Top of slope of embankments or cuts of 2 feet or more vertical height 15 feet;
(14) Any water line 10 feet;
(15) Drainage Systems:
(A) Interceptor drains, foundation drains, and storm water diversions
(i) upslope 10 feet,
(ii) sideslope 15 feet, and
(iii) downslope 25 feet;
(B) Groundwater lowering ditches and devices 25 feet;
(16) Any swimming pool 15 feet;
(17) Any other nitrification field (except repair area) 20 feet;

(b) Ground absorption sewage treatment and disposal systems may be located closer than 100 feet from a private water supply, except springs and uncased wells located downslope and used as a source of drinking water, for repairs, space limitations, and other site-planning considerations but shall be located the maximum feasible distance and in no case less than 50 feet.

(c) Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic. If effluent is to be conveyed under areas subject to vehicular traffic, ductile iron or its equivalent pipe shall be used. However, pipe specified in Rule .1955 (e) may be used if a minimum of 30 inches of compacted cover is provided over the pipe.

(d) In addition to the requirements of Paragraph (a) of this Rule, sites to be used for subsurface disposal for design units with flows over 3,000 gallons per day, will require more stringent setback requirements.

ATTENTION: The State of NC revises the Common Form annually.
Please submit this packet to your local Environmental Health Department as soon as possible.

NCDHHS

Permit #: _____

Re-submittal of Construction Authorization

LHD USE ONLY: This CA resubmittal received: _____ by _____
Date *Initials*

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

_____

_____

_____

_____

I, _____ hereby attest that the information required to be included with this re-submittal
Authorized Onsite Wastewater Evaluator (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Authorized On-Site Wastewater Evaluator *Date*

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: _____ Date: _____

Client: Odyssey Custom Homes & Renovation
Lot Number: -
Parcel#: 3518239
DATE: 3/31/2023
LSS: Eric Bailey
Eval Method: Auger
Facility/Flow: 3BR/ 360 GPD

Site Classification: PS
Initial System: Low-Prof Chamber
Initial System LTAR: 0.225
Repair System: REPAIR EXEMPT
Repair System LTAR: -
Others Present: -
Water Supply: Municipal

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Number	UsableDep	LTAR	Boring Type	Horizon1	Horizon2	Horizon3	Landscape	Slope	
1	32	0.25	Conv	0-9 scl wfg ss sp fr sexp	9-23 c mmsbk s p fi sexp	23-34 scl wfsbk ss sp fr sexp	ls	4	
2	22	0.25	LPC	0-10 scl wfg ss sp fr sexp	10-24 c wmsbk s p fi sexp	10 yr 7/2 24	ls	4	
3	20	0.25	LPC	0-9 scl wfg ss sp fr sexp	9-22 c wmsbk s p fi sexp	10 yr 7/1 22	ls	4	
4	25	0.25	Conv	0-7 scl wfg ss sp fr sexp	7-27 c wfsbk s p fi sexp	10 yr 7/2 27	ls	4	
6	20	0.225	LPC	0-6 scl wfg ss sp fr sexp	6-22 c wfsbk s p fi sexp	10 yr 7/2	ls	4	
7	25	0.25	Conv	0-9 scl wfg ss sp fr sexp	9-27 c wfsbk s p fi sexp	10 yr 7/2 27	ls	4	
8	-	-	UNS	-	-	-	LS	4	wet and exp 11"
9	21	0.25	LPC	0-7 scl wfg ss sp fr sexp	7-23 c wfsbk s p fi sexp	10 yr 7/2 23	ls	4	

Notes: Soil Wetness - Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - Record Munsell color chip designation.
Classification - S - Suitable, PS - Provisionally Suitable, U - Unsuitable
LTAR - Long Term Acceptance Rate
Landscape Position: SU - summit, SH - shoulder, BS - backslope, FS - footslope, TS - toeslope, SS - sideslope, HS - headslope
Mineralogy: SE - slightly expansive, EXP - expansive

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30014292** GWS File #: **11825B** Tax Parcel #: **035-182-39**

- 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. 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):** 12/18/2028

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

Structure Type: HOUSE Size (ft^2): 1604 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Crawl Space Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.225	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1600	Total Trench Length (ft):	533
Maximum Trench Depth (in):	8	Depth of Media (in):	8	Distribution Device:	Distribution Box		

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 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: Heather Ray

Signature:

Date Issued: 12/18/2023

Owner/Legal Agent: Jeff Francis
Print Name

Signature: Jeff Francis

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
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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.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.

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Sincerely,



Eric Bailey
NC Licensed Soil Scientist
NC Licensed Onsite Wastewater Evaluator
Piedmont Environmental Associates, PA

PIEDMONT
ENVIRONMENTAL
ASSOCIATES, P.A.

September 6, 2023

Project # 3985

Session Law 2023-90 (H628)

Client:

Odyssey Custom Homes & Renovations

Site:

6639 Clinton Rd

Mecklenburg County, NC

PIN: 03518239

Prepared by:

Eric Bailey

NC Licensed Soil Scientist # 1305

NC Onsite Wastewater Evaluator #10026E

ATTENTION: The State of NC revises the Common Form annually.
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216 S. Swing Rd, Suite 1, Greensboro, NC 27409

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PIEDMONT

ASSOCIATES, P.A.

9/6/2023 Project # 3985

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12-8-2023

Jeff Francis

Odyssey Custom Homes & Renovations

216 S. Swing Rd., Suite 1 Greensboro, NC 27409 (336) 596-7585

PIEDMONT
ENVIRONMENTAL
ASSOCIATES, P.A.

9/6/2023 Project # 3985

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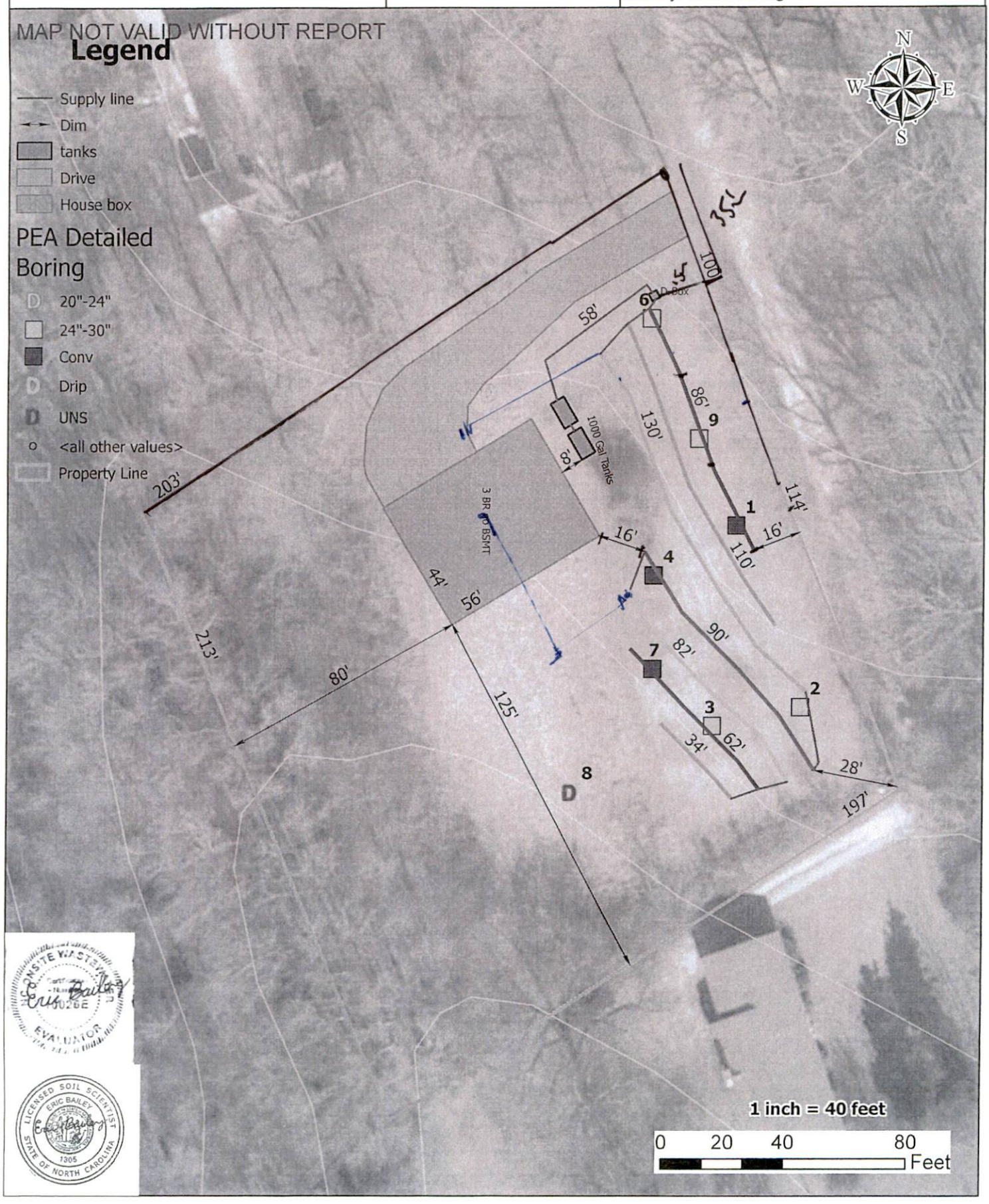
PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Site Plan - 6639 Clinton Rd

216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

Job# 3985
Date: 9/6/2023
Client: Odyssey Custom Homes
County: Mecklenburg

MAP NOT VALID WITHOUT REPORT



ONSITE WASTEWATER EVALUATOR

LICENSED SOIL SCIENTIST ERIC BAILEY STATE OF NORTH CAROLINA 1305



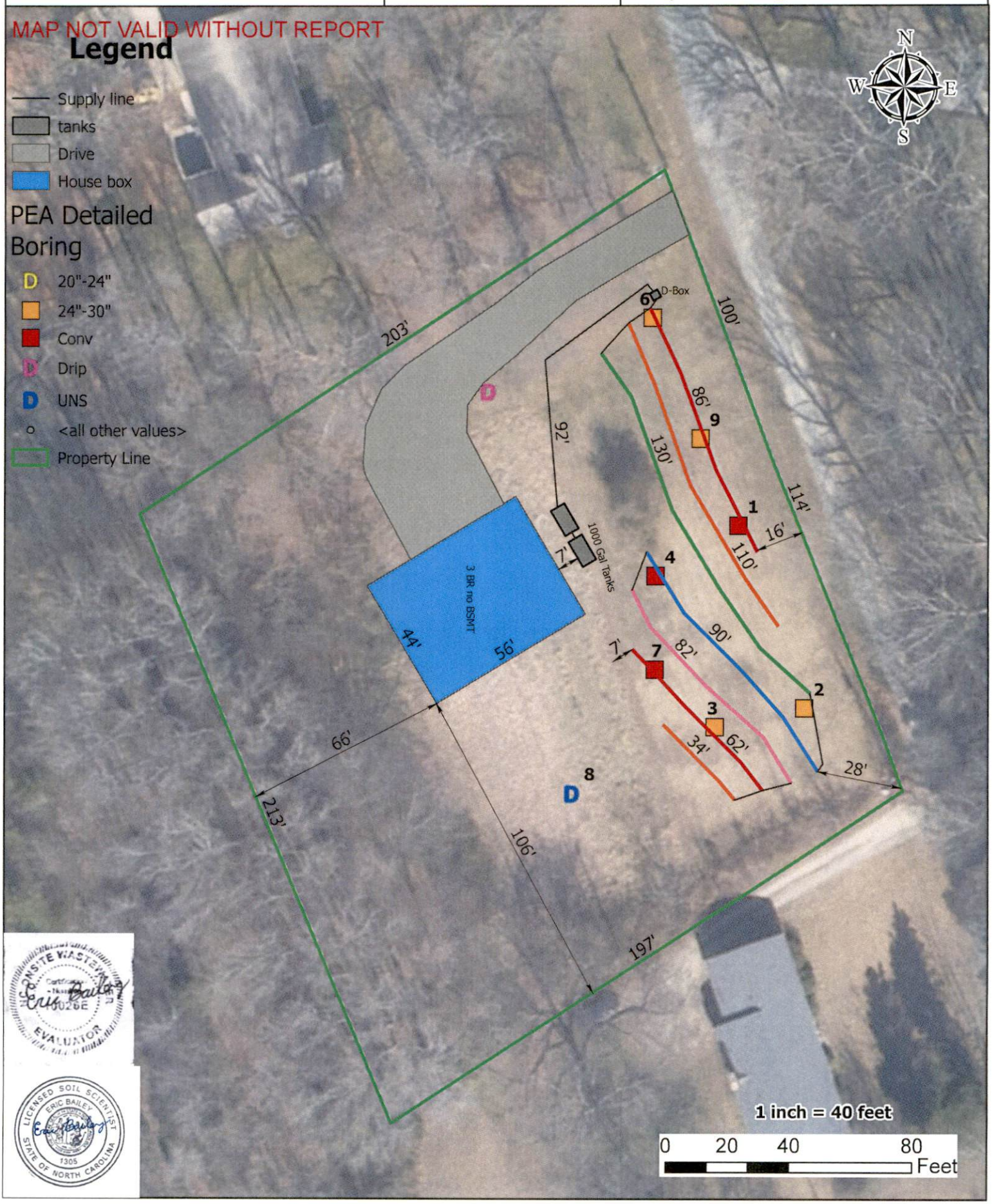
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216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

Job# 3985
Date: 1/10/2024
Client: Odyssey Custom Homes
County: Mecklenburg

MAP NOT VALID WITHOUT REPORT



ONSITE WASTEWATER EVALUATOR
Eric Bailey
LICENSED SOIL SCIENTIST
ERIC BAILEY
1305
STATE OF NORTH CAROLINA

Permit #: 14292

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ Fee $ 180.00

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Meklenburfg

PIN/Lot Identifier: 03518239

Issued To: Odyssey Custom Homes & Renovations

Property Location: 6639 Clinton Rd

Subdivision (if applicable)_____ Lot #: _____ Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Eric Bailey #1305

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Proposed Structure: single family

Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.225 Proposed LTAR (Repair): --

Proposed Wastewater System Type*: Low-Profile Chamber (Initial) Pump Required: ☑ Yes ☐ No ☐ May be required

Proposed Wastewater System Type*: -- (Repair) Pump Required: ☐ Yes ☑ No ☐ May be required

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Saprolite System (initial): ☐ Yes ☑ No Saprolite System (repair): ☐ Yes ☑ No

Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Soil Depth (Initial): 20 Usable Soil Depth (Repair): --

Max. Trench Depth (Initial)‡: 8 Max. Trench Depth (Repair)‡: -- ***‡ Measured on the downhill side of the trench***

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐ Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
System will require a 6" cap at installation, additional cap may be required to shed water. Water shall shed away from system in all directions

Licensed Soil Scientist Print Name: Eric Bailey

Licensed Soil Scientist Signature: Eric Bailey Date: 9-22-23

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

NCDHHS

Permit #: 14092

This Section for Local Health Department Use Only

Initial submittal received: _____ by _____
Date *Initials*

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: _____ Date of Issuance: 12-18-23

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: _____

See attached site sketch

NCDHHS

Permit #: 14292

This Section for Local Health Department Use Only

Initial submittal received: 12·8·23 (Date) by HR (Initials)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☑ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

Provide documentation that lot is repair exempt.
App Stake lot was Recorded in 2022

Copies of this were sent to the LSS and the Applicant on _____ (Date)

State Authorized Agent: Heather Ray Date: 12-14-23

☐ Complete

State Authorized Agent: _____ Date: _____

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: _____

See attached site sketch

NCDHHS

Permit #: 14292

Re-submittal of Improvement Permit

LHD USE ONLY: This IP resubmittal received: _____ by _____
Date *Initials*

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

_____

_____

_____

_____

I, _____ hereby attest that the information required to be included with this re-submittal
Licensed Soil Scientist (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Licensed Soil Scientist *Date*

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Improvement Permit

The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: _____ Date: 12-18-23

Permit #: 14292

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Mecklenburg

PIN/Lot Identifier: 03518239

Issued To: Odyssey Custom Homes & Renovations

Property Location: 6639 Clinton Rd

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Eric Bailey #100026E

Facility Type: single family

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☑ No

Type of Wastewater System* Low-Profile Chamber (Initial) -- (Repair)

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Design Daily Flow: 360 GPD Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No
(if yes, please provide engineering documentation)

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 594 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.225 gpd/ft²

Soil Cover: 6" cap inches Slope Corrected Maximum Trench/Bed Depth‡: 8 inches ‡ ***Measured on the downhill side of the trench***

Aggregate Depth: n/a inches above pipe n/a inches below pipe n/a inches total

Pump Tank Size (if applicable): 1000 gallons Requires more than 1 pump? ☐ Yes ☐ No

Pump Requirements: 10.0 ft. TDH vs. 21 GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☑ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details: _____

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: ☐ Yes ☑ No

Declaration of Restrictive Covenants: ☐ Yes ☑ No

Pre-Construction Conference Required: Yes ☑ No ☐

Conditions: System will require a 6" cap at installtion, additional soil cap may be required for system area to shed water

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: Eric Bailey Expiration Date: 5 years after issuance

AOWE/PE Signature: Eric Bailey Date: 9-22-23

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

Permit #: 14292

This Section for Local Health Department Use Only

Initial submittal received: _____ by _____
Date *Initials*

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: _____ Date of Issuance: 12-18-23

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: _____

See attached site sketch

PIEDMONT

ASSOCIATES, P.A.

Site Plan - 6639 Clinton Rd

216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

Job# 3985
Date: 9/6/2023
Client: Odyssey Custom Homes
County: Mecklenburg

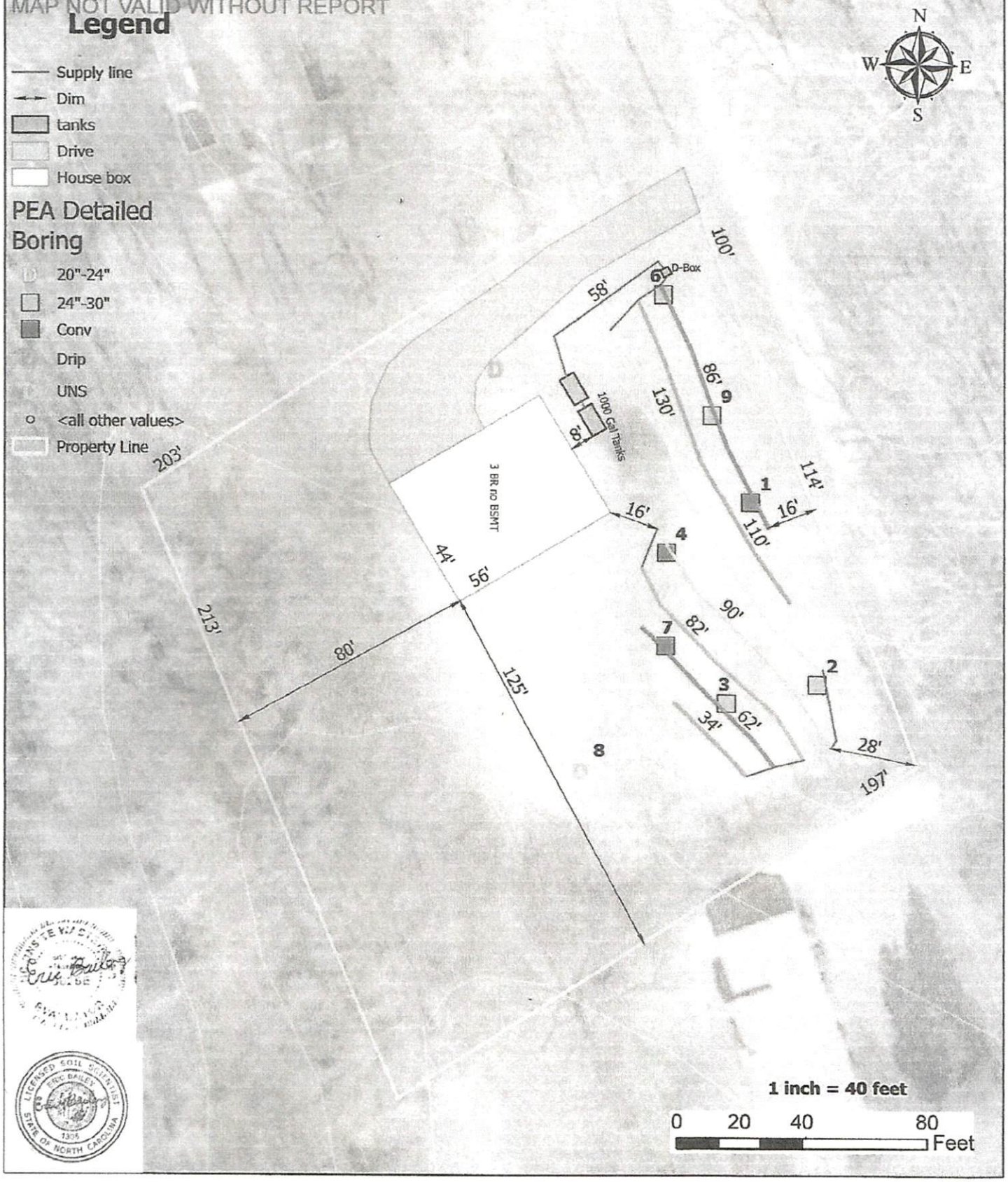
MAP NOT VALID WITHOUT REPORT

Legend

- Supply line
- Dim
- tanks
- Drive
- House box

PEA Detailed Boring

- 20"-24"
- 24"-30"
- Conv
- Drip
- UNS
- <all other values>
- Property Line



LICENSED SOIL SCIENTIST
ERIC BAILEY
1305
STATE OF NORTH CAROLINA

PIEDMONT

ASSOCIATES, P.A.

Site Plan - 6639 Clinton Rd

216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

Job# 3985
Date: 9/6/2023
Client: Odyssey Custom Homes
County: Mecklenburg

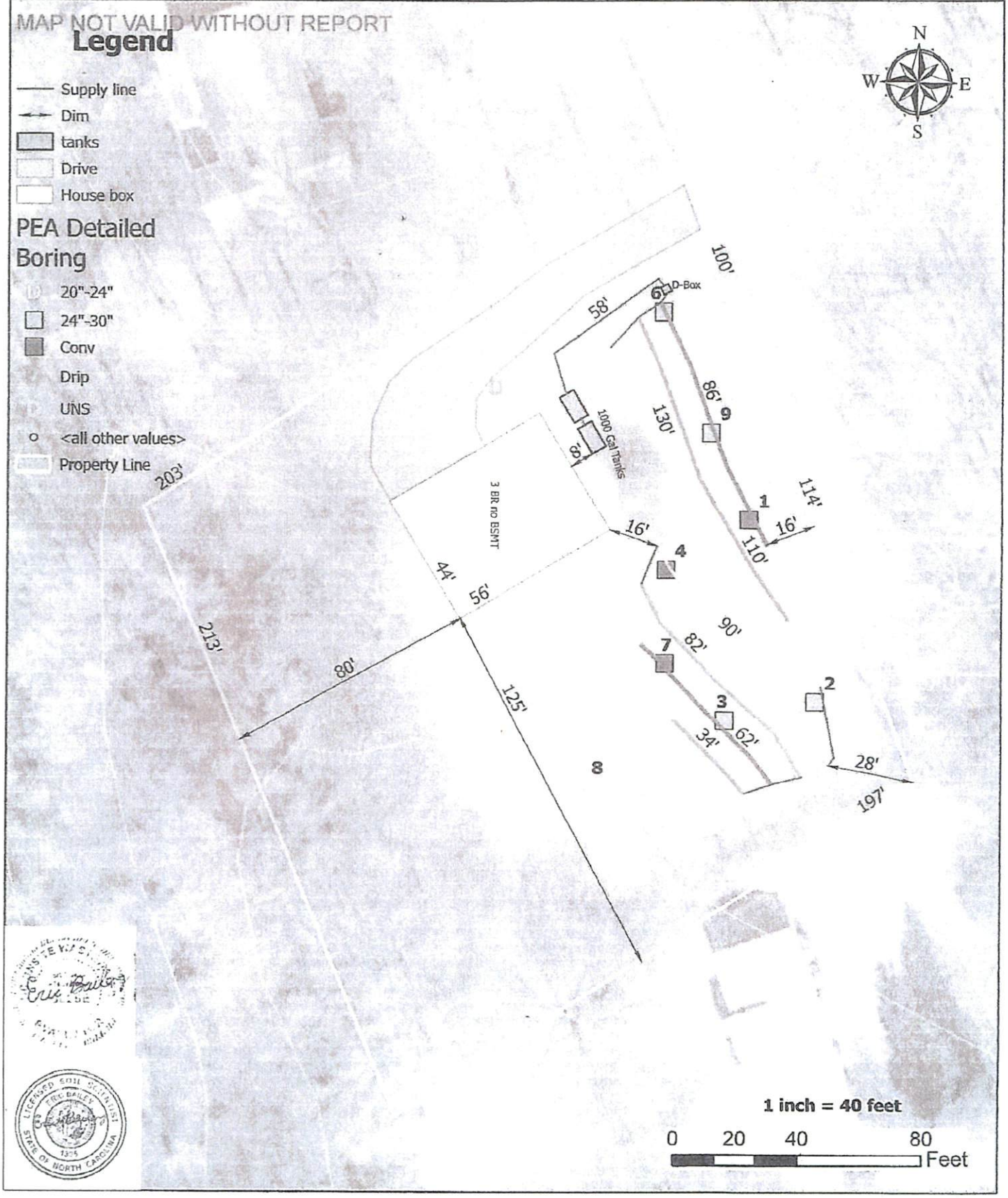
MAP NOT VALID WITHOUT REPORT

Legend

- Supply line
- Dim
- tanks
- Drive
- House box

PEA Detailed Boring

- 20"-24"
- 24"-30"
- Conv
- Drip
- UNS
- <all other values>
- Property Line



Permit #: 14292

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ Fee $ 180.00

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Meklenburfg

PIN/Lot Identifier: 03518239

Issued To: Odyssey Custom Homes & Renovations

Property Location: 6639 Clinton Rd

Subdivision (if applicable)_____ Lot #:_____ Block:_____ Section:_____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Eric Bailey #1305

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Proposed Structure: single family

Number of bedrooms: 3 Number of Occupants: 6 Other:_____

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.225 Proposed LTAR (Repair): --

Proposed Wastewater System Type*: Low-Profile Chamber (Initial) Pump Required: ☑ Yes ☐ No ☐ May be required

Proposed Wastewater System Type*: -- (Repair) Pump Required: ☐ Yes ☑ No ☐ May be required

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Saprolite System (initial): ☐ Yes ☑ No Saprolite System (repair): ☐ Yes ☑ No

Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Soil Depth (Initial): 20 Usable Soil Depth (Repair): --

Max. Trench Depth (Initial)‡: 8 Max. Trench Depth (Repair)‡: -- ***‡ Measured on the downhill side of the trench***

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details:_____

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other:_____

Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐ Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
System will require a 6" cap at installation, additional cap may be required to shed water. Water shall shed away from system in all directions

Licensed Soil Scientist Print Name: Eric Bailey

Licensed Soil Scientist Signature: Eric Bailey Date: 9-22-23

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

Permit #: 14292

This Section for Local Health Department Use Only

Initial submittal received: 12·8·23 (Date) by HR (Initials)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☑ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

Provide documentation that lot is repair exempt. app Stakes lot was Recorded in 2022

Copies of this were sent to the LSS and the Applicant on _____ (Date)

State Authorized Agent: Heather Ray Date: 12-14-23

☐ Complete

State Authorized Agent: _____ Date: _____

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: _____

See attached site sketch

Permit #: 14292

Re-submittal of Improvement Permit

LHD USE ONLY: This IP resubmittal received: _____ (Date) by _____ (Initials)

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

_____

_____

_____

_____

I, _____ (Licensed Soil Scientist (Print Name)) hereby attest that the information required to be included with this re-submittal is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ (Signature of Licensed Soil Scientist) _____ (Date)

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Improvement Permit

The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: _____ Date: 12-18-23

Septic System Layout Specifications

6639 Clinton Rd, Mecklenburg County, NC 28216

Piedmont Environmental Associates Job # 3985

Layout for a 3-BR home

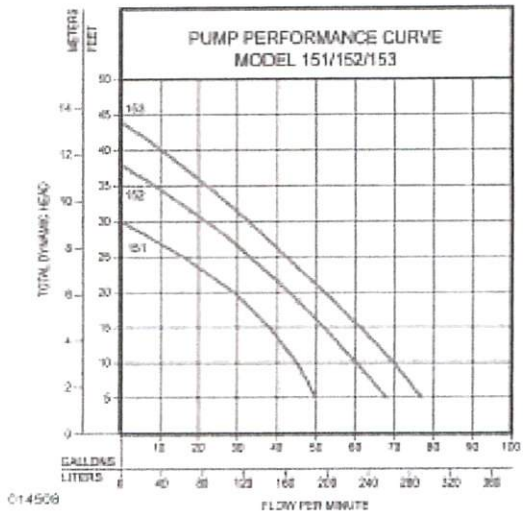
LINE #	FLAG COLOR	DESIGN LINE LENGTH (ft)
TBM		
INSTR. 1		
1	red	86
2	orange	110
3	lime	130
4	blue	90
5	pink	82
6	red	62
7	orange	34
	Total:	594

	DESIGN LINE LENGTH (ft)	SOIL LTAR GPD/FT^2	SYSTEM TYPE	DISTRIBUTION MEDIA	DISTRIBUTION METHOD	DESIGN FLOW (GPD)
System	594	0.225	Accepted	Low-Profile Chamber	Pump to serial	360
Repair			**REPAIR EXEMPT			

Notes: **All measures in feet.
**Nitrification lines are demonstrated on contour via colored pin flags.
**Soil evaluated by private LSS

Pump Sizing Sheet, Pump to Serial Distribution

Site Information		
Bedrooms:	3	
LTAR:	0.225	
Daily Flow (gpd):	360	
25% Reduction?	No	
Trench Length (ft):	594	
Septic Tank Size (gal):	1000	
Pump Tank Size (gal):	1000	
Supply Line Length (ft):	132	
Supply Line Dia. (in):	2	
Total Design Flow:	360	
Total Drainfield Length:	594	
4" Pipe:	0.65079	
Total Drainfield Vol.:	386.57	
Percent of Dose Vol.:	0.66	(from .1900 rules)
Dosing Vol. (gal):	255.1	
Pump Tank (gal/in):	21.0	(average)
Drawdown (in):	12.1	
Ground Elev. at Pump Tank (ft):	714	
Pump Tank Install Depth (ft):	1	
Pump Tank Elevation (ft):	713	
Pump Elev. Difference (ft):	5	(typical configuration)
Pump Elev. (ft):	708	
Elev. of Highest Drainline (ft):	716	
Elev. Head (ft):	**8.0**	
Friction Head (ft):	**2.01**	
Pressure Head (ft):	**0.0**	
Total Dynamic Head:	**10.0**	
TDH Capacity (ft):	**10.0**	
Flow Capacity (GPM):	**21**	(typical value)
Pump Run (min./dose):	**12.15**	
Recommended Pump:	**Zoeller Model 151**	**or approved equivalent**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Younts Insurance Agency Inc 121 N Talbert Blvd Lexington NC 27292	CONTACT NAME: Valerie Leonard PHONE (A/C, No, Ext): 336-238-1053 FAX (A/C, No): 336-238-1054 E-MAIL ADDRESS: valerie@yountsinsurance.com
INSURED PIEDENV-02 Piedmont Environmental Associates, PA 216-1 S. Swing Road Greensboro NC 27409	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Continental Casualty Company 20443 INSURER B : Penn National Mutual Casualty Insurance Company 14990 INSURER C : Ohio Casualty Insurance Company 24074 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1101377808 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:			BP9 0741038	6/1/2023	6/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 300,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [X] 19			AU90741038	6/1/2023	6/1/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical Payments	$ 1,000,000 $ $ $ $ 2,000
B	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			UL9 0741038	6/1/2023	6/1/2024	EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			XWO55203240	6/1/2023	6/1/2024	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability			EEH288330253	6/1/2023	6/1/2024	Each Claim Aggregate Deductible	2,000,000 2,000,000 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

For Client Purposes Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Diana Evans

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Septic System Layout Specifications

6639 Clinton Rd, Mecklenburg County, NC 28216

Piedmont Environmental Associates Job # 3985

Layout for a 3-BR home

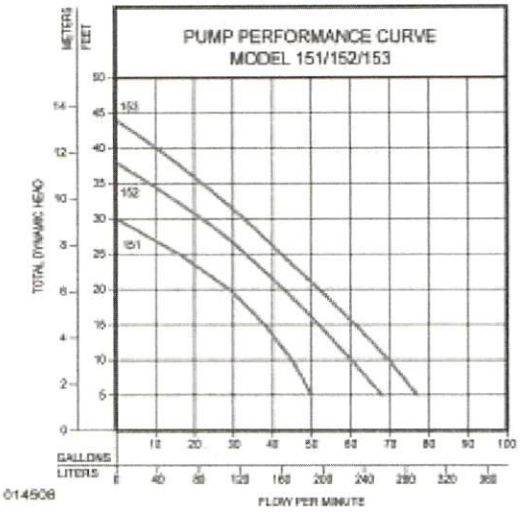
LINE #	FLAG COLOR	DESIGN LINE LENGTH (ft)
TBM		
INSTR. 1		
1	red	86
2	orange	110
3	lime	130
4	blue	90
5	pink	82
6	red	62
7	orange	34
	Total:	594

	DESIGN LINE LENGTH (ft)	SOIL LTAR GPD/FT^2	SYSTEM TYPE	DISTRIBUTION MEDIA	DISTRIBUTION METHOD	DESIGN FLOW (GPD)
System	594	0.225	Accepted	Low-Profile Chamber	Pump to serial	360
Repair			**REPAIR EXEMPT			

Notes: **All measures in feet.
**Nitrification lines are demonstrated on contour via colored pin flags.
**Soil evaluated by private LSS

Pump Sizing Sheet, Pump to Serial Distribution

Site Information		
Bedrooms:	3	
LTAR:	0.225	
Daily Flow (gpd):	360	
25% Reduction?	No	
Trench Length (ft):	594	
Septic Tank Size (gal):	1000	
Pump Tank Size (gal):	1000	
Supply Line Length (ft):	132	
Supply Line Dia. (in):	2	
Total Design Flow:	360	
Total Drainfield Length:	594	
4" Pipe:	0.65079	
Total Drainfield Vol.:	386.57	
Percent of Dose Vol.:	0.66	(from .1900 rules)
Dosing Vol. (gal):	255.1	
Pump Tank (gal/in):	21.0	(average)
Drawdown (in):	12.1	
Ground Elev. at Pump Tank (ft):	714	
Pump Tank Install Depth (ft):	1	
Pump Tank Elevation (ft):	713	
Pump Elev. Difference (ft):	5	(typical configuration)
Pump Elev. (ft):	708	
Elev. of Highest Drainline (ft):	716	
Elev. Head (ft):	**8.0**	
Friction Head (ft):	**2.01**	
Pressure Head (ft):	**0.0**	
Total Dynamic Head:	**10.0**	
TDH Capacity (ft):	**10.0**	
Flow Capacity (GPM):	**21**	(typical value)
Pump Run (min./dose):	**12.15**	
Recommended Pump:	**Zoeller Model 151**	**or approved equivalent**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Younts Insurance Agency Inc 121 N Talbert Blvd Lexington NC 27292	**CONTACT NAME:** Valerie Leonard **PHONE (A/C, No, Ext):** 336-238-1053 **FAX (A/C, No):** 336-238-1054 **E-MAIL ADDRESS:** valerie@yountsinsurance.com
INSURED PIEDENV-02 Piedmont Environmental Associates, PA 216-1 S. Swing Road Greensboro NC 27409	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** INSURER A : Continental Casualty Company — 20443 INSURER B : Penn National Mutual Casualty Insurance Company — 14990 INSURER C : Ohio Casualty Insurance Company — 24074 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1101377808 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT LOC OTHER:			BP9 0741038	6/1/2023	6/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 300,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY X 19			AU90741038	6/1/2023	6/1/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical Payments	$ 1,000,000 $ $ $ $ 2,000
B	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			UL9 0741038	6/1/2023	6/1/2024	EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		XWO55203240	6/1/2023	6/1/2024	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability			EEH288330253	6/1/2023	6/1/2024	Each Claim Aggregate Deductible	2,000,000 2,000,000 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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AUTHORIZED REPRESENTATIVE

Diana Evans

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FEE: 200.00
DATE: 12/20/2023

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 11825B

PERMIT NUMBER: 30014292

PARCEL NUMBER: 03518239

JOB LOCATION INFORMATION

ADDRESS: 6639 CLINTON RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28216

ISSUED TO: MATT SPRINGER

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 12/20/2023

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30014292, 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, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature _____

Client: Odyssey Custom Homes & Renovation
Lot Number: -
Parcel#: 3518239
DATE: 3/31/2023
LSS: Eric Bailey
Eval Method: Auger
Facility/Flow: 3BR/ 360 GPD

Site Classification: PS
Initial System: Low-Prof Chamber
Initial System LTAR: 0.225
Repair System: REPAIR EXEMPT
Repair System LTAR: -
Others Present: -
Water Supply: Municipal

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Number	UsableDep	LTAR	Boring Type	Horizon1	Horizon2	Horizon3	Landscape	Slope	
1	32	0.25	Conv	0-9 scl wfg ss sp fr sexp	9-23 c mmsbk s p fi sexp	23-34 scl wfsbk ss sp fr sexp	ls	4	
2	22	0.25	LPC	0-10 scl wfg ss sp fr sexp	10-24 c wmsbk s p fi sexp	10 yr 7/2 24	ls	4	
3	20	0.25	LPC	0-9 scl wfg ss sp fr sexp	9-22 c wmsbk s p fi sexp	10 yr 7/1 22	ls	4	
4	25	0.25	Conv	0-7 scl wfg ss sp fr sexp	7-27 c wfsbk s p fi sexp	10 yr 7/2 27	ls	4	
6	20	0.225	LPC	0-6 scl wfg ss sp fr sexp	6-22 c wfsbk s p fi sexp	10 yr 7/2	ls	4	
7	25	0.25	Conv	0-9 scl wfg ss sp fr sexp	9-27 c wfsbk s p fi sexp	10 yr 7/2 27	ls	4	
8	-	-	UNS	-	-	-	LS	4	wet and exp 11"
9	21	0.25	LPC	0-7 scl wfg ss sp fr sexp	7-23 c wfsbk s p fi sexp	10 yr 7/2 23	ls	4	

Notes: Soil Wetness - Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - Record Munsell color chip designation.
Classification - S - Suitable, PS - Provisionally Suitable, U - Unsuitable
LTAR - Long Term Acceptance Rate
Landscape Position: SU - summit, SH - shoulder, BS - backslope, FS - footslope, TS - toeslope, SS - sideslope, HS - headslope
Mineralogy: SE - slightly expansive, EXP - expansive

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 1182513 App# 14292 Tax Parcel# 03518239

Property Owner: Matt Springer

Job Location Address: 6639 Clinton Rd

City: Charlotte State: NC Zip Code: 28216

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

   ☐YES ☐ NO

   Comments: N/A

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.**

Heather Ray — Authorized Agent

10-13-25 — Date

Andrew Shelly Knoll — Others Present

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 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 #: 11825B Permit #: 14292 Tax Parcel #: 03518239

Property Owner: Matt Springer

Job Location Address: 6639 clinton Rd

City: Charlotte State: NC Zip Code: 28216

Operation Permit Issuance Date: 10/15/25 Contractor Name: Shady Knoll Septic 5580

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Top Seam Effluent Pump Model: Liberty

Drainfield Installation ☐ N/A

Trench Depth: 8 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 594 feet

# of Lines: 7 @ Vary feet See site plan

Depth of Media: 8 inches (Type) Low Profile Chamber

Depth of Cover: 6 inches

Distribution Device: Pump to Dbox

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: 10/14/25

Excavation Inspected: 10/14/25

Pump & Controls Inspected: 10/14/25

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See A2 permit installed as designed by LSS

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

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

Comments: System Classification & Type: IIIb/CHMLP/P/Na/NA

See A2 permit for maintenance and operations requirements.

DENR Authorized Agent: Heather Ray Signature: Heather Ray

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 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 #: 11825B Permit #: 14292 Tax Parcel #: 03518239

Property Owner: Matt Springer

Job Location Address: 6639 clinton Rd

City: Charlotte State: NC Zip Code: 28216

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: IIIB

*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.

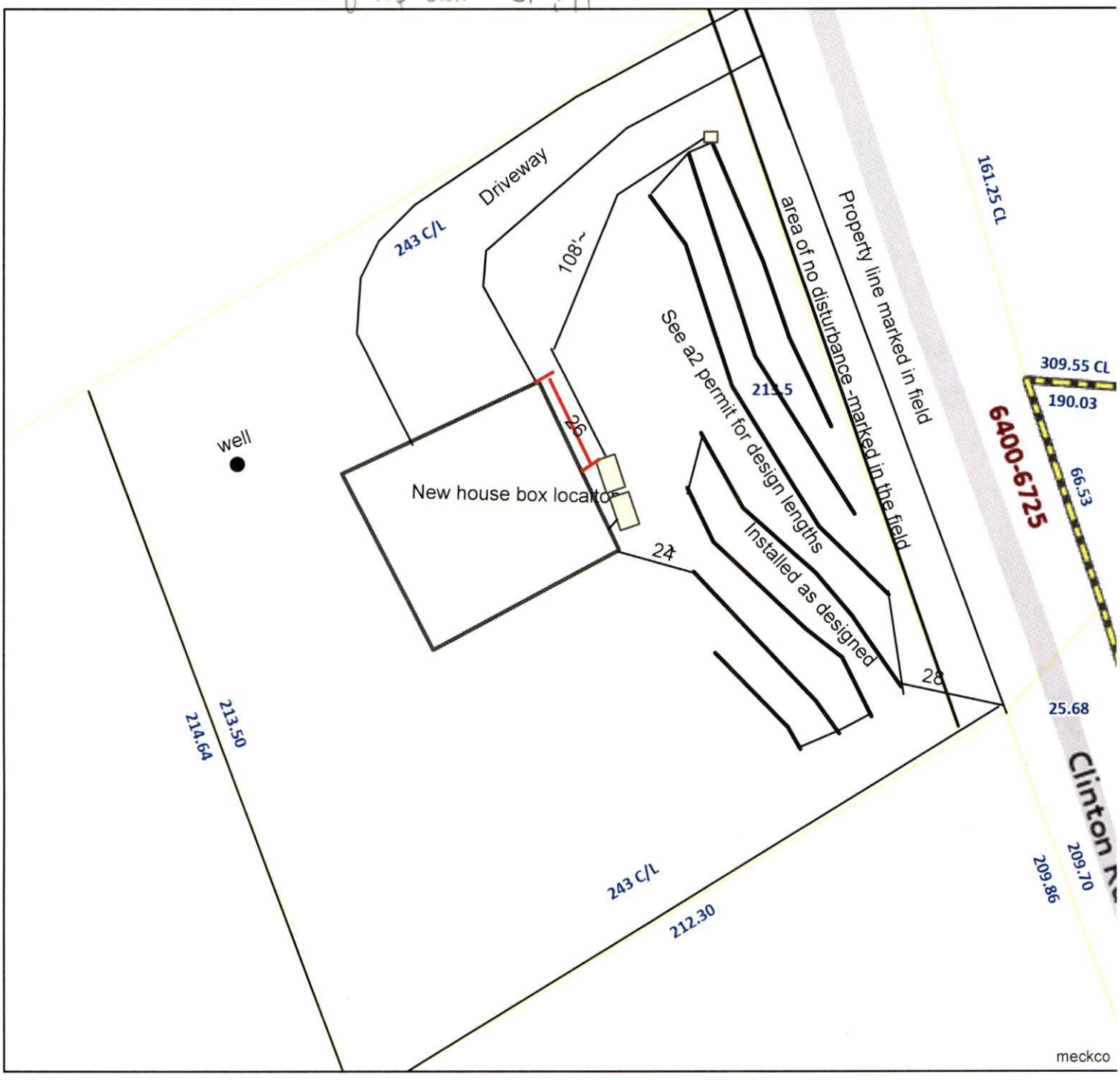
☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: Owner and Builder were informed that soil coverage over drainfield needs to be stablized and water run of needs to be divereted away from drainlines and tanks.

DENR Authorized Agent: Heather Ray Date: 4/2/26

Signature: Heather Ray

1000 Shoaf top Sand ST 3PT



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

6639 Clinton Rd
03518239
11825B

1 inch = 40 fee