FILE NUMBER: 7721B J Michael

SEPTIC FEE: 1000 DATE: 5-14-08 qc rec't #31995

Revised On: August 31, 2007

APPLICATION NUMBER: 3516

# MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
## APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____ DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☒ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 197.221.06

STREET ADDRESS: 7919 PLANTATION FARMS LN

CITY: MINT HILL

STATE: NC ZIP: 28227

SUBDIVISION NAME:

LOT #: 47 LOT SIZE (acres): 0.72

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE

☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☒ 7-MINT HILL

☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME

☐ DOUBLE WIDE ☐ MULTIPLE FAMILY

☒ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE: 3538

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 4

FOUNDATION TYPE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

☐ ANY TYPE ☒ CONVENTIONAL ☒ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: 1 2 ____ ____ ____

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 WASTE WATER (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 |

10. PROPERTY OWNER

NAME: THE HOME GROUP

ADDRESS: 3075 SENNA DR.

CITY: MATTHEWS

STATE: NC ZIP: 28105

HOME PHONE: WORK PHONE: 704-200-7424

MOBILE PHONE: FAX: 704 200 8424

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

HOME PHONE: WORK PHONE:

MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

13. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:

If the information in the 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 60 months for a non-expiring dependent upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

05-09-08

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

15. WELL PERMIT APPLICATION SIGNATURE SECTION:

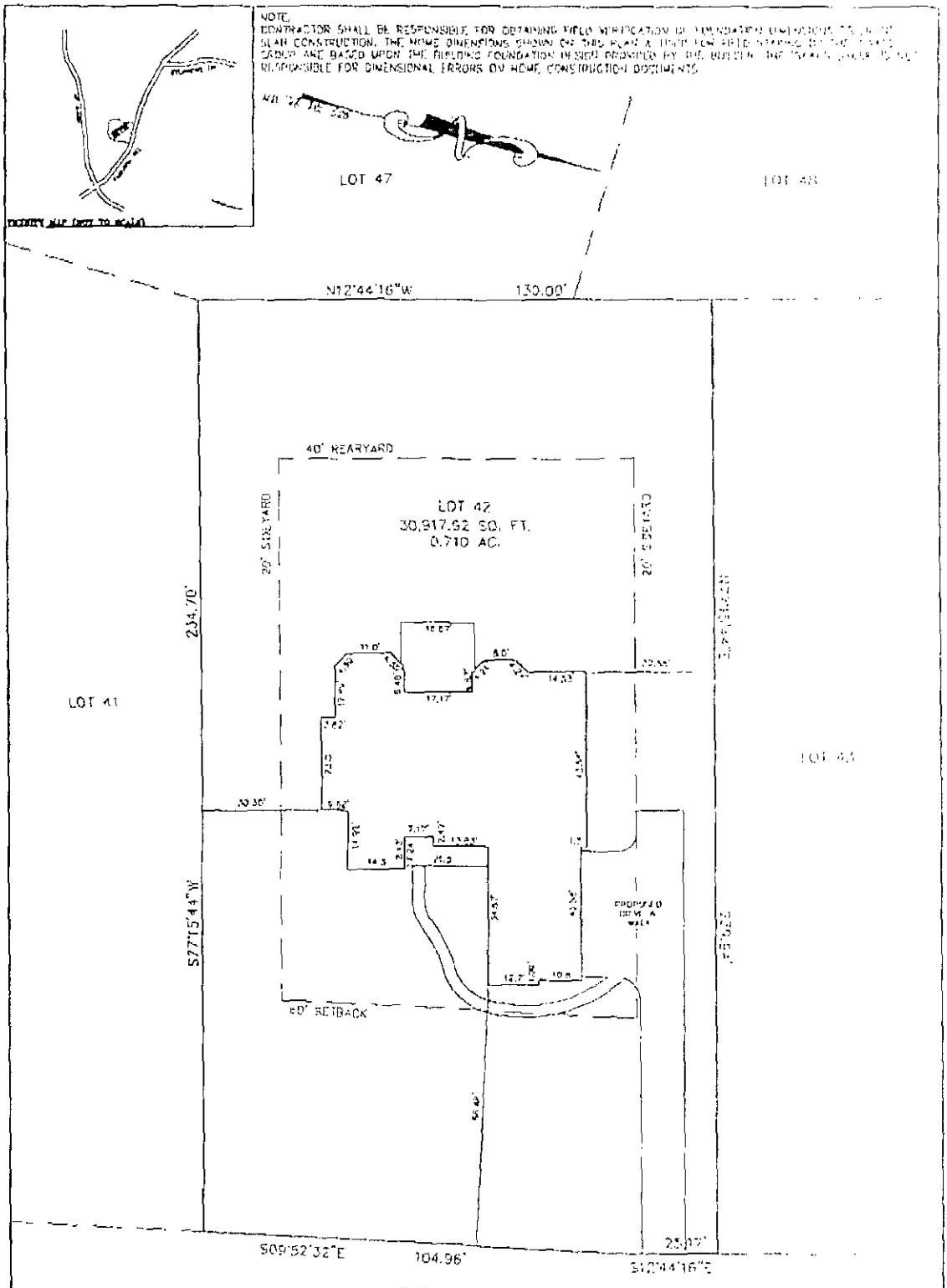
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry 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 12 months from the date of issuance.

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

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

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

05/09/2008 10:38 TEL 7042112084 THE HOME GROUP 002




THE ISAACS GROUP
CIVIL ENGINEERING DESIGN AND CONSULTING
8720 RED OAK BLVD., SUITE 420
CHARLOTTE, N.C. 28217
PH (704) 527-5440 FAX (704) 527-8525

THIS IS TO CERTIFY THAT CERTAIN LOTS SHOWN ON THIS PLAT IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION COMMUNITY NUMBER 3711354-0212-E DATED FEBRUARY 4, 2014

# PLOT PLAN OF

7919 PLANTATION FALLS LANE
LOT 42, PLANTATION FALLS, MAP 1
TOWN OF MINT HILL, MECKLENBURG COUNTY
NORTH CAROLINA
OWNER: THE HOME GROUP
APPROVED ☐ REVISE ☐ MB. 46 PG. 565

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30003516** GWS File #: **7721B** Tax Parcel #: **197-221-06**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

**I. This Improvement Permit Shall:** Expire in Five (5) Years **Expiration Date (If Applicable):** 5/15/2013

Type of Installation: Residential - Modified Plot Plan Lot Number: 42

Structure Type: HOUSE Size ($ft^2$): 3538 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1200 | Total Trench Length (ft): | 400 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

**III. Repair System Type:** PPBPS (gravity) **System Classification:** IIIe

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 800 | Total Trench Length (ft): | 267 |
| Maximum Trench Depth (in): | 32 | Depth of Media (in): | N/A | Distribution Device: | Distribution Box | | |

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michael Signature: _____

Date Issued: 5/15/2008

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30003516** GWS File #: **7721B**

**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.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 5/15/2008

Owner/Legal Agent: _____
Print Name

Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit # 30003516 GWS File #: 7721B Tax Parcel #: 197-221-06

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years Expiration Date (If Applicable): 5/15/2013
Type of Installation: Residential - Modified Plot Plan Lot Number: 42
Structure Type: HOUSE Size ($ft^2$): 3538 # Bedrooms: 4 # Occupants: 4
Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1200 | Total Trench Length (ft): | 400 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

III. Repair System Type: PPBPS (gravity) System Classification: IIIe

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 800 | Total Trench Length (ft): | 267 |
| Maximum Trench Depth (in): | 32 | Depth of Media (in): | N/A | Distribution Device: | Distribution Box | | |

IV. Permit Conditions/Comments:

*(Please See the Following Page for Permit Conditions.)*

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael Owner/Legal Agent: Jason Caughg
Print Name
Signature: Jeremy Michael Signature:
Date Issued: 5/15/2008

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 214 Charlotte, NC 28202
Phone: (704) 336-5133 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit # 30003516 GWS File #: 7721B

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.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 5/15/2008

Owner/Legal Agent: JASON COOMB
Print Name

Signature:

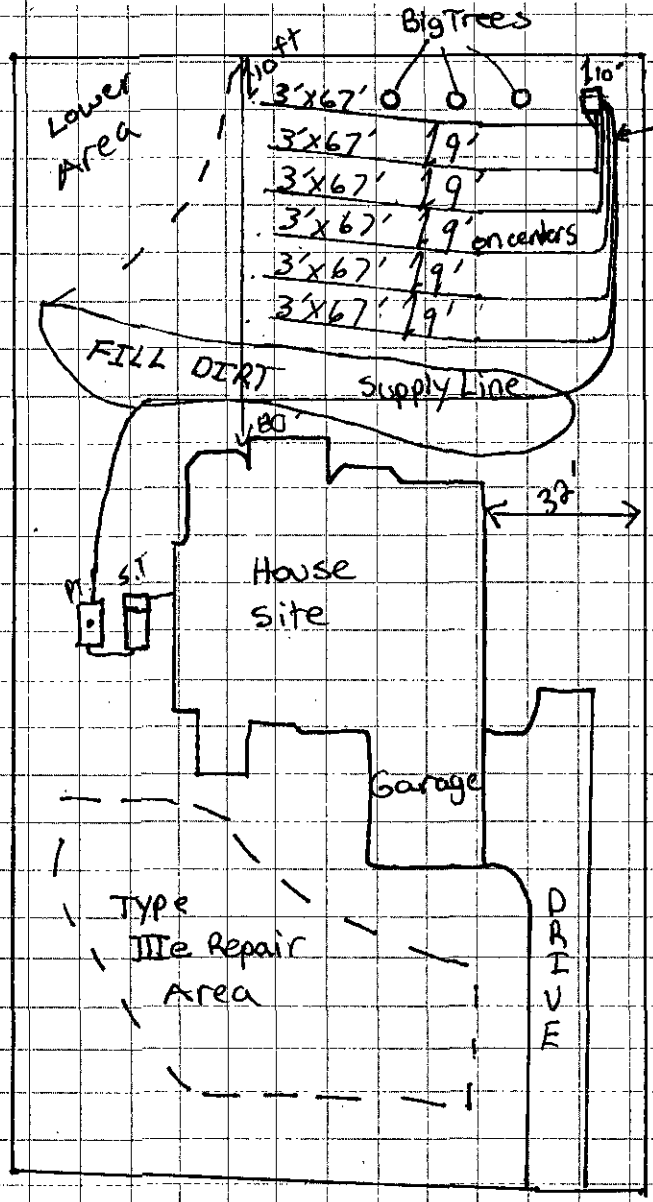
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 7721B

TC: 197-221-06

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




Note
Supply line 5' off property line min.
Presure Manifold & Drain Lines must be 10ft off property line

Install (6) Lines 67ft long
Type III bg system - Pump to approved 25% Red.
Use 1500gal Septic Tank
1000 gal Pump Tank
stay out off fill area
Install lines on contour of land.

Presure manifold Distribution
Max Trench Depth 36"

APPROVAL DATE 05-15-2008 Jeremy Michael

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 7721B Permit #: _____ Tax Parcel #: 197-221-06

Property Owner: The Home Group

Job Location Address: 7919 Plantation Falls Ln.

City: Charlotte State: NC Zip Code: 28227

**Installation Approval Issuance Date:** 07-09-08

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 08-09-08 after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 402 feet

# of Lines: 6 @ 67 feet

Depth of Media: 12 inches (Type) 25% Rock

Distribution Device: Pressure Manifold

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

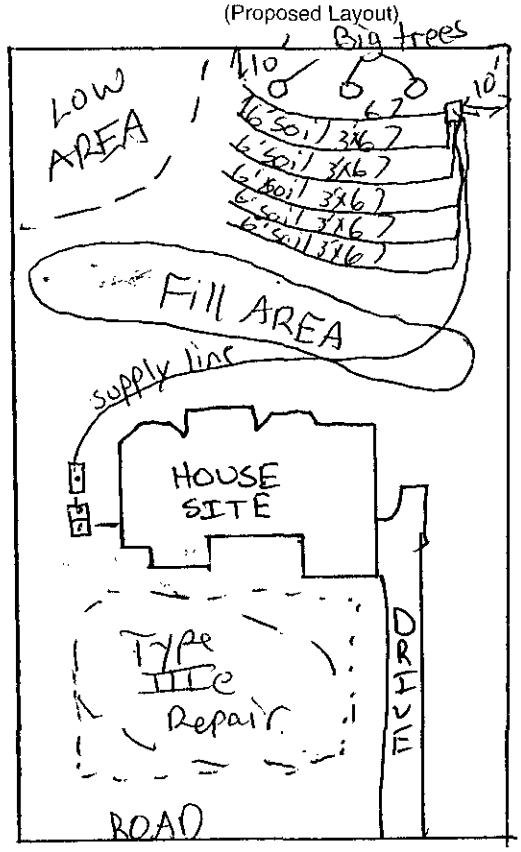
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




*Comments:* System Classification & Type: IIIbg

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 7721B Permit #: _____ Tax Parcel #: 197-221-06

Property Owner: THE HOME GROUP

Job Location Address: 7919 Plantation Falls Ln.

City: Charlotte State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 8-22-08 Contractor Name: Stanley Septic

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons ENDAF STA 350

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: Gould's 1/3 HP WE0312MC1

**Drainfield Installation** ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 6 @ 67 feet

Depth of Media: 12 inches (Type) Quick 4 Chambers

Depth of Cover: 24 inches

Distribution Device: Pressure Manifold

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

**Water Supply Source**

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

**System Installation Setbacks**

Distance from Building Foundation: 19 feet in Back

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

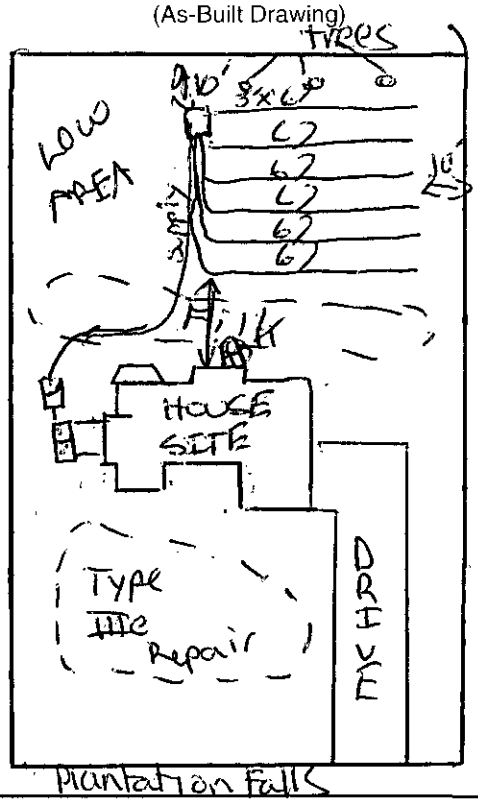
**Inspection Dates**

Tank(s) Inspected: 07-15-08

Excavation Inspected: 07-10-08

Pump & Controls Inspected: ~~07-10-08~~ 8-22-08

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)




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

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

Comments: System Classification & Type: IIIbg GTR, IQ4W, B, N/A, N/A

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 7221B Permit #: _____ Tax Parcel #: 197-221-06

Property Owner: THE HOME GROUP

Job Location Address: 7919 Plantation Falls Ln.

City: Charlotte State: NC Zip Code: 28227

**OPERATION PERMIT CONDITIONS:**

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

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

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

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

System Classification: III 209

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☒ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

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

V. Other:

_____

_____

_____

_____

DENR Authorized Agent: Jeremy Michael Date: 8-22-08

Signature: Jeremy Michael

FILE NUMBER: 7218 Revised On: August 31, 2007 APPLICATION NUMBER: 3429

SEPTIC FEE: 200.00 DATE: 4/9/08 — MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES — WELL FEE: _____ DATE: _____

# 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: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 197-22-06
STREET ADDRESS: 7919 Plantation Falls Ln
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: 42 LOT SIZE (acres): 0.72
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☒ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 3534
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH FINISHED SPACE
☒ CRAWL SPACE ☐ BASEMENT WITH UNFINISHED SPACE

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING
7. PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 6-LEAST DESIRED)
☐ ANY TYPE ☒ CONVENTIONAL ☒ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
8A. RANK: 1 2

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 |

10. PROPERTY OWNER:
NAME: The Home Group, Inc
ADDRESS: 3070 Senna Dr
CITY: Matthews
STATE: NC ZIP: 28105
HOME PHONE: WORK PHONE: (704) 841-2094
MOBILE PHONE: FAX: (704) 841-2089

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
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 60 months or is non-expiring depending upon the documentation submitted. complete site plan = 60 months, complete plat = non-expiring

Property Owner's or Owner's Legal Representative Signature Date 04-04-08

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
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 12 months from the date of issuance.

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

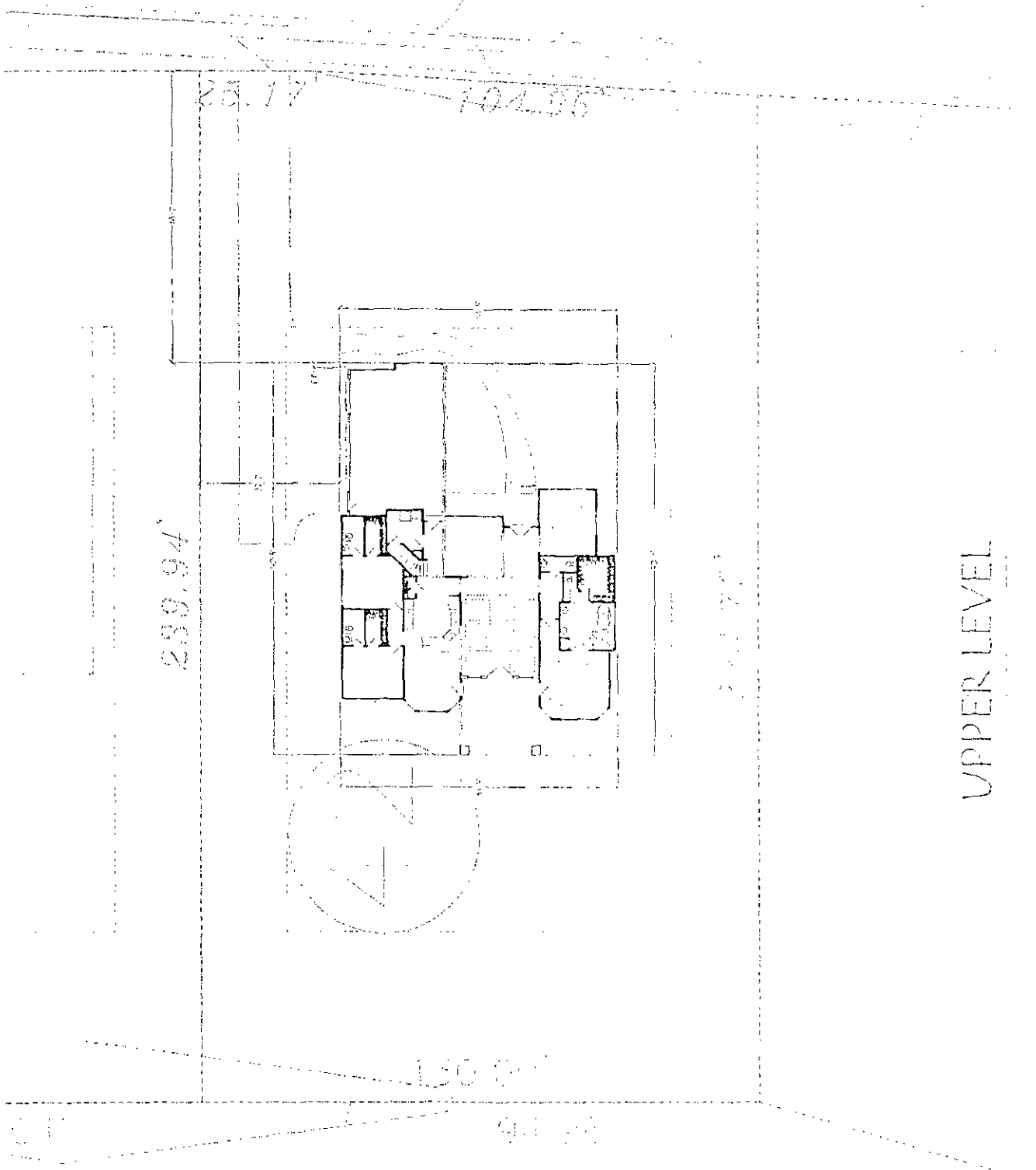
☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

THE HOME GROUP
PLAN DESIGN • BUILDING • REAL ESTATE
CHARLOTTE MYRTLE BEACH
10004-A PENNA DRIVE, MATTHEWS, NC 28105 704-841-2074

S-1

SPEC
PLANTATION FALLS
LOT # 42
COPYRIGHT LAW
MARCH 07
2008
CONSTRUCTION DOCUMENTS

# PLANTATION FALLS LANE - 60' R/W




7728

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

Sheet: 1 of 2
Property ID: 197-221-06
Lot #: 42
File #: 7721B
AppID: 3429

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: The Home Group, Inc. Applicant:
Address: 3070 Senna Drive, Matthews, N. C. 28105 Date Evaluated: 4/10/08
Proposed Facility: Residence Design Flow (.1949) 480 ~~360~~gpd Property Size: .72a
Location of Site: 7919 Plantation Falls Lane Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | b PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS, 5 | 0-4 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48+ | N/A | NONE | PS, IV |
| | | 4-48 | SBK/C | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
| 2 | " | 0-3 | GR/CL | FR/SEXP/SS/SP | >44" TO SOIL WETNESS | 44 | " | " | " |
| | | 3-29 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 29-44 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 3 | " | 0-4 | GR/CL | " | >48" TO SOIL WETNESS | 48+ | " | " | " |
| | | 4-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 4 | LS, 8 | 0-3 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 3-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 5 | LS, 6 | 0-10 | GR/CL | FR/SEXP/SS/SP | " | 48 | " | " | PS, IV |
| | | 10-48 | SBK/ABK/C | FI/SEXP/S/P | | | | | .28GPD/FT$^2$ |
| | | | | | SITE LTAR .3GPD/FT$^2$ | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 1119b | 1116 |
| Site LTAR | 0.3 | 0.3 |

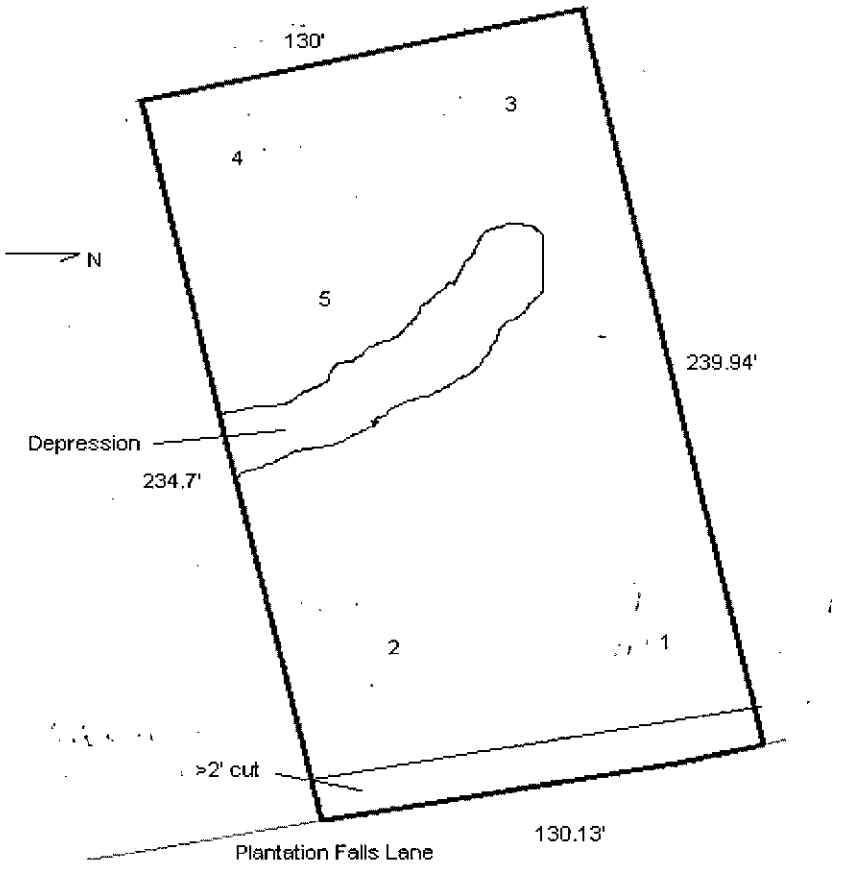
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 4/10/2008, W. R. Marlin
Others Present:
Site Classification (.1948):
Site Evaluation By: Jeremy Michael
Others Present:

**COMMENTS:**
100% repair

| Landscape Position | Group | Texture | .1955 LTAR | Structure |
|---|---|---|---|---|
| R-Ridge | I | S-Sand | 1.2 - 0.8 | SG-Single Grain |
| SS-Shoulder Slope | | LS-Loamy Sand | | M-Massive |
| LS-Linear Slope | | | | CR-Crumb |
| FS-Foot Slope | II | SL-Sandy Loam | 0.8 - 0.6 | GR-Granular |
| NS-Nose Slope | | L-Loam | | SBK-Subangular Blocky |
| HS-Head Slope | | | | ABK-Angular Blocky |
| CC-Concave Slope | III | SI-Silt | 0.6 - 0.3 | PL-Platy |
| CV-Convex Slope | | SICL-Silty Clay Loam | | PR-Prismatic |
| T-Terrace | | | | |
| FP-Flood Plain | | CL-Clay Loam | | |
| | | SCL-Sandy Clay Loam | | |
| | IV | SC-Sandy Clay | 0.4 - 0.1 | |
| | | SIC-Silty Clay | | |
| | | C-Clay | | |

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

**Sketch of Soil Evaluation Locations**



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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30003429** GWS File #: **7721B** Tax Parcel #: **197-221-06**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

**I. This Improvement Permit Shall:** Expire in Five (5) Years **Expiration Date (If Applicable):** 4/18/2013

Type of Installation: Residential - New System Lot Number: 42

Structure Type: HOUSE Size ($ft^2$): 3538 # Bedrooms: 3 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 360 | LTAR (gpd/$ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 900 | Total Trench Length (ft): | 300 |
| Maximum Trench Depth (in): | 32 | Depth of Media (in): | 12 | Distribution Device: | Drop Boxes | | |

**III. Repair System Type:** Pump to Approved **System Classification:** IIIb

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 360 | LTAR (gpd/$ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 900 | Total Trench Length (ft): | 300 |
| Maximum Trench Depth (in): | 32 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michael Signature: _____

Date Issued: 4/18/2008

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30003429** GWS File #: **7721B**

**IV. Permit Conditions/Comments:**

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 4/18/2008

Owner/Legal Agent: _____
Print Name

Signature: _____

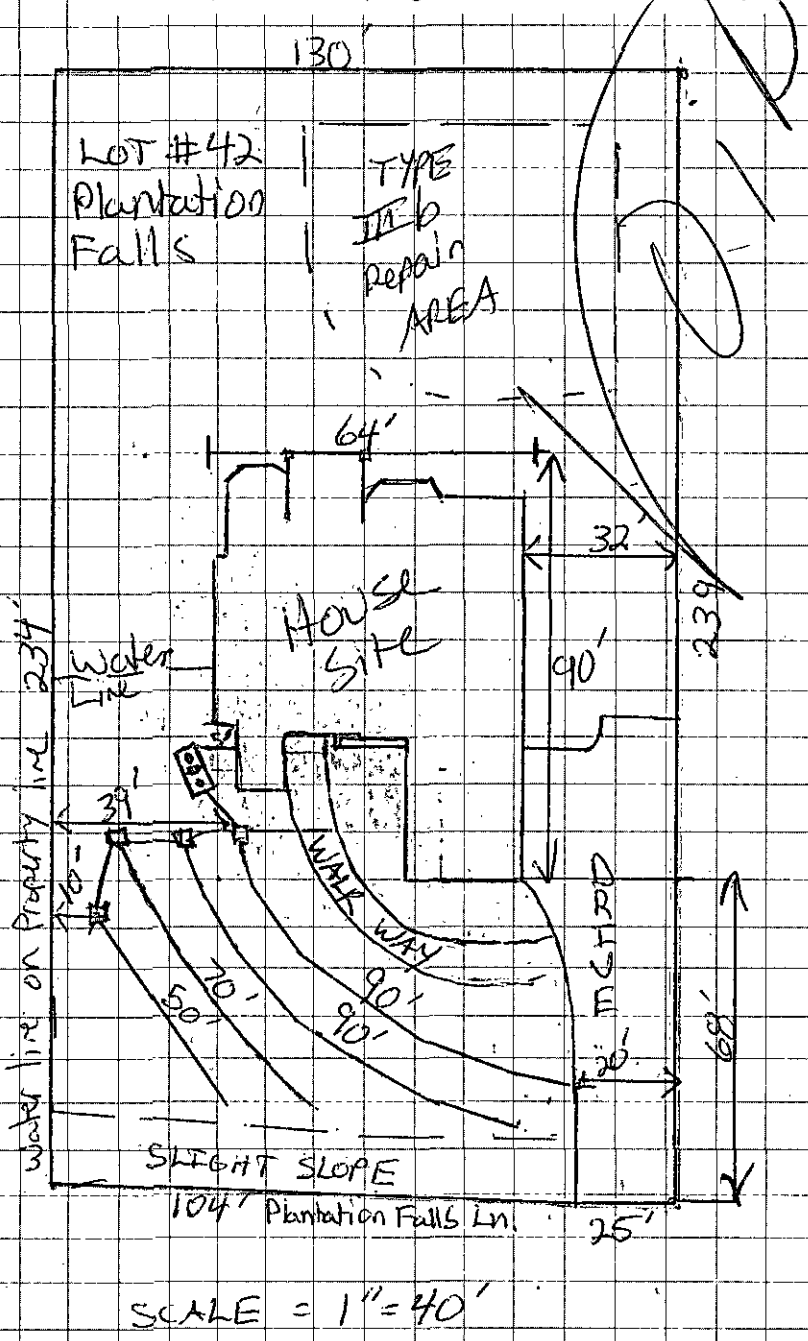
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 7721B

TC: 197-221-06

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




SCALE = 1" = 40'

3 Bedroom Residence
360 GPD
LTAR 0.3
300 L.F of 25% Reduction

Drop Box Distribution
1500 Gal Septic Tank

32" Max Trench Depth

Setbacks
10' off property lines
5' off structures
10' off public water line

APPROVAL DATE 04-18-2008 Jeremy Michael

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

FEE: 300.00
DATE:4/23/2008

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

**MECKLENBURG COUNTY**
**GROUNDWATER & WASTEWATER SERVICES**

VOID

**FILE NUMBER:** 7721B

**PERMIT NUMBER:** 30003429

**PARCEL NUMBER:** 19722106

**JOB LOCATION INFORMATION**

**ADDRESS:** 7919 PLANTATION FALLS LN

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

**ISSUED TO:** THE HOME GROUP, INC

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 4/23/2008

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30003429, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 4/18/2013

LD Possible

## Groundwater & Wastewater Services
### Septic Project File & Data Review Worksheet

GWS File #: 7221B WASPS App #: 3429

Primary ES assigned to project: YJ / J Michael

Secondary ES assigned to project:

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

**I. File Review:**

| Rule or Law | Permit Application | | | |
|---|---|---|---|---|
| .1937(d) | Is the Application complete | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is there a Site plan/Plat with application | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is the Facility shown? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Are appurtenances shown | Yes ☑ | No ☐ | N/A ☐ |
| | **Site Evaluation Information** | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1940 (a-g) | Slope % Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Texture Class Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Structure type Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Consistence Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Mineralogy Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(3) | Soil Wetness Condition Recorded? | Yes ☐ | No ☐ | N/A ☑ |
| .1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered | Yes ☐ | No ☐ | N/A ☑ |
| .1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | Yes ☐ | No ☐ | N/A ☑ |
| .1939 (a)(6) | Sufficient Available Space Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(m) | Are the Profile Locations Shown? | | | |
| .1939(a) | Are the S/PS Profiles in system & in repair area? | Yes ☑ | No ☐ | N/A ☐ |
| & .1945(b) | Number of auger borings made: 5 Were sufficient auger borings made? | Yes ☑ | No ☐ | N/A ☐ |
| .1939(d), .1955, .1956, .1957 | LTAR .3 | Yes ☑ | No ☐ | N/A ☐ |
| | **Improvement Permit/Construction Authorization** | | | |
| .1937(g) 130A-336(a) | Proposed System Type stated-Initial | Yes ☑ | No ☐ | N/A ☐ |
| .1945(b) | Proposed System Type stated-Repair | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336 (a)(3) | System location identifiable by setbacks - Initial | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) .1945(b) | System components shown – Initial | Yes ☑ | No ☐ | N/A ☐ |
| .1945(b) | Repair area shown | Yes ☑ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Does System design match facility, flow & WWcharacteristics? | Yes ☑ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is System design consistent with soil/site conditions? | Yes ☑ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is the System located in the approved area? | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336(a) | Is the Design flow (gpd) indicated? | Yes ☑ | No ☐ | N/A ☐ |

| | | | | |
|---|---|---|---|---|
| 130A-336(a) | Number of Bedrooms, employees, seats, etc. indicated? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) | Trench depth indicated? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) | Trench width indicated? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) | Trench length indicated? | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Proposed/existing well shown? | Yes ☑ | No ☐ | N/A ☑ |
| 130A-336(a)(1) | Property line lengths shown? | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336(a) | Facility/appurtenance setbacks shown from fixed points? | Yes ☐ | No ☐ | N/A ☐ |
| | **Operation Permit** | | | |
| .1937(i) | System type as described in table V(a) of rule .1961 | Yes ☑ | No ☐ | N/A ☐ |
| .1937(i) | Conditions for system performance, operation, maintenance, monitoring and reporting. | Yes ☑ | No ☐ | N/A ☐ |

**II. WASPS Review:**

| | | | |
|---|---|---|---|
| Construction authorization issued | Yes ☐ | No ☐ | N/A ☐ |
| Installation approval issued | Yes ☐ | No ☐ | N/A ☐ |
| Operation permit issued | Yes ☐ | No ☐ | N/A ☐ |
| Other related documentation | Yes ☐ | No ☐ | N/A ☐ |

# Items requiring correction/modification: _____

Comments: Modified plot plan appl. approved YSW 5/16/08

IA issued date: 7.409

OP issued date: 8220E

Review performed by: _____ Date performed: 4 21 08

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 05/14/08 | **Amount:** | 100.00 |
| **Receipt #:** | 57315 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** X31095
**Contractor:** HOME GROUP IN THE
**Attn:**
**Address:** 3070 SENNA DR
**Address:** STE A
**City/State/Zip:** MATTHEWS, NC 28105

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0704 | Change in Plot Plan<br>7919 PLANTATION FARMS LN | | 1 | 100.00 | 100.00 |

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

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 2,396.70 | 5,649.32 | | | | |

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 04/23/08 | **Amount:** | 300.00 |
| **Receipt #:** | 57019 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** X31095
**Contractor:** HOME GROUP IN THE
**Attn:**
**Address:** 3070 SENNA DR
**Address:** STE A
**City/State/Zip:** MATTHEWS, NC 28105

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0734 | Auth for Waste Wtr Sys Constr<br>7919 Plantation Falls 7721B, 8606 Rolling Flds 772 | | 1 | 300.00 | 300.00 |

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

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 3,322.32 | | | | | |

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

**Date:** 04/23/08
**Receipt #:** 57020
**Check / Auth #:** CHARGE
**Received By:** CRAIGGY

**Amount:** 300.00
**Tendered:** 0.00
**Returned:** 0.00

**Account Information**

**Account #:** X31095
**Contractor:** HOME GROUP IN THE
**Attn:**
**Address:** 3070 SENNA DR
**Address:** STE A
**City/State/Zip:** MATTHEWS, NC 28105

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0703 | Installation/Final Approval<br>files 7721B, 7722B | | 1 | 300.00 | 300.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 3,622.32 | | | | | |