

9902 RIVER WALK WY

11322301

1/8/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

LD

GWS File #: 5707 B WASPS App #: 3543

Primary ES assigned to project: CS

Secondary ES assigned to project: _____

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

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: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☑
.1939(d), .1955, .1956, .1957	LTAR	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:

@ USE EXISTING SYSTEM FOR 6' DECK EXTENSION - OK TO USE EXISTING SYSTEM 5/27/08

IA issued date: 1/19/04

OP issued date: 12/7/06

Review performed by: IR Date performed: 5/27/08

3543

C Sherrill

FEE: 100.00
DATE: 5-23-08
CRT I 1 Visa appr 00799

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 5707B

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Kevin Poon
ADDRESS: 9902 RIVERWALK WAY
CITY: CHARLOTTE
STATE: NC ZIP: 28214
PHONE: 704 312 4172
ALTERNATE PHONE: 404 597 4159

PROPERTY OWNER:

NAME: SAME
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 113-223-01
STREET ADDRESS: SAME
CITY:
STATE: NC **ZIP:**
SUBDIVISION OR MOBILE HOME PARK NAME: RIVERWALK PLANTATION
LOT #: 10

TOWNSHIP:

- ☐ 0-MECKLENBURG
- ☑ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:

☐ MUNICIPAL (M) ☑ COMMUNITY (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

☑ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

OCCUPANCY (both fields are required):

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☑ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Kevin Poon
Owner's/Agent's Signature

5/23/08
Date

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

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

OK TO USE EXISTING SYSTEM

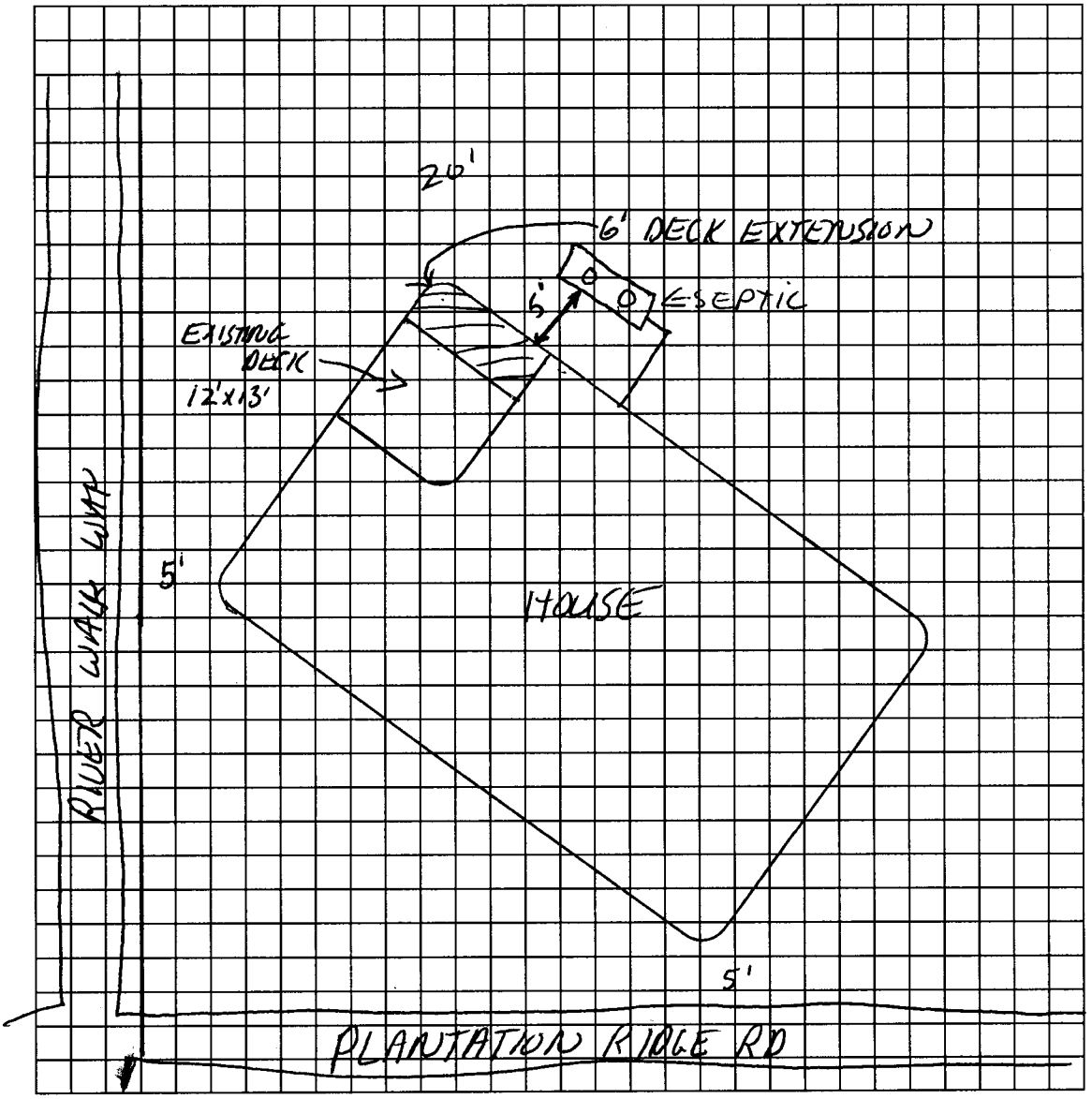
Christopher M Sherrill 5/27/08
EHS Signature Date

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

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Kevin Yoon
Date	5/23/08

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/23/08	**Amount:**	100.00
Receipt #:	57478	**Tendered:**	100.00
Check / Auth #:	VISA 00799a	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: POONI, KEVIN
Attn:
Address: 9902 RIVERWALK WAY
Address:
City/State/Zip: CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 9902 RIVERWALK WAY Lot #10		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
600.00					

ck # 887570

FEE: 200
DATE: 9/10/04 gc

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 57098

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 11322301

STREET ADDRESS: 9902 River Walk Way

SUBDIVISION OR MOBILE HOME PARK NAME: River Walk Plantation

LOT NUMBER: 10

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 2760

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

CLOSING DATE 09-15-04

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE:

WATER SUPPLY (CHECK ONE):

✓ COMMUNITY (C)
___ SHARED WELL (S)
___ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: Citadel Homes, Inc
(LAST) (FIRST) (MI)

ADDRESS: P O Box 3518

CITY: Mooresville STATE: NC ZIP: 28117

DAYTIME PHONE: 704 384 - 1621

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Correll Jean J
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704 384 - 1621

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 11-25-98

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Jean J Correll DATE: 9-9-04

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

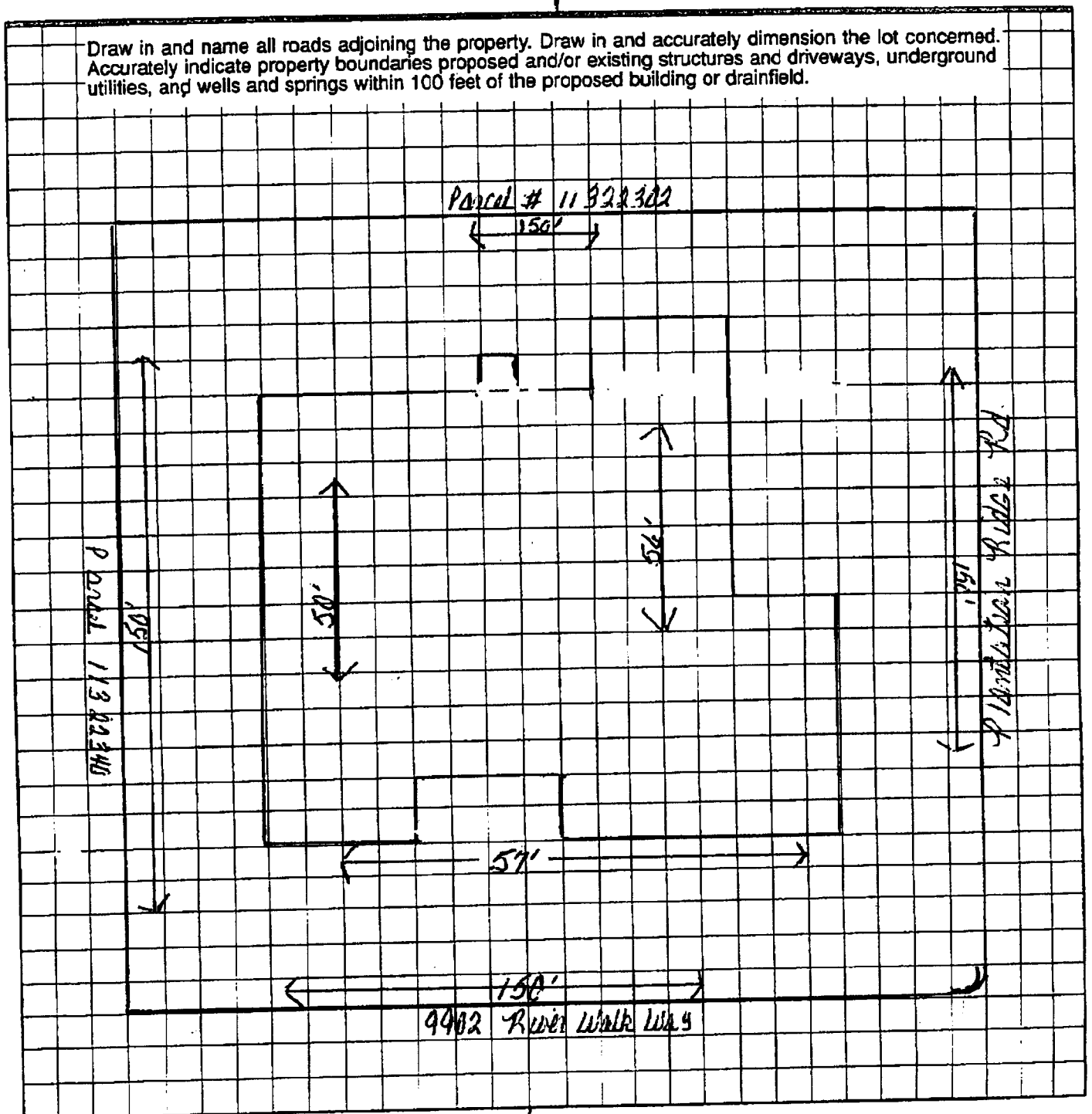
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5707B

TC: 113-223-01

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.



Cindi Harris Inc Jean J Correll
OWNER/AGENT SIGNATURE

DATE 9-9-04

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5707B

TC: 113-22-301

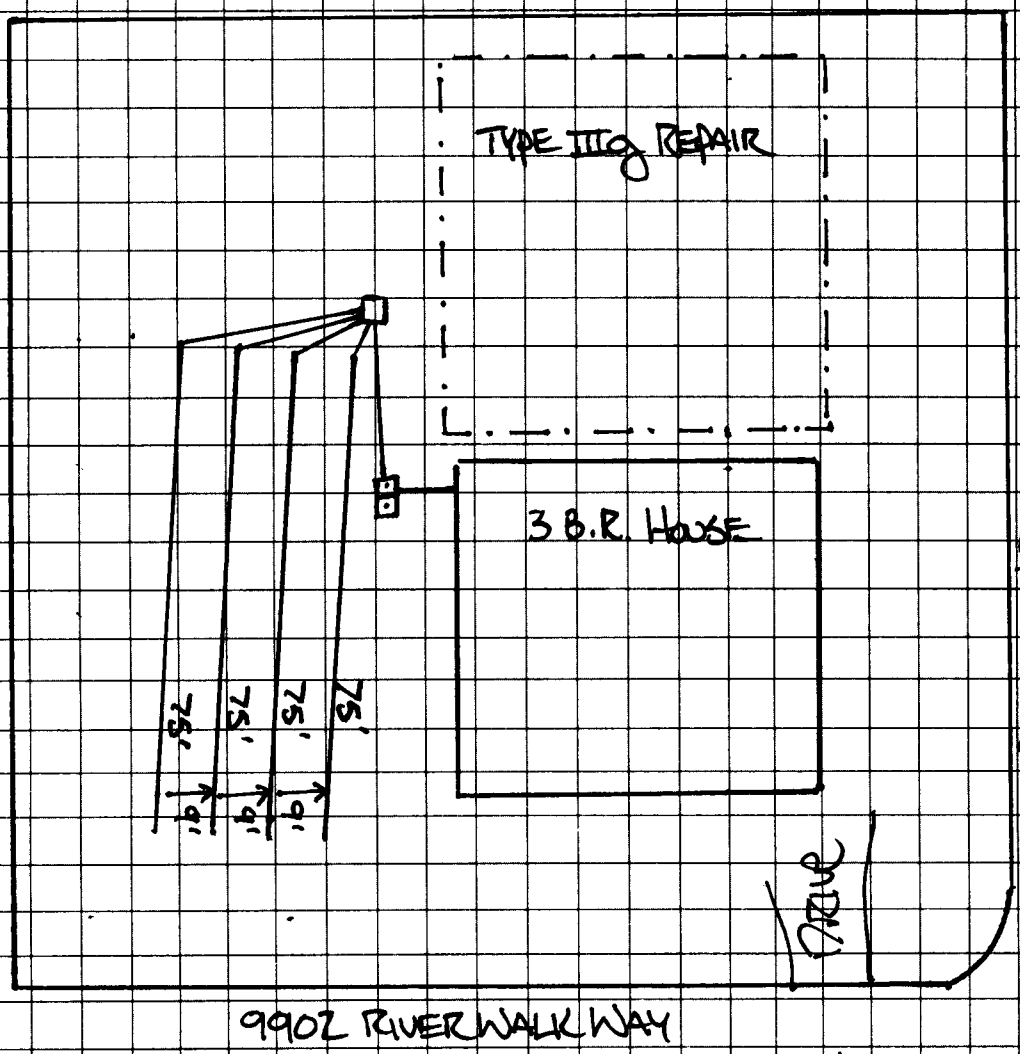
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

1"=30'

- SEPTIC SYSTEM DESIGN FOR A 3 BEDROOM HOUSE
- 25% REDUCTION SYSTEM

LTAR=0.3 GPD/FT²; 300 MAX GAL/DAY WASTEWATER FLOW
900 FT² ABSORPTION AREA; 300' TOTAL TRENCH LENGTH

* 1500 GAL SEPTIC TANK
* INSTALL 4 LINES, 75' EACH.
* PLACE LINES LEVEL & ON CONTOUR ON 9' CENTERS



TYPE IIIa 25% REDUCTION REPAIR AREA

SETBACKS:
>5' FROM HOUSE FOUNDATION
710' FROM PROPERTY LINE
750' FROM ANY WELL

X [signature] (Agent)
OWNER/AGENT SIGNATURE

DATE 12/20/04

APPROVAL DATE [signature], 12/17/04

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

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

Sheet: 1 of 2
Property ID: 113-223-01
Lot #: 10
File #: 5707B
Code: 2

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Citadel Homes, Inc.
Applicant: Jean Correll
Address: P O Box 3518, Mooresville, N. C. 28117
Date Evaluated: 9/29/2004
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .51a
Location of Site: 9902 River Walk Way
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		OTHER PROFILE FACTORS				Profile Class & LTAR
			1941 Structure/ Texture	1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	
1	LS, 12	0-4	GR/SL	FR/SEXP/NS/NP	>46" TO SOIL WETNESS	46	N/A	NONE	PS, IV .3GPD/FT^2
		4-8	SBK/SCL	FR/SEXP/SS/SP					
		8-35	SBK/SC	FI/SEXP/S/P					
		35-46	SBK/SCL	FR/SEXP/SS/SP					
2	"	0-6	GR/SCL	"	>50" TO SOIL WETNESS	50	"	"	"
		6-40	SBK/SC	FI/SEXP/S/P					
		40-50	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-8	GR/SCL	"	>48" TO SOIL WETNESS	48	"	"	"
		8-48	SBK/SC	FI/SEXP/S/P					
4	"	0-5	GR/SL	FR/SEXP/NS/NP	>42" TO SOIL WETNESS	42	"	"	"
		5-33	SBK/C	FI/SEXP/S/P					
		33-42	SBK/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.3/GPD/FT^2	.3GPD/FT^2

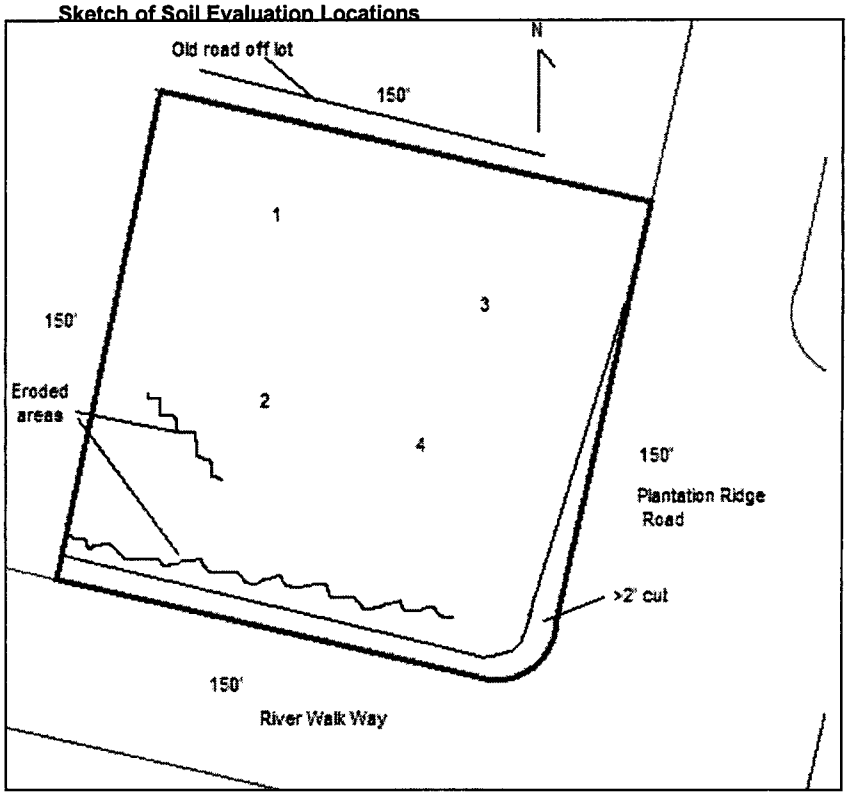
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 9/30/2004, W. R. Marlin
Others Present:

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-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		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

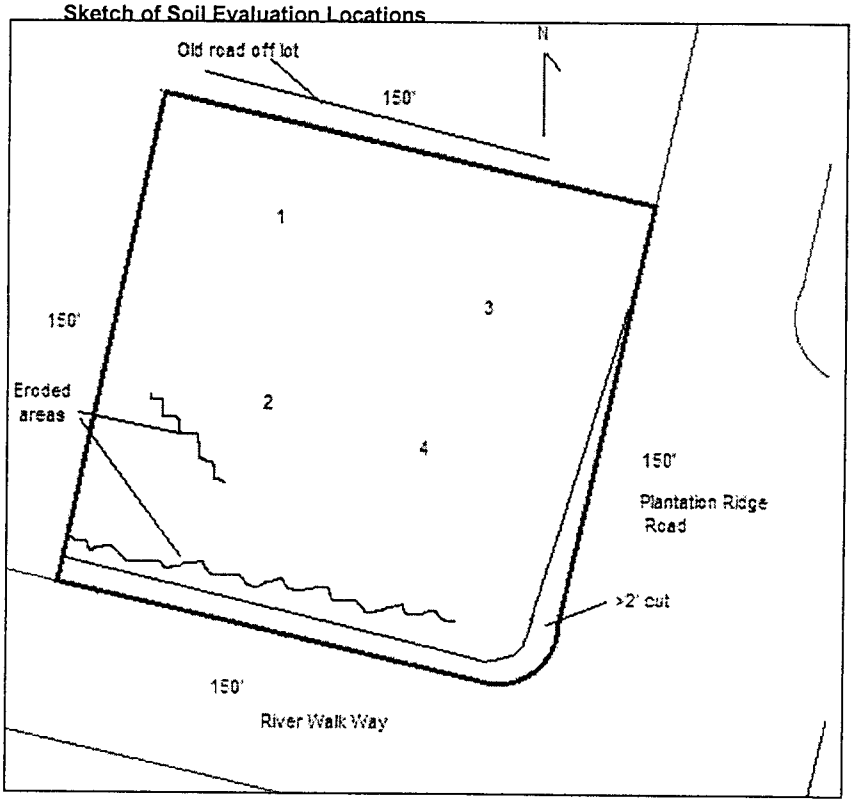


COMMENTS:
100% repair

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HS-Head Slope				ABK-Angular Blocky
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	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



CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5707B** Tax Number: **113-22-301**

- The 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.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	**360** Max gallons/day wastewater flow	**900** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** Gallon septic tank	**300** Total trench length (ft)	**24** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	**n/a** Gallon pump tank	**na** Depth of stone (in)	

Any surface water present: **No** Type: Minimum separation distance (ft):

Additional conditions: **25% Reduction system for primary and repair area.**

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

900 Absorption Area (ft^2) **300** Total trench length (ft)	**na** Depth of stone (in)	**9** Trench spacing (min. on centers) (ft)	**24** Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.

*** This Improvement permit is transferable.

12/17/04
DENR Authorized Agent Date

(Agent) 12/20/04
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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

~~Amt $ 89570~~

FEE: 300.00 or Amt $ 89570
DATE: 11/9/05 JC

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS CD

PH 11410

PERMIT NUMBER: 5707B
PARCEL NUMBER: 113-22-301

JOB LOCATION ADDRESS: 9902 River Walk Way
PROPERTY OWNER: Jean J. Correll
BUILDING CONTRACTOR: ____
SUBDIVISION NAME: River Walk Plantation
AUTHORIZATION ISSUED BY: David L. Cornelius DATE: 12/17/04

David Cornelius, 12/17/04
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5707B, 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, CONSTRUCTION, ALTERATION AND/OR REPAIR 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.

5. OTHER CONDITIONS:
   25% Reduction System.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

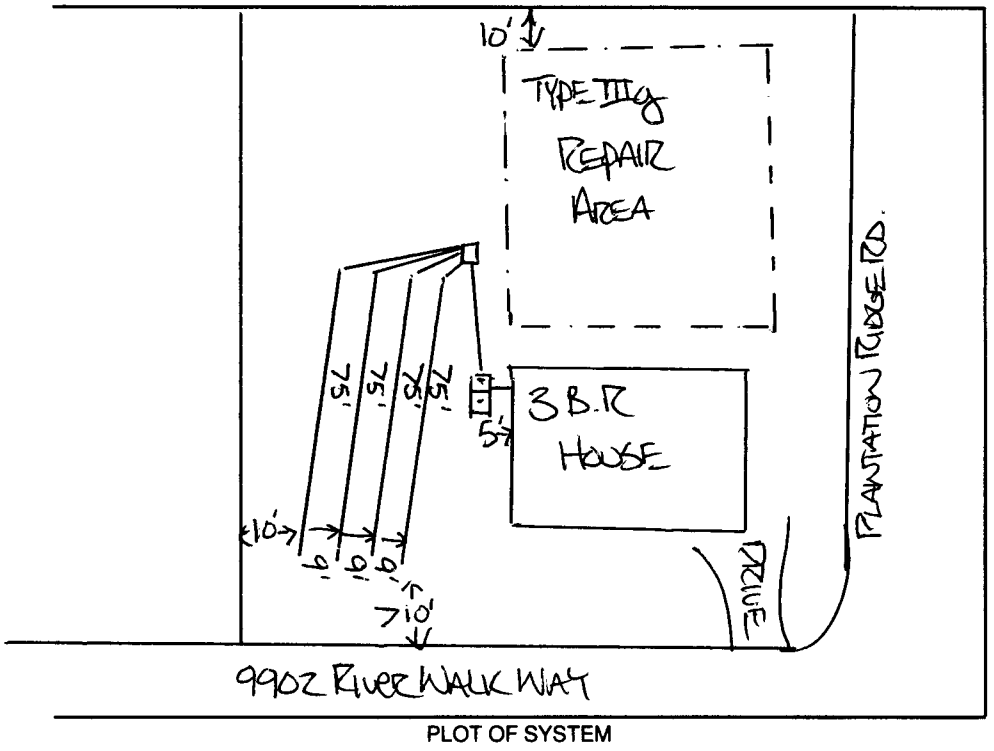
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 57073 DATE: 1/19/04

TC: 113-22-301 ☐ L

SERIAL 19959

Permission is hereby given to _____ (Install or) Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 9/9/04. All work shall be completed on or before 2/9/04, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 300 feet

Number of Lines 4@75'

Depth of Stone N/A inches

Distance from House >5 feet

Distance from Property Line 710 feet

Distance from Well >50' feet

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

NAME OF OWNER CITADEL HOMES

LOCATION OF PROPERTY 9902 RIVER WALK WAY

Comments: SEPTIC SYSTEM DESIGN FOR A 3 B.R. HOUSE 25% REDUCTION SYSTEM. 900FT², 300' TOTAL TRENCH LENGTH. TYPE IIIg 25% REDUCTION REPAIR. INSTALL 4 LINES @ 75' EACH. >5' FROM HOUSE, 10' FROM PROPERTY LINE >50' FROM WELL.

DWM MD, RS. 1/19/04
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT'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

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

File #: 5707B Permit #: _____ Tax Parcel #: 113-22-301

Property Owner: Citadel Homes

Job Location Address: 9902 River Walk Way

City: Charlotte Mecklenburg County State: NC Zip Code: _____

Operation Permit Issuance Date: 12-7-06 Contractor Name: ~~Scott [illegible] Tom Neal~~ Stanley Septic

Permitted Design Flow: 360 gpd GPD DP-150 9-16-06 SB 444

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: _____ gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 24 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 300 feet
# of Lines: 3 @ 100 feet
Depth of Media: 12 inches (Type) Quick 4 chambers
Depth of Cover: 12 inches
Distribution Device: Quick 4 Chambers (SERIAL DISTRIBUTION)

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 _____

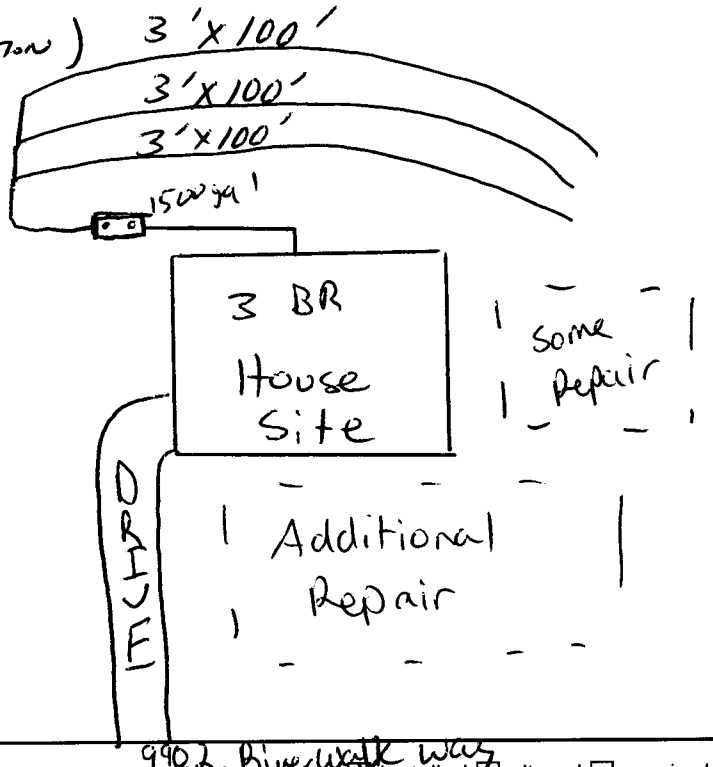
System Installation Setbacks

Distance from Building Foundation: 5 feet
Distance from Property Line: 10 feet
Distance from Water Supply Source: >10 feet

Inspection Dates

Tank(s) Inspected: 12-7-06
Excavation Inspected: 12-7-06
Pump & Controls Inspected: _____

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: III g

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2005 JAN 12 12:19 PM
BK:18238 PG:309-312 FEE:$20.00

INSTRUMENT # 2005007450

2005007450

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 5707B
PARCEL # 113-223-01

The undersigned, Citadel Homes, Inc, owner of property located at 9902 River Walk Way, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

This instrument was prepared by: Charlotte Mecklenburg Environmental Health
Mail after recording to: PO Box 3518 Mooresville, NC 28117
Citadel Homes, Inc

- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless theDepartment, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 20___.

CITADEL HOMES, INC. _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: Todd F. White _____ (SEAL)

President

_____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Union

I, Cheryl E Smith, a Notary Public for said County and State, do hereby certify that Robert Whiting Jr personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 29 day of December, 2004.

Cheryl E Smith
Notary Public

My Commission Expires:

_____

My Commission Expires April 2, 2007

4-2-07

CHERYL E SMITH NOTARY PUBLIC UNION COUNTY, NC

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, The undersigned, a Notary Public for said County and State, do hereby certify that Robert F. Whiting Jr. personally came before me this day and acknowledged that he is President ~~Secretary~~ of Citadel Homes, Inc., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed ~~in its name~~ by ~~its~~ him as its President, ~~sealed with its corporate seal, and attested by~~ _____ as ~~its~~ _____ Secretary.

WITNESS my hand and notarial seal, this 12th day of January, 2005.

APRIL G. McLAUGHLIN
NOTARY PUBLIC
MECKLENBURG COUNTY, N.C.
My Commission Expires April 13, 2008

Notary Public

My Commission Expires:

_____

REVISED 8-13-02

MECKLENBURG COUNTY
Health Department

October 1, 2004

Citadel Homes
P.O. Box 3518
Mooresville, NC 28117

Re: Application for improvement permit for
Property Site: 9902 River Walk Way
Health Department file number: **5707B**

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on **September 30, 2004** evaluated the above-referenced property at the site designated on the plat that accompanied your improvement permit application. According to your application the site is to serve a three-bedroom residence, with a design wastewater flow of 360 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .l900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE for** a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☐ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☐ Unsuitable soil wetness condition (Rule .1942)
- ☐ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☐ Unsuitable for meeting required setbacks (Rule .1950)
- ☐ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the
N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926 or from the OAH web site at www.oah.state.nc.us/form.htm. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **October 1, 2004**. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

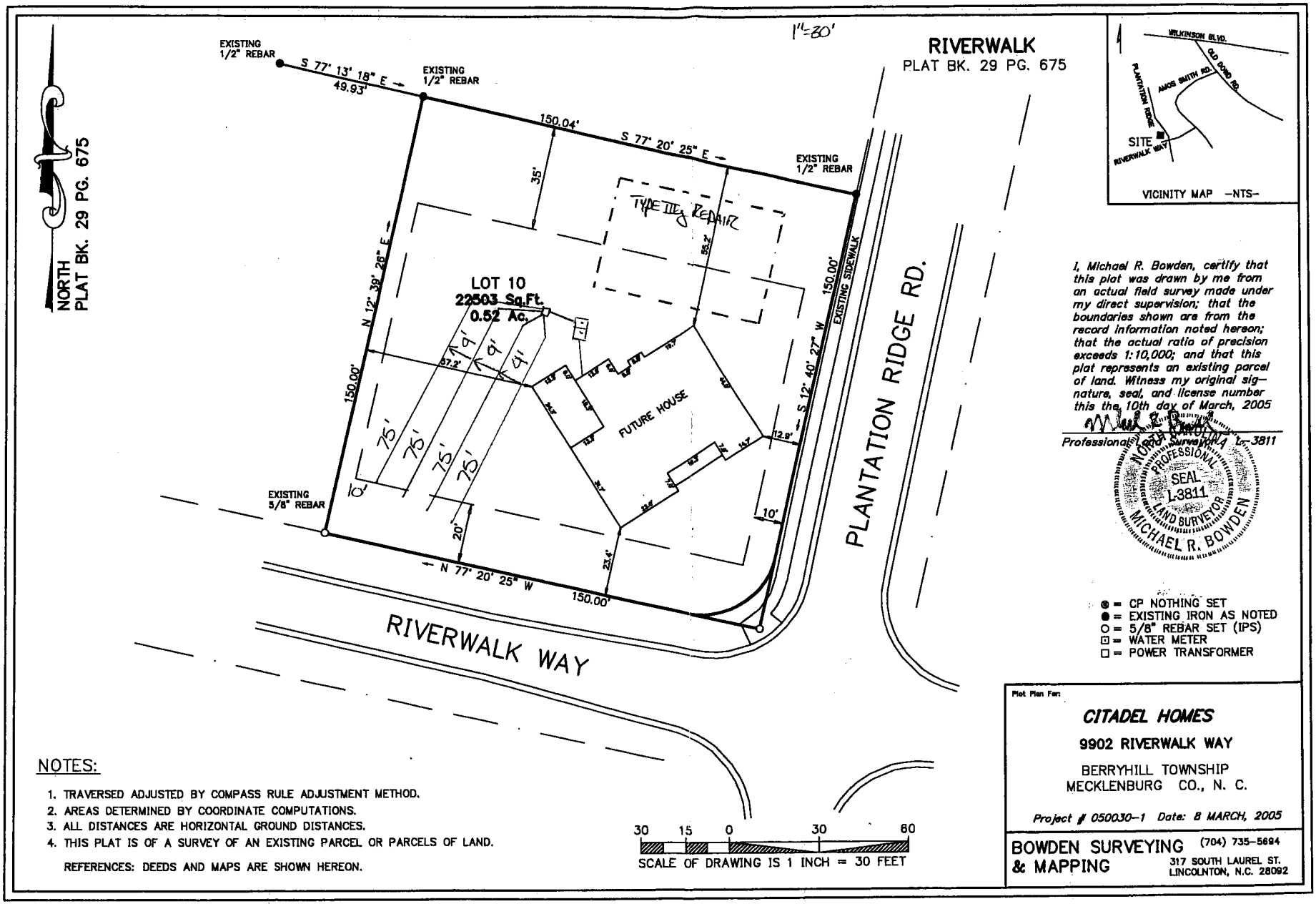
If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

David Cornelius, R.S.
Authorized Agent - DENR

Encl: (2)



NOTES:

1. TRAVERSED ADJUSTED BY COMPASS RULE ADJUSTMENT METHOD.
2. AREAS DETERMINED BY COORDINATE COMPUTATIONS.
3. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES.
4. THIS PLAT IS OF A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND.

REFERENCES: DEEDS AND MAPS ARE SHOWN HEREON.

Plot Plan For:

CITADEL HOMES

9902 RIVERWALK WAY

BERRYHILL TOWNSHIP
MECKLENBURG CO., N. C.

Project # 050030-1 Date: 8 MARCH, 2005

BOWDEN SURVEYING & MAPPING (704) 735-5694
317 SOUTH LAUREL ST.
LINCOLNTON, N.C. 28092

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/19/05	**Amount:**	150.00
Receipt #:	30876	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: B87570
Contractor: CITADEL HOMES INC
Attn:
Address: 230 GIBBS ROAD
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 9902 RIVER WALK WAY/FILE 5707B		1	150.00	150.00

----------**Outstanding Balances**----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
150.00	3.03	1.98			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/19/05	**Amount:**	150.00
Receipt #:	30877	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: B87570
Contractor: CITADEL HOMES INC
Attn:
Address: 230 GIBBS ROAD
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 9902 RIVER WALK WAY		1	150.00	150.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
300.00	3.03	1.98			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/10/04	**Amount:**	200.00
Receipt #:	27845	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: B87570
Contractor: CITADEL HOMES INC
Attn:
Address: 230 GIBBS ROAD
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 9902 River Walk Way		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
200.00	469.07				