


5309 TURKEY OAK DR

19521215

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
*Barcode Font = IDAutomationHC39M*

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5948B DATE: 3-2-2006

TC: 195-202-15 ☑ L ☒ CRT

SERIAL 19947

Name of Owner Farrington Oaks LLC Juris.: _____

Address of Property 5309 Turkey Oak Drive

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 300 ft.

Number of Lines 6 @ 50 ft.

Cover Depth 14"

Water Supply Source Municipal

Distance to Water Source > 10 ft

Excavation Inspected 3-2-2006

Tank(s) Inspected 3-2-2006

Wash Line Inspected Plumbed to Tank

High Water Alarm Inspected —

See Installation Permit

PLOT

Design 2006, 1500 gal ST, Flow divider, Drop Box Distribution, Mod. 300 ft, PPBS CTR# RCS

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

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. This issuance of this

☐ Certificate of Completion ☑ 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. 1990 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/revocation of this permit.

COMMENTS: Septic System designed for a 4 Bedroom Residence; Type IIIe. Type IVa Repair Area.

Debra E. Howell, RSI
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

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

FILE: 5948B DATE: 2/21/06

TC: 195 2/2 15 ☑ L

SERIAL Nº 20077

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 2/16/05. All work shall be completed on or before 3/21/06, 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.

Install septic system in accordance w/ approved plot plan on file.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 6 (50')

Depth of Stone NA inches

Distance from House 15' feet

Distance from Property Line 5' feet

Distance from Well > 100' feet
> 10' municipal

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

NAME OF OWNER Farrington Oaks LLC

LOCATION OF PROPERTY 5309 Turkey Oak Dr

Comments: PPBPS System, 1500ST, Flow divider, Drop boxes, 6 lines @ 50' long @ 3' wd

Philo J. Walker RS
Environmental Health Specialist

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

FEE: 300.00

DATE: 3/7/2006

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

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

**FILE NUMBER:** 5948B

**PERMIT NUMBER:** 30000466

**PARCEL NUMBER:** 19521215

**JOB LOCATION INFORMATION**

**ADDRESS:** 5309 TURKEY OAK DR

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

**ISSUED TO:** FAIRINGTON OAKS LLC

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 9/21/2005

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000466, 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: 9/21/2010

X32342

FEE: 300.00
DATE: 9/27/05
JKA

# AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

AC5

141654

PERMIT NUMBER: 5948B
PARCEL NUMBER: 195-~~202-15~~ 212-15

JOB LOCATION ADDRESS: 5309 TURKEY OAK DR, LOT 72
PROPERTY OWNER: FARRINGTON OAKS LLC
BUILDING CONTRACTOR: TONY WHITEHEAD
SUBDIVISION NAME: FARRINGTON OAKS
AUTHORIZATION ISSUED BY: PHILO WALKER DATE: 09/21/05

Philo A Walker RS 9/21/05
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 5948B, 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:
   AGREEMENT FORMS REQUIRED

## CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

212-15

Permit Number: **5948B**

Tax Number: **195-202-15**

- 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:

| | | | |
|---|---|---|---|
| .275 Long-term acceptance rate (GPD/ft^2) | 480 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) | 36 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.) |
| 4 Bedrooms in residence | NA Gallon pump tank | NA Depth of stone (in) | |

*Any surface water present:* **YES** *Type:* **CREEK** Minimum separation distance (ft): **50**

Additional conditions: **PPBPS GRAVITY SYSTEM, AGREEMENT FORMS SHALL BE RECORDED AND ON FILE PRIOR TO IP APPROVAL, KEEP THE SEPTIC SYSTEM >50' FROM CREEK , 3' WIDE PPBPS TRENCHES REQUIRED**

**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:

| | | | |
|---|---|---|---|
| 1020 Absorption Area (ft^2) 340 Total trench length (ft) | NA Depth of stone (in) | 9 Trench spacing (min. on centers) (ft) | 36 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.

Phelo S. Walker RS 9/21/05
DENR Authorized Agent Date

Owner/Agent Signature 9/26/05
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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2005 SEP 26 02:34 PM
BK:19388 PG:458-461 FEE:$20.00

INSTRUMENT # 2005189369



2005189369

**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 # 5948B
PARCEL # 19521215

The undersigned, _____, owner of property located at 5309 Turkey Oak Dr., (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: Tony W Hutchens
Mail after recording to: 10150 Mallard Creek Rd Suite 106
Charlotte N.C. 28262

-- 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 31 day of January, 2005.

McCar Homes-Charlotte, LLC (SEAL)
(Corporate Name) f/k/a NDC Homes-Charlotte, LLC

By: _____

Asst. Vice President

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

McCAR DEVELOPMENT CORP CORPORATE SEAL GEORGIA

ATTEST:

Janice Kezjah

Asst. Secretary

(Corporate Seal)

McCAR DEVELOPMENT CORPORATE SEAL GEORGIA

STATE OF NORTH CAROLINA
COUNTY OF _____

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

WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

STATE OF NORTH CAROLINA
COUNTY OF Rowan

I, Melissa Eddleman, a Notary Public for said County and State, do hereby certify that Janice Kezjah personally came before me this day and acknowledged that S he is Asst. Secretary of McCar Homes-Charlotte, LLC fka MDC Homes-Charlotte, LLC, 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 Asst. Vice President, sealed with its corporate seal, and attested by Janice Kezjah as its Asst. Secretary.

WITNESS my hand and notarial seal, this 31 day of January, 2005.

Melissa Eddleman
Notary Public

My Commission Expires:

09-19-2005

OFFICIAL SEAL
Notary Public, North Carolina
County of Rowan
MELISSA EDDLEMAN
MY COMMISSION EXPIRES 9-19-05

REVISED 8-13-02

S&EC

# Soil & Environmental Consultants, PA

236 LePhillip Court, Suite C • Concord, North Carolina 28025 • Phone: (704) 720-9405 • Fax: (704) 720-9406
www.SandEC.com

October 3, 2005

Mecklenburg County Environmental Health
Attn: Philo Walker
700 N. Tryon Street
Charlotte, NC 28202

Re: Lot 72 Fairington Oaks Subdivision

Dear Mr. Walker:

As you know S&EC has performed a layout of a proposed 4-bedroom system and repair on the aforementioned lot. Specifically, S&EC has demonstrated placement of 665 linear feet of panel block drainline on the proposed property. Enclosed please find a layout specification sheet and site plan (layout). We propose using 325 linear feet of panel line behind the house for the initial system. We have spec'd the use of a 1500 gallon septic system, flow divider and drop boxes for distribution. The number of panels per line is also provided on the drawing. Mecklenburg County and S&EC have evaluated the soils on the lot. Our plan assumes no wing walls built behind the house and the possibility of a grinder pump for lifting the effluent to the septic tank. Please call with questions.

Sincerely,

Wendell Overby
NC Licensed Soil Scientist

Greensboro Office:
3817-E Lawndale Drive
Greensboro, NC 27455
Phone: (336) 540-8234
Fax: (336) 540-8235

Raleigh Office:
11010 Raven Ridge Road
Raleigh, NC 27614
Phone: (919) 846-5900
Fax: (919) 846-9467

## *Fairington Oaks Lot 72*

Project No. 5-1553

LAYOUT FOR 4 BEDROOM HOME — Oct-05

| LINE # | FLAG COLOR | BS | HI | FS | ELEVATION | FLAGGED LINE LENGTH |
|---|---|---|---|---|---|---|
| TBM | | 4.2 | | | 100.0 | |
| INSTR. 1 | | | 104.2 | | | |
| | | | SYSTEM | | | |
| 1 | Yellow | | | 12.80 | 91.4 | 110 |
| 2 | Blue | | | 13.80 | 90.4 | 110 |
| 3 | Red | | | 15.50 | 88.7 | 105 |
| | | | | | **Total** | **325** |
| | | | REPAIR | | | |
| TBM | | | | | 104.2 | |
| 4 | Blue | | | 2.30 | 101.9 | 80 |
| 5 | Yellow | | | 2.70 | 101.5 | 100 |
| 6 | Orange | | | 3.20 | 101.0 | 60 |
| 7 | Orange | | | 11.20 | 93.0 | 50 |
| 8 | Pink | | | 16.80 | 87.4 | 50 |
| | | | | | **Total** | **340** |

| | LINE LENGTH | LTAR GPD/FT$^2$ | SYSTEM TYPE | INNOVATIVE TYPE | DISTRIBUTION |
|---|---|---|---|---|---|
| * System | 300 | 0.275 | PPBPS | NA | Drop Box |
| Repair | 340 | 0.275 | PPBPS | NA | LPP |

**Notes:**

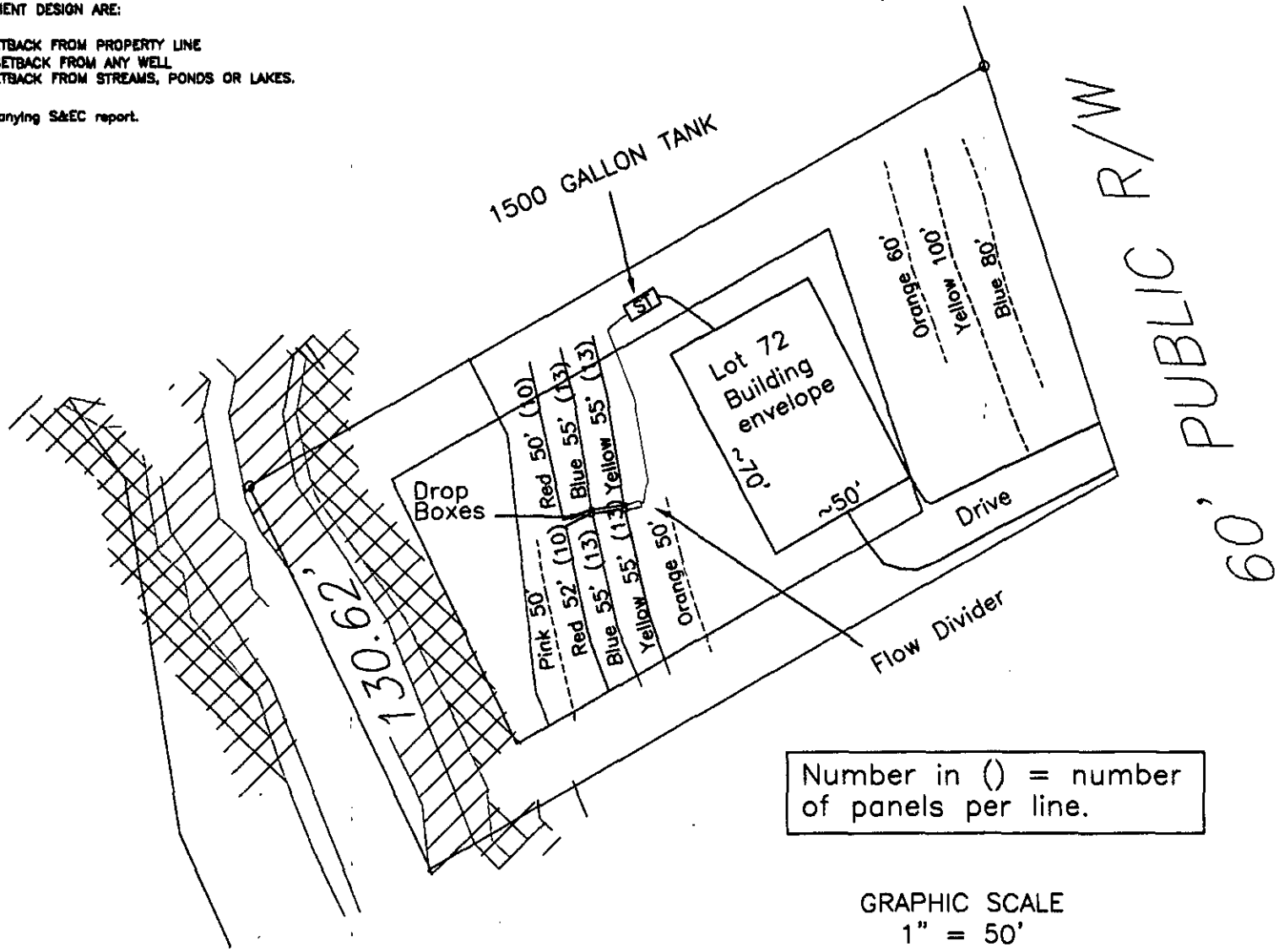
** TBM located top of eip
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings
**Grinder pump may be needed in basement
**We recommend use of flow divider
**Plan assumes no wing walls behind house

** SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

# DRAFT
## FOR REVIEW ONLY




Number in () = number of panels per line.

GRAPHIC SCALE
1" = 50'

50 0 50 100

PROJECT NO. S-1555
PROJECT MGR. WO
DRAWN BY DP
FIELD WORK BB,BF
SCALE 1" = 50'
DATE 10/3/05

Soil & Environmental Consultants, PA
229 Lafayette St., Ste. 9 • Concord, North Carolina 28025 • Phone (704)786-1452 • Fax (704) 786-1466

S&EC

PROJECT NAME: FARRINGTON OAKS LOT 72
CLIENT: RCS, INC
- PROJECT NAME - FARRINGTON OAKS-72
MECKLENBURG COUNTY, NORTH CAROLINA
OCTOBER 2005

SHEET TITLE:
PRELIMINARY SITE/SYSTEM LAYOUT
SKETCH MAP

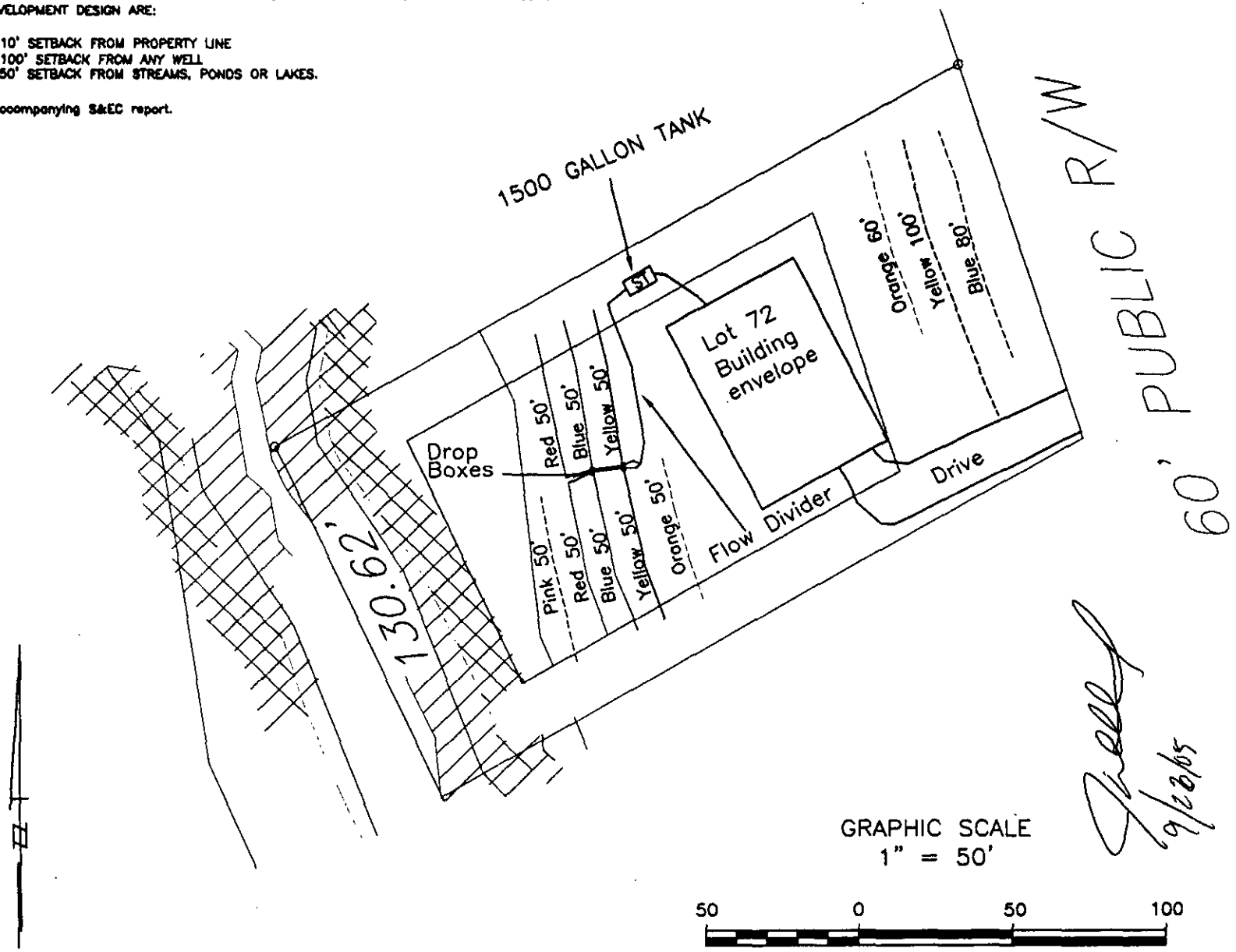
SHEET
1 OF 1

**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

# DRAFT
## FOR REVIEW ONLY




9/28/05

PROJECT NO 5-1553
PROJECT MGR. WO
DRAWN BY BP
FIELD WORK EB,BP
SCALE 1" = 50'
FILE C:\JOBS\5-1553

Soil & Environmental Consultants, PA

S&EC

PROJECT NAME: FARMINGTON OAKS LOT 72
CLIENT: ROLLINS
PROJECT NAME - FARMINGTON OAKS LOT 72
MECKLENBURG COUNTY, NORTH CAROLINA
AUGUST 2005

SHEET TITLE
PRELIMINARY SITE/SYSTEM LAYOUT SKETCH MAP

SHEET
1 OF 1

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

Sheet: 1 of 2
Property ID # 195-202-15
Lot #: 72
File #: 5948B
Code: 2

ACS

# SOIL/SITE EVALUATION
# for ON-SITE WASTEWATER SYSTEM

Owner: Fairington Oaks, LLC
Applicant:
Address: 1518 East 3rd St., Charlotte, N. C. 28204
Date Evaluated: 6/29/2005
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .75a
Location of Site: 5309 Turkey Oak Drive
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, 8 | 0-5 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48 | N/A | NONE | PS, IV .3GPD/FT$^2$ |
| | | 5-17 | SBK/CL | " | | | | | |
| | | 17-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 2 | " | 0-4 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | PS, IV .275GPD/FT$^2$ |
| | | 4-16 | SBK/CL | " | | | | | |
| | | 16-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 3 | " | 0-5 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 5-15 | SBK/CL | " | | | | | |
| | | 15-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 4 | " | 0-6 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 6-14 | SBK/CL | " | | | | | |
| | | 14-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 5 | LS, 12 | 0-5 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 5-14 | SBK/CL | " | | | | | |
| | | 14-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 6 | LS, 8 | 0-10 | GR/CL | FR/SEXP/SS/SP | 2.5y7/1at 40" | 40 | " | " | PS, IV .25GPD/FT |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | US |
| System Type(s) | | |
| Site LTAR | .275GPD/FT$^2$ | .275GPD/FT |

Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 7/5/2005, W R Marlin
Others Present:

**COMMENTS:**
100% repair

| Landscape Position | Group | Texture | .1955 LTAR |
|---|---|---|---|
| R-Ridge | I | S-Sand | 1.2 - 0.8 |
| SS-Shoulder Slope | | LS-Loamy Sand | |
| LS-Linear Slope | | | |
| FS-Food Slope | II | SL-Sandy Loam | 0.8 - 0.6 |
| NS-Nose Slope | | L-Loam | |
| HS-Head Slope | | | |
| CC-Concave Slope | III | SI-Silt | 0.6 - 0.3 |
| CV-Convex Slope | | SICL-Silty Clay Loam | |
| 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 | |

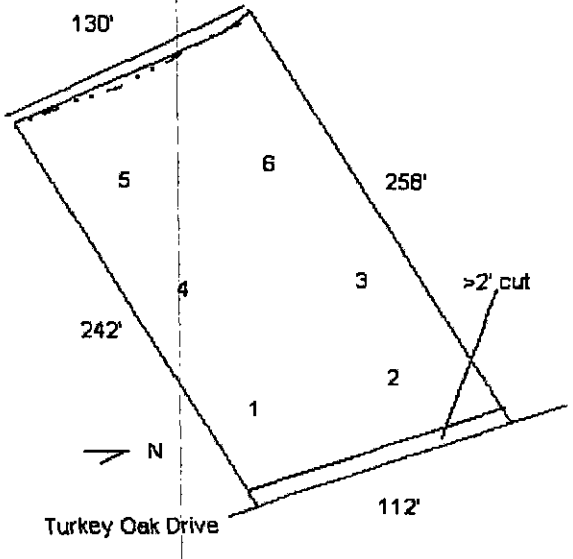
**Structure**
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

**Consistence**
**Moist**
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

**Consistence**
**Wet**
NS-Non-Sticky
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

**Mineralogy**
SEXP-Slightly Expansive
EXP-Expansive

**Sketch of Soil Evaluation Locations**



#460

GWS – RES. APP 12/04

SEPTIC FEE: 300.00 CK 23342
DATE: 2/16/05
CRT [ ]: SC

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

WELL FEE:
DATE:
CRT [ ]:

**FILE #** 5948B

**SEPTIC / TYPE APPLICATION:** ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

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

**JOB LOCATION INFORMATION:**

TAX/PARCEL #: 195-202-15
STREET ADDRESS: 5309 Turkey Oak Dr.
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 72
TOWNSHIP:

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

**BUILDING INFORMATION:**

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 3500
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

**IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:**

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

**WATER SUPPLY:**

☒ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

**PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES | ☐ NO | WELLS, SPRINGS, OR WATER LINES | ☐ YES | ☐ NO |
| EXISTING WASTEWATER SYSTEMS | ☐ YES | ☐ NO | DESIGNATED WETLANDS | ☐ YES | ☐ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES | ☐ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☐ NO |

**PROPERTY OWNER:**

NAME: Farrington Oaks LLC
ADDRESS: 1519 East 3rd St.
CITY: Charlotte
STATE: N.C. ZIP: 28204
HOME PHONE: WORK PHONE: 704 370 0303
MOBILE PHONE: FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

**WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?**
**WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 6/1/05

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 2-16-05 Date

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

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

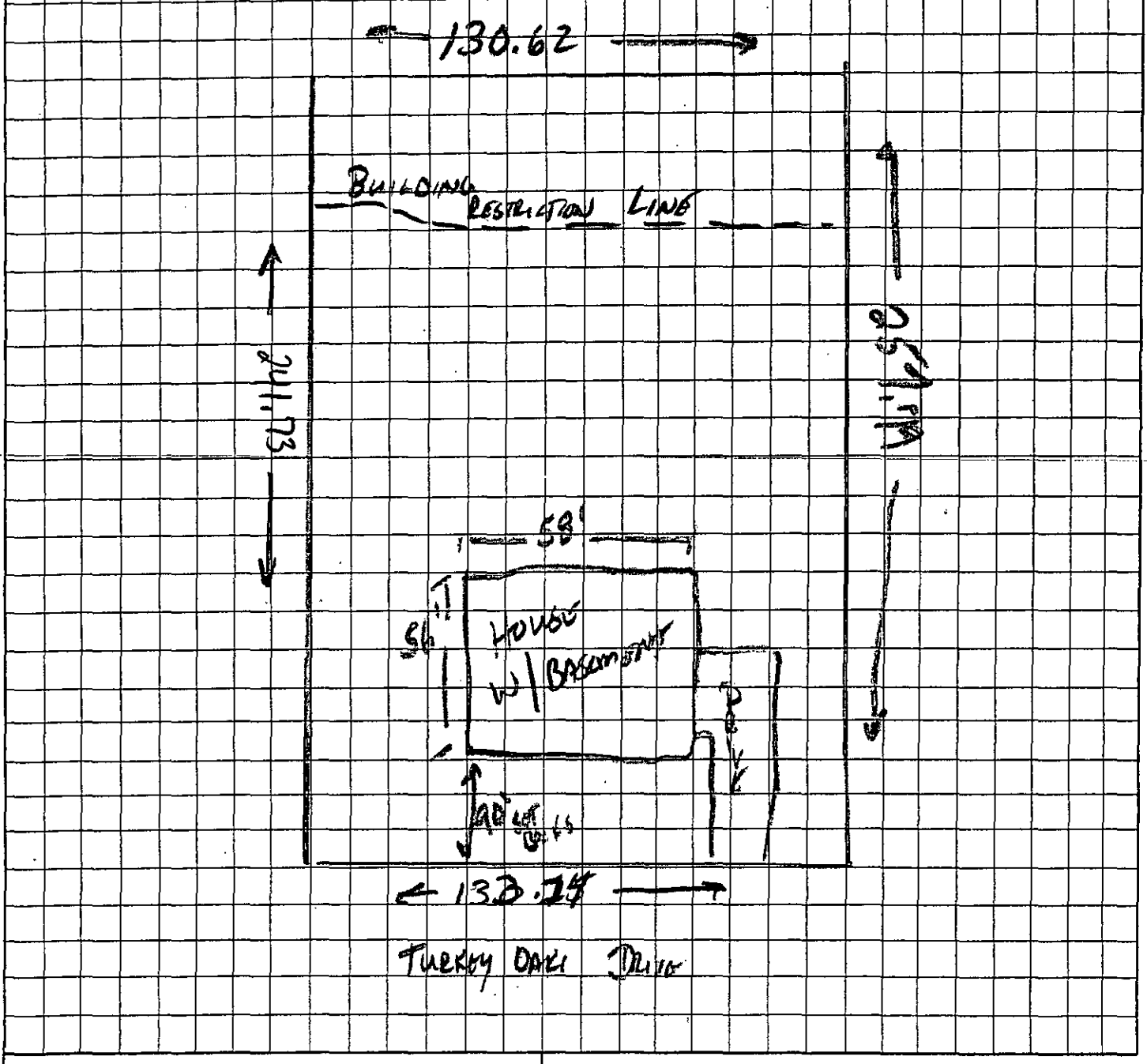
# PROPOSED PLOT PLAN

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

FILE: _____

TC: 195-202-15

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.




APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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