GWS- COM. APP 07/05

chk # 40486

SEPTIC FEE: 400 DATE: 3/09/06 CRT [ ]

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

FILE # 6392B

WELL FEE: DATE: CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 05536943
STREET ADDRESS: 4217 Keeter Drive
CITY: Charlotte Keeter Dr.
STATE: NC ZIP: 28214
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☑ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 3000
NUMBER OF EMPLOYEES PER SHIFT: 3
NUMBER OF SHIFTS: 1
TYPE OF WASTEWATER:
☑ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☑ TOILETS/URINALS ☐ HANDSINKS ☐ SHOWERS
☐ FLOOR DRAINS ☐ OTHER

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

WATER SUPPLY:

☑ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL ($) ☐ 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: David Foller
ADDRESS: 3834 Lawhston Dr
CITY: Charlotte
STATE: NC ZIP: 28226
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MacLeod Construction Inc
ADDRESS: PO 320
CITY: Denver
STATE: NC ZIP: 28037
HOME PHONE: WORK PHONE: 704 483-3580 Ext 12
MOBILE PHONE: 704-361-4631 FAX: 704-483-3570

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Aug 1993 ?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? May 15, 2006

*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.

3/09/06
Owner's/Agent's Signature Date

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

*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

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

Attn Kelly Rundell

0735

Change of Information

WWS COM. APP 07/05

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

FILE # 63923

SEPTIC FEE: _____
DATE: _____
CRT [ ]

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 05536943
STREET ADDRESS: 4217 Keeter Drive
CITY: Charlotte
STATE: NC ZIP: 28214
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☑ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 224
NUMBER OF EMPLOYEES PER SHIFT: 2
NUMBER OF SHIFTS: 1
TYPE OF WASTEWATER:
☑ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☑ TOILETS/URINALS ☐ HANDSINKS ☐ SHOWERS
☐ FLOOR DRAINS ☐ OTHER

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

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: R-L Macleod Investments
ADDRESS: P.O. 320
CITY: Denver
STATE: NC ZIP: 28037
HOME PHONE: WORK PHONE: 704-483-3580 Ext 12
MOBILE PHONE: 704-361-4631 FAX: 704-483-3570

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?

*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.

plr 9/5/06
Owner's/Agent's Signature Date

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

*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

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5100 / FAX:704-336-6804

Attn. Kelly Randall

PROPOSED PLOT PLAN

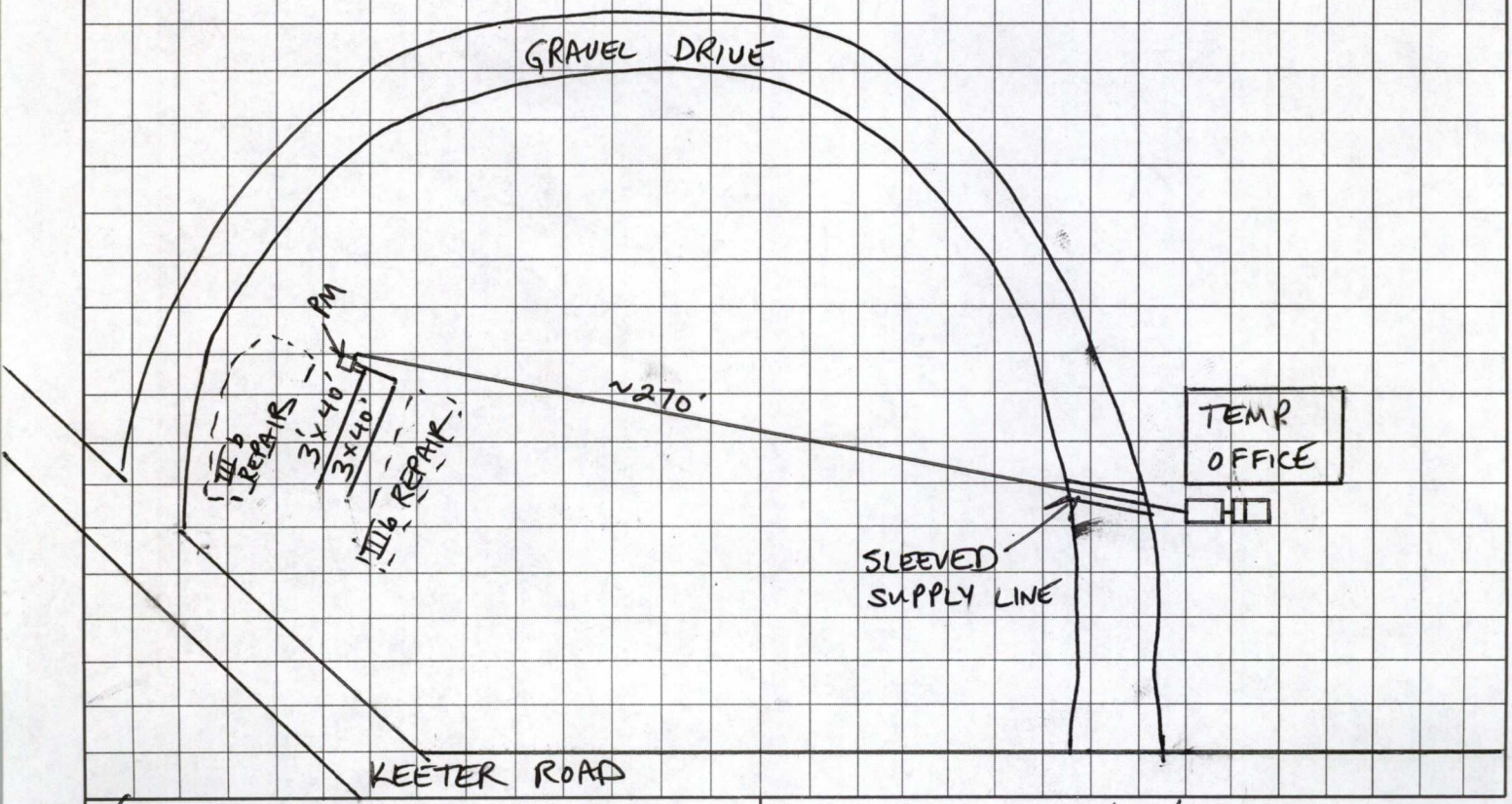
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 6392B

TC: 055-369-43

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"=60'
- 100 GPD
- 1500 GAL ST
- 1000 GAL PT
- 0.3 GPD/FT² LTAR
- TYPE III b 25% REDUCTION, PUMP
- SLEEVE SUPPLY LINE AT GRAVEL DRIVEWAY, OR INSTALL >30" DEEP.



Angela Warner
OWNER/AGENT SIGNATURE

DATE 9-19-06

APPROVAL DATE 9/19/06

Christopher M Snell, RS, LSS

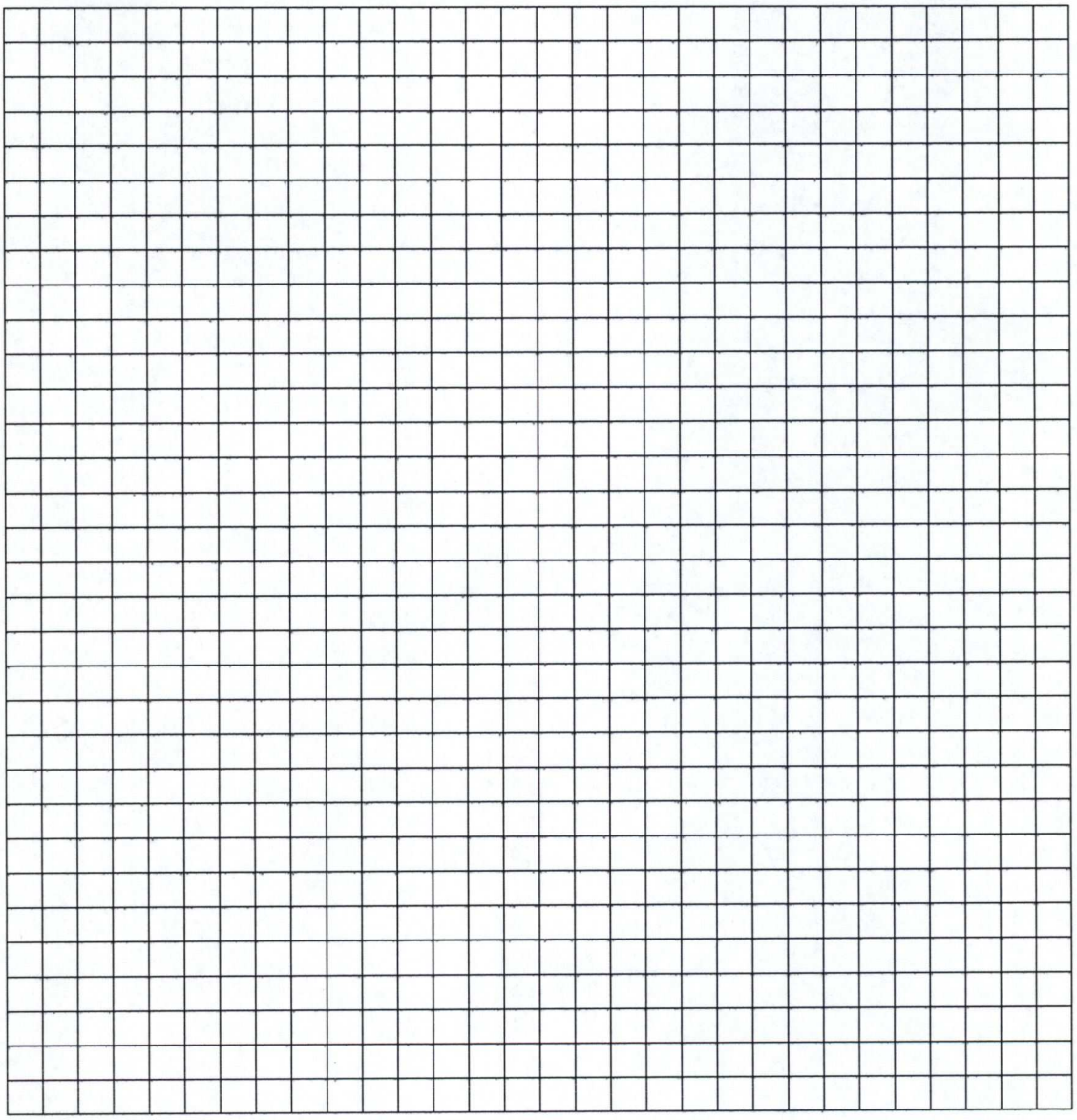
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

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 # 6392B
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	Donna P. Trumbull
Date	12/11/07

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/11/07	**Amount:**	100.00
Receipt #:	54058	**Tendered:**	0.00
Check / Auth #:	MC 633686	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	MACLEOD CONSTRUCTION INC.
Attn:	DAVID TURNBULL
Address:	PO BOX 320
Address:	
City/State/Zip:	DENVER, NC 28037

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 4217 KEETER DR/FILE 6392B		1	100.00	100.00

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

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

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 COMMERCIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000536** GWS File #: **6392B** Tax Parcel #: **055-369-43**

- 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):** 6/13/2011

Intallation Type: Commercail/Industrial - New System Business Type: Industrial

Facility Size (ft^2): 3000 # Employees/Shift: 3 # Shifts: 1

Wastewater Type: Sewage Water Supply: Municipal

II. Initial System Type: Pump to Innovative or Experimental **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	100	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):	250	Total Trench Length (ft):	83
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Innovative or Experimental **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	100	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):	250	Total Trench Length (ft):	83
Maximum Trench Depth (in):	30	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: Chris Sherrill Owner/Legal Agent: Angela Warner
Print Name

Signature: Chris Sherrill Signature: Angela Warner

Date Issued: ~~6/13/2006~~ 9/15/06

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 COMMERCIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000536** GWS File #: **6392B**

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 drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to issuance of an Operation Permit.
- 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 located at least 100 ft. (50 ft. minimum) from all private wells.

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: Chris Sherrill

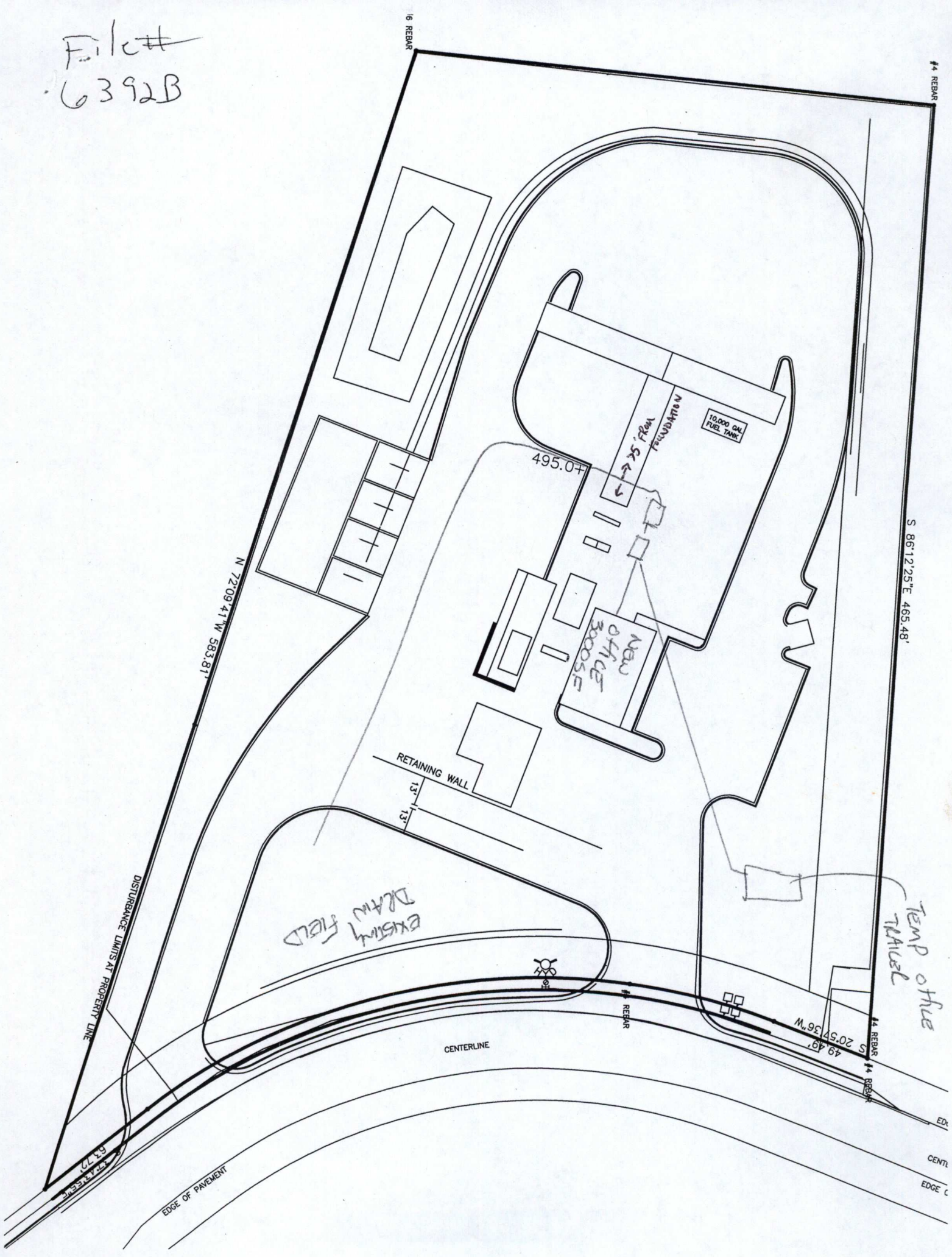
Signature: Christopher M Sherrill

Date Issued: ~~6/13/2006~~ 9/15/06

Owner/Legal Agent: Angela Warner
Print Name

Signature: Angela R Warner

File #
6392B


#4 REBAR
S 86°12'25"E 465.48'
N 72°09'41"W 583.81'
10,000 GAL FUEL TANK
35' from FOUNDATION
495.0+
NEW OFFICE 3000SF
RETAINING WALL
13'
13'
EXISTING FIELD
TEMP OFFICE TRAILER
DISTURBANCE LIMITS AT PROPERTY LINE
CENTERLINE
EDGE OF PAVEMENT
S 20°57'36"W
49.49'

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 #: 6392B Permit #: _____ Tax Parcel #: 055-369-43

Property Owner: R+L INVESTMENTS

Job Location Address: 4217 KEETER DR.

City: CHARLOTTE State: NC Zip Code: ~~28205~~ 28214

Installation Approval Issuance Date: 12/7/06

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 1/8/07, 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: 75 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: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: ~~6~~ 6 @ 50 feet

Depth of Media: 12 inches (Type) INNOVATIVE

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 _____

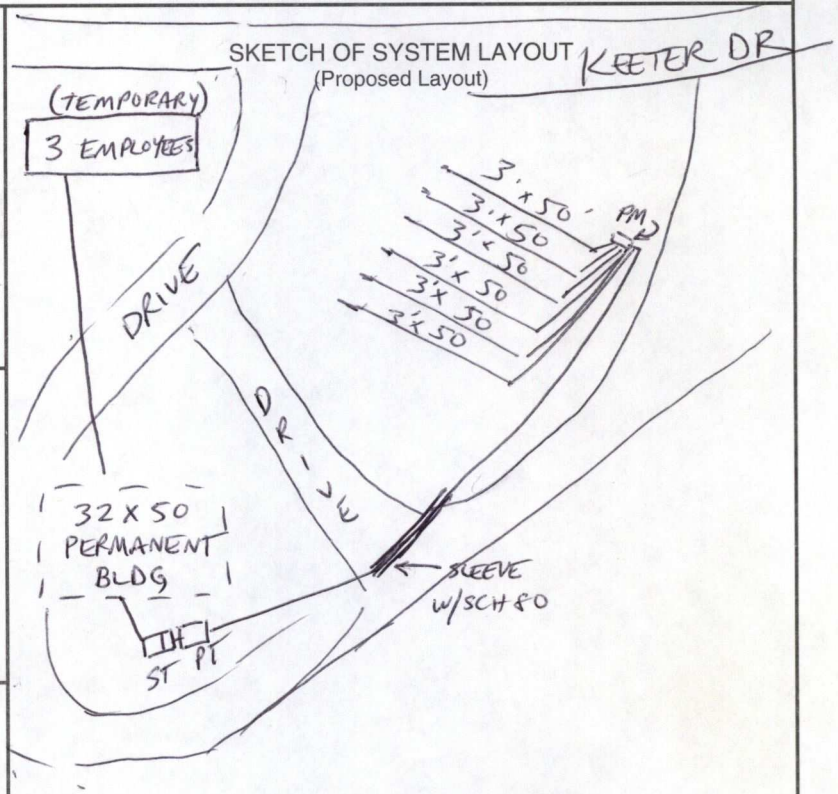
Minimum System Setbacks

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: TYPE III b PUMP 25% REDUCTION

*NOTE: TEMP BLDG WILL BE REMOVED WHEN 32'x50 COMPLETED.

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

FEE: 100.00
DATE: 12/11/07
CRT [ ]

CC# 633686

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 #: 6392B

ID 3087 CS

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: (DAVID TURNBULL)
NAME: MACLEOD CONSTRUCTION, INC
ADDRESS: PO Box 320
CITY: DENVER, NC
STATE: NC ZIP: 28037
PHONE: 704-483-3580
ALTERNATE PHONE: 704-309-6335

PROPERTY OWNER:
NAME: R & L INVESTMENTS
ADDRESS: PO Box 320
CITY: DENVER
STATE: NC ZIP: 28037
PHONE: 704-483-3580
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 055-369-43
STREET ADDRESS: 4217 KEETER DR
CITY: CHARLOTTE
STATE: NC **ZIP:**
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

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:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS: CONCRETE PLANT
EMPLOYEES PER SHIFT: 3
OF SHIFTS: 1

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.

Owner's/Agent's Signature — Date: 12/11/07

*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

EHS Signature — Date: 1/9/08

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 #: 6392B Permit #: _____ Tax Parcel #: 055-369-43

Property Owner: MACLEOD CONSTRUCTION

Job Location Address: 4217 KEETER DR.

City: CHARLOTTE State: NC Zip Code: 28214

Operation Permit Issuance Date: 4/12/07 Contractor Name: MACLEOD

Permitted Design Flow: 100 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: MYERS (½hp)

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 150 feet

# of Lines: 3 @ 50 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Depth of Cover: 12 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: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

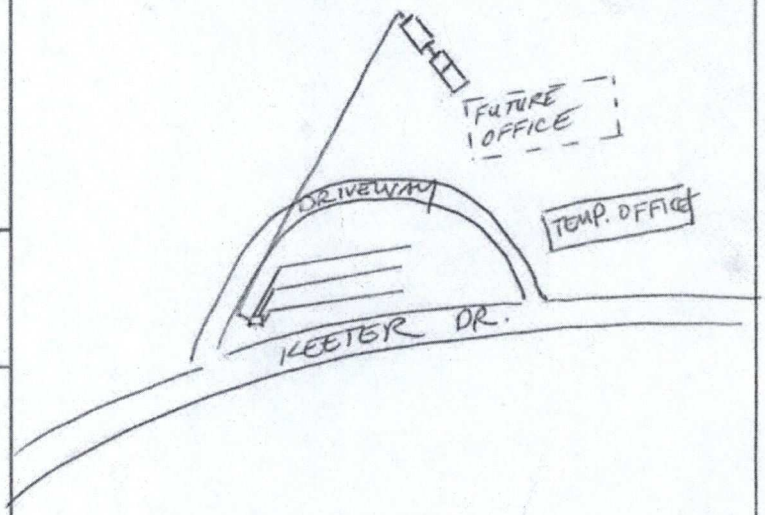
Inspection Dates

Tank(s) Inspected: 12/14/06

Excavation Inspected: 1/12/07

Pump & Controls Inspected: 4/12/07

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

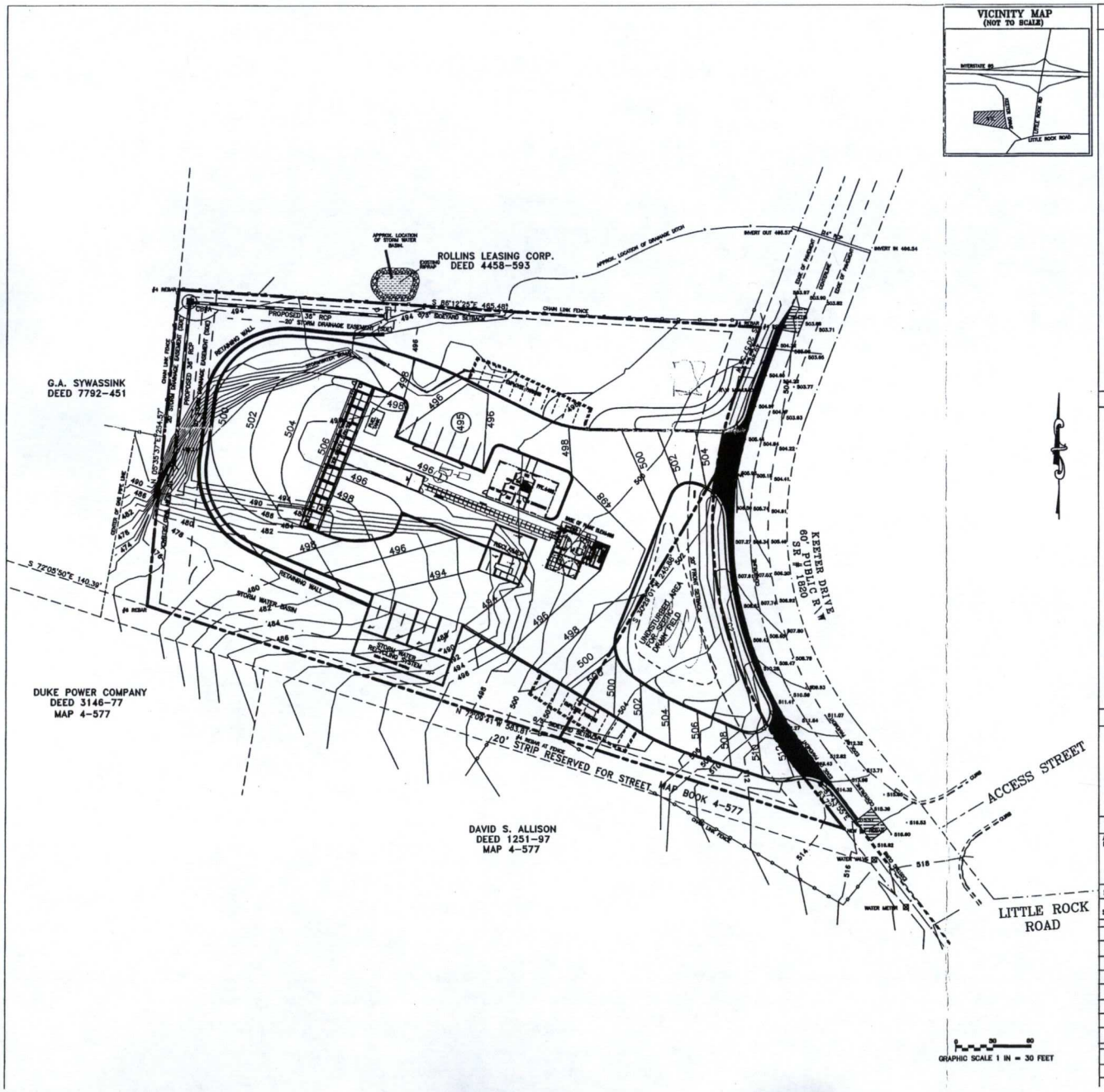


The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☑ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" 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: IIIb PUMP 25% REDUCTION / QUICK 4 CHAMBER / 1500 gal ST / 1000 gal PT, SYSTEM TO BE INSPECTED BY COUNTY EVERY 5 YRS.

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Chris Sherrill



VICINITY MAP
(NOT TO SCALE)

GENERAL NOTES:

1. BEFORE YOU DIG, CONTACT NC CALL ONE 1-800-632-4949 FOR FIELD LOCATION OF EXISTING UNDERGROUND UTILITIES.
2. ALL PROPOSED SPOT ELEVATIONS ARE BOTTOM OF CURB UNLESS OTHERWISE NOTED ON PLAN.
3. IF DISCREPANCIES DEVELOP BETWEEN THE PROPOSED GRADES, AS SHOWN ON THE PLAN, AND THE EXISTING GROUND SURFACE, THE CONTRACTOR, WITH PRIOR APPROVAL OF THE OWNER, SHALL MAKE GRADING ADJUSTMENTS NECESSARY TO MAINTAIN THE GENERAL INTENT OF THE PLAN DESIGN.
4. WHERE UNSUITABLE MATERIAL IS ENCOUNTERED, THE CONTRACTOR SHALL REMOVE ALL UNSUITABLE MATERIALS AND BACKFILL WITH STRUCTURAL FILL AS DIRECTED BY SOIL ENGINEER.
5. ALL SUBGRADES MUST BE PROOF ROLLED PRIOR TO PLACEMENT OF CURB AND GUTTER OR PAVEMENT.
6. ALL SPOT ELEVATIONS ARE TO TOP OF PAVEMENT OR FINISHED GRADE UNLESS OTHERWISE NOTED.
7. PROTECT IMPROVEMENTS ON ADJOINING PROPERTIES AND RESTORE ALL DAMAGED IMPROVEMENTS TO THEIR ORIGINAL CONDITION.
8. BLASTING IS NOT PERMITTED WITHOUT PRIOR APPROVAL FROM THE CITY OF CHARLOTTE. BURNING IS NOT PERMITTED.
9. COMPACTED TO 100% STD. PROCTOR.
10. FILL MATERIALS SHALL BE PLACED IN LAYERS NOT MORE THAN 8 INCHES AND
11. ALL AREAS SHALL BE GRADED WITHIN 0.1' OF PROPOSED GRADE SHOWN ON PLANS.
12. ALL "STD" NUMBERS REFER TO THE CHARLOTTE/MECKLENBURG LAND DEVELOPMENT STANDARDS.
13. ANY GRADING BEYOND THE DENUDED LIMITS SHOWN ON THE PLAN IS A VIOLATION OF THE CITY'S EROSION CONTROL ORDINANCE AND IS SUBJECT TO FINE.
14. STABILIZATION IS THE BEST FORM OF EROSION CONTROL. TEMPORARY SEEDING IS NECESSARY TO ACHIEVE EROSION CONTROL ON LARGE DENUDED AREAS AND ESPECIALLY WHEN SPECIFICALLY REQUIRED AS PART OF THE CONSTRUCTION SEQUENCE SHOWN ON THE PLAN. ALL GRADED AREAS AND SLOPES MUST BE SEEDED AND MULCHED WITHIN 21 DAYS.
15. NO SOIL DISTURBANCE OR COMPACTION, CONSTRUCTION MATERIALS, TRAFFIC OR BURIAL PITS ALLOWED IN THE TREE PROTECTION ZONE.
16. TREE BARRICADES MUST BE INSTALLED, BEFORE ANY GRADING/CONSTRUCTION AND NOT REMOVED UNTIL AFTER FINAL INSPECTION BY URBAN FORESTER.
17. TREE PROTECTION BARRICADES MUST MEET OR EXCEED TREE ORDINANCE STANDARDS.
18. TOP SOIL & RESIDUAL CUT MATERIALS SHALL BE REMOVED FROM THE SITE AND DISPOSED OF LEGALLY.
19. BEFORE GRADING/CONSTRUCTION BEGINS, CALL 336-4824 FOR INSPECTION OF TREE PROTECTION BARRICADES BY URBAN FORESTER.
20. GRADING MORE THAN ONE ACRE WITHOUT AN APPROVED EROSION CONTROL PLAN IS A VIOLATION OF THE CITY'S EROSION CONTROL ORDINANCE AND IS SUBJECT TO A FINE.
21. ON SITE BURIAL PITS REQUIRE AN ON-SITE DEMOLITION LANDFILL PERMIT FROM THE ZONING ADMINISTRATOR.
22. FAILURE TO SCHEDULE AN ONSITE MEETING WITH THE CITY'S EROSION CONTROL COORDINATOR 48 HRS. PRIOR TO ANY LAND DISTURBING ACTIVITY IS A VIOLATION OF CHAPTER 18 OF THE CITY CODE AND IS SUBJECT TO FINE.
23. SLOPES SHALL BE GRADED NO STEEPER THAN 2:1

CITY OF CHARLOTTE NOTES:

1. COORDINATE ALL CURB AND STREET GRADES IN INTERSECTION WITH INSPECTOR.
2. ALL ROAD IMPROVEMENT ON KEETER DRIVE SHALL BE COORDINATED WITH ENGINEERING DEPARTMENT PRIOR TO CONSTRUCTION.
3. DEVELOPER WILL PROVIDE STREET SIGNS PER CMLDNG 50.05 (9" SIGNS ONLY)
4. SIGHT TRIANGLES SHOWN ARE THE MINIMUM REQUIRED.
5. IN ROLLING AND HILLY TERRAINS, PINCHING OF THE STORM RUN AND/OR EXCAVATION OF A "V" SHAPED DITCH MAY BE REQUIRED TO CONTAIN THESE REQUIREMENTS WILL BE ESTABLISHED BY THE INSPECTOR AND BASED ON FIELD CONDITIONS.
6. APPROVAL OF THIS PLAN IS NOT AN AUTHORIZATION TO GRADE ADJACENT PROPERTIES. WHEN FIELD CONDITIONS WARRANT OFF-SITE GRADING, PERMISSION MUST BE OBTAINED FROM THE AFFECTED PROPERTY OWNER.
7. IN ORDER TO ENSURE PROPER DRAINAGE, KEEP A MINIMUM OF 0.5% SLOPE ON THE CURB.
8. SUBSURFACE DRAINAGE FACILITIES MAY BE REQUIRED IN THE STREET RIGHT-OF-WAY IF DEEMED NECESSARY BY THE INSPECTOR.
9. CURB AND GUTTER SHOWN ON PLANS ALONG KEETER DRIVE MAY BE ADJUSTED BASED UPON FIELD STAKING BY CITY ENGINEERING. ASSOCIATED STORM DRAINAGE MAY ALSO REQUIRE MODIFICATION BASED UPON FIELD CONDITIONS.
10. THE PURPOSE OF THE STORM DRAINAGE EASEMENT (SDE) IS TO PROVIDE STORM WATER CONVEYANCE AND ANY STRUCTURES AND/OR OBSTRUCTION TO STORM WATER FLOW IS PROHIBITED.
11. HIGH-DENSITY POLYETHYLENE (HDPE) STORM DRAINAGE PIPE INSTALLED WITHIN EXISTING OR PROPOSED PUBLIC STREET RIGHT-OF-WAY MUST BE APPROVED BY THE CITY'S INSPECTOR PRIOR TO ANY BACKFILL BEING PLACED. BACKFILL MATERIAL MUST BE APPROVED BY THE CITY INSPECTOR PRIOR TO PLACEMENT OF THE MATERIAL WITHIN THE PUBLIC STREET RIGHT-OF-WAY.
12. THE DEVELOPER SHALL MAINTAIN EACH STREAM, CREEK, OR BACKWOOD CHANNEL IN AN UNOBSTRUCTED STATE AND SHALL REMOVE FROM SAID CHANNELS AND BANKS OF THE STREAM ALL DEBRIS, LOGS, TRASH, JUNK AND OTHER ACCUMULATIONS.
13. PE SEALED SHOP DRAWINGS FOR RETAINING WALL MUST BE SUBMITTED TO CITY ENGINEER PRIOR TO CONSTRUCTION.
14. "AS-BUILT" DRAWINGS AND PE/LSE OF THE STORM DRAINAGE SYSTEM, INCLUDING DESIGNED DETENTION, MUST BE SUBMITTED TO ENGINEERING FOR INSPECTION TO THE CITY/COUNTY ENGINEERING DEPARTMENT IN ACCORDANCE WITH THE CITY/COUNTY SUBDIVISION ORDINANCE.
15. PRIOR TO INSTALLATION, PE SEALED STORM DRAINAGE FOR UNDERGROUND DETENTION SYSTEM MUST BE FORWARDED TO CITY OF CHARLOTTE ENGINEERING FOR APPROVAL.
16. PRIOR TO CO, SURVEYOR SEALED AS-BUILT DRAWINGS OF UNDERGROUND DETENTION SYSTEMS MUST BE PROVIDED.
17. NON-STANDARD ITEMS (IE) PAVERS, IRRIGATION SYSTEMS, ETC.) IN THE RIGHT-OF-WAY REQUIRE A RIGHT-OF-WAY ENCROACHMENT AGREEMENT WITH THE (CHARLOTTE DEPARTMENT OF TRANSPORTATION/NORTH CAROLINA DEPARTMENT OF TRANSPORTATION) BEFORE INSTALLATION.

STORM DRAINAGE NOTES:

1. REINFORCED CONCRETE PIPE, CLASS III. CMP PIPE SHALL BE COATED PER NCDOT STDS.
2. DRAINAGE STRUCTURES SHALL BE PRE-CAST CONCRETE OR BRICK STRUCTURES PER NCDOT STANDARDS.
3. MINIMUM COVER FOR ALL PIPE IS (2) FEET
4. ALL GRATE AND FRAMES SHALL BE PER NCDOT STDS.
5. ALL TRENCHES SHALL BE BACKFILLED AND COMPACTED TO 100% PERCENT PROCTOR UNDER PAVEMENT AND 95% PROCTOR OUTSIDE PAVEMENT.
6. GRATES FOR ALL CATCH BASINS & DROP INLETS SHALL BE CONCAVED WITH MINIMUM OPENING WIDTH OF 2'

TOP SOIL DISPOSAL NOTE:

ALL TOP SOIL AND UNSUITABLE MATERIALS SHALL BE REMOVED AND PLACED AT THE FOLLOWING LOCATIONS.
1. BERM AT THE REAR OF BUILDING
2. BACKFILL OF CURB AND LAWN AREAS
3. OTHER AREAS WITH PRIOR APPROVAL OF OWNER/ DEVELOPER

STORM DRAINAGE STRUCTURES DATA

STR. NO.	RIM ELEVATION	INV. IN	INV. OUT	REMARKS
CB#1	CB#1	CB#1	CB#1	
CB#2	CB#2	CB#2	CB#2	
DI#1	DI#1	DI#1	DI#1	
CB#3	CB#3	CB#3	CB#3	
FES#1	FES#1	FES#1	FES#1	

STORM DRAINAGE AREAS:

STORM WATER RECYCLING SYSTEM	39,000 SF
STORM WATER BASIN	31,000 SF

MANSOUR EDLIN CONSULTING
1515 MOCKINGBIRD LANE
SUITE 802 Charlotte, N. C. 28209
Phone 704/672-1560
Fax 704/672-1562

PROJECT NUMBER
DESIGN By
APPROVED By
DRAWN By
Date
DIGITAL FILE

5	
4	
3	
2	
1	ISSUE
6	
5	
4	
3	
2	
	REVISION

OWNER
MACLEOD CONSTRUCTION
P.O. BOX 864
DENVER, NC 28037
PHONE#: 704-483-3570

DEVELOPER
MACLEOD CONSTRUCTION
P.O. BOX 864
DENVER, NC 28037
PHONE#: 704-483-3570

PROJECT
MACLEOD CONCRETE PLANT
4217 KEETER DRIVE
CHARLOTTE, NC
TAX PARCEL #'s: 05538943 05538956

GRADING & DRAINAGE PLAN

E1