


12525 MARSH WREN CT

19937115

1/8/2008

duponbj

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

## CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: **5430B**

Tax Number: **199-371-03**

- The IMPROVEMNET 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) | 600 Max gallons/day wastewater flow | 1500 Absorption Area (ft^2) | 9 Trench spacing (min. on centers) (ft) |
| Serviced by private well: ☐ Yes ☒ No | 1500 Gallon septic tank | 500 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.) |
| 5 Bedrooms in residence | 1500 Gallon pump tank | na Depth of stone (in) | |

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

Additional conditions: **Pressure Manifold**

**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:

| | | | |
|---|---|---|---|
| 1500 Absorption Area (ft^2)<br>500 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 HELTH 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 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.

RS, 6/29/04

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

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

# TONEY C. JACOBS & ASSOCIATES, INC.

Consulting Soil Scientists

Licensed by the North Carolina Board for Licensing of Soil Scientists
Certified by the American Registry of Certified Professionals in Agronomy, Crops and Soils

168 Broadbill Drive
Mooresville, NC 28117
Phone (704) 663-6905
Fax (704) 662-9845 E-mail jacobs@i-america.net


June 21, 2004

To: Mr. David Cornelius, R.S.
Mecklenburg County Env. Health Dept.

From : Toney C. Jacobs
Paul G. Penninger

RE: Request for an Improvement Permit for lot 62 at The Sanctuary:
MCHD file # 5430B

Crescent Resources is requesting an Improvement Permit for lot **62** at The Sanctuary Subdivision for a **5** bedroom, basement home. Mr. Bill Marlin of the MCHD evaluated the soils on 11-07-03 and determined the septic area is PS at an 0.3 gpd/ft$^2$ LTAR. Toney C. Jacobs and Associates, Inc. has flagged a 25% reduction septic system and repair on the lot, as shown on the attached sketch.

We understand a building permit cannot be issued until your office issues an Authorization to Construct (ATC). The buyer of the lot will apply for the ATC. If the buyer's house pad does not fit in the "building envelope" shown on the Improvement Permit, we understand the proposed system may have to be modified prior to your office issuing the ATC. **No grading shall take place on lot prior to obtaining the ATC from the MCHD.**

Tri-County Wastewater (TCWW) is under contract to supply maintenance services for each septic system installed at The Sanctuary. TCWW will have a list of preferred septic contractors for the subdivision and will also have requirements for the installation of the septic systems that are greater that the state requirements. It will be the responsibility of TCWW to enforce any requirements above state requirements or the conditions on the Improvement Permit or ATC.

Please review the attached system sketch and design specifications for the Improvement Permit. Please call if you have and questions, comments, or corrections.

**Design Specifications for Lot 62 at**

**The Sanctuary, MCHD File # 5430B**

| | | |
|---|---|---|
| System Type: | primary: | pressure manifold , 25% reduction |
| | repair: | pressure manifold , 25% reduction |
| Daily design flow: | | 600 gpd |
| Septic tank size: | | 1500 gal. (2 compartments) |
| Pumping tank size: | | 1500 gal. |
| Effluent loading rate: | | 0.30 gpd/ft$^2$ for primary and repair |
| Number and length of laterals: | | 3@ 170 ft. 25% reduction |
| Flow rate through the system: | | 16.5 gpm –use ½ in. SCH 80 taps with 2 ft. head pressure on pressure manifold (5.5 gpm per tap) |
| Pump requirements: | | to be calculated by installer or owners agent when specific house and pump tank location are available |
| Dosing volume: | | approx. 270 gal. – 2.2 doses/day at design flow |
| Depth of water pumped per dose: | | calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.) |
| Check valve: | | YES |
| Siphon break hole: | | No |

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

Sheet: 1
Property ID: PO 199-371-03
Lot #: 62
File #: 5430B
Code: 1

ACS

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Sanctuary at at Lake Wylie
Applicant: Toney Jacobs
Address: 10933 Ballantyne Crossing Ave., Charlotte, N. C. 28277
Date Evaluated: 11/07/2003
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: 1.0a inv.
Location of Site: Nighthawk Court
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | OTHER PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS, 20 | 0-12 | GR/SCL | FR/SEXP/ | >46" TO SOIL WETNESS | 46 | N/A | NONE | PS, IV .3GPD/FT$^2$ |
| | | 12-46 | SBK/C | FI/SEXP/S/P | | | | | |
| 2 | " | 0-10 | GR/SCL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48 | " | " | " |
| | | 10-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 3 | LS, 23 | 0-14 | GR/SL | FR/SEXP/NS/NP | >49" TO SOIL WETNESS | 49 | " | " | " |
| | | 14-49 | SBK/C | FI/SEXP/S/P | | | | | |
| 4 | LS, 25 | 0-8 | GR/SL | FR/SEXP/NS/NP | " | " | " | " | " |
| | | 8-19 | SBK/SCL | FR/SEXP/SS/SP | | | | | |
| | | 19-49 | SBK/C | FI/SEXP/S/P | | | | | |
| | | | | | | | | | |

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

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Martin, LSS, 11/10/2003.
Others Present:

FILE # 5430B

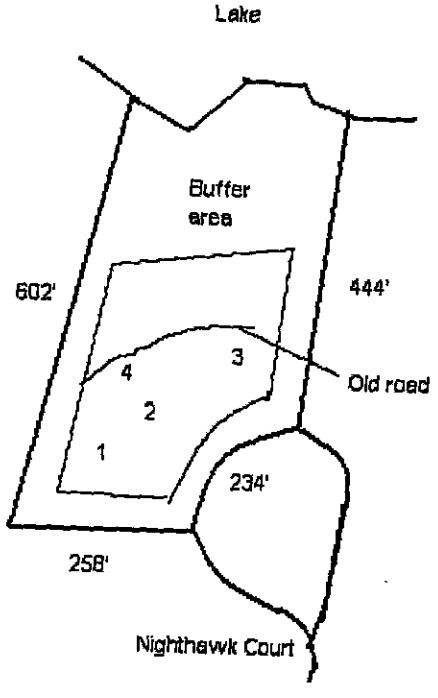
COMMENTS: 100% repair

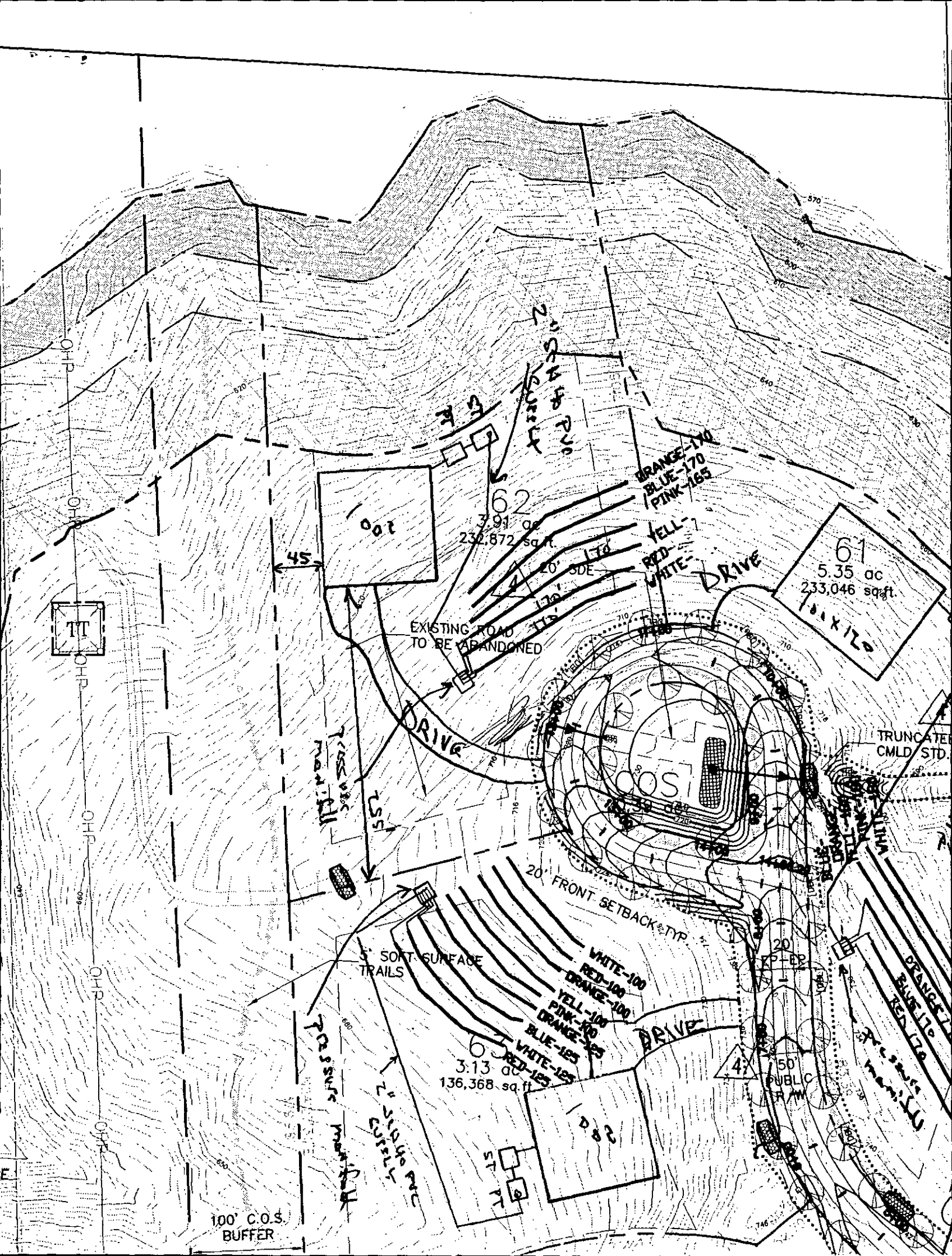
| LANDSCAPE POSITIONS | GROUP | TEXTURES | .1955 LTAR | CONSISTENCE MOIST | WET |
|---|---|---|---|---|---|
| R-RIDGE<br>S-SHOULDER SLOPE<br>L-LINEAR SLOPE<br>FS-FOOT SLOPE<br>N-NOSE SLOPE<br>H-HEAD SLOPE<br>CC-CONCLAVE SLOPE<br>CV-CONVEX SLOPE<br>T-TERRACE<br>FP-FLOOD PLAN | I | S-SAND<br>LS-LOAMY SAND | 1.2 - 0.8 | VFR-VERY FRIABLE<br>FR-FRIABLE<br>FI-FIRM<br>VFI-VERY FIRM<br>EFI-EXTREMELY FIRM | NS-NON-STICKY<br>SS-SLIGHTLY STICKY<br>S-STICKY<br>VS-VERY STICKY<br>NP-NON-PLASTIC<br>SP-SLIGHTLY STICKY<br>P-PLASTIC<br>VP-VERY PLASTIC |
| | II | SL-SANDY LOAM<br>L-LOAM | 0.8 – 0.6 | | |
| | III | SI-SILT-<br>SIL-SILT LOAM<br>CL-CLAY LOAM<br>SCL-SANDY CLAY LOAM<br>SICL-SILTY CLAY LOAM | 0.6 – 0.3 | | |
| | IV | SIC-SILTY CLAY<br>C-CLAY<br>SC-SANDY CLAY | 0.4 – 0.1 | | |

STRUCTURE
SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY
SLIGHTLY EXPANSIVE

EXPANSIVE




62
3.91 ac
232,872 sq.ft.
61
5.35 ac
233,046 sq.ft.
63
3.13 ac
136,368 sq.ft.
45
TT
EXISTING ROAD TO BE ABANDONED
DRIVE
DRIVE
DRIVE
ORANGE-170
BLUE-170
PINK-165
YELL-170
RED-170
WHITE-170
20' SDE
COS
20' FRONT SETBACK TYP.
5' SOFT SURFACE TRAILS
WHITE-100
RED-100
ORANGE-100
YELL-100
PINK-100
ORANGE-125
BLUE-125
WHITE-125
RED-125
150' PUBLIC R/W
100' C.O.S. BUFFER
TRUNCATED CMLD STD.
OHP

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

Sheet: 1
Property ID: PO 199-371-03
Lot #: 62
File #: 5430B
Code: 1

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Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

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| Available Space (.1945) | PS | PS |
| System Type(s) | | |
| Site LTAR | .3GPD/FT$^2$ | .3GPF/FT$^2$ |

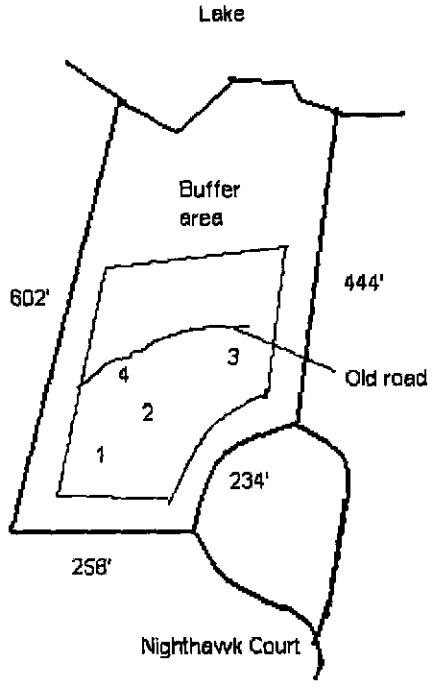
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 11/10/2003,
Others Present:

FILE # 5430B

## COMMENTS: 100% repair

| LANDSCAPE POSITIONS | GROUP | TEXTURES | .1955 LTAR | CONSISTENCE MOIST | WET |
|---|---|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2 - 0.8 | | |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | | VFR-VERY FRIABLE | NS-NON-STICKY |
| L-LINEAR SLOPE | | | | FR-FRIABLE | SS-SLIGHTLY STICKY |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8 – 0.6 | FI-FIRM | S-STICKY |
| N-NOSE SLOPE | | L-LOAM | | VFI-VERY FIRM | VS-VERY STICKY |
| H-HEAD SLOPE | | | | EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| CC-CONCLAVE SLOPE | III | SI-SILT- | 0.6 – 0.3 | | SP-SLIGHTLY STICKY |
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| T-TERRACE | | CL-CLAY LOAM | | | VP-VERY PLASTIC |
| FP-FLOOD PLAN | | SCL-SANDY CLAY LOAM | | | |
| | | SICL-SILTY CLAY LOAM | | | |
| | IV | SIC-SILTY CLAY | 0.4 – 0.1 | | |
| | | C-CLAY | | | |
| | | SC-SANDY CLAY | | | |

| STRUCTURE | MINERALOGY |
|---|---|
| SG-SINGLE GRAIN | SLIGHTLY EXPANSIVE |
| M-MASSIVE | |
| CR-CRUMB | EXPANSIVE |
| GR-GRANULAR | |
| SBK-SUBANGULAR BLOCKY | |
| ABK-ANGULAR BLOCKY | |
| PL-PLATY | |
| PR-PRISMATIC | |



FEE: 200.00 CK
DATE: 10/23/03 JC

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

I JCRT

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 #: 5430B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-371-03 PO

STREET ADDRESS: off Island Point Rd

SUBDIVISION OR MOBILE HOME PARK NAME: The Sanctuary at Lake Wylie, LLC

LOT NUMBER: 62

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:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE _____

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
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: (LAST) The Sanctuary at Lake Wylie, LLC (FIRST) (MI)

ADDRESS: 10933 Ballantyne Crossing Ave

CITY: Charlotte STATE: NC ZIP: 28277

DAYTIME PHONE: 704 544-0201 ext 226

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Jacobs (FIRST) Tonia (MI) C

DAYTIME PHONE: 704 663-6905

m 704 582 9219

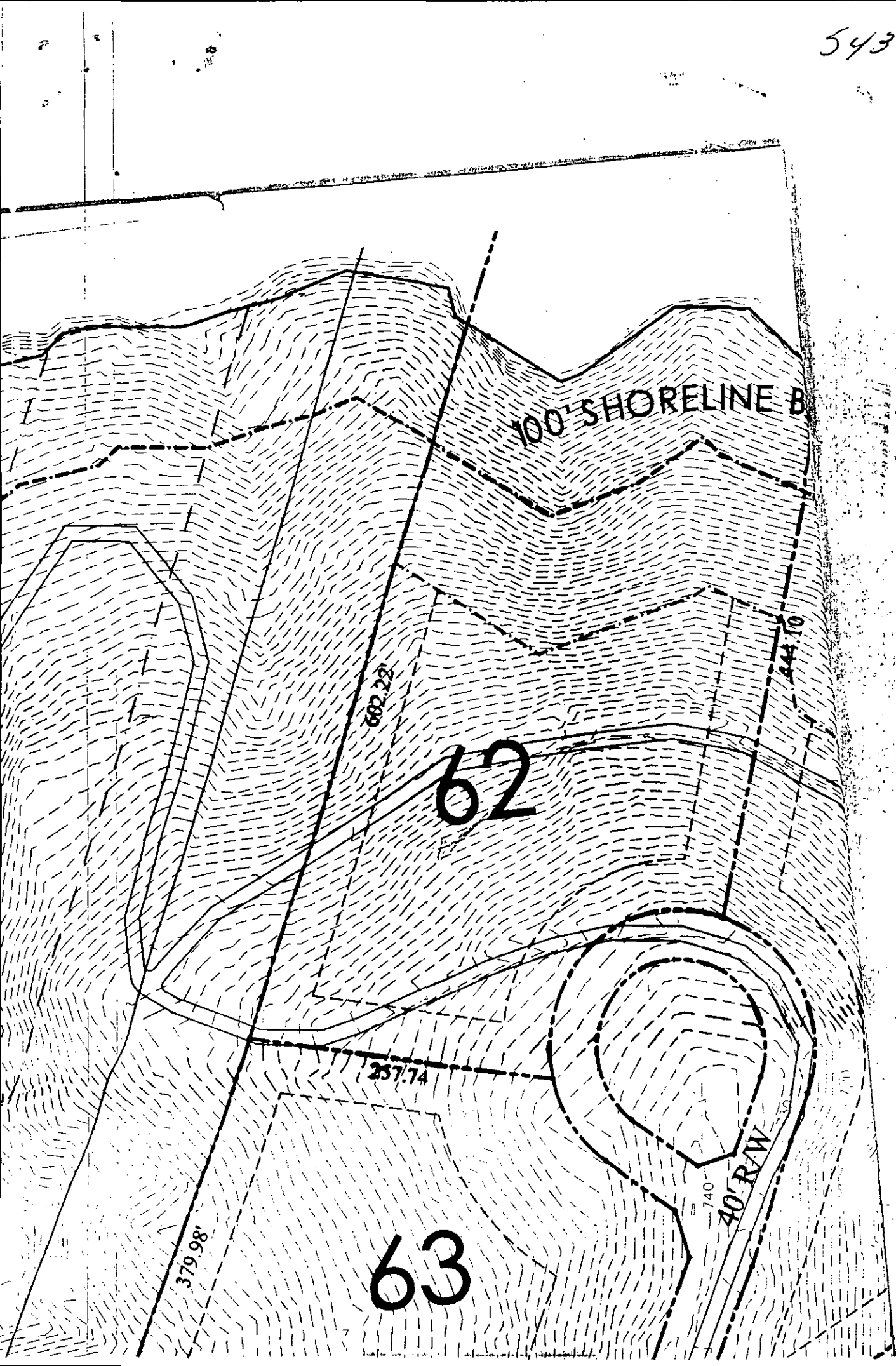
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Tonia C Jacobs, CPS (AGENT) DATE: 10/23/03

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

5930B



# PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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.

"See Attached"

OWNER/AGENT SIGNATURE

DATE 10/23/03

APPROVAL DATE _____

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