


5231 TURKEY OAK DR

19521214

1/9/2008

duponbj

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

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

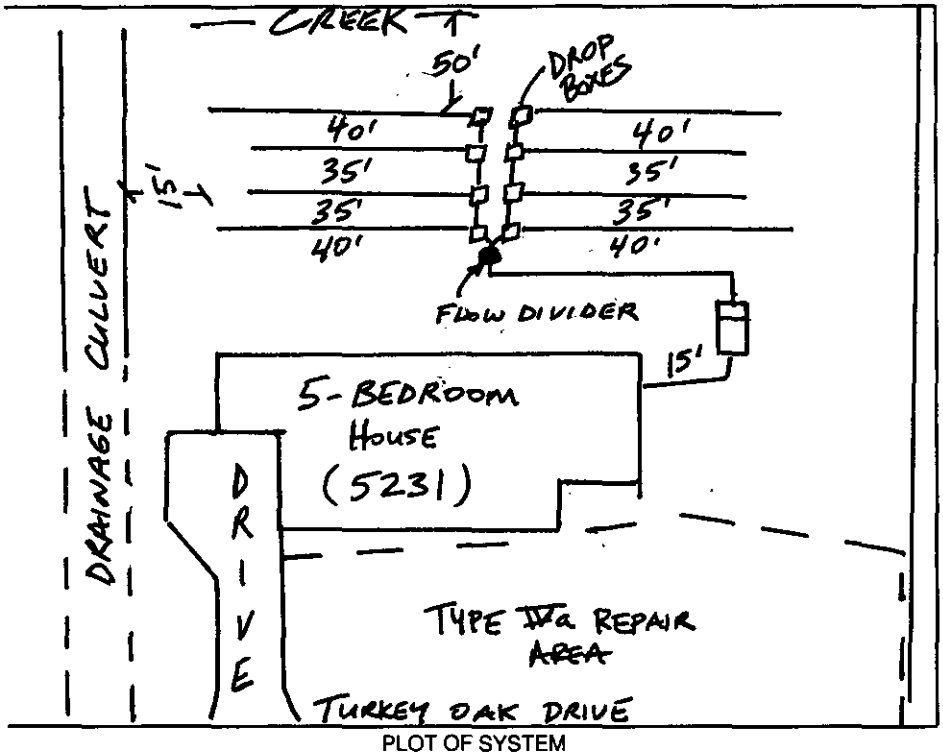
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5949B DATE: 12/27/05

TC: 195-212-14 ☒ L

SERIAL Nº 20414

Permission is hereby given to X (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 1/31/06, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 36" MAX

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 300 feet

Number of Lines 8 @ VARYING LENGTHS

Depth of Stone N/A inches

Distance from House 15 feet BASEMENT FOUNDATION

Distance from Property Line 10 feet

Distance from Well N/A feet (MUNICIPAL WATER)

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

NAME OF OWNER FAIRINGTON OAKS, LLC LOT #73

LOCATION OF PROPERTY 5231 TURKEY OAK DR. / MINT HILL

Comments: SYSTEM DESIGNED FOR A 5-BEDROOM HOUSE

(1) KEEP SEPTIC SYSTEM > 50' FROM CREEK AT REAR OF PROPERTY.

(2) DROP BOX INSTALLATION W/ FLOW DIVIDER.

(3) 300 L.F. PPBPS GRAVITY DOSED.

TYPE IIIa SEPTIC SYSTEM

RSI
Environmental Health Specialist

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

X32342

FEE: 300.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 9/2/05
JKB

AC
HD 141263

PERMIT NUMBER: ~~5949B~~
PARCEL NUMBER: ~~195-202-14~~ 212-14

JOB LOCATION ADDRESS: 5231 TURKEY OAK DRIVE, LOT 73
PROPERTY OWNER: FARRINGTON OAKS LLC
BUILDING CONTRACTOR: TONY WHITEHEAD
SUBDIVISION NAME: FARRINGTON OAKS
AUTHORIZATION ISSUED BY: PHILO WALKER DATE: 08/29/05

Philo L. Walker RS
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 5949B, 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

Permit Number: ~~5949B~~ 5

## CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

212-14

Tax Number: ~~195-202-14~~

- *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) | 8 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 | 1000 Gallon pump tank | NA Depth of stone (in) | |

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

Additional conditions: **PPBPS 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:

| | | | |
|---|---|---|---|
| 900 Absorption Area (ft^2) 300 Total trench length (ft) | NA Depth of stone (in) | 8 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.

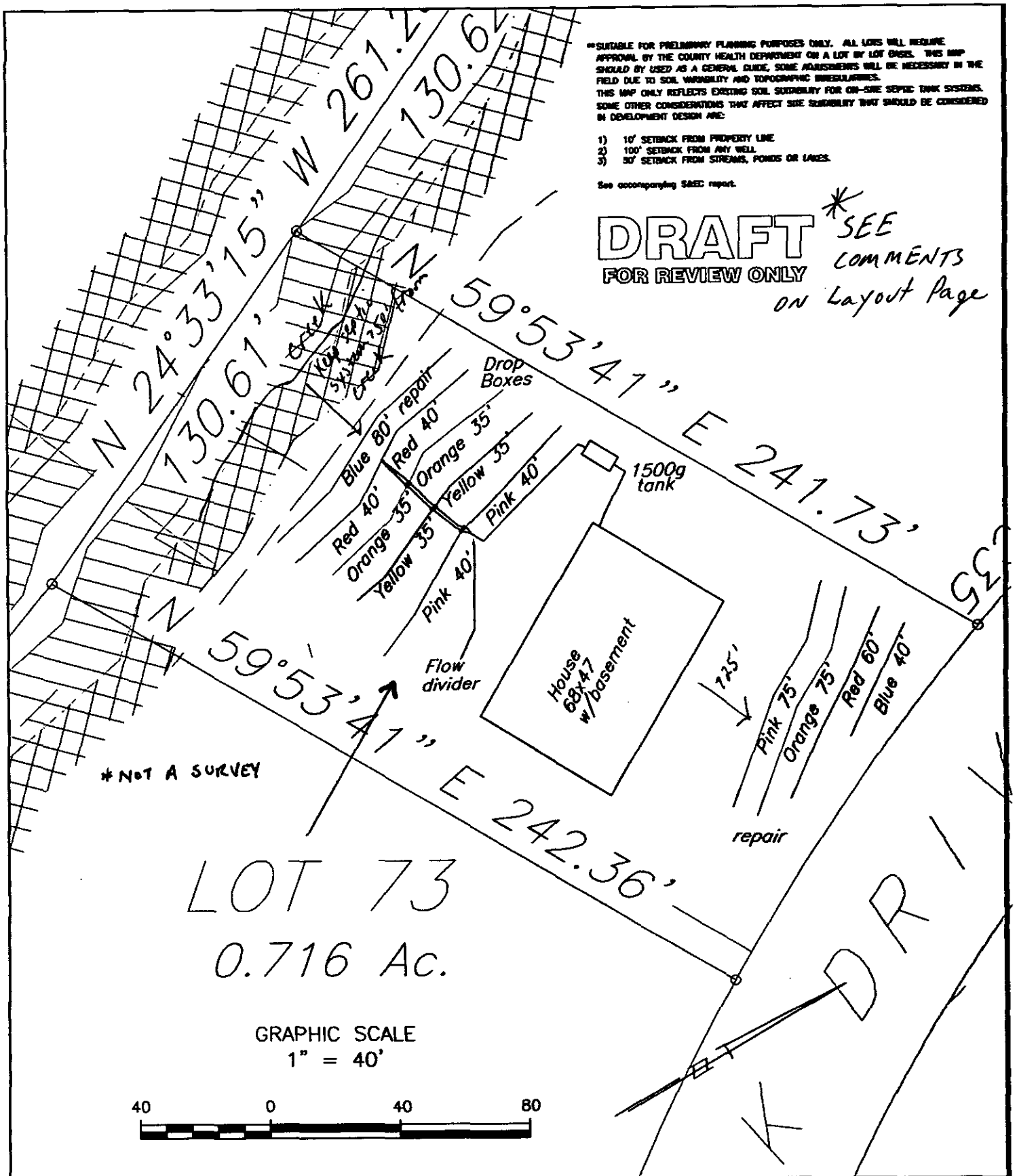
Phila S. Walker RS 8/29/05
DENR Authorized Agent Date

Owner/Agent Signature 9/29/05
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

IWWS-100195




| | | | | | |
|---|---|---|---|---|---|
| SHEET 1 of 1 | SHEET TITLE: SEPTIC SYSTEM LAYOUT LOT 73 SKETCH MAP | PROJECT NAME: FAIRINGTON OAKS LOT 73 CLIENT: ROB, INC. - FAIRINGTON OAKS LOT 73 - MECKLENBURG COUNTY, NORTH CAROLINA JUNE 2006 | S&EC | Soil & Environmental Consultants, PA 238 LaPalla Ct. STE C. * Concord, North Carolina 28025 * Phone (704)720-0485 * Fax (704) 720-0486 | PROJECT NO. P-1193 PROJECT MGR. DRAWN BY FIELD WORK SCALE 1" = 40' CHECKED PLAT |

## Fairington Oaks Lot 73

Project No. 5-1553s2

Layout for 4 Bedroom Home

| LINE # | FLAG COLOR | BS | HI | FS | ELEVATION | FLAGGED LINE LENGTH |
|---|---|---|---|---|---|---|
| TBM | | 7.1 | | | 100.0 | |
| INSTR. 1 | | | 107.1 | (pad) | | |
| | | | **System** | | | |
| 1 | Pink | | | 8.00 | 99.1 | 80 |
| 2 | Yellow | | | 8.90 | 98.2 | 75 |
| 3 | Orange | | | 12.00 | 95.1 | 75 |
| 4 | Red | | | 13.40 | 93.7 | 80 |
| | | | | | | 310 |
| | | | **Repair** | | | |
| 7 | Blue | | | 2.80 | 104.3 | 40 |
| 8 | Red | | | 2.80 | 104.3 | 60 |
| 9 | Orange | | | 3.10 | 104.0 | 75 |
| 10 | Pink | | | 3.30 | 103.8 | 75 |
| 11 | Blue | | | 15.40 | 91.7 | 80 |
| | | | | | | 330 |

| | LINE LENGTH | LTAR GPD/FT$^2$ | SYSTEM TYPE | INNOVATIVE TYPE | DISTRIBUTN |
|---|---|---|---|---|---|
| System | 310 | 0.275 | PPBPS | NA | Gravity |
| Repair | 330 | 0.275 | PPBPS | NA | LPP |

**Notes:**

** TBM located at original back house stake
**Line 11 (blue repair) located below initial system
**Grinder pump in basement may be needed
**Repair system is PPBPS on 8' centers
**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

COMMENTS 4 Bedroom Residence

1500 ST
1000 DT (if necessary)
300' PPBPS Gravity Dosed w/ 3' wd trenches
Keep the septic system >50' from the creek
municipal water

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2005 AUG 26 10:25 AM
BK:19241 PG:289-292 FEE:$20.00

INSTRUMENT # 2005165259

2005165259

73

**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 # 59498
PARCEL # 195-212-14

The undersigned, _____, owner of property located at 5231 TURKEY OAK DRIVE, (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: TOM BROOKER
Mail after recording to: 10150 MONROE 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 MCC Homes-Charlotte, LLC

By: _____ (SEAL)

Asst. Vice President (SEAL)

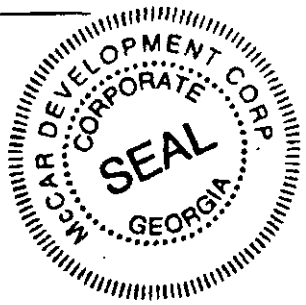
(SEAL)

MCCAR DEVELOPMENT CORP CORPORATE SEAL GEORGIA

ATTEST:

Asst. Secretary

(Corporate Seal)




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 She is Asst. Secretary of McCar Homes-Charlotte, LLC fka MOC 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

JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

# PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

**********

**Filed For Registration:** 08/26/2005 10:25 AM

**Book:** RE 19241 Page: 289-292

**Document No.:** 2005165259

PRMIT 4 PGS $20.00

**Recorder:** SERENA ROSS

**********

**State of North Carolina, County of Mecklenburg**

**The foregoing certificate of MELISSA EDDLEMAN Notary is certified to be correct. This 26TH of August 2005**

**JUDITH A. GIBSON, REGISTER OF DEEDS By:** Serena M. Ross
**Deputy/Assistant Register of Deeds**

**********

*2005165259*

GWS – RES. APP 12/04

SEPTIC FEE: 200.00 #32342
DATE: 2/16/05
CRT [illegible]

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 # 5449B

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 #: 195-202-14
STREET ADDRESS: 5231 TURKEY OAK DRIVE
CITY: MINT HILL
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 73
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: 3200
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4

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:** FAIRINGTON OAKS LLC
NAME:
ADDRESS: 1518 EAST 3RD ST.
CITY: CHARLOTTE
STATE: N.C. ZIP: 28204
HOME PHONE: WORK PHONE: 7043700303
MOBILE PHONE: FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**
NAME: Tony Witherspoon
ADDRESS: 10150 MALLARD CR
CITY: CHARLOTTE
STATE: N.C. ZIP: 28216
HOME PHONE: WORK PHONE: 7045076525
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.

2-16-05
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

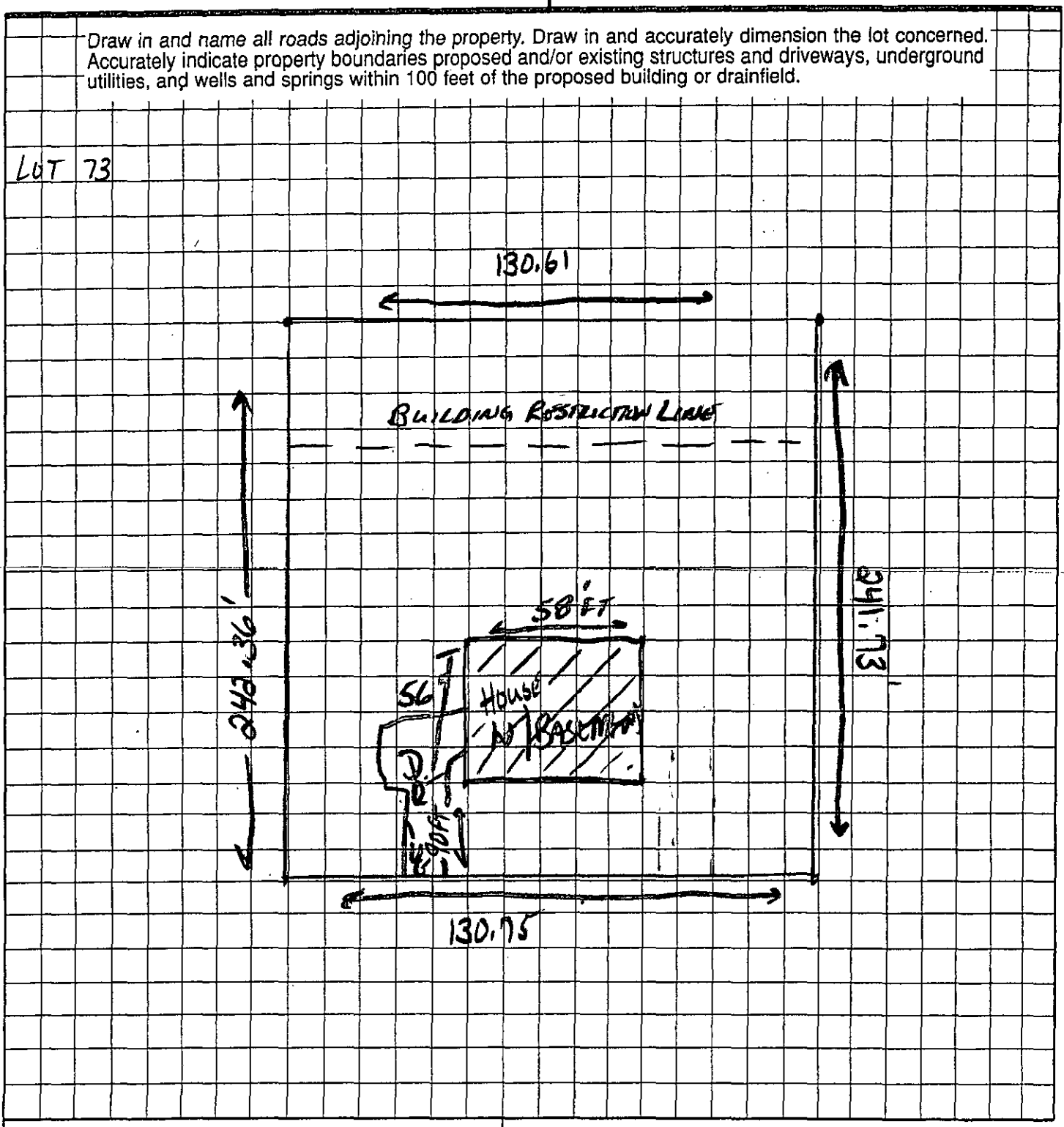
# PROPOSED PLOT PLAN

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

FILE: _____

TC: 195-202-14

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

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

Sheet: 1 of 2 195-212-14
Property ID # ~~195-202-14~~
Lot #: 73
File #: 5949B
Code: 2

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

Owner: Fairington Oaks LLC
Applicant:
Address: 1518 East 3rd St., Charlotte, N. C. 28204
Date Evaluated: 6/18/2005
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .72a
Location of Site: 5231 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 .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, 12 | 0-8 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48 | N/A | NONE | PS, IV |
| | | 8-48 | SBK/C | FI/SEXP/S/P | | | | | .275GPD/FT$^2$ |
| 2 | " | 0-12 | GR/CL | FR/SEXP/SS/SP | >43" TO SOIL WETNESS | 43 | " | " | " |
| | | 12-43 | SBK/C | FI/SEXP/S/P | | | | | |
| 3 | LS, 6 | 0-7 | GR/CL | SEXP/S/P | >48" TO SOIL WETNESS | 48 | " | " | " |
| | | 7-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 4 | " | 0-8 | GR/CL | FR/SEXP/SS/SP | >45" TO SOIL WETNESS | 45 | " | " | PS, IV |
| | | 8-45 | SBK/C | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
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| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | US |
| System Type(s) | | |
| Site LTAR | .275GPD/FT2 | .275GPD/FT$^2$ |

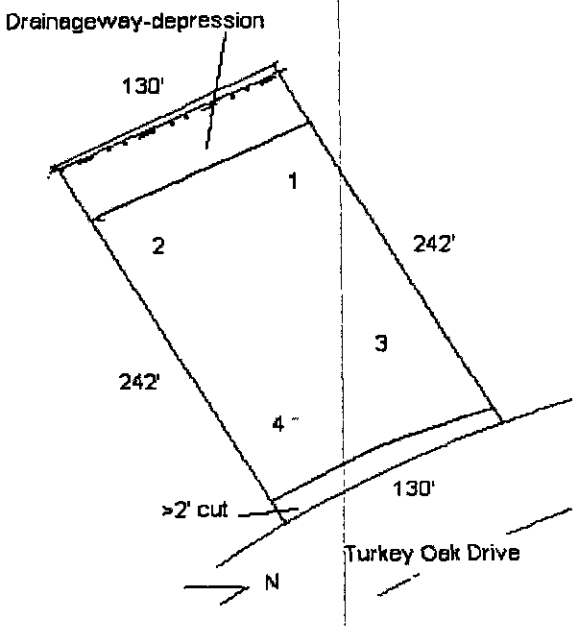
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 6/20/2005, W. R. Marlin
Others Present:

**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**



# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5949B DATE: 7/17/06

TC: 1952/14 ☒ L ☐ CRT

SERIAL 19767

Name of Owner Farrington Oaks, LLC Lot 73 Juris.:

Address of Property 5231 Turkey Oak Dr

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 8 @ see permit

Cover Depth 8" - 12"

Water Supply Source Municipal

Distance to Water Source > 10'

Excavation Inspected 1/17/06

Tank(s) Inspected 1/17/06

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

see installation approval

PLOT

Design 2006, 1500ST, PPBPS 300', flow divider, drop boxes Cecil 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 I5A 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 I5A 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 5 bedroom residence. Type IIIe septic system / Type IVa Repair Area

Philo S. Walker RS
Environmental Health Specialist

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