

5319 TURKEY OAK DR

19521216

1/9/2008

duponbj

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5947B WASPS App #: 2632

Primary ES assigned to project: Jeremy Michael

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐ ✓Addition

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☒
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☒
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☒
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☒
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☒
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☒
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☒
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☒
.1937(i)	*Conditions for system performance, operation,* maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☒

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☒
Installation approval issued	Yes ☐	No ☐	N/A ☒
Operation permit issued	Yes ☐	No ☐	N/A ☒
Other related documentation	Yes ☐	No ☐	N/A ☒

Items requiring correction/modification: _____

Comments: Porch additions

IA issued date: _____

OP issued date: _____

Review performed by: Rico Walker Date performed: 8/27/07

JAM #2632

FEE: 100.00
DATE: 8/24/07
CRT [ ] CK # 20016 JKA

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 #: 59476

TYPE APPLCATION:

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

PERSON FILING APPLICATION:
NAME: Outdoor Design + Construction
ADDRESS: 2216 Univille Indian Trail Rd
CITY: & Indian Trail
STATE: NC ZIP: 28079
PHONE: 704-846-7976
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: Laura + George Vanhorn
ADDRESS: 5319 Turkey Oaks Dr
CITY: Charlotte
STATE: NC ZIP: 28207
PHONE: 704-351-3515
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 195-212-16
STREET ADDRESS: 5319 Turkey Oak Dr
CITY: Charlotte
STATE: NC **ZIP:** 28207
SUBDIVISION OR MOBILE HOME PARK NAME: Fairington Oaks
LOT #: 71

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: 4
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: N/A
TYPE OF BUSINESS:
 # EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☒ OTHER Patio w/ outdoor fireplace

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- ☐ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☒ DETACHED PORCH / DECK
- ☒ OTHER outdoor fire place

*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.

Stacy Ruge — Owner's/Agent's Signature
8-24-07 — Date

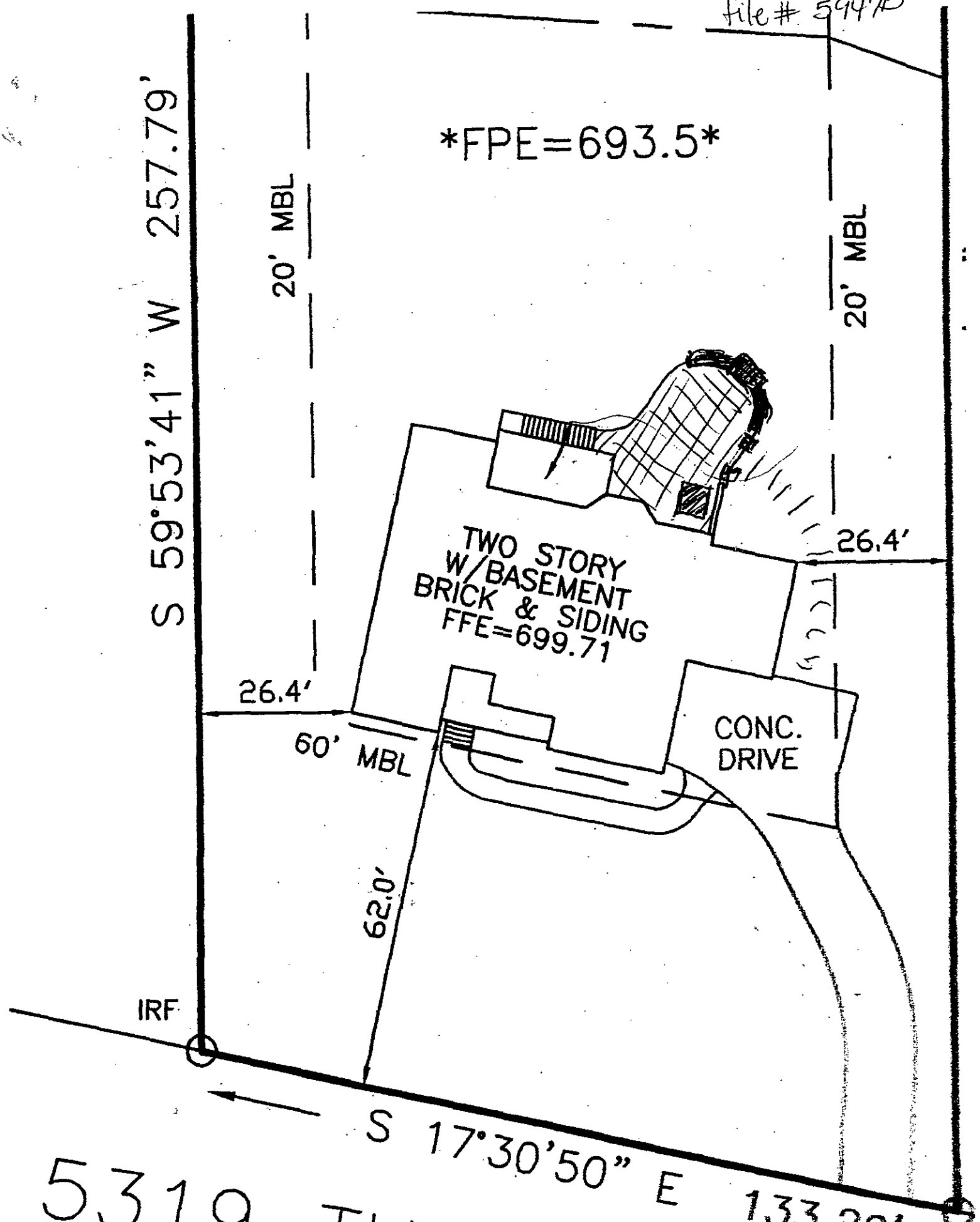
*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. *This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment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

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

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

Use existing system
Jeremy Medlock 08/28/07
EHS Signature — Date
system is in front yard.

file # 5947B



5319 TURKEY

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 #: 5947B Permit #: _____ Tax Parcel #: 195 202 16

Property Owner: Farrington Oaks LLC

Job Location Address: 5319 Turkey Oak Dr Lot 71

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 3/17/06 Contractor Name: RCS

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: Goulds

Drainfield Installation ☐ N/A

Trench Depth: 28 inches

Trench Width: 3' feet

Line Spacing: 9 feet (O.C.)

Total line length: 320 feet

# of Lines: 5 @ Vary feet

Depth of Media: 16 inches (Type) PPBPS

Depth of Cover: 8 inches

Distribution Device: LPP

Inspection Dates

Tank(s) Inspected: 3/15/06

Excavation Inspected: 3/17/06

Pump & Controls Inspected: 3/17/06

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Septic system installed in accordance w/ approved plot plan

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: 25' feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

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: Septic System Designed for a 4 bedroom residence. Type IVa

DENR Authorized Agent: Philo S. Walker Signature: Philo S. Walker RS

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

Lot 71 Fairington Oaks
lpp/panel block

THIS AGREEMENT is made and entered into this 12 day of April, 2006 by and between McCar Homes (hereinafter the "Owner") and R.C.S., Inc. , Joe R. Hudson (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment (hereinafter the "system") is installed, such system being designated a Type lpp system under the Rules for Sanitary Sewage Colection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin.Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system: and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type lpp system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 5391 Turkey Oak Lot 71 Fairington Oaks

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type lpp system.

b. The Contractor shall perform th following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) (from the operation permit)
(2)
(3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type lpp system.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractor shall employ of shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type lpp System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24-48 hours after receipt of such request depending on the urgency of the request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $ 200.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty(60) days advance notice to the Owner but may not be increased more than 20 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days shall accrue interest

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from the due date until paid at a rate of 15 percent per month.

b. Within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary tor the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal; has passed.

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance to the date of termination.

d. Termination by the Contractor.

(1.) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days is advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in

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COUNTY OF Mecklenburg

effect:

or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 10 days of receipt of notice of needed repairs pursuant ot paragraph 1.e. above. If said authorization to comlete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all tights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A NC Admin. Code 18A.1961 to manage a Type lpp system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: McCar Homes
Prosperity Place Three
10150 Midland Creek Rd., Suite 106
Charlotte, NC 28262

To the Contractor:
R.C.S. ,Inc.
Joe R. Hudson
PO Box 708
Monroe, NC 28111

To the Local Health Department:
Mecklenburg County Environmental Health
700 North Tryon Street , Suite 211
Charlotte, NC 28202

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery of attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made form time to time by either Party by notice to the other party/

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State of

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement of such other appropriate actions as shall to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

(Owner)

Attest:

(Contractor)

Attest:

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: 5947B DATE: 3/7/06

TC: 195 202 16 ☐ L

SERIAL Nº 20079

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 4/7/06, 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.

see approved site plan on file

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1500 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 320' feet

Number of Lines See permit

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >100' feet
>10' municipal water

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

NAME OF OWNER Farrington Oaks LLC

LOCATION OF PROPERTY 5319 Turkey Oak Dr

Comments: Install septic system in accordance w/ approved plot plan on file Type IIIb3

Philo S. 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: 3/14/2006

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

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5947B

PERMIT NUMBER: 30000388

PARCEL NUMBER: 19521216

JOB LOCATION INFORMATION

ADDRESS: 5319 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 30000388, 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

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

212-16

Permit Number: **5947B**

Tax Number: **195 ~~202-10~~**

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

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

0.25 Long-term acceptance rate (GPD/ft^2)	***480*** *Max gallons/day* wastewater flow	**960** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	***1500*** *Gallon septic tank*	**320** 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 PRESSURE 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:

960 Absorption Area (ft^2)	**NA** Depth of stone (in)	**9** Trench spacing (min. on ~~centers) (ft)~~	**36** Maximum trench depth (in)
320 ~~Total trench length (ft)~~			

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.

Philip J Walker RS 9/21/05

DENR Authorized Agent Date

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

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

Attached is a proposed design for a 4-bedroom Prefabricated Permeable Block Panel System using LPP distribution for McCar Homes at Lot 71 of Fairington Oaks Subdivision in Mint Hill, NC

Contents: **Page**

Information for the Installer ----- 1

Design Specifications ----- 2

Layout Specifications ----- 3

Initial System Specifications ----- 4

Site and Drainfield Plans ----- 5

Pressure Panel Drawing ----- 6

Septic Tank Specifications ----- 7

Pump Tank Specifications ----- 8

Control Panel & Float Specifications ----- 9-12

Pump Specifications ----- 13-14

Electric Box Specification ----- 15

Maintenance of Septic Systems ----- 16-18

Project #:5-1553
Design by: Wendell Overby
October 3, 2005

Greensboro Office:
3817-E Lawndale Drive
Greensboro, NC 27455
Phone: (336) 540-8234
Fax: (336) 540-8735

Raleigh Office:
11010 Raven Ridge Road
Raleigh, NC 27614
Phone: (919) 846-5900
Fax: (919) 846-9167

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DEHNR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System and repair will be panel block systems with LPP distribution
- Trench walls should be raked and limed. Trenches 36" wide
- 1-5/32" hole drilled for each panel in lines 6 and 7
- 1-3/16" hole drilled for each panel in line 5b (yellow)

PPBPS SYSTEM FOR WASTEWATER TREATMENT

Owner's name: McCar Homes **Phone:**
Mailing address:

System location: Fairington Oaks-Lot 71
Tax ID #: **Deed Book:**
Township: **County:** Mecklenburg
Source of Wastewater Flow: 4-bedroom home
Estimated Daily Wastewater Production: 480 gpd
System Flow: 38.46 gpm

DESIGN PARAMETERS

Drainfield size: 320 linear ft.
Number of Panels 74
Trench depth: 28" below natural soil surface

Trench width: 36"
Septic tank size: 1500 gal
Supply line volume: 22.62 gal

Supply line length: ~130'

Supply line diameter: 2"
Supply line pressure rating: SCH 40

Loading rate: 0.25 gpd/ft^2

Hole size 3/16" (line 5b)
5/32" (lines 6 & 7)
Hole spacing: 1 per panel
Pump tank size: 1500 gal
Pump tank dimensions: Stay Rite 10.5'x5' (or other NCDENR approved 1500 gal pump tank
Approx. pump tank draw down: Stay Rite is 32.7 gal/in-will vary based on tank dimensions
Combined lateral line volume: 24.96 gal
Dosing volume: 266 gal

Elevation head: ~11'
Pressure head: 2.0'
Friction head: 3.7'
Total dynamic head: 16.7'

Recommended float controls: SJE Pumpmaster
Threaded union: in tank
Gate valves: 1 per lateral, 1 in tank
Check valves: 1 in tank,
Anti-siphon hole: No
Recommended high water alarm: SJE Rhombus panel and floats
Recommended Pump: Myers, effluent pump, series ME50, 1/2hp or approved equal
Additional Comments: Soil suitability performed by Soil and Environmental Consultants and Mecklenburg County Health Department.

Fairington Oaks Lot 71

Project No. 5-1553

LAYOUT FOR 4 BEDROOM HOME — Oct-04

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LENGTH
TBM		2.7			100.0		
INSTR. 1			102.7				
			SYSTEM				
1	RED			3.00	99.7	40	40
2	ORANGE			3.30	99.4	60	60
3	BLUE			3.50	99.2	80	80
4	PINK			4.00	98.7	110	110
5A	YELLOW			4.50	98.2	35	35
					Total	**325**	325
			REPAIR				
5B	PINK			4.50	98.2	90	90
6	ORANGE			5.10	97.6	125	115
7	RED			5.80	96.9	118	115
					Total	**333**	320

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	DISTRIBUTION
SYSTEM	320	0.25	PPBPS	LPP
REPAIR	325	0.25	PPBPS	LPP

Notes:

** TBM of system = front 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

Lot 71 Fairington Oaks
System
Design Specifications

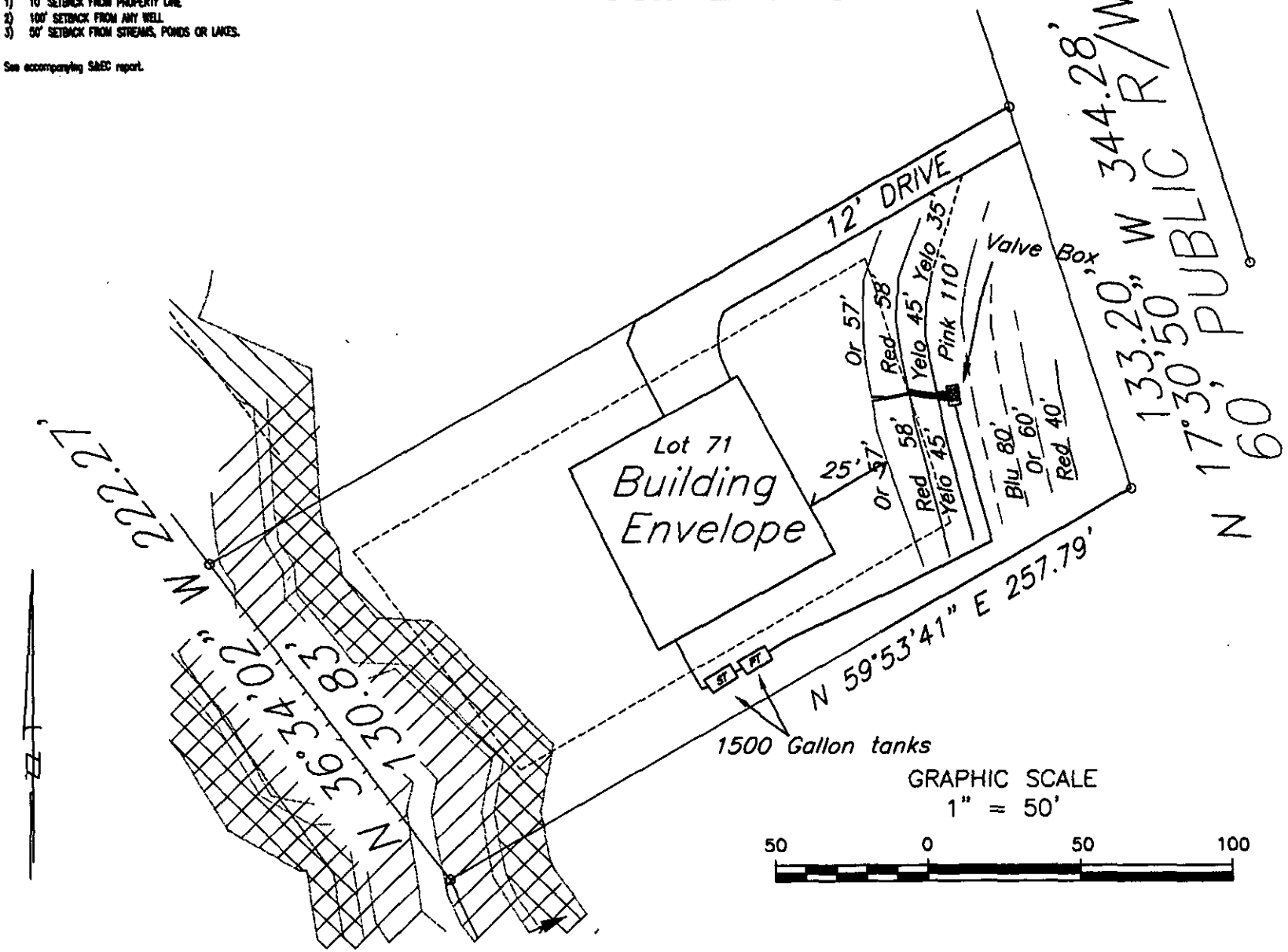
Line #	Color	# Panels	# Holes/ Panel	Line Length	Hole Size	Line Head	Line Flow
5b	Yellow	11	1	45	3/16"	2	6.49
	Yellow	11	1	45	3/16"	2	6.49
6	Red	13	1	58	5/32"	2.6	5.98
	Red	13	1	58	5/32"	2.6	5.98
7	Orange	13	1	57	5/32"	3.3	6.76
	Orange	13	1	57	5/32"	3.3	6.76
	Total	74					38.46

**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



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

Soil & Environmental Consultants, PA
226 Lafferty Ch. Rd. • Concord, North Carolina 28027 • Phone (704) 782-3805

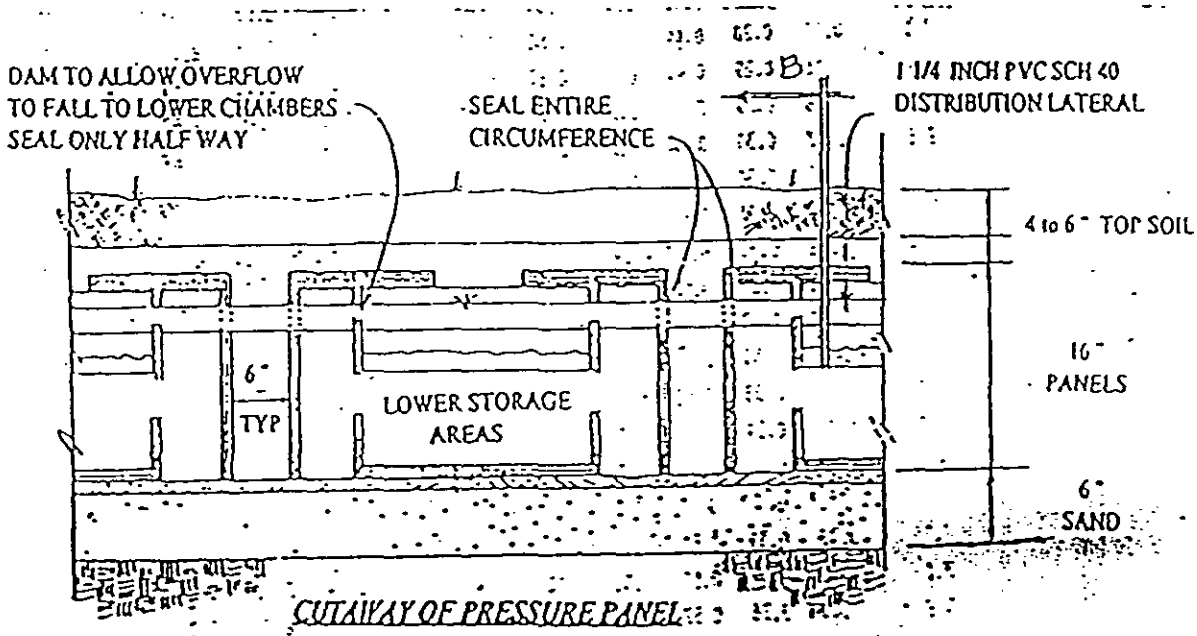
S&EC

PROJECT NAME: Partington Oaks Lot 71
Cabarrus Co.
-Partington Oaks Lot 71 -
MECKLENBURG COUNTY, NORTH CAROLINA
SEPT 2005

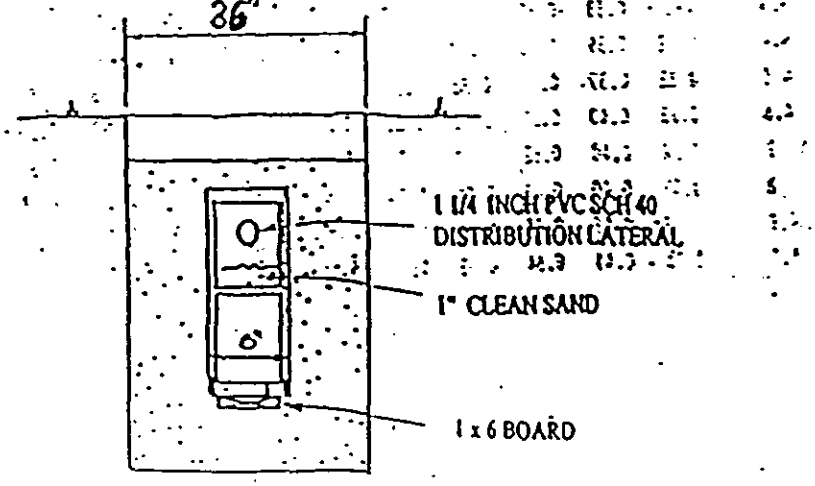
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4 BEDROOM SEPTIC SYSTEM LAYOUT
SKETCH MAP

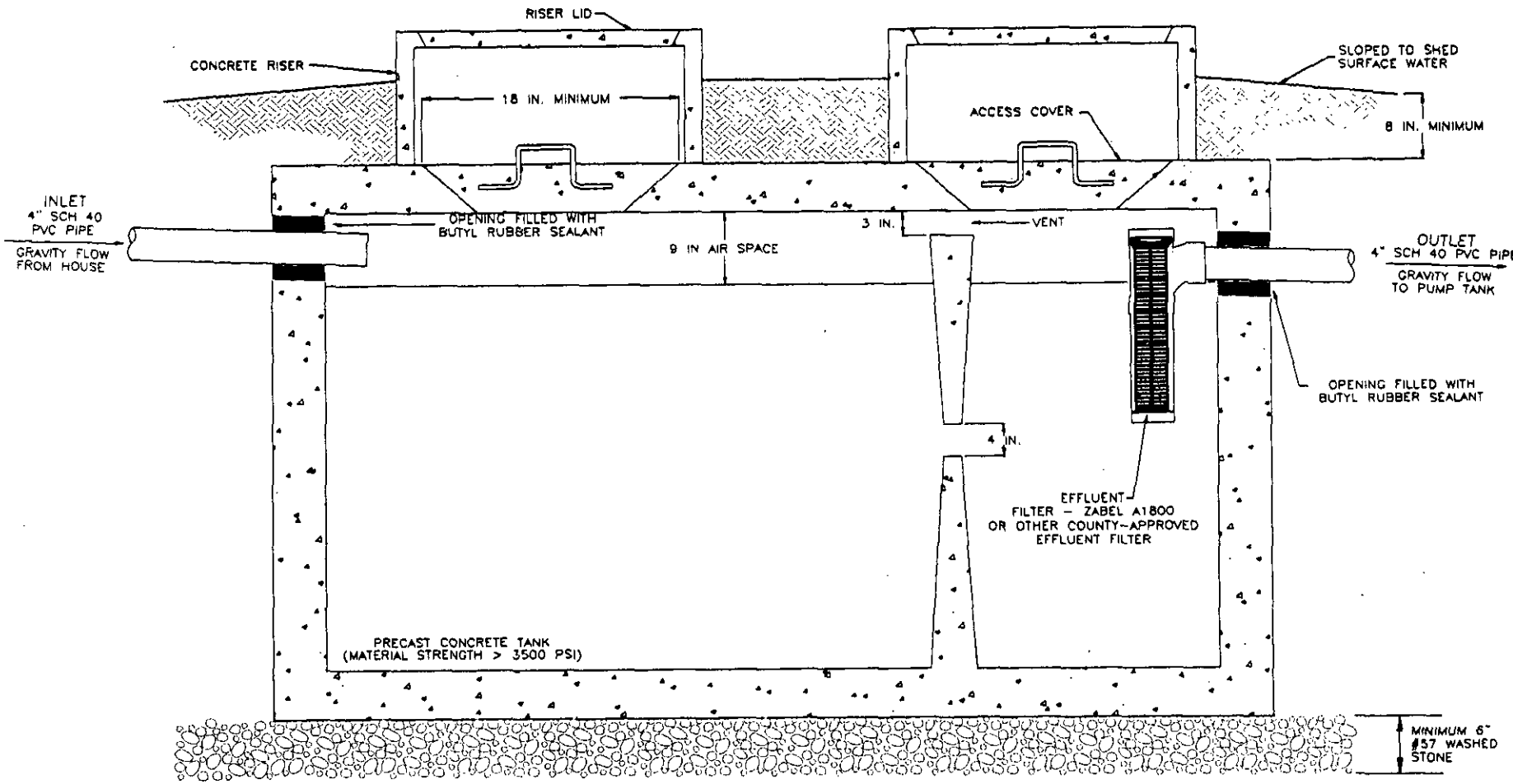
SHEET 1 OF 1

PRESSURE PANEL DRAWING



CUTAWAY OF PRESSURE PANEL



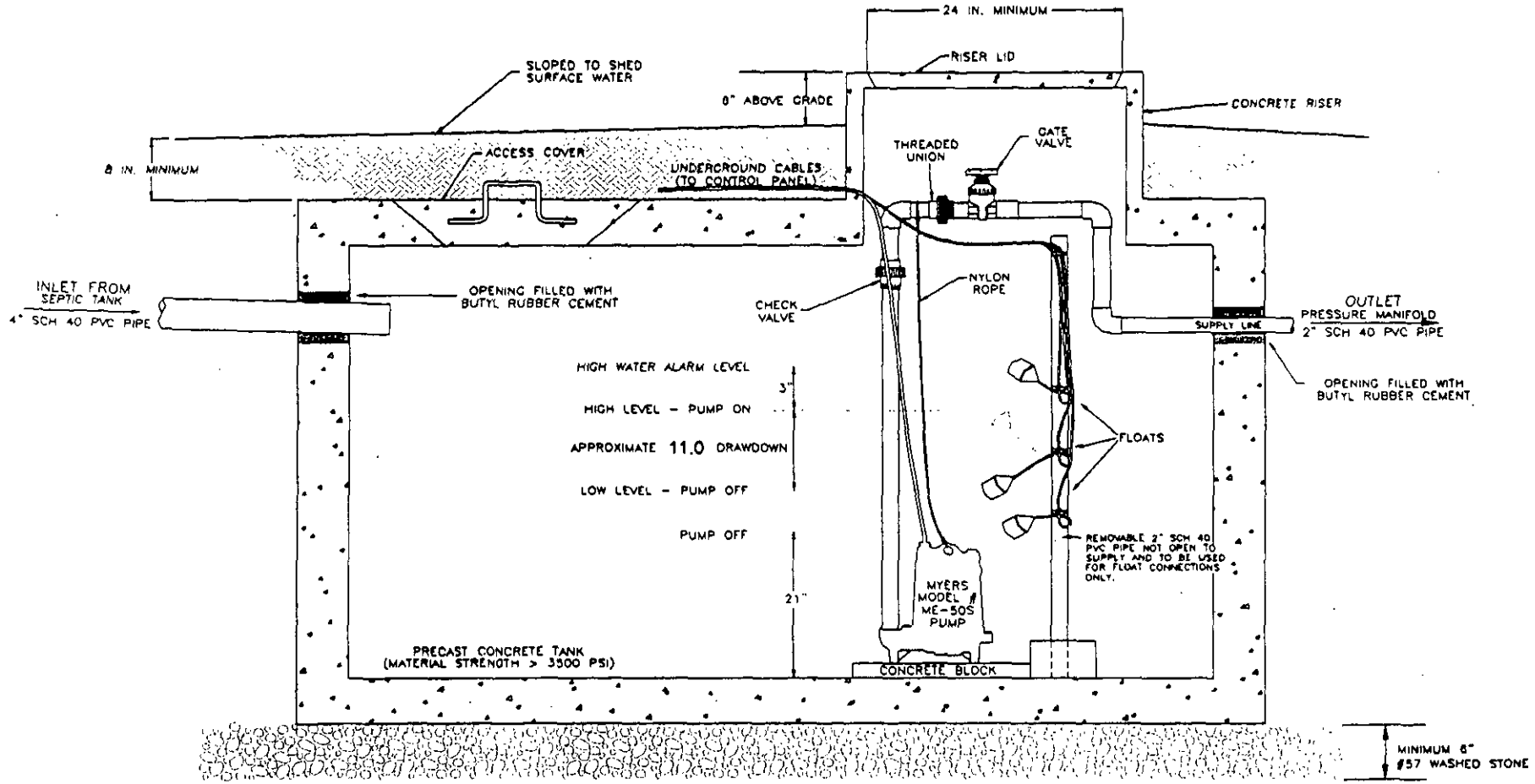


NOTES

1. TANK DIMENSIONS VARY BY MANUFACTURER.

1500 GALLON SEPTIC TANK

PROJECT NO: 4591	PROJECT NAME: **Fairington Oaks Lot 71**	S&EC Soil & Environmental Consultants, Inc.
PROJECT MGR:	SHEET TITLE: SEPTIC TANK DIAGRAM	11616 Raven Ridge Road Raleigh, North Carolina 27614 Phone: (919) 846-5900 Fax: (919) 846-9467 Web Page: www.SandEC.com
SCALE: NTS		



NOTES

1. TANK DIMENSIONS VARY BY MANUFACTURER.
2. DRAWDOWN WILL VARY WITH TANK DIMENSIONS. DRAWDOWN SHOWN BASED ON 21 GALLONS PER INCH.

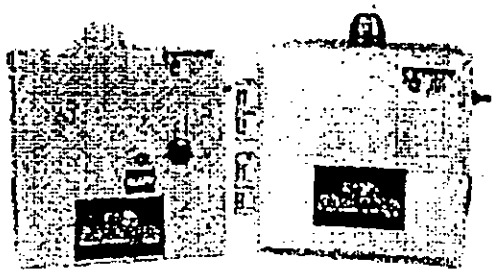
1500 GALLON PUMP TANK

PROJECT NO: 5-1553	PROJECT NAME: Fairington Oaks Lot 71	S&EC Soil & Environmental Consultants, Inc.
PROJECT MGR:	SHEET TITLE: PUMP TANK DIAGRAM	
SCALE: NTS		

MODEL 112 Control Panel

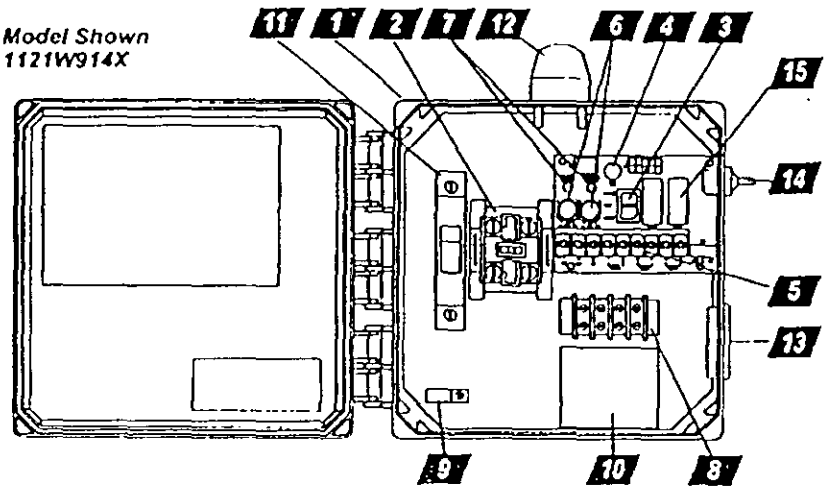
Single phase, simplex motor contactor control.

The Model 112 control panel provides a reliable means of controlling one 120, 208, or 240 VAC single-phase pump in pump chambers, sump pump basins, irrigation systems and lift stations. Two control switches activate a magnetic motor contactor to turn the pump on and off. If an alarm condition occurs, an additional alarm switch activates the audio/visual alarm system.



Indoor *Indoor/outdoor*

Model Shown
1121W914X



1. *Enclosure measures 8 x 8 x 4 inches (20.32 X 20.32 X 10.16 cm). Choice of NEMA 1 (steel for indoor use), or NEMA 4X (ultraviolet stabilized thermoplastic with removable flanges for outdoor or indoor use).*

   * Options selected may increase enclosure size and change component layout.

2. **Magnetic Motor Contactor** *controls pump by switching hot electrical lines.*
3. **HOA Switch** for manual pump control (mounted on circuit board).
4. **Green Pump Run Indicator Light** (mounted on circuit board).
5. **Float Switch Terminal Block** (mounted on circuit board).
6. **Alarm and Control Fuses** (mounted on circuit board).
7. **Alarm and Control Power Indicators** (mounted on circuit board).
8. **Pump Input Power and Pump Connection Terminal Block**
9. **Ground Lug**
10. **Terminal Block Installation Label**
11. **Circuit Breaker** (optional) provides pump disconnect and branch circuit protection.

STANDARD ALARM PACKAGE (other options available)

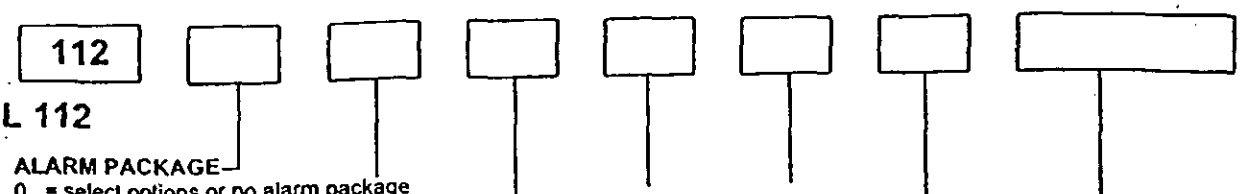
12. **Red Alarm Beacon** provides 360° visual check of alarm condition. **Note:** NEMA 1 style utilizes a door mounted indicator in lieu of a beacon.
13. **Alarm Horn** provides audio warning of alarm condition (83 to 85 decibel rating). **Note:** NEMA 1 style utilizes an internally mounted buzzer (83 to 85 decibel) in lieu of horn.
14. **Exterior Horn Test/Normal/Silence Switch** allows alarm horn to be silenced and testing of horn and light to ensure proper operation of alarm system.
15. **Horn Silence Relay** automatically resets alarm after alarm condition has been resolved (mounted on circuit board).

FEATURES

- Entire control system (panel and switches) is UL Listed to meet and/or exceed industry safety standards
- Dual safety certification for the United States and Canada
- Standard package includes three 20' Sensor Float® control switches
- Complete with step-by-step installation instructions
- Three-year limited warranty

c UL us
LISTED

SJE Rhombus CONTROLS
SJ ELECTRO SYSTEMS, INC.
PO Box 1708, Detroit Lakes, MN 56502
1-888-DIAL-SJE 11-218-847-1317
1-218-847-4617 Fax
email: sje@sjerhombus.com
www.sjerhombus.com



MODEL 112

ALARM PACKAGE
- 0 = select options or no alarm package
- 1 = alarm package (includes test/normal/silence switch, fuse, red light, horn & float)

ENCLOSURE RATING
- I = Indoor, NEMA 1 (metal)
- W = Weatherproof, NEMA 4X (engineered thermoplastic)

STARTING DEVICE
- 1 = magnetic motor contactor 120/208/240V
- 9 = magnetic motor contactor 120V only

PUMP FULL LOAD AMPS
- 0 = 0-7 FLA
- 1 = 8-15 FLA
- 2 = 16-20 FLA
- 3 = 21-30 FLA

PUMP DISCONNECTS
- 0 = no pump disconnect
- 1 = pull-out with safety deadfront in a 10"x8" enclosure
- 4 = circuit breaker

FLOAT SWITCH APPLICATION
- H or L = pump down or pump up
- X = no floats

OPTIONS *Listed below*

★ Options selected may increase enclosure size and change component layout.

If additional features are required, call the factory for a quote on either a Pro-Line or Engineered Custom control panel system.

CODE	DESCRIPTION
1A	Red beacon only / no audio *must select 1E if floats included*
1C	Horn only / no visual *must select 1E if floats included*
1E	Alarm float
3A	Alarm flasher
★ 4A	Low level cutout *select option 4D if floats included*
★ 4B	Red low-level indicator & alarm *must select 4A also*
4D	Low-level float
6A	Auxiliary alarm contact, form C type
★ 8A	Elapsed time meter
★ 8C	Event (cycle) counter
10E	Lockable latch - NEMA 4X
10E	Lockable latch - NEMA 1
★ 10F	Lightning arrester
★ 10K	Anti-condensation heater

CODE	DESCRIPTION
11C	NEMA 1 alarm panel *must select option 6A*
11D	NEMA 4X alarm panel *must select option 6A*
15A	Control / alarm circuit breaker *Does not include the circuit board as in standard.*
16A	10' cord in lieu of 20'
16B	15' cord in lieu of 20'
16C	30' cord in lieu of 20'
16D	40' cord in lieu of 20'
17A	SJE SignalMaster® / mounting strap ●
17B	SJE SignalMaster® / externally weighted ●
17C	Sensor Float® / internally weighted ▲
17D	Sensor Float® / externally weighted ▲
17E	Sensor Float® Mini / pipe clamp ▲
17F	Sensor Float® Mini / externally weighted ▲
19X	Door mounted pump run indicator
21A	Pumpmaster® in lieu of on/off switches ●
21B	PumpMaster® Plus in lieu of on/off switches ●
21C	Super Single® in lieu of on/off switches ▲
21D	Double Float™ in lieu of on/off switches ▲

● Mechanically-activated ▲ Mercury-activated

SAMPLE

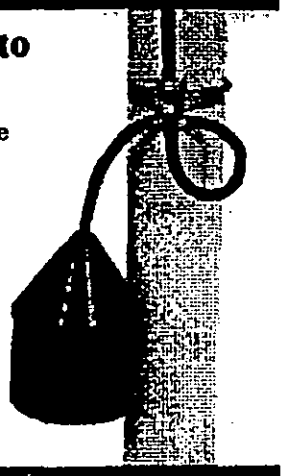
MODEL	112	1	W	9	1	4	H	3A 8A

Alarm Package
Enclosure Rating
Starting Device
Pump Full Load Amps
Pump Disconnect
Float Switch Application
Options: Alarm Flasher, Elapsed Time Meter

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SENSOR FLOAT® control switch

Mercury-activated, narrow-angle float switch designed to activate pump control panels and alarms.



This narrow-angle sensing device is used to accurately monitor liquid levels in sewage and non-potable water applications. The Sensor Float® control switch is not sensitive to rotation and is suitable for use with intrinsically safe circuits. Contact SJE-Rhombus regarding specific intrinsically safe applications.

Normally Open Model (high level)
The control switch turns on (closes) when the float tips slightly above horizontal signaling a high level, and turns off (opens) when the float drops slightly below horizontal.

Normally Closed Model (low level)
The control switch turns on (closes) when the float drops slightly below horizontal signaling a low level, and turns off (opens) when *the float tips slightly above horizontal.*

FEATURES

- Suitable for use with intrinsically safe circuits.
- Not sensitive to rotation.
- Control differential of .5 inches (1 cm) above or below horizontal.
- UL Listed for use in non-potable water and sewage.
- CSA Certified.
- Three-year limited warranty.

LR54245 LISTED E3N2

Hydraulic

OPTIONS

This switch is available:

- for normally open (high level) applications or normally closed (low level) applications.
- in standard cable lengths of 10, 15, 20, or 30 feet and 3, 5, 6, or 10 meters.
- with three mounting options that allow for flexibility in installation:

  Mounting Clamp: for applications where the switch can be attached to a discharge pipe or similar mounting device.

  Internally Weighted: *for applications where the switch can be* suspended from above.

  Externally Weighted: *for applications* where the switch can be suspended from above.

SPECIFICATIONS

CABLE: flexible 18 gauge, 2 conductor (UL,CSA) SJOW, water-resistant (CPE) jacket

FLOAT: 3.38 inch diameter x 4.55 inch long (8.58 cm x 11.56 cm), high-impact, corrosion resistant, PVC housing for use in sewage and *non-potable water up to* 140°F (60°C)

MAXIMUM WATER DEPTH: 30 feet (9 meters), 13 psi

MERCURY TILT SWITCH: single pole, single throw, mercury-to-mercury contacts, hermetically sealed in a steel capsule and epoxy sealed in the float housing

ELECTRICAL: 5 amp, 120/230 VAC, 50/60 Hz

CONTROLS SJE Rhombus
SJ ELECTRO SYSTEMS, INC.
PO Box 1708, Detroit Lakes, MN 56502
1-888-DIAL-SJE / 1-218-847-1317
1-218-847-4617 Fax
email: sje@sjerhombus.com
www.sjerhombus.com

Sensor Float® control switch installation instructions

⚠WARNING ELECTRICAL SHOCK HAZARD
Disconnect power before installing or servicing this product. A qualified service person must install and service this product according to applicable electrical and plumbing codes.

⚠WARNING EXPLOSION OR FIRE HAZARD
Do not use this product with flammable liquids. Do not install in hazardous locations as defined by National Electrical Code, ANSI/NFPA 70.

Failure to follow these precautions could result in serious injury or death. Replace product immediately if switch cable becomes damaged or severed. Keep these instructions with warranty after installation. This product must be installed in accordance with National Electric Code, *ANSI/NFPA 70 so as to prevent moisture from entering or accumulating within boxes, conduit bodies, fittings, float housing, or cable.*

MOUNTING THE SWITCH

1. Place the cord into the clamp as shown in Figure B.
2. Locate clamp at desired activation level and secure the clamp to the discharge pipe as shown in Figures A and B. Note: Do not install cord under hose clamp.
3. Tighten the hose clamp using a screwdriver. Over tightening may result in damage to the plastic clamp. Make sure the float cable is not allowed to touch the excess hose clamp band during operation.
4. Bring cable leads back to control device and wire according to Figure C.
5. Check installation. Allow system to cycle to insure proper operation.

Note: All hose clamp components are made of 18-8 stainless steel material. See your SJE-Rhombus supplier for replacements.

Figure A

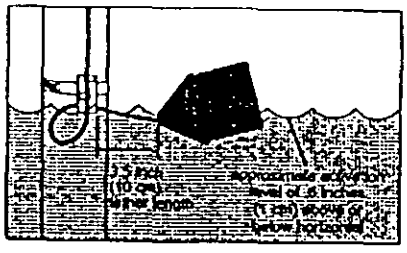
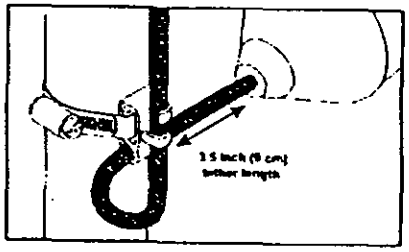


Figure B



INTERNAL WEIGHT

1. Determine desired activation level.
2. Suspend switch 7 inches (18 cm) below desired activation level as shown in Figure D. Switch remains partially submerged during the "on" tipping action. Switch can be totally submerged and still continue to operate properly.
3. Wire cable leads directly into control device as shown in Figure C.
4. Check installation. Allow system to cycle to insure proper operation.

Figure C - Wiring Diagram

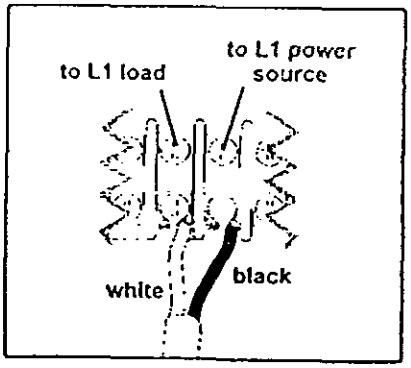
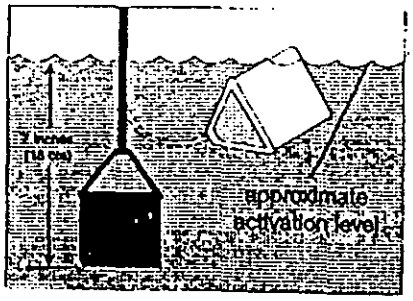


Figure D



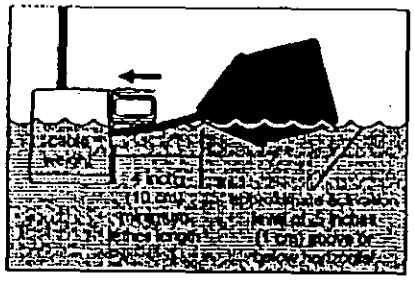
CABLE WEIGHT

1. Determine desired activation level.
2. Suspend switch and cable weight at desired activation level as shown in Figure E.
3. Wire cable leads directly into control device as shown in Figure C.
4. Check installation. Allow system to cycle to insure proper operation.

Cable weight is attached to switch cable at the factory. To adjust:

1. *Release clip.*
2. Adjust cable weight to desired position.
3. Lay switch cable in weight channel.
4. Align clip with weight channel and slide towards switch cable as shown in Figure E.
5. Snap clip snugly up to cable, moving clip to tightest possible position.

Figure E



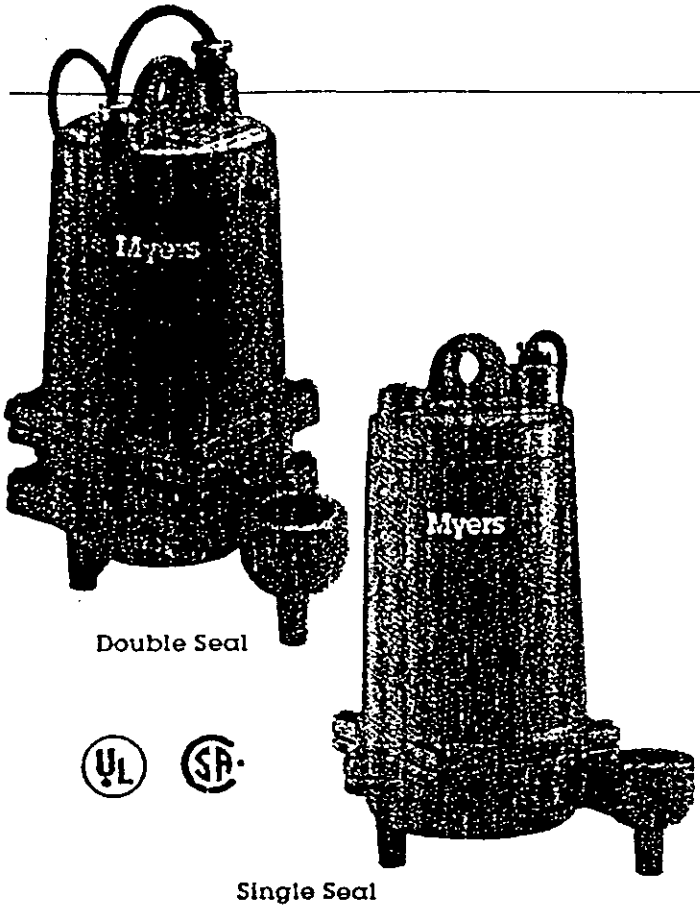
CONTROLS
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SJ ELECTRO SYSTEMS, INC.
22650 County Highway 6 ■ P.O. Box 1708 ■ Detroit Lakes, Minnesota 56502 USA
1-888-DIAL-SJE (1-888-342-5753) ■ Phone: 218-847-1317 ■ Fax: 218-847-4617
E-mail: sje@sjerhombus.com

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Cat. Page PN 1009509A

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ME SERIES

1/2 through 1-1/2 HP
Effluent Pumps



Double Seal

Single Seal

THE MYERS ME SERIES EFFLUENT PUMPS ARE DESIGNED SPECIFICALLY FOR TODAY'S EFFLUENT PRESSURE DISTRIBUTION MOUNDS, TRENCHES AND HIGH FLOW DRAINAGE APPLICATIONS. The ME Series effluent pumps with their efficient two vane, enclosed impellers, provide the ideal performance for optimum dosing. ME Series pumps are constructed of only corrosion resistant materials like cast iron, stainless steel and thermoplastics to assure that they will perform for years to come in the harsh effluent environment and drainage applications. For more information, call your Myers distributor today or the Myers Ashland, Ohio sales office at 419/289-1144

ADVANTAGES BY DESIGN

IDEAL FOR USE IN MOUND AND TRENCH PRESSURE DISTRIBUTION SYSTEMS

- High efficiency, two vane, enclosed impeller provides ideal performance for most efficient dosing.
- Impeller passes full ¾ inch solids.
- Enclosed impeller design eliminates possibility of jamming or corrosion between impeller and volute.

DURABLE MOTOR WILL DELIVER MANY YEARS OF RELIABLE SERVICE

- Oil-filled motor for maximum heat dissipation and constant bearing lubrication.
- High torque, permanent split capacitor (PSC), single phase motors. No starting switches or relays to wear out.
- Optional seal leak probe warns of seal leak condition. (Dual seal motors only.) Helps prevent costly motor damage.
- Motors have on winding current and temperature sensitive overload. (Single phase only.)

THE ME SERIES EFFLUENT PUMPS ARE DESIGNED FOR YEARS OF MAINTENANCE FREE OPERATION

- Volute seal ring is replaceable. Restores pump to original performance if wear should occur.
- Motor is held in place by 4 screws. Easily removed if service is ever needed.

PRODUCT CAPAILITIES

Capacities To	120 GPM	454 LPM
Heads To	95 ft.	28.9 m
Max. Spherical Solids	¾ in.	19 mm
Liquids Handling	domestic effluent & drain water	
Intermittent Liquid Temp.	up to 140° F	up to 60° C
Motor Electrical Data	1/2 HP 115 volts, 1 ph 1/2 to 1-1/2 HP 230 volts, 1 ph 208, 230, 460, 575 volts, 3 ph oil-filled, permanent split capacitor type, 1 ph, 3450 rpm, 60 Hz	
Motor Insulation	Class B (130° C)	
Third Party Approvals	UL, CSA	
Acceptable pH Range	6-9	
Specific Gravity	.9-1.1	
Viscosity	28-35 SSU	
Discharge, NPT	2 in.	50.8 mm
Min. Sump Dia. Simplex	24 in.	61 cm
Duplex	36 in.	91.4 cm

Construction Materials	
Motor Housing, Volute	cast iron, Class 30, ASTM A48-76
Enclosed Two Vane Impeller Standard	engineered thermoplastic
Optional	bronze
Impeller Wear Ring	304 SST
Volute Sealing Ring	Buna-N
Shaft	416 SST
Power Cord	
1/2 HP 1 Ph	20 ft. 16/3 SJOW/SJOW-A
3/4 - 1-1/2 HP 1 Ph	20 ft. 14/3 SJOW/SJOW-A
All 3 Ph	20 ft. 14/4 SOW/SOW-A
Shaft Seals Standard	single carbon & ceramic
Optional	tandem carbon & ceramic
Opt. Lower	tungsten carbide
Fasteners	300 Series SST

WHERE INNOVATION MEETS TRADITION

ISO 9001 Certified Company

Myers
PENTAIR PUMP GROUP

ME SERIES

1/2 through 1-1/2 HP
Effluent Pumps

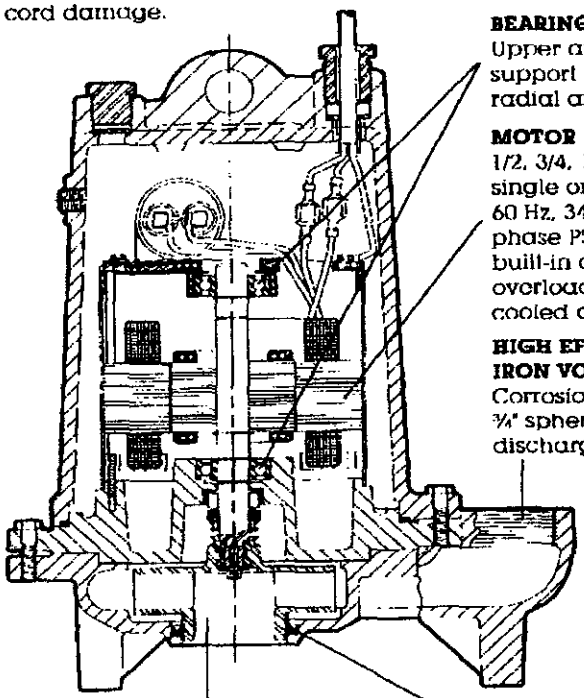
POWER CORD
Jacket sealed with compression fittings. Individual wires potted with epoxy to prevent wicking in case of cord damage.

MOTOR HOUSING
Cast iron for efficient heat transfer and corrosion resistance.

BEARINGS
Upper and lower ball support rotor. Take radial and thrust loads.

MOTOR
1/2, 3/4, 1 and 1-1/2 HP single or three phase. 60 Hz, 3450 RPM. Single phase PSC motors have built-in on winding overload protection, oil-cooled and lubricated.

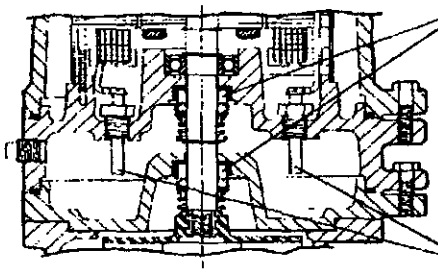
HIGH EFFICIENCY CAST IRON VOLUTE
Corrosion resistant. Passes ¾" spherical solids. 2" NPT discharge.



ENCLOSED TWO VANE IMPELLER
high efficiency. Passes ¾" spherical solids with stainless steel wear ring. Optional bronze construction available.

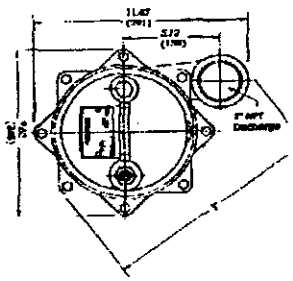
VOLUTE/IMPELLER SEAL RING
Maintains high efficiency and reduces recirculation. Replaceable.

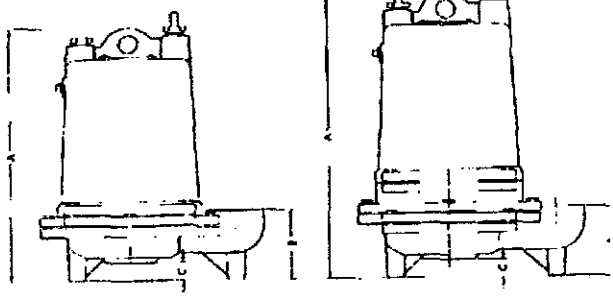
SHAFT SEAL(S)
Carbon and ceramic faces. Optional dual tandem seals. Extends motor life.



SEAL LEAK PROBES
Optional probes (dual seal only) detect water leakage in seal housing. Activates warning light.

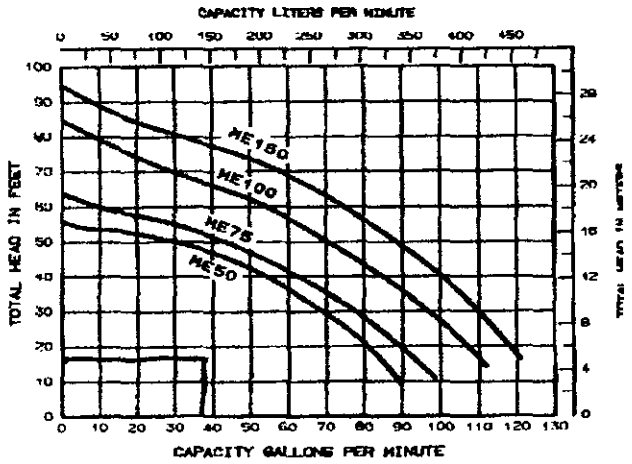
DIMENSIONS





Model Series	Inches (millimeters)			
	A	B	C	F
ME50S	16.8 (427)	4.09 (104)	1.03 (26)	12.13 (308)
ME50D	18.6 (472)	4.09 (104)	1.03 (26)	12.13 (308)
ME75S, ME100S, ME150S	16.8 (427)	4.0 (102)	1.06 (27)	12.5 (318)
ME75D, ME100D, ME150D	18.6 (472)	4.0 (102)	1.06 (27)	12.5 (318)

PERFORMANCE CURVE

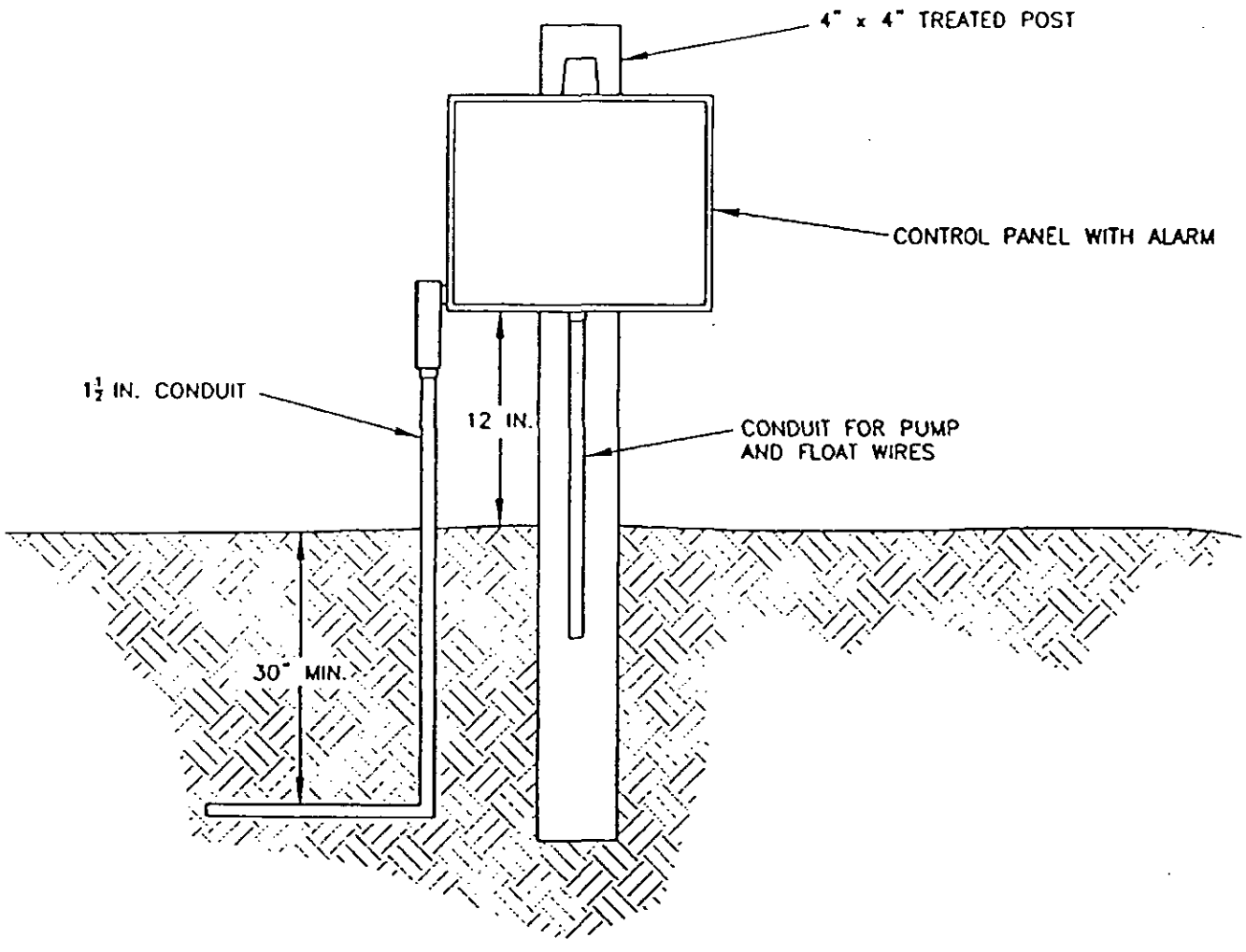


K3320 9/98
Printed in U.S.A.

Myers
PENTAIR PUMP GROUP

F. E. Myers, 1101 Myers Parkway, Ashland, Ohio 44805-1969
419/289-1144, FAX: 419/289-6658, www.femyers.com
Myers (Canada), 269 Trillium Drive, Kitchener, Ontario N2G 4W5
519/748-5470, FAX: 519/748-2553

ELECTRIC BOX



NOTES: ELECTRICAL SYSTEM COMPONENTS SHALL BE INSTALLED TO MEET OR EXCEED MINIMUM REQUIREMENTS SPECIFIED IN THE ELECTRICAL CODE. ALL WIRING SHALL BE #12 MINIMUM, AND RATED FOR DIRECT BURY. PROVIDE GROUNDING AS REQUIRED, AND PROVIDE 30" MINIMUM BURY ON CABLES. PROVIDE ONE 20 AMP, DOUBLE POLE, 230 VOLT CIRCUIT BREAKER (FOR PUMP), AND ONE 20 AMP, SINGLE POLE, 115 VOLT CIRCUIT BREAKER (FOR ALARM) IN MAIN PANEL.

Maintenance Responsibilities of Management Entity

System maintenance for Type IV and Type V a. (0-1500 GPD) systems as defined in 15A NCAC 18A .1961, Table V shall be performed in accordance with the following (Note: Results of inspections are to be reported to the Wake County Department of Health once per year and twice per year for Type IV and Type V a. systems, respectively):

System Component	Frequency	Maintenance
1. Septic Tank and Grease Trap (If So equipped)	6 months	Check riser condition (must be accessible from ground surface), excess in/exfiltration, entry of water at riser, and solids accumulation. Pump Grease trap as needed.
	1-3 years	Pump septage (septage is to be pumped when ¼ to 1/3 of liquid capacity is occupied by solids).
2. Pump or Dosing Tank	6 months	Check riser condition (must be accessible from ground surface), excess in/exfiltration , entry of water at riser, and solids accumulation. Pump sludge accumulation as required and when septic tank is pumped. Check pump(s), controls, floats, electrical connections, and alarm for proper operation. Measure delivery rate to disposal field. Wash (hose) sludge accumulation from pump housing. If so equipped, verify proper siphon function.
3. Sand Filter Pretreatment (If so equipped)	6 months	Any appropriate maintenance3 in item 2 above. Verify discharge and effluent quality from sand filter.
4. Supply lines (Manifold)	6 month	Check for settling, pipe exposure and leakage.
5. Distribution Devices	6 months	Check distribution boxes, valves, solenoids, etc. for proper function, leakage, and infiltration of surface or ground water into enclosures. Desludge and reset pressure head on pressure manifold. Remove sludge accumulation from all devices as required.
6. Ground Absorption	1-4 weeks	Maintain vegetative cover (mow grass and remove weeds and brush, most grasses should be maintained at a height of 2-4 inches).
	6 months	Check for settling, erosion and surfacing of effluent. Repair any broken lateral turnups and make certain they are accessible from ground surface and are fitted with screw-on type caps. Lateral turn-ups must be sleeved for systems permitted after 1/190. For pressure distribution systems, check and reset pressure head and flush sludge from lateral lines (any discharge of sludge and effluent is to be treated with lime or chlorine solution). Check site drainage eliminate low or settled areas and divert surface or shallow groundwater movement around fields.

7. General	At all times	Prohibit vehicular or equipment traffic on ground absorption field. Prohibit tillage (gardening) or other soil disturbance over ground absorption field. Practice water conservation to reduce waste water load on system. Do not permit entry of grease and non-domestic waste to system. Use of a garbage disposal is prohibited unless specifically permitted. Addition of chemical or biological additives has not been demonstrated to be necessary to maintain proper system function. Prevention of root intervention on lateral lines and trenches may be necessary on certain sites. Surface and groundwater diversion structures must be maintained.

Maintenance of Sewage Systems

15A NCAC 18A .1961 (b) states:

(b) System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992. After July 1, 1992 system management in accordance with Tables V(a) and V(b) shall be required for all existing Type V and Type VI systems.

(1) After July 1, 1992, no Improvement Permit shall be issued for Type IV, Type V, or Type VI systems, unless a management entity of the type specified in Table V(b) is specifically authorized, funded, and operational to carry out this management program in the service area where the proposed system is to be located.

(2) A local health department may be a public management entity for systems classified Type IV, V(a) and V(b) only when specifically authorized by resolution of the local board of health.

(3) A contract shall be executed between the system owner and a management entity. The contract shall include the specific requirements for maintenance and operation, responsibilities for the owner and system operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system. It shall also be a condition of the Operation Permit that subsequent owners of the system execute such a contract.

(4) Inspection of the system shall be performed by a management entity at the frequency specified in Table V(b). The management entity shall report the results of their inspection to the local health department at the specified reporting frequency. However, where inspections indicate the need for system repairs, the management entity shall notify the local health department within 48 hours in order to obtain an Improvement Permit for the repairs.

(5) The management entity shall be responsible for assuring routine maintenance procedures in accordance with the condition of the Operation Permit and the contract.

(6) Sewage systems with multiple components shall be classified by their highest or most complex system type in accordance with Table V to determine local health department and management entity responsibilities.

(7) Sewage systems not identified in this Rule shall be classified by the Division of Environmental Health after consultation with the appropriate commission governing operators of pollution control facilities.

(8) The local health department shall routinely review the performance and operation reports submitted in accordance with Table V(b) of this Rule and shall perform an on-site inspection of the systems as required in Table V(a).

(9) Nothing in this Section shall preclude any requirements for system operators imposed in accordance with Article 3 of G.S. 90A.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/23/06	**Amount:**	100.00
Receipt #:	41656	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: X32342
Contractor: MCCAR HOMES CHARLOTTE LLC
Attn:
Address: 10150 MALLARD CREEK RD
Address: SUITE 160
City/State/Zip: CHARLOTTE, NC 28262

Item	Description	Permit#	Quantity	Unit Price	Total Price
0707	Site Consultation Visit 5319 Turkey Oak Drive Lot 71		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
20,411.80					

FEE: 13-2006 12:13 RECEIPT# 70[illegible]

2/21/06 100.00 Check

#388

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

OWN - PERS APP [illegible]

SEPTIC FEE:
DATE:
CK#:

WELL FEE:
DATE:
CK#:

FILE # 59470

Water only 388

added after initial Bill

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

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

JOB LOCATION INFORMATION

TAX/PARCEL #: 195-212-16
STREET ADDRESS: 5319 Turkey OAK Dr
CITY: MINT HILL
STATE: NC ZIP
SUBDIVISION OR MOBILE HOME PARK NAME: Fairington Oaks
LOT #: 71
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 (
☑ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: 4[illegible]
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☑ BASEMENT W/ NO PLUMBING

Site $100.00 Consultation Visit 2/23/06 V.W. Charged Acct # 32342

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED 5 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE 6
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☑ MUNICIPAL (M) ☐ PUBLIC (O) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER SPRINGS (J)

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, SINKHOLES ☐ YES ☑ NO
EXISTING WASTEWATER SYSTEMS ☐ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS ☐ YES ☑ NO
WELLS, SPRINGS OR WATER LINES ☐ YES ☐ NO
DESIGNATED WETLANDS ☐ YES ☐ NO
GRADING/SEPTIC REMOVAL PERFORMED ☐ YES ☐ NO

PROPERTY OWNER:

NAME: Fairington OAKS L.L.C.
ADDRESS: 1518 EAST 3rd St.
CITY: Charlotte
STATE: NC ZIP: 28204
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-401-8599 FAX: 704-573-0770

AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Millenaar John
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-634-4355

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 the application is falsified or changed. The undersigned owner or legal agent for the owner of the property described above as the "site 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.

2-14-06
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 the application is falsified or changed. The undersigned owner or legal agent for the owner of the property described above as the "site 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-[illegible]

Jeff Ellis 704 401-8599 VM JM

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

Sheet: 1 of 2
Property ID # 195-202-16
Lot #: 71
File #: 5947B
Code: 2

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Fairington Oaks LLC
Address: 1513 East 3rd St., Charlotte, N. C., 28204
Proposed Facility: Residence Design Flow (.1949): 600gpd
Location of Site: 5319Tturkey Oak Drive
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

Applicant:
Date Evaluated: 7/5/05, 2/23/06
Property Size: .83a
Property Recorded:

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 Structure/ Texture	SOIL MORPHOLOGY 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, 6	0-6	GR/CL	FR/SEXP/SS/SP	2.5Y7/1 at 30"	32+	N/A	NONE	US
		6-9	GR/SL	FR/SEXP/NS/NP					
		9-20	SBK/CL	FR/SEXP/SS/SP					
		20-25	SBK/C	FI/SEXP/S/P					
		25-32	SBK/ABK/C	VFI/EXP/VS/VP					
2	LS, 8	0-5	GR/CL	FR/SEXP/SS/SP	2.5Y7/1at 29"	31+	"	"	US, IV .2GPD/FT^2
		5-31	ABK/SBK/C	FI/SEXP/S/P					
3	"	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV .25GPD/FT^2
		6-48	ABK/SBK/C	FI/SEXP/S/P					
4	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	PS, IV .275GPD/FT^2
		5-48	SBK/AB/C	FI/SEXP/S/P					
5	"	0-9	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	PS, IV .25GPD/FT^2
		9-48	ABK/SBK/C	FI/SEXP/S/P					
	PITS DUG	2-23-06	FOR DRIP	REPAIR AREA					
A	LS, 5	0-7	GR/CL	FR/SEXP/SS/SP	2.5Y7/1at 20"	>20"	N/A	NONE	US, III .1GPD/FT^2
		7-20	SBK/SCL	"					
B	"	0-4	GR/CL	"	2.5Y7/1 at 23"	>23"	"	"	"
		4-23	SBK/SCL	"					
	"	0-3	GR/SCL	"	2.5Y7/1 at 19"	>19"	"	"	"
		3-19	SBK/SCL	"					

Description	Initial System	Repair System
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.25GPD/FT^2	.25GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 7/6/05, 2/23/06 W. R. Marlin
Others Present: W. Overby, 2/23/06

E

COMMENTS:
100% repair

Sheet: 2 of 2
FILE #: 5947B

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	

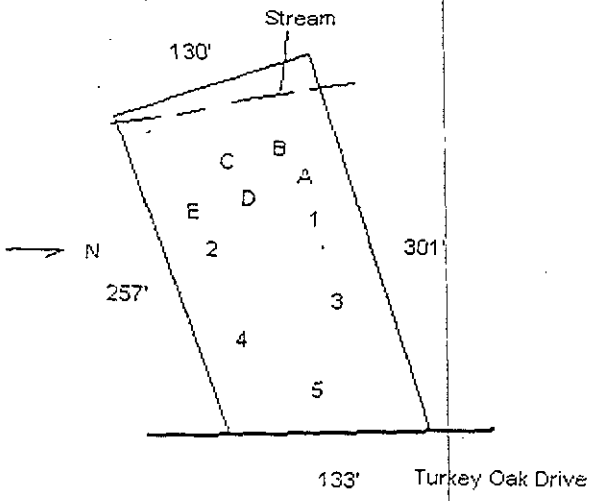
Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

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

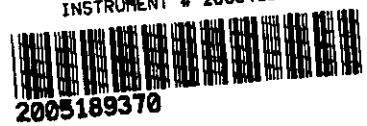
Sketch of Soil Evaluation Locations



Lot 71

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2005 SEP 26 02:34 PM
BK:19388 PG:462-465 FEE:$20.00

INSTRUMENT # 2005189370



2005189370

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 # 5947B
PARCEL # 19521216

The undersigned, 53, owner of property located at 5319 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 Whitehead
Mail after recording to: 10150 Mallard Creek Rd, Suite 106
Charlotte, NC 28262

ATTEST:

Janice Kezian

Asst Secretary

(Corporate Seal)

McCAR DEVELOPMENT CORP. 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 Kezian personally came before me this day and acknowledged that She is Asst. Secretary of McCar Homes-Charlotte, LLC f/k/a NUDC 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 Kezian 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

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Filed For Registration: 09/26/2005 02:34 PM

Book: RE 19388 Page: 462-465

Document No.: 2005189370

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 September 2005

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

****

2005189370

X32342

FEE: 300.00
DATE: 9/27/05
JKA

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS

PERMIT NUMBER: 5947B
PARCEL NUMBER: 195~~-202-16~~ 212-16

WD 148018

JOB LOCATION ADDRESS: 5319 TURKEY OAK DRIVE LOT 71
PROPERTY OWNER: FARRINGTON OAKS LLC
BUILDING CONTRACTOR: TONY WHITEHEAD
SUBDIVISION NAME: FARRINGTON OAKS
AUTHORIZATION ISSUED BY: PHILO WALKER DATE: 09/21/05

Philo S 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 5947B, 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

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

Sheet: 1 of 2
Property ID # 195-202-16
Lot #: 71
File #: 5947B
Code: 2

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Fairington Oaks LLC
Address: 1513 East 3rd St., Charlotte, N. C., 28204
Proposed Facility: Residence Design Flow (.1949): 600gpd
Location of Site: 5319Tturkey Oak Drive
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

Applicant:
Date Evaluated: 7/5/2005
Property Size: .83a
Property Recorded:

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, 6	0-6	GR/CL	FR/SEXP/SS/SP	2.5Y7/1 at 30"	32+	N/A	NONE	US
		6-9	GR/SL	FR/SEXP/NS/NP					
		9-20	SBK/CL	FR/SEXP/SS/SP					
		20-25	SBK/C	FI/SEXP/S/P					
		25-32	SBK/ABK/C	VFI/EXP/VS/VP					
2	LS, 8	0-5	GR/CL	FR/SEXP/SS/SP	2.5Y7/1at 29"	31+	"	"	US, IV .2GPD/FT^2
		5-31	ABK/SBK/C	FI/SEXP/S/P					
3	"	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV .25GPD/FT^2
		6-48	ABK/SBK/C	FI/SEXP/S/P					
4	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	PS, IV .275GPD/FT^2
		5-48	SBK/AB/C	FI/SEXP/S/P					
5	"	0-9	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	PS, IV .25GPD/FT^2
		9-48	ABK/SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.25GPD/FT^2	.25GPD/FT^2

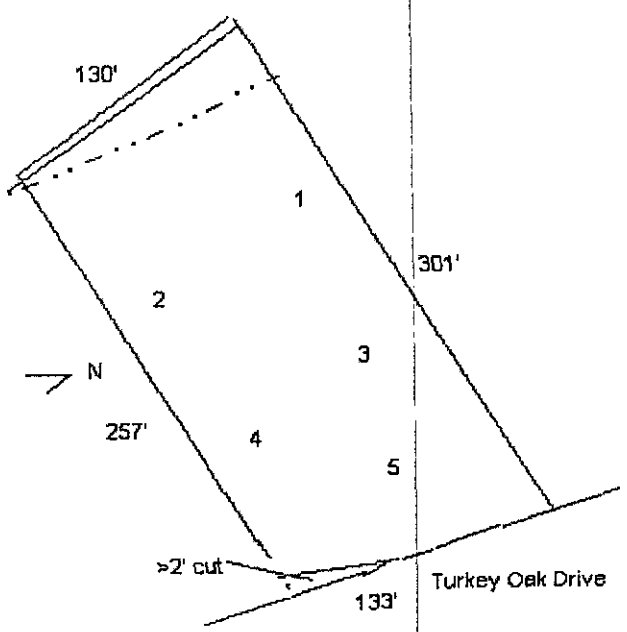
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 7/6/2005, W. R. Marlin
Others Present:

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



GWS – RES. APP 12/04

SEPTIC FEE: 200.00 #3334
DATE: 2/16/05
CRT:

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 # 5347B

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 #: 195-202-16
STREET ADDRESS: 5319 TURKEY OAK DR.
CITY: MINT HILL
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 71
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: FARRINGTON OAKS LLC
NAME:
ADDRESS: 1513 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:
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? 2/1/05

*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

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

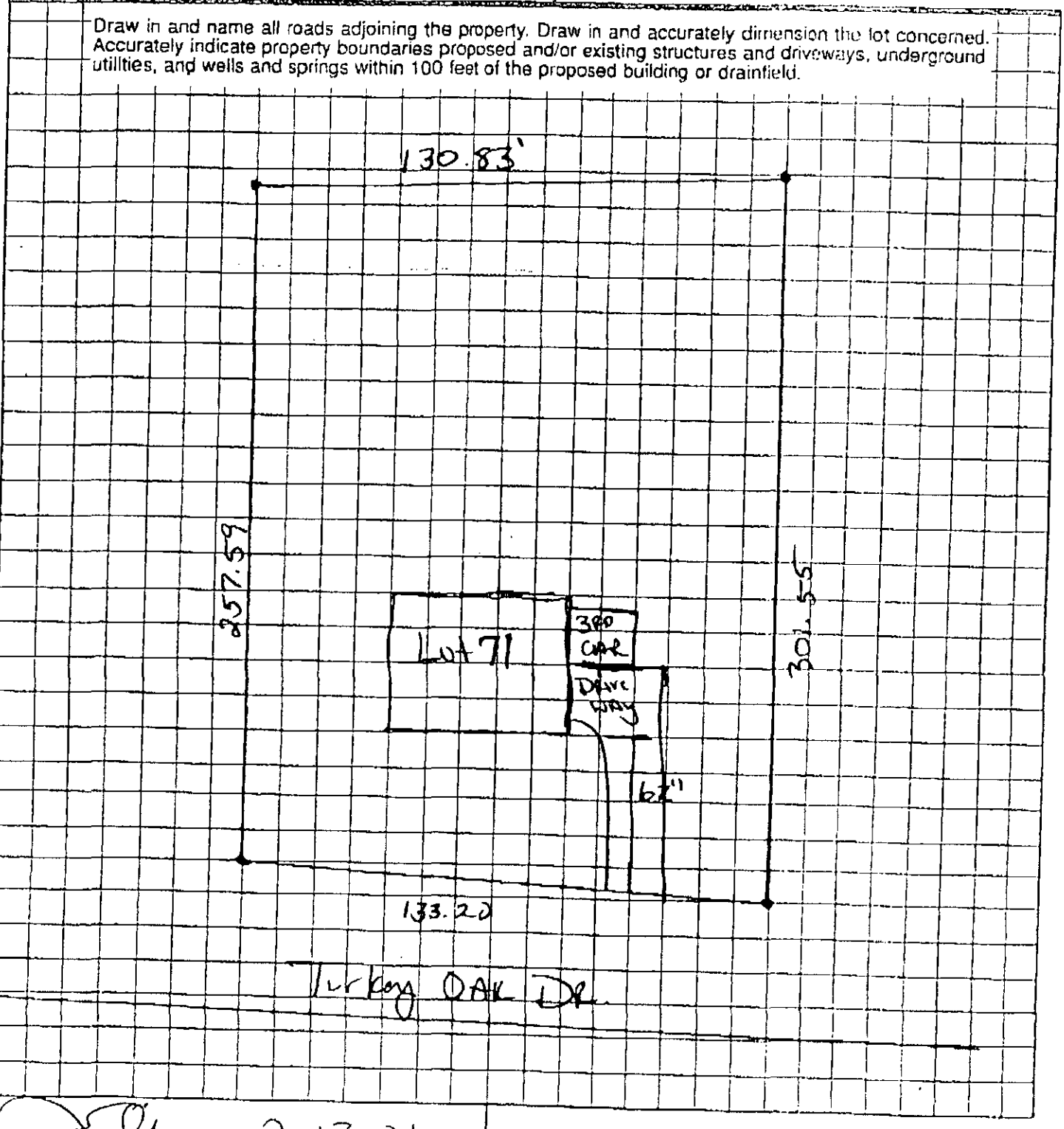
PROPOSED PLOT PLAN

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

FILE: 5947B

TC: 195-212-16

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.



OWNER/AGENT SIGNATURE 2-13-06

DATE 2-13-06

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

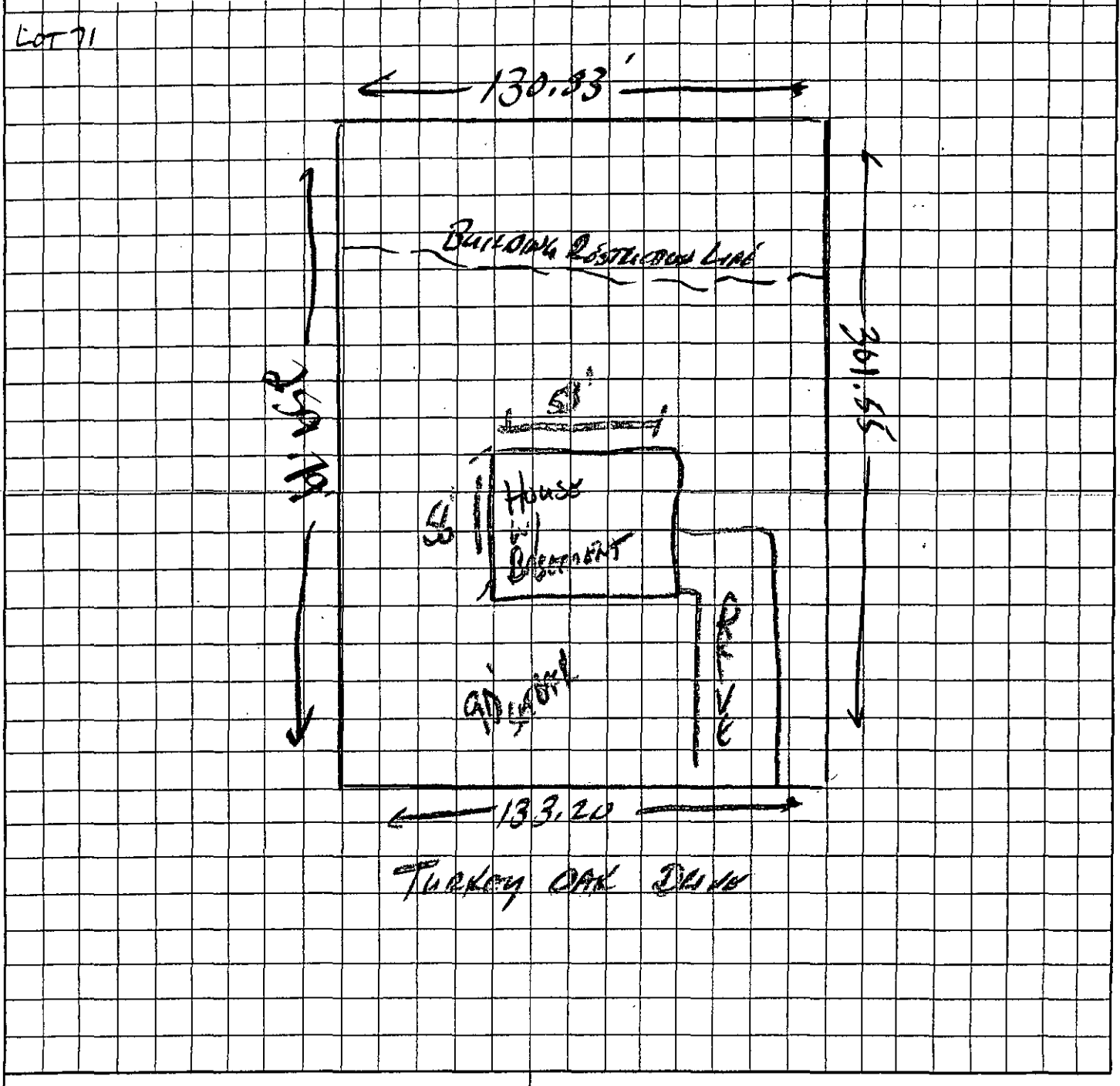
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PHONE (704) 336-5103

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APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE 1-17-04

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

GWS – RES. APP 12/04

SEPTIC FEE: 240.00 #32342
DATE: 2/16/05
CRT [ ]

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 # 5947B

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

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

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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)

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EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☐ NO

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NAME:
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2/16/05
Owner's/Agent's Signature Date

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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
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