

6426 BASCALE LN

19507323

1/11/2008

duponbj

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

EHS PW

Reviewer CO

64'73 County Permit Review Worksheet

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?	✓									
.1940 (a-g)	Slope % Recorded?	✓									
.1939 (a)(2)	Texture Class Recorded?	✓									
.1939 (a)(2)	Structure type Recorded?	✓									
.1939 (a)(2)	Consistence Recorded?	✓									
.1939 (a)(2)	Mineralogy Recorded?	✓									
.1939 (a)(3)	Soil Wetness Condition Recorded?	✓									
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?	✓									
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	✓									
.1939 (a)(6)	Sufficient Available Space Recorded?	✓									
.1937(m)	Are the Profile Locations Shown?	✓									
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?	✓									
	Number of auger borings made:	✓									
	Were sufficient auger borings made?	✓									
.1939(d), .1955, .1956, .1957	LTAR	.225									
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial	✓									
.1945(b)	Proposed System Type stated-Repair	✓									
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial	✓									
.1937(g) & .1945(b)	System components shown - Initial	✓									
.1945(b)	Repair area shown	✓									
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?	✓									
.1937 (f)(g)	Is System design consistent with soil/site conditions?	✓									
.1937 (f)(g)	Is the System located in the approved area?	✓									
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?	✓									
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	✓									
.1937(g)	Trench depth indicated?	✓									
.1937(g)	Trench width indicated?	✓									
.1937(g)	Trench length indicated?	✓									
G.S. 130A-336(a)(1)	Proposed/existing well shown?	✓									
G.S. 130A-336(a)(1)	Property line lengths shown?	✓									
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	✓									
	OP										
.1937(i)	System type as described in table V(a) of rule .1961	✓									
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	✓									

If system design is incorrect or inconsistent with site conditions, indicate why for each below

10:00

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 #: 6917B Permit #: 30001851 Tax Parcel #: 195-073-23

Property Owner: Schreiner Development, LLC

Job Location Address: 6426 Bascale Ln. Lot #22 Cheval-Bain Farm PH1

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 9-20-07 Contractor Name: R+H

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons DP-1500 STB-444 5-27-07

Liquid Capacity of Dosing Tank: ~~1000~~ N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 533 feet

# of Lines: 5 @ 106 feet

Depth of Media: ~~24~~ 12 inches (Type) Quick 4 Chambers

Depth of Cover: 24 inches

Distribution Device: D-Box

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: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

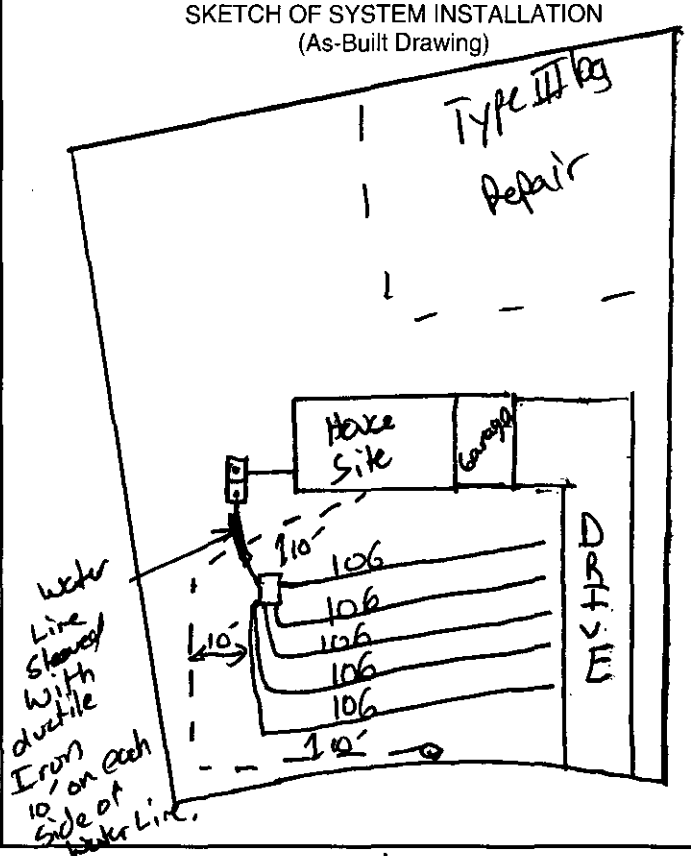
Inspection Dates

Tank(s) Inspected: 9-20-07

Excavation Inspected: 9-20-07

Pump & Controls Inspected: N/A

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: III g

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

9/21/07

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 #: 6917B Permit #: 30001851 Tax Parcel #: 195-073-23

Property Owner: Schreiner Development, LLC

Job Location Address: 6426 Bascale Ln. Lot #22

City: Charlotte State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: III g

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Jeremy Michael Date: 9-20-07

Signature: Jeremy Michael

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6917B Permit #: 30001851 Tax Parcel #: 195-081-06

Property Owner: _____

Job Location Address: 6426 BASCALE LN. LOT 22 BAIN FARM

City: CHARLOTTE State: NC Zip Code: _____

Installation Approval Issuance Date: 9-17-07

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 10-17-07, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

Site LTAR: .225 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 583 feet

# of Lines: 5 @ 106 feet

Depth of Media: 12 inches (Type) 25% Reduction

Distribution Device: D-Box

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

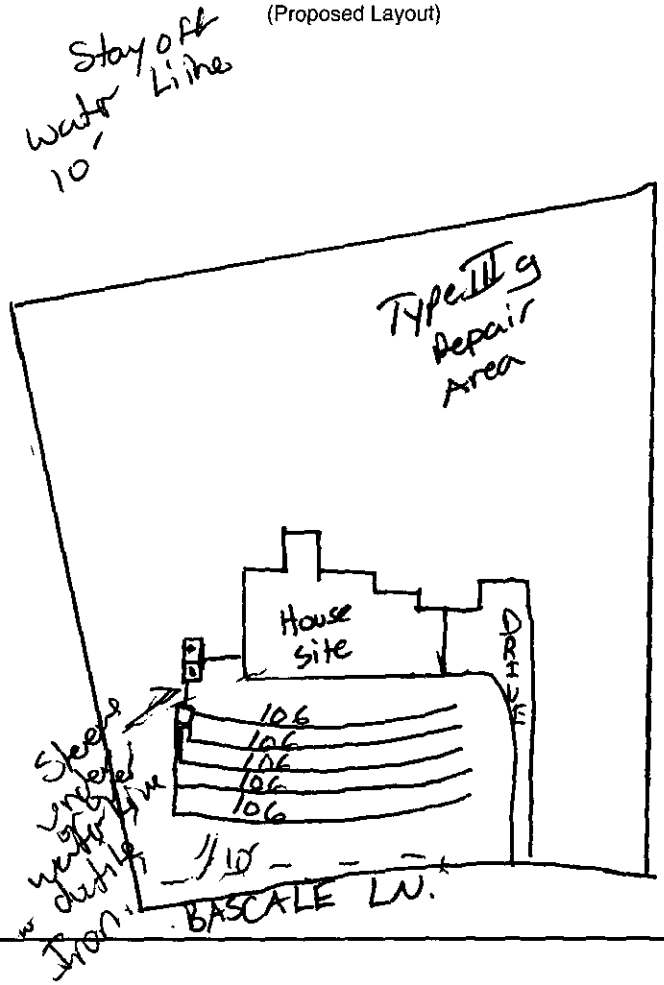
Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III g

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/29/07
Receipt #: 49905
Check / Auth #: CHECK 1900
Received By: AIDOOJK

Amount: 150.00
Tendered: 150.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: SCHREINER DEVELOPMENT
Attn:
Address: 403 GILEAD ROAD S-H
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 6426 BASCALE LANE		1	150.00	150.00

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/29/07	**Amount:**	150.00
Receipt #:	49904	**Tendered:**	150.00
Check / Auth #:	CHECK 1900	**Returned:**	0.00
Received By:	AIDOOJK		

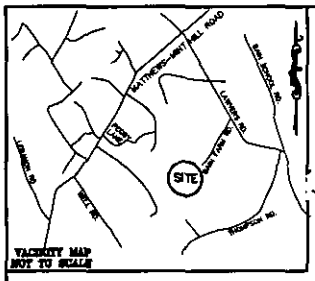
Account Information

Account #:	200000
Contractor:	SCHREINER DEVELOPMENT
Attn:	
Address:	403 GILEAD ROAD ST H
Address:	
City/State/Zip:	HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 6426 BASCALE LANE		1	150.00	150.00

Outstanding Balances

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



NOTE:
CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING FIELD VERIFICATION OF FOUNDATION DIMENSIONS PRIOR TO SLAB CONSTRUCTION. THE HOME DIMENSIONS SHOWN ARE USED FOR FIELD STAKING BY THE ISAACS GROUP ARE BASED UPON THE BUILDING FOUNDATION DESIGN PROVIDED BY THE BUILDER. THE ISAACS GROUP IS NOT RESPONSIBLE FOR DIMENSIONAL ERRORS ON HOME CONSTRUCTION DOCUMENTS. ALL PLANS ARE DRAWN UP AND STAKED PER THE FOUNDATION PLAN PROVIDED.

COMMENTS 4 Bedroom Residence
-25LTAR) 1500 ST, Approved Accepted (25% Reduction Approved)
5 lines @ 140' long @ 3' wd 5.0 LF
Municipal Water, 25% Reduction
Repair Approval, 85' from front house
Corner to front property line. Driveway may need to be adjusted toward right property line

LOT 25

239.04'

S27°15'39"W

Type IIIbg Repair Area

LOT 22
45,352 SQ. FT.
1.041 ACRES

40' REARYARD

20' SIDEYARD

216.58'

N44°31'42"W

1500 GAL Septic Tank

THE SIENA
4 Bearoom

1 CAR

2 CAR

PROPOSED DRIVE & WALK

LOT 21

LOT 23

268.18'

S64°47'25"E

D-Box

5 lines @ 140' 85'

60' SETBACK

SIDEWALK EASEMENT

C93
155'

N49°30'01"E 56.39'

BASCALE LANE
60' PUBLIC R/W

CURVE TABLE

CURVE	RADIUS	LENTH	CHORD	BEARING
C93	230.00	97.51'	96.78'	N37°21'18"E

GRAPHIC SCALE
40 0 20 40 80
1 INCH = 40 FEET

THE ISAACS GROUP
CIVIL ENGINEERING DESIGN AND CONSULTING
8720 RED OAK BLVD., SUITE 420
CHARLOTTE, N.C. 28217
PH. (704) 527-3440 FAX (704) 527-8335

THIS IS TO CERTIFY THAT THE PROPERTY SHOWN ON THIS PLAT IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, COMMUNITY NUMBER 370539-0231-E. DATED FEBRUARY 4, 2004.

PLOT PLAN OF

6426 BASCALE LANE
LOT 22, BAIN FARM, PHASE 1, MAP 1
MORNING STAR TOWNSHIP, MECKLENBURG COUNTY
NORTH CAROLINA
OWNER: THE SCHREINER GROUP
APPROVED ☐ REVISE ☐ MB. NOT PG. RECORDED

Date: 1/8/07
File #: Lot 22.dwg
Project Plt: SSD
Drawn By: CEC
Surveyed By: ---
Scale: 1"=40'

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

LD 2231667

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001851** GWS File #: **6917B** Tax Parcel #: **195-081-06**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 3/27/2012

Type of Installation: Residential - New System Lot Number: 65

Structure Type: HOUSE Size (ft^2): 4314 # Bedrooms: 4 # Occupants: 40

Building Foundation: Concrete Slab Water Supply: Municipal

II. Initial System Type: Approved Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.225	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1600	Total Trench Length (ft):	533
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Pump to Approved Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.225	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1600	Total Trench Length (ft):	533
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Philo Walker

Signature: Philo S. Walker RS

Date Issued: 3/27/2007

Owner/Legal Agent: Teon Williams
Print Name

Signature:

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001851** GWS File #: **6917B**

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an *IMPROVEMENT PERMIT* for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Philo Walker

Signature: Philo S. Walker RS

Date Issued: 3/27/2007

Owner/Legal Agent: Trey Williams
Print Name

Signature:

DATE: 1/26/2007 PERMIT NUMBER: _____

TO: CHARLOTTE-MECKLENBURG CODE ENFORECEMENT

FROM: MECKLENBURG COUNTY GIS JURISDICTION: MINT

195-073-23

PARCEL NUMBER

6426 BASCALE LN

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

BAIN FARM PH1

PROJECT NAME (IF APPLICABLE)

Remarks: ADDRESS VERIFIED-SINGLE FAMILY CONST ONLY

Signed: _____

Addressing Verification Form Disclaimer Statement

The party indicated on this application shall be responsible for maintaining this address throughout the life of the project from plan submittal through final C/O. The contents of this form reflect information provided by the party listed on this form.

Incorrect information may result in delays in getting final approval of permits and the final C/O.

Special Circumstances: If a temporary address is being verified for the purposes of Plan Review, the responsible party will be required to obtain and submit a new form verifying the permanent address prior to issuance of the permit.

Name (please print) _____

Company _____

Company Address _____

_____

Telephone # _____

Signature _____

Date _____

Revised Oct-2005

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

Sheet: 1 of 2
Property ID: 195-073-23
Lot #: 22
File #: 6917B
AppID: 1851

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Schreiner Development LLC
Applicant:
Address: 403 Gilead Road, Huntersville, N. C. 28078
Date Evaluated: 3/13/07
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 1.04a
Location of Site: 6426 Bascale Lane
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-4	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV .275GPD/FT^2
		4-12	SBK/SCL	"					
		12-48	SBK/ABK/C	FI/SEXP/S/P					
2	"	0-14	GR/SCL	FR/SEXP/SS/SP	>47" TO SOIL WETNESS	47+	"	"	US, IV .225GPD/FT^2
		14-30	SBK/ABK/SC	FI/SEXP/S/P					
		30-47	PL/ABK/C	"					
3	"	0-10	GR/SL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49+	"	"	PS, IV .225GPD/FT^2
		10-37	SBK/ABK/C	FI/SEXP/S/P					
		37-49	PL/ABK/C	"					
4	"	0-3	GR/SCL	FR/SEXP/SS/SP	>52" TO SOIL WETNESS	52+	"	"	US, IV .225GPD/FT^2
		3-16	SBK/SCL	"					
		16-32	SBK/ABK/C	FI/SEXP/S/P					
		32-52	PL/ABK/C	"					
5	"	0-6	GR/SCL	FR/SEXP/SS/SP	>51" TO SOIL WETNESS	51+	"	"	"
		6-10	SBK/SCL	"					
		10-32	ABK/SBK/C	FI/SEXP/S/P					
		32-51	PL/ABK/C	"					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	Type IIIg	Type IIIbg
Site LTAR	.225	.225

Other Factors (.1946):
Soil Evaluation By: W. R. Martin, LSS, 3/15/2007, W. R. Martin
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

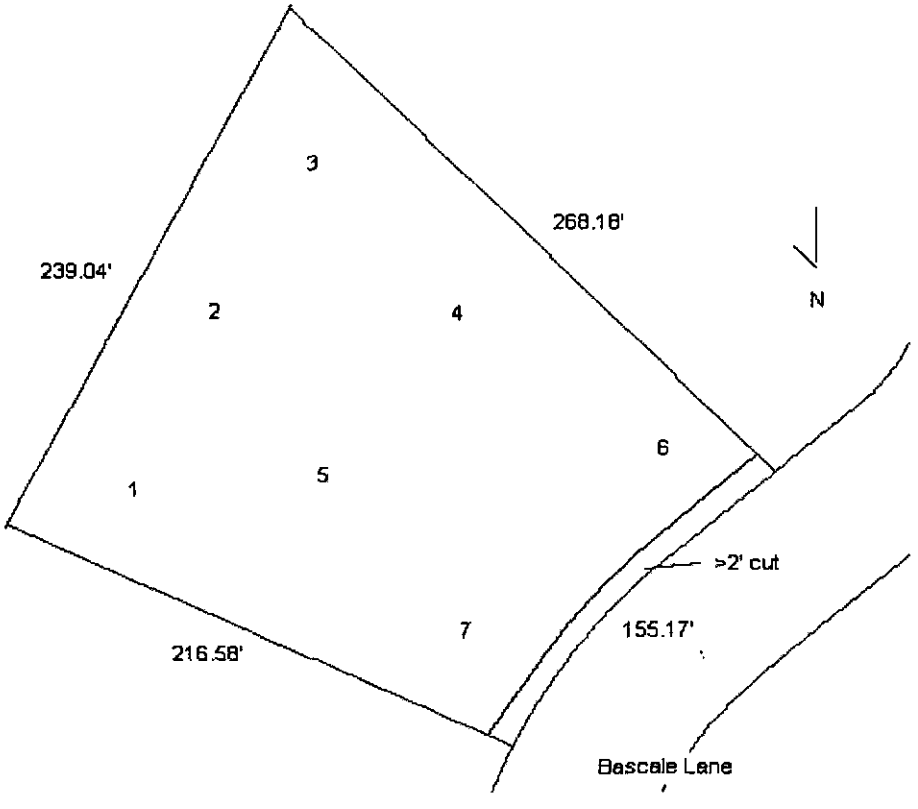
COMMENTS:

100% repair, place drainlines shallow

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-Foot 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				
FP-Flood Plain		CL-Clay Loam		
		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



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

Sheet: 3 of 3
File #: 6917B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

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
6	LS, 7	0-3	GR/SCL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	50+	N/A	NONE	US, IV .225GPD/FT^2
		3-10	SBK/SCL	"					
		10-24	SBK/ABK/C	FI/SEXP/S/P					
		24-32	PL/ABK/C	"					
		32-50	SBK/ABK/C	"					
7	"	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	"	"	PS, IV .275GPD/FT^2
		6-14	SBK/SCL	"					
		14-48	SBK/ABK/C	FI/SEXP/S/P					
					SITE LTAR .225GPD/FT^2				

FILE NUMBER: 6917B

Revised On: January 3, 2007

APPLICATION NUMBER: 1851

SEPTIC FEE: 200.00
DATE: 1/26/07
#36572

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

WELL FEE: _____
DATE: _____

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 195-073-23
STREET ADDRESS: 6426 BASCALE LN
CITY: MINT HILL
STATE: NC ZIP:
SUBDIVISION NAME: ~~Chestnut~~ Bain Farm PH1
LOT #: ~~26~~ 65 LOT SIZE (acres):
TOWNSHIP:

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

4. **BUILDING INFORMATION:**

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE: 4,314
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

FOUNDATION TYPE:

☒ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ☒ MUNICIPAL ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

	☐ ANY TYPE	☐ CONVENTIONAL	☐ ACCEPTED	☐ INNOVATIVE	☐ ALTERNATIVE	☒ OTHER TYPE 3 (25% REDUCTION)
8A. RANK:		2				1

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☑ NO	JURISDICTIONAL WETLANDS	☐ YES ☑ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES ☑ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☑ YES ☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☑ NO

10. **PROPERTY OWNER:**

NAME: SCHREINER DEVELOPMENT, LLC
ADDRESS: 403 GILEAD RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
HOME PHONE: WORK PHONE: 704-766-2550
MOBILE PHONE: FAX: 704-766-2551

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

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

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____

13 ***WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?*** _____

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are *granted right of entry* to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

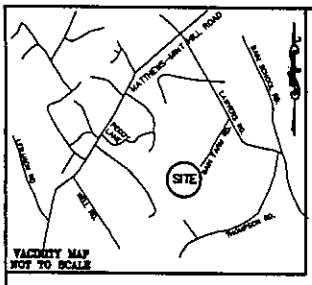
[signature] 1/25/07
Property Owner's or Owner's Legal Representative Signature Date

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

_____
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☑ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

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



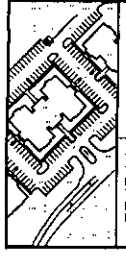
NOTE:
CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING FIELD VERIFICATION OF FOUNDATION DIMENSIONS PRIOR TO SLAB CONSTRUCTION. THE HOME DIMENSIONS SHOWN ARE USED FOR FIELD STAKING BY THE ISAACS GROUP ARE BASED UPON THE BUILDING FOUNDATION DESIGN PROVIDED BY THE BUILDER. THE ISAACS GROUP IS NOT RESPONSIBLE FOR DIMENSIONAL ERRORS ON HOME CONSTRUCTION DOCUMENTS. ALL PLANS ARE DRAWN UP AND STAKED PER THE FOUNDATION PLAN PROVIDED.

BASCALE LANE
60' PUBLIC R/W

GRAPHIC SCALE
40 0 20 40 80
1 INCH = 40 FEET

CURVE TABLE

CURVE	RADIUS	LENTH	CHORD	BEARING
C93	230.00	97.51'	96.78'	N37°21'18"E



THE ISAACS GROUP
CIVIL ENGINEERING DESIGN AND CONSULTING
8720 RED OAK BLVD., SUITE 420
CHARLOTTE, N.C. 28217
PH. (704) 527-3440 FAX (704) 527-8335

THIS IS TO CERTIFY THAT THE PROPERTY SHOWN ON THIS PLAT IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, COMMUNITY NUMBER 370539-0231-E, DATED FEBRUARY 4, 2004.

PLOT PLAN
OF

6426 BASCALE LANE
LOT 22, BAIN FARM, PHASE 1, MAP 1
MORNING STAR TOWNSHIP, MECKLENBURG COUNTY
NORTH CAROLINA
OWNER: THE SCHREINER GROUP

APPROVED ☐ REVISE ☐ MB. NOT PG. RECORDED

Date:	1/8/07
File #:	Lot 22.dwg
Project Plr:	SSD
Drawn By:	CEC
Surveyed By:	---
Scale:	1"=40'

EHS PW

Reviewer KC

64'73 County Permit Review Worksheet

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?	✓									
.1940 (a-g)	Slope % Recorded?	✓									
.1939 (a)(2)	Texture Class Recorded?	✓									
.1939 (a)(2)	Structure type Recorded?	✓									
.1939 (a)(2)	Consistence Recorded?	✓									
.1939 (a)(2)	Mineralogy Recorded?	✓									
.1939 (a)(3)	Soil Wetness Condition Recorded?	✓									
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?	✓									
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	✓									
.1939 (a)(6)	Sufficient Available Space Recorded?	✓									
.1937(m)	Are the Profile Locations Shown?	✓									
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?	✓									
	Number of auger borings made:	✓									
	Were sufficient auger borings made?	✓									
.1939(d), .1955, .1956, .1957	LTAR	.225									
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial	✓									
.1945(b)	Proposed System Type stated-Repair	✓									
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial	✓									
.1937(g) & .1945(b)	System components shown - Initial	✓									
.1945(b)	Repair area shown	✓									
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?	✓									
.1937 (f)(g)	Is System design consistent with soil/site conditions?	✓									
.1937 (f)(g)	Is the System located in the approved area?	✓									
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?	✓									
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	✓									
.1937(g)	Trench depth indicated?	✓									
.1937(g)	Trench width indicated?	✓									
.1937(g)	Trench length indicated?	✓									
G.S. 130A-336(a)(1)	Proposed/existing well shown?	✓									
G.S. 130A-336(a)(1)	Property line lengths shown?	✓									
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	✓									
	OP										
.1937(i)	System type as described in table V(a) of rule .1961	✓									
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	✓									

If system design is incorrect or inconsistent with site conditions, indicate why for each below