Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7740B WASPS App #: 3477

Primary ES assigned to project: CS

Secondary ES assigned to project:

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

1. 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: 4 Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR .3	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:

IP - 7740 B
IA - 11/24/08
OP - 12/1/08

IA issued date: 11.24.08

OP issued date: 12-1-08

Review performed by: KR Date performed: 7.22.08

BM

FILE NUMBER: 7740B

Revised On: August 31, 2007

APPLICATION NUMBER: 3477

SEPTIC FEE: 200.00
DATE: 4-24-08
MC appr-049566

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 Existing well

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 113-381-04
STREET ADDRESS: 6747 Timathoe LANE
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME:
LOT #: 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: 2532
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2
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
8A. RANK:		1	3	2	4	

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 (SEPTIC) 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: Mavis Bullock
ADDRESS: 6751 Timathoe Lane
CITY: Charlotte
STATE: N.C. ZIP: 28278
HOME PHONE: 704-588-4627 WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Chuck Averitt
ADDRESS: 5500 Dixie River Rd
CITY: Charlotte
STATE: N.C. ZIP: 28278
HOME PHONE: 704-504-0192 WORK PHONE:
MOBILE PHONE: 704-907-9983 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.

Chuck Averitt 4/24/08
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

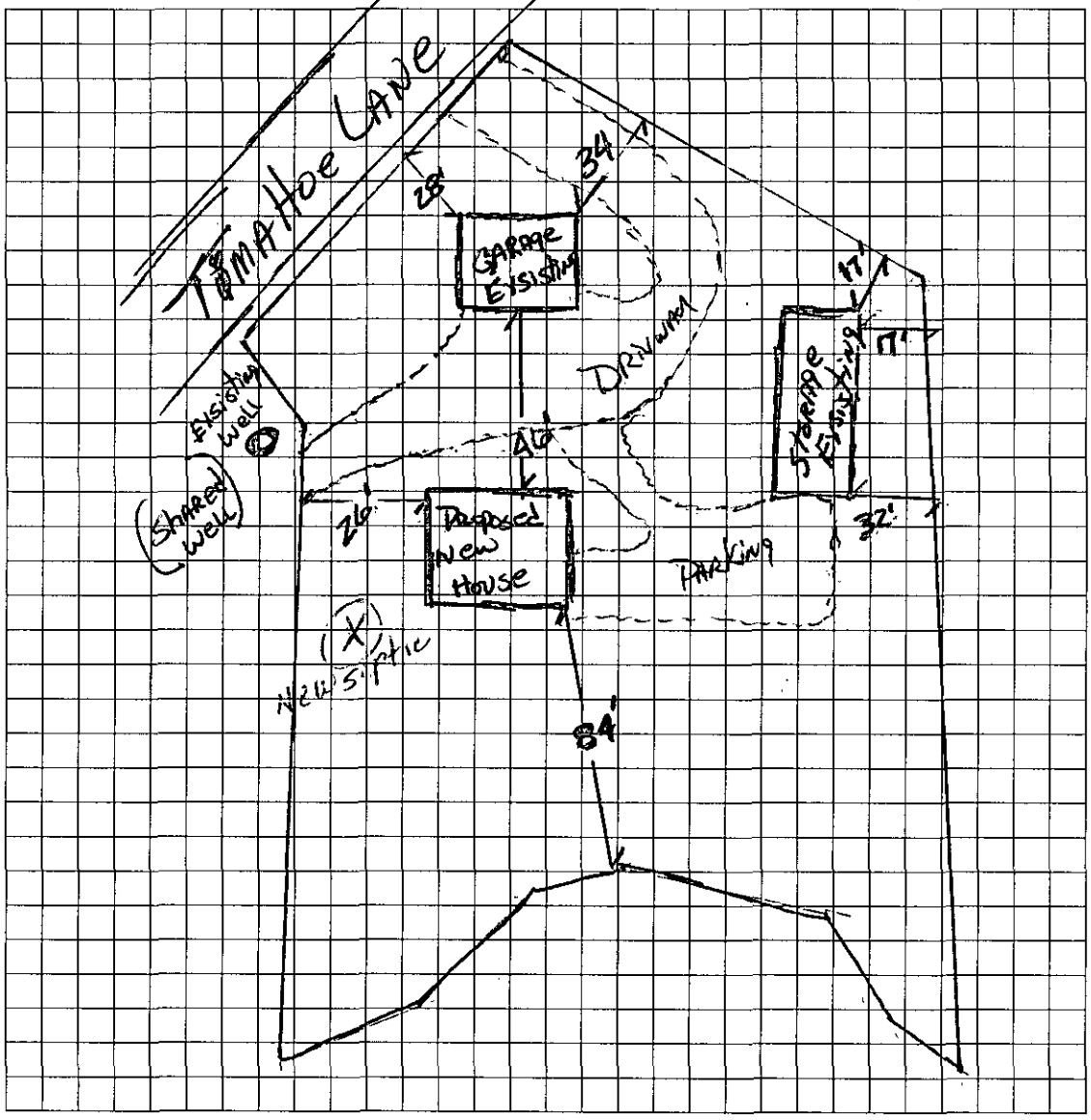
MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

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

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature Chuck Cuan II

Date 4/24/08

LBC 12/15/04

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

Sheet: 1 of 2
Property ID: 113-311-04
Lot #: 3A
File #: 7740B
AppID: 3477

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Mavis Bullock
Applicant: Chuck Averitt
Address: 6751 Timahoe Lane, Charlotte, N. C. 28278
Date Evaluated: 4/29/2008
Proposed Facility: Residence
Design Flow (.1949) 240gpd
Property Size: .89a
Location of Site: 6747 Timahoe Lane
Property Recorded:
Water Supply: [ ] Public [ ] Individual [x] Well- shared [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	HS, 15	0-8	GR/SCL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	N/A	NONE	PS, IV
		8-46	SBK/SC	FI/SEXP/S/P					.3GPD/FT^2
2	HS, 20	0-7	GR/SCL	FR/SEXP/SS/SP	>36" TO SOIL WETNESS	36	"	"	"
		7-36	SBK/C	FI/SEXP/S/P					
AREA	IN FRONT OF HOUSE	APPEARS TO	BE DISTURBED		SITE LTAR .3GPD/FT^2				
3	HS, 15	0-4	GR/CL	FR/SS/SP/SEXP	>42" TO SOIL WETNESS	42	"	"	"
		4-28	SBK/C	FI/S/P/SEXP					
		28-42	SBK/CL	FR/S/P/SEXP					
		42+	M/SAP						
4	"	0-3	GR/CL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48	"	"	"
		3-48	SBK/C	FI/S/P/SEXP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IV a
Site LTAR	.3 GPD/FT2	.3 GPD/FT2

Other Factors (.1946): Landscape to divert surface water
Soil Evaluation By: W. R. Marlin, LSS, 4/30/2008,
Others Present: Chuck Averitt
Site Classification (.1948): PS
Site Evaluation By: CS
Others Present: None

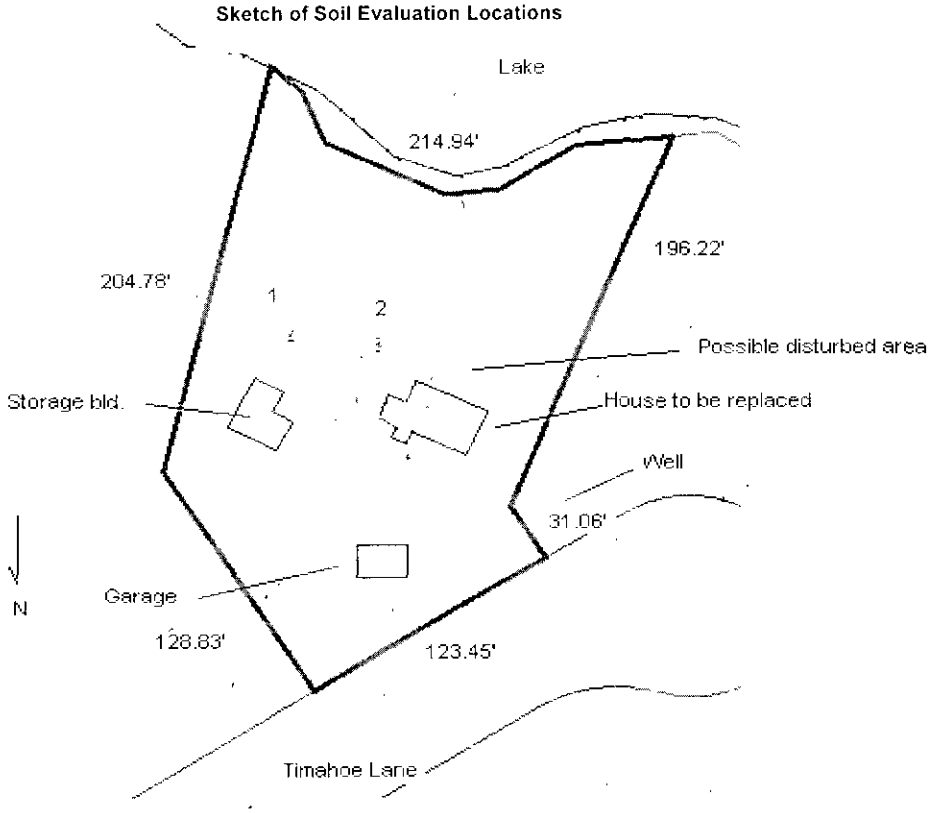
COMMENTS:

100% repair, unable to locate existing system, existing house to replaced, need pit evaluation if area adjacent to lake side of house needs to be considered for drainfield installation

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



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 #: **30003477** GWS File #: **7740B** Tax Parcel #: **113-311-04**

- 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):** 7/21/2013

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2532 # Bedrooms: 2 # Occupants: 2

Building Foundation: Basement With Plumbing Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	400	Total Trench Length (ft):	133
Maximum Trench Depth (in):	30	Depth of Media (in):	24	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Chris Sherrill Owner/Legal Agent: Chuck Merritt
Print Name

Signature: Chris Sherrill Signature: Chuck Merritt

Date Issued: 7/21/2008

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30003477 GWS File #: 7740B

IV. Permit Conditions/Comments:

- All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to issuance of an Operation Permit.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- Landscape to divert surface water.

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

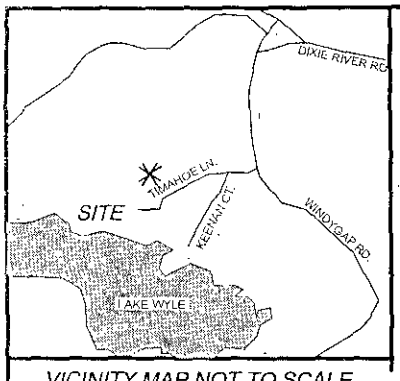
- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT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

DENR Authorized Agent: Chris Sherrill Owner/Legal Agent:

Signature: Signature:

Print Name

Date Issued: 7/21/2008



VICINITY MAP NOT TO SCALE

TIMAHOE LANE
60' PUBLIC R/W

LEGEND:

- O IRON PINS
- IPF IRON PIN FOUND
- (W) WELL

N

REF. PLAT NORTH

N58°03'00"E 158.54'

123.54'

S31°57'00"E 128.83'

IPF

IPF

R/W

R/W

30' SETBACK (M18 PG 47)

GARAGE

CONCRETE DRIVE

L6

83.19'

16.59'

SPLIT LEVEL DWELLING

PROPOSED DWELLING

16.64'

WALL

STORAGE BUILD.

LOD

CHAIN LINK FENCE

REPAIR 10.96'

REPAIR

3' x 80'

3' x 70'

3' x 50'

38.17'

OHU OHU OHU

196.22'

S22°00'00"W

LOT 3B

LOT 3A
38,830 sq. ft.
0.89 acres

DUKE POWER (M18 PG 47)

204.78'

S13°51'00"W

11331103
N/F DANIEL R. & REBECCA STILWELL
DB 19504 PG 800
M40 PG 153

L4 L3

L5

60.00'

N64°43'00"W

43.48'

S84°06'00"W

L2

L1

PROPERTY LINE FOLLOWS 570' CONTOUR
DUKE POWER PROJECT BOUNDARY

- 1" = 40'
- 2BR/240GPD
- LTAR .3 GPD/FT²
- TYPE III, GRAVITY 25% INITIAL
- 1500 GAL ST
- INSTALL 3 LINES @ 300' 24" ON CONTOUR
- TYPE IVa PPBPS REPAIR AREA

MAINTAIN SETBACKS:
>10' FROM PROPERTY LINES
>50' FROM EXISTING WELL
>5' FROM FOUNDATIONS
>50' FROM 570' ELEVATION MARK

0 20 40 80
SCALE IN FEET

Christopher M. Shuler 7/21/08

LAKE WYLIE

NOTES:

1. SUBJECT PARCEL: 11331118
2. NO USGS MONUMENT FOUND WITHIN 2000'.
3. AREA COMPUTED BY COORDINATE METHOD.
4. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL EASEMENTS OR RIGHT-OF-WAYS.
5. SUBJECT TRACT IS LOCATED IN A SPECIAL FLOOD ZONE AS PER FEMA FLOOD PANEL 3701580203 E
6. THIS SURVEY IS OF AN EXISTING PARCEL OF LAND AND DOES NOT CREATE

FEE: 400.00
DATE: 7/22/2008

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 7740B

PERMIT NUMBER: 30003477

PARCEL NUMBER: 11331104

JOB LOCATION INFORMATION

ADDRESS: 6747 TIMAHOE LN

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28278

ISSUED TO: MAVIS BULLOCK

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 7/22/2008

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30003477, 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: 7/21/2013

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 #: 7740B Permit #: _____ Tax Parcel #: 113-311-04

Property Owner: MAVIS BULLOCK

Job Location Address: 6741 TIMAHOE LN

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 11/24/08

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 12/27/08, 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: 240 GPD

Site LTAR: 3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: _____ gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 3 @ VAR feet

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: DROP BOXES

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 _____

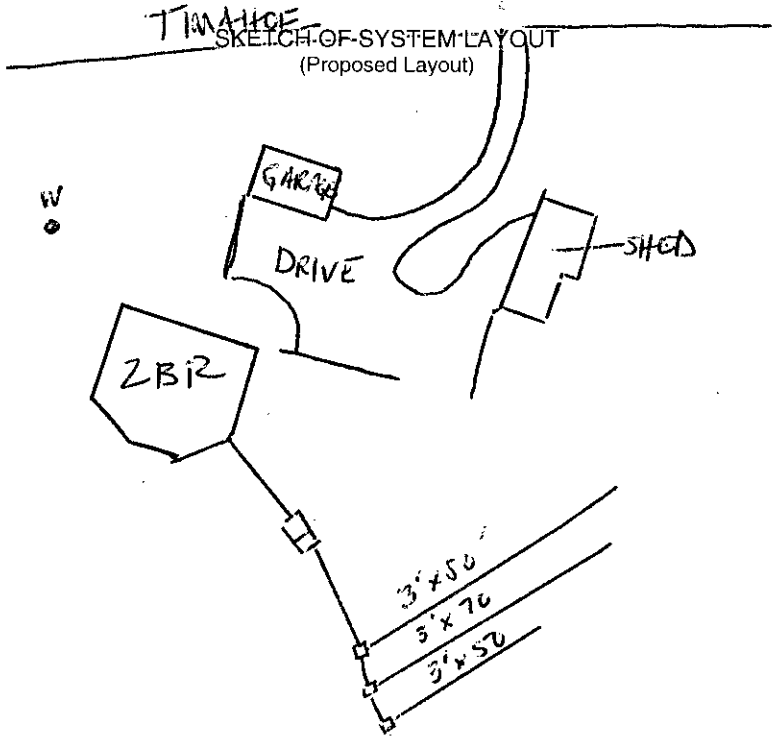
Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIA

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

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 #: 7740B Permit #: _____ Tax Parcel #: 113-311-04

Property Owner: MAVIS BULLOCK

Job Location Address: 6741 Timothee Ln

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: 12/1/08 Contractor Name: AUTRY

Permitted Design Flow: 240 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 24" inches

Trench Width: 3' feet

Line Spacing: 9' feet (O.C.)

Total line length: 200 feet

# of Lines: 3 @ VAR feet E2FLOW1203H

Depth of Media: 12 inches (Type) Type Innovative

Depth of Cover: 6 inches

Distribution Device: Drop boxes

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: 50 feet

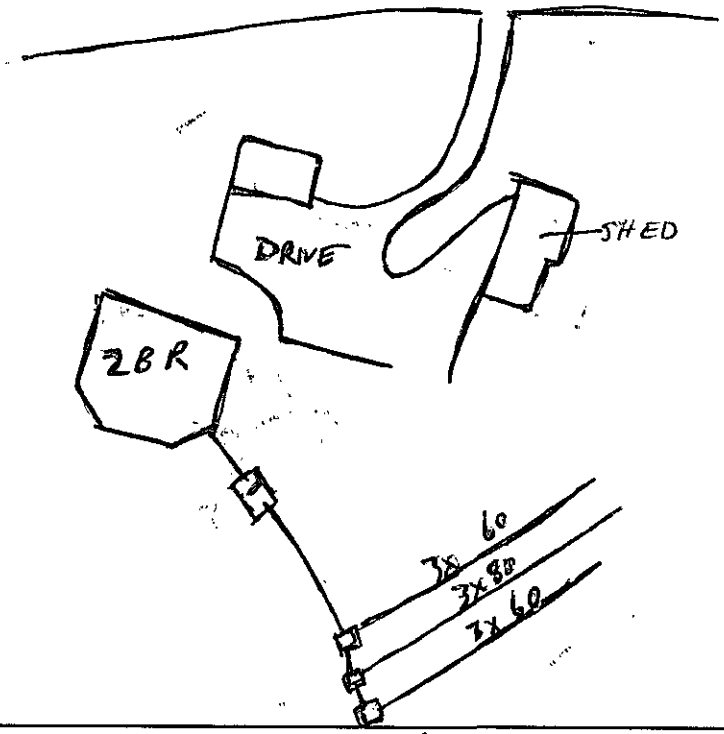
Inspection Dates

Tank(s) Inspected: 12/1/08

Excavation Inspected: 11/26/08

Pump & Controls Inspected: _____

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: Type IIIg E2FLOW 1203H G NA NA

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

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 #: 7740B Permit #: _____ Tax Parcel #: 113-311-04

Property Owner: MAVIS BULLOCK

Job Location Address: 6741 TIMAHOE LN.

City: CHARLOTTE State: NC Zip Code: 28278

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: IIIg

*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: Chris Sherrill, RS, LSS Date: 12/1/08

Signature: Christopher M Sherrill

File #: 7740B
Date: 12/1/08
Inspected By: CMS

Final Inspection Check List

Septic Tank

Tank construction PCC

Septic tank installed in correct orientation and is level? Yes ☑ No ☐

Septic tank is in good condition with no visible defects or leaks? Yes ☑ No ☐

Septic tank stamped with appropriate markings? Yes ☑ No ☐

Id Number: STB-828 Date: 10/16/08 Size: 1500 Gallons

Lids present and in good condition? Yes ☑ No ☐

Tank air vent unobstructed? Yes ☑ No ☐

Baffle wall with 4" opening unobstructed? Yes ☑ No ☐

Effluent filter installed correctly in tank? Yes ☑ No ☐

Outlet pipe has a watertight seal with cast in place boot and clamp? Yes ☑ No ☐

1/8" per ft. of fall on outlet pipe? Yes ☑ No ☐

Risers used appropriately if required? Yes ☑ No ☐

Pump Tank (If Applicable)

Pump tank installed with riser above grade and is level? Yes ☐ No ☐

Pump tank is in good condition with no visible defects or leaks? Yes ☐ No ☐

Inlet pipe properly sealed/grouted? Yes ☐ No ☐

Discharge pipe properly sealed/grouted? Yes ☐ No ☐

Pump tank stamped with appropriate markings? Yes ☐ No ☐

Id Number: _____ Date: _____ Size: _____ Gallons

Lids present and in good condition? Yes ☐ No ☐

Pump installed in tank? Yes ☐ No ☐

Pump Make _____ Model _____

Control floats installed correctly? Yes ☐ No ☐

Check valve installed correctly? Yes ☐ No ☐

Gate valve installed on discharge piping? Yes ☐ No ☐

Discharge pipe size? _____ in.

Nema 4X control panel used? Yes ☐ No ☐

Electrical conduits sealed from gas entry? Yes ☐ No ☐

Distribution Box (If Applicable)

1/8" per ft. of fall on inlet pipe? Yes ☐ No ☐

Distribution box installed at least 2' from septic tank? Yes ☐ No ☐

Distance from tank outlet _____ ft.

Distribution box and lid in good condition? Yes ☐ No ☐

D-box level and stable? Yes ☐ No ☐

Inlet and outlet/s properly sealed and watertight? Yes ☐ No ☐

Speed levels present and adjusted properly? Yes ☐ No ☐

Pressure Manifold (If Applicable)

Manifold material, Schedule _____ PVC

Manifold diameter _____ in.

Size of taps _____ in. / Number of taps _____

Shutoff valves provided for each tap? Yes ☐ No ☐

Cleanout installed and accessible? Yes ☐ No ☐

Access provided to set head pressure? Yes ☐ No ☐

Gate valve installed to regulate flow through manifold? Yes ☐ No ☐

Location of valve: _____

Manifold housed in appropriate enclosure? Yes ☐ No ☐

Manifold installed level and secured to enclosure? Yes ☐ No ☐

Pressure head set to _____ ft.

Drainfield (Conventional)

Number of lines installed _____

Total length of drainline installed _____ft.

Trench width _____ft.

Trench spacing O.C. _____ft.

Trench depth _____in.

Tire Chips Used? Yes ☐ No ☐

Geotextile fabric in place? Yes ☐ No ☐

Depth of stone / tire chips _____in.

Distance from house _____ft.

Distance from property lines: Left _____ft. Right _____ft. Front ____ ft. Rear _____ft.

Distance from well _____ft.

Drainlines installed level and on contour? Yes ☐ No ☐

Drainfield (Innovative 25% Reduction)

Number of lines installed 3

Total length of drainline installed 200 ft.

Trench width 3 ft.

Trench spacing O.C. 9 ft.

Trench depth 24 in.

Protective barrier installed over polystyrene? Yes ☑ No ☐

Distance from house 10+ ft.

Distance from property lines: Left 10+ ft. Right 10+ ft. Front 10+ ft. Rear 10+ ft.

Distance from well 50+ ft.

Drainlines installed level and on contour? Yes ☑ No ☐

Drainfield (PPBPS 50% Reduction)

Number of lines installed _____

Total length of drainline installed _____ft.

Trench width _____ft.

Trench spacing O.C. _____ft.

Trench depth _____in.

6" sand bed on trench bottom? Yes ☐ No ☐

Correct type & amount of sand installed inside panels? Yes ☐ No ☐

Distance from house _____ft.

Distance from property lines: Left _____ft. Right _____ft. Front ____ ft. Rear _____ft.

Distance from well _____ft.

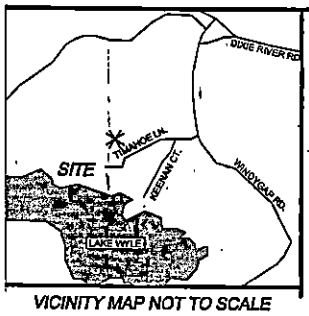
Drainlines installed level and on contour? Yes ☐ No ☐

Grade Shots with Level DRAINFIELD INSP. BY J. JACKSON 11/26/08

Trench #: ___		Trench #: ___		Trench #: ___	
Shot #	Reading	Shot #	Reading	Shot #	Reading

Trench #: ___		Trench #: ___		Trench #: ___	
Shot #	Reading	Shot #	Reading	Shot #	Reading

Trench #: ___		Trench #: ___		Trench #: ___	
Shot #	Reading	Shot #	Reading	Shot #	Reading



VICINITY MAP NOT TO SCALE

LEGEND:

- O IRON PINS
- IPF IRON PIN FOUND
- (N) WELL

TIMAHOE LANE
60' PUBLIC R/W

REF. PLAT NORTH

N58°03'00"E 158.54'
123.54'
S31°57'00"E 128.83'
30' SETBACK (M18 PG 47)
GARAGE
CONCRETE DRIVE
L6
83.19'
16.59'
16.64'
SPLIT LEVEL DWELLING
PROPOSED DWELLING
WALL
STORAGE BUILD.
CHAIN LINK FENCE
110.96'
38.17'
OHU
OHU
OHU
196.22'
S22°00'00"W
LOT 3B
LOT 3A
38,830 sq. ft.
0.89 acres
60' BUFFER (M18 PG 47)
S13°51'00"W 204.78'
N/F DANIEL R. & REBECCA STILWELL
11331103
DB 19504 PG 800
M40 PG 153
L4 L3
L5
60.00'
N64°43'00"W
43.48'
S84°06'09"W
PROPERTY LINE FOLLOWS 570' CONTOUR
DUKE POWER PROJECT BOUNDARY
L2
L1
LAKE WYLIE

NOTES:

1. SUBJECT PARCEL: 11331118
2. NO USGS MONUMENT FOUND WITHIN 2000'.
3. AREA COMPUTED BY COORDINATE METHOD.
4. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL EASEMENTS OR RIGHT-OF-WAYS.
5. SUBJECT TRACT IS LOCATED IN A SPECIAL FLOOD ZONE AS PER FEMA FLOOD PANEL 3701580203 E
6. THIS SURVEY IS OF AN EXISTING PARCEL OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AND EXISTING STREET.
7. ALL DISTANCES SHOWN ARE HORIZONTAL MEASUREMENTS.
8. THIS SURVEY DOES NOT CONSTITUTE A TITLE SEARCH BY THE SURVEYOR. NO INVESTIGATIONS FOR EASEMENTS, ENCUMBERANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE, OR ANY OTHER FACTS HAVE BEEN MADE THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.
9. REFERECES: DB 19265 PG. 980 & M49 PG. 69

GRAPHIC SCALE
0 20 40 80
SCALE IN FEET

LINE TABLE		
LINE	LENGTH	BEARING
L1	18.68	N48°34'00"W
L2	27.11	N22°25'00"W
L3	19.26	S84°01'00"W
L4	4.33	N88°00'00"W
L5	42.08	S58°05'00"W
L6	31.06	S31°57'00"E

PLOT PLAN
OF
6747 TIMAHOE LANE
LOT 3A, SEC. 37
REPARED FOR:
MAVIS BULLOCK
STEELE CREEK TOWNSHIP,
MECKLENBURG COUNTY, NORTH CAROLINA

CSC OF NC PC
4455 MORRIS PARK DRIVE
SUITE F.
CHARLOTTE, N.C. 28227
(704) 573-0112

REVISED:	JOB No.:	DRAWN BY:
JUNE 18, 2008	CH977-06-07	MS

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/24/08	**Amount:**	200.00
Receipt #:	57044	**Tendered:**	0.00
Check / Auth #:	MC 049566	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #:	200000
Contractor:	AVERITT CHUCK
Attn:	
Address:	5500 DIXIE RIVER RD
Address:	
City/State/Zip:	CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 6747 TIMAHOE LN		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
750.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/22/08	**Amount:**	200.00
Receipt #:	58331	**Tendered:**	0.00
Check / Auth #:	MC 76427Z	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #: 200000
Contractor: AVERITT CHUCK
Attn:
Address: 5500 DIXIE RIVER RD
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 6747 TIMAHOE LN		1	200.00	200.00

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:	07/22/08	**Amount:**	200.00
Receipt #:	58332	**Tendered:**	0.00
Check / Auth #:	MC 76427Z	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #:	200000
Contractor:	AVERITT CHUCK
Attn:	
Address:	5500 DIXIE RIVER RD
Address:	
City/State/Zip:	CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 6747 TIMAHOE LN		1	200.00	200.00

Outstanding Balances

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