7860B

JAM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

4029

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

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☒ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 195-081-40

STREET ADDRESS: 13630 CASTLEFORD DR.

CITY: MINT HILL

STATE: NC ZIP: 28227

SUBDIVISION NAME: CHACEWATER

LOT # 4 LOT SIZE (acres): .69 AC

TOWNSHIP:

☐ 1 - PINEVILLE ☐ 2 - CORNELIUS ☐ 5 HUNTERSVILLE

☐ 3 - [illegible] CITY ☐ 4 PINEVILLE ☒ 7 MINT HILL

☐ 6 - [illegible] ☐ 8 MATTHEWS

4. BUILDING INFORMATION:

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME

☐ DOUBLE WIDE ☐ MULTIPLE FAMILY

☒ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE: 3606

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS:

FOUNDATION TYPE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC 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 ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

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

☐ N/A SYSTEM TYPE: ☒ CONVENTIONAL ☒ ACCEPTED ☒ INNOVATIVE ☒ ALTERNATIVE ☐ OTHER _____

RANK: 1 2 3 4 ____

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

DUMP SITES/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
UNDERGROUND PETROLEUM STORAGE TANKS	☐ YES ☒ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES ☒ NO
WATER COURSES	☐ YES ☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES ☒ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7-11-08 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 2-28-09 ☐ N/A

12. PROPERTY OWNER:

NAME: The Williams Co.

ADDRESS: 1801 Tower Industrial Dr.

CITY: Monroe

STATE: NC ZIP: 28110

HOME PHONE:

WORK PHONE: 704-283-7663

MOBILE PHONE:

FAX: 704-282-0790

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

FAX:

0704

JAN-05-2009 12:22 From:MILLIANS CO 7042820790 To:704 336 6894 P.01

14. SEPTIC SYSTEM PERMIT APPLICATION:

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 sixty (60) months or is non-expiring depending upon the documentation submitted. complete site plan = 60 months, incomplete site plan = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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 inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification 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 twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

_____
Owner, Owner's or Owner's Legal Representative Signature

1-5-09
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 100 w/ act DATE FEE RECEIVED 1/5/09

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

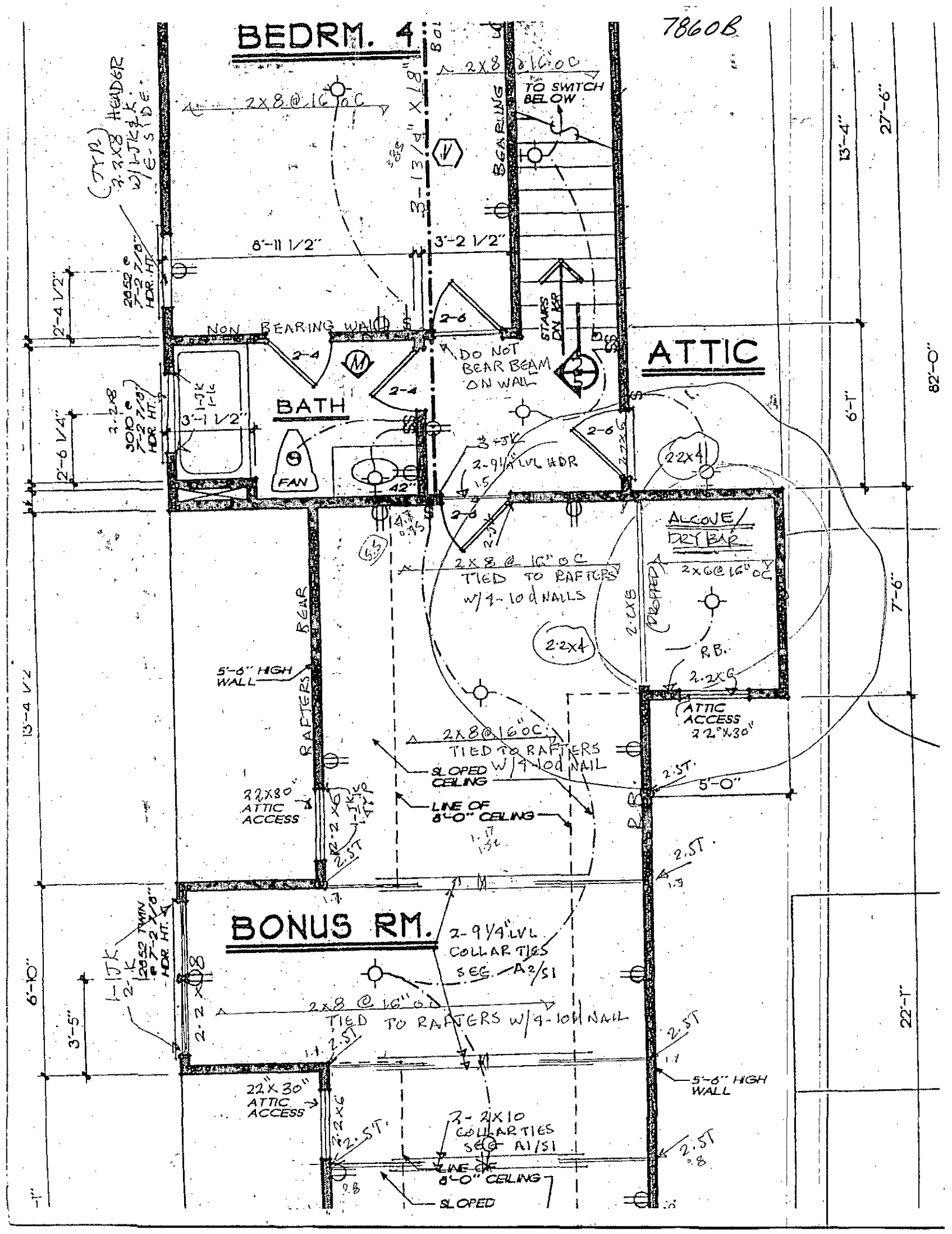
APPLICATION PROCESSED BY: _____

PERMIT NUMBER ASSIGNED: 7860B

WELL PERMIT NUMBER ASSIGNED: _____

COMMENTS:

JAN-05-2009 12:22 From:WILLIAMS CO 7042820790 To:704 336 6804


7860B
BEDRM. 4
2X8 @ 16" OC
TO SWITCH BELOW
(TYP) 4.2X8 HEADER W/ J-JK & K. IE-SIDE
2952 @ 7'-2 7/8" HDR. HT.
8'-11 1/2"
3'-2 1/2"
2'-4 1/2"
NON BEARING WALL
2-6
2-4
DO NOT BEAR BEAM ON WALL
STAIRS DN. BY
ATTIC
BATH
3-2X8 3010 @ 7'-2 7/8" HDR. HT.
1-J3K 1-J4
3'-1 1/2"
2'-6 1/4"
FAN
42"
3-J3K
2-9 1/4" LVL HDR
2-6
2X6
2-2X4
ALCOVE
DRY BAR
2X8 @ 16" OC TIED TO RAFTERS W/ 4-10d NAILS
2X6 @ 16" OC
2-2X8 RAFTERS
R.B.
2-2X6
5'-6" HIGH WALL
RAFTERS
BEAR
ATTIC ACCESS 22"X30"
2X8 @ 16" OC TIED TO RAFTERS W/ 4-10d NAIL
SLOPED CEILING
LINE OF 8'-0" CEILING
22X30" ATTIC ACCESS
1-J3K
2.5T
5'-0"
BONUS RM.
2-9 1/4" LVL COLLAR TIES SEE A2/S1
2X8 @ 16" OC TIED TO RAFTERS W/ 4-10d NAIL
1-J3K 2-K 2952 TWIN @ 7'-2 7/8" HDR HT.
2-2X8
3'-5"
6'-10"
22"X30" ATTIC ACCESS
2-2X6
2-2X10 COLLAR TIES SEE A1/S1
LINE OF 8'-0" CEILING
SLOPED
13'-4"
27'-6"
82'-0"
6'-1"
7'-6"
22'-1"

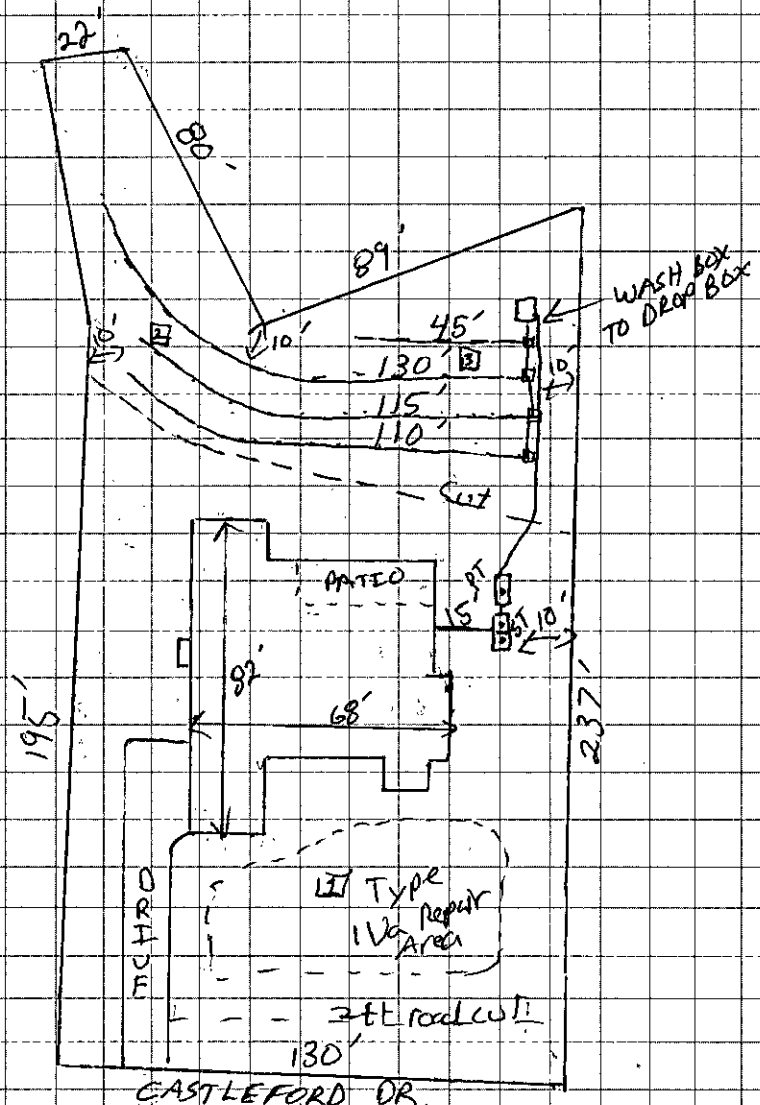
PROPOSED PLOT PLAN

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

FILE: 7860B

TC: 19508140

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.



4 Bedroom Residence
480 GPD @ 3 LTAR
Type III bg System
Pump to 25% Reduction
1500 GAL Septic Tank
1000 GAL Pump Tank

Install 400 L.F
at (45)(130)(115)(110)
on contour of land

WASH BOX to Drop Box Distribution

Note: Back fill up to cut behind the house.

Setbacks
10' off all property lines
15' side slope of any foundation drain, 25ft upslope 10ft down slope.

William B. Cornell IV
OWNER/AGENT SIGNATURE

DATE 12-2-09

APPROVAL DATE 01-22-2009 Jeremy Michael

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

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 #: **30004029** GWS File #: **7860B** Tax Parcel #: **195-081-40**

- 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):** 1/22/2014

Type of Installation: Residential - Modified Plot Plan Lot Number: 4

Structure Type: HOUSE Size (ft^2): 3606 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Pump to Approved **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	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):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

Repair System Specifications:

Design Flow (gpd):	480	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):	800	Total Trench Length (ft):	267
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	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: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 1/22/2009

Owner/Legal Agent: JOHN B. CASSELL

Print Name

Signature: John B. Cassell

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 #: **30004029** GWS File #: **7860B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 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 installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- Cut in back yard must be back filled prior to cetificate of completion being issued.

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: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 1/22/2009

Owner/Legal Agent: JOHN B. CASSELL
Print Name

Signature: John B. Cassell

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 78603 Permit #: 30004029 Tax Parcel #: 195-08140

Property Owner: The Williams Co.

Job Location Address: 13610 Castleford Dr.

City: Mint Hill State: NC Zip Code: 28262

Installation Approval Issuance Date: 02-06-2009

Permission is hereby given to [X] 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 03-06-2009 (1 year), 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: 486 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design [ ] N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ various feet lengths 45, 130, 115, 110

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

Distribution Device: Wash Box to Drop Box

Bed Design *(For Repair Installations ONLY.)* [X] 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 [X] Community Well

[ ] Other _____

Minimum System Setbacks

Distance from Building Foundation: 15' feet 25' upslope

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet off water line

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install according to plot plan.

Comments: System Classification & Type: IIIbg

DENR Authorized Agent: Jeremy Michael 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 #: 78608 Permit #: _____ Tax Parcel #: 195-081-40

Property Owner: THE WILLIAMS Co.

Job Location Address: 13610 CASTLEFORD DR. LOT #14

City: CHARLOTTE State: NC Zip Code: 28227

Installation Approval Issuance Date: 2/10/09

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 3/10/09, 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: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A INNOVATIVE 25% REDUCTION

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.) (45', 130', 115', 110')

Total line length: 400 feet

# of Lines: 4 @ VAR feet

Depth of Media: N/A inches (Type) 1116.g

Distribution Device: WASH BOX → DROP 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 _____

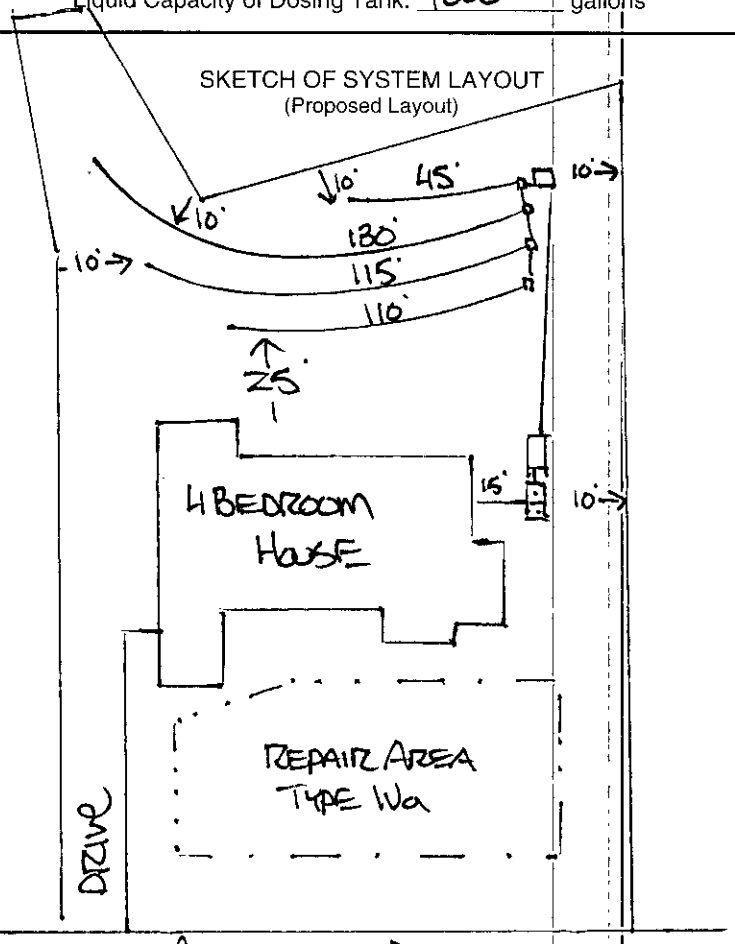
Minimum System Setbacks

Distance from Building Foundation: 15 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: 1116.g. INNOVATIVE, 25% REDUCTION. INSTALL 4 LINES @ 45', 130', 115', 110'. 1500 GAL ST, 1000 GAL PT. WASHER BOX - DROP BOX DISTRIBUTION. 25' FROM (UPSLOPE) FOUNDATION / TANKS > 15

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: _____, RS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7860B Permit #: _____ Tax Parcel #: 195-081-40

Property Owner: THE WILLIAMS Co.

Job Location Address: 13610 CASTLEFORD DR. LOT #4

City: CHARLOTTE State: NC Zip Code: 28227

Operation Permit Issuance Date: 2/10/09 Contractor Name: RCS

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: GOULDS 025 HP

Drainfield Installation ☐ N/A INNOVATIVE 25% REDUCTION E-Z FLOW

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.) (45', 130', 115', 110')

Total line length: 400 feet

# of Lines: 4 @ VAR feet

Depth of Media: N/A inches (Type) 1116,g

Depth of Cover: 12 inches

Distribution Device: WASH BOX → DROP 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 25' UPSLOPE 15' SIDE

Distance from Building Foundation: _____ feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 7100 feet

Inspection Dates

Tank(s) Inspected: 2/10/09

Excavation Inspected: 2/10/09

Pump & Controls Inspected: 2/10/09

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

INSTALLED AS SHOWN ON INSTALLATION PERMIT LAYOUT SKETCH.
2/10/09

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: 1116,g. INNOVATIVE 25% REDUCTION, E-Z FLOW.
4 LINES INSTALLED @ 45', 130', 115', 110'. (EZ120BH, P, NA, NA)

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: _____, RS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 78608 Permit #: _____ Tax Parcel #: 195-081-40

Property Owner: THE WILLIAMS CO.

Job Location Address: 13610 CASTLEFORD DR. LOT #14

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: IIIB, I

*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: DAVID CORNELIUS Date: 2/16/09

Signature: _____, RS

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

December 16, 2008

The Williams Comp. Attn- John D. Tildew
1801 Tower Industrial Dr.
Mint Hill, NC 28262

RE: **Notice of Intent to Revoke Improvement Permit**

Dear Mr. Tildew:

The Mecklenburg County Health Department inspected the site for the on-site wastewater system located at **13610 Castleford Dr. Lot # 4**, File # 7860B for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit # 30003719 conditions. As a result of this inspection, the Department has determined the following violations:

> Application was submitted for a 3 bedroom house when 5 bedroom house exists on property in violation of NCGS 15A NCAC 18A.1949 Sewage Flow Rates For Design Units.

This is to notify you that based on these violations, the Department intends to revoke your Improvement Permit 30 days from the date of this notice.

If the health department determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the current laws and rules necessary to obtain a new permit.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Environment and Natural Resources regional specialist. A request for informal review must be made in writing to the local health department.

You have the right to a formal appeal of this decision by filing a petition for a contested case hearing with the Office of Administration Hearings, 6714 Mail Service Center, Raleigh, NC, 27699-6714. To obtain a petition form (H-06), you may write the Office of Administrative Hearings, call that office at 919.733.0926, or from their web site at www.oah.state.nc.us/hearings. The petition for a contested case hearing must be filed in

accordance with the provisions of North Carolina General Statutes 130A-24, 150B-23, and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335(g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS NOTICE.** Meeting the 30 day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you may request.

If you file a petition for a contested case with the Office of Administrative Hearings, you are required by law (NCGS 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel NC Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC 27699-1601. Sending a petition or copy of the petition to the local health department will NOT satisfy the filing requirements of the NC General Statutes.

You may call or write the local health department if you need additional information or assistance.

Sincerely,

Jeremy Michael R.S.

Jeremy Michael R.S.
704-814-4670

BM

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

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 145-081-05 40
STREET ADDRESS: 13610 CASTLEROCK DR.
CITY: MINT HILL
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: 4 LOT SIZE (acres): 0.693
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: 3606
NUMBER OF BEDROOMS: 4 3 BDJ
NUMBER OF OCCUPANTS: ~~5~~ 6
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC 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 ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☑ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5 LEAST DESIRED):
☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☑ ACCEPTED ☑ INNOVATIVE ☑ ALTERNATIVE ☐ OTHER _____

8A. RANK: 1 2 3 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
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES	☑ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☑ NO
WASTE STORAGE	☐ YES	☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☑ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7/11/08 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? JAN 09 ☐ N/A

12. PROPERTY OWNER:
NAME: THE WILLIAMS COMP.
ADDRESS: 1801 TOWER INDUSTRIAL DR.
CITY: MINT HILL
STATE: NC ZIP:
HOME PHONE:
WORK PHONE: 704-283-7663
MOBILE PHONE:
FAX: 704-292-0704

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: JOHN O. TIDDY
ADDRESS: 2110 MCWOOD LN
CITY: INDIAN TRAIL
STATE: NC ZIP: 28079
HOME PHONE:
WORK PHONE: 704-283-7663
MOBILE PHONE: 704-363-3655
FAX: 704-282-0790

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5108. FAX: 704-336-5994

BM

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

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 195-081-40 (05)
STREET ADDRESS: 13610 CASTLEFORD DR.
CITY: MINT HILL
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: 4 LOT SIZE (acres): 0.693
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: 3606
NUMBER OF BEDROOMS: 4 change to 3 BR
NUMBER OF OCCUPANTS: SPEC/MODEL
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC 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 ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

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

☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☑ ACCEPTED ☑ INNOVATIVE ☑ ALTERNATIVE ☐ OTHER _____

8A. RANK: 1 2 3 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
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES ☑ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES ☑ NO
WASTE STORAGE	☐ YES ☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES ☑ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7/11/08 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? JAN 09 ☐ N/A

12. PROPERTY OWNER:
NAME: THE WILLIAMS COMP.
ADDRESS: 1801 TOWER INDUSTRIAL DR.
CITY: MINT HILL
STATE: NC ZIP:
HOME PHONE:
WORK PHONE: 704-283-7663
MOBILE PHONE:
FAX: 704-292-0704

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: JOHN O. TIDDY
ADDRESS: 2110 MONROE LN
CITY: INDIAN TRAIL
STATE: NC ZIP: 28079
HOME PHONE:
WORK PHONE: 704-283-7663
MOBILE PHONE: 704-363-3655
FAX: 704-282-0790

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5103. FAX: 704-336-6984

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

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 sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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 twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

_____ 7/15/08

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

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 250.00 DATE FEE RECEIVED: 7-16-08

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: Annette C

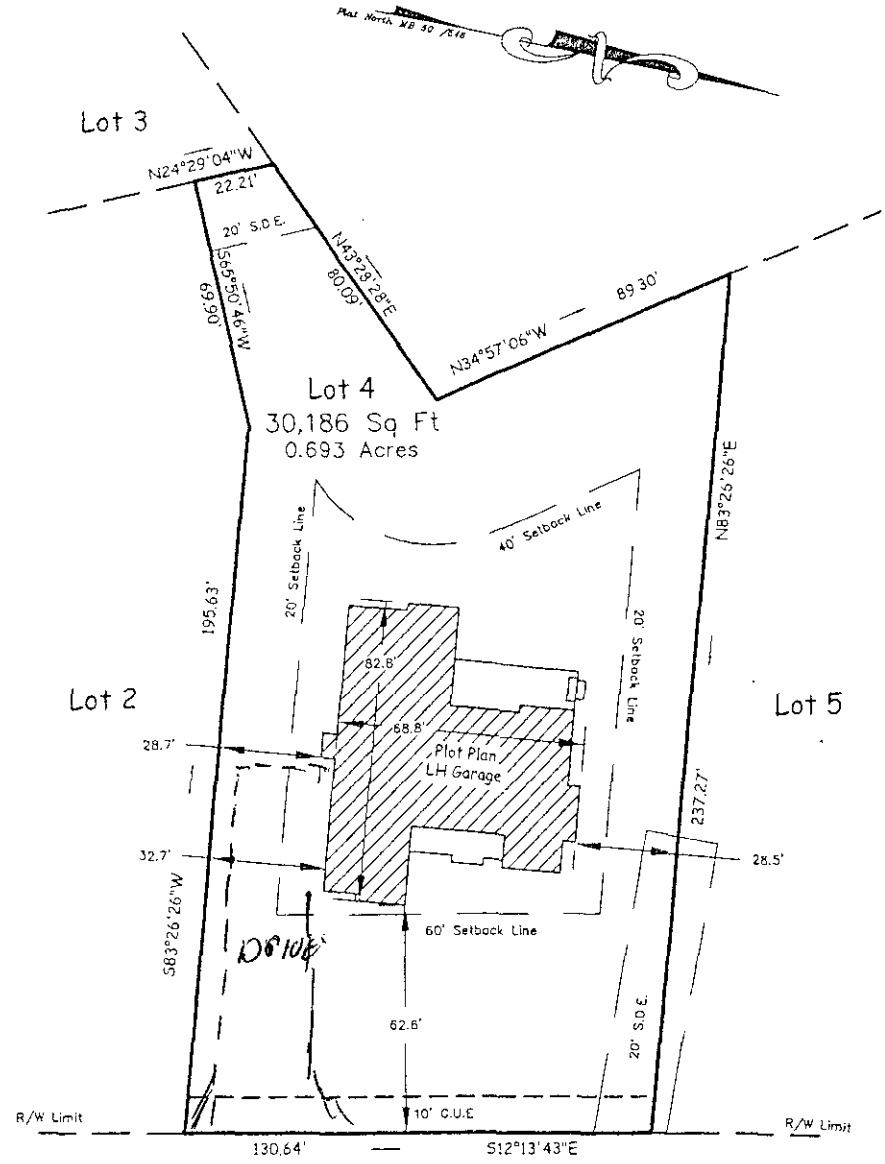
GWS FILE NUMBER ASSIGNED: 7860B

APPLICATION ID NUMBER ASSIGNED: 3719

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5103. FAX: 704-336-6984

Surveyed By: Ben M. Flowe & Son;
11316 Brief Road
Charlotte, N.C.
28227
(704) 545-3060



NORTH CAROLINA PROFESSIONAL SEAL L-3600 LAND SURVEYOR GREGORY S. FLOWE

7/14/08

Tax Parcel: Portion of 195-081-03

E.C. = 1' : 10,000' +

Deed Ref:
Map Book: 50 / 546

Plot Plan
For

The Williams Company

Lot 4, Chacewater

13610 Castleford Drive

Mecklenburg County
Mint Hill, N.C.

THIS IS A PLOT PLAN, THIS IS NOT A SURVEY.
THE PURPOSE OF THIS PLAT IS TO DEPICT PROPOSED LOCATION OF HOUSE FOR BUILDING PERMIT

Drawing No. 224-08

Scale: 1" = 40'

July 14, 2008

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

Sheet: 1 of 2
Property ID: 195-081-40
Lot #: 4
File #: 7860B
AppID: 3719

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: The Williams Comp.
Applicant: John D. Tildow
Address: 1801 Tower Industrial Dr., Mint Hill NC
Date Evaluated: 8/4/2008
Proposed Facility: Residence
Design Flow (.1949): 360 GPD
Property Size: .693 ac
Location of Site: 13610 Castleford Dr. Mint Hill, NC
Property Recorded: 7/11/2008
Water Supply: [X] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring Public Well [ ] 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	PROFILE FACTORS[b] .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L,4%	0-4	GR/SCL	FR/SEXP/SS/SP	>48" To Soil Wetness	48"	N/A	NONE	PS, IV
		4-22	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		22-48	SBK/CL	FI-FRI/SEXP/SS/SP					
2	L,2%	0-36	SBK/C	FI/SEXP/S/P					PS, IV
		36"	MASSIVE	SAPROLITE	>36" To Soil Wetness	36"	N/A	NONE	.3GPD/FT^2
3	L,2-3%	0-48	SBK/C	FI/SEXP/S/P	>48" To Soil Wetness	48"	N/A	NONE	PS, IV
									.3GPD/FT2

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIb	Iva
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: Jeremy Michael
Others Present: Jeremy Michael
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michael
Others Present:

Sheet: 2of2

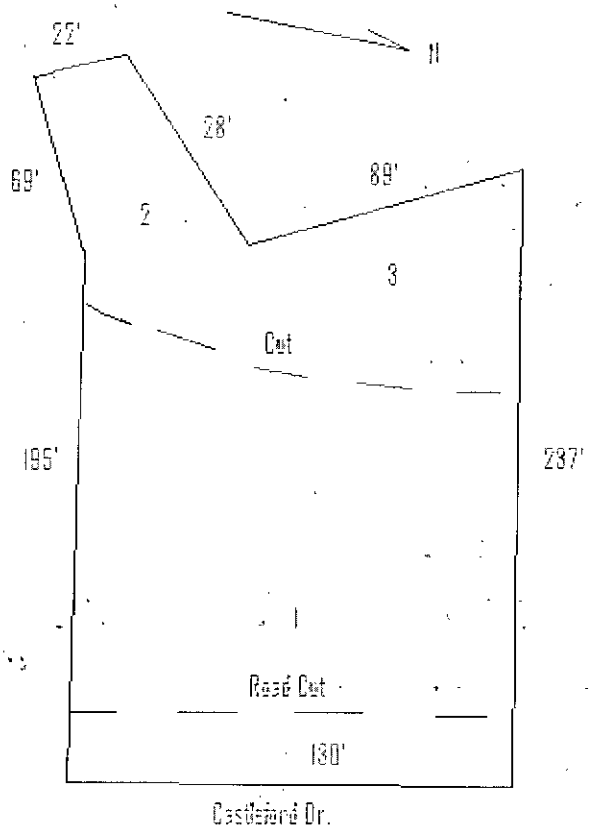
COMMENTS:

FILE #:

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 #: 30003719 GWS File #: 7860B Tax Parcel #: - -

- 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):** 8/5/2013

Type of Installation: Residential - New System Lot Number: 4

Structure Type: HOUSE Size (ft^2): 3606 # Bedrooms: 3 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Pump to Approved **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	360	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):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

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

Repair System Specifications:

Design Flow (gpd):	360	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):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	36	Depth of Media (in):	N/A	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: Jeremy Michael Owner/Legal Agent: JOHN B. CASSELL, II
Print Name

Signature: Jeremy Michael Signature: John B. Cassell II

Date Issued: 8/5/2008

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 #: 30003719 GWS File #: 7860B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 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.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Back Fill to cut in back.

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: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 8/5/2008

Owner/Legal Agent: JOHN B. CASSELL, II
Print Name

Signature: John B. Cassell II

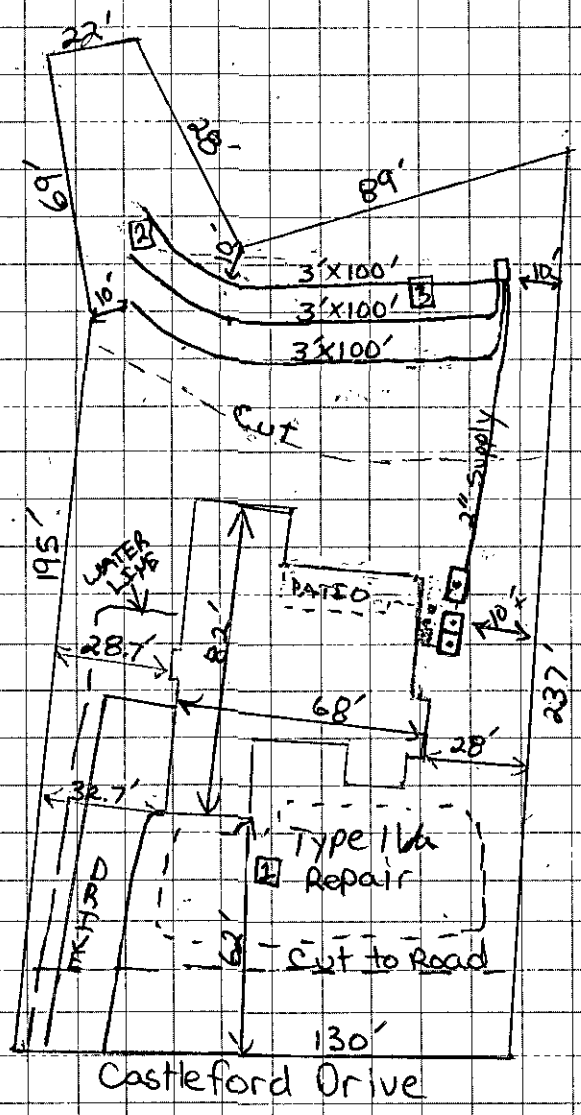
PROPOSED PLOT PLAN

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

FILE: 7860B

TC: —

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



SCALE 1" = 50'

3 Bedroom Residence
360 GPD 0.3 LTAR
Type IIIbg System
Pump to 25% Reduction
1500 gal Septic Tank
1000 gal Pump tank
Install (3) 100' lines level with contour of land.
(24" Max trench Depth.)

Presure Manifold Distribution

Note: Back fill up to cut behind the house.

Setbacks:
Stay 10' off all property lines
5' off any structure
10' off water line

☐ Auger Boring Locations

John B. Carroll II
OWNER/AGENT SIGNATURE
DATE 8-11-08

APPROVAL DATE 08-05-2008 Jeremy Mulkey

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

4029 Poss

GWS File #: 7860B WASPS App #: 3719

Primary ES assigned to project: 45

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 [6]	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: 3 Were sufficient auger borings made?	Yes [✓]	No [ ]	N/A [ ]
.1939(d), .1955, .1956, .1957	LTAR	Yes [ ] 3	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 & WW characteristics?	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 [ ]

Comments: * Modified Plot Plan approved & reviewed by P Walker on 1/28/09

items requiring correction/modification:

IA issued date: 2/6/09 Reviewed by P Walker

OP issued date: 2/6/09

Review performed by: KL Date performed: 8-708

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/05/09	**Amount:**	100.00
Receipt #:	60135	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X37397
Contractor: WILLIAMS COMPANY INC THE
Attn:
Address: 1801 TOWER INDUSTRIAL DR
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 13610 Castleford Dr./file 7860B		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00	100.02	2.01			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/16/08	**Amount:**	250.00
Receipt #:	58228	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #: X37397
Contractor: WILLIAMS COMPANY INC THE
Attn:
Address: 1801 TOWER INDUSTRIAL DR
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 13610 CASTLEFORD DR		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
250.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/11/08	**Amount:**	400.00
Receipt #:	58569	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X37397
Contractor: WILLIAMS COMPANY INC THE
Attn:
Address: 1801 TOWER INDUSTRIAL DR
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 13610 & 13531 Castleford Dr.		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00	500.00				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/11/08	**Amount:**	400.00
Receipt #:	58570	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X37397
Contractor: WILLIAMS COMPANY INC THE
Attn:
Address: 1801 TOWER INDUSTRIAL DR
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 13610 & 13531 Castleford Dr		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
800.00	500.00				