

13415 CLAYSPARROW RD

19935312

1/8/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5484B DATE: 2-15-06

TC: 199-353-~~02~~ 12 ☐ L ☑ CRT

SERIAL Nº 20095

Name of Owner Prestige Custom Homes Juris.:

Address of Property 13415 ~~Hermit Thrush Ln~~ Clay Sparrow Rd Charlotte

Inspection Data:

Tank Material PCC

Total Length of Drainfield 500'

Number of Lines 3 @ 170'

Cover Depth 12"

Water Supply Source Municipal

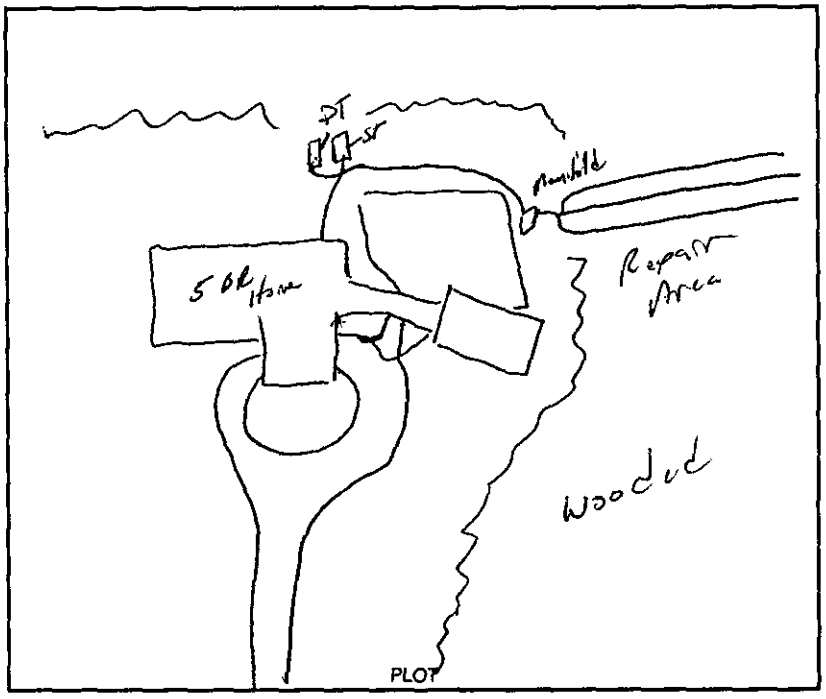
Distance to Water Source >100'

Excavation Inspected (EP)

Tank(s) Inspected (EP)

Wash Line Inspected N/A

High Water Alarm Inspected (EP) 2/15/06



Design 1500 SF, 1000 gpd, 3 lines pumped w/ pressure Manifold EZ Flow CTR# Stanley

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 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/revocation of this permit.

COMMENTS: Lot 75

No Installation Approval issued (EP) 2/17/06 ~~SCE~~ Kelly Randell

IIIb 3 Type

Environmental Health Specialist

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

FEE: 300.00

DATE: 2/27/2006

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

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5484B

PERMIT NUMBER: 30000408

PARCEL NUMBER: 19935312

JOB LOCATION INFORMATION

ADDRESS: 13415 CLAYSPARROW RD

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

ISSUED TO: Prestige Custom Homes, Inc.

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 2/3/2005

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000408, 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: 6/29/2009

FEE: 300.00 LC 003087
DATE: 2/3/05 JC

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS

LD

PF 14259

PERMIT NUMBER: 5484B
PARCEL NUMBER: 199-352-02
199-353-12

13415 Chaysparrow Rd.

JOB LOCATION ADDRESS: Hermit Thrush Lane Lot # 75
PROPERTY OWNER: Prestige Custom Homes
BUILDING CONTRACTOR: Prestige Custom Homes
SUBDIVISION NAME: The Sanctuary @ Lake Wylie
AUTHORIZATION ISSUED BY: David Cornelius RS DATE: 02/03/05

David Cornelius, RS. 2/3/05
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

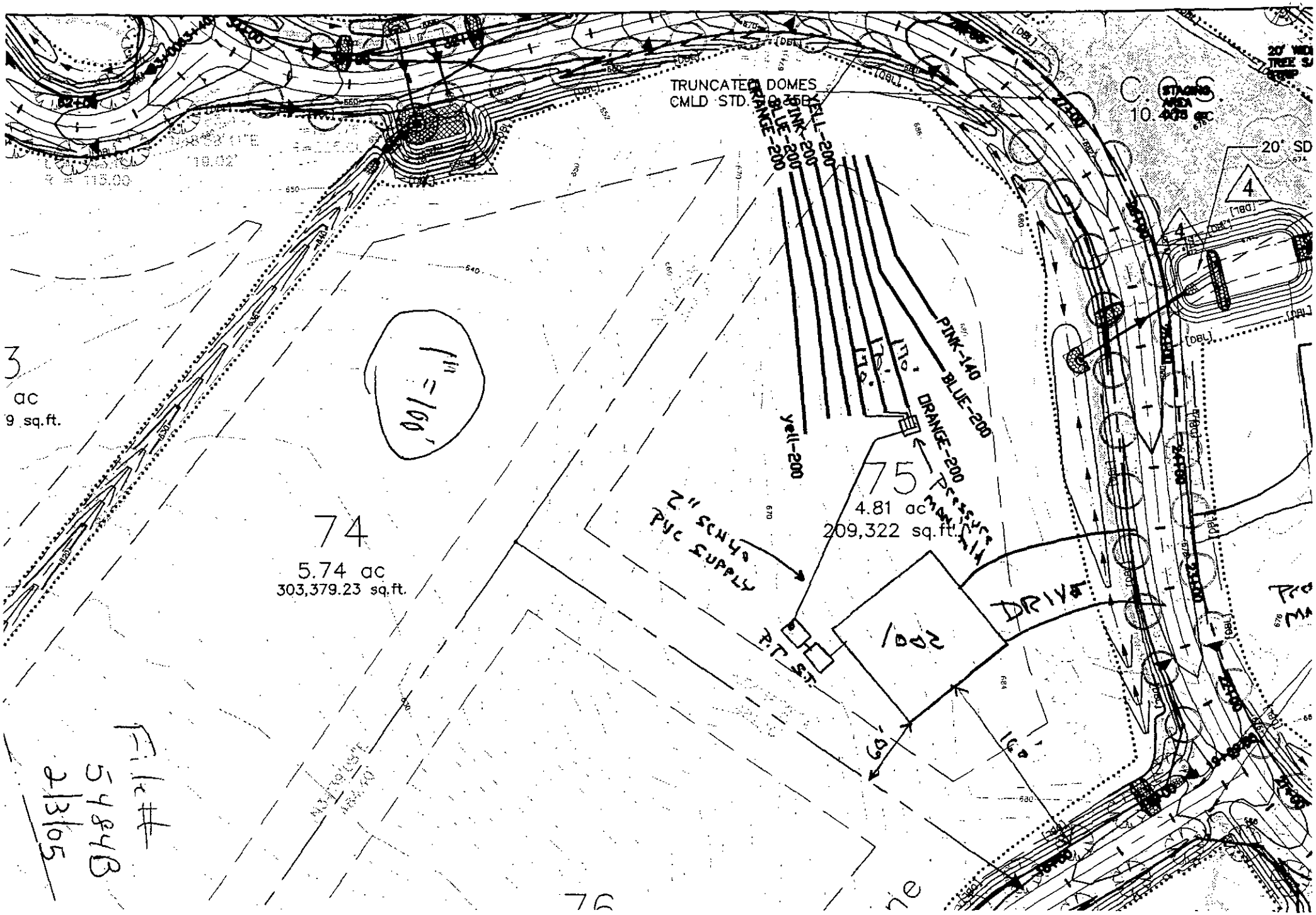
1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5484B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN *INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL* MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
   Install according to plans on file submitted by Toney Jacobs and Associates.


TRUNCATED DOMES
CMLD STD. 02-35B
YELL-200
PINK-200
BLUE-200
ORANGE-200
PINK-140
BLUE-200
ORANGE-200
yell-200
175'
175'
3
ac
9 sq.ft.
74
5.74 ac
303,379.23 sq.ft.
75
4.81 ac
209,322 sq.ft.
2" SCH40 PVC SUPPLY
P.I.T.S.
102
DRIVE
16'
20' SD
4
File #
5484B
2/3/05

FEE:
DATE:
CRT[illegible]

David did not go out JKA 11/11/05

LD 15513

GWS – UES.APP 01/05

FILE #

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES

700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

TYPE APPLCATION:

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

PERSON FILING APPLICATION: Mark Anderson
NAME: Prestige Custom Homes, Inc.
ADDRESS: 7837 Pemswood St
CITY: Charlotte
STATE: NC ZIP: 28277
PHONE: 980-721-2690
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: Prestige Custom Homes
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 199-353-12
STREET ADDRESS: 13415 Claysparrow Rd
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME: Sanctuary

LOT #: 75

TOWNSHIP:

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

WATER SUPPLY:
☒ MUNICIPAL (M) ☐ COMMUNITY (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
☒ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☒ PORCH ☐ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date 11/14/05

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

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

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

O.K. TO USE EXISTING SYSTEM FOR ADDITION

EHS Signature — Date 11/17/05

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: **5484B**

Tax Number: ~~199-352-02~~ 195353-12

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

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

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

0.3 Long-term acceptance rate (GPD/ft^2)	600 Max gallons/day wastewater flow	1500 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	500 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	1500 Gallon pump tank	na Depth of stone (in)	

Any surface water present: **No** Type: Minimum separation distance (ft):

Additional conditions: **Pressure Manifold**

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

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

1500 Absorption Area (ft^2) 500 Total trench length (ft)	na Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HELTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.

*** This Improvement permit is transferable.

DENR Authorized Agent — Date: R.S. 6/29/04

Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH, AND
NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

300.00 cc app 003087

Appl # 408

GWS – RES. APP 12/04

SEPTIC FEE:
DATE: 2/3/05
CRT [ ]

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

WELL FEE:
DATE:
CRT [ ]

FILE # _____

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 199-353-12

STREET ADDRESS: 13415 Clay Sparrow Rd

CITY:

STATE: NC **ZIP:**

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☒ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☐ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☐ NO

PROPERTY OWNER:

NAME: Prestige Custom Homes, Inc.
ADDRESS: 7837 Pemswood St.
CITY: Charlotte
STATE: NC ZIP: 28277
HOME PHONE: 704-542-5472 WORK PHONE: 980-721-2690
MOBILE PHONE: 980-721-2690 FAX: 704-752-8038

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

2/3/05
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

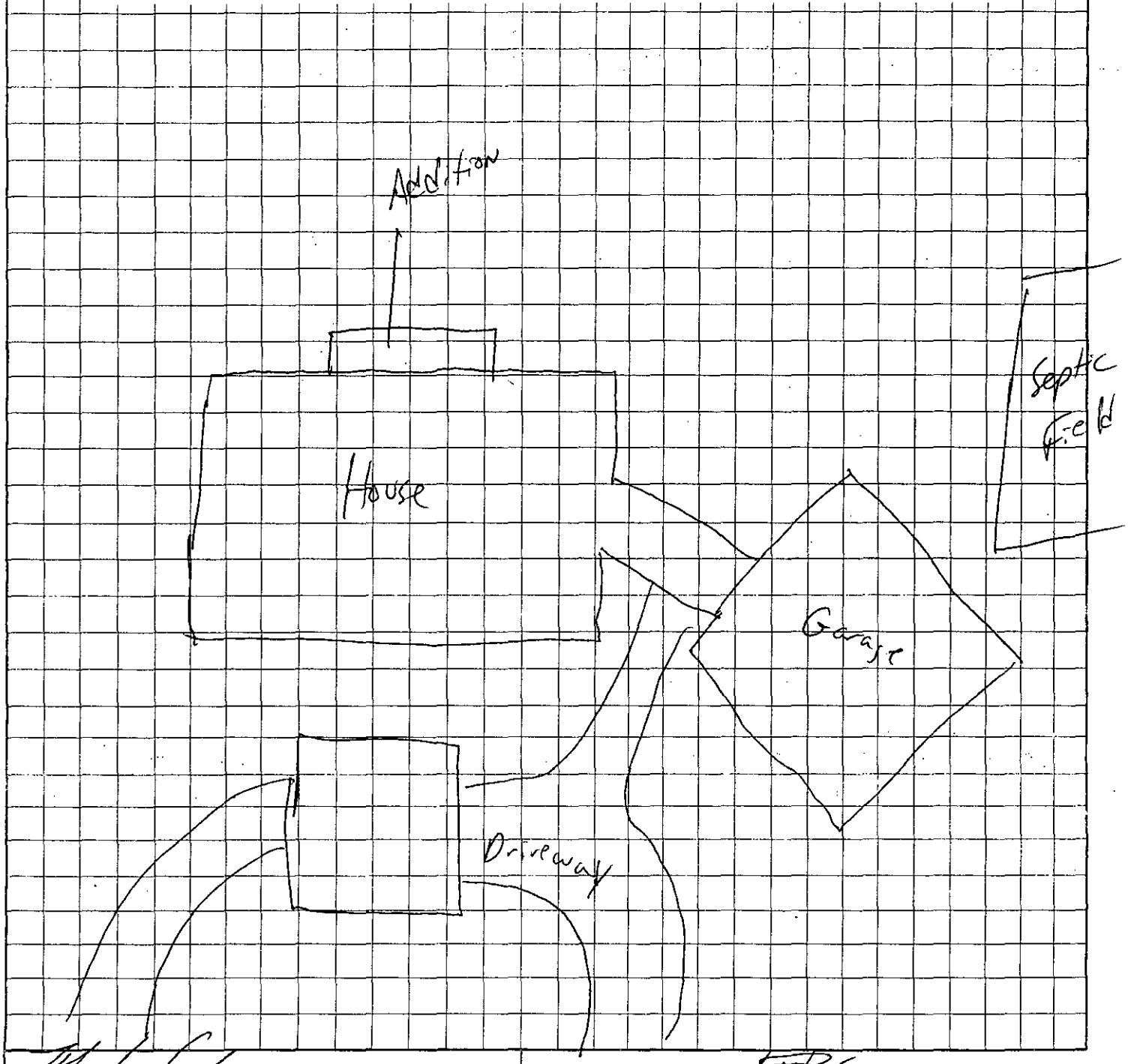
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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



OWNER/AGENT SIGNATURE

DATE 11/14/05

APPROVAL DATE _____

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

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

Sheet: 1 of 2
Property ID: PO 199-352-02
Lot #: 75
File #: 5484B
Code: 1

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary at Lake Wylie
Applicant: Toney Jacobs
Address: 10933 Ballantyne Crossing Ave., Charlotte, N. C. 28277
Date Evaluated: 04/30/2004
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .75gpd
Location of Site: Hermit Thrush Lane
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .3GPD/FT^2
		4-48	SBK/C	FI/SEXP/S/P					
2	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		5-48	SBK/C	FI/SEXP/S/P					
3	"	0-4	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		4-48	SBK/C	FI/SEXP/S/P					
4	"	0-3	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46+	"	"	"
		3-46	SBK/C	FI/SEXP/S/P					
		BORING TERMINATED @		46", FLOATER ROCK					
5	"	0-3	GR/CL	FR/SEXP/SS/SP	>40" TO SOIL WETNESS	40+	"	"	"
		3-40	SBK/C	FI/SEXP/S/P					
		BORING TERMINATED @		40", ROOT					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

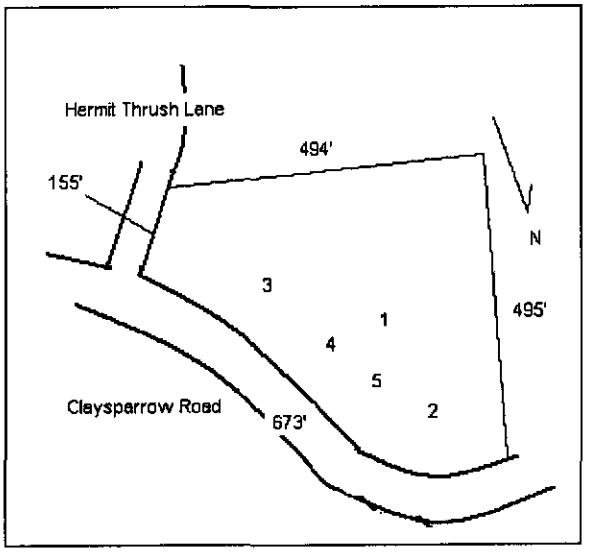
Other Factors (.1946):
Site Classification (.1948): PROVIWSIONALLY SUITABLE
Evaluated By: W.R. Martin, LSS, 5/4/2004. W.R. Martin
Others Present:

COMMENTS:
100% repair, system will need pump, do not install in wet soils

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



FEE: 200

DATE: 12-19-03 JKA

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: \ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 54846

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-35202

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME: The Sanctuary At Lake Wylie, LLC

LOT NUMBER: 15

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ SHARED WELL (S)
✓ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES — __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS — __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS — ✓ YES __ NO
WELL, SPRINGS OR WATERLINES — __ YES ✓ NO
DESIGNATED WETLANDS — __ YES ✓ NO

PROPERTY OWNER:

NAME: (LAST) The Sanctuary At Lake Wylie, LLC (FIRST) (MI)

ADDRESS: 10933 Ballantyne Crossing Ave

CITY: Charlotte STATE: NC ZIP: 28277

DAYTIME PHONE: 704 544 - 0201 ext 226

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Jacobs (FIRST) Tonay (MI) C

DAYTIME PHONE: 704 663 - 6905

m 704 582 9219

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Tonay C Jacobs, CPSS (Agent) DATE: 12/19/03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

75
5.9 ac.
76
5.2 ac.
88
3.5 ac.
3.0 ac.
30+00
29+00
28+00
27+00
26+00
25+00
24+00
23+00
22+00
21+00
20+00
19+00
18+00
17+00
16+00
15+00
14+00
40' R/W

PROPOSED PLOT PLAN

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

FILE: _____

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.

"See Attached"

OWNER/AGENT SIGNATURE

DATE 12/19/03

APPROVAL DATE _____

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/03/05	**Amount:**	150.00
Receipt #:	31634	**Tendered:**	0.00
Check / Auth #:	MC 003087	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	PRESTIGE CUSTOM HOMES
Attn:	
Address:	78367 PENSWOOD ST
Address:	
City/State/Zip:	CHARLOTTE, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 13415 CLAYSPARROW RD/FILE 5484B		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:	02/03/05	**Amount:**	150.00
Receipt #:	31635	**Tendered:**	0.00
Check / Auth #:	MC 003087	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: PRESTIGE CUSTOM HOMES, INC.
Attn:
Address: 7837 PENSWOOD ST
Address:
City/State/Zip: CHARLOTTE, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 13415 CLAYSPARROW RD/FILE 5484B		1	150.00	150.00

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

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TONEY C. JACOBS & ASSOCIATES, INC.

Consulting Soil Scientists

Licensed by the North Carolina Board for Licensing of Soil Scientists

Certified by the American Registry of Certified Professionals in Agronomy, Crops and Soils

168 Broadbill Drive
Mooresville, NC 28117
Phone (704) 663-6905
Fax (704) 662-9845 E-mail· jacobs@i-america.net

June 21, 2004

To: Mr. David Cornelius, R.S.
Mecklenburg County Env. Health Dept.

From : Toney C. Jacobs
Paul G. Penninger

RE: Request for an Improvement Permit for lot 75 at The Sanctuary:
MCHD file # 5484B

Crescent Resources is requesting an Improvement Permit for lot **75** at The Sanctuary Subdivision for a **5** bedroom, basement home. Mr. Bill Marlin of the MCHD evaluated the soils on 2-16-04 and determined the septic area is PS at an 0.3 gpd/ft^2 LTAR. Toney C. Jacobs and Associates, Inc. has flagged a 25% reduction septic system and repair on the lot, as shown on the attached sketch.

We understand a building permit cannot be issued until your office issues an Authorization to Construct (ATC). The buyer of the lot will apply for the ATC. If the buyer's house pad does not fit in the "building envelope" shown on the Improvement Permit, we understand the proposed system may have to be modified prior to your office issuing the ATC. **No grading shall take place on lot prior to obtaining the ATC from the MCHD.**

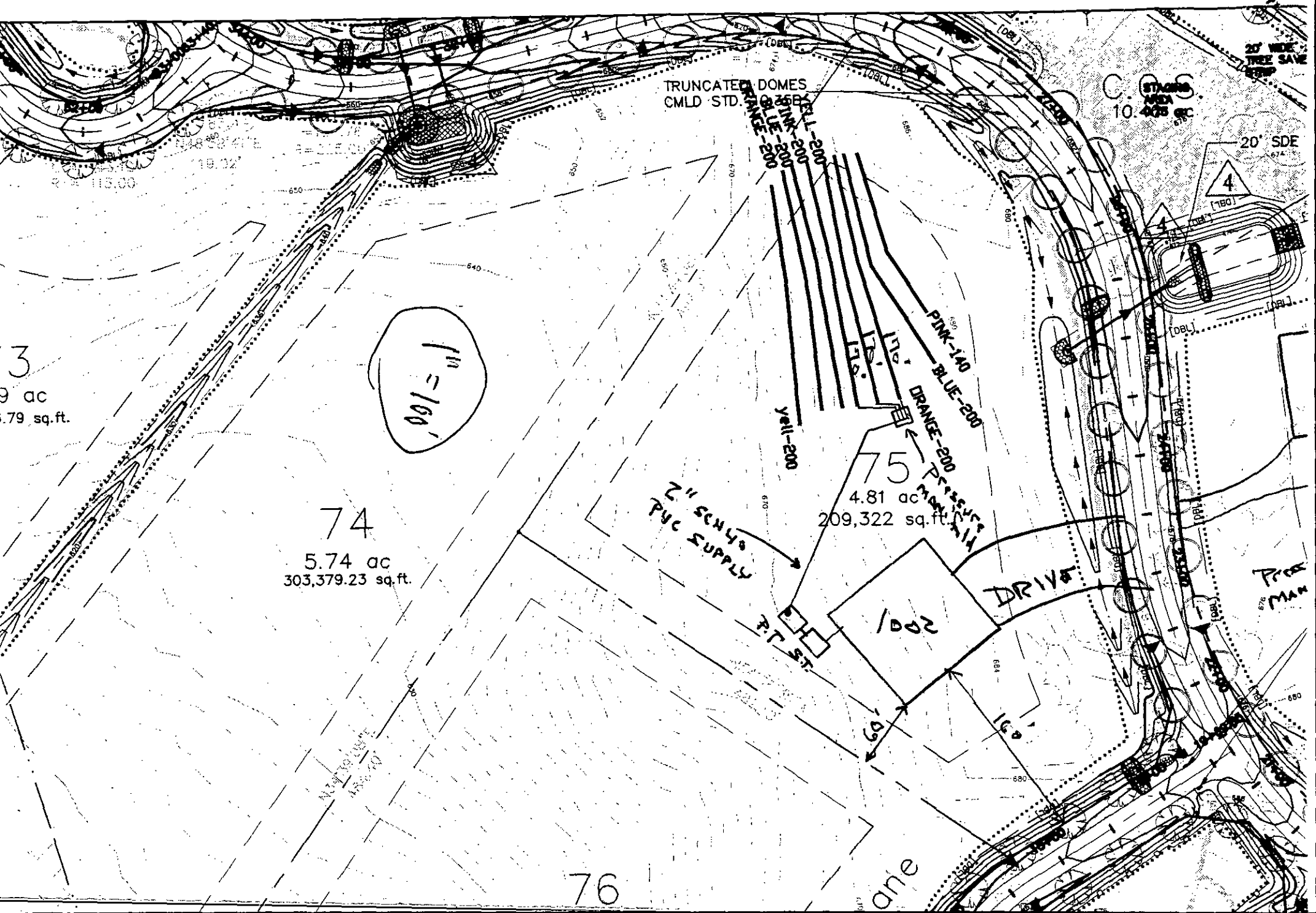
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Please review the attached system sketch and design specifications for the Improvement Permit. Please call if you have and questions, comments, or corrections.

Design Specifications for Lot 75 at

The Sanctuary, MCHD File # 5484B

System Type:	primary: repair:	pressure manifold , 25% reduction pressure manifold , 25% reduction
Daily design flow:		600 gpd
Septic tank size:		1500 gal. (2 compartments)
Pumping tank size:		1500 gal.
Effluent loading rate:		0.30 gpd/ft^2 for primary and repair
Number and length of laterals:		3@ 170 ft. 25% reduction
Flow rate through the system:		16.5 gpm –use ½ in. SCH 80 taps with 2 ft. head pressure on pressure manifold (5.5 gpm per tap)
Pump requirements:		to be calculated by installer or owners agent when specific house and pump tank location are available
Dosing volume:		approx. 270 gal. – 2.2 doses/day at design flow
Depth of water pumped per dose:		calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Check valve:		YES
Siphon break hole:		No


TRUNCATED DOMES
CMLD STD. 10.36B
20' SDE
4
74
5.74 ac
303,379.23 sq.ft.
75
4.81 ac
209,322 sq.ft.
76
1" = 10'
yell-200
ORANGE-200
BLUE-200
PINK-140
DRIVE
102
169
69
2" SCH 40 PVC SUPPLY
FT ST.

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

Sheet: 1 of 2
Property ID: PO 199-352-02
Lot #: 75
File #: 5484B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary at Lake Wylie
Applicant: Toney Jacobs
Address: 10933 Ballantyne Crossing Ave., Charlotte, N. C. 28277
Date Evaluated: 04/30/2004
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .75gpd
Location of Site: Hermit Thrush Lane
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		4-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		5-48	SBK/C	FI/SEXP/S/P					
3	"	0-4	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		4-48	SBK/C	FI/SEXP/S/P					
4	"	0-3	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46+	"	"	"
		3-46	SBK/C	FI/SEXP/S/P					
		BORING TERMINATED @ 46", FLOATER ROCK							
5	"	0-3	GR/CL	FR/SEXP/SS/SP	>40" TO SOIL WETNESS	40+	"	"	"
		3-40	SBK/C	FI/SEXP/S/P					
		BORING TERMINATED @ 40", ROOT							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVIWSIONALLY SUITABLE
Evaluated By: W.R. Marlin, LSS, 5/4/2004,
Others Present:

COMMENTS:
100% repair, system will need pump, do not install in wet soils

Landscape Position	Group	Texture	.1955 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
SS-Shoulder Slope		LS-Loamy Sand	
LS-Linear Slope			
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6
NS-Nose Slope		L-Loam	
HS-Head Slope			
CC-Concave Slope	III	SI-Silt	0.6 - 0.3
CV-Convex Slope		SICL-Silty Clay Loam	
T-Terrace		CL-Clay Loam	
FP-Flood Plain		SCL-Sandy Clay Loam	
	IV	SC-Sandy Clay	0.4 - 0.1
		SIC-Silty Clay	
		C-Clay	

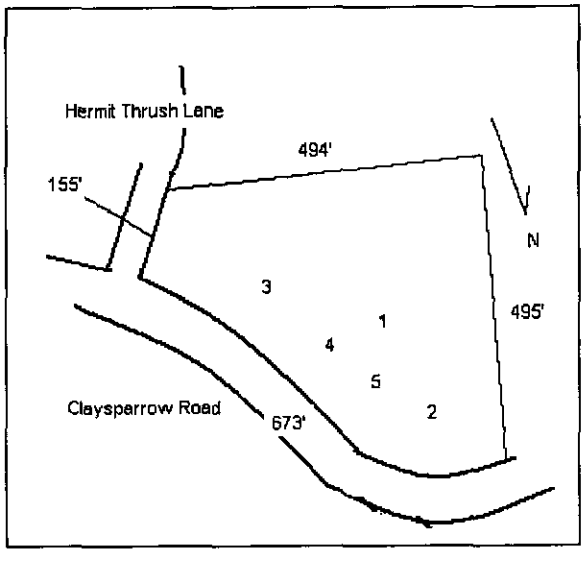
Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
NS-Non-Sticky
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Sketch of Soil Evaluation Locations



TCW WASTEWATER
P.O. Box 1830
Indian Trail, NC 28079
704.821.8841

FACSIMILE COVER SHEET

DATE: 2/16/06

FROM: Vicki Davis
TCW WASTEWATER MGMT, INC.
FAX: 704-821-8892

SEND TO: Kelly Randall
COMPANY: Meck DEH
FAX NO.: 704-336-6894

TOTAL PAGES: 10
(INCLUDING COVER)

MESSAGE:

Attached is the "Master Contract" for the Sanctuary which is recorded in Meck County Register of Deeds. This document consists of 8 pages.

The one-page document is the page that will be signed by the owners and it will be mailed to your office. That document refers to the "Master Contract".

Homeowners get copies of both documents.

Any questions please call.

P.O. Box 1830
Indian Trail, NC 28079

704.821.8841
Fax: 704.821.8892

FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2004 DEC 01 12:33 PM
BK:18087 PG:130-138 FEE:$35.00

INSTRUMENT # 2004250090

2004250090

Prepared by & return to:
Tim Bannister
Tri-County Wastewater Mgmt
P. O. Box 1630
Indian Trail, NC 28079

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

TRI-COUNTY-THE SANCTUARY
PAGE 1 OF 6 PAGES

MASTER CONTRACT FOR INSPECTION AND MAINTENANCE OF SEWAGE SYSTEMS FOR PARCEL A, THE SANCTUARY AT LAKE WYLIE

This Master Contract is entered into by and between Tri-County Wastewater Management, Inc., a North Carolina Corporation of Mecklenburg County, North Carolina (hereinafter "Tri-County") and The Sanctuary Owners Association, a North Carolina non-profit corporation of Mecklenburg County, North Carolina ("The Sanctuary"), acting for and on behalf of its members ("The Owner(s)").

Preamble

The Sanctuary Owners Association, Inc., a North Carolina non-profit corporation, was formed by the developer of The Sanctuary at Lake Wylie, L.L.C. which is a residential sub-division with other amenities including, but not limited to, a golf course. The Declaration of Covenants, Conditions and Restrictions-The Sanctuary, is recorded in the Register of Deeds of Mecklenburg County, North Carolina in Book #17763 on Page #774.

The Sanctuary Owners Association has the power to assess the membership of the Association for upkeep, inspections, maintenance, repair, and other activities for the good of the Association membership as well as to provide for common area maintenance, all of which responsibilities and duties are fully set forth in detail in the Declaration of Covenants, Conditions, and Restrictions-The Sanctuary and under the Bylaws of The Sanctuary Owners Association, Inc.

The Sanctuary Owners Association desires to provide for the inspection and maintenance of all sewage systems installed and to be maintained upon the individual lots owned by its membership. The obligation for maintenance, inspection, and repair of various systems is mandated by state and local laws, codes, and regulations. In order to fulfill the obligations of the individual owners of lots within The Sanctuary at Lake Wylie and to ensure fulfillment of all statutory and regulatory requirements in a uniform manner, The Sanctuary Owners Association, Inc. acting by and through it's duly authorized officers and directors, desires to enter into this Master Contract with Tri-County Wastewater Management, Inc., which is a qualified maintenance contractor, to inspect and to perform maintenance in order that the residential on-site waste systems of The Sanctuary's sub-division shall comply in all respects with applicable laws, codes, and regulations in a uniform and in identifiable means and methods.

Effective the date of this Master Contract, individual lot owners now and hereafter do;

1. Specifically adopt the terms of this Master Contract to provide for a qualified maintenance contractor to inspect and perform maintenance in order that their on-site waste systems in The Sanctuary sub-division complies in all respects with applicable laws, codes, and regulations too.

2. Specifically authorize The Sanctuary Owners Association, Inc. to assess and to collect assessments for payment for inspections, maintenance, repair and other necessities related to the proper inspection, maintenance, and operation of the residential on-site waste systems of said individual owners within The Sanctuary sub-division.

The Sanctuary Owners Association, Inc. shall have no liabilities nor responsibilities with respect to the duties of Tri-County Wastewater Management, Inc. or of the individual lot owners but acts solely as the Association of the membership by providing this Master Contract for the benefit of it's membership and to assess and to collect fees, expenses, and costs necessary for the inspection, maintenance, and repair anticipated to be performed by Tri-County under it's contracts with the individual lot owners who are members of the Association by reason of the Declaration of Covenants, Conditions, and Restrictions-The Sanctuary set forth above.

THE MASTER CONTRACT

Conditions of the Contract

A. Tri-County, in consideration of the payment by The Sanctuary, on behalf of it's membership, as set out in the schedule of services and charges in Attachment A, incorporated herein, agrees:

1) To provide the services set out in Attachment A according to the minimum schedule of inspections/services required by regulations for the lots or parcels set out in Attachment B.

2) To report results of the inspections to the local health department or other regulatory agency having jurisdiction as required by applicable laws or regulations.

3) If inspections indicate the need for system repairs:

   a) to notify the local health department within 48 hours.
   b) to give notice to The Sanctuary and the lot owners of needed repairs, and, if the necessary repairs are outside the scope of the routine maintenance described in Attachment A, then at The Owner's request, Tri-County will provide an estimate and will perform the necessary repairs at Tri-County's then prevailing charges for services and materials.

4) If Tri-County's services are terminated, Tri-County will notify the local health department within 48 hours, and notify any other regulatory agency requiring notice as required.

B. The Sanctuary, In consideration of the services performed for its' property owners, and The Declarant agree:

1) To assess it's membership, collect the fees and expenses according to this Master Contract and pay Tri-County for its services according to the schedule of charges set out in Attachment A.

2) Within 30 days of receipt of notice of repairs under A (3) above, The Owner(s) must request Tri-County to complete the needed repairs or provide proof to The Sanctuary that repairs have been performed by a licensed or qualified entity and the system is functioning properly and was inspected by Tri-County at the time of repair.

3) To notify Tri-county promptly of any emergency or malfunction which may violate environmental, health, or other laws and regulations, and to authorize immediate repair as necessary to restore the system to proper function and operation.

4) To provide and to maintain at all times, such access to the systems as is reasonably necessary for Tri-County to comply with its obligations under this Agreement, and as provided for in the Declaration.

C. **Terms of the Agreement**

1) This Agreement shall be effective for one year from January 1, 2005, and will be automatically renewed from year-to-year, unless written notice of termination and non-renewal is given to the other party not less than 60 days prior to the end of the then current annual contract year.

2) The real property to be serviced under this Contract is listed on Attachment B.

3) This Agreement automatically terminates if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for making an appeal has passed.

4) The parties may terminate at the end of the then current term by consent of each party or by not less than 60 days written notice to the other party prior to the end of the then current annual contract year and not less than 30 days written notice to the local health department or other regulatory agency having jurisdiction.

5) This Agreement may be terminated for cause for breach which remains unremedied after 15 days written notice to the defaulting party.

D

Limited Warranty

TRI-COUNTY'S SOLE DUTIES AND RESPONSIBILITIES UNDER THIS AGREEMENT IS TO PROVIDE INSPECTION AND ROUTINE MAINTENANCE ONLY AS SPECIFIED IN THIS AGREEMENT. INSPECTIONS WILL COMPLY WITH APPLICABLE CODES, LAWS, AND REGULATIONS IN FORCE AT THE TIME OF THE INSPECTION AND REPORT. WORK AND MATERIALS USED IN REPAIRS ARE WARRANTED ONLY TO BE OF GOOD WORKMANSHIP, FREE OF DEFECTS, AND CONFORM TO THE SYSTEMS SPECIFICATIONS AND EQUAL TO THE ORIGINAL PARTS AND EQUIPMENT. THE OWNER'S SOLE REMEDY UNDER THIS EXPRESS WARRANTY IS REPAIR OR REPLACEMENT AND CONSEQUENTIAL DAMAGE OR DAMAGES FOR DELAY ARE LIMITED TO TOTAL SUMS PAID TRI-COUNTY UNDER THISAGREEMENT FOR THE PARTICULAR LOT OR PARCEL FOR THE THEN CURRENT YEAR. ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE, ARE EXPRESSLY AND SPECIFICALLY EXCLUDED. REPAIRS, REPLACEMENTS, ADDITIONS AND CHANGES BY OTHERS TO THE SYSTEMS COVERED BY THIS AGREEMENT WITHOUT PRIOR NOTICE TO TRI-COUNTY OR ACCEPTANCE OF THE WORK BY TRI-COUNTY *DURING THE TERM OF THIS AGREEMENT VOIDS ANY WARRANTY GRANTED HEREIN AS TO* TRI-COUNTY.

E

Miscellaneous

1) Transfer of rights, responsibilities, and duties under this Agreement by any party shall be valid only on written notice and consent signed by all parties, which consent shall not be unreasonably or arbitrarily withheld.

2) Tri-County may perform its duties and responsibilities by subcontract but Tri-County will remain directly liable and responsible to The Owners under the terms of this Agreement.

3) Waiver of default or a breach of the Agreement by any party shall not operate nor be construed as a waiver of further or subsequent defaults or breach of this Agreement. Failure to take action in any default or breach does not bear action on such default at any time subsequent to such breach or default.

4) This Agreement constitutes the entire agreement of the parties, incorporating, and superseding all prior representations and negotiations and may not be changed or amended except in writing signed by the parties. The Agreement shall be interpreted under North Carolina law. Any part of the Agreement declared void, illegal, or unenforceable will not affect other provisions of the Agreement.

5) Disputes arising under this Agreement shall be determined by any method of Alternative Dispute Resolution the parties choose, including but not limited to, mediation or arbitration, under the Uniform Arbitration Act of North Carolina or its equivalent, or such means or methods as the parties agree to in writing.

6) Notices are deemed delivered if delivered in person; by certified or registered mail; by courier, or delivery service, if properly receipted, charges and postage prepaid, as follows:

The Sanctuary Owners Association, Inc.
11104 Limehurst Place
Charlotte, NC 28278

Tri-County Wastewater Management, Inc.
P.O. Box 1830
Indian Trail, NC 28079

Mecklenburg County Environmental Health Department
700 N. Tryon St., Suite #211
Charlotte, NC 28202

Each party has executed this Agreement with full power, authority, and legal right to enter into; to bind itself to the rights, duties and responsibilities under this Agreement, which is binding on the parties, their successors and assigns, heirs and personal representatives, on the date first above written.

The Sanctuary Owners Association, Inc.

By: _____

Title: Vice President

SEAL -STAMP

NORTH CAROLINA, Mecklenburg COUNTY

I, a Notary Public for the County and State aforesaid, certify Allen S. Harrington, personally appeared before me this day and acknowledged that he is Vice President of The Sanctuary Owners Association, a corporation, and that he as Vice President being authorized to do so, executed the foregoing instrument on behalf of the corporation. Witness my hand and official stamp or seal, this 1st day of November, 2004.

My commission expires: 9/8/09

Judy B. Mills
Notary Public

Tri-County Wastewater Management, Inc.

By: _____

Title: President

SEAL -STAMP

NORTH CAROLINA, Union COUNTY

I, a Notary Public for the County and State aforesaid, certify Tim Bannister, personally appeared before me this day and acknowledged that he is President of Tri-County Wastewater Management, a corporation, and that he as President being authorized to do so, executed the foregoing instrument on behalf of the corporation. Witness my hand and official stamp or seal, this 2nd day of November, 2004.

My commission expires: 03/23/2009

Marilyn B. Davis
Notary Public

EXHIBIT B
TRI-COUNTY - SANCTUARY

THE SANCTUARY

PARCEL A
LOT #

1 through and including 189

ON SITE SEWAGE TREATMENT CONTRACT AND AGREEMENT

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

CONTRACT FOR INSPECTION AND MAINTENANCE GROUND ABSORPTION SEWAGE TREATMENT AND DISPOSAL SYSTEM LOT NUMBER _____, PARCEL A ('THE LOT') THE SANCTUARY

(I), (WE), as the owners of Lot(s) Number _____, Parcel A of the subdivision known as The Sanctuary, have certain duties and responsibilities for the maintenance of any ground absorption sewage treatment and disposal system as regulated and set out in N.C.G.S. Article II, Chapter 130A; T15A-C18-S18A.1961 "Maintenance of Sewage Systems"; and under the "Declaration of Covenants, Conditions and Restrictions-The Sanctuary", (the "Declaration") as recorded in the Register of Deeds of Mecklenburg County, North Carolina, in Book 17763, Page 774, and under the Bylaws of The Sanctuary Owners Association, Inc.

The Sanctuary Owners Association, Inc. ("The Association") in order to provide for uniform inspection, maintenance, and repair and operation of sewage treatment and disposal systems within The Sanctuary, has entered into a Master Agreement dated the 8th day of November, 2004, which Master Contract with Tri-County Wastewater Management, Inc., a memorandum of which is recorded in Deed Book 18067, Page 130-138 in the office of the Register of Deeds for Mecklenburg County, North Carolina and is incorporated fully by this reference thereto.

The undersigned lot(s) owner(s) hereby agrees and contracts with Tri-County Wastewater Management, Inc. and with The Sanctuary Owners Association, Inc. as follows:

1. The Master Contract referred to above is hereby accepted, agreed, and is binding upon the undersigned with Tri-County Wastewater Management, Inc. and it's successors and assigns. The undersigned lot owner(s), their successors, and assigned agree to be bound by this Master Contract and any further or future contracts in substitution thereof.

2. The undersigned lot owner(s) further acknowledge and agree that The Sanctuary Owners Association, Inc. acting by and under it's Declaration of Covenants, Conditions, and Restrictions-The Sanctuary, has recorded in Book 17763 at Page 774 in the office of the Register of Deeds for Mecklenburg County, North Carolina has and is hereby granted the full power and authority to assess the undersigned for fees, expenses, and costs associated with the inspection, maintenance, and or repair of septic disposal systems on the lot.

This agreement is binding upon the undersigned, their heirs, administrators, personal representatives, successors, and assigns, and the transfer and assignment of the duty and responsibility to contract with a qualified maintenance contractor (operator) is a covenant running with the land ("The Lot"). This agreement will terminate: (1) when The Association is dissolved or liquidated; or (2) when the undersigned has no legal duty to maintain a sewage disposal system on "The Lot".

Witness our hands and legal seals, this _____ day of _____, _____.

_____(SEAL)
Signature

_____
Owners Printed Name

_____(SEAL)
Signature

_____
Owners Printed Name

TONEY C. JACOBS & ASSOCIATES, INC.

Consulting Soil Scientists

Licensed by the North Carolina Board for Licensing of Soil Scientists
Certified by the American Registry of Certified Professionals in Agronomy, Crops and Soils

168 Broadbill Drive
Mooresville, NC 28117
Phone (704) 663-6905
Fax (704) 662-9845 E-mail: jacobs@i-america.net

June 21, 2004

To: Mr. David Cornelius, R.S.
Mecklenburg County Env. Health Dept.

From : Toney C. Jacobs
Paul G. Penninger

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MCHD file # 5484B

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MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
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Receipt Information

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Attn:
Address: 7837 PENSWOOD ST
Address:
City/State/Zip: CHARLOTTE, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 13415 CLAYSPARROW RD/FILE 5484B		1	150.00	150.00

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

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

FEE: 300.00
DATE: 2/27/2006

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5484B

PERMIT NUMBER: 30000408

PARCEL NUMBER: 19935312

JOB LOCATION INFORMATION

ADDRESS: 13415 CLAYSPARROW RD

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

ISSUED TO: Prestige Custom Homes, Inc.

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 2/3/2005

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000408, 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: 6/29/2009



Print

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Parcel Information

Parcel ID	Account	Parent	Previous
19935312	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
PONDER MARK W	13415 CLAY SPARROW RD	CHARLOTTE NC 28278

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L75 M42-619	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	4.81

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Feb 27 2006	1720000	3440.0000		IMP	20065 - 329	WARRANTY D	20065-329	PRESTIGE CUSTOM HOME
Dec 29 2004	270000	540.0000		VAC	18182 - 601	SPEC WARRNTY	18182-601	

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	4.81	AC	T916	

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	2005	13415 CLAYSPARROW RD UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	2.0 STORY	1	11131	7378	CRAWL SPACE	FACE BRICK - STONE	EXCELLENT 06	

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	GAS	3 - FP3	AC-CENTRAL		4	6		1

Sub Areas

Bldg	Description	Size
1	UPPER STORY - FINISHED	2763
1	ATTIC - UNFINISHED	40
1	ATTIC - UNFINISHED	119
1	ATTIC - UNFINISHED	40
1	PORCH - OPEN - FINISHED	175
1	ATTIC - FINISHED	484
1	BASE (FIRST FLOOR)	3491
1	GARAGE - FINISHED	841
1	PORCH - OPEN - FINISHED	374
1	CARPORT - FINISHED	537
1	PORCH - OPEN - FINISHED	64
1	GARAGE - FINISHED	573
1	PORCH - OPEN - FINISHED	576
1	CARPORT - FINISHED	330
1	PORCH - OPEN - FINISHED	84
1	BASE (FIRST FLOOR)	640

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 6.00%				

Notes

Tax Year	Notes	Note Date

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	2005	PATIO	1	21x21	
1	2008	POOL-CONC.	1	684	
1	2005	TERRACE	1	4x4	
1	2005	BARBEQUE	1	3x8	

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	1673200	0
Jun 1 2009	2009	Remodeled and/or New Addition	1362400	0
Jun 1 2009	2009	Remodeled Improvements and/or New Additi	1362400	0
Apr 11 2006	2006	New Improvement	1325400	0
Jul 7 2005	2005	Division of Land and/or New Parcel	254400	0
Jul 7 2005	2005	Division of Real Estate and/or New Parce	254400	0

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	PONDER RESIDENCE	5484B
Health Department	**Name of Establishment**	**Permit/Project No.**
15415 CLAY SPARROW RD	RESIDENCE	600
Location	**Type of Establishment**	**Design Flow**
MARK PONDER	1345 CLAY SPARROW RD	
Owner/Agent	**Address**	**Phone**
NA	CHARLOTTE NC 28278	
Operator	**Address**	**Phone**
IIIb	3/29/11	3/2//16
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☐	☐	INACCESSIBLE
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☐	☒	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☐	☐	☐	INACCESSIBLE
b. High-water alarm present and operating properly?	☐	☐	☐	"
c. Floats/pipe/valves/disconnects in good working condition?	☐	☐	☐	"
d. Control panel enclosure/components in good condition?	☐	☐	☐	"
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:
GOOD

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:
*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.
*Please visit http://groundwater.charmeck.org for additional information.

DATE: 3/29/11

SIGNED: _____ AGENT
Division of Environmental Health

Printed Name: PHILO WALKER
Phone #: 704-336-5570

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5484B DATE: 2-15-06

TC: 199-353-12 ☐ L ☑ CRT

SERIAL Nº 20095

Name of Owner Prestige Custom Homes Juris.:

Address of Property 13415 ~~Hermit~~ Clay Sparrow Rd Charlotte

Inspection Data:

Tank Material PCC

Total Length of Drainfield 500'

Number of Lines 3 @ 170'

Cover Depth 12"

Water Supply Source Municiple

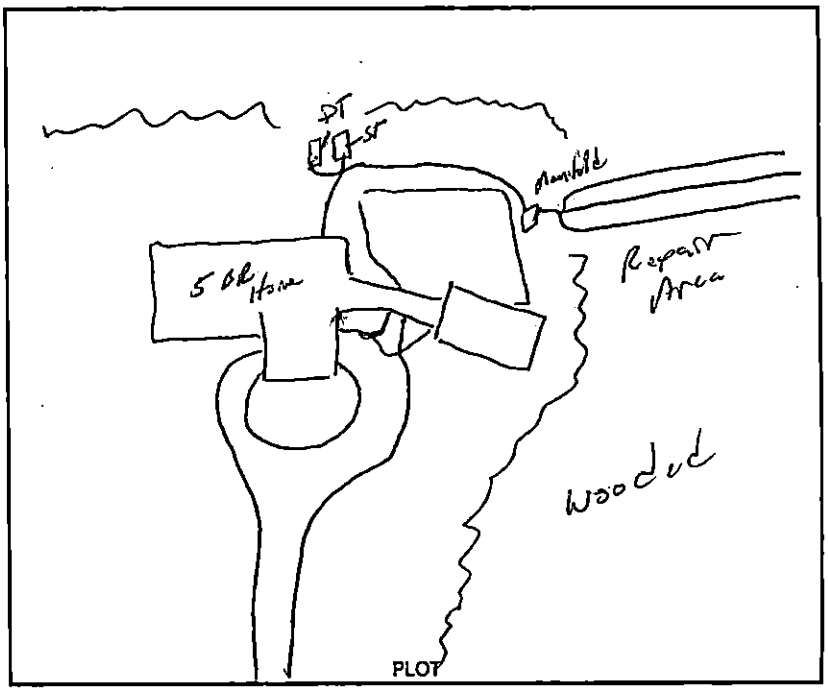
Distance to Water Source >100'

Excavation Inspected (EP)

Tank(s) Inspected (EP)

Wash Line Inspected N/A

High Water Alarm Inspected (EP) 2/15/06



Design 1500 SF, 1000 gpt, 3 lines pumped w/ pressure Manifold EZ Flow CTR# Stanley

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 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/revocation of this permit.

COMMENTS: Lot 75

No Installation Approval issued (EP) 2/17/06 - See letter Randell

IIIb 3 Type

Environmental Health Specialist

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