Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

8/11/08 LR
Pass
12/6/08

GWS File #: 7859B WASPS App #: 3718

Primary ES assigned to project:

Secondary ES assigned to project:

Project Type: New System [✓] Alteration [ ] Repair [ ] Modified Plot Plan [ ]

I. File Review:

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

H. 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: rejected by Inst Appr PSW 2/5/09 # Items requiring correction/modification:

IA issued date:

OP issued date:

Review performed by: JR Date performed: 8-7-08

12600

JAM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

78590 4006

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: 195-081-03 59
STREET ADDRESS: 13531 CASTLEFORD DR.
CITY: MINT HILL
STATE: NC ZIP: 28110
SUBDIVISION NAME: CHACEWATER
LOT #: 22 LOT SIZE (acres): .907
TOWNSHIP:
☐ 1-CROPTON CHURCH ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 2-CHARLOTTE ☐ 4-PINEVILLE ☒ 7-MINT HILL
☐ 8-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 3314
NUMBER OF BEDROOMS: 4
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.

ROCK OUTCROP, 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
ABOVE OR BELOW GROUND 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? 1-30-09 ☐ 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: JOHN CASSELL
ADDRESS: 1801 TOWER INDUSTRIAL DR.
CITY: MONROE
STATE: NC ZIP: 28110
HOME PHONE:
WORK PHONE: 704-283-7663
MOBILE PHONE:
FAX: 704-282-0790

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-8804

Revised on: 7/1/09

DEC-10-2008 17:31 From:WILLIAMS CO 7042820790 To:704 336 8804

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. This 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.

_____ 12-10-08

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: $ 100.00 cash DATE FEE RECEIVED: 12/11/08

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

APPLICATION PROCESSED BY: JC

CAPACITY NUMBER ASSIGNED: 7859B

APPLICATION ID NUMBER ASSIGNED: 4006

COMMENTS:

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

Revised on: 7/1/08

DEC-10-2008 17:31 From:WILLIAMS CO 7042820790 To:704 336 6894 P.1/1

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 #: **30004006** GWS File #: **7859B** Tax Parcel #: **195-081-59**

- 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):** 12/16/2013

Type of Installation: Residential - Modified Plot Plan Lot Number: 22

Structure Type: HOUSE *Size (ft^2):* 3314 *# Bedrooms:* 4 *# Occupants:* 3

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: Conventional **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: 12/16/2008

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

Signature: John B. Cassell II

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 #: **30004006** GWS File #: **7859B**

IV. Permit Conditions/Comments:

- *All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and* approved prior to issuance of an Operation Permit.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Draw towards back of property must be filled in after system installation.

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.

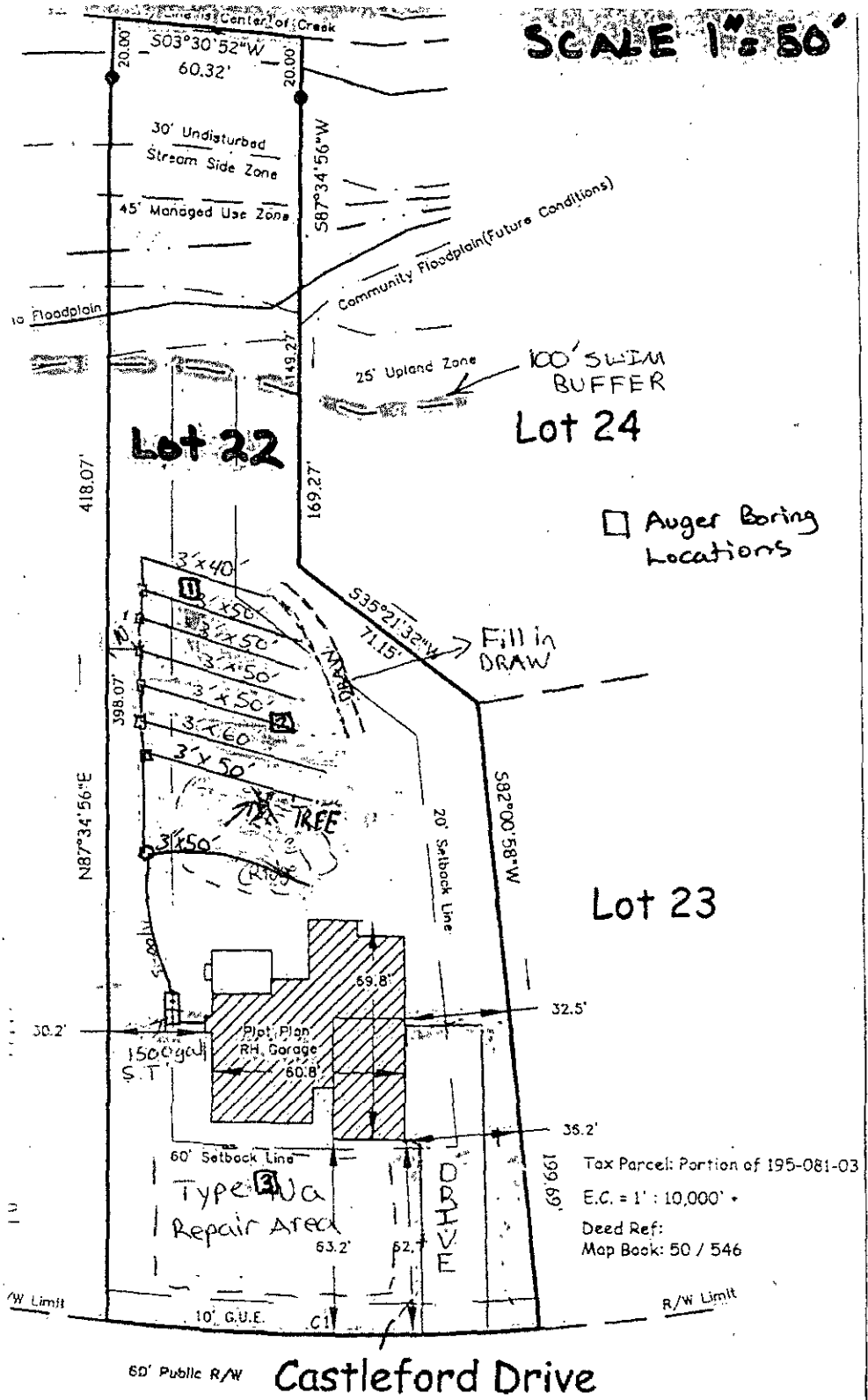
DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 12/16/2008

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

Signature: John B. Cassell II



ABLE	
BEARING	CHORD
S 02°31'00" E	135.61

THIS IS NOT A SURVEY.
IT IS TO DEPICT PROPOSED
FOR BUILDING PERMIT

Plot Plan
For
The Williams Company
Lot 22, Chacewater
13531 Castleford Drive
Mecklenburg County
Mint Hill, N.C.

File # 7859B
195-081-59

4 Bedroom Residence
0.3 LTAR 480 GPD
Type IIIg System
Gravity to 25% Reduction
Drop Box Distribution
Install (8) Lines at
various lengths shown.
(1)@60' (6)@50' (1)@40'
1500 gal Septic Tank.

SETBACKS

- STAY 10' off all property lines.
- 10' off all structures
- STAY out of DRAW

Note:
Fill DRAW IN AFTER SYSTEM INSTALATION
Install Drain lines level w/contour of land

Approved on 12-16-2008
Jeremy Michael R.S

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 #: 7859B Permit #: 30004006 Tax Parcel #: 195-081-59

Property Owner: The Williams Co.

Job Location Address: 13531 Castleford Dr. Lot #22 Chasewater

City: Charlotte State: NC Zip Code: 28227

Installation Approval Issuance Date: 01-29-2009

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 02-29-2009, 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

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 8 @ Various feet

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

Distribution Device: Drop Boxes

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☒ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install Septic System to IP Plot Plan specifications.

Comments: System Classification & Type: III g System

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

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

File #: 7859B Permit #: 30004006 Tax Parcel #: 195-081-59

Property Owner: The Williams Co.

Job Location Address: 13531 Castleford Dr. Lot # 22 Chaceuater

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 Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: 1500 gallons-2ES

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 7 @ _____ feet 50 50 60 60 40

Depth of Media: 12 inches (Type) EZ-Flow

Depth of Cover: 18 inches

Distribution Device: Drop Boxes

Inspection Dates

Tank(s) Inspected: 02-06-09

Excavation Inspected: 02-06-09

Pump & Controls Inspected: _____

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

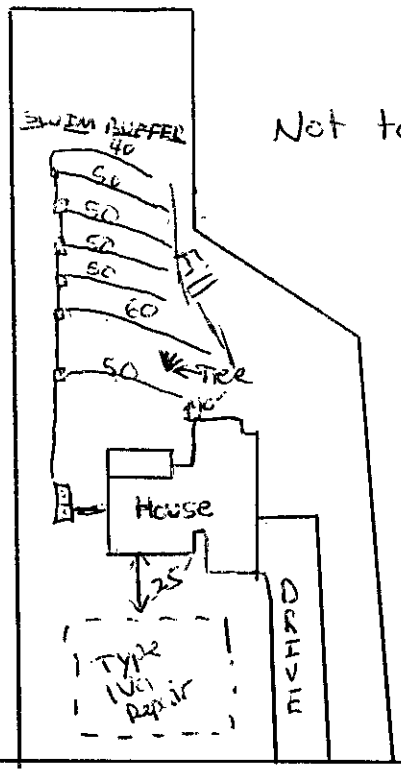
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☐ Municipal ☐ Private Well ☒ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 15 feet & 10

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet 100'+0 well

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

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

Comments: System Classification & Type: III G, Innovative, 25% Reduction, Installed As Shown Above. Drain Has Been Filled At Grade. (EZ1203H, G, N/A, N/A)

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

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 7259B Permit #: 3000/2006 Tax Parcel #: 195-081-59

Property Owner: The Williams Co.

Job Location Address: 13531 Castleford Dr. Lot #22 Charlotte

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: IIIa

*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: 2/10/09

Signature: David Cornelius, RS

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-~~03~~ 59
STREET ADDRESS: 13531 CASTLE FORD DRIVE
CITY: MINT HILL
STATE: NC ZIP: 28110
SUBDIVISION NAME: CHASE WATER
LOT #: 22 LOT SIZE (acres): 0.407
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: 3314
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: ~~SPECULATIVE~~ 6
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: MONROE
STATE: NC ZIP:
HOME PHONE:
WORK PHONE: 704-283-7663
MOBILE PHONE:
FAX: 704-282-0790

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: JOHN D. TILDEN
ADDRESS: 2110 MONDO LN
CITY: INDIAN TRAIL
STATE: NC ZIP: 28079
HOME PHONE:
WORK PHONE: 704-283-7663
MOBILE PHONE: 704-363-3058
FAX: 704-282-0790

RICK AT WELL

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 G.

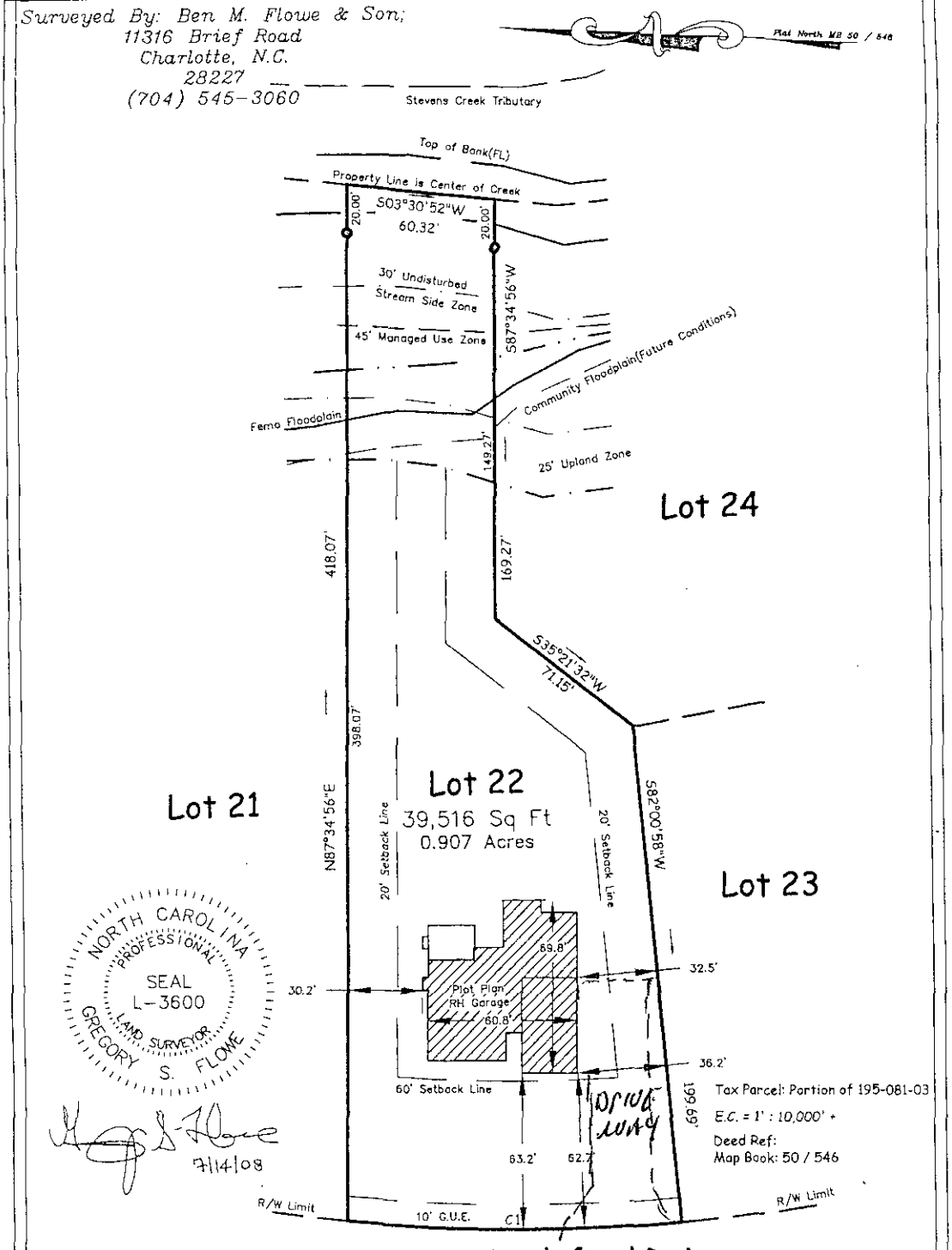
GWS FILE NUMBER ASSIGNED: 7859B

APPLICATION ID NUMBER ASSIGNED: 3718

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

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	135.81	720.00	S 02°31'00" E	135.61

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

Plot Plan
For
The Williams Company

Lot 22, Chacewater
13531 Castleford Drive
Mecklenburg County
Mint Hill, N.C.

Drawing No. 222-08

Scale: 1" = 50'

July 14, 2008

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

Sheet: 1 of 2
Property ID: 195-081-59
Lot #: 22
File #: 7859B
AppID: 3718

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: The Williams Comp.
Applicant: John Tildew
Address: 1801 Tower Industrial Dr., Monroe NC
Date Evaluated: 8/5/2008
Proposed Facility: Residence
Design Flow (.1949): 360 GPD
Property Size: .907 ac.
Location of Site: 13531 Castle Ford Dr.
Property Recorded: 7/11/2008
Water Supply: [X] Public [ ] Individual [X] 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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr. Horiz	Profile Class & LTAR
1	5-6%	0-48	SBK/C	S/P/Fi	>48" TO SOIL WETNESS	48"	NONE	N/A	PS, IV
	L								0.3 GPD/FT2
2	5-6%	0-8	GR/SL	FR/NS/NP	"	"	"	"	"
	L	8-30	SBK/C	S/P/Fi					
		30-48	SBK/CL	SS/SP/FRI					
3	2%	0-7	SBK/SCL	FR/SS/SP	"	"	"	"	"
	L	7-48	SBK/C	S/P/Fi					

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

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

Jeremy Michael

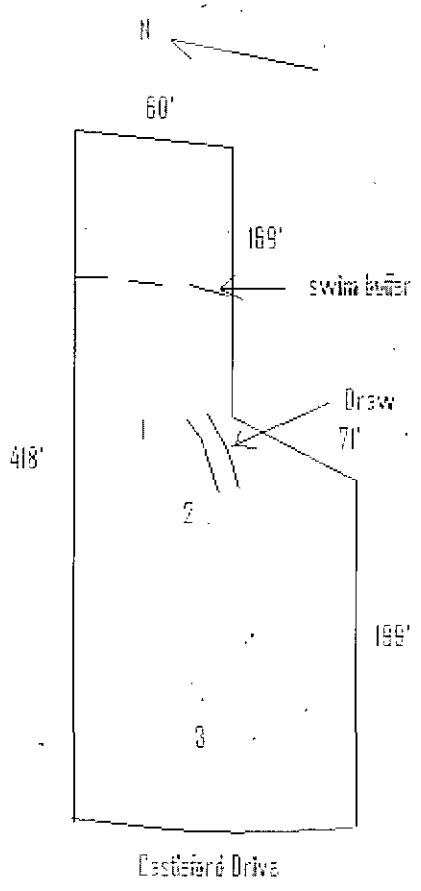
Sheet: 2of2

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 #: **30003718** GWS File #: **7859B** Tax Parcel #: **195-081-03**

- 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):** 8/6/2013

Type of Installation: Residential - New System Lot Number: 22

Structure Type: HOUSE Size (ft^2): 3314 # Bedrooms: 3 # Occupants: 3

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

Signature: Jeremy Michael

Date Issued: 8/6/2008

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

Signature: John B. Cassell II

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 #: **30003718** GWS File #: **7859B**

IV. Permit Conditions/Comments:

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.

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:

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- This IMPROVEMENT PERMIT is transferable.

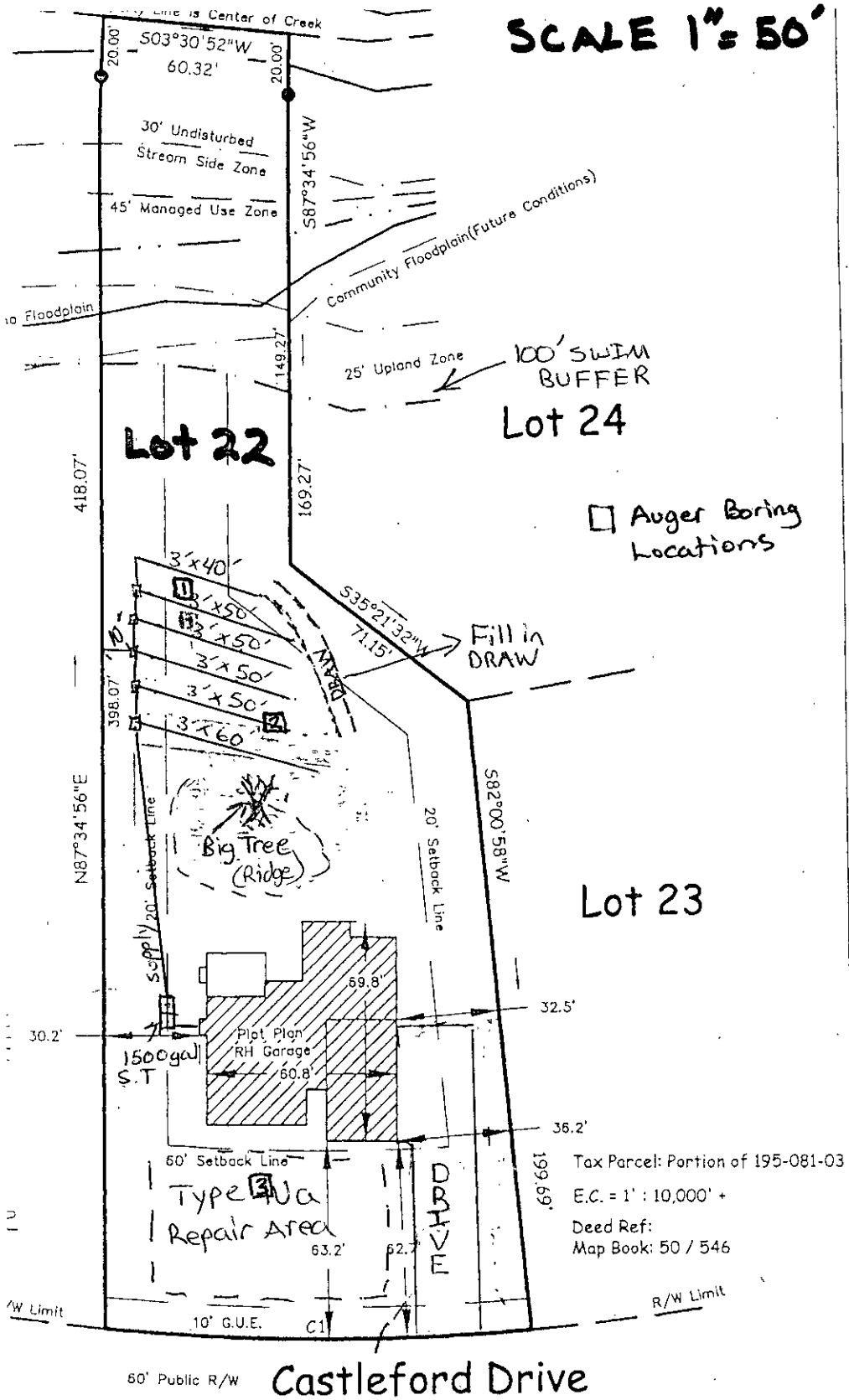
DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 8/6/2008

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

Signature: John B. Cassell III



ABLE	
BEARING	CHORD
S 02°31'00" E	135.61

HIS IS NOT A SURVEY.
IS TO DEPICT PROPOSED
FOR BUILDING PERMIT

Plot Plan
For
The Williams Company
Lot 22, Chacewater
13531 Castleford Drive
Mecklenburg County
Mint Hill, N.C.

File # 7859B
195-081-59

3 Bedroom Residence
0.3 LTAR
Type IIIg System
Gravity to 25% Reduction
Drop Box Distribution
Install (6) Lines at various lengths shown.
(1)@60' (3)@50' (1)@40'
1500 gal Septic Tank.

SETBACKS

- STAY 10' off all property lines.
- 5' off all structures
- STAY out of DRAW

Note:
Fill DRAW IN AFTER SYSTEM INSTALATION
Install Drain lines level w/contour of land.

Approved on 08-05-2008
Jeremy Michael R.S

8-11-08

SCALE 1" = 60'

Lot 33

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				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/11/08	**Amount:**	100.00
Receipt #:	59927	**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 13531 Castleford Drive/file 7859B		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00	354.75				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/16/08	**Amount:**	250.00
Receipt #:	58229	**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 13531 CASTLEFORD DR		1	250.00	250.00

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

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

Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☐ Alteration ☑ Modified Plot Plan ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid) LE 12/5/16 Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

MECKLENBURG COUNTY
HEALTH DEPARTMENT

7859B #8019

4 FEB '16 AM10:

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: 19508159
STREET ADDRESS: 13531 Castleford Dr.
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Meadows at Cheval
LOT #: _____ LOT SIZE (acres): 1.00
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ⊙ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
⊙ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 3,700
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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:** ____ ____ ____ ____ ____

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?** _____ ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: John A Grue
ADDRESS: 13531 Castleford Dr
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: (704) 254-5001
MOBILE PHONE: _____
FAX: _____
E-MAIL: sean.grue@gmail.com

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

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

Revised on: 12/15/10

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.

JAG (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. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 1/29/2016

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 FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Revised on: 12/15/10

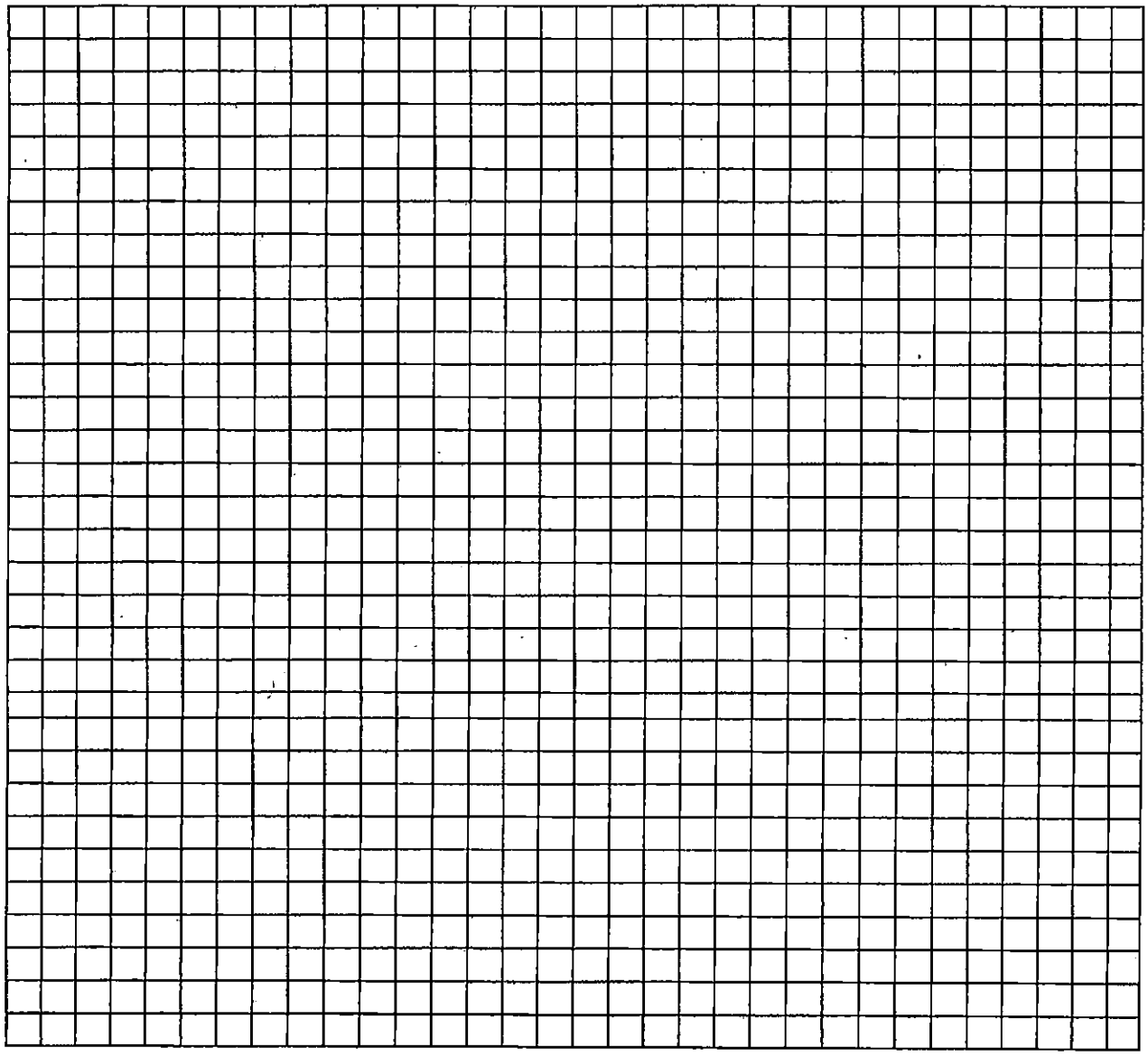
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

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

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Revised on: 12/15/10

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/05/16
Receipt #: 97863
Check / Auth #: MC 082954
Received By: ELLISLW

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: GRUE,DAVID
Attn:
Address: 13531 CASTLEFORD DR
Address:
City/State/Zip: CHCHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 13521 CASTLEFORD DR		1	300.00	300.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		145.00		75.00	

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: DAVID GRUE

Bill To:

DAVID GRUE
13531 CASTLEFORD DR

Charlotte, NC 28227

Single Payment

Transaction Date: 02/05/2016 6:29 AM Pacific Time
Pay Method: **********0310
Approval #: 082954
Trace Number: 8ec2c922-39df-4ed2-a31c-dfedb4469b2c
Amount: $300.00

Payment Amount: $300.00

Total: $300.00

Thank you for your payment.

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___

PROPERTY ID #: ___

COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ___ APPLICATION DATE ___

ADDRESS: ___ DATE EVALUATED: ___

PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___

LOCATION OF SITE: ___ PROPERTY RECORDED: ___

WATER SUPPLY: ▫ Private ▫ Public ▫ Well ▫ Spring ▫ Other ___

EVALUATION METHOD: ▫ Auger Boring ▫ Pit ▫ Cut TYPE OF WASTEWATER: ▫ Sewage ▫ Industrial Process ▫ Mixe

PROFILE	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1947 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 HAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-36	C, sbk	ss, sP, Fr, sexP					PS
		36-48	C, sbK	ss, sP, Fr, sexP	saP inclusions 36"				-.03
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___

SITE CLASSIFICATION (.1948): ___

EVALUATED BY: ___

OTHER(S) PRESENT: ___

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

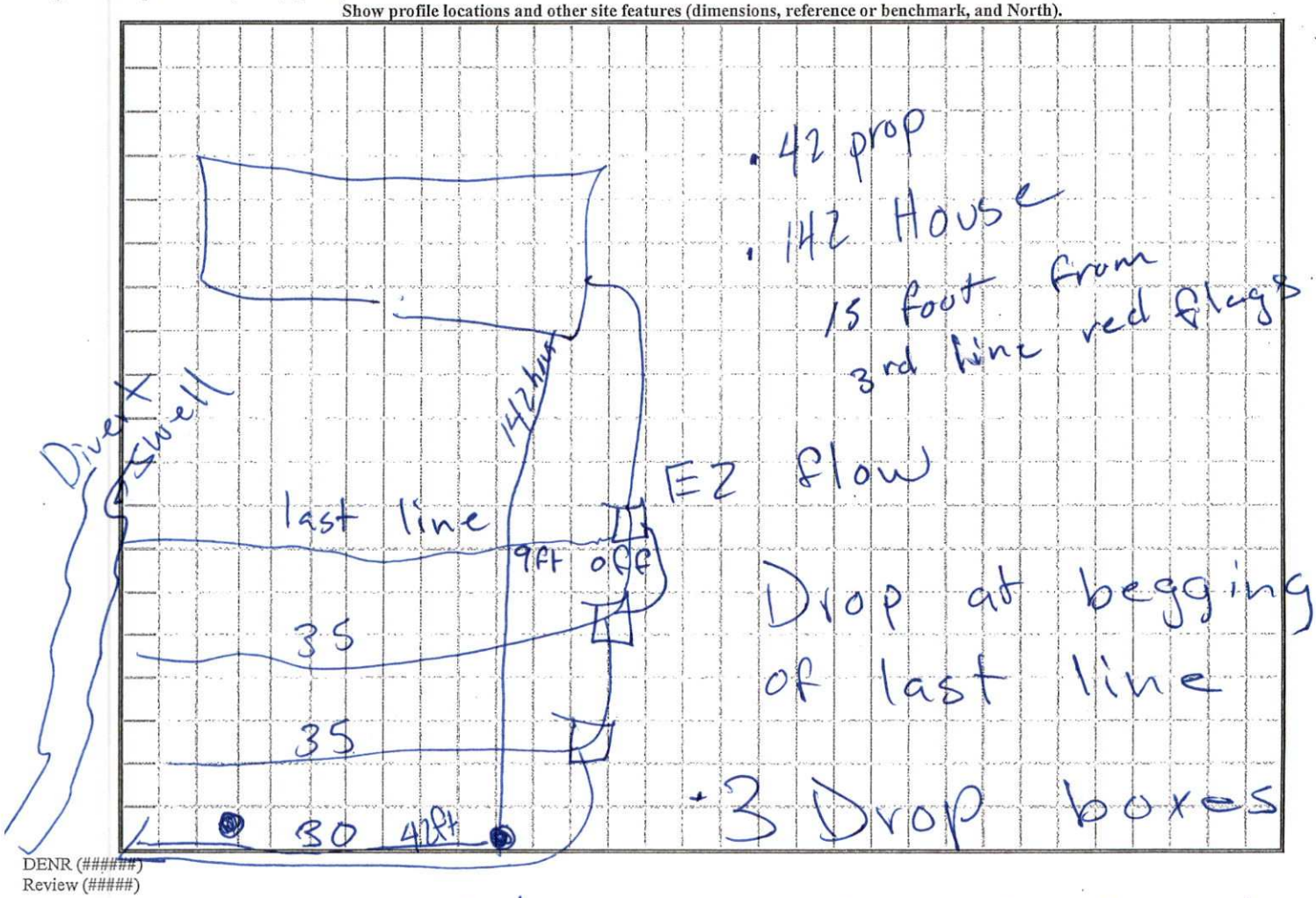
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)

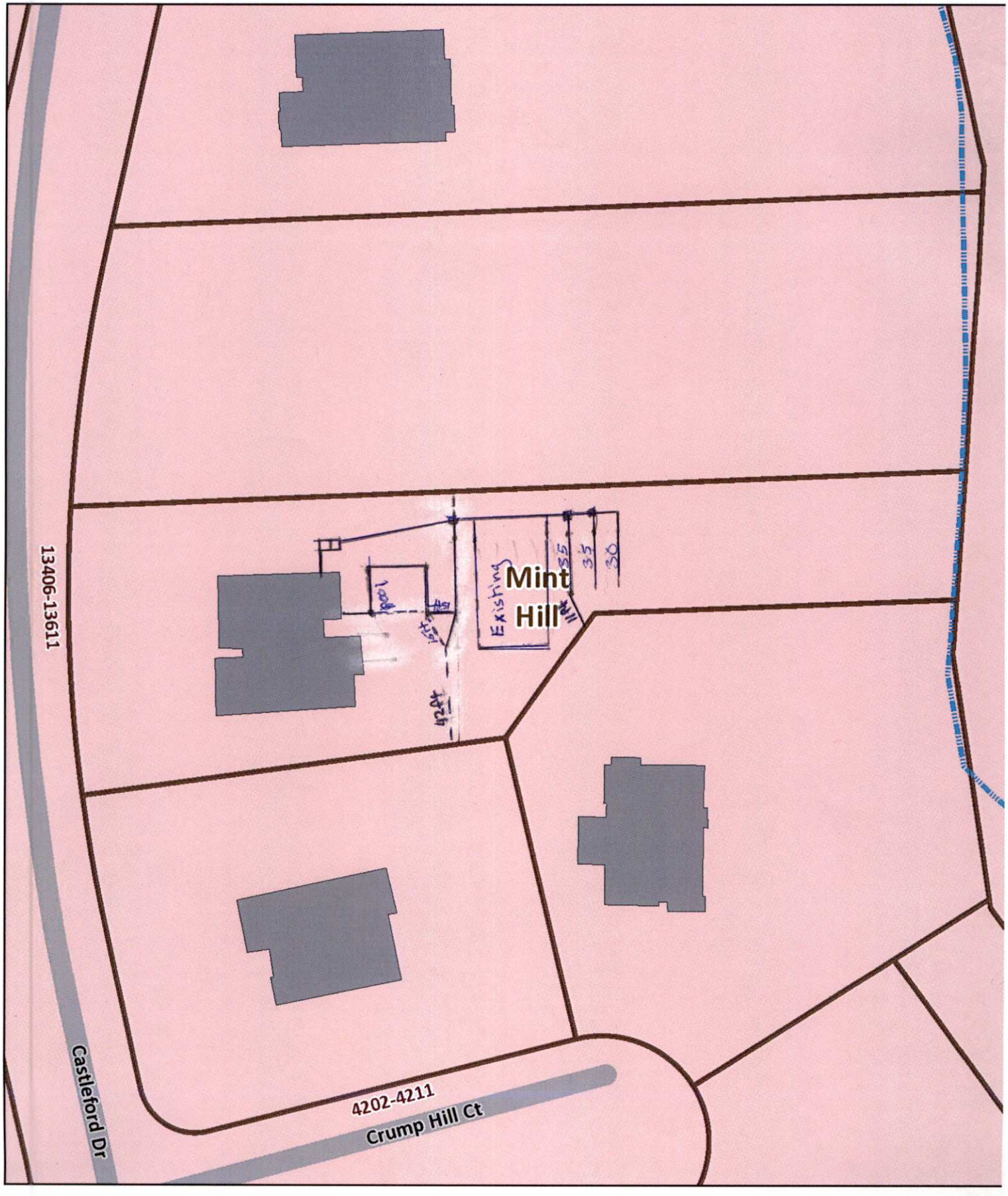
Review (#####)

remove trees needed

• locate end of last line

On-site Wastewater Improvement Permit Diagram

PARCEL #: 195-08-159
WAPSPS APPLICATION #:8019



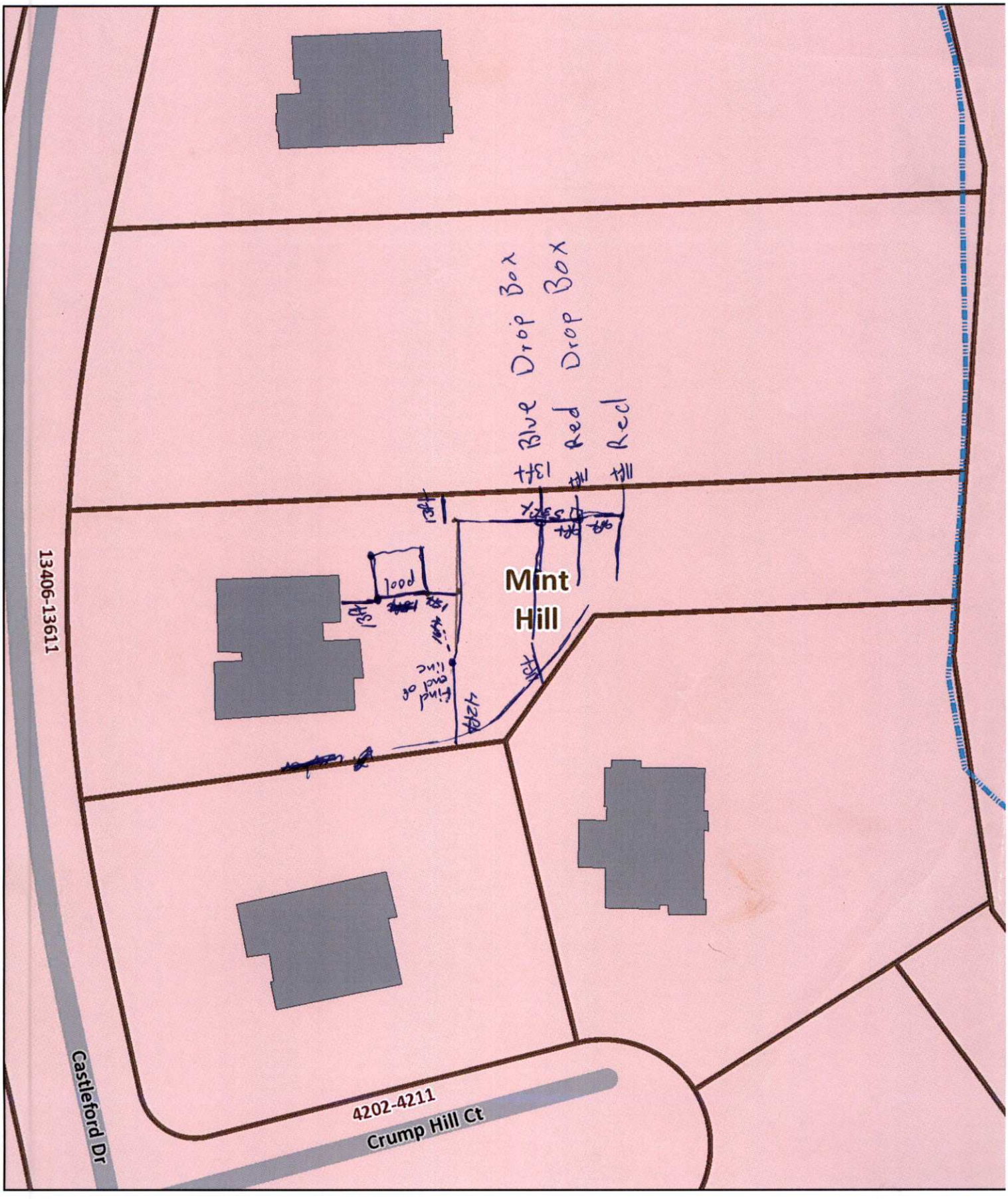
Map Created By: Bryan Davenport
Map Created On:02/18/2016

0 30 60 120 Feet

N

On-site Wastewater Improvement Permit Diagram

PARCEL #: 195-08-159
WAPSPS APPLICATION #:8019

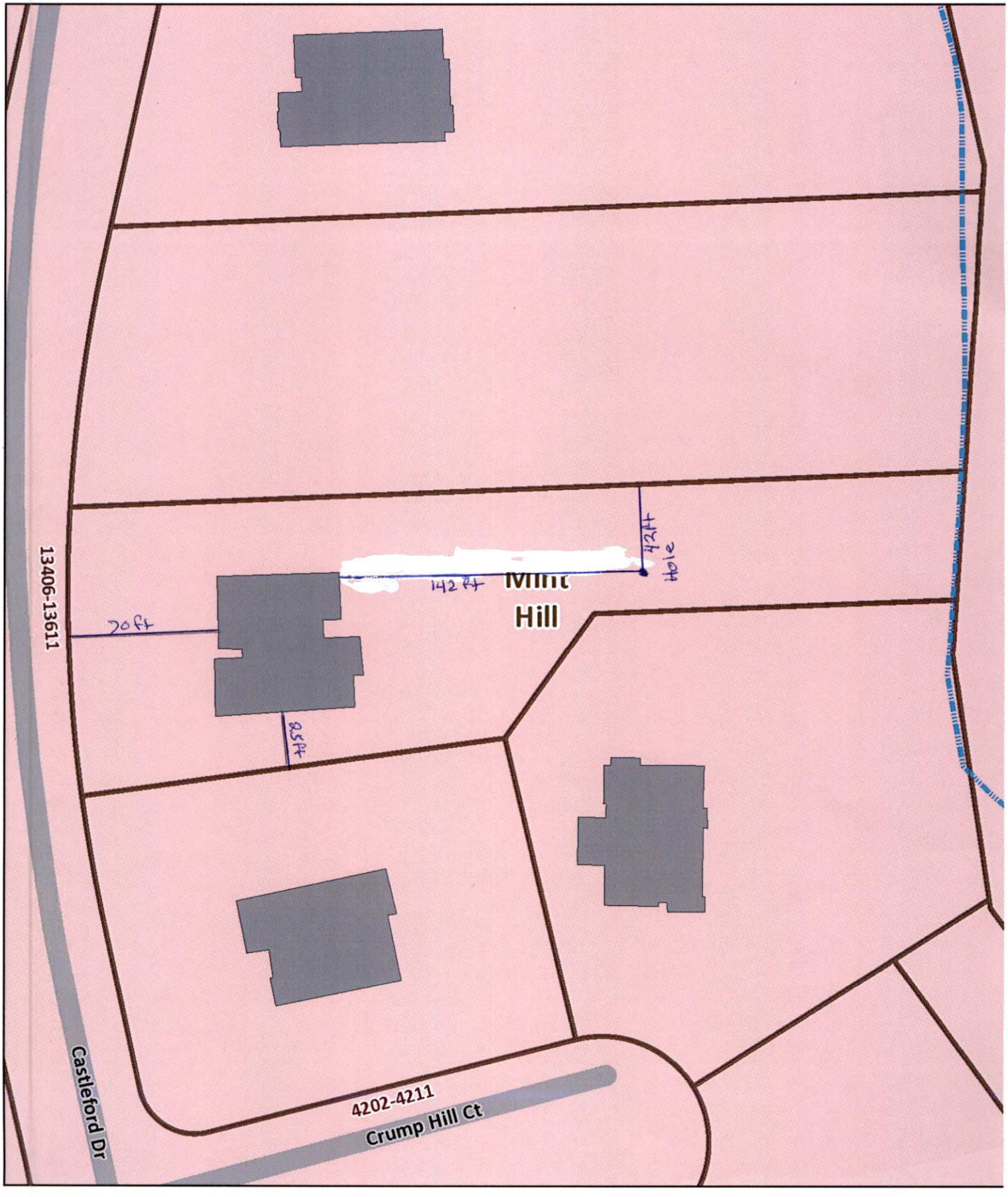


Map Created By: Bryan Davenport
Map Created On:02/18/2016

0 30 60 120 Feet

On-site Wastewater Improvement Permit Diagram

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Map Created By: Bryan Davenport
Map Created On:02/18/2016

0 30 60 120 Feet

N

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 #: **30008019** GWS File #: **7859B** Tax Parcel #: **195-081-59**

- 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):** 2/18/2021

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 3700 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Community

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

Initial System Specifications:

Design Flow (gpd):	120	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	300	Total Trench Length (ft):	100
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.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 STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Bryan Davenport Owner/Legal Agent: _____
Print Name

Signature: Bryan Davenport Signature: _____

Date Issued: 2/18/2016

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 #: **30008019** GWS File #: **7859B**

IV. Permit Conditions/Comments:

- All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to issuance of an Operation Permit.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.

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Authorized Agent: Bryan Davenport

Signature: Bryan Davenport

Date Issued: 2/18/2016

Owner/Legal Agent: _____
Print Name

Signature: _____