Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) paid _____ Initials/Date

CA ($200.00) LE 8/22/16 _____ Initials/Date

OP ($200.00) LE 8/22/16 _____ 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)_____ 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 ☑ JAM
OK To Generate CA.

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

Septic file completed. ☑ JAM _____ 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. ☐ _____

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 9222B WASPS App #: 7567

Primary ES assigned to project: Jeremy Michelove

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: 4			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.3	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

IA issued date: 3/17/17

OP issued date: 3/17/17

Review performed by: JAM Date performed: 3/22/17

X46682

9228 Application # 7567

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: 023-164-43

STREET ADDRESS: 11905 Mountain Crest Circle

CITY: Charlotte

STATE: NC **ZIP:** 28216

SUBDIVISION NAME:

LOT #: 79 m23-558 **LOT SIZE (acres):** 1.46

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: 4,000

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: _____ 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: ____ ____ ____ ____ ____

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? 7/13/15 ☐ N/A

12. PROPERTY OWNER:

NAME: Gary Keith
ADDRESS: 1230 W. Morehead st 410
CITY: Charlotte
STATE: NC ZIP: 28208
WORK PHONE: 704-333-4411
MOBILE PHONE:
FAX:
E-MAIL:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: C. Brooke Reinhardt
ADDRESS: 4322 Woodlark Ln
CITY: Charlotte
STATE: NC ZIP: 28211
WORK PHONE: 704-715-6895
MOBILE PHONE: 704-999-4878
FAX:
E-MAIL: SGbiar78@live.com

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.

_____ (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.

_____ 6/15/15

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

---

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O 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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

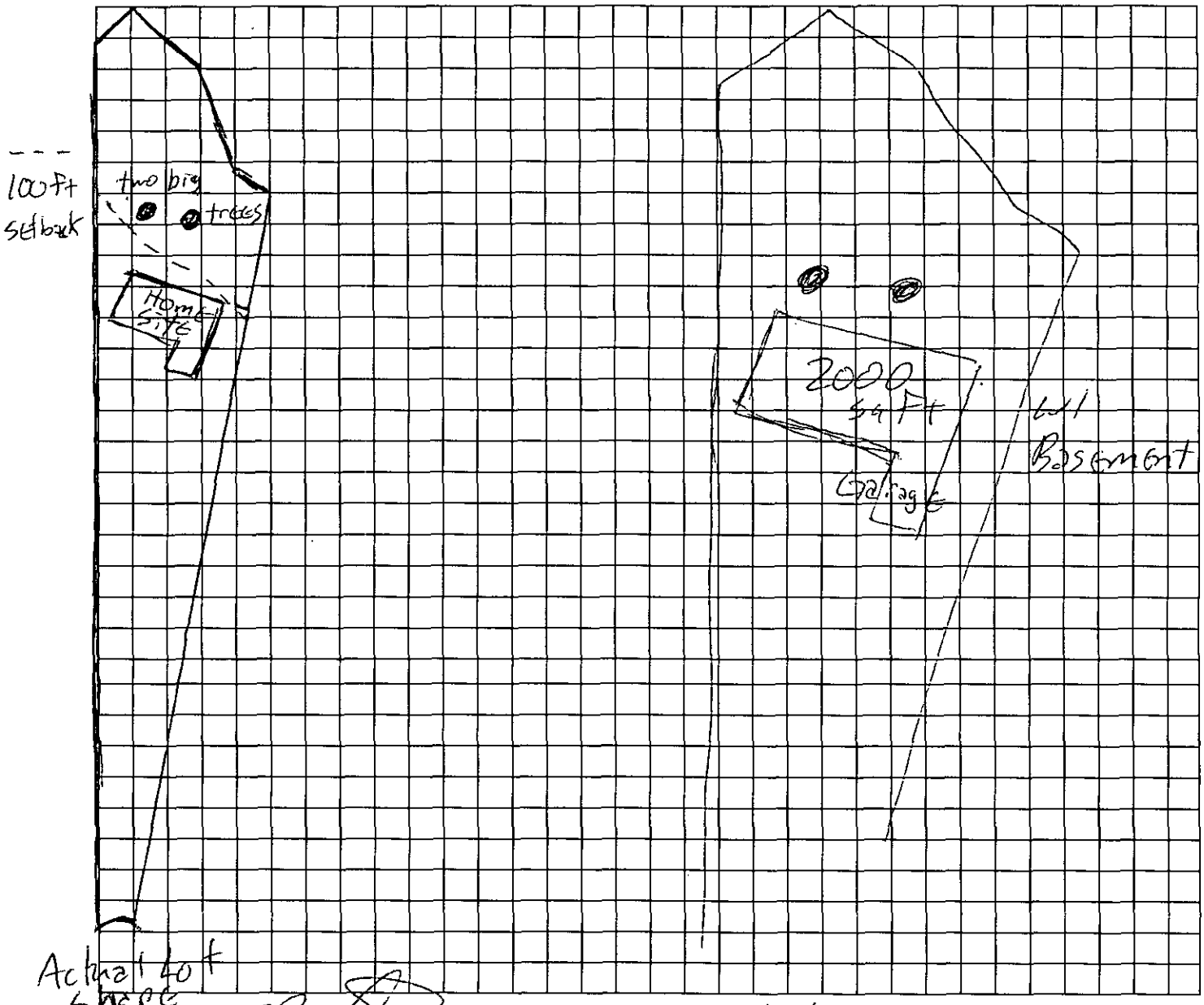
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 11905 Mountain Crest Cir

Tax Parcel #: 023-164-43

Subdivision Name: _____

Lot #: 79 (m23-558)

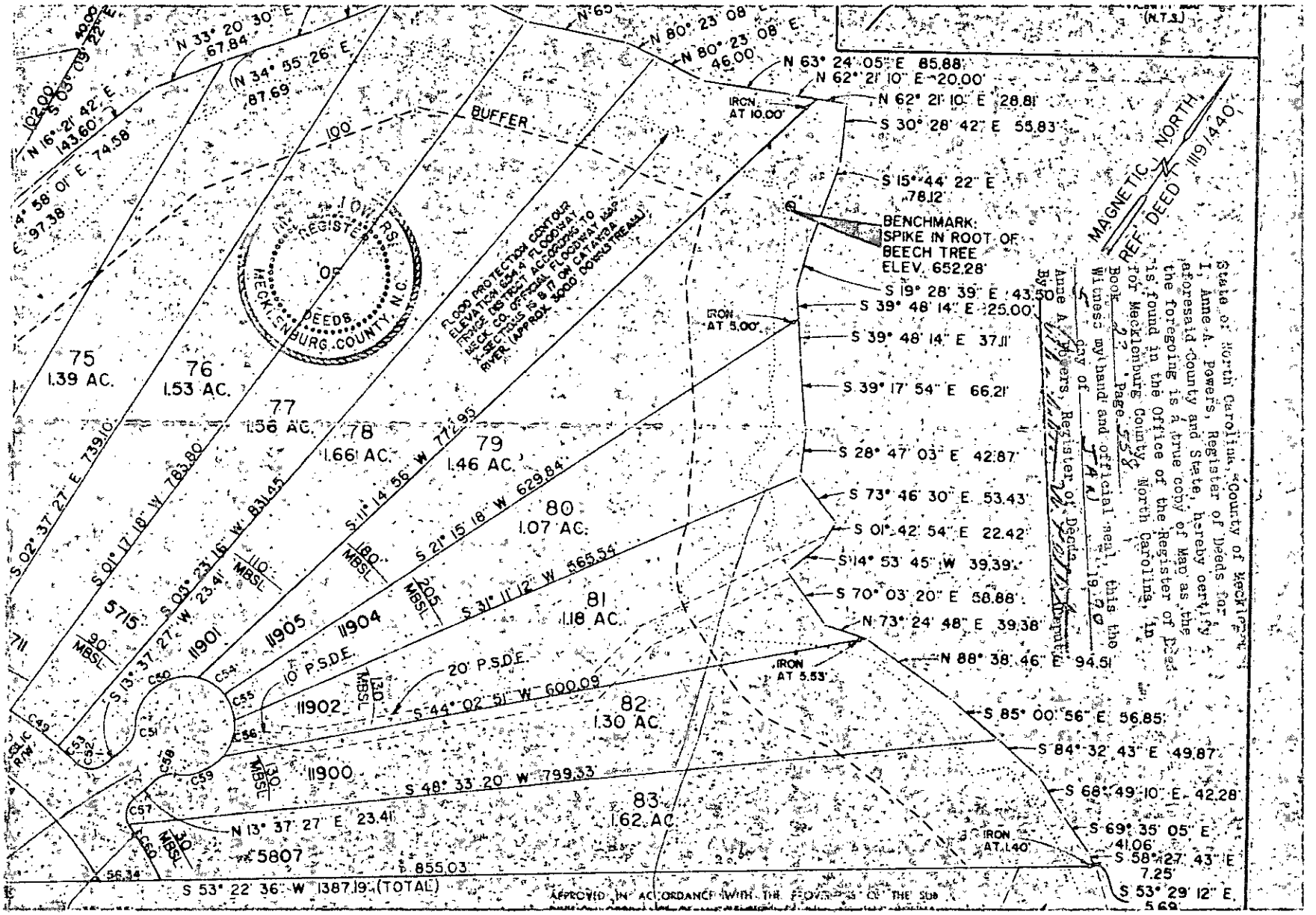


Property Owner's or Owner's Legal Representative Signature

6/15/15
Date

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


(N.T.S.)
N 33° 20' 30" E 67.84'
N 34° 55' 26" E 87.69'
N 16° 21' 42" E 143.60'
S 03° 09' 22" E 102.00'
N 65° 58' 01" E 97.38'
N 74.58'
100' BUFFER
N 80° 23' 08" E 46.00'
N 63° 24' 05" E 85.88'
N 62° 21' 10" E 20.00'
N 62° 21' 10" E 28.81'
IRON AT 10.00'
S 30° 28' 42" E 55.83'
S 15° 44' 22" E 78.12'
BENCHMARK: SPIKE IN ROOT OF BEECH TREE ELEV. 652.28'
S 19° 28' 39" E 43.50'
S 39° 48' 14" E 25.00'
IRON AT 5.00'
S 39° 48' 14" E 37.11'
S 39° 17' 54" E 66.21'
S 28° 47' 03" E 42.87'
S 73° 46' 30" E 53.43'
S 01° 42' 54" E 22.42'
S 14° 53' 45" W 39.39'
S 70° 03' 20" E 58.88'
N 73° 24' 48" E 39.38'
N 88° 38' 46" 94.5'
IRON AT 5.53'
S 85° 00' 56" E 56.85'
S 84° 32' 43" E 49.87'
S 68° 49' 10" E 42.28'
S 69° 35' 05" E 41.06'
S 58° 27' 43" E 7.25'
S 53° 29' 12" E 5.69'
IRON AT 1.40'
MAGNETIC NORTH
REF. DEED 1119/440
FLOOD PROTECTION CONTOUR ELEVATION 654.4' FLOODWAY FRINGE DISTRICT ACCORDING TO MECK. CO. OFFICIAL FLOODWAY & X-SECTIONS IS 8'? ON CATAWBA RIVER. (APPROX. 3000' DOWNSTREAM)
75 1.39 AC.
76 1.53 AC.
77 1.36 AC.
78 1.66 AC.
79 1.46 AC.
80 1.07 AC.
81 1.18 AC.
82 1.30 AC.
83 1.62 AC.
S 02° 37' 27" E 739.10'
S 01° 17' 18" W 783.80'
S 03° 23' 15" W 831.45'
S 11° 14' 56" W 771.95'
S 21° 15' 18" W 629.84'
S 31° 11' 12" W 565.54'
S 13° 37' 27" W 23.41'
S 44° 02' 51" W 600.09'
S 48° 33' 20" W 799.33'
N 13° 37' 27" E 23.41'
S 53° 22' 36" W 1387.19' (TOTAL)
855.03'
56.34'
5715
5807
11900
11901
11902
11904
11905
10' P.S.D.E.
20' P.S.D.E.
90' MBSL
110' MBSL
180' MBSL
205' MBSL
130' MBSL
130' MBSL
130' MBSL
C49
C50
C51
C52
C53
C54
C55
C56
C57
C58
C59
C60
C61
711
SOLIC R/W
I, Anne A. Powers, Register of Deeds for aforesaid County and State, hereby certify that the foregoing is a true copy of Map as the same is found in the office of the Register of Deeds for Mecklenburg County, North Carolina, in Book 22, Page 58
Witness my hand and official seal, this the 5th day of JAN, 19 70
Anne A. Powers, Register of Deeds
By: Deputy
APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUB

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/15/15	**Amount:**	250.00
Receipt #:	95063	**Tendered:**	250.00
Check / Auth #:	MC 07332G	**Returned:**	0.00
Received By:	DOSTECH		

Account Information

Account #: 200000
Contractor: REINHARDT, C. BROOKE
Attn:
Address: 4322 WOODLARK LANE
Address:
City/State/Zip: CHARLOTTE, NC 28211

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 11905 MOUNTAIN CREST CIRCLE		1	250.00	250.00

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

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: C.B. REINHARDT

Bill To:

C.B.REINHARDT
CB REINHARDT
4322 WOODLARK LANE

Charlotte, NC 28211

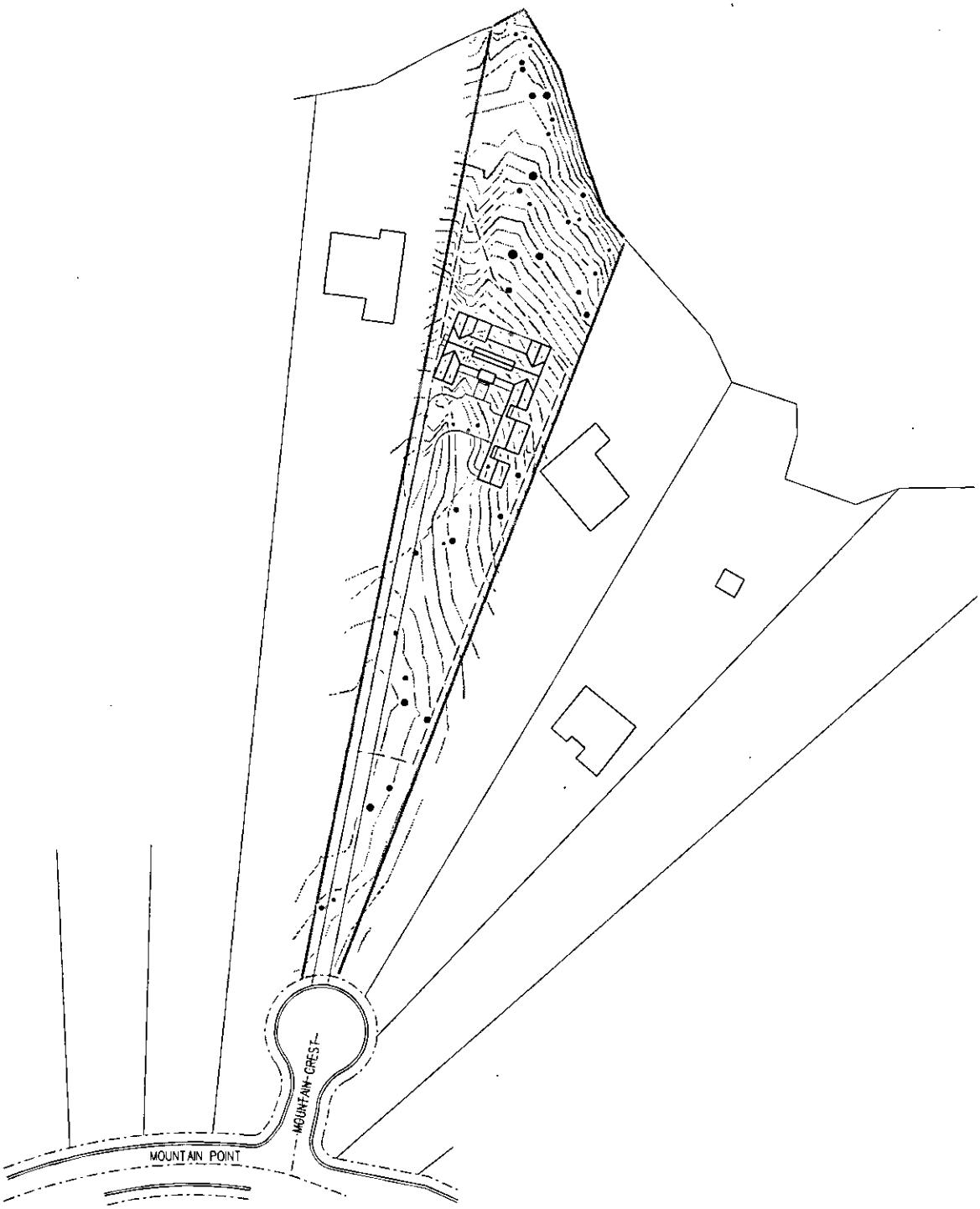
Single Payment

Transaction Date: 06/15/2015 8:23 AM Pacific Time
Pay Method: **********2088
Approval #: 07332G
Trace Number: c896ac87-4b4d-4d5f-8615-dfb062877390
Amount: $250.00

Payment Amount: $250.00

Total: $250.00

Thank you for your payment.

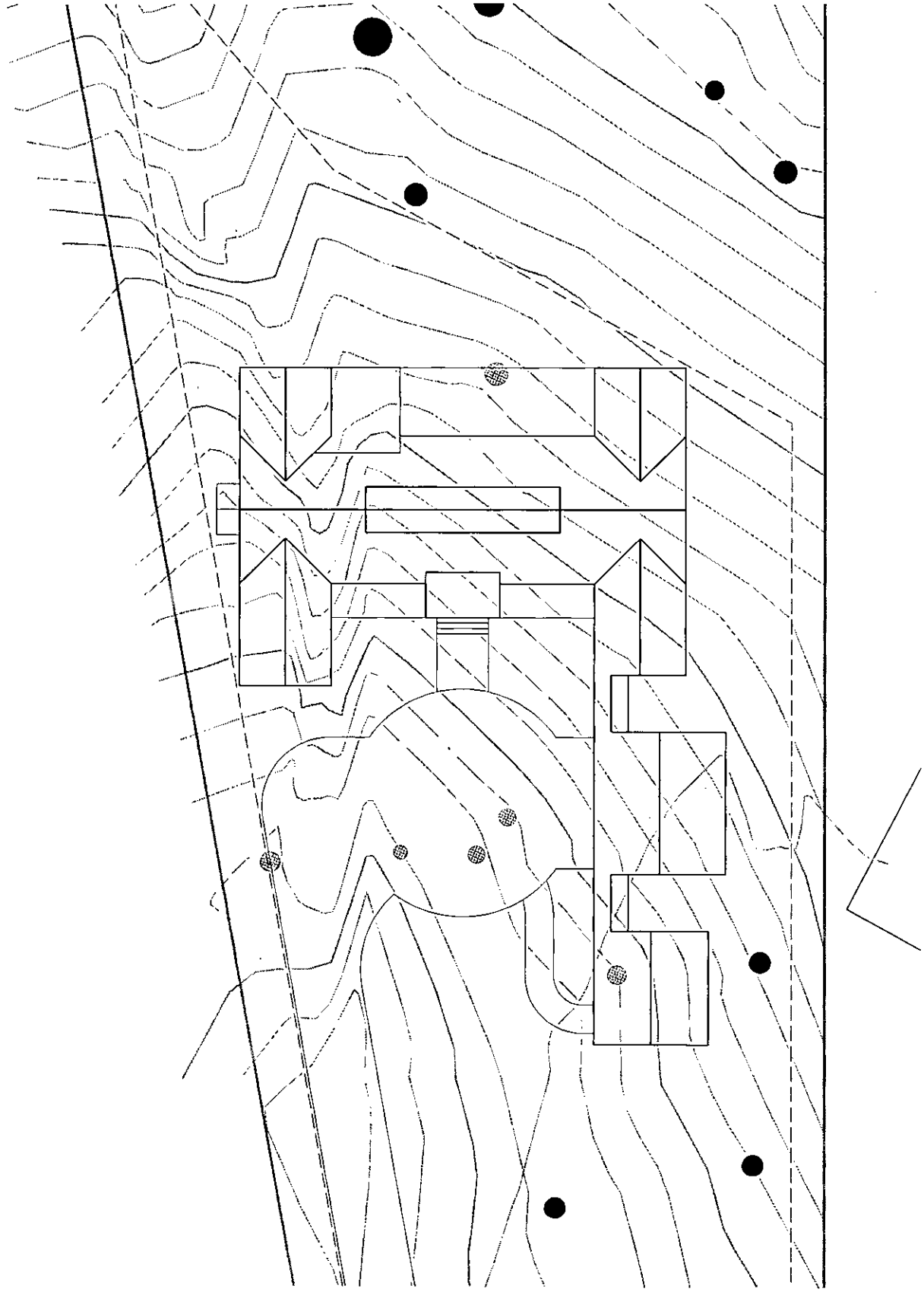


REINHARDT HOUSE
SITE PLAN

SCALE: 1"=80'

10/27/2015

THE WILSON GROUP
PO BOX 1510 CHARLOTTE, NC 28299
704.331.9747 • TWGARCHITECTS.COM

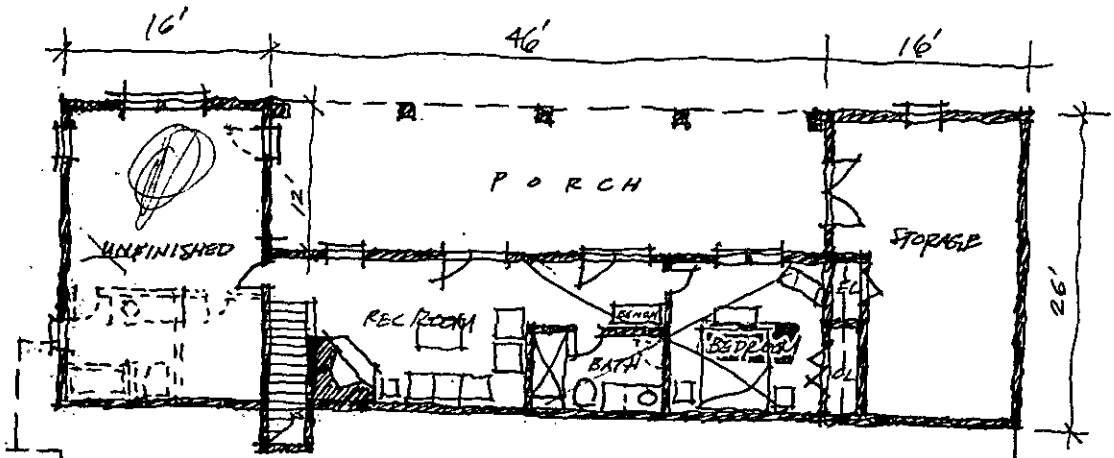


REINHARDT HOUSE
SITE PLAN - ALTERNATE DRIVEWAY

SCALE: 1/16"=1'-0"

10/27/2015

THE WILSON GROUP
PO BOX 5510 CHARLOTTE, NC 28299
704.351.9747 • TWGARCHITECTS.COM

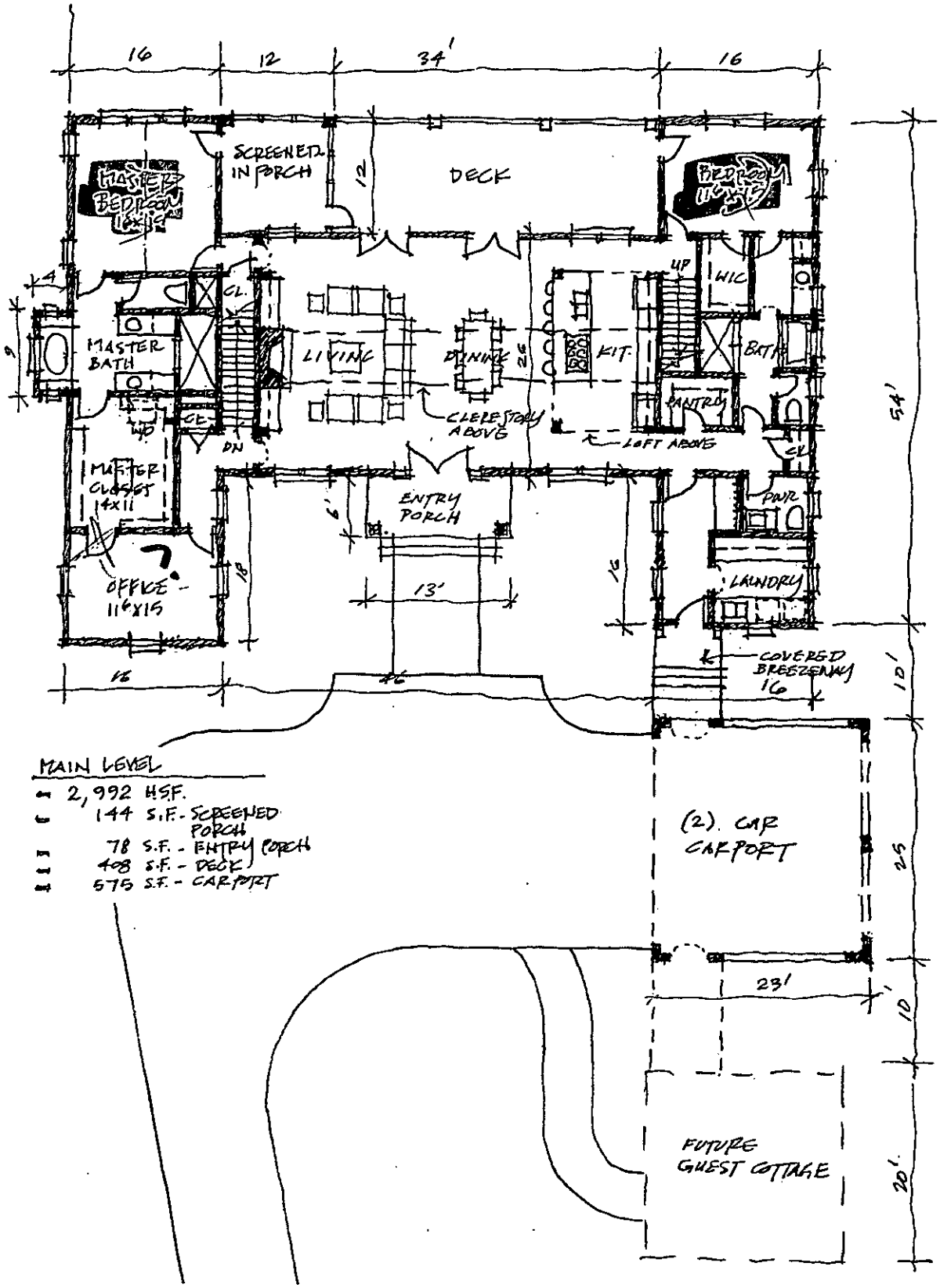


LOWER LEVEL

- 736 H.S.F.
- 364 S.F - UNFINISHED
- 552 S.F. - PORCH
- 364 SF - STORAGE

LOWER LEVEL
REINHARDT

10/27/15
TNG
1/10"=1'-0"



MAIN LEVEL

- 2,992 H.S.F.
- 144 S.F. - SCREENED PORCH
- 78 S.F. - ENTRY PORCH
- 408 S.F. - DECK
- 575 S.F. - CARPORT

MAIN LEVEL
REINHARDT HOUSE

10/27/15
TMG
1/10"=1'-0"

S

FEE: 200.00
DATE:8/24/2016

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 9222B

PERMIT NUMBER: 30007567

PARCEL NUMBER: 02316443

JOB LOCATION INFORMATION

ADDRESS: 11905 MOUNTAIN CREST CIR

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28216

ISSUED TO: GARY KEITH

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 8/24/2016

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30007567, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

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.

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

Property ID: 023-164-43
Lot #: 79 m23-558
File #: 9222B
AppID: 7567

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Gary Keith
Applicant: C. Brooke Reinhardt
Address: 1230 W. Morehead Street St 410 Charlotte, NC 28208
Date Evaluated: 6/30/2015
Proposed Facility: 4 Bedroom Residenc Design Flow (.1949) 480 GPD
Property Size: 1.46 acre
Location of Site: 11905 Mountain Crest Circle Charlotte, NC 28211
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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS 10%	0-3 3-21	GR/SCL SBK/C	FR/SS/SP/SEXP FI/S/P/SEXP	SAPROLITE @ 21"	21"	NEED PITS	NA	US
2	LS 10%	0-12 12-36	GR/SCL SBK/C	FR/SS/SP/SEXP FI/S/P/SEXP	MANGANESE INCLUSIONS @ 27" SAPROLITE @ 36"	36"	NEED PITS	NA	PS 0.2 G/D/FT2 IV
3	LS 7%	0-3 3-48	GR/SCL SBK/C	FR/SS/SP/SEXP FI/S/P/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS 0.3 G/D/FT2 IV
4	LS 5%	0-3 3-48	GR/SCL SBK/C	FR/SS/SP/SEXP FI/S/P/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS 0.3 G/D/FT2 IV

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III b	IV a
Site LTAR	0.3	0.3

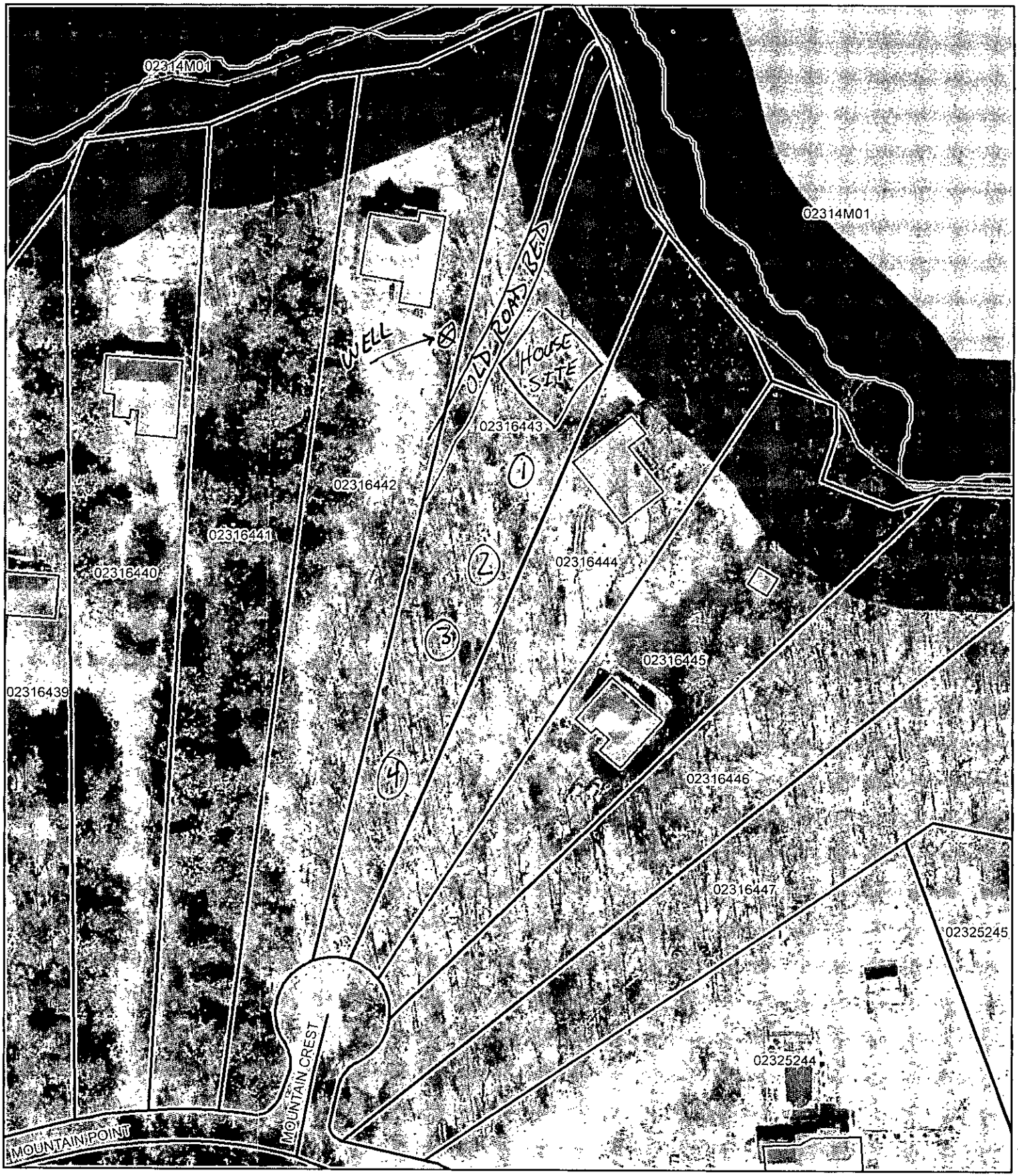
Other Factors (.1946):
Soil Evaluation By: Jeremy Michelone, REHS
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jeremy Michelone, REHS
Others Present:

Jeremy Michelone, REHS

COMMENTS:

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		

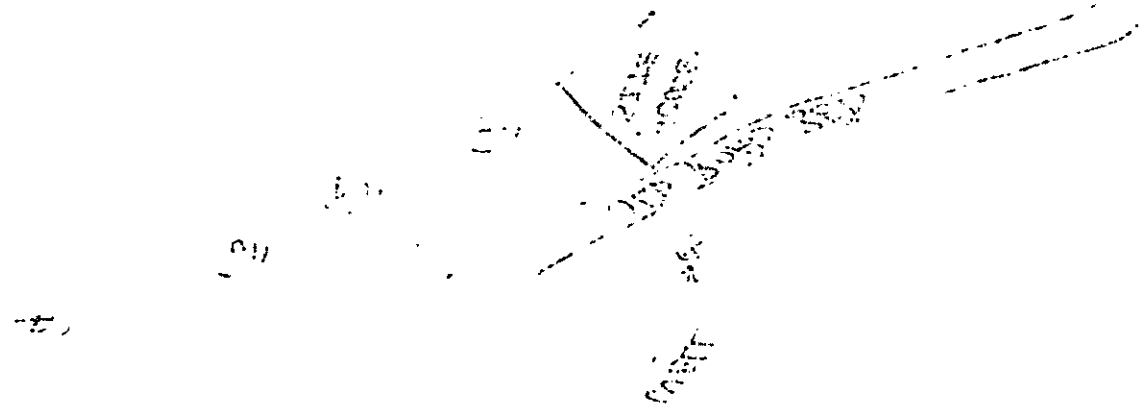
Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	



Map Created By: Jeremy Michelone, REHS
Map Created On: 7/1/15

0 50 100 200 Feet

N





Map Created By: Jeremy Michelone, REHS
Map Created On: 6/15/15

0 50 100 200 Feet

11705 Mountain Crest Circle

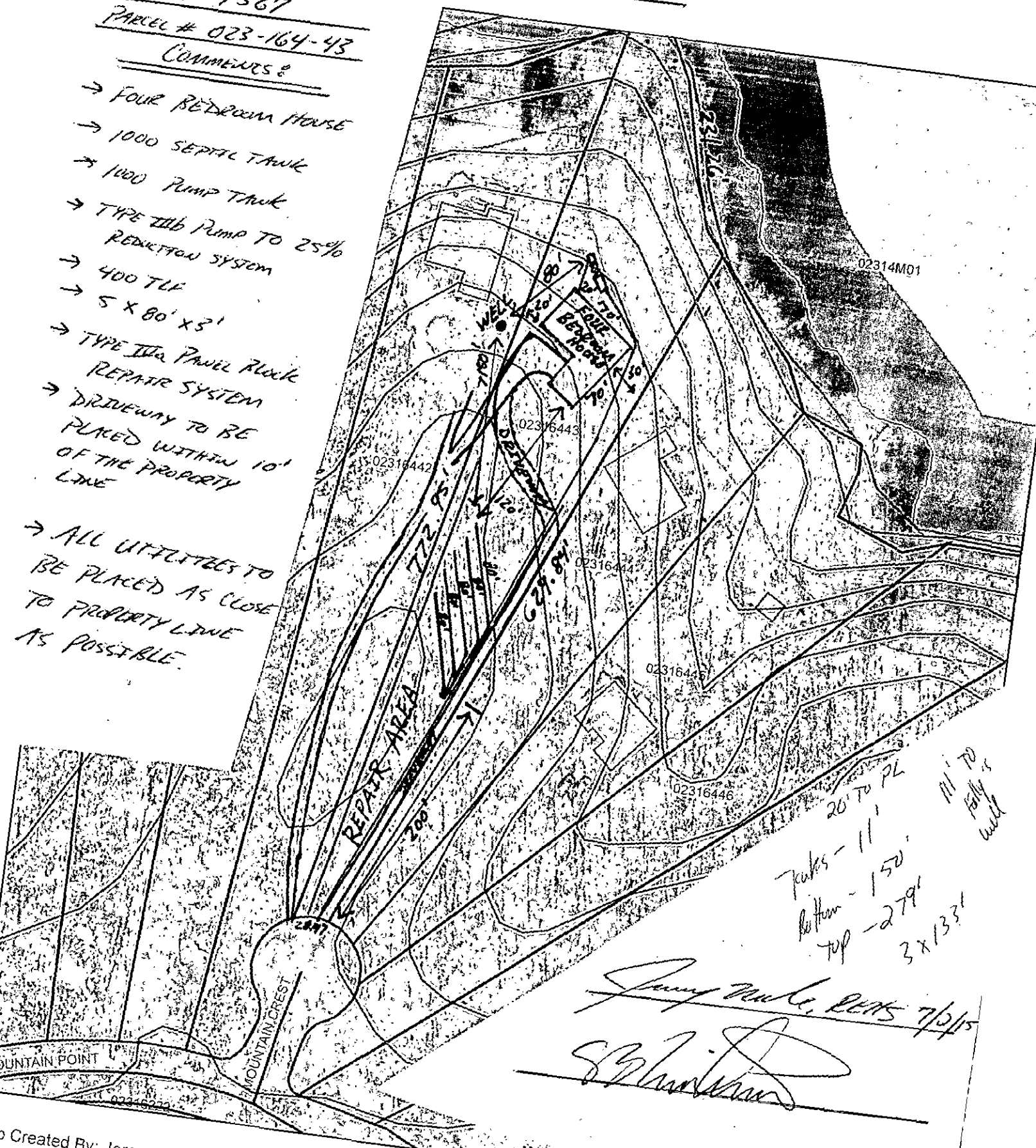
File # 9228

Permit # 7567

Parcel # 023-164-43

Comments:

- Four Bedroom House
- 1000 Septic Tank
- 1000 Pump Tank
- Type IIIb Pump to 25% Reduction System
- 400 TLF
- 5 x 80' x 3'
- Type IIIa Panel Block Repair System
- Driveway to be placed within 10' of the property line
- All utilities to be placed as close to property line as possible.



20' to PL

Tanks - 11'

Bottom - 150'

Top - 279'

3 x 133'

Jeremy Michelone, REHS 7/2/15

Map Created By: Jeremy Michelone, REHS
Map Created On: 7/1/15

0 50 100 200

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 #: **30007567** GWS File #: **9222B** Tax Parcel #: **023-164-43**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 7/2/2020

Type of Installation: Residential - New System Lot Number: 73

Structure Type: HOUSE Size (ft^2): 4000 # Bedrooms: 4 # Occupants: 4

Building Foundation: Basement With Plumbing Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	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: Jeremy Michelone Owner/Legal Agent: _____

Signature: _____ Print Name Signature: _____

Date Issued: 7/2/2015

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

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

Permit #: **30007567** GWS File #: **9222B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- 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.
- 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.
- All utilities must be placed within 5 feet of either property line.

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: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 7/2/2015

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 92228 App # 7567 Tax Parcel # 023-164-43

Property Owner: Brooke Reinhardt

Job Location Address: 11905 Mt Crest Circle

City: Charlotte State: NC Zip Code: 28216

1. Does System design match facility, flow & wastewater characteristics?

   ☒ YES ☐ NO

   Comments:

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☒ YES ☐ NO

   Comments:

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☒ YES ☐ NO

   Comments:

* If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☐ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Tracy Nicholson REHS — 3/17/17

Authorized Agent — Date

Tracy Nicholson REHS / STEVE AUTREY

Others Present

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 9222B Permit #: 7567 Tax Parcel #: 023-164-43

Property Owner: Brooke Reinhardt

Job Location Address: 11905 Mt. Crest Circle

City: Charlotte State: NC Zip Code: 28216

Operation Permit Issuance Date: 3/17/17 Contractor Name: Steve Autrey

Permitted Design Flow: 400 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Dellinger Effluent Pump Model: Myers 1/2

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: 3 @ 133 feet

Depth of Media: 12 inches (Type) IQ4W

Depth of Cover: 18 inches

Distribution Device: P. Manifold

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 11' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: 111' feet

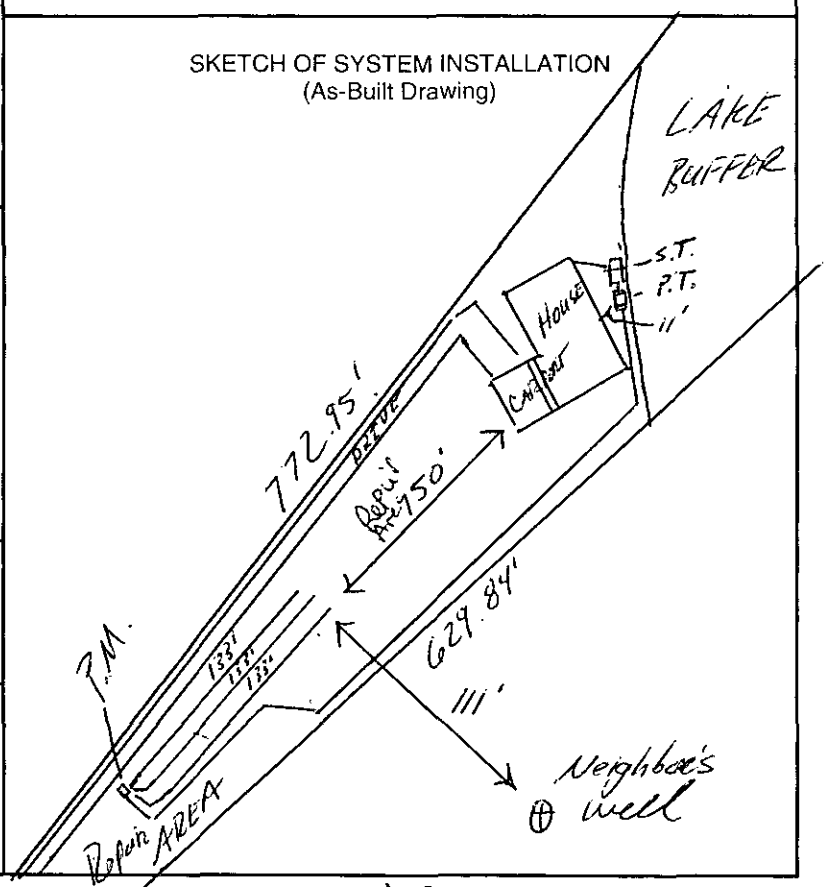
Inspection Dates

Tank(s) Inspected: 3/15/17

Excavation Inspected: 3/17/17

Pump & Controls Inspected: 3/17/17

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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

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

Comments: System Classification & Type: III b, Pressure, IQ4W, NA, NA

DHHS Authorized Agent: Jeremy Michael, REHS Signature: Jeremy Michael, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 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 #: 9222B Permit #: 7567 Tax Parcel #: 023-164-43

Property Owner: Brooke Reinhardt

Job Location Address: 11905 Mt. Crest Circle

City: Charlotte State: NC Zip Code: 28216

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: III b

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

Subsurface system operator required: Yes ☐ No ☒

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

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

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

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

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

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

V. Other:

DENR Authorized Agent: Jeremy Nicholson, REHS Date: 3/17/17

Signature: Jeremy Nicholson, REHS

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/22/16	**Amount:**	200.00
Receipt #:	101527	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: X46682
Contractor: TAYLOR ANDREW
Attn:
Address: 1605 MATHESON AVE
Address:
City/State/Zip: CHARLOTTE, NC 28205

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 11905 MOUNTAIN CREST CIRCLE		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
-628.69					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/22/16	**Amount:**	200.00
Receipt #:	101528	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: X46682
Contractor: TAYLOR ANDREW
Attn:
Address: 1605 MATHESON AVE
Address:
City/State/Zip: CHARLOTTE, NC 28205

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 11905 MOUNTAIN CREST CIRCLE		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
-428.69					