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 #: 8853B Permit #: 30006864 Tax Parcel #: 139-282-27

Property Owner: True Homes

Job Location Address: 8214 Aspen Court

City: Charlotte State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 11/24/2014 Contractor Name: Stevens Septic

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1000 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Dellinger STB-338 1000 9/22/14

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) BioA36

Depth of Cover: 24 inches

Distribution Device: Distribution Box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >10 feet

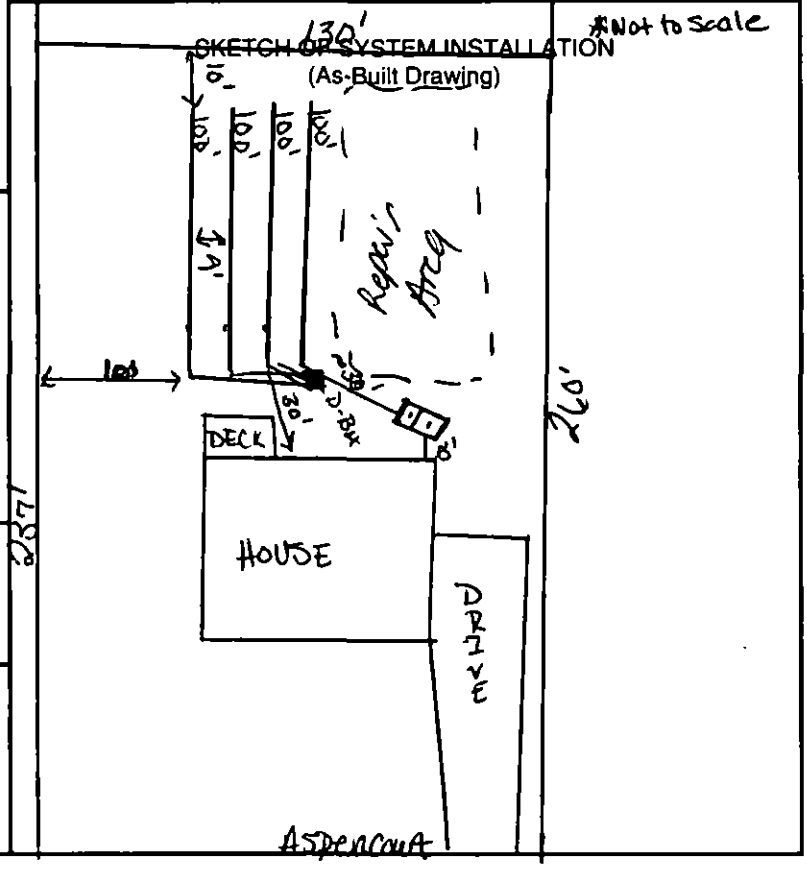
Inspection Dates

Tank(s) Inspected: 11/21/2014

Excavation Inspected: 11/21/2014

Pump & Controls Inspected: N/A

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/g/na/na BioA36/g/na/na

DENR Authorized Agent: Shelby Ledford Signature: Shelby Ledford

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

File #: 88538 Permit #: 3000 6864 Tax Parcel #: 139-282-27

Property Owner: True Homes

Job Location Address: 8214 Aspen Court

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: IIIg

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

Subsurface system operator required: Yes ☐ No ☒

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

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

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

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

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

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

V. Other:

DENR Authorized Agent: Shelby Ledford Date: 11/24/2014

Signature: Shelby Ledford

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NC DENR
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On-Site Wastewater Section

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

File #: 85537 Permit #: 3000 6564 Tax Parcel #: 139-282-27

Property Owner: True Homes

Job Location Address: 8214 Aspen Ct. (Lot 7)

City: Charlotte State: NC Zip Code: 28227

**Installation Approval Issuance Date:** 10/27/14

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 _____, 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: 450 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

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

Distribution Device: Distribution Box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

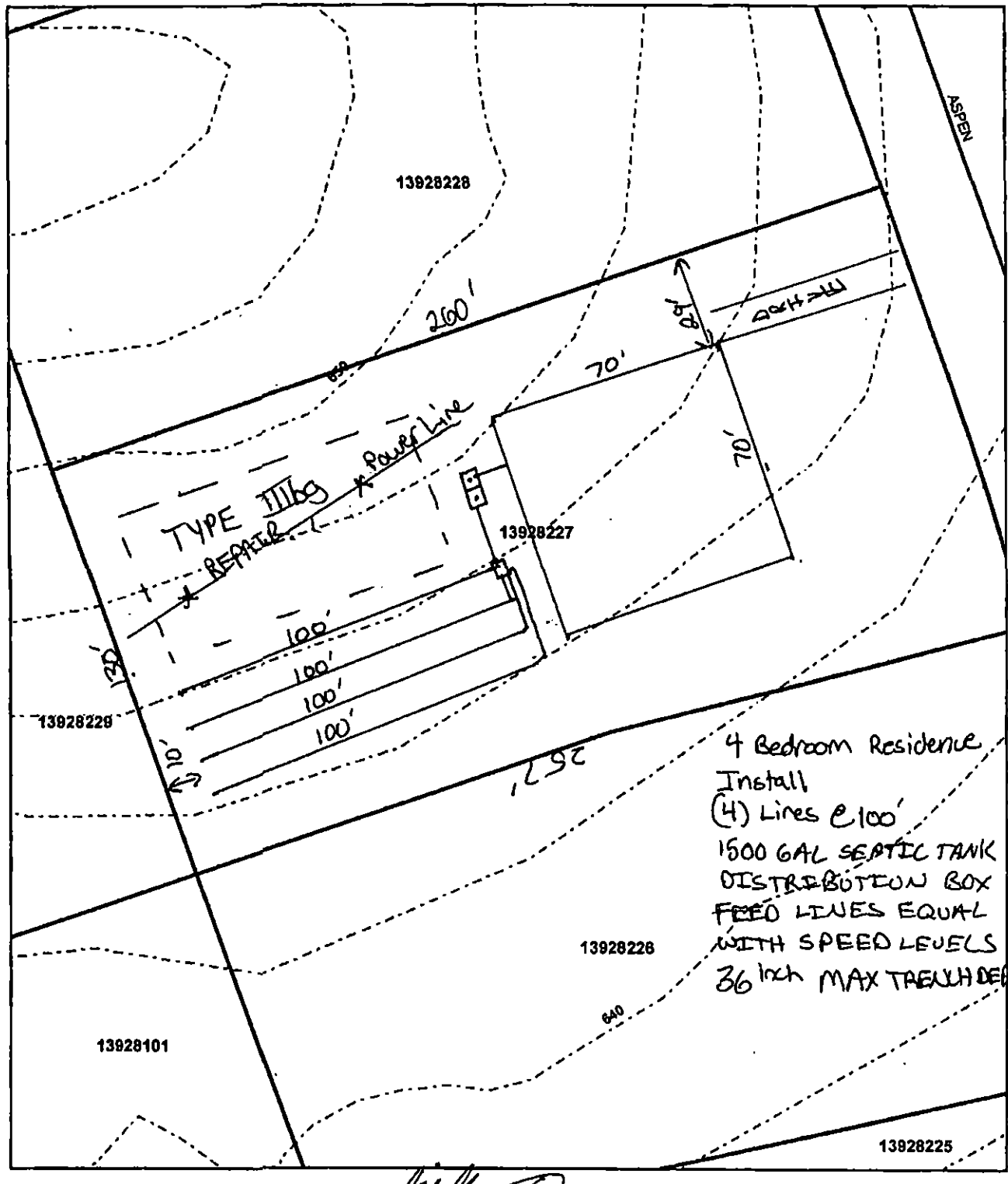
SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

# Install according to permit design on file.

Comments: System Classification & Type: III /g/na/na III g

DENR Authorized Agent: Shelby Ledford Signature: Shelby Ledford

**Parcel # 139-282-27**
**File # 8853B**
**AppID: 6564**




Map Created By: Jeremy Michael
Map Created On: 1/9/14

1/14/14

0 20 40 Feet

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On-Site Wastewater Section

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

Permit #: 30006864 GWS File #: 8853B Tax Parcel #: 139-282-27

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

**I. This Improvement Permit Shall:** Expire In Five (5) Years **Expiration Date (If Applicable):** 1/10/2019

Type of Installation: Residential - New System Lot Number: 7

Structure Type: HOUSE Size ($ft^2$): 0 # Bedrooms: 4 # Occupants: 4

Building Foundation: Concrete Slab Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1200 | Total Trench Length (ft): | 400 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | 12 | Distribution Device: | Distribution Box | | |

**III. Repair System Type:** Pump to Approved **System Classification:** IIIb

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 ($ft^2$): | 1200 | Total Trench Length (ft): | 400 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

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

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

DENR Authorized Agent: Jeremy Michael Owner/Legal Agent: Jackie Dawp
Print Name

Signature: Jeremy Michael Signature:

Date Issued: 1/10/2014

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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 #: 30006564 GWS File #: 8853B

**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 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 periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The system must be water tested during the final inspection to verify proper operation and set system pressure.
- 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.

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

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

DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 1/10/2014

Owner/Legal Agent: Jackie Draw P
Print Name

Signature:

FEE: 200.00
DATE:8/7/2014

**MECKLENBURG COUNTY**
**GROUNDWATER & WASTEWATER SERVICES**

**FILE NUMBER:** 8853B

**PERMIT NUMBER:** 30006564

**PARCEL NUMBER:** 13928227

**JOB LOCATION INFORMATION**

**ADDRESS:** 8214 ASPEN CT

**CITY:** CHARLOTTE **STATE: NC** **ZIP:** 28227

**ISSUED TO:** True Homes

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 8/7/2014

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30006564, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

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

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 1/10/2019

8853 B

**MECKLENBURG COUNTY HEALTH DEPARTMENT**

App# 6564

**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:** 139-282-27

TAX PARCEL NUMBER: 139281QT

STREET ADDRESS: 8214 Aspen Court

CITY: Charlotte

STATE: NC ZIP: 28227

SUBDIVISION NAME: Oakbridge At Waterleaf

LOT #: 7 LOT SIZE (acres): 0.792

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: _____

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?** _____ ☐ N/A

12. **PROPERTY OWNER:**

NAME: True Homes
ADDRESS: 2649 Brekonridge Centre Dr
CITY: Monroe
STATE: NC ZIP: 28110
WORK PHONE: _____
MOBILE PHONE: 704-201-5117
FAX: _____
E-MAIL: _____

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

NAME: Max Thomason
ADDRESS: 4389 Indian Trail Fairview Rd
CITY: Indian Trail
STATE: NC ZIP: 28079
WORK PHONE: 704-628-6233
MOBILE PHONE: 704-201-5117
FAX: 704-289-5558
E-MAIL: mthomason@truehomesusa.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.

MDT (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.

NA (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.

Max Thomason
Property Owner's or Owner's Legal Representative Signature

11/25/13
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: $ 250 DATE FEE RECEIVED: 11/26/13

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

APPLICATION PROCESSED BY: lw2

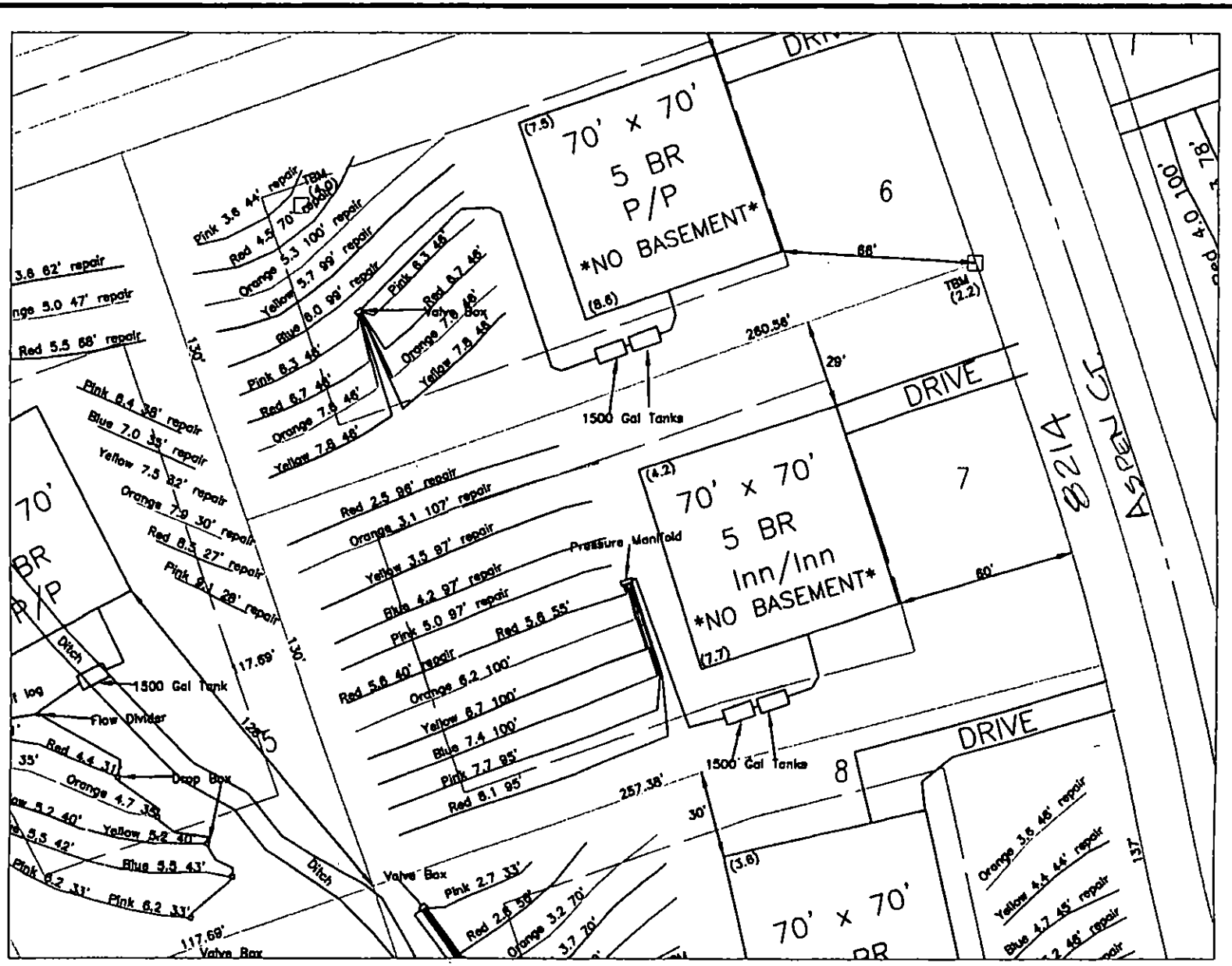
GWS FILE NUMBER ASSIGNED: 8853B

APPLICATION ID NUMBER ASSIGNED: 6564

COMMENTS:



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




Soil & Environmental Consultants, PA

PROJECT NAME: Oakbridge
Green Group of North Carolina, LLC
- Oakbridge Lot 7 -

PRELIMINARY SITE PLAN
SEPTIC II MAP

OAKBRIDGE LOT 7

PART OF TAX PARCEL 13928101

Mecklenburg County Groundwater & Wastewater Services
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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 #: **30006564** GWS File #: **8853B** Tax Parcel #: **139-282-27**

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

**I. This Improvement Permit Shall:** Expire in Five (5) Years **Expiration Date (If Applicable):** 1/10/2019

Type of Installation: Residential - New System Lot Number: 7

Structure Type: HOUSE Size ($ft^2$): 0 # Bedrooms: 4 # Occupants: 4

Building Foundation: Concrete Slab Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1200 | Total Trench Length (ft): | 400 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | 12 | Distribution Device: | Distribution Box | | |

**III. Repair System Type:** Pump to Approved **System Classification:** IIIb

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 ($ft^2$): | 1200 | Total Trench Length (ft): | 400 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

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

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

DENR Authorized Agent: Jeremy Michael Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michael Signature: _____

Date Issued: 1/10/2014

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 #: **30006564** GWS File #: **8853B**

**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 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 periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The system must be water tested during the final inspection to verify proper operation and set system pressure.
- 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.

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

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

DENR Authorized Agent: Jeremy Michael

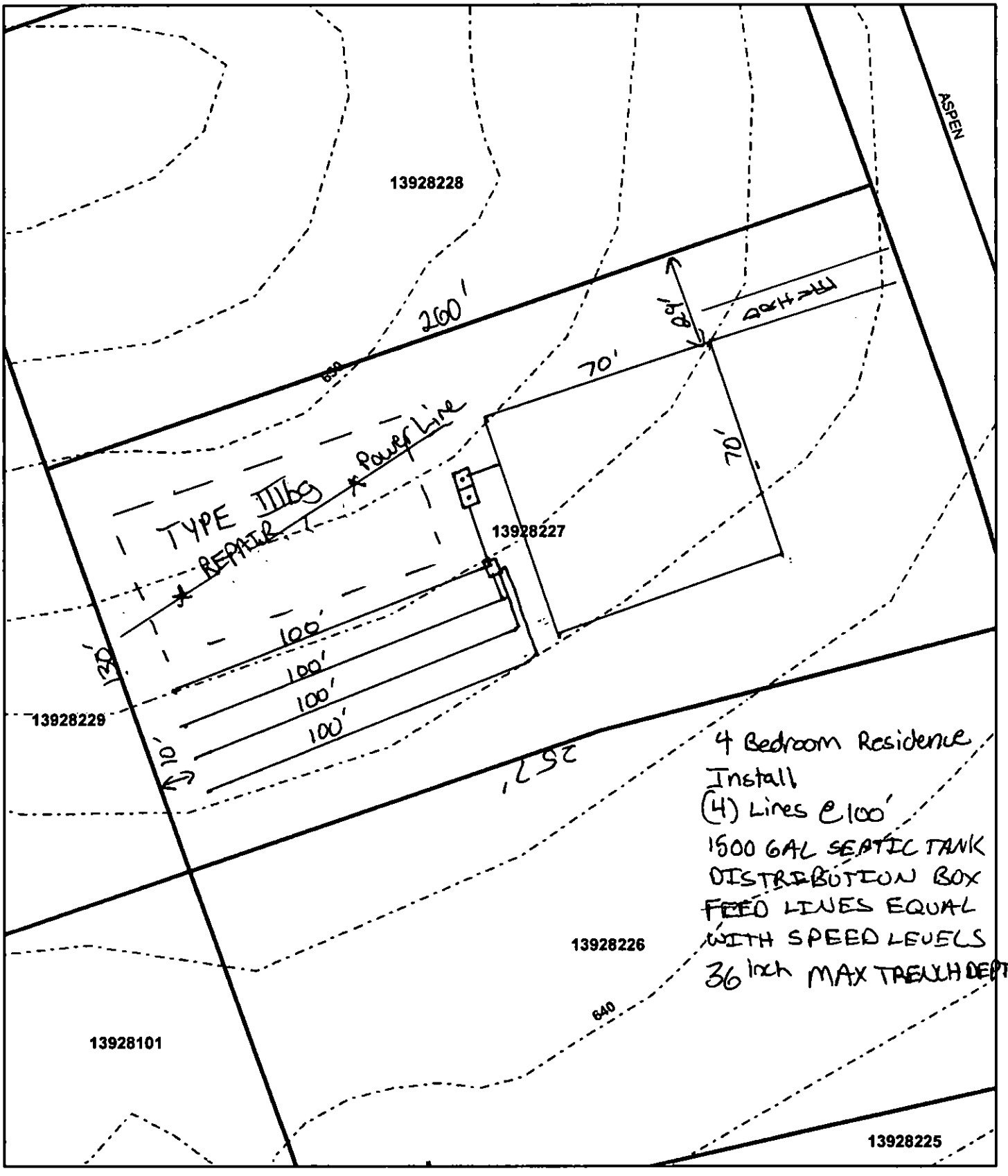
Signature: Jeremy Michael

Date Issued: 1/10/2014

Owner/Legal Agent: _____
Print Name

Signature: _____

**Parcel # 139-282-27**
**File # 8853B**
**AppID: 6564**




Map Created By: Jeremy Michael
Map Created On: 1/9/14

0 20 40 Feet

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

Sheet: 1 of 2
Property ID: 139-282-27
Lot #: 7
File #: 8853B
AppID: 6564

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: True Homes
Address: 2649 Brekonridge Centre Dr., Monroe, NC 28110
Proposed Facility: 4BR House
Design Flow (.1949): 480 GPD
Location of Site: 8214 Aspen Ct, Charlotte, NC 28227
Water Supply: [X] Public [X] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Max Thomason
Date Evaluated: 12/16/2013
Property Size: 0.792 ac
Property Recorded: Unknown

| 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 | General Comments | Profile Class & LTAR | Maximum Trench Bottom Depth for 3' Wide Conventional Trench |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Pit #1 | LS 3% | 0 - 6 | gr L | FR SEXP | >49" | 49 | NA | NA | | PS IV 0.3 | 36" |
| | | 6 - 20 | wfsbk CL | FR SEXP | | | | | | | |
| | | 20 - 49 | mfabk C | FI SEXP | | | | | | | |
| Pit #2 | LS 3% | 0 - 6 | gr L | FR SEXP | >50" | 50 | NA | NA | | PS IV 0.3 | 36" |
| | | 6 - 15 | wfsbk CL | FR SEXP | | | | | | | |
| | | 15 - 50 | mfsbk C | FI SEXP | | | | | | | |
| Pit #3 | LS 3% | 0 - 7 | gr L | FR SEXP | >52" | 52 | NA | NA | | PS IV 0.3 | 36" |
| | | 7 - 24 | wfabk CL | FR SEXP | | | | | | | |
| | | 24 - 52 | mfabk C | FR SEXP | | | | | | | |
| Pit #4 | LS 3% | 0 - 6 | gr L | FR SEXP | >54" | 54 | NA | NA | | PS IV 0.3 | 36" |
| | | 6 - 21 | wfabk CL | FR SEXP | | | | | | | |
| | | 21 - 54 | mfabk C | FR SEXP | | | | | | | |
| | | | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | IIIb | IIIb |
| Site LTAR (gpd/sq ft) | 0.3 | 0.3 |

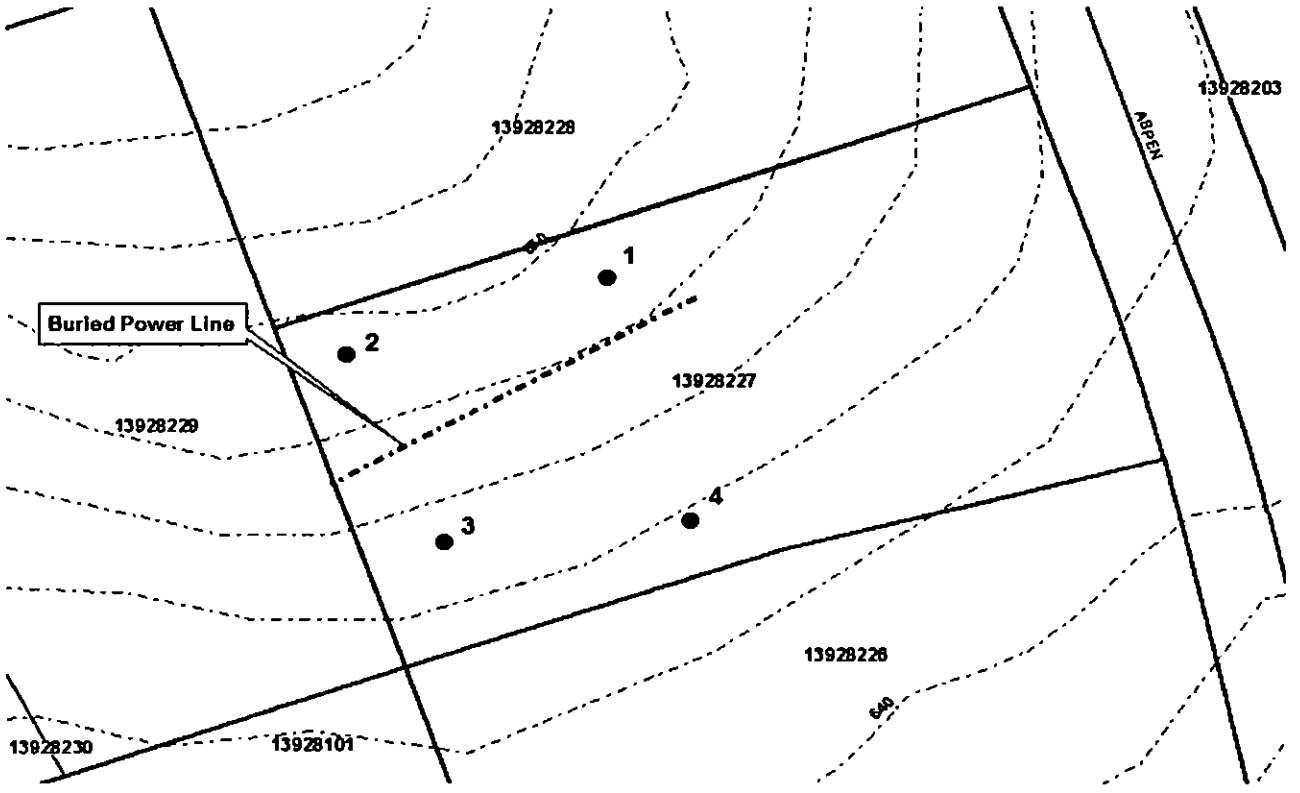
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS
Others Present:
Site Classification (.1948): Jeremy Michael
Site Evaluation By: Jeremy Michael
Others Present: Shelby Ledford

**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 | | mass-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 | | | | Sap-Saprolite |
| FP-Flood Plain | | CL-Clay Loam | | **Structure Prefixes** |
| D-Drainage Way | | SCL-Sandy Clay Loam | | w-weak |
| | | | | m-moderate |
| | | SiL-Silt Loam | | s-strong |
| | | | | f-fine |
| | IV | SC-Sandy Clay | 0.4 - 0.1 | m-medium |
| | | SiC-Silty Clay | | c-coarse |
| | | C-Clay | | |

| Consistence Moist | Consistence Wet | Mineralogy |
|---|---|---|
| VFR-Very Friable | SS-Slightly Sticky | SEXP-Slightly Expansive |
| FR-Friable | S-Sticky | EXP-Expansive |
| FI-Firm | VS-Very Sticky | |
| VFI-Very Firm | NP-Non-Plastic | **Classification** |
| EFI-Extremely Firm | SP-Slightly Plastic | US-Unsuitable |
| | P-Plastic | PS-Provisionally Suitable |
| | VP-Very Plastic | S-Suitable |
| | | NA-Not Applicable |

**Sketch of Soil Evaluation Locations**



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

Sheet: 1 of 2
Property ID: 139-282-27
Lot #: 7
File #: 8853B
AppID: 6564

# SOIL/SITE EVALUATION
# for ON-SITE WASTEWATER SYSTEM

Owner: True Homes
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Applicant: Max Thomason
Date Evaluated: 12/16/2013
Property Size: 0.792 ac
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| Pit #4 | LS 3% | 0 - 6 | gr L | FR SEXP | >54" | 54 | NA | NA | | PS IV 0.3 | 36" |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | | |
| Site LTAR (gpd/sq ft) | 0.3 | 0.3 |

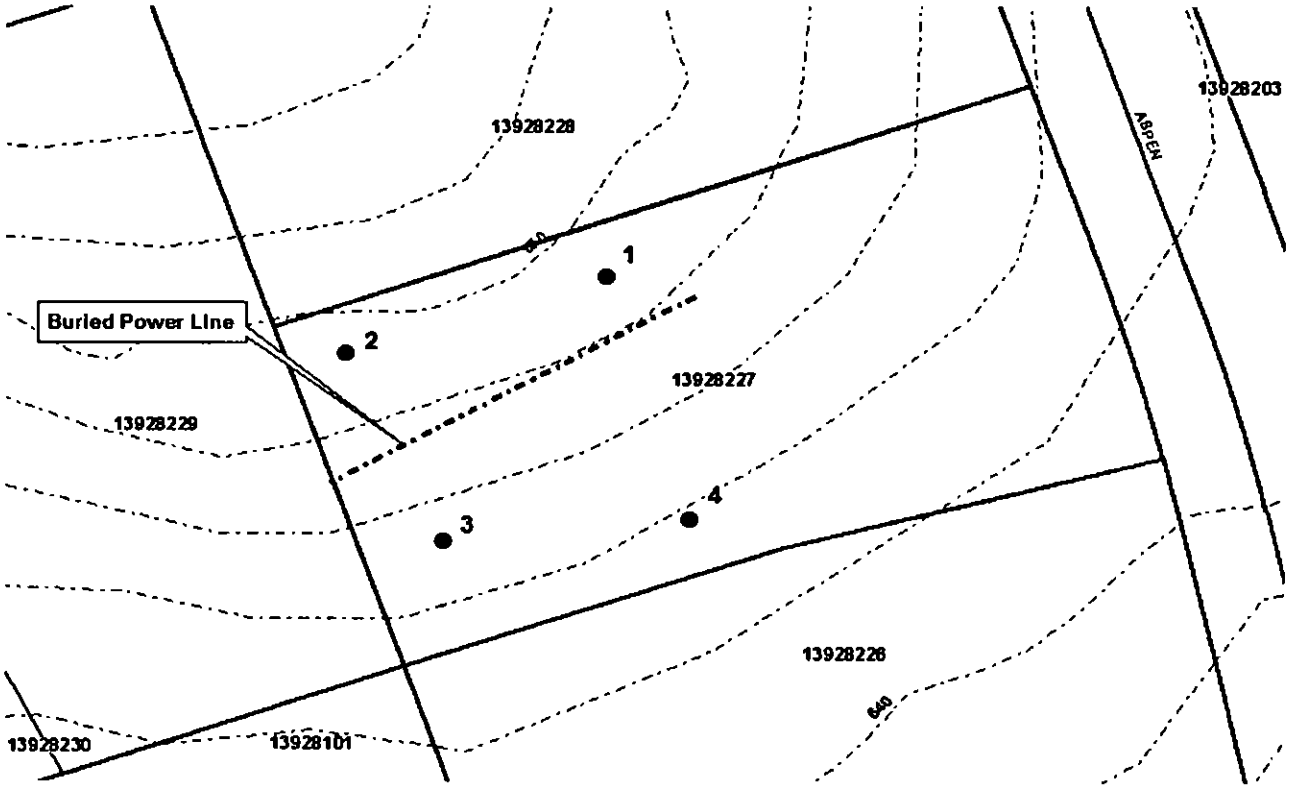
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

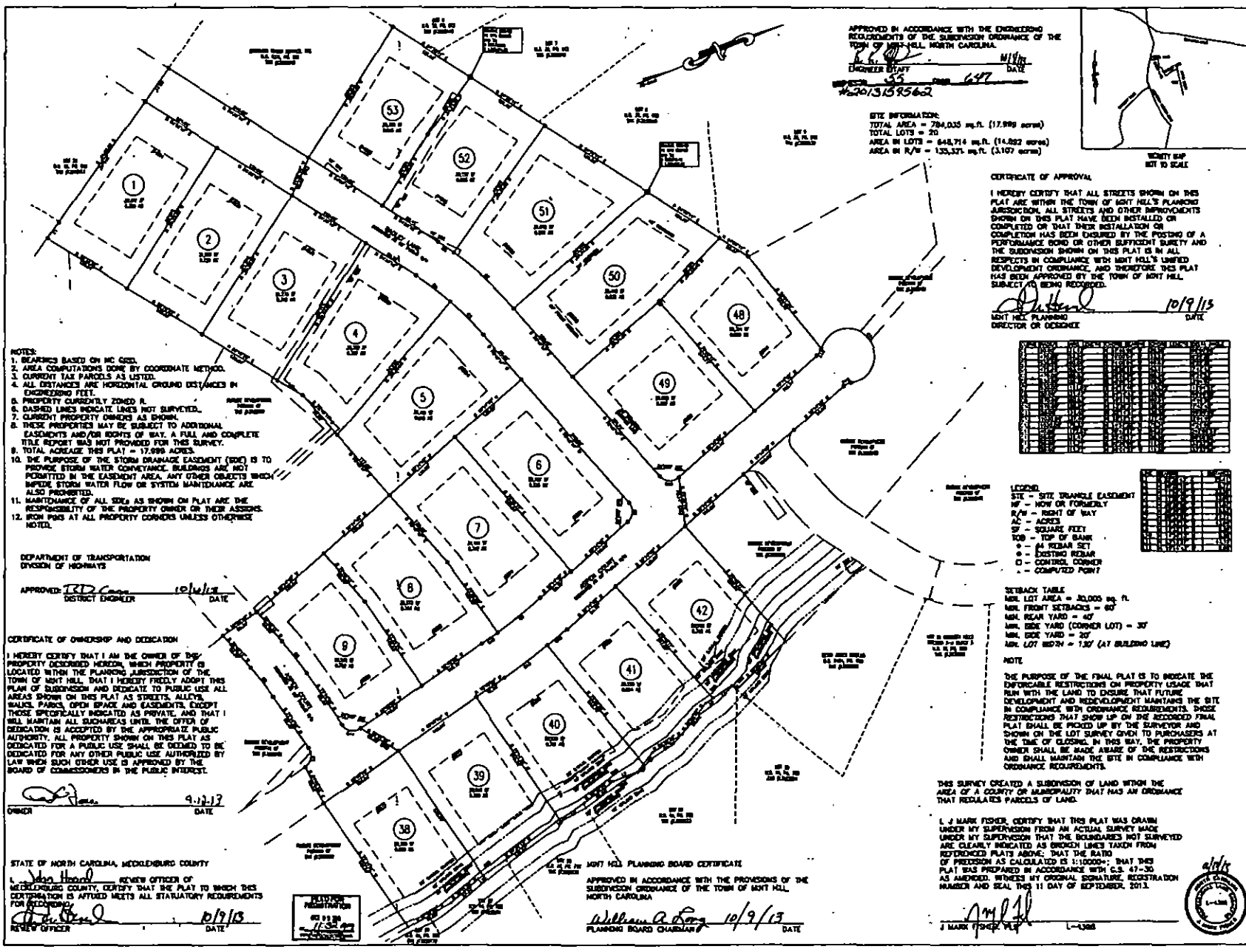
**COMMENTS:**

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| HS-Head Slope | | | | abk-Angular Blocky |
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| Consistence | Consistence | Mineralogy |
|---|---|---|
| **Moist** | **Wet** | SEXP-Slightly Expansive |
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| VFI-Very Firm | NP-Non-Plastic | US-Unsuitable |
| EFI-Extremely Firm | SP-Slightly Plastic | PS-Provisionally Suitable |
| | P-Plastic | S-Suitable |
| | VP-Very Plastic | NA-Not Applicable |

**Sketch of Soil Evaluation Locations**




APPROVED IN ACCORDANCE WITH THE ENGINEERING REQUIREMENTS OF THE SUBDIVISION ORDINANCE OF THE TOWN OF MINT HILL, NORTH CAROLINA.
ENGINEER STAFF
DATE
MAP 55 PAGE 647
#20131595&2
SITE INFORMATION:
TOTAL AREA = 784,035 sq.ft. (17.999 acres)
TOTAL LOTS = 20
AREA IN LOTS = 648,714 sq.ft. (14.892 acres)
AREA IN R/W = 135,321 sq.ft. (3.107 acres)
VICINITY MAP
NOT TO SCALE
CERTIFICATE OF APPROVAL
I HEREBY CERTIFY THAT ALL STREETS SHOWN ON THIS PLAT ARE WITHIN THE TOWN OF MINT HILL'S PLANNING JURISDICTION, ALL STREETS AND OTHER IMPROVEMENTS SHOWN ON THIS PLAT HAVE BEEN INSTALLED OR COMPLETED OR THAT THEIR INSTALLATION OR COMPLETION HAS BEEN ENSURED BY THE POSTING OF A PERFORMANCE BOND OR OTHER SUFFICIENT SURETY AND THE SUBDIVISION SHOWN ON THIS PLAT IS IN ALL RESPECTS IN COMPLIANCE WITH MINT HILL'S UNIFIED DEVELOPMENT ORDINANCE, AND THEREFORE THIS PLAT HAS BEEN APPROVED BY THE TOWN OF MINT HILL, SUBJECT TO BEING RECORDED.
10/9/13
MINT HILL PLANNING DIRECTOR OR DESIGNEE
DATE
NOTES:
1. BEARINGS BASED ON NC GRID.
2. AREA COMPUTATIONS DONE BY COORDINATE METHOD.
3. CURRENT TAX PARCELS AS LISTED.
4. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES IN ENGINEERING FEET.
5. PROPERTY CURRENTLY ZONED R.
6. DASHED LINES INDICATE LINES NOT SURVEYED.
7. CURRENT PROPERTY OWNERS AS SHOWN.
8. THESE PROPERTIES MAY BE SUBJECT TO ADDITIONAL EASEMENTS AND/OR RIGHTS OF WAY. A FULL AND COMPLETE TITLE REPORT WAS NOT PROVIDED FOR THIS SURVEY.
9. TOTAL ACREAGE THIS PLAT = 17.999 ACRES.
10. THE PURPOSE OF THE STORM DRAINAGE EASEMENT (SDE) IS TO PROVIDE STORM WATER CONVEYANCE. BUILDINGS ARE NOT PERMITTED IN THE EASEMENT AREA. ANY OTHER OBJECTS WHICH IMPEDE STORM WATER FLOW OR SYSTEM MAINTENANCE ARE ALSO PROHIBITED.
11. MAINTENANCE OF ALL SDEs AS SHOWN ON PLAT ARE THE RESPONSIBILITY OF THE PROPERTY OWNER OR THEIR ASSIGNS.
12. IRON PINS AT ALL PROPERTY CORNERS UNLESS OTHERWISE NOTED.
DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
APPROVED: TRD Conn 10/4/13
DISTRICT ENGINEER
DATE
CERTIFICATE OF OWNERSHIP AND DEDICATION
I HEREBY CERTIFY THAT I AM THE OWNER OF THIS PROPERTY DESCRIBED HEREON, WHICH PROPERTY IS LOCATED WITHIN THE PLANNING JURISDICTION OF THE TOWN OF MINT HILL, THAT I HEREBY FREELY ADOPT THIS PLAN OF SUBDIVISION AND DEDICATE TO PUBLIC USE ALL AREAS SHOWN ON THIS PLAT AS STREETS, ALLEYS, WALKS, PARKS, OPEN SPACE AND EASEMENTS, EXCEPT THOSE SPECIFICALLY INDICATED AS PRIVATE, AND THAT I WILL MAINTAIN ALL SUCH AREAS UNTIL THE OFFER OF DEDICATION IS ACCEPTED BY THE APPROPRIATE PUBLIC AUTHORITY. ALL PROPERTY SHOWN ON THIS PLAT AS DEDICATED FOR A PUBLIC USE SHALL BE DEEMED TO BE DEDICATED FOR ANY OTHER PUBLIC USE AUTHORIZED BY LAW WHEN SUCH OTHER USE IS APPROVED BY THE BOARD OF COMMISSIONERS IN THE PUBLIC INTEREST.
9-12-13
OWNER
DATE
STATE OF NORTH CAROLINA, MECKLENBURG COUNTY
I, John Hood REVIEW OFFICER OF MECKLENBURG COUNTY, CERTIFY THAT THE PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.
10/9/13
REVIEW OFFICER
DATE
MINT HILL PLANNING BOARD CERTIFICATE
APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION ORDINANCE OF THE TOWN OF MINT HILL, NORTH CAROLINA
William A Long 10/9/13
PLANNING BOARD CHAIRMAN
DATE
LEGEND
SITE - SITE TRIANGLE EASEMENT
MF - NOW OR FORMERLY
R/W - RIGHT OF WAY
AC - ACRES
SF - SQUARE FEET
TOB - TOP OF BANK
● - #4 REBAR SET
● - EXISTING REBAR
□ - CONTROL CORNER
▲ - COMPUTED POINT
SETBACK TABLE
MIN. LOT AREA = 30,000 sq. ft.
MIN. FRONT SETBACKS = 60'
MIN. REAR YARD = 40'
MIN. SIDE YARD (CORNER LOT) = 30'
MIN. SIDE YARD = 20'
MIN. LOT WIDTH = 130' (AT BUILDING LINE)
NOTE
THE PURPOSE OF THE FINAL PLAT IS TO INDICATE THE ENFORCEABLE RESTRICTIONS ON PROPERTY USAGE THAT RUN WITH THE LAND TO ENSURE THAT FUTURE DEVELOPMENT AND REDEVELOPMENT MAINTAINS THE SITE IN COMPLIANCE WITH ORDINANCE REQUIREMENTS. THOSE RESTRICTIONS THAT SHOW UP ON THE RECORDED FINAL PLAT SHALL BE PICKED UP BY THE SURVEYOR AND SHOWN ON THE LOT SURVEY GIVEN TO PURCHASERS AT THE TIME OF CLOSING. IN THIS WAY, THE PROPERTY OWNER SHALL BE MADE AWARE OF THE RESTRICTIONS AND SHALL MAINTAIN THE SITE IN COMPLIANCE WITH ORDINANCE REQUIREMENTS.
THIS SURVEY CREATED A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.
I, J MARK FISHER, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS BROKEN LINES TAKEN FROM RECORDED PLATS ABOVE; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 11 DAY OF SEPTEMBER, 2013.
9/11/13
J MARK FISHER, PLS
L-4368
SEAL
SEAL
FINAL PLAT OF WATERLEAF
OAK BRIDGE AT STEELE CREEK
TOWN OF MINT HILL
MECKLENBURG COUNTY, NORTH CAROLINA
OWNER/DEVELOPER
PO BOX 5
MINT HILL, NC 28227
704-882-1000
SURVEYOR
SUMMIT SURVEYING, PLLC
PO BOX 2776
MATTHEWS, NC 28106
704-882-1000