8067B

On Base

Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) pd _____ Initials/Date

CA ($200.00) lwa 1/8/15 Initials/Date

OP ($200.00) lwa 1/8/15 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 Issue CA

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. ☐ _____

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 0067 B WASPS App #: 4319

Primary ES assigned to project: @ YJ

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 .25	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 ☐

5/1/09

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: HOLE # 3 LISTED AS U.S. OK

12/10/09

IA issued date: 5-13-15

OP issued date: 5-14-15

Review performed by: _____ Date performed: 12/10/09

8067B

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

TRANSFER PERMIT TO LIVEWELL'S NAME (SEE ATTACHED)

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 13712316
STREET ADDRESS: 9336 SURFACE HILL RD.
CITY: MINT HILL
STATE: NC ZIP: 28227
SUBDIVISION NAME: WOODS AT BAINBRIDGE
LOT #: 6 LOT SIZE (acres): 1.08 AC.
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: 3336
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5
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? 10·17·14 ☐ N/A

12. PROPERTY OWNER:

NAME: First Citizens Bank
ADDRESS: PO Box 27131 RWN 15
CITY: Raleigh
STATE: NC ZIP: 27611
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: CINDY HAFER / Susan Rosenblatt
ADDRESS: PO BOX 1345
CITY: FORT MILL
STATE: SC ZIP: 29716
WORK PHONE: —
MOBILE PHONE 803.984.6611 . 704.363.1368
FAX: 888.314.1361
E-MAIL: CHAFER@LIVEWELLHOMES.NET

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.

CH _____ (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.

Shawn Rosenblatt _____ 10-27-2014 _____

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:

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: 9336 SURFACE HILL RD. Tax Parcel #: 13712316

Subdivision Name: WOODS AT BAINBRIDGE Lot #: 6

SEE ATTACHED RENDERING - PREVIOUSLY PERMITTED

Robin Rosenblatt
Property Owner's or Owner's Legal Representative Signature

10/27/2014
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

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

Sheet: 1 of 2
Property ID: 137-123-04
Lot #: 6
File #: 8067B
AppID: 4319

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Jason R. Bartell
Applicant: Same
Address: 1706 Walkup Avenue
Date Evaluated: 8/25/2009
Proposed Facility: Residence
Design Flow (.1949): 480 GPD ~~360GPD~~
Property Size:
Location of Site: Surface Hill Road Lot #6
Property Recorded:
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: ⋈ Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] 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, 5%	0-7	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	IV, PS
		7-48	SBK/C	FI/SEXP/SS/SP					0.25GPD/FT^2
2	"	0-5	GR/SCL	FR/SEXP/SS/SP		48	N/A	NONE	IV, PS
		5-15	WKSBK/CL	FI/SEXP/SS/SP	"				0.25GPD/FT^2
		15-28	SBKCL	FI/SEXP/SS/SP					
		28-48	SBK/C	FI/SEXP/SS/SP					
3	"	0-8	GR/SCL	FR/SEXP/SS/SP	"	48	US	NONE	Group II
		8-25	WKSBK/CL	FI/SEXP/SS/SP					PS
		25-48	M/SL	FI/SEXP/SS/SP					0.25GPD/FT^2
4	7%	0-10	GR/SCL	FR/SEXP/SS/SP	>24" TO SOIL WETNESS		N/A		US
		10-24	wKSBK/CL	FI/EXP					
		24+	ROCK	ROCK					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III9	III9
Site LTAR	0.25GPD/FT^2	0.25GPD/FT^2

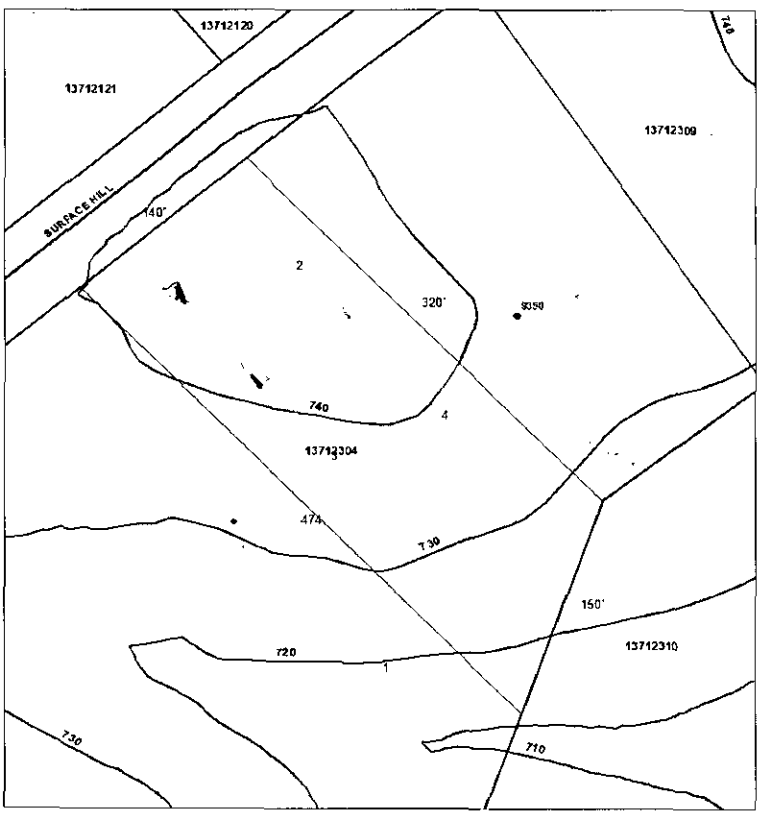
Other Factors (.1946):
Soil Evaluation By: David Cornelius, RS
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: David Cornelius, RS
Others Present:
Auger Boring Locations verified by Jeremy Michael 11-18-2009

COMMENTS: 100% Repair

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	

Soil Evaluation For Surface Hill Rd.
Lot #6



S&EC

Soil & Environmental Consultants, PA

236 LePhillip Court, Suite C • Concord, North Carolina 28025 • Phone: (704) 720-9405 • Fax: (704) 720-9406
www.SandEC.com

January, 22 2007
Job #5-1908s1

Kevin Rushing
505 Cedarwood Dr.
Monroe, NC 28112

Re: Soil suitability for ±13-acre tract on Surface Hill Rd.- Mecklenburg County, NC

Soil and Environmental Consultants, PA (S&EC) has performed a detailed soil/site evaluation on a property totaling approximately 13-acres in Mecklenburg County. The property is located on Surface Hill Rd. northwest of Mint Hill, NC. At your request the evaluation was performed to evaluate soil areas for subsurface wastewater disposal.

S&EC walked over the property, taking note of the land (slope, drainage patterns, past use, etc.) as well as soil conditions (depth, texture, structure, seasonal wetness, restrictive horizons, etc.) through hand auger borings. From these observations an evaluation of the site relative to subsurface wastewater disposal was developed. The soil/site evaluation criteria used was that contained in 15 A NCAC 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems".

FINDINGS

The subject property is located in south eastern Mecklenburg County northwest of Mint Hill. The upland soils identified were most similar to the Helena and Cecil soil series. Helena soils have a loam surface over a clay subsoil. The clay textures in the Helena series are considered expansive. During wetting and drying cycles the clay exhibits shrinking and swelling behavior which limits the hydraulic performance of the soil. Expansive clay mineralogy is considered unsuitable for subsurface waste disposal systems. Areas of soil similar to the Cecil soil series were also identified on the property (see attached map for size and location). Cecil soils have a sandy loam surface over a clay subsoil. The average usable depth encountered in the Cecil soil series was 24 inches or more which has potential for supporting conventional (at-grade and shallow) and LPP (low pressure pipe) septic systems. Also identified on the property were areas that contained soil depths of 18 inches that have potential of supporting drip irrigation, and pretreated septic systems (see attached soils map). Depth to restrictive horizons (i.e. soil wetness and rock) determines what kind if any septic system can be supported on the property. The attached map is not a survey. Borings were located via GPS technology to create the soil polygons. Usable soil areas were not flagged in the field.

Once potentially usable areas are identified, the next consideration is the horizontal extent (size) of those areas. The size and configuration of the usable soil area dictate how many systems an area can support. The size of a subsurface septic field is determined by; 1) the design flow (120 gallons/bedroom/day in residences), and 2) long term acceptance rate (LTAR) of the soil (based

Greensboro Office:
3817-E Lawndale Drive
Greensboro, NC 27455
Phone: (336) 540-8234
Fax: (336) 540-8235

Raleigh Office:
11010 Raven Ridge Road
Raleigh, NC 27614
Phone: (919) 846-5900
Fax: (919) 846-9167

on the hydraulic conductivity of the soil, a function of the soil's texture, mineralogy, structure, porosity, etc.). The configuration of the soil area must be such that an efficient layout of drain lines (on contour) is possible and not contain unsuitable topography. An additional consideration is the required setbacks for the system from various elements such as wells (100'), streams and ponds (50') or more depending on watershed regulations, property lines (10'), top of embankment (15'), watershed buffers, etc. (see Attachment 1).

GENERAL WASTEWATER CONSIDERATIONS

The utility of a potential useable soil area for a subsurface system is most accurately determined by an on-ground layout of the proposed system. The total area needed for system and repair areas will depend upon the system type, the layout of that system and the total design flow (factors mentioned above). A typical area needed for a four-bedroom residence is approximately 14,000 to 16,000ft^2 (could be more depending on site features). These estimates reference Laws and Rules for Sewage Treatment and Disposal Systems for North Carolina and use a LTAR of 0.3gpd/ft^2 for conventional septic systems. The required soil area estimates do not include area for a well setback, drive or house envelope. The health department will determine the design LTAR after their evaluation. S&EC will be glad to assist in any system layout or sizing calculations if requested.

A site plan for any lot must ensure that adequate soil area for system and repair is unaffected by site elements (house placement, driveway, wells, patios, decks, etc.). The area ultimately designated by the health department for the septic system and repair must remain undisturbed (no mechanical clearing, excavation, heavy traffic or other significant site disturbing activities) until authorized by the health department. A lot with adequate usable soil area may be rendered unusable as a result of improper site planning and/or disturbance.

This report discusses the general location of potentially usable soils for on-site subsurface wastewater disposal and does not constitute or imply any approval or permit needed by the client from the local heath department. S&EC, PA is a professional consulting firm that specializes in the delineation of soil areas for wastewater disposal and the layout and design of wastewater treatment systems. As a professional consulting firm, S&EC is hired for its professional opinion in these matters. The rules governing wastewater treatment (interpreted and governed by local and state agencies) are ever evolving, and in many cases, affected by the opinions of individuals employed by these governing agencies. Because of this, S&EC, PA cannot guarantee that areas delineated and/or systems designed will be permitted by the governing agencies. As always, we *recommend that anyone making financial commitments* on a tract be fully aware of individual permit requirements on that tract prior to final action.

An individual septic system permit will be required for each lot prior to obtaining a building permit. This will involve a detailed evaluation by the local health department to determine system size and layout, well, drive and house location, etc. Only after developing this information can a final determination be made concerning the specifics of system design and site utilization.

RECOMMENDATIONS

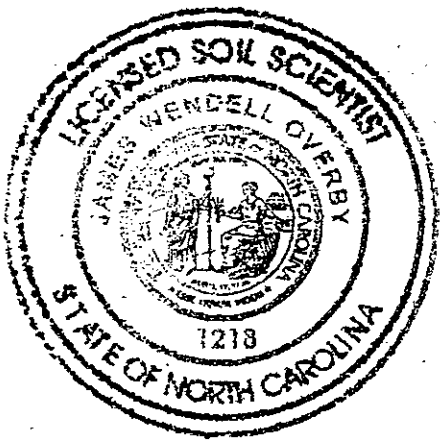
If further pursuit of improvement permits is sought we recommend creating a lot configuration based on our soil findings. Each lot should have enough usable soil allotted for an initial septic system and a repair system. The use of offsite systems (septic easements) and pretreatment may increase lot yield. S&EC will be glad to review a final lot configuration and give suggestions. Once a final lot configuration is developed applications to the county can be made for each proposed lot. We recommend meeting the county onsite during there evaluation to review our soil findings. Other work that may be required to obtain improvement permits, but not limited to, include septic system layouts and designs, meeting the county/state onsite, and hydraulic conductivity tests if pretreatment is proposed. Identified on the property were stream and potential wetland features which may require a permit from the US Army Corps of Engineers if impacted (i.e. stream crossings). S&EC will be glad to assist in the delineation and permitting process for such features. Please visit our website at www.sandec.com.

Sincerely,

Wendell Overby
NC Licensed Soil Scientist

Eric Bailey
Soil Scientist in Training

Encl: Soil/Site Map
Attachment 1



Attachment 1

.1950 Location of Sanitary Sewage Systems

(c) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following:

(1)	any private water supply source including a well or spring	100 feet
(2)	any public water supply source	100 feet
(3)	streams classified as WS-I	100 feet
(4)	water classified as S.A.	100 feet from mean high water mark
(5)	Other coastal waters	50 feet from mean high water mark
(6)	any other stream, canal, marsh, or other surface waters	50 feet
(7)	any Class I or Class II reservoir	100 feet from normal pool elevation
(8)	any permanent storm water retention pond	50 feet from flood pool elevation
(9)	any other lake or pond	50 feet from normal pool elevation
(10)	any building foundation	5 feet
(11)	any basement	15 feet
(12)	any property line	10 feet
(13)	top of slope of embankments or cuts of 2 feet or more vertical height	15 feet
(14)	any water line	10 feet
(15)	drainage systems:	
	(A) Interceptor drains, foundation drains and storm water diversions	
	(i) upslope	10 feet
	(ii) sideslope	15 feet
	(iii) downslope	25 feet
	(B) Groundwater lowering ditched and devices	25 feet
(16)	any swimming pool	15 feet
(17)	any other nitrification field (except repair area)	20 feet

(b) Ground absorption, sewage treatment and disposal systems may be located closer than 100 feet from a private well supply, except springs and uncased wells located downslope and used as a source of drinking water, repairs, space limitations and other site-planning considerations but shall be located the maximum feasible distance and, in no case, less than 50 feet.

(c) Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic. If effluent is to be conveyed under areas subject to vehicular traffic, ductile iron or its equivalent pipe shall be used. However, pipe specified in Rule .1955 (e) may be used if a minimum of 30 inches of compacted cover is provided over the pipe.

Note: Systems over 3000 GPD or an individual nitrification fields with a capacity of 1500 GPD or more have more restrictive setback requirements, see .1950 (a) (17) (d) for specifics.

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 #: **30004319** GWS File #: **8067B** Tax Parcel #: **137-123-04**

- 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):** 11/19/2014

Type of Installation: Residential - New System Lot Number: 6

Structure Type: HOUSE Size (ft^2): 1800 # Bedrooms: 4 # Occupants: 4

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):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1440	Total Trench Length (ft):	480
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Approved **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1440	Total Trench Length (ft):	480
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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: 11/19/2009

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 #: **30004319** GWS File #: **8067B**

IV. Permit Conditions/Comments:

- 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.
- Flow from all gutters and downspouts shall be directed 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:

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- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 11/19/2009

Owner/Legal Agent: _____
Print Name

Signature: _____

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 #: **30004319** GWS File #: **8067B** Tax Parcel #: **137-123-04**

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Building Foundation: Crawl Space Water Supply: Municipal

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III. Repair System Type: Approved **System Classification:** IIIg

Repair System Specifications:

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Print Name

Signature: Jeremy Michael Signature: _____

Date Issued: 11/19/2009

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

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Permit #: **30004319** GWS File #: **8067B**

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DENR Authorized Agent: Jeremy Michael

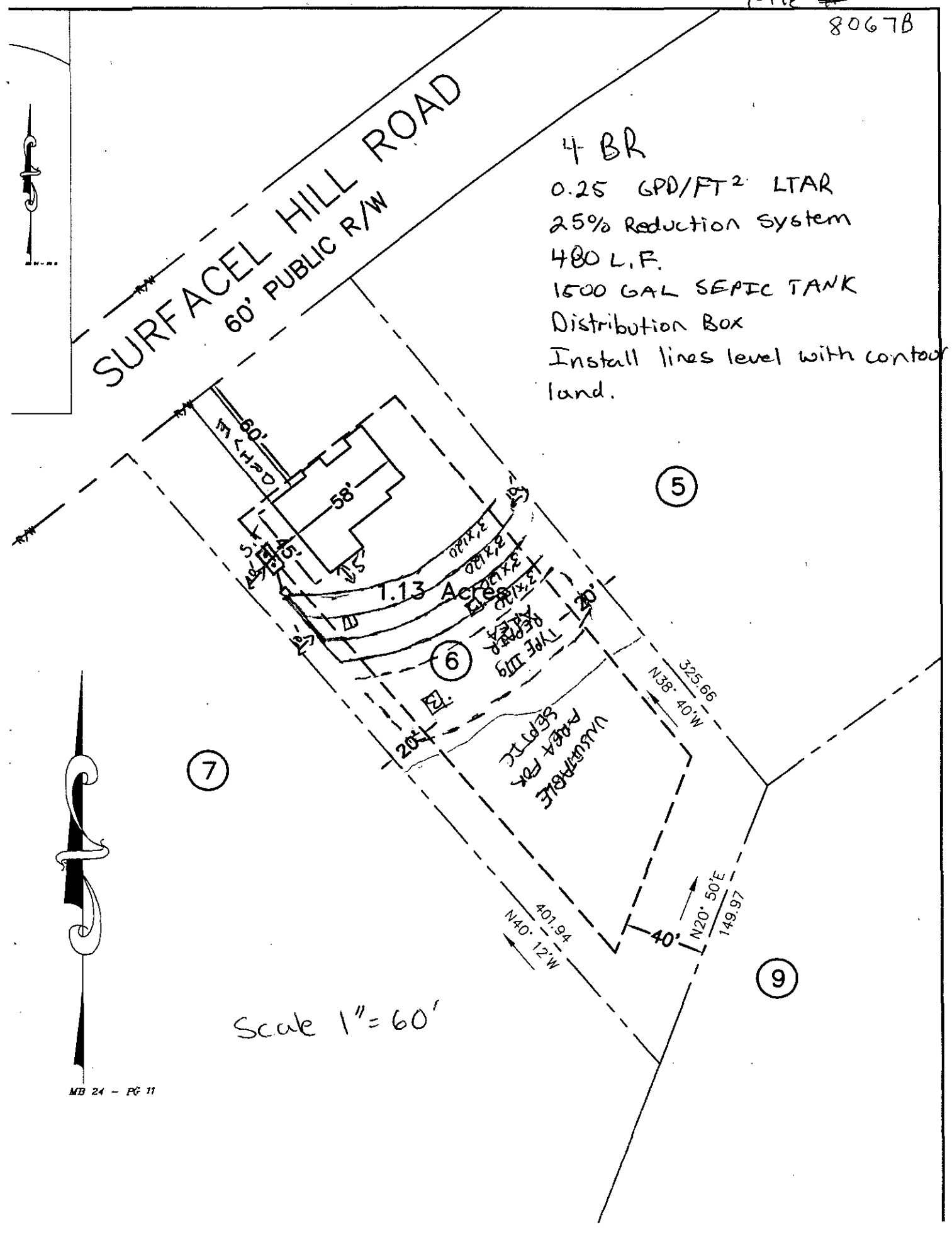
Signature: Jeremy Michael

Date Issued: 11/19/2009

Owner/Legal Agent: _____
Print Name

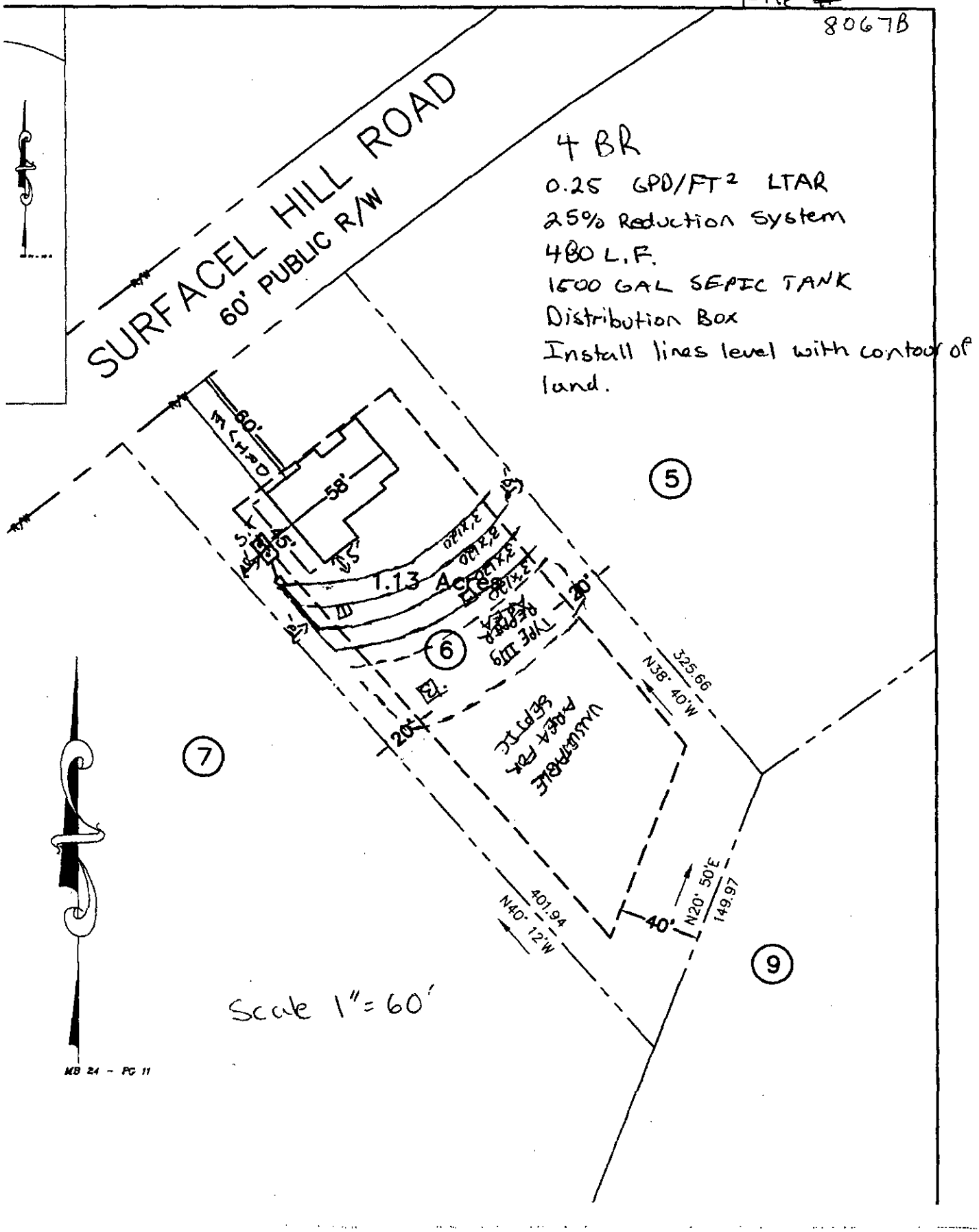
Signature: _____

File # 8067B



MB 24 – PG 11

File # 8067B


SURFACEL HILL ROAD
60' PUBLIC R/W
4 BR
0.25 GPD/FT² LTAR
25% Reduction System
480 L.F.
1500 GAL SEPTIC TANK
Distribution Box
Install lines level with contour of land.
60'
58'
1.13 Acres
5
6
7
9
325.66
N38° 40'W
401.94
N40° 12'W
N20° 50'E
149.97
40'
20'
Scale 1" = 60'
MB 24 - PG 11

FEE: 200.00
DATE: 1/14/2015

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 8067B

PERMIT NUMBER: 30004319

PARCEL NUMBER: 13712316

JOB LOCATION INFORMATION

ADDRESS: 9336 SURFACE HILL RD

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

ISSUED TO: Live Well Homes

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 11/19/2009

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30004319, 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:** 11/19/2014

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

Septic System Pre-Construction Meeting Checklist

File # 806713 App #_____ Tax Parcel # 137-123-16

Property Owner: Live Well / First Citizen Bank

Job Location Address: 9336 Surface Hill Rd.

City: Mint Hill State: NC Zip Code: 28227

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.

Bradley W. Hallman 5/13/15
Authorized Agent Date

RCS
Others Present

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 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 #: 8067B Permit #: Tax Parcel #: 137-123-16

Property Owner: Live Well | First Citizen Bank

Job Location Address: 9336 Surface Hill Rd

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 5/14/15 Contractor Name: RCS

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: ~~1000~~ 1500 gallons Manufacture J3S Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 28 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 480 feet

# of Lines: 4 @ Various feet

Depth of Media: 12 inches (Type) easy flow

Depth of Cover: 12" inches

Distribution Device: D 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: 12' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: Not installed feet

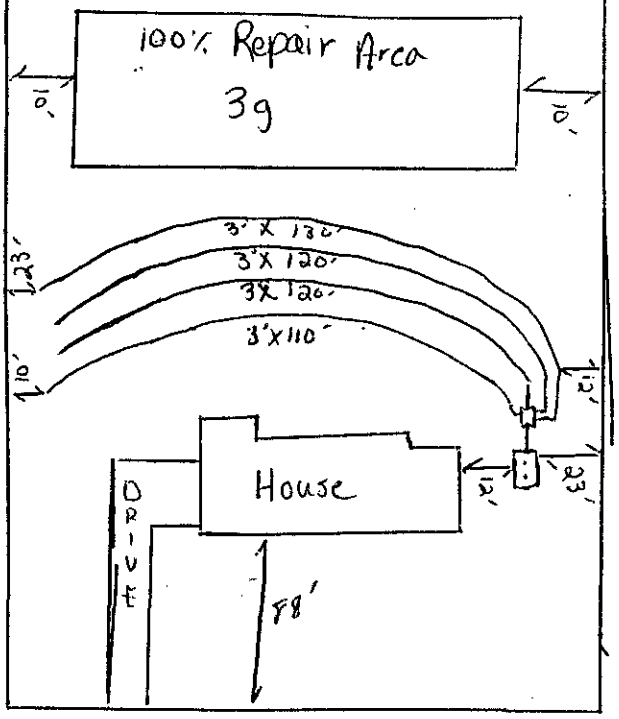
Inspection Dates STB 112 3-9-11

Tank(s) Inspected: 5/14/15

Excavation ~~Inspected~~: 5/14/15

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: IIIg EZ 1230 / GI / NA / NA

DENR Authorized Agent: Bradley W. Hallman Signature: _____

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 #: 8067B Permit #: _____ Tax Parcel #: 137-123-16

Property Owner: Live Well | First Citizen Bank

Job Location Address: 9336 Surface Hill Rd

City: Mint Hill 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: 3g

**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: Bradley W. Hallman Date: 5/14/15

Signature: _____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/08/15	**Amount:**	200.00
Receipt #:	92151	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: X44709
Contractor: LIVE WELL HOMES LLC
Attn:
Address: 310 SPRINGCREST DR
Address:
City/State/Zip: FORT MILL, SC 29715

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 9336 SURFACE HILL RD		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
600.00	5,789.68				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/08/15	**Amount:**	200.00
Receipt #:	92152	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	SADERLW		

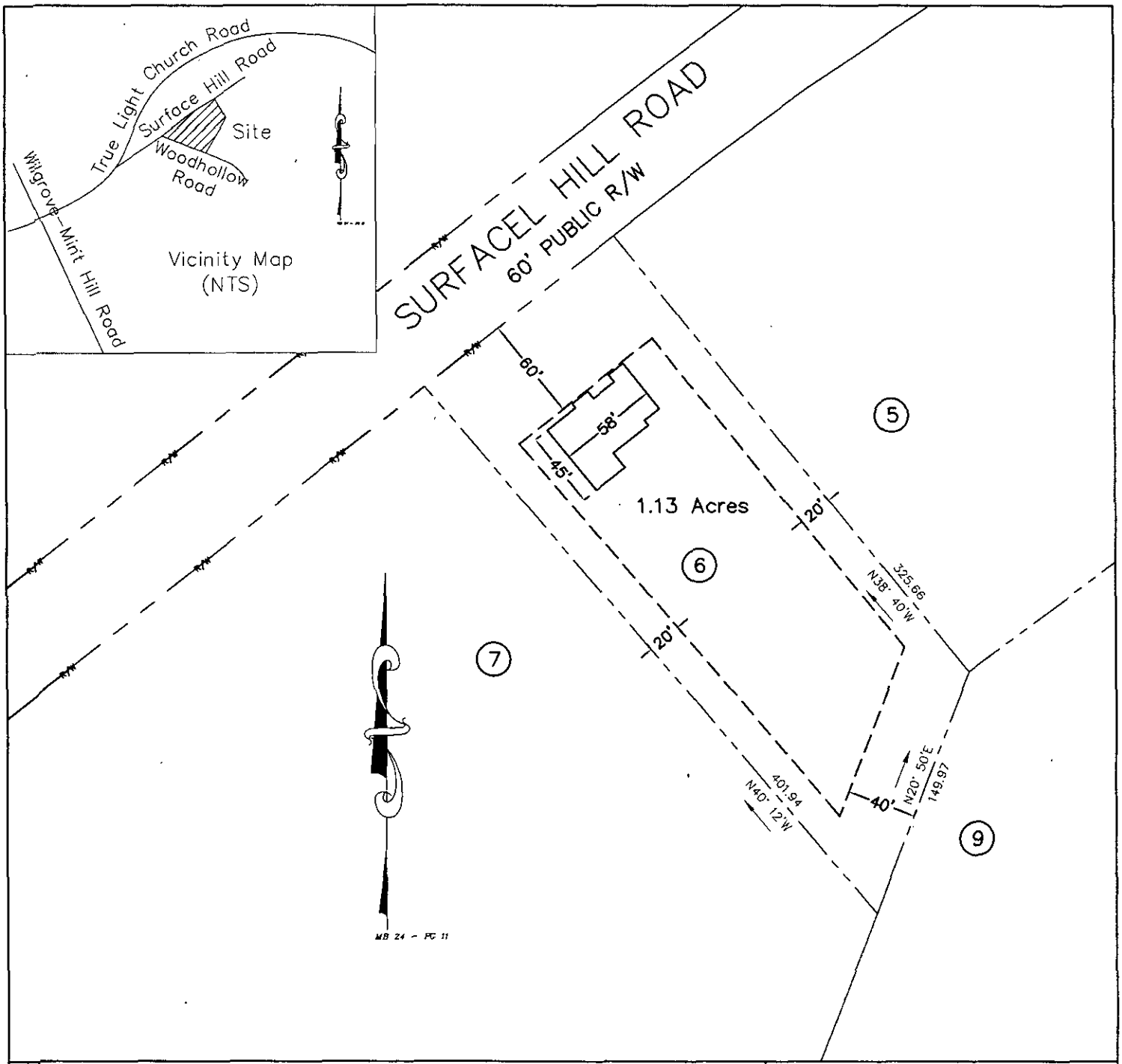
Account Information

Account #: X44709
Contractor: LIVE WELL HOMES LLC
Attn:
Address: 310 SPRINGCREST DR
Address:
City/State/Zip: FORT MILL, SC 29715

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorization 9336 SURFACE HILL RD		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
800.00	5,789.68				



FLOOD CERTIFICATION

THIS PROPERTY DOES NOT LIE WITHIN A F.E.M.A. SPECIAL FLOOD HAZARD AREA.

GENERAL NOTES

1. MEASUREMENTS ON THE MAP ARE IN FEET AND DECIMALS THEREOF.
2. ALL SET CORNERS ARE 1/2" IRON REBAR UNLESS OTHERWISE NOTED.
3. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL EASEMENTS, RIGHT-OF-WAYS AND RESTRICTIONS NOT DISCERNIBLE BY OBSERVATION AT THE TIME OF SURVEY OR THAT MAY BE OF RECORD. NO TITLE SEARCH HAD BEEN DONE.
4. THIS DOCUMENT IS ONLY FOR THE PURPOSE OF SHOWING PROPOSED HOUSE LOCATION. THE FINAL LOCATION OF THE HOUSE MAY VARY. THIS DOCUMENT IS NOT TO BE USED FOR REAL ESTATE CONVEYANCE.

GRAPHIC SCALE (IN FEET)

80 0 40 80 160 320

1 INCH = 80 FEET

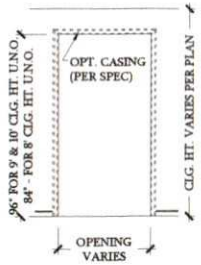
PROPOSED HOUSE LOCATION

FOR: Mr. Jason Bartell

LOT 6
Surface Hill Rd
Town of Mint Hill
Mecklenburg Co., NC

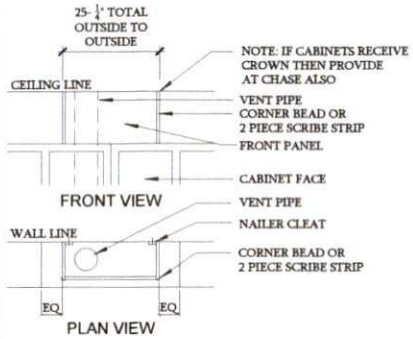
DS Engineering
1223 Fox Run Dr.,
Charlotte, NC 28212
E-mail: davshkl@gmail.com
ph. 704/497-0081
fax 1-206/888-4992

9336 Surface Hill Rd
File # 8067B



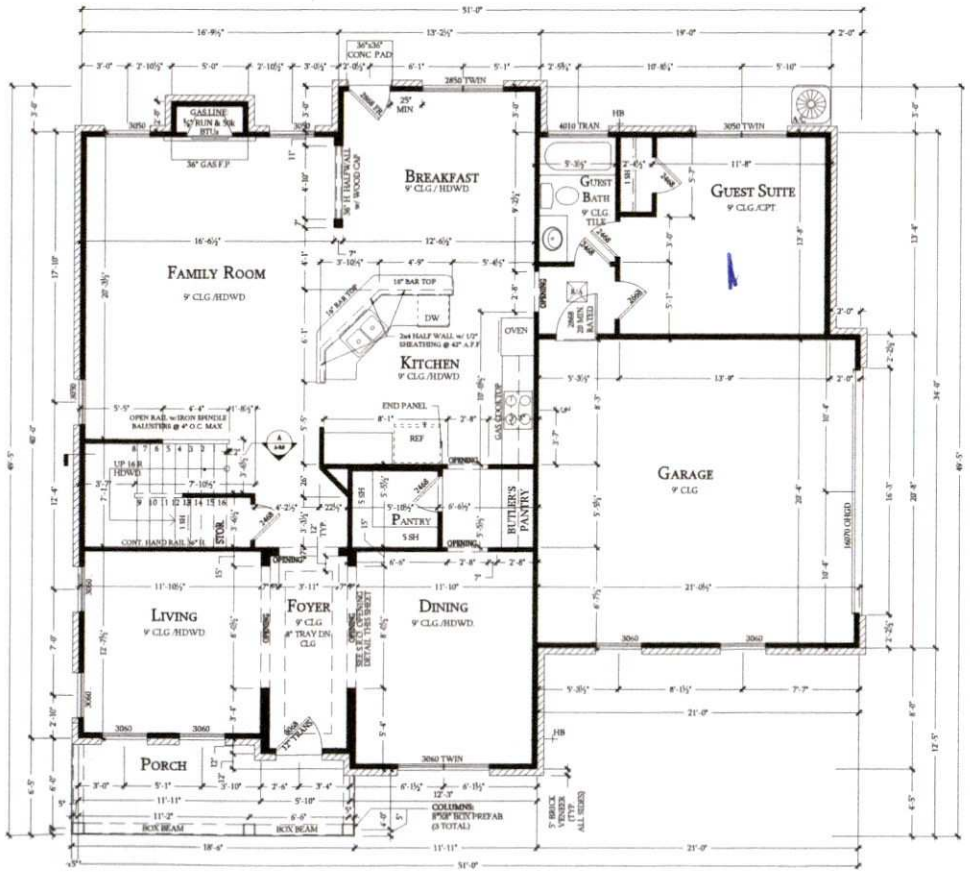
SHEETROCK OPENING DETAIL

SCALE: 3/16"=1'-0"



VENT PIPE CHASE FOR GAS RANGE

SCALE: 3/32"=1'-0"



FIRST FLOOR PLAN

SCALE: 3/16"=1'-0"

DO NOT SCALE Drawings
For Dimensions not shown contact plan coordinator for clarification

THESE PLANS ARE THE PROPERTY OF LIVE WELL HOMES, LLC. AND MAY NOT BE REPRODUCED, CHANGED OR COPIED WITHOUT THE EXPRESSED WRITTEN CONSENT OF LIVE WELL HOMES, LLC., NOR ARE THEY TO BE ASSIGNED TO A THIRD PARTY WITHOUT OBTAINING SAID WRITTEN CONSENT.

revisions:	
date:	revised by:

GENERAL NOTES

1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. PROVIDE WINDOW FALL PREVENTION PER IRBC 2012 SECTION R612
4. PROVIDE NOT LESS THAN 5/8" TYPE X GYP. BOARD OR EQUIV. PER SECTION & TABLE R302.6 DWELLING/GARAGE SEPARATION OF THE IRBC 2012
5. SEE ELEVATION SHEETS FOR WINDOW HEADER HEIGHT.
6. ALL ANGLED WALLS ARE AT 45 DEGREES UNLESS NOTED OTHERWISE.
7. WALL OPENINGS TO BE GYP. BOARD RETURN U.N.O.
8. SEE DETAIL SHEET FOR ARCHED & SHEET ROCK OPENING DETAILS
9. SEE FIRST FLOOR FRAMING AND/OR ROOF FRAMING SHEETS FOR BEAM SIZE/LOCATION AND HEADER SCHEDULE.
10. VERIFY INTERIOR BEARING WALL LOCATION WITH TRUSS ENGINEERING PROVIDED BY TRUSS MANUFACTURER.

WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

SQUARE FOOTAGE TABLE

BASE PLAN

FIRST FL. LIVING:	1522 s.f.
SECOND FL. LIVING:	1814 s.f.
TOTAL LIVING:	3336 s.f.
GARAGE:	428 s.f.
FRONT PORCH/COVERED ENTRY:	112 s.f.

WOODS AT BAINBRIDGE - 6

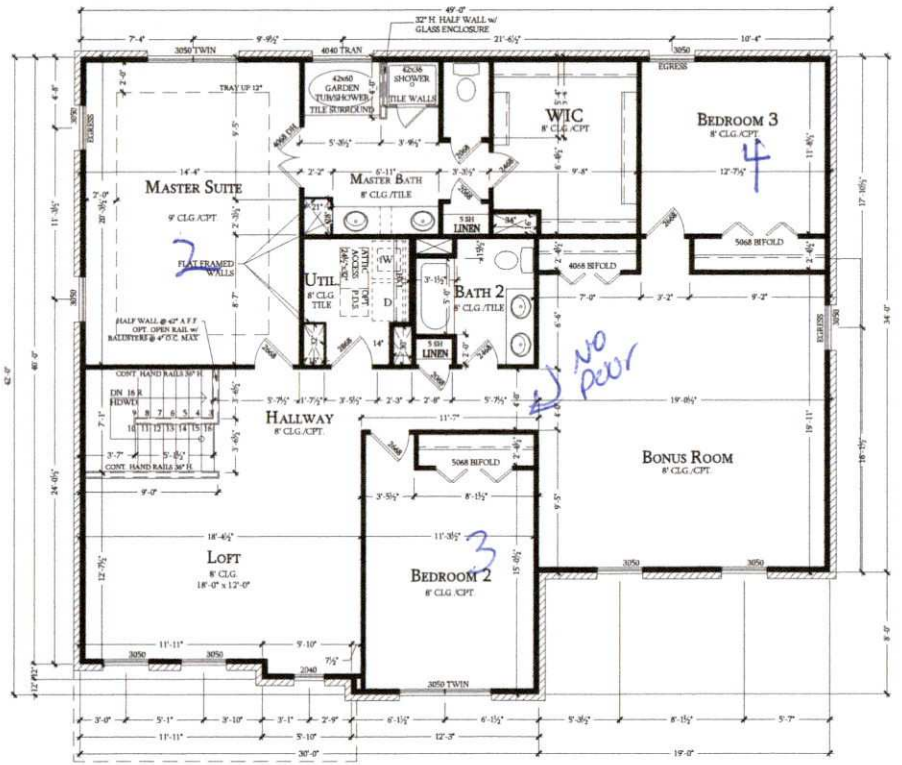
3237 Providence II

LiveWell Homes
THE BEST THINGS IN LIFE BUILT INTO YOUR HOME.
2424 Commons Court
Fort Mill, SC 29708
Phone: 704-574-0316

designed by:	lwh
drawn by:	tdl
checked by:	tdl
date:	1/8/10

A-3.0r

FIRST FLOOR PLAN



SECOND FLOOR PLAN

SCALE: 1/8"=1'-0"

DO NOT SCALE DRAWINGS
For Dimensions not shown contact plan coordinator for clarification

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revisions:	
date:	revised by:
-	-

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WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

WOODS AT BAINBRIDGE - 6

3237 Providence II

LiveWell Homes
THE BEST THINGS IN LIFE BUILT INTO YOUR HOME
2424 Commons Court
Fort Mill, SC 29708
Phone: 704-574-0316

designed by:	lwh
drawn by:	fdl
checked by:	fdl
date:	1/8/10

A-5.0r

SECOND FLOOR PLAN

8067B

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

4319

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: 13712304
STREET ADDRESS: Corner of Surface Hill Road and Woodhollow Road
CITY: Mint Hill
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: 6 LOT SIZE (acres): 1.13
TOWNSHIP: Clear Creek 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: 1,800
NUMBER OF BEDROOMS: ~~3~~ 4 jm 11/5/09
NUMBER OF OCCUPANTS: 4
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 Saprolite

8A. **RANK:** 1 2 3 4 5

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?** 1/16/2009 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**
NAME: Jason R. Bartell
ADDRESS: 1706 Walkup Avenue
CITY: Monroe
STATE: NC ZIP: 28110
HOME PHONE: 704-361-1932
WORK PHONE: 704-226-0894
MOBILE PHONE: 704-361-2153
FAX: 704-226-1975

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: Larry Thompson
ADDRESS: 114 Orchard Ridge Road
CITY: Locust
STATE: NC ZIP: 28097-8748
HOME PHONE: 704-888-1796
WORK PHONE: 704-301-4881
MOBILE PHONE:
FAX: 704-888-1496
Thompson Environmental Consulting

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

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.

_____ 7/22/09

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

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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: 7/27/09

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

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 8067B

APPLICATION ID NUMBER ASSIGNED: 4319

COMMENTS:

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