1656

X35710

X35710

GWS – RES. APP 07/05

SEPTIC FEE: 200
DATE: 11/15/06
CRT [ ]
gc

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

FILE # 4187B

WELL FEE: 400
DATE: 11/15/06
CRT [ ]
gc

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 11328144
STREET ADDRESS: 4040 Lochfoot
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

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

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

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

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

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

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

PROPERTY OWNER:

NAME: Daniel J Meyers
ADDRESS: 7001 N RT 309
CITY: Coopersburg
STATE: PA ZIP:
HOME PHONE: WORK PHONE: 484-357-6591
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Patrick A Smith
ADDRESS: 13031 Wingot Rd
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-622-0771 FAX: 704 504-5875

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? closed

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

Pat Smith

Owner's/Agent's Signature Date

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

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

Pat Smith

Owner's/Agent's Signature Date

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

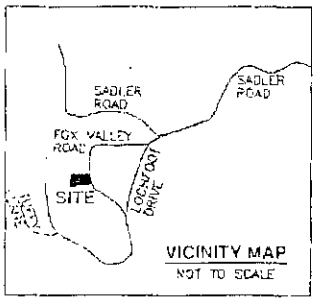
4187B

THIS IS TO CERTIFY THAT ON THE 11TH DAY OF OCTOBER, 2006 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE RATIO OF PRECISION DOES NOT EXCEED AN ERROR OF CLOSURE OF ONE (1) FOOT PER 15,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED: _____

J. JEFFREY COBB, PLS L-2830
R. B. PHARR & ASSOCIATES, P.A.
UNION COMMONS BUSINESS PARK
1048 UNION RD - SUITE B
GASTONIA, NC 28054

NORTH CAROLINA PROFESSIONAL SEAL L-2830 LAND SURVEYOR J. JEFFREY COBB



PARCEL # 1
CRESCENT RESOURCES, INC
MB. 26 PG. 560

NOW OR FORMERLY
JERRY C. BAREFOOT
DB. 7605 PG. 475
PID# 11328201

REF: PB. 33 PG. 555

FOX VALLEY ROAD
60' PUBLIC R/W
(PER PB. 18 PG. 41)

GRAVEL ROAD

TO LOCKSFOOT DRIVE

S31°07'00"E 152.84'

EIR

OFF SITE TIE LINE
S31°05'19"E 40.69'

30' FRONT SETBACK PER PB. 18 PG. 41

Septic

Proposed House

Repair

well

LOT 3
CRESCENT LAND AND TIMBER CORPORATION
SECTION 36
MB 18 PG. 41

NOW OR FORMERLY
HERSHEL P. HOLLIFIELD AND WIFE DINAH HOLLIFILED AND MICHAEL HARRIS AND WIFE SUSAN HOLLIFIELD
DB. 1573 PG 760
PID# 11328110

APPROX. 100 YR FLOOD LINE BY GRAPHIC DETERMINATION. (SEE NOTE# 2.)

N75°43'14"E 211.20' TOTAL

S80°57'26"W 231.24'

LOT 2-B
CRESCENT LAND AND TIMBER CORPORATION
SECTION 36
PB. 33 PG. 555

NOW OR FORMERLY
JEFFREY J. JOHNSON AND WIFE DONNA N JOHNSON
DB. 11436 PG 728
PID# 11328109

572.0' CONTOUR LINE FIELD LOCATED (SEE NOTE# 2)

RETAINING WALL

L6 L5 L4 L3 L2 L1

EIR

STONE RETAINING WALL

DOCK

PROPERTY LINE FOLLOWS THE 572.0' CONTOUR LINE PER MB 18 PG. 41.

LAKE WYLIE / CATAWBA RIVER

LINE TABLE

LINE	LENGTH	BEARING
L1	7.14'	N76°26'57"W
L2	26.22'	N25°42'00"W
L3	36.12'	N18°44'00"W
L4	31.26'	N26°51'00"W
L5	26.62'	N08°28'00"W
L6	10.77'	N33°41'00"W

LEGEND
PROPERTY LINE SURVEYED: ———
PROPERTY LINE NOT SURVEYED: - - - - - -
RIGHT-OF-WAY SURVEYED: ———
SETBACK: — — — — — —
EIR - EXISTING IRON ROD
PM - POWER METER
UP - UTILITY POLE
LP - LIGHT POLE
R/W - RIGHT-OF-WAY
SQ.FT. - SQUARE FEET
APPROX. - APPROXIMATE
CP - CALCULATED POINT

AREA SUMMARY
0.0883 ACRES

NOTES
1. BOUNDARY SURVEY BASED ON EXISTING PHYSICAL EVIDENCE OBSERVED ON DATE OF SURVEY.
2. A PORTION OF THE SUBJECT PROPERTY IS LOCATED IN THE 100-YEAR FLOOD HAZARD AREA (ZONE "AE") AS DETERMINED FROM MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, MAP #3711960203E, EFFECTIVE DATE FEBURARY 4, 2004. THE FLOOD LINE IS SHOWN HEREON BY GRAPHIC DETERMINATION FROM FEMA MAPS AND ALSO BY FIELD LOCATIONS USING THE BASE FLOOD ELEVATION OF 572 PROVIDED ON THE FEMA MAP. THE MONUMENT USED FOR DETERMINING THIS ELEVATION WAS MECKLENBURG COUNTY CONTROL MONUMENT "MC 142" HAVING AN ELEVATION OF 715.64 FEET (NAVD 88).
3. ADDRESS: 4040 LOCKSFOOT DRIVE

GRAPHIC SCALE
50 0 25 50
1 INCH = 50 FEET

BOUNDARY AND PHYSICAL SURVEY PREPARED FOR:
DANIEL J. MEANS
OF
LOT 2-A, LAKE WYLIE RECREATION LOTS, SECTION 36
BERRYHILL TOWNSHIP, MECKLENBURG COUNTY
NORTH CAROLINA
P.I.D# 11328144, DB.18287 - PG. 552
MB. 33 - PG. 555

R.B. PHARR & ASSOCIATES, P.A.
SURVEYING & MAPPING UNION COMMONS BUSINESS PARK
1048 UNION ROAD SUITE-B GASTONIA, NC 28054
TEL. (704)864-9936 FAX (704)853-3616

DREW:	DRAWN:	SCALE:	REVISED BY:	REVISION:	DATE: OCTOBER 11, 2006	FILE NO.: C-L-258
TODD C.	STYX P.	1"=50'			PROJECT NO.: C161	JOB NO.: 59140.DWG

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

Sheet: 1 of 2
Property ID: 113-281-44
Lot #: 2-A
File #: 4187B
AppID: 1656
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Daniel J. Means
Applicant: Patrick A. Smith
Address: 7001 N Rt. 309, Coopersburg, Pa.
Date Evaluated: 11/21/06
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .69a
Location of Site: 4040 Lochfoot Drive
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 1941 Structure/ Texture	1941 Consistence Mineralogy	b PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 12	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		6-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	LS, 10	0-8	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		8-42	SBK/C	FI/SEXP/S/P					
		42-48	SBK/CL	FR/SEXP/SS/SP					
3	"	0-8	GR/SCL	"	"	"	"	"	"
		8-50	SBK/C	FI/SEXP/S/P					
4	"	0-8	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		8-50	SBK/C	FI/SEXP/S/P					

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

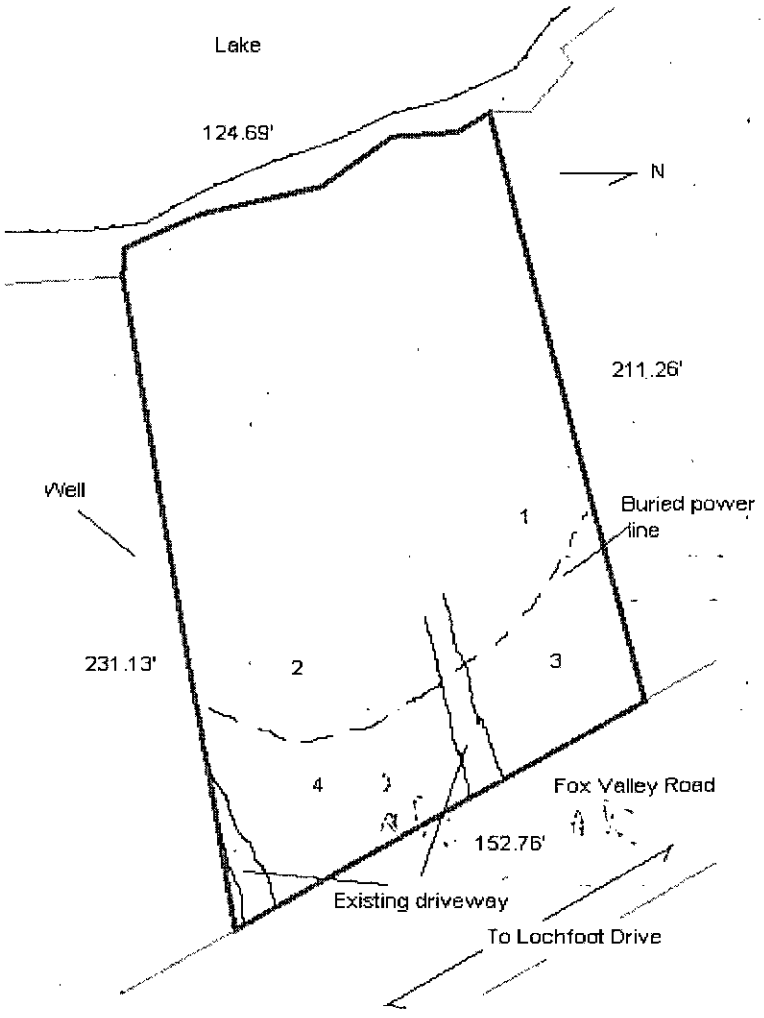
Other Factors (.1946):
Site Classification (.1948): ~~SINGLE/DOUBLE~~ prov. suitable
Evaluated By: W. R. Marlin, LSS, 11/21/2006, W. R. Marlin
Others Present: J. Michael, P. Smith

COMMENTS:
Not sure if 100% repair is required

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

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

Sketch of Soil Evaluation Locations



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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30001656** GWS File #: **4187B** Tax Parcel #: **113-281-44**

- 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):** 1/19/2012

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 3 # Occupants: 3

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	36	Depth of Media (in):	24	Distribution Device:	Manifold (LPP Distri		

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

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	36	Depth of Media (in):	24	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Jeremy Michael Owner/Legal Agent: Sean McCarthy
Print Name

Signature: Jeremy Michael Signature: Sean McCarthy

Date Issued: 1/19/2007

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 #: **30001656** GWS File #: **4187B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 3 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 septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- 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.
- Keep flagged septic area undisturbed. Do not drive over septic area.

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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- 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: 1/19/2007

Owner/Legal Agent: Sean McCarthy
Print Name

Signature: Sean McCarthy

MCHD # 4187B

17 January AD, 200

Mr. Jeremy Michael
Mecklenburg Environmental Health Division
Groundwater & Wastewater Services
700 N. Tryon Street, Suite 211
Charlotte, North Carolina 28202

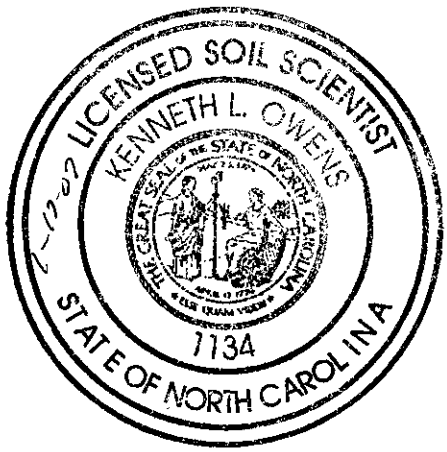
Re: **Improvement Permit Application for Lochfoot Drive**
Lake Wylie/Catawba River
Mecklenburg County, North Carolina

Dear Mr. Michael:

Thanks for your review and time in reference to the Lochfoot Drive property. Per Mr. Marlins soils report Septic Environmental Solutions, Inc. layout the entire septic system (initial and repair) in the field were Mr. Marlin had found suitable soils. All drainfield lines are marked in the field within setbacks see figure and design specification sheet. Thank you for your patience and cooperation in regards to this report. If you should have any questions concerning this report, or need further assistance, please call (704) 502-5588

Sincerely,

Kenneth L. Owens, L.S.S. #1134
North Carolina Soil Scientist



APPROVED AS NOTED ON 1-18-07
TG

Design Specifications for 4040 Lochfoot Drive, Charlotte, North Carolina

Daily Design Flow:	360 gpd
Number of Bedrooms	3 bedroom
Basement or Crawspace	Basement
Septic Tank Size	~~1000 gal~~ 1500 GAL
Pump Tank Size	1000 gal
Primary System Loading Rate	0.3 gpd/ft^2
Primary System	LP PPBPS, Four 50 Lines to be 9ft on center with 3ft wide trench widths.
Number and Length of Lines	4 @ 50ft
Total foot of Primary System	200ft
Number of T&J Panels	11 panel per 50ft of line (total 44 panel per system) $0.72 \times 44 = 31.68_{gpm}$
Flow Rate through System	31.68 gpm 45 gpm use 3/16" holes with 3ft head
Pump Requirements	To be determined and calculated by the installer.
Dosing Volume	Approximate 158 gal@ 3.6 gal per panel
Depth of effluent Pumped per Dose	To be determined and calculated by the installer.
Check Valve	Yes
Siphon Break Hole	Yes
Repair System Loading Rate	0.3 gpd/ft^2
Repair System	LP PPBPS, Four 50 Lines to be 9ft on center with 3ft wide trench widths.
Total foot of Repair	200ft

PPBPS Design Worksheet							File #:	4187B
							Tax #:	113-281-44
System Requirements							Address:	~~4637 River Bluff Ct.~~ 4040 Lochloosa Dr.
Design Flow	360	gpd						
LTAR	0.300	gpd/ft.^2					Consultant:	Kenny Owens
Linear footage	400	ft. (conventional)					Phone:	704-502-5588
Linear footage	200	ft. (50% Reduction)						
							Reviewed By:	T. Thomason
Design Layout							Date:	1/18/07
Laterals	Length (ft)	# Panels	Calculated					
Line # 1	50	11	11.54		T & J Panels			
Line # 2	50	11	11.54		Linear Feet	# Panels		
Line # 3	50	11	11.54		20	5		
Line # 4	50	11	11.54		30	7		
Line # 5	0	0	0.00		40	9		
Line # 6	0	0	0.00		50	11		
Line # 7	0	0	0.00		60	14		
Line # 8	0	0	0.00		70	16		
	0	0	0.00					
Totals	**200**	**44**	46.15					
Absorption Area								
Length (ft)	Width (ft)	Area (ft^2)						
200	3	600						
System Pressure Head	3	ft.	Value selected by system designer (must be between 2-5 ft.)					
Orifice Diameter	3/16	in.	Size selected by system designer (1/8 in. minimum)					
Flow Rate per Orifice	0.72	gpm	Determined from orifice flow design table (value dependent on pressure head & orifice diameter)					
Total System Flow Rate	31.68	gpm	Total number of panels required multiplied by the orifice flow rate					
System Dose Volume	158.40	gal.	Total number of panels required multipled by 3.6 gal./panel					
Pump Run Time	5.00	min.	System dose volume divided by the total system flow rate					
Pump Tank Drawdown	7.54	in.	1,000 gal. Pump tank, volume is approximately 21 gallons per inch					
Comments:								
1. Install system using 3 ft. wide trenches.								
2. Install drainlines on 9 ft. centers, level, and on contour.								
3. System design requires effluent pump for distribution.								
4. 100% repair area required.								

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 4187-B ~~5-2004~~ Permit #: _____ Tax Parcel #: 113-281-44

Property Owner: Daniel Means

Job Location Address: 4040 Lochfoot Dr.

City: Charlotte State: NC Zip Code: _____

Installation Approval Issuance Date: 5-21-2007

Permission is hereby given to [X] 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 6-21-2011, 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: 360 GPD

Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1000 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Drainfield Design [ ] N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 4 @ 50 feet

Depth of Media: _____ inches (Type) T&S Panel

Distribution Device: Gate Valve

Bed Design *(For Repair Installations ONLY.)* [X] 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 [X] 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: 25-50 feet Supply Line

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install according to consultant design.

Comments: System Classification & Type: IV a

DENR Authorized Agent: Jeremy Mitchell Signature: Jeremy Mitchell

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 #: 4187B Permit #: _____ Tax Parcel #: 113-281-44

Property Owner: Daniel Jurans

Job Location Address: 4040 Lochfoot Dr.

City: Charlotte State: NC Zip Code: _____

Operation Permit Issuance Date: 11-06-2008 Contractor Name: Steve Autry

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons 3-16-07 STB 629

Liquid Capacity of Dosing Tank: 1000 gallons Autry 3-18-07

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 4 @ 50 feet

Depth of Media: _____ inches (Type) T&S Panel

Depth of Cover: 22 inches

Distribution Device: Gate Valve

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: 25 feet

Distance from Property Line: 0 feet

Distance from Water Supply Source: 50+ feet

Inspection Dates

Tank(s) Inspected: 06-07

Excavation Inspected: 06-07

Pump & Controls Inspected: 06-07

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Installed Per consultants design.

Waiting on Certified operator agreement.

(Recieved Certified operator Agreement on 11-06-08

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: PPBPS, P, LP, NA

DENR Authorized Agent: Jeremy Michel Signature: Jeremy Michel

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 #: 4187B Permit #: _____ Tax Parcel #: 113-281-49

Property Owner: Daniel DeMoss

Job Location Address: 9040 Lochfoot Dr

City: Charlotte State: NC Zip Code: _____

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: IVa

*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 Michel Date: 11-26-08

Signature: Jeremy Michel

INSPECTION AND MAINTENANCE AGREEMENT

File 4187B

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

This agreement is made and entered into this 31ST day of OCTOBER, 2008 by and between Pat Smith / PS Construction (hereinafter referred to as the "Owner") and Autry's (hereinafter referred to as the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type 4A system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Administrative Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Administrative Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Administrative Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity, shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity, of a type authorized by 15A N.C. Administrative Code 18A.1961 to manage a Type 4A system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 4040 Cochfoot dr, Charlotte, N.C.

a) The contractor shall inspect the system at least at the frequency, required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type 4A System.

b) The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

1) [from operation permit]
2) INSPECT and send report, 2 x per year, TO C.M.U.D.
3)

c) The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V (b) of 15A N.C. Administrative Code 18A.1961(b) for a Type 4A System.

d) If an inspection indicates the need for system repairs, the Contractor shall notify the local health

department within 48 hours of the inspection.

e) The Contractor shall notify the Owner of needed repairs, which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractors shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f) The Contractors shall employ or shall contract with a certified operator(s) if required by Table V (b) of 15A N.C. Admin. Code 18A.1961(b) for a Type 4A System.

g) The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24 hours after receipt of such request.

2. The Owner's Obligations.

a) The Owner shall pay to the Contractor the sum of $400.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 5 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 10 percent per month.

b) Within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c) The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a) Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or the time for taking an appeal has passed.

b) Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c) Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d) Termination by the Contractor.

1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination of this Agreement, the Agreement shall continue in effect; or

b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a) Assignment by the Owner.
The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b) Assignment by the Contractor.
The Contractor may assign its rights and duties under this Agreement to another management entity, which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type 4A system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party, of the default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: PS Construction
4040 Cochfoot dr. Charlotte NC

To the Contractor: Autry's
8918 Byrum dr Charlotte NC 28217

To the Local Health Department: 700 N. Tryon St
Charlotte, NC 28208
(CMUD)

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted deliver, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, the system construction or performance shall be governed by the laws of the State of North Carolina. notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the

other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such actions, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

(Owner)

Attest:

(Contractor)

Attest:

100% CK 250
5/22/03 Brandon

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CANCELED per telephone call from [ ] CRT

Mr Rudolph
Nudo
5/23

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 4/878

Date: 5-22-02

PERSON FILING APPLICATION:
NAME: Nudo, Jr Rudolph NMI
(last) (first) (mi)
ADDRESS: 4040 Lochfoot Dr PHONE: (704) 391 7376
CITY: Charlotte STATE: NC ZIPCODE: 28278

PROPERTY OWNER:
NAME: Nudo, Jr Rudolph NMI 704 458 1703 (mi) cell
(last) (first)
ADDRESS: 4040 Lochfoot Dr. PHONE: (704) 391 7376
CITY: Charlotte STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-281-44
STREET ADDRESS: 4040 Lochfoot Dr.
ZONING: _____

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2-A LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or H)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
6x6' Deck

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1
SYSTEM CLASSIFICATION: house

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Rudolph Nudo Date: 5-22-03

NOTICE:

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

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

...This permit is not transferable.

...

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

WWATER : 122791

PROPOSED PLOT PLAN

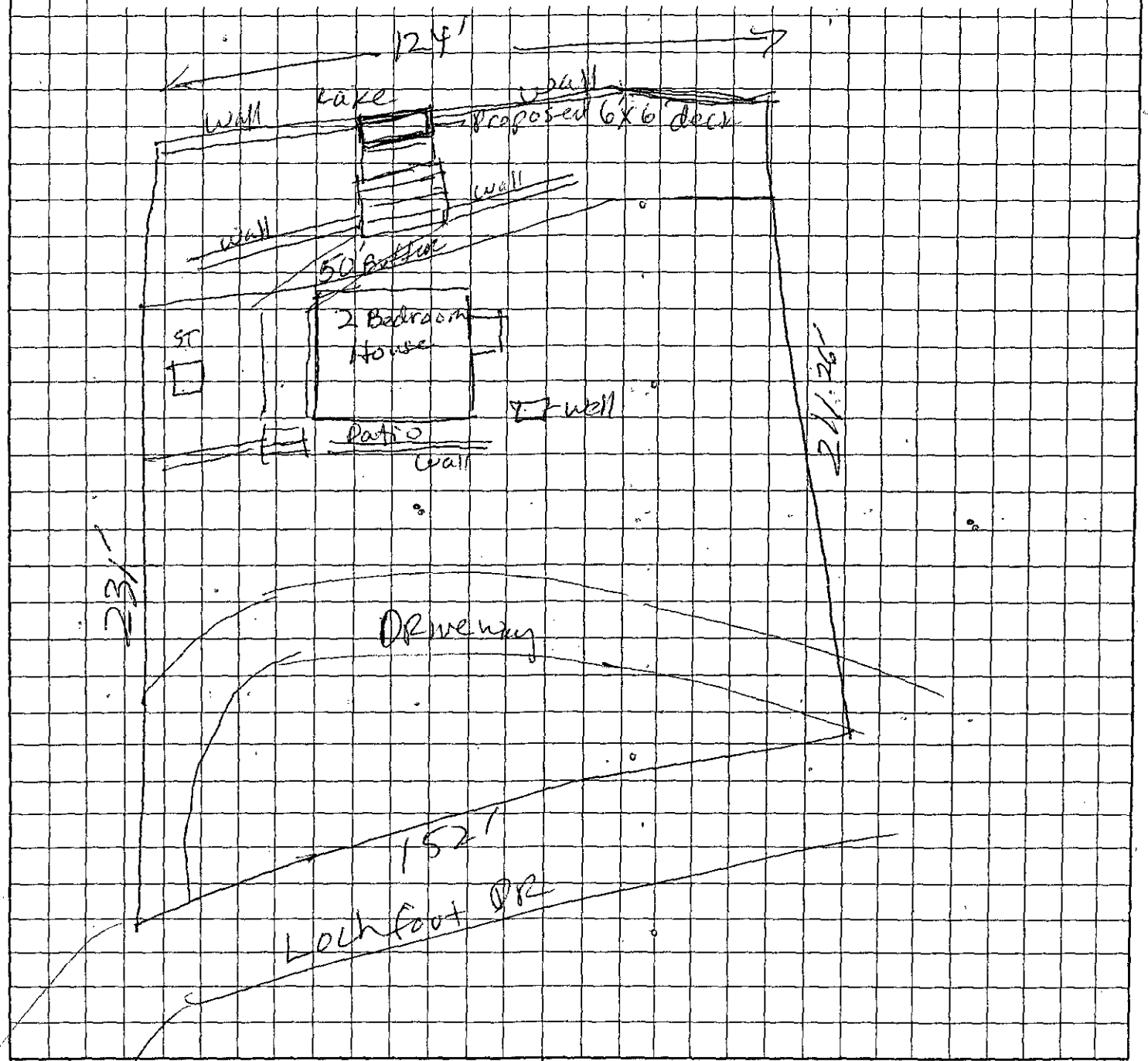
COPY

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

FILE: 4878

TC: _____

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



OWNER/AGENT SIGNATURE

DATE 5-22-03

APPROVAL DATE _____

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

FEE: $260.00 ck# 3086
DATE: 2/3/00 gc

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 4187B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 80 113-281-09

STREET ADDRESS: ~~5611~~ Lochfoot Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Lot A

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
[X] HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3500

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
[✓] WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

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

N/A

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

WATER SUPPLY (CHECK ONE):

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

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

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

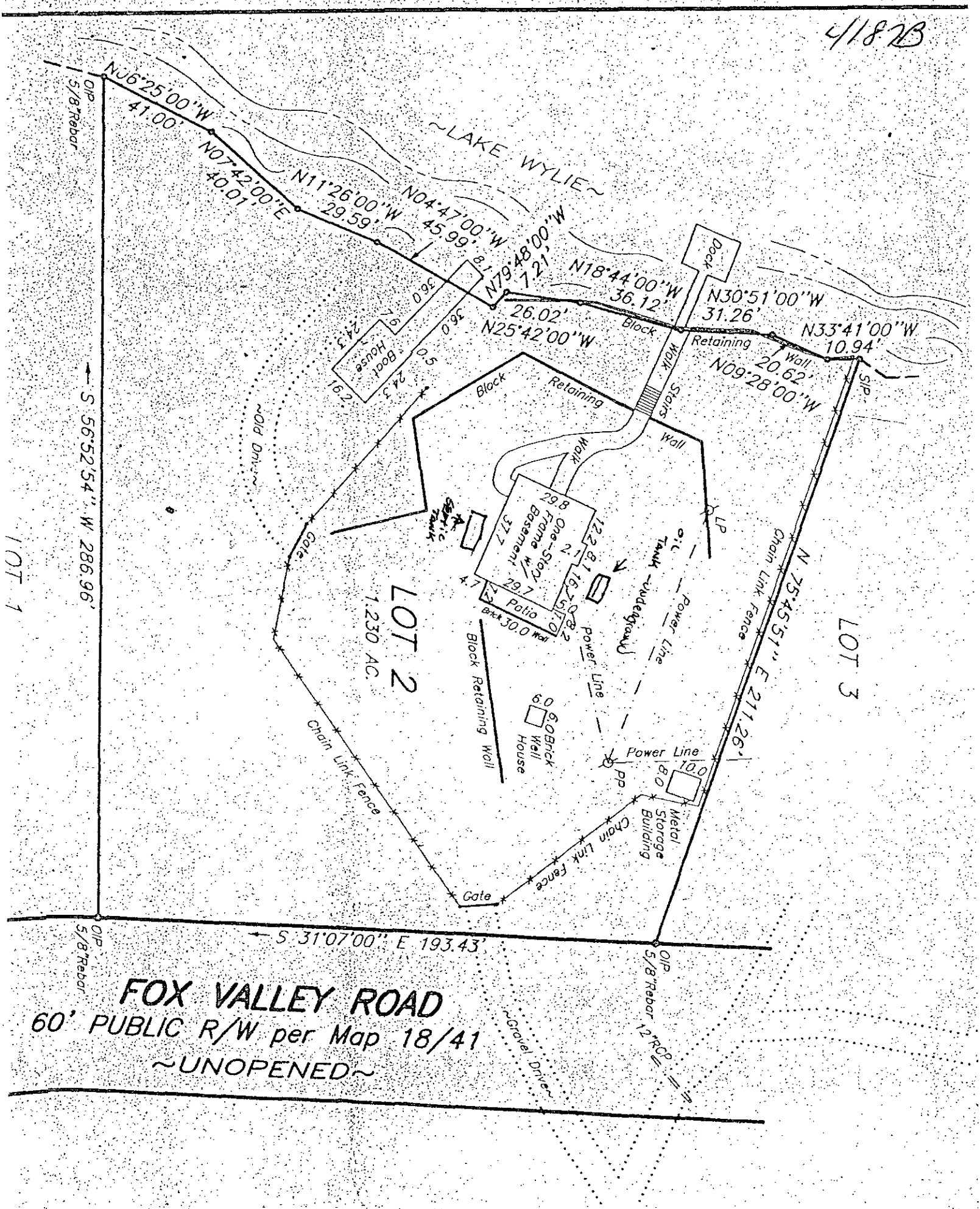
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Siskron, Eleanor B (LAST) (FIRST) (MI)	NAME: Siskron Eleanor B (LAST) (FIRST) (MI)
ADDRESS: 5600 Sardis Rd	DAYTIME PHONE: (704) 366 – 5715
CITY: Charlotte STATE: N C ZIP: 28270	WK 359-4867
DAYTIME PHONE: (704) 366 – 5715	Mob 518-0019

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Eleanor B Siskron DATE: 1-31-00

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


4/18/23
~LAKE WYLIE~
N06°25'00"W
41.00'
N07°42'00"E
40.01'
N11°26'00"W
29.59'
N04°47'00"W
45.99'
N79°48'00"W
7.21'
N18°44'00"W
36.12'
N30°51'00"W
31.26'
N33°41'00"W
10.94'
N09°28'00"W
20.62'
N25°42'00"W
26.02'
S 56°52'54" W 286.96'
N 75°45'51" E 211.26'
S 31°07'00" E 193.43'
O/P 5/8"Rebar
S/P
LOT 1
LOT 2
1.230 AC.
LOT 3
Boat House
One-Story Frame w/ Basement
Patio
Brick
Block Retaining Wall
Retaining Wall
Walk
Steps
Gate
Old Drive
Chain Link Fence
Power Line
Tank
Gravel Drive
Metal Storage Building
Well House
12" RCP
FOX VALLEY ROAD
60' PUBLIC R/W per Map 18/41
~UNOPENED~

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

#2

Sheet _____
Property ID: 60 113-281-09
Lot #: LOT A
File #: 4187A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Eleanor B. Lisbon APPLICANT: Jeff Johnson
ADDRESS: 5600 Sardis Road, Charlotte DATE EVALUATED: 2-14-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 4 Bdrm PROPERTY SIZE: Approx. 6
LOCATION OF SITE: off Foxhoof Dr. PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other _____
EVALUATION METHOD: ~~☐Augur~~ Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ~~☒Sewage~~ ☐Industrial Process ☐Mixed

PROFILE #	1940 Landscape Position/ Slope % (3 mo 5-15%)	Horizon Depth (IN:)	SOIL MORPHOLOGY (1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (1941) CONSISTENCE MINERALOGY	1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-5"	gr/scl	Fr/SEXPlSS/SP	35" to soil wetness	35"	N/A	None	US .39 Pz IV
		5-35"	SBK/c	F:/SEXPlSP					
		Boring Terminated @ 35"							
		Due to Apparent Floater Rock							
2	LS	0-7"	gr/scl	Fr/SEXPSS/SP	46" to soil wetness	48"+	N/A	None	PS .39 Pz IV
		7-48"	SBK/c	F:/SEXPlSP					
3	LS	0-5"	gr/scl	Fr/SEXPlSS/SP	48" to soil wetness	48"+	N/A	None	PS .39 Pz IV
		5-48"	SBK/c	F:/SEXPlSP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Medlin, LSS 2-14-00
OTHER(S) PRESENT: Jeff Johnson

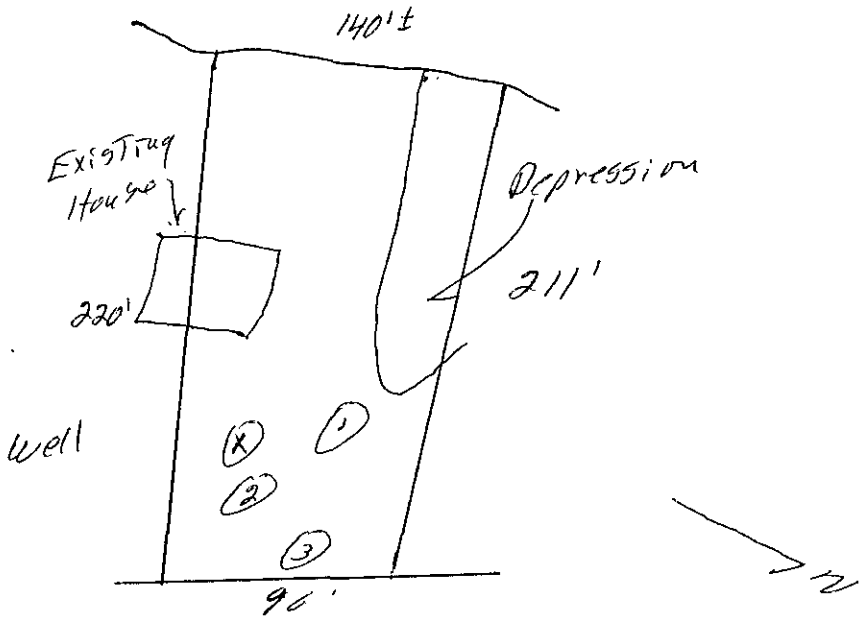
FILE # 41818

COMMENTS 100% Repair area

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	

LAKE



Paid 150 on 4.4.01 AP# 796291 ACS

FEE: 150 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 6/4/01 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10/31/94 PERMIT NO: 4187B
PARCEL NO: 113-281-09 PO
JOB LOCATION ADDRESS: 4040 Lochloot Drive
PROPERTY OWNER: Rudy Mudo
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Jenny F. Mudder DATE: 02/05/01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4187B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms on file before C.A. Release
Type III b Innovative System
Well Abandonment forms on file before O.P. Release

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Rudolph Mudo 04/04/01
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE 4 April 2001 DATE

Permit Number: 4187B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 113-281-09 P0

- The 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.

Basement	✓ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

0.5 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone	

Any surface waters present: Yes Type: Lake Wylie Minimum separation distance: 50'

Site modifications required:

Additional Conditions: Agreement forms on file before CA Release
Well Abandonment forms on file before O.P. Release

Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

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

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

Tommy P. Nichols 02/05/01
DEHNR Authorized Agent Date

Owner/Agent Signature 04/04/01 4 April 2001
Date

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

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

PROPOSED PLOT PLAN

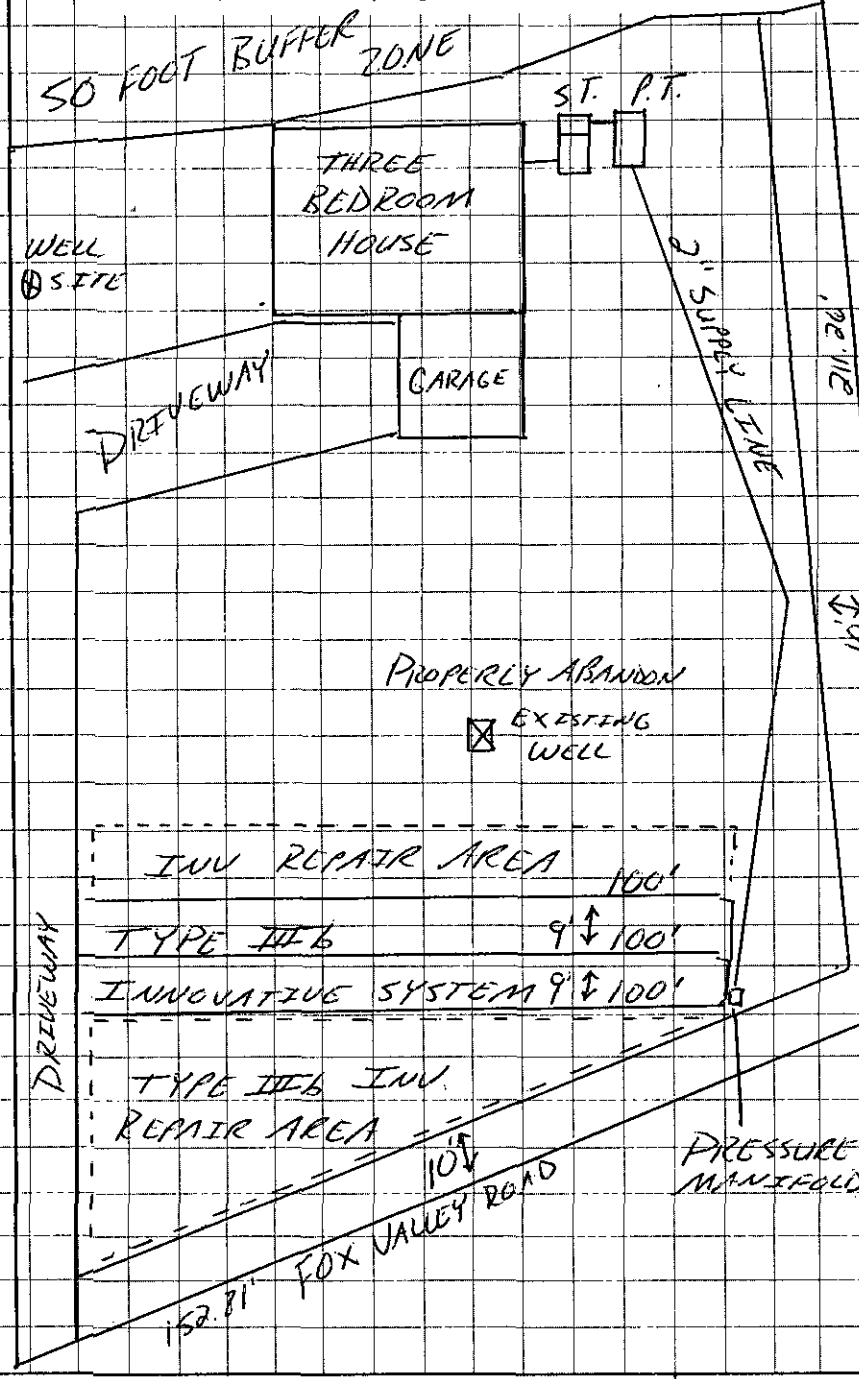
LAKE WYLIE

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

FILE: 41871B

TC: 113-281-09 PO

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



COMMENTS

SCALE = 1" = 30'

→ Three Bedroom House w/ Basement
→ Type IIIb Innovative System
→ Three Rows x 100' x 3' (300 TLF)
→ Type IIIb Repair Area
→ Existing well to be properly Abandoned before O.P. Release
→ Pressure Manifold
→ 1500 G. Septic Tank
→ 1000 G. Pump Tank

Rodney Smith
OWNER/AGENT SIGNATURE

DATE 4-4-01

APPROVAL DATE Jeremy P. Nichols 02/05/01

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2001 APR 04 01:14 PM
BOOK:12086 PAGE:874-877 FEE:$12 00
INSTRUMENT # 2001050145

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 41878
PARCEL # 113-281-09 PO

The undersigned, Rudolph Nudo Jr, owner of property located at 4040 Lochfoot Drive, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

Returned to customer

This instrument was prepared by: Rudolph Nudo Jr
Mail after recording to: _____

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 199__.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

X _____ (SEAL)

Rudolph Nudo Jr (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Chris Bryant, a Notary Public for said County and State, do hereby certify that RUDOLPH NUDO JR (FIA SC) personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 4 day of April, 2001

Chris Bryant
Notary Public

My Commission Expires:
7-10-05

CHRIS BRYANT NOTARY PUBLIC MECKLENBURG COUNTY, N.C.