Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 8495B WASPS App #: 5594

Primary ES assigned to project: Philo Walker

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

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

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: 7/16/12

OP issued date: 7/26/12

Review performed by: JAM Date performed: 6/01/12

8495B

MECKLENBURG COUNTY HEALTH DEPARTMENT Appt# 5594

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: 1952 1301
STREET ADDRESS: 149 20 Oregon Oak Ct.
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: Farrington Oaks
LOT #: 128 LOT SIZE (acres): 50323

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: 3886
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 6

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 Modified

8A. **RANK:** 1 2 — — 3

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ● NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ● NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ● NO	JURISDICTIONAL WETLANDS	○ YES ● NO
WELLS, SPRINGS, OR WATER LINES	○ YES ● NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ● NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ● NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ● NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ● NO
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ● NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☒ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: True Homes
ADDRESS: 2649 Brekonridge Centre Dr.
CITY: Monroe
STATE: NC ZIP: 28110
WORK PHONE: (704) 238-1229
MOBILE PHONE: _____
FAX: (704) 238-1150
E-MAIL: msturdivant@truehomesusa.com

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

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

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

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring. MS (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.

Michelle Alexander — Property Owner's or Owner's Legal Representative Signature

5/02/12 — Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ 250.00 DATE FEE RECEIVED: 5/4/12

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

APPLICATION PROCESSED BY: lws

GWS FILE NUMBER ASSIGNED: 8495B

APPLICATION ID NUMBER ASSIGNED: 5594

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

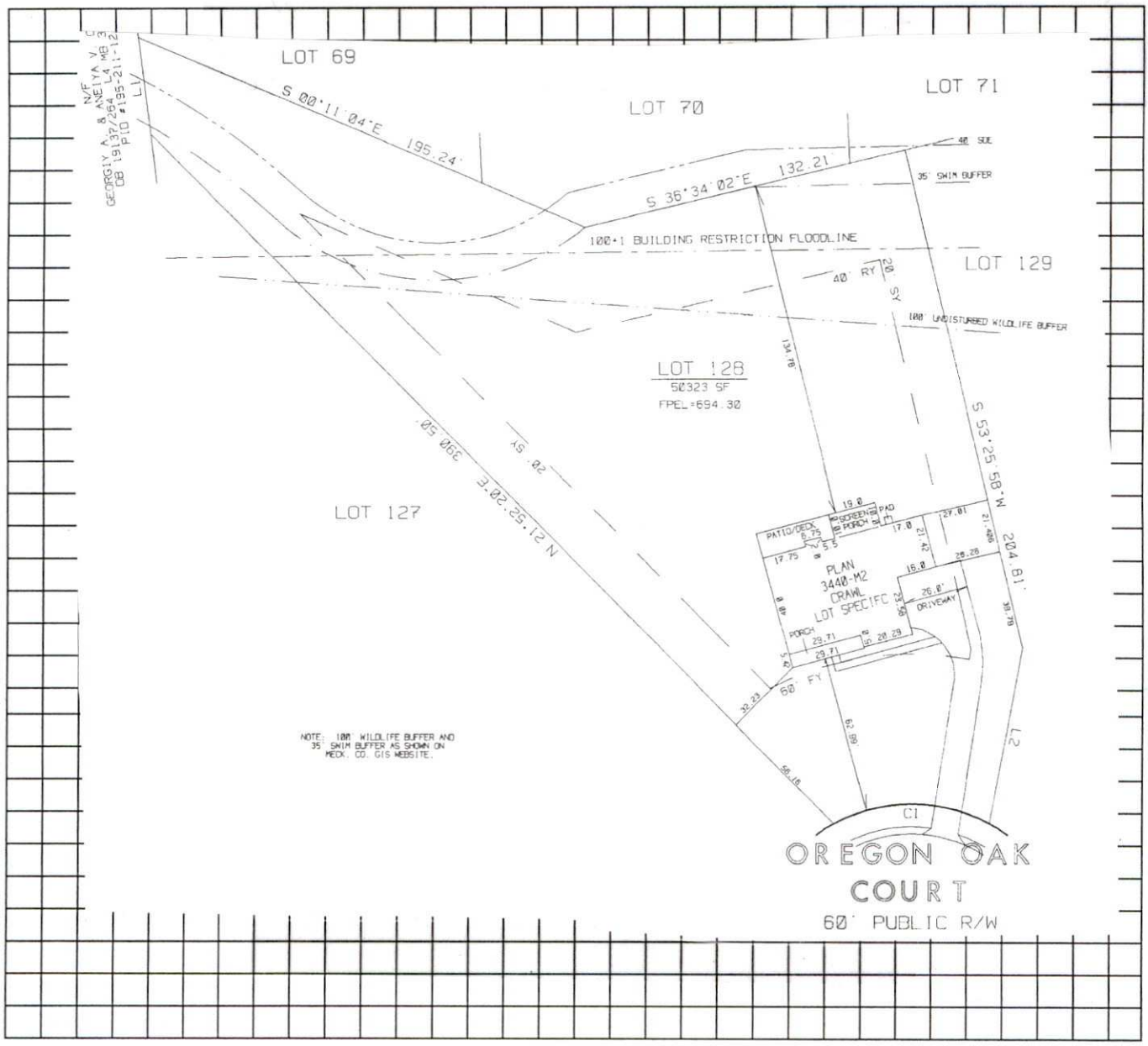
File #: _____

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: 14920 Oregon Oak Ct Tax Parcel #: 19521301

Subdivision Name: Farrington Oaks Lot #: 128



Michelle Sturdivant
Property Owner's or Owner's Legal Representative Signature

5/02/12
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

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DRAWN BY: DPS

DATE: 5.1.12

SCALE: 1/4"=1'-0"

REVISION:

JOB: LOT SPECIFIC

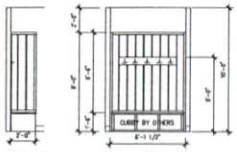
SHEET: 9

FLOOR PLAN

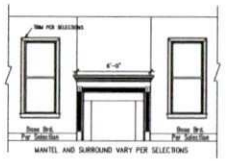
DRAKE

FARRINGTON OAKS
LOT #128

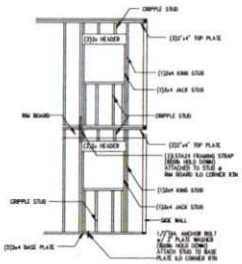
TRUE HOMES L.L.C.
2649 Brekon Ridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-226-9486



BENCH w/ CUBBY OPT.
STD.



1 STORY FIREPLACE ELEV.



FRAMING DETAIL FOR LESS THAN 2' CORNER RETURN
Single Window

NOTE:
- 1st, 2nd & 3rd FLOOR EXTERIOR AND INTERIOR BEARING WALL STUDS ARE SPACED @ 12" O.C. FOR ATTIC OPTION
- 1st, 2nd & 3rd FLOOR INTERIOR WALLS @ 16" O.C.

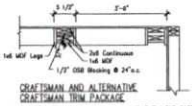
NOTE:
(1) ALL WOOD FRAME WALLS TO HAVE (2) STUDS @ EACH END OF OPENINGS AND @ THE END OF EACH WALL

ENGINEERING NOTES:
(1) All Exterior And Interior Load Bearing Headers Shall Be (2)2x10's @ S.Y.P. Or Better U.N.O.
(2) All Headers Shall Be Supported With (1) Jack & (1) King Stud U.N.O.
(3) All Point Load Bearing Headers Per Code
(4) Header Notation:
S.Y.P. = Southern Yellow Pine
S.P.F. = Spruce Pine Fir



FAUX BEAM DETAIL &
6" COFFER BOX DETAIL

THIS BUILDING IS DESIGNED IN ACCORDANCE WITH 2012 NC RESIDENTIAL BUILDING CODE .

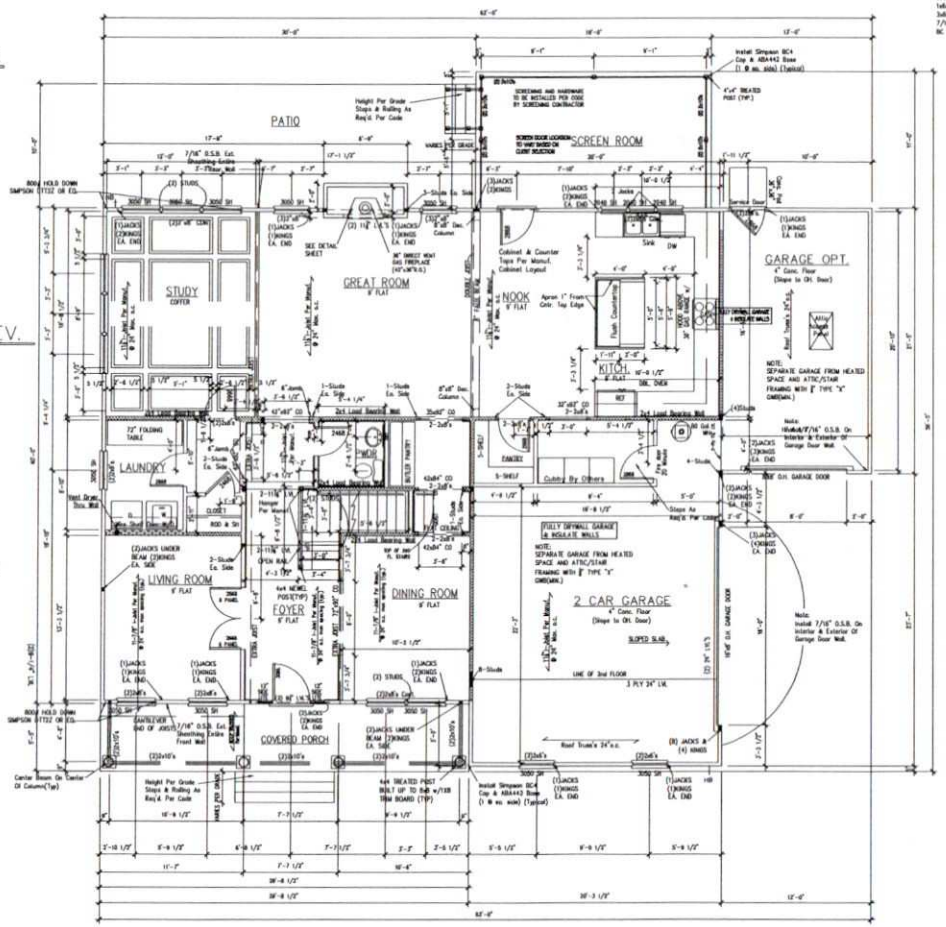


CRAFTSMAN AND ALTERNATIVE CRAFTSMAN TRIM PACKAGE

ASSEMBLY FOR COFFER WITH 4 3/8" CROWN
1x4x16' MDF for Coffer Legs
1x6x16' MDF for Base of Coffer
2x8x16' SYP Continuous Top and Bottom
7/16" OSB Blocking at 24" o.c.
BC 47 4 3/8"x16' Crown

ASSEMBLY FOR COFFER WITH NO CROWN
1x4x16' MDF for Coffer Legs
1x6x16' MDF for Base of Coffer
2x8x16' SYP Continuous Top and Bottom
7/16" OSB Blocking at 24" o.c.

6" COFFERED CEILING DETAIL



FIRST FLOOR PLAN
STANDARD
SCALE : 1/4"=1'-0"

BLDG. DATA:

FIRST FLOOR LIVING:	1,634	S.F.
2nd FLOOR LIVING(Open to Below):	1,972	S.F.
HEATED S.F.	3,606	S.F.
FLOORED IN AREA:	280	S.F.
TOTAL HEATED S.F.	3,886	S.F.
GARAGE	480	S.F.
COURTYARD GARAGE	343	S.F.
PORCH	181	S.F.
SCREEN PORCH	209	S.F.
PATIO	300	S.F.

TRUE HOMES L.L.C.
2649 Brekon Ridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-226-9486

FARRINGTON OAKS
LOT #128

FLOOR PLAN

DRAKE

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DRAWN BY: DPS
DATE: 5.1.12
SCALE: 1/4"=1'-0"
REVISION:
JOB: LOT SPECIFIC

SHEET:
4

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

Sheet:
Property ID: 19521307
Lot #: 128
File #: 8495B
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: True Homes
Applicant: True Homes
Address: 2649 Brekonridge Centre Dr Monroe, NC 28110
Date Evaluated: 5/11/2012
Proposed Facility: 4 bedroom home Design Flow (.1949) 480 GPD
Property Size: 50323 Sq. Ft
Location of Site: 14920 Oregon Oaks Ct (Lot 128 Farrington Oaks)
Property Recorded:
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS	0-3	w f gr / Sl	ns np fr sexp	>46"	46+	NA	PS	PS, IV
	8%	3-29	m m sbk / C	ss sp fi sexp					0.3
		29-46	w f sbk / Cl	ss sp fr sexp					
2	LS	0-3	w f gr / SL	ns np fr sexp	>45"	45"+	NA	PS	PS, IV
	10%	3-33	m m sbk / C	ss sp fi sexp					0.3
		33-45	w f sbk / CL	ss sp fr sexp					
3	LS	0-2	w f gr / SL	ns np fr sexp	>45"	45"+	NA	PS	PS, IV
	8%	2-28	m m sbk / C	ss sp fi sexp					0.3
		28-45	w f sbk / SCL	ss sp fr sexp					
					Relic whites in BC				
4	LS	0-4	w f gr / SL	ns np fr sexp	> 45"	45"+	NA	PS	PS, IV
	10%	4-45	m m sbk / C	ss sp fi sexp					0.3
5	LS	0-1	w f gr / SL	ns np fr sexp	>48"	48"+	NA	PS	PS, IV
	7%	1-28	m m sbk / C	ss sp fi sexp					0.3
		28-48	w f sbk / CL	ss sp fr sexp					

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

Other Factors (.1946):
Soil Evaluation By: Eric Bailey LSS Eric Bailey 5-16-12
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Phil Walker REHS
Others Present:

Sheet:

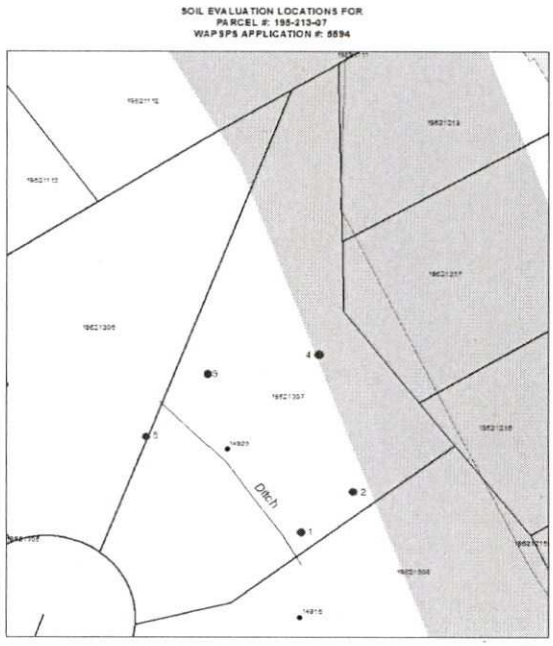
FILE #:

COMMENTS:

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

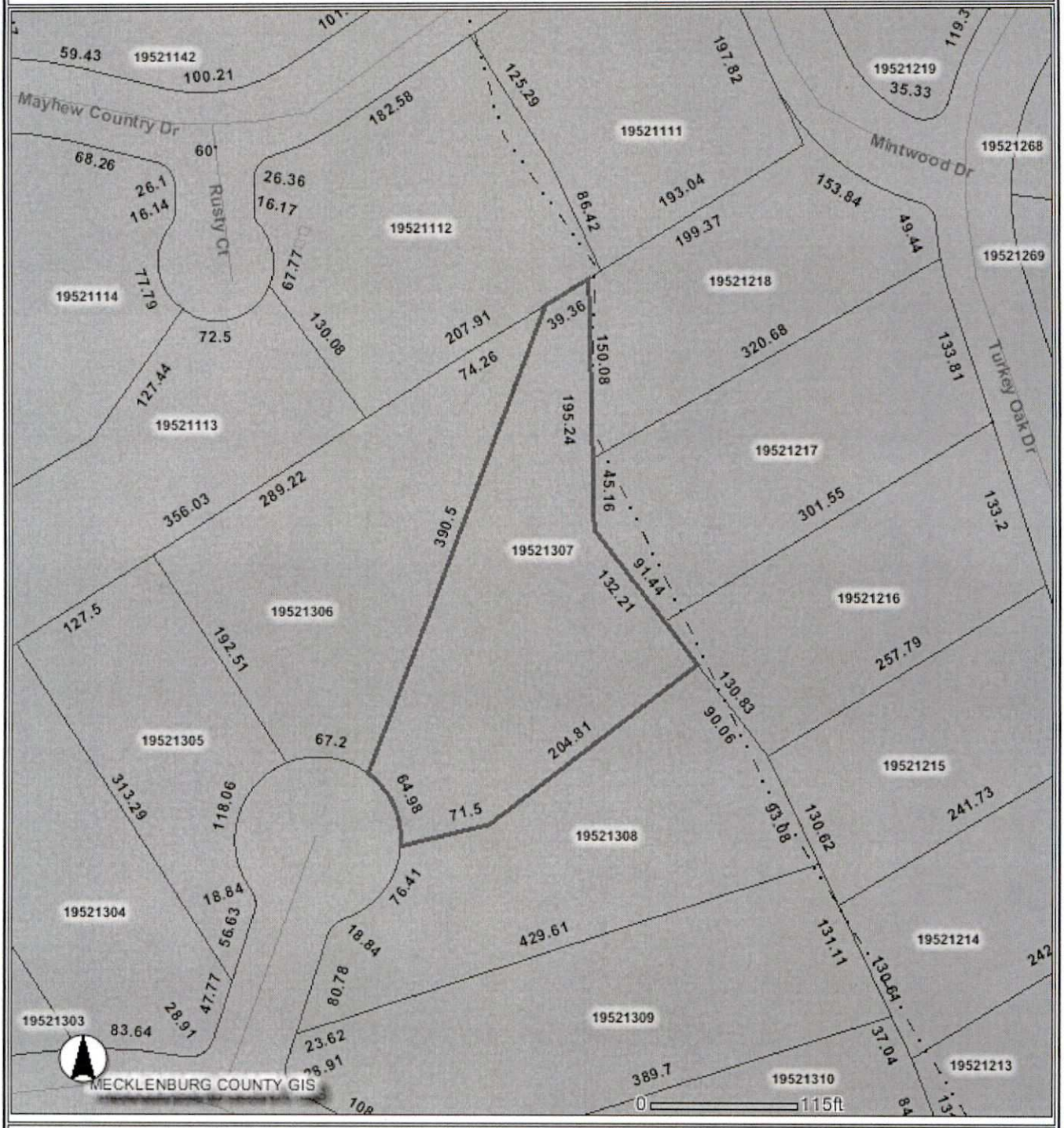


Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed May 30 16:17:17 EDT 2012



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

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 #: **30005594** GWS File #: **8495B** Tax Parcel #: **195-213-07**

- 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):** 5/30/2017

Type of Installation: Residential - New System Lot Number: 128

Structure Type: HOUSE Size (ft^2): 3886 # Bedrooms: 4 # Occupants: 6

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: PPBPS (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	800	Total Trench Length (ft):	267
Maximum Trench Depth (in):	36	Depth of Media (in):	N/A	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: Philo Walker Owner/Legal Agent: Tamika Redfern

Signature: Philo Walker REHS Signature: (Print Name)

Date Issued: 5/30/2012

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 #: **30005594** GWS File #: **8495B**

IV. Permit Conditions/Comments:

- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

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: Philø Walker

Signature: Philo Walker REHS

Date Issued: 5/30/2012

Owner/Legal Agent: Tamiko Redfern
Print Name

Signature: Tredfern

Page 2 of 2

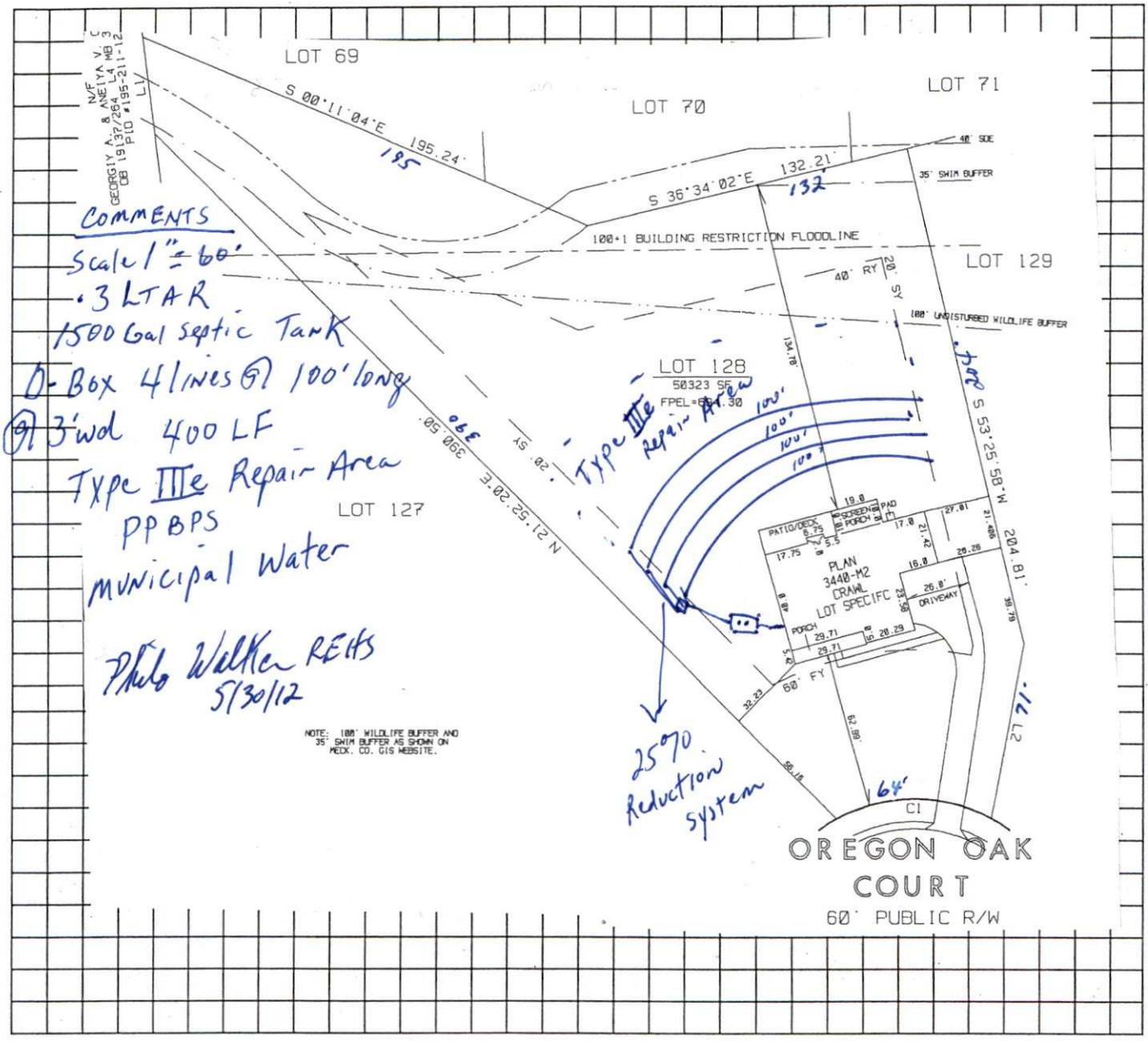
File #: 8495B

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: 14920 Oregon Oak Ct Tax Parcel #: 19521301

Subdivision Name: Farrington Oaks Lot #: 128



COMMENTS
Scale 1" = 60'
.3 LTAR
1500 Gal Septic Tank
D-Box 4 lines @ 100' long @ 3' wd 400 LF
Type IIIe Repair Area
PP BPS
municipal Water

Phil Walker REHS
5/30/12

Michelle Sturdevant
Property Owner's or Owner's Legal Representative Signature

5/02/12
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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/04/12	**Amount:**	250.00
Receipt #:	78206	**Tendered:**	250.00
Check / Auth #:	CHECK 2648	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: TRUE HOMES
Attn:
Address: 2649 BREKONRIDGE CENTRE DRIVE
Address: SUITE 104
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 14920 OREGON OAK CT.		1	250.00	250.00

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

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

FEE: 200.00
DATE: 1/7/2013

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 8495B

PERMIT NUMBER: 30005594

PARCEL NUMBER: 19521307

JOB LOCATION INFORMATION

ADDRESS: 14920 OREGON OAK CT

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

ISSUED TO: True Homes

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 6/19/2012

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30005594, 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:** 5/30/2017

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 #: 8495B Permit #: _____ Tax Parcel #: 195-213-07

Property Owner: True Homes

Job Location Address: 14920 Organ Oak

City: Charlotte State: NC Zip Code: _____

Installation Approval Issuance Date: 7/16/2012

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 480 GPD

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

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) 25% Red.

Distribution Device: D-Box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 15 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install according to permit on file.

Comments: System Classification & Type: III g

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael REHS

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/19/12	**Amount:**	200.00
Receipt #:	78653	**Tendered:**	200.00
Check / Auth #:	CHECK 2739	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: TRUE HOMES
Attn: 2649 BREKONRIDGE CENTRE DR
Address: SUITE 104
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 14920 OREGON OAK CT		1	200.00	200.00

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

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

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 #: 8495B Permit #: _____ Tax Parcel #: 195213 07

Property Owner: True Homes

Job Location Address: 14920 Oregon Ct

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 7/26/12 Contractor Name: Chris Stevens

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: ~~24~~ 21 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) Chambers

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: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

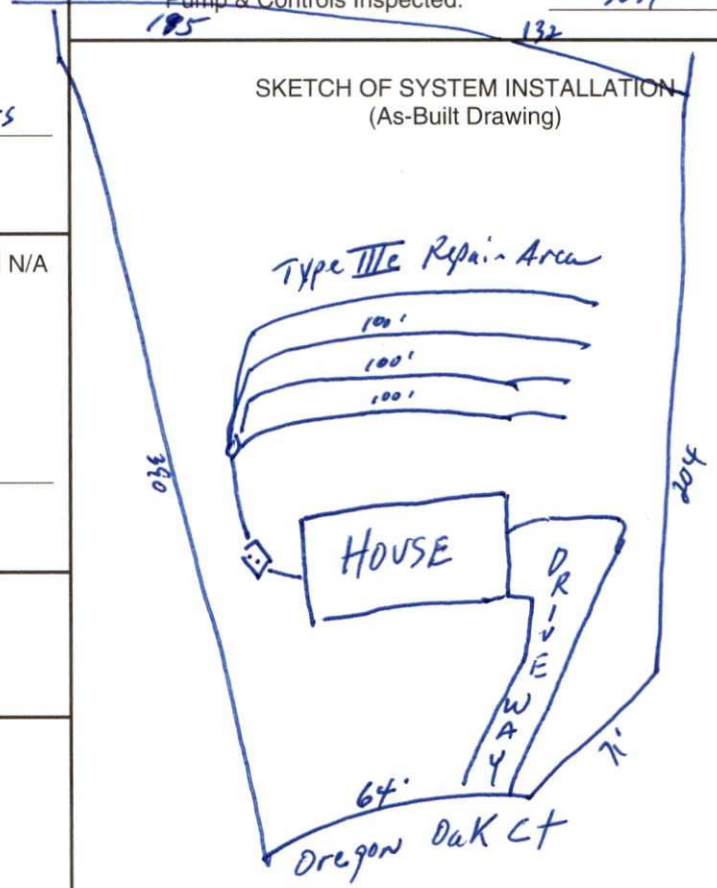
Inspection Dates

Tank(s) Inspected: 7/26/12

Excavation Inspected: 7/26/12

Pump & Controls Inspected: NA

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: Type IIIg B10A36HC, G, NA, NA
Gravity Chamber System

DENR Authorized Agent: Philo Walker Signature: Philo Walker REHS

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 #: 8495B Permit #: _____ Tax Parcel #: 195213 07

Property Owner: True Homes

Job Location Address: 14920 Oregon Ct

City: Charlotte State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: TTS

*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: Gravity chamber

DENR Authorized Agent: Philo Walker Date: 7/26/12

Signature: Philo Walker REHS

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/19/12
Receipt #: 78654
Check / Auth #: CHECK 2739
Received By: SADERLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: TRUE HOMES
Attn:
Address: 2649 BREKONRIDGE CENTRE DR
Address: SUITE 104
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 14920 OREGON OAK CT		1	200.00	200.00

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

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