

10320 SWEETLEAF PL

19937131

1/8/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

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

No Posse HD

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5389B Permit #: 30001649 Tax Parcel #: 199-371-31

Property Owner: Arcadia Homes

Job Location Address: 10320 Sweetleaf Pl. (Lot #46)

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 11-29-06 Contractor Name: WT Norwood

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons J+S 8-21-06 STB-112

Liquid Capacity of Dosing Tank: _____ gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 5 @ 100 feet

Depth of Media: 12 inches (Type) EZ Flow

Depth of Cover: 18 inches

Distribution Device: 0-Box w speed levels

Inspection Dates

Tank(s) Inspected: 11-28-06

Excavation Inspected: 11-28-06

Pump & Controls Inspected: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Drain Lines installed per design. They curve sharper than shown on drawing but are on contour and are level.

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: N/A feet

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

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

Comments: System Classification & Type: III g

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

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

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

File #: 5389B Permit #: _____ Tax Parcel #: 199-371-31

Property Owner: ARCADIA HOMES

Job Location Address: 10320 SWEETLEAF PL. (LOT #46)

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 11/8/06

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 12/10/06, 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: 600 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: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 5 @ 100 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: DROP BOXES

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: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

* INSTALL IN ACCORDANCE WITH PLANS ON FILE.

CMS
11-8-06

Comments: System Classification & Type: TYPE IIIg GRAVITY 25% REDUCTION 1500 gal ST

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/31/06	**Amount:**	150.00
Receipt #:	46661	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: B84050
Contractor: ARCADIA HOMES INC
Attn:
Address: PO BOX 471941
Address:
City/State/Zip: CHARLOTTE, NC 28247-1941

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 10320 SWEETLEAF PLACE		1	150.00	150.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
7,631.76					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/31/06	**Amount:**	150.00
Receipt #:	46662	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: B84050
Contractor: ARCADIA HOMES INC
Attn:
Address: PO BOX 471941
Address:
City/State/Zip: CHARLOTTE, NC 28247-1941

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 10320 SWEETLEAF PLACE		1	150.00	150.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
7,781.76					

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 #: **30001549** GWS File #: **5389B** Tax Parcel #: **199-371-31**

- 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):** 10/27/2011

Type of Installation: Residential - Modified Plot Plan Lot Number: 46

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 5 # Occupants: 10

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Innovative or Experimental **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	600	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):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

Repair System Specifications:

Design Flow (gpd):	600	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):	999	Total Trench Length (ft):	333
Maximum Trench Depth (in):	30	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:

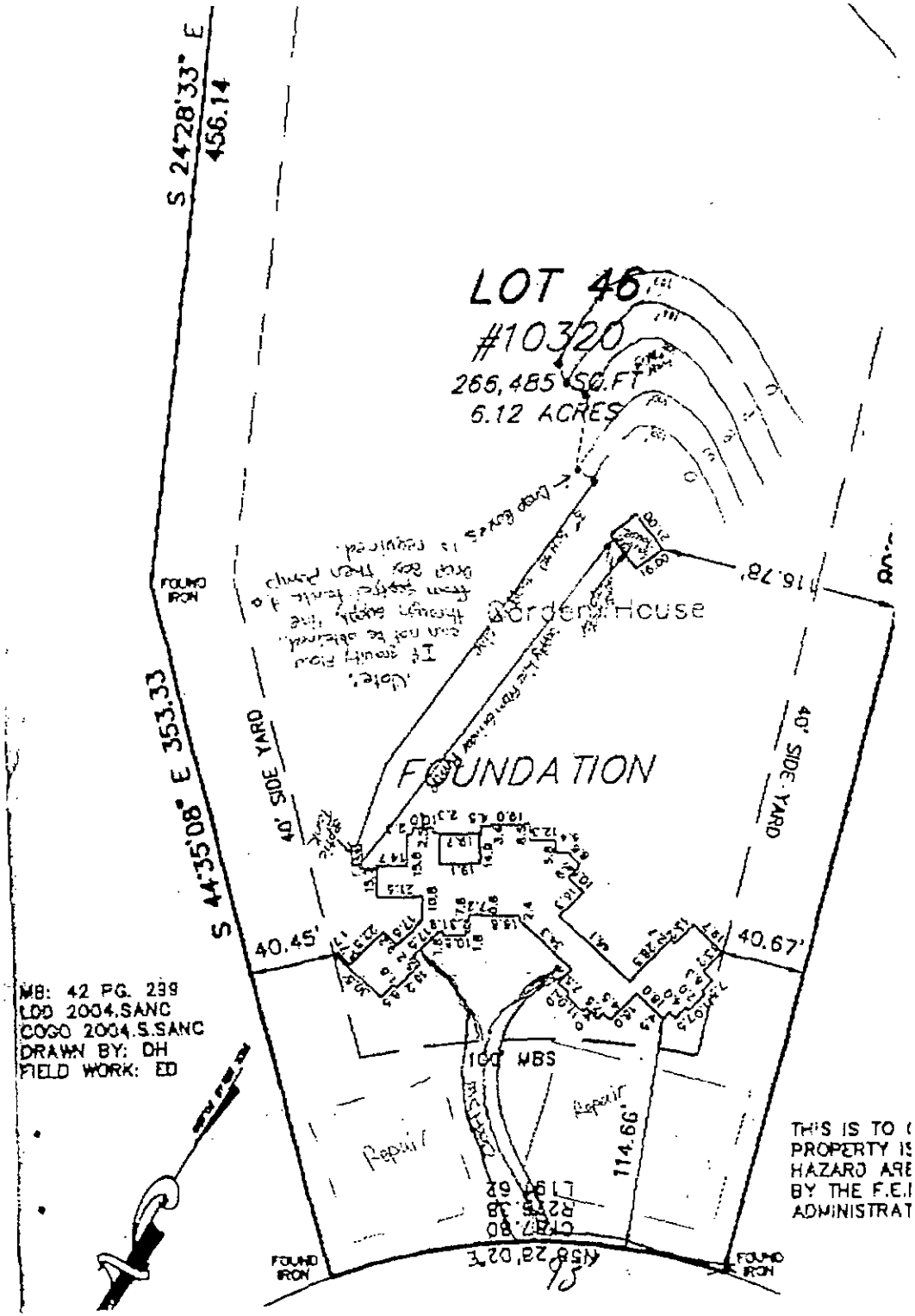
- *No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the* Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT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

DENR Authorized Agent: Chris Sherrill Owner/Legal Agent: Cheri Tracosta

Signature: Chris M Sherrill Signature: C. Tracosta

Print Name

Date Issued: 10/27/2006



1" = 80'

C. Tm
10/31/06

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 #: **30001549** GWS File #: **5389B**

IV. Permit Conditions/Comments:

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This Improvement Permit is being issued based on a supplemental soil investigation performed by staff from our office.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

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: Chris Sherrill
Signature: Christopher M Sherrill
Date Issued: 10/27/2006

Owner/Legal Agent: Cheri Truesdale
Print Name
Signature: C. Truesdale

Page 2 of 2

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5389B

TC: 199-371-31

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.

INSTALL IN ACCORDANCE WITH PLANS ON FILE.

CMS 10-27-06

- 600 GPD - 5 BR
- 1500 GAL ST
- DROP BOXES
- TYPE III, GRAVITY 25% REDUCTION INITIAL
- TYPE IV, PBPS 50% REDUCTION REPAIR

C. T

OWNER/AGENT SIGNATURE

DATE 10/31/06

APPROVAL DATE 10/27/06

Christopher M Shirley

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

S&ME

Date: August 31, 2006

To: Mecklenburg County Env. Health Dept.

From: Paul G. Penninger, LSS

RE: Request for a revision to Improvement Permit and Construction Authorization for Lot 46 at The Sanctuary: MCHD File #5389B

Arcadia Homes is requesting a revision to the Improvement Permit for the above referenced lot. The lot was previously permitted by The Sanctuary at Lake Wylie, LLC for a 5 bedroom home with a 25% reductions system with 25% Reduction repair. Arcadia Homes wants to permit a 5 bedroom basement home with the driveway coming down the middle of the property and the initial system behind the house.

The system has been re-flagged and the lines have been drawn to 1" = 40' scale on the attached site plan. Please review the attached site plan and system specifications for the proposed revisions to the septic system and house location. The attached sketch and specifications are not an Improvement Permit and are intended only to assist the MCHD in permitting the referenced lot at The Sanctuary.

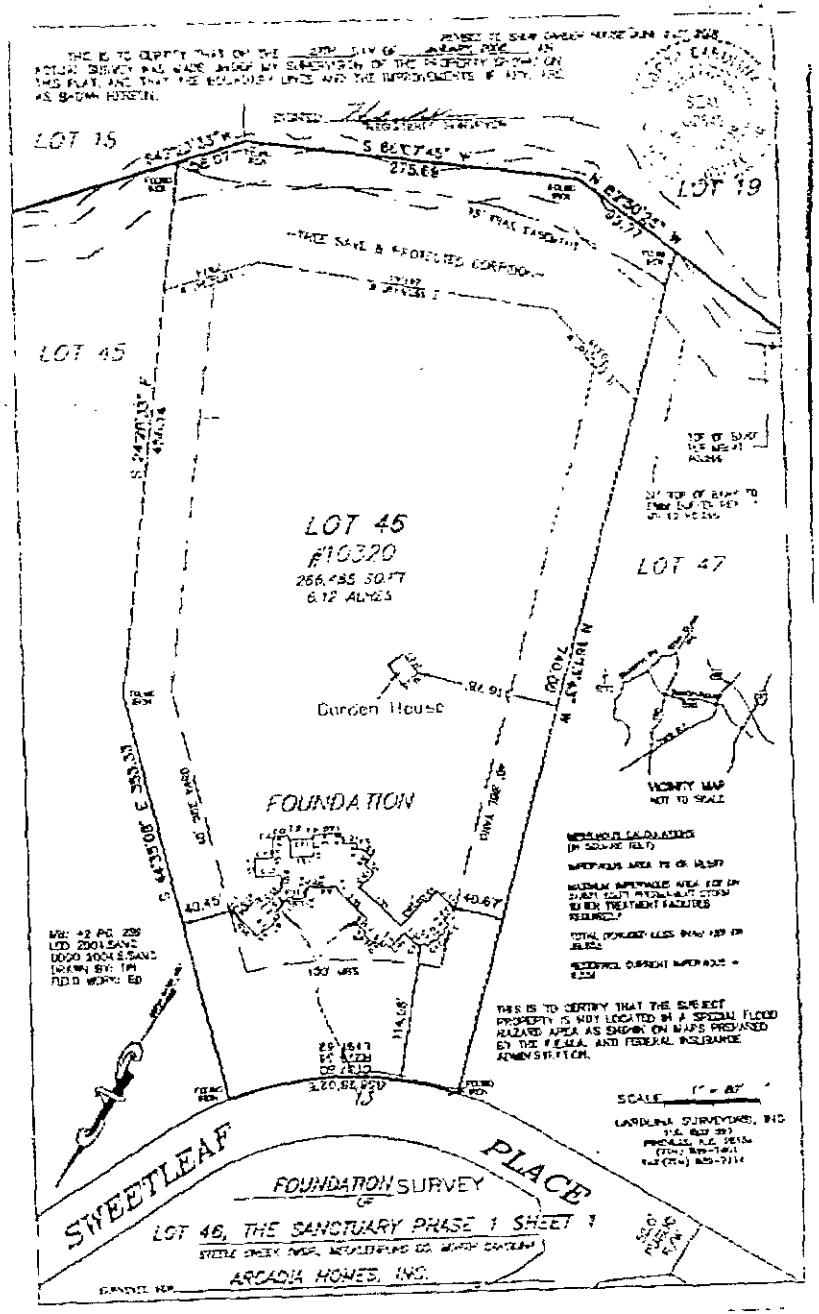
Tri-County Wastewater (TCWW) is under contract to supply maintenance services for each septic system installed at The Sanctuary. TCWW will have a list of preferred septic contractors for the subdivision and will also have requirements for septic system installation that are greater than the MCHD and State requirements. It will be the responsibility of TCWW to enforce any requirements above State requirements or the MCHD conditions on the Improvement Permit.

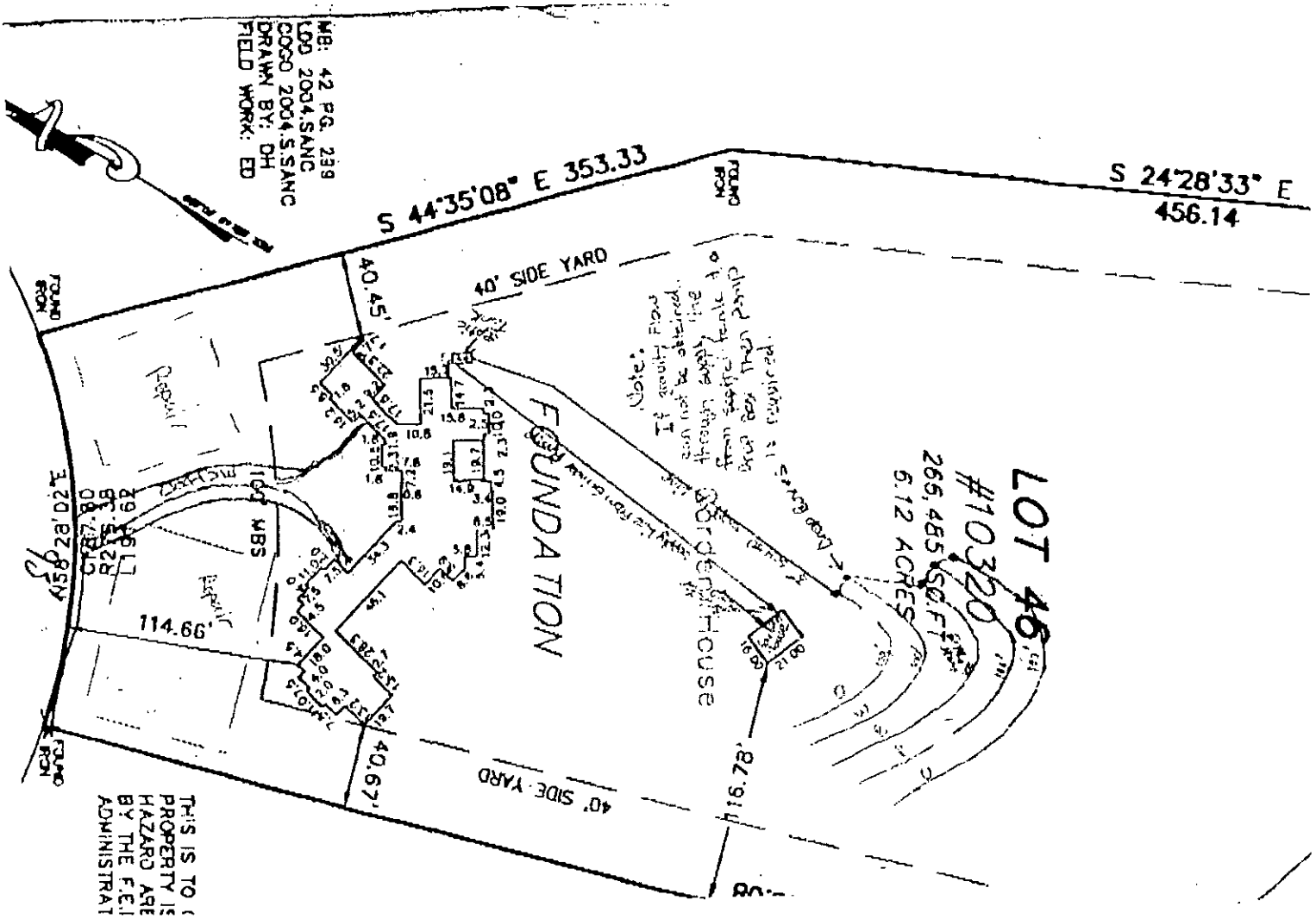
Any additions or revisions you feel are necessary can be made on the Improvement Permit. Please call in you have and questions or comments.

Design Specifications for revisions to Lot 46 at The Sanctuary MCHD File # 5389B

Daily Design Flow:	600 gpd
Number Bedrooms:	5 bedroom
Basement or Crawl Space:	Crawlspace
Septic Tank Size:	1500 gal
Primary System Loading Rate:	**0.3 gpd/ft^2**
Primary System:	**Gravity to 25% reduction**
Total ft. of primary system:	500 ft.
Number and length of laterals:	5 @ 100 ft.
Repair System Loading Rate:	**0.3 gpd/ft^2**
Repair System:	**LP PPBPS**
Total ft. of repair	333 L.F ft.min

10/27/2006 07:54 7046528735 SMEINC PAGE 05/05




MB: 42 PG. 239
LOG 2004.SANC
COGO 2004.S.SANC
DRAWN BY: DH
FIELD WORK: EB
S 44°35'08" E 353.33
S 24°28'33" E
456.14
40' SIDE YARD
40.45'
FOUND IRON
FOUNDATION
Brick House
LOT 46
#10,320
265,485 SQ.FT.
6.12 ACRES
N58°28'02"E
CHD 87.80
R213.38
L 87.62
MBS
114.66'
40.67'
40' SIDE YARD
116.78'
THIS IS TO C
PROPERTY IS
HAZARD ARE
BY THE F.E.I
ADMINISTRAT

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

Sheet: 1 of 2
Property ID: 199-371-31
Lot #: 46
File #: 5389B
Code: 1

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: David and Alice Herald
Applicant: Jacob Presley, S&ME,Inc.
Address: 6241 Glenmoore Lakes Dr., Charlotte, NC 28277
Date Evaluated: 9/28/2006
Proposed Facility: Residence
Design Flow (.1949): 600 gpd
Property Size:
Location of Site: 10320 Sweetleaf Place
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	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS,20	0-6	GR/CL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48	NA	NA	PS,IV
		6-24	SBK/C	FI/S/P/SEXP					.3 GPD/FT^2
		24-48	SBK/CL	FR/S/P/SEXP					
2	"	0-2	GR/CL	FR/SS/SP/SEXP	"	"	"	"	"
		2-30	SBK/C	FI/S/P/SEXP					
		30-48	SBK/CL	FR/S/P/SEXP					

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

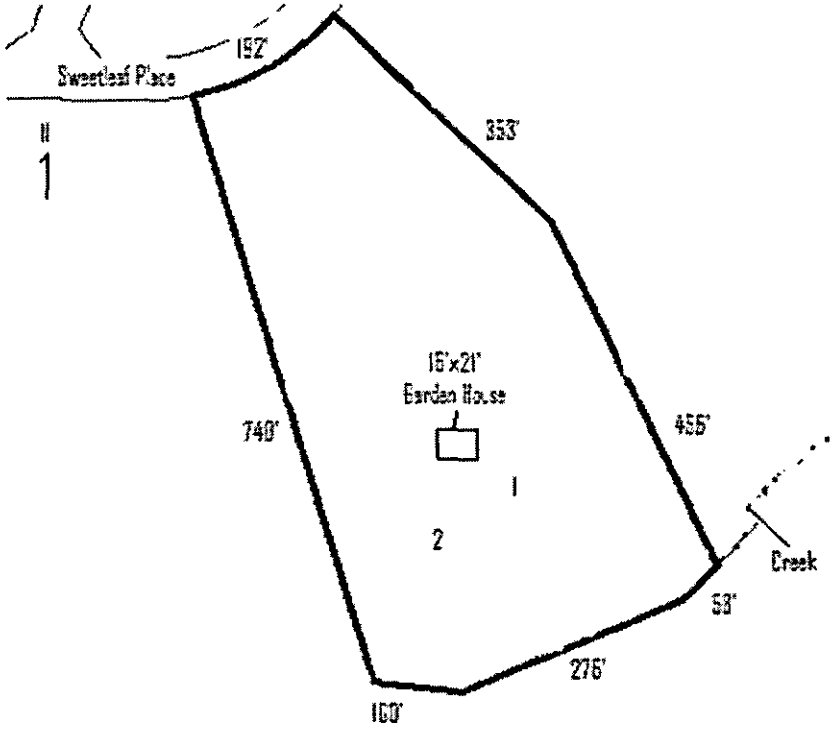
Other Factors (.1946):
Site Classification (.1948): Provisionally Suitable
Evaluated By: Chris Sherrill,RS, LSS 10/27/06
Others Present: Paul Penninger, LSS

COMMENTS: 100% Repair Area 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-Food 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



GWS – RES. APP 07/05

SEPTIC FEE: N/C
DATE:
CK #:

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

WELL FEE:
DATE:
CK #:

FILE # 5389B

ACCT B84050 7/19/05 Pd:CK $100.00

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

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

JOB LOCATION INFORMATION: 199-371-03

TAX/PARCEL #: Map 42 Pg. 619

STREET ADDRESS: 10320 Sweetleaf PL

CITY: Charlotte

STATE: NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME: Sanctuary

LOT #: 46

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 guest cottage

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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 Cleared

PROPERTY OWNER:

NAME: Dave + Alice Herald
ADDRESS: ~~10320~~ 6241 Glenmore Lakes Dr.
CITY: Clt
STATE: NC ZIP: 28277
HOME PHONE: 7045430278 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Arcadia Homes
ADDRESS: PO Box
CITY: Clt
STATE: NC ZIP:
HOME PHONE: 704 895 4665 WORK PHONE: 704 365 4716
MOBILE PHONE: FAX: 704-895-6[illegible]

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Unsure.

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? April 6 2005

*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.

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.

C T [illegible] 6/10/05
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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/19/05	**Amount:**	100.00
Receipt #:	35881	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: B84050
Contractor: ARCADIA HOMES INC
Attn:
Address: PO BOX 471941
Address:
City/State/Zip: CHARLOTTE, NC 28247-1941

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan ISLAND POINT ROAD LOT #40		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
3,989.31	5,966.25				

SEPTIC FEE: 100.00 ck 9913 — obtained site evaluation — #1549

DATE: 9/27/06

CRT [ ] SC

GWS – RES. APP 07/05

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

WELL FEE: _____

DATE: _____

CRT [ ]

FILE # 53898

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

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

JOB LOCATION INFORMATION: 199-37-[illegible]31

TAX/PARCEL #: MAP 42 Pg. 619

STREET ADDRESS: 10320 Sweatleaf Pl

CITY: Charlotte

STATE: NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME: Sanctuary

LOT #: 46

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: 5

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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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: Dave & Alice Herald

ADDRESS: 6241 Glenmoore Lakes Dr.

CITY: Charlotte

STATE: NC ZIP: 28277

HOME PHONE: 704 543-0278 WORK PHONE:

MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Jacob H Presley JS & ME, Inc.

ADDRESS: 3718 old Battleground Rd.

CITY: [illegible] Greensboro

STATE: NC ZIP: 27410

HOME PHONE: 336 312 1123 WORK PHONE: 336 288 7180

MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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.

Owner's/Agent's Signature 9-27-06 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.

Owner's/Agent's Signature 9-27-06 Date

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/27/06
Receipt #: 46155
Check / Auth #: CHECK 9913
Received By: CRAIGGY

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: S&ME
Attn:
Address: 3718 OLD BATTLEGROUND RD
Address:
City/State/Zip: GREENSBORO, NC 27410

Item	Description	Permit#	Quantity	Unit Price	Total Price
0702	Optional Site Evaluations 10320 SWEATLEAF PL/FILE 5389B		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		[redacted]			

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: **5389B** Tax Number: **199-371-03**

- The IMPROVEMNET 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

Primary Wastewater System

Type: ☐ 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:

0.3 Long-term acceptance rate (GPD/ft^2)	**600** Max gallons/day wastewater flow	**1500** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** Gallon septic tank	**500** Total trench length (ft)	**24** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	**1500** Gallon pump tank	**na** Depth of stone (in)	

Any surface water present: **No** Type: Minimum separation distance (ft):

Additional conditions: **Pressure Manifold**

Repair Area System

Type: ☐ 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:

1500 Absorption Area (ft^2) **500** Total trench length (ft)	**na** Depth of stone (in)	**9** Trench spacing (min. on centers) (ft)	**24** Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HELTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The 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.

R.S. 6/29/04

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

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

TONEY C. JACOBS & ASSOCIATES, INC.

Consulting Soil Scientists

Licensed by the North Carolina Board for Licensing of Soil Scientists

Certified by the American Registry of Certified Professionals in Agronomy, Crops and Soils

168 Broadbill Drive
Mooresville, NC 28117
Phone (704) 663-6905
Fax (704) 662-9845 E-mail jacobs@i-america.net

June 11, 2004

To: Mr. David Cornelius, R.S.
Mecklenburg County Env. Health Dept.

From : Toney C. Jacobs
Paul G. Penninger

RE: Request for an Improvement Permit for lot 46 at The Sanctuary:
MCHD file # 5389B

Crescent Resources is requesting an Improvement Permit for lot **46** at The Sanctuary Subdivision for a **5** bedroom, basement home. Mr. Bill Marlin of the MCHD evaluated the soils on 10-23-03 and determined the septic area is PS at an 0.3 gpd/ft^2 LTAR. Toney C. Jacobs and Associates, Inc. has flagged a 25% reduction septic system and repair on the lot, as shown on the attached sketch.

We understand a building permit cannot be issued until your office issues an Authorization to Construct (ATC). The buyer of the lot will apply for the ATC. If the buyer's house pad does not fit in the "building envelope" shown on the Improvement Permit, we understand the proposed system may have to be modified prior to your office issuing the ATC. **No grading shall take place on lot prior to obtaining the ATC from the MCHD.**

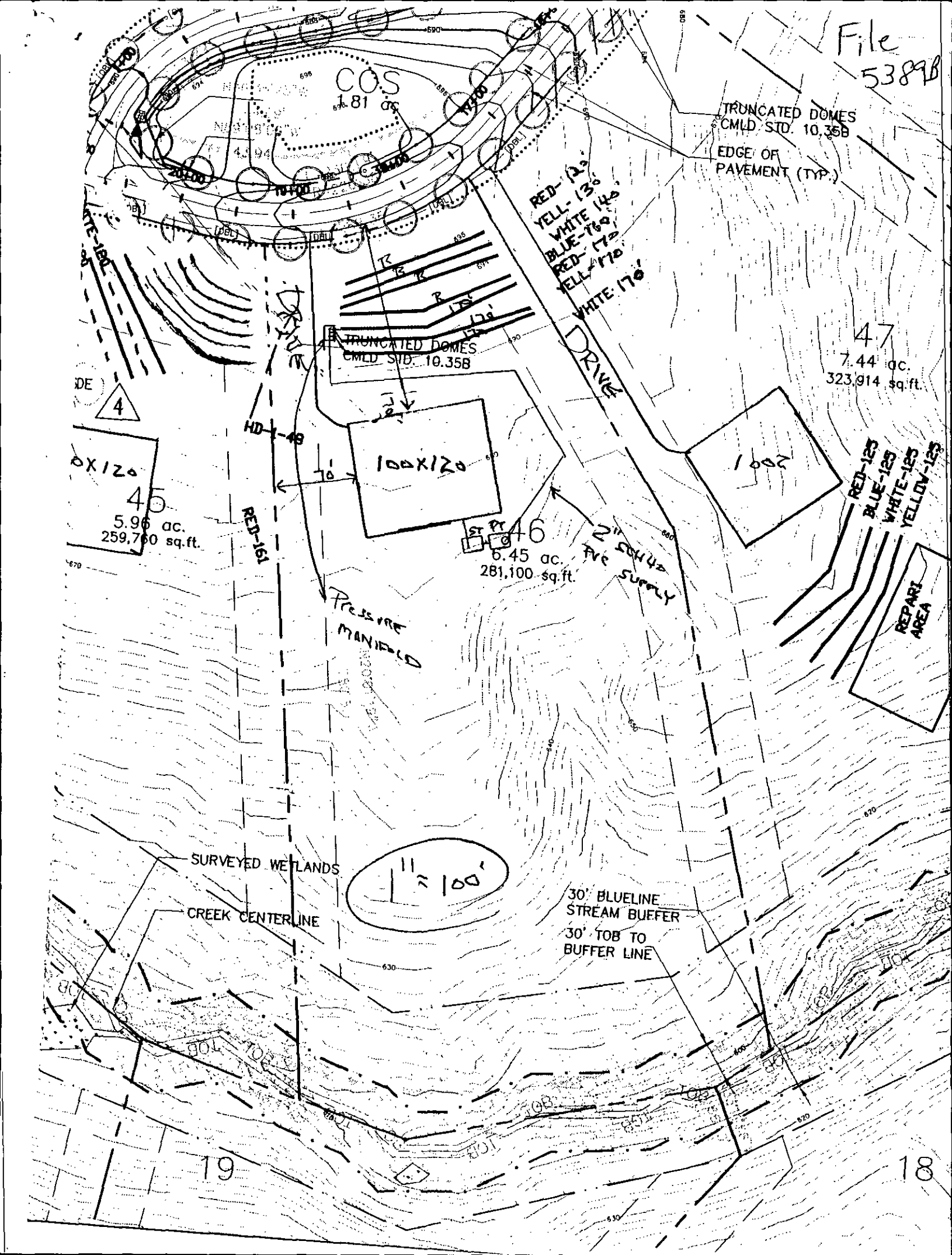
Tri-County Wastewater (TCWW) is under contract to supply maintenance services for each septic system installed at The Sanctuary. TCWW will have a list of preferred septic contractors for the subdivision and will also have requirements for the installation of the septic systems that are greater that the state requirements. It will be the responsibility of TCWW to enforce any requirements above state requirements or the conditions on the Improvement Permit or ATC.

Please review the attached system sketch and design specifications for the Improvement Permit. Please call if you have and questions, comments, or corrections.

Design Specifications for Lot 46 at

The Sanctuary, MCHD File # 5389B

System Type:	primary: repair:	pressure manifold , 25% reduction pressure manifold , 25% reduction
Daily design flow:		600 gpd
Septic tank size:		1500 gal. (2 compartments)
Pumping tank size:		1500 gal.
Effluent loading rate:		0.3 gpd/ft^2 for primary and repair
Number and length of laterals:		5@ 100 ft. 25% reduction
Flow rate through the system:		27.5 gpm –use ½ in. SCH 80 taps with 2 ft. head pressure on pressure manifold (5.5 gpm per tap)
Pump requirements:		to be calculated by installer or owners agent when specific house and pump tank location are available
Dosing volume:		approx. 270 gal. – 2.2 doses/day at design flow
Depth of water pumped per dose:		calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Check valve:		YES
Siphon break hole:		No


File 5389B
COS
1.81 ac.
TRUNCATED DOMES
CMLD STD. 10.35B
EDGE OF
PAVEMENT (TYP.)
RED- 12'
YELL- 13'
WHITE 14'
BLUE- 16'
RED- 17'
YELL- 17'
WHITE 17'
TRUNCATED DOMES
CMLD STD. 10.35B
DRIVE
47
7.44 ac.
323,914 sq.ft.
100x120
100x120
45
5.96 ac.
259,760 sq.ft.
46
6.45 ac.
281,100 sq.ft.
HD-1-18
RED-16'
RED-12'
BLUE-12'
WHITE-12'
YELLOW-12'
REPAIR AREA
2" SCH 40 PVC SUPPLY
PRESSURE MANIFOLD
SURVEYED WETLANDS
CREEK CENTERLINE
1" ≈ 100'
30' BLUELINE STREAM BUFFER
30' TOB TO BUFFER LINE
19
18

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

Sheet: 1
Property ID: PO 199-371-03
Lot #: 46
File #: 5389B
Code: 1

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary at Lake Wylie
Applicant:
Address: 10933 Ballantyne Crossing Ave., Charlotte, N. C. 28277
Date Evaluated: 10/21/2003
Proposed Facility: Residence
Design Flow (.1949): 840gpd
Property Size: 1.0a inv.
Location of Site: Sweetleaf Place
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 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 15	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		4-25	SBK/C	FI/SEXP/S/P					.33GPD/FT^2
		25-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-5	GR/CL	"	"	"	"	"	"
		5-34	SBK/C	FI/SEXP/S/P					
		34-48	SBK/CL	FR/SEXP/SS/SP					
3	LS, 10	0-8	GR/CL	"	"	"	"	"	PS, IV
		8-43	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		43-48	SBK/CL	FR/SEXP/SS/SP					
4	"	0-5	GR/CL	"	>43" TO SOIL WETNESS	43	"	"	PS, IV
		5-36	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
		36-43	ABK/SBK/C	FI/SEXP/S/P					

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

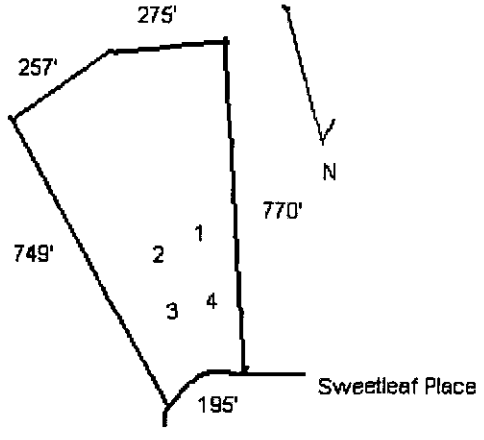
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 10/23/2003, W. R. Marlin
Others Present:

FILE # 5389B

COMMENTS: 100% repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	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-SLIGHTLY STICKY
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-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

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



FEE: 200 CK# 1463

DATE: 9/24/03

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

#1548

[ ] 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 #: 53890

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 19937103 PID

STREET ADDRESS: 15 Island Point Rd

SUBDIVISION OR MOBILE HOME PARK NAME: The Sanctuary at Lake Wylie, LLC

LOT NUMBER: 46

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ 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:

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS:

CLOSING DATE _____

10320 Sweetleaf PL

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:

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: (LAST) The Sanctuary at Lake Wylie, LLC (FIRST) (MI)

ADDRESS: 10933 Ballantyne Crossing Ave

CITY: Charlotte STATE: NC ZIP: 28277

DAYTIME PHONE: (704) 544-0201 ext 226

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Jacobs (FIRST) Tonya (MI) C

DAYTIME PHONE: 704 663-6905

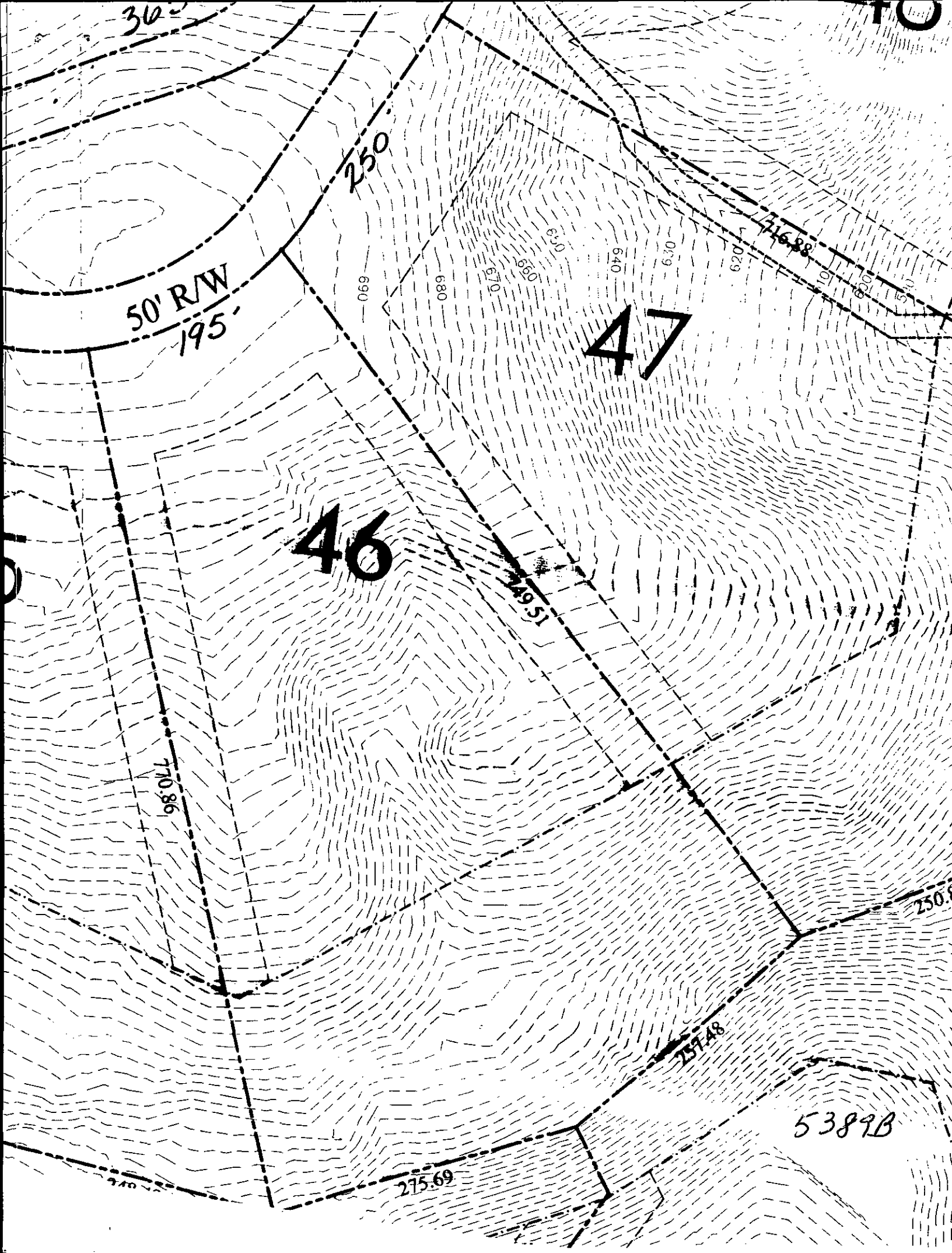
m 704 582 9219

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: Tonya C Jacobs, CPSS (Agent) DATE: 9/22/03

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


50' R/W
195'
250'
47
46
716.88
649.51
770.86
257.48
275.69
5389B
650
660
670
680
690
640
630
620

PROPOSED PLOT PLAN

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

FILE: _____

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.

" See Attached "

OWNER/AGENT SIGNATURE

DATE 9/22/03

APPROVAL DATE _____

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