Received LSU 7/23/08 BM

MECKLENBURG COUNTY
*GROUNDWATER & WASTEWATER SERVICES*

**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: 01916105
STREET ADDRESS: 11109 Dogwood Lane
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: N/A
LOT #: N/A LOT SIZE (acres): 0.43
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☑ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 1605
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: N/A (unknown)
FOUNDATION TYPE:
☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☑ MUNICIPAL ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☑ N/A ☐ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: 1 ____ ____ ____ ____

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? 8/28/08 ☐ N/A

12. PROPERTY OWNER: (To be)
NAME: Sara Tompkins
ADDRESS: 7615 Wynstone Ridge Circle
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 704.875.6446
WORK PHONE: N/A
MOBILE PHONE: 704.806.7873
FAX: N/A

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

**14. SEPTIC SYSTEM PERMIT APPLICATION:**

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

**15. WELL PERMIT APPLICATION:**

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

**16. APPLICATION SIGNATURE SECTION:**

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

_____ 7.22.08

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

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*OFFICE USE ONLY*

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

SEPTIC APPLICATION FEES RECEIVED: $ 250.00 DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: Annette G

GWS FILE NUMBER ASSIGNED: 7867B

APPLICATION ID NUMBER ASSIGNED: 3743

COMMENTS:



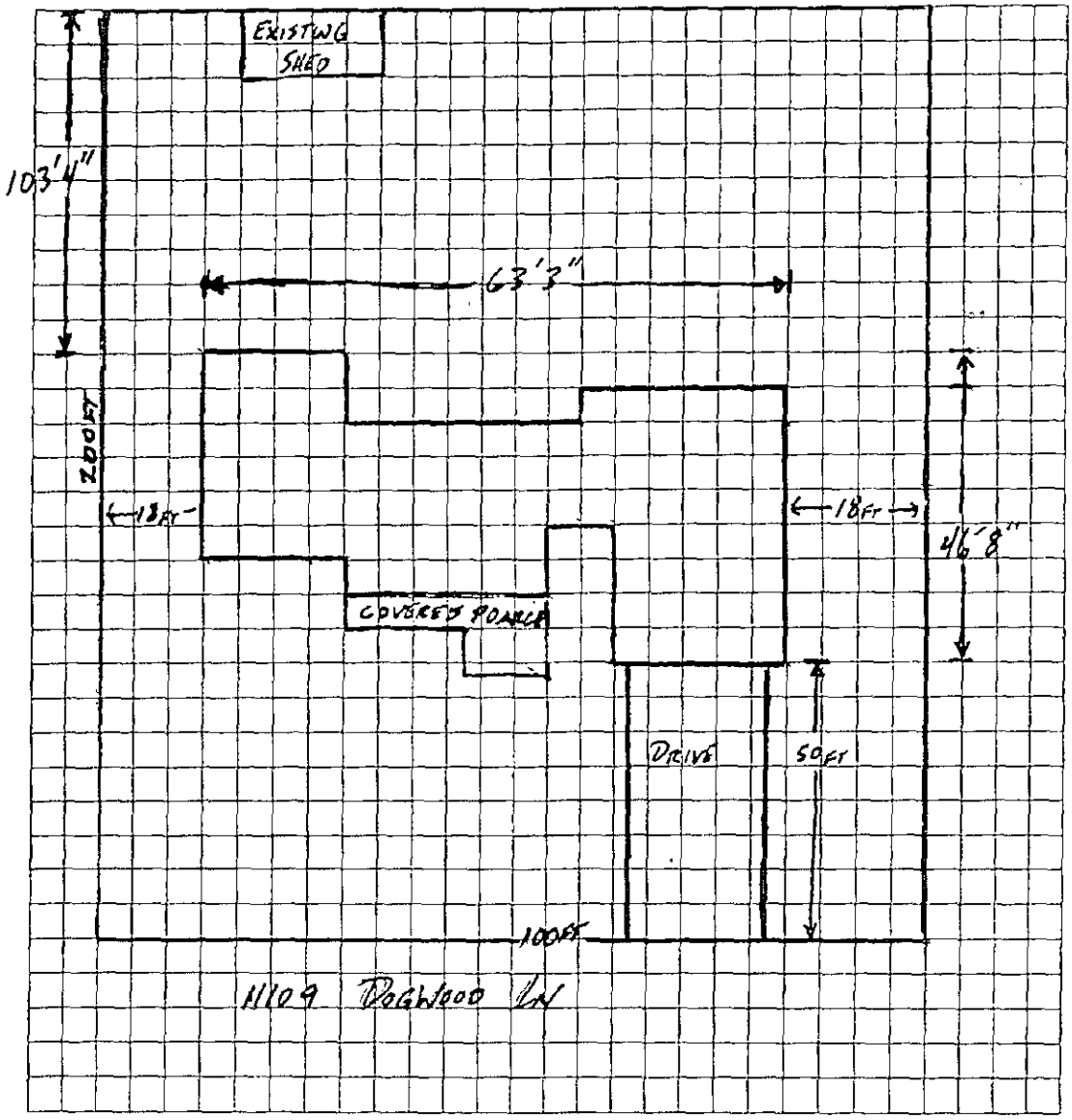
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

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

File #_____
Date_____

## PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.




| | |
|---|---|
| Owner/Agent Signature | S A Long |
| Date | 7.22.08 |

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

Sheet: 1 of 2
Property ID: 019-161-05
Lot #: L6B1
File #: 7867B
AppID: 3743

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

Owner: Sara Tompkins — Applicant:
Address: 7615 Wynstone Ridge Circle, Huntersville, N. C. 28078 — Date Evaluated: 7/25/08
Proposed Facility: Residence — Design Flow (.1949) 360gpd — Property Size: .47a
Location of Site: 11109 Dogwood Lane — 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, 8 | 0-8 | GR/SCL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48 | N/A | NONE | PS, IV |
| | | 8-48 | SBK/ABK/C | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
| 2 | " | 0-3 | GR/SCL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 3-34 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| | | 34-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 3 | " | 0-9 | GR/SCL | " | " | " | " | " | " |
| | | 9-48 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| 4 | " | 0-8 | GR/SCL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 8-48 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| | | | | | SITE LTAR .3GPD/FT$^2$ | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | NA |
| System Type(s) | III b | NA |
| Site LTAR | 0.3 | 0.3 |

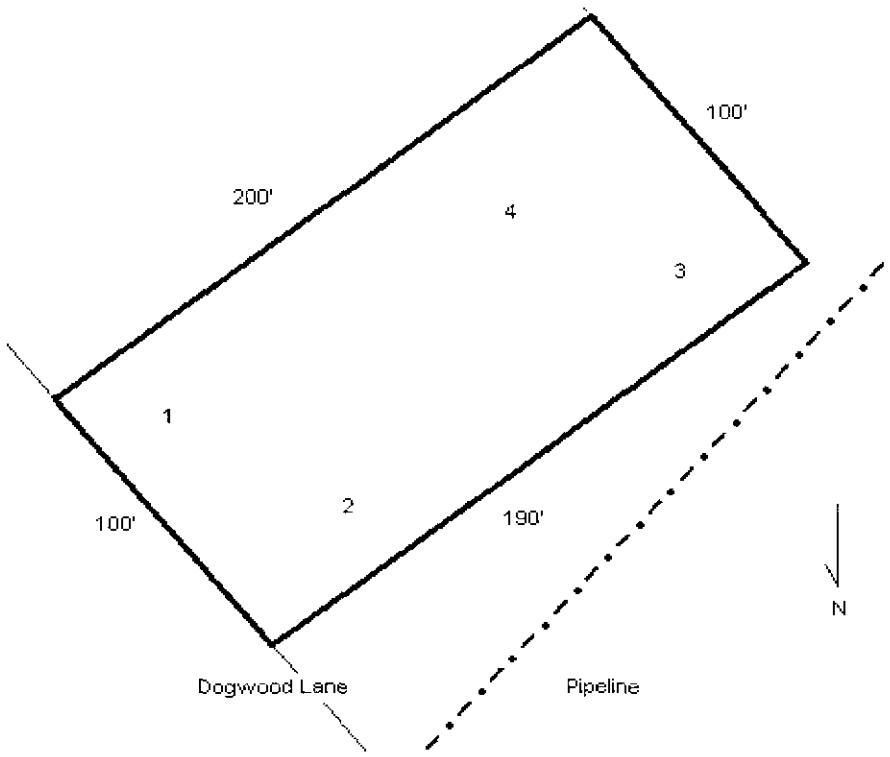
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 7/28/2008
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michelone, R.S.
Others Present:

**COMMENTS:**
Does not appear to be 100% repair

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



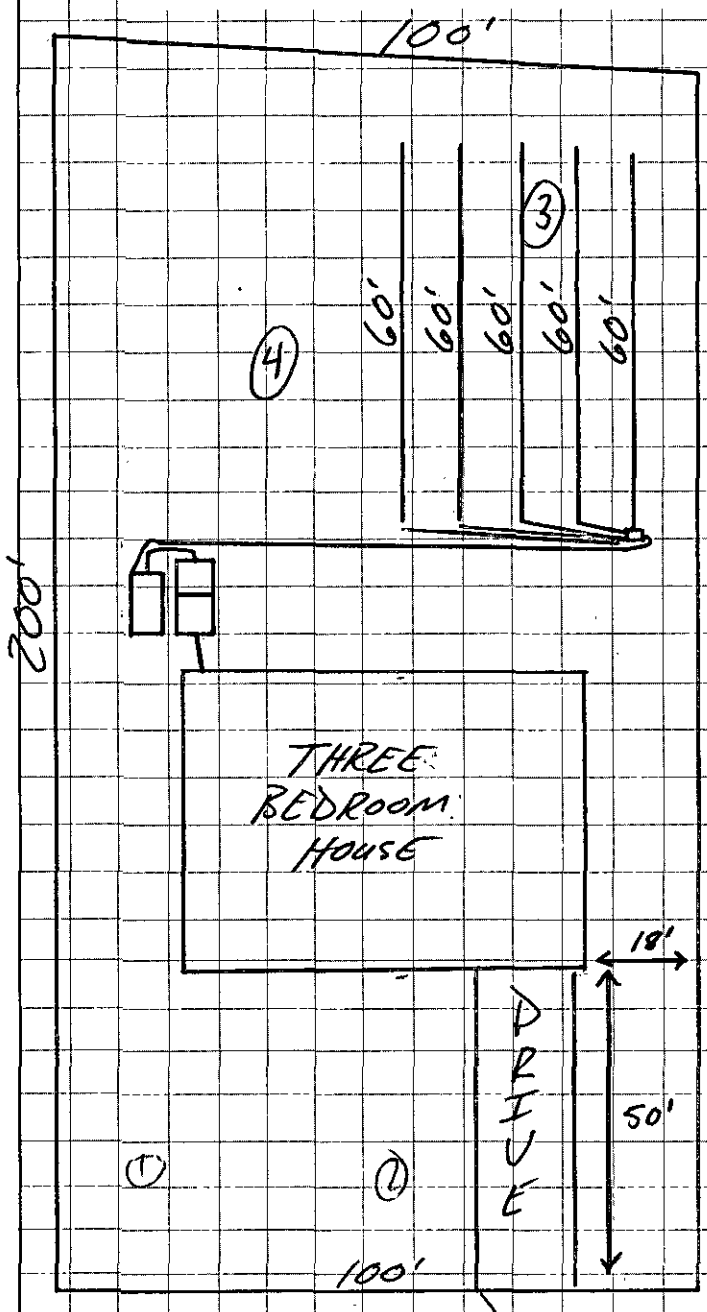
# PROPOSED PLOT PLAN

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

FILE: 78678

TC: 019-161-05

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'

- 1500 Septic tank
- 1000 pump tank
- 0.5 CTAR
- 300 TLF
- 5 lines x 60' x 3
- Type IIIb pump to 25% red. system
- Property does not require 100% Repair.

OWNER/AGENT SIGNATURE

DATE 8.22.08

APPROVAL DATE

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

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 #: **30003743** GWS File #: **7867B** Tax Parcel #: **019-161-05**

- 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):** 7/31/2013

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

Structure Type: HOUSE Size ($ft^2$): 1605 # Bedrooms: 3 # Occupants: 3

Building Foundation: Concrete Slab Water Supply: Municipal

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

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 ($ft^2$): | 900 | Total Trench Length (ft): | 300 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

**III. Repair System Type:** N/A **System Classification:** N/A

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 0 | LTAR (gpd/$ft^2$): | 0.3 | Septic Tank Size (gal): | 0 | Pump Tank Size (gal): | 0 |
| Trench Width (ft): | 0 | Trench Spacing (ft): | 0 | Absorption Area ($ft^2$): | 0 | Total Trench Length (ft): | 0 |
| Maximum Trench Depth (in): | 0 | Depth of Media (in): | 0 | Distribution Device: | N/A | | |

**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 Michelone Owner/Legal Agent: Sara Tompkins
Print Name

Signature: Signature:

Date Issued: 7/31/2008

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 #: **30003743** GWS File #: **7867B**

**IV. Permit Conditions/Comments:**

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair 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:

- 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 Michelone

Signature: [signature]

Date Issued: 7/31/2008

Owner/Legal Agent: Sara Tompkins
Print Name

Signature: [signature]

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 7867B Permit #: 3743 Tax Parcel #: 019-161-05

Property Owner: SARA TOMPKINS

Job Location Address: 11109 Dogwood Lane

City: Huntersville State: NC Zip Code: 28078

**Installation Approval Issuance Date:** 11/24/08

*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 12/24/08, 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: 0.3 GPD/ft² (For new installations only.)

*Liquid Capacity of Septic Tank:* 1500 *gallons*

*Liquid Capacity of Dosing Tank:* 1000 *gallons*

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ 60 feet

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

Distribution Device: Pressure Manifold

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 _____

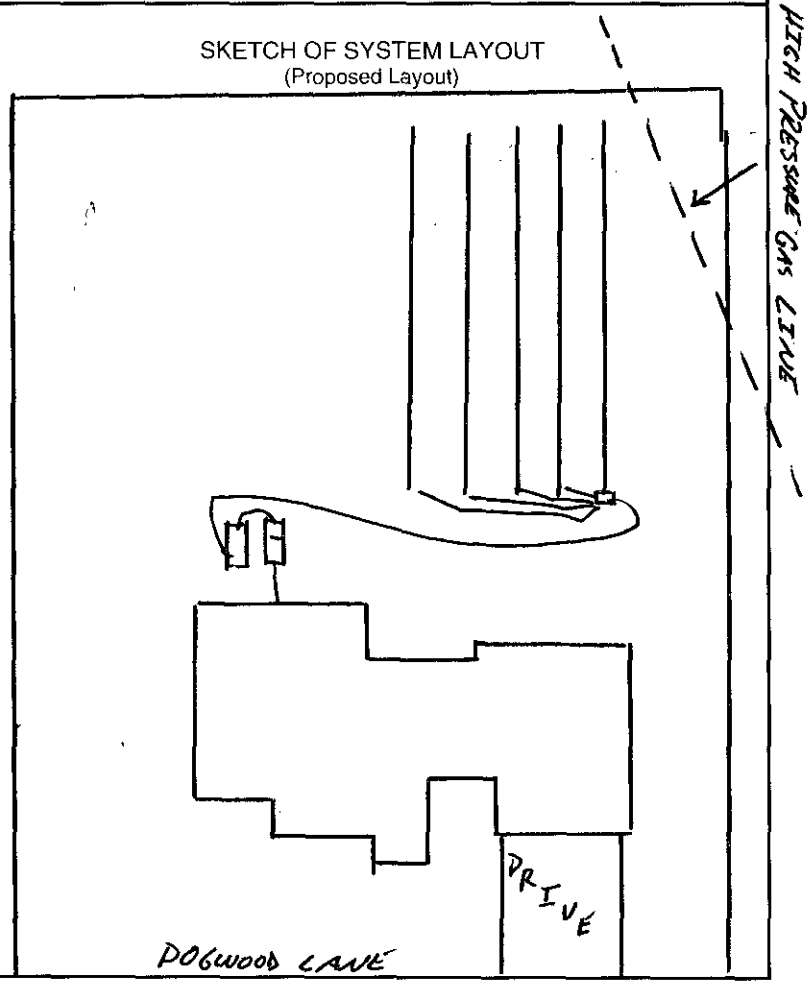
Minimum System Setbacks

Distance from Building Foundation: 75' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: 7100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




Comments: System Classification & Type: III b Pump to 25% Rock.

DENR Authorized Agent: Jeremy Mickelson R.S. Signature: Jeremy Mickelson, R.S.

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 #: 7867B Permit #: 3743 Tax Parcel #: 019-161-05

Property Owner: Sara Tompkins

Job Location Address: 11109 Dogwood Lane

City: Huntersville State: NC Zip Code: 28078

**Operation Permit Issuance Date:** 11/26/08 Contractor Name: R. Abernathy

Permitted Design Flow: 360 GPD
Liquid Capacity of Septic Tank: 1500 gallons
Liquid Capacity of Dosing Tank: 1000 gallons
Effluent Pump Model: Goulds 1/2 horse

Drainfield Installation ☐ N/A
Trench Depth: 28 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 300 feet
# of Lines: 4 @ 75' feet IQ4W
Depth of Media: 12 inches (Type) ~~#203~~
Depth of Cover: 14 inches
Distribution Device: P. Manifold

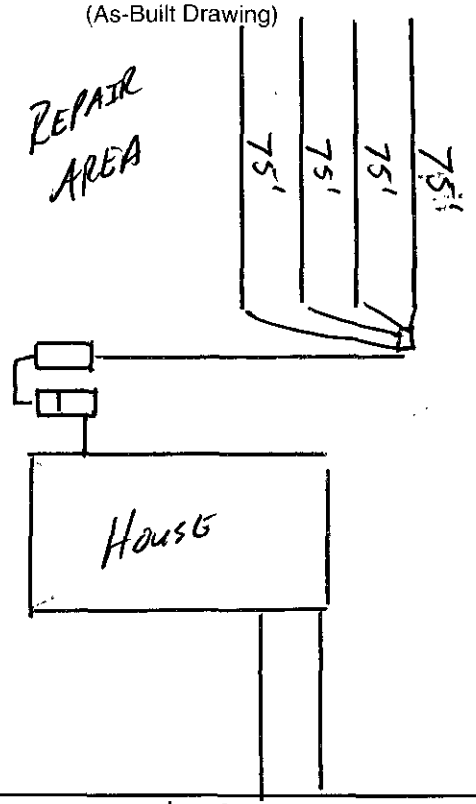
Bed Installation *(For Repair Installations ONLY.)* ☒ N/A
Bed Depth: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Depth of Cover: _____ inches
Distribution Device: _____

Water Supply Source
☒ Municipal ☐ Private Well ☐ Community Well
☐ Other _____

System Installation Setbacks
Distance from Building Foundation: 75' feet
Distance from Property Line: 710' feet
Distance from Water Supply Source: 2100' feet

Inspection Dates
Tank(s) Inspected: 11/26/08
Excavation Inspected: 11/26/08
Pump & Controls Inspected: 11/26/08

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)




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

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

Comments: System Classification & Type: III-b, ~~#203~~ IQ4W, Pressure, NA, NA

DENR Authorized Agent: Jimmy Mundy, R.S. Signature: Jimmy Mundy, R.S.

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 #: 7867B Permit #: 3743 Tax Parcel #: 019-161-05

Property Owner: Sara Tompkins

Job Location Address: 11109 Dogwood Lane

City: Huntersville State: NC Zip Code: 28078

**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: IIIb

*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: Jimmy Mink R.S. Date: 11/26/08

Signature: Jimmy Mink R.S.

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 70673 WASPS App #: 3743

Primary ES assigned to project:

Secondary ES assigned to project:

Project Type: New System [ ] Alteration [ ] Repair [ ] Modified Plot Plan [ ]

1. File Review:

| Rule or Law | Permit Application | | | |
|---|---|---|---|---|
| .1937(d) | Is the Application complete | Yes [✓] | No [ ] | N/A [ ] |
| .1937(d) | Is there a Site plan/Plat with application | Yes [✓] | No [ ] | N/A [ ] |
| .1937(d) | Is the Facility shown? | Yes [✓] | No [ ] | N/A [ ] |
| .1937(d) | Are appurtenances shown | Yes [✓] | No [ ] | N/A [ ] |
| | **Site Evaluation Information** | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | Yes [✓] | No [ ] | N/A [ ] |
| .1940 (a-g) | Slope % Recorded? | Yes [✓] | No [ ] | N/A [ ] |
| .1939 (a)(2) | Texture Class Recorded? | Yes [✓] | No [ ] | N/A [ ] |
| .1939 (a)(2) | Structure type Recorded? | Yes [✓] | No [ ] | N/A [ ] |
| .1939 (a)(2) | Consistence Recorded? | Yes [✓] | No [ ] | N/A [ ] |
| .1939 (a)(2) | Mineralogy Recorded? | Yes [✓] | No [ ] | N/A [ ] |
| .1939 (a)(3) | Soil Wetness Condition Recorded? | Yes [ ] | No [ ] | N/A [✓] |
| .1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered | Yes [ ] | No [ ] | N/A [✓] |
| .1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | Yes [ ] | No [ ] | N/A [✓] |
| .1939 (a)(6) | Sufficient Available Space Recorded? | Yes [✓] | No [ ] | N/A [ ] |
| .1937(m) | Are the Profile Locations Shown? | | | |
| .1939(a) | Are the S/PS Profiles in system & in repair area? | Yes [✓] | No [ ] | N/A [ ] |
| & .1945(b) | Number of auger borings made: 4 Were sufficient auger borings made? | Yes [✓] | No [ ] | N/A [ ] |
| .1939(d), .1955, .1956, .1957 | LTAR .3 | Yes [✓] | No [ ] | N/A [ ] |
| | **Improvement Permit/Construction Authorization** | | | |
| .1937(g) 130A-336(a) | Proposed System Type stated-Initial | Yes [✓] | No [ ] | N/A [ ] |
| .1945(b) | Proposed System Type stated-Repair | Yes [✓] | No [ ] | N/A [ ] |
| 130A-336 (a)(3) | System location identifiable by setbacks - Initial | Yes [✓] | No [ ] | N/A [ ] |
| .1937(g) .1945(b) | System components shown – Initial | Yes [✓] | No [ ] | N/A [ ] |
| .1945(b) | Repair area shown | Yes [✓] | No [ ] | N/A [ ] |
| .1937 (f)(g) | Does System design match facility, flow & WWcharacteristics? | Yes [✓] | No [ ] | N/A [ ] |
| .1937 (f)(g) | Is System design consistent with soil/site conditions? | Yes [✓] | No [ ] | N/A [ ] |
| .1937 (f)(g) | Is the System located in the approved area? | Yes [✓] | No [ ] | N/A [ ] |
| 130A-336(a) | Is the Design flow (gpd) indicated? | Yes [✓] | No [ ] | N/A [ ] |

| | | | | |
|---|---|---|---|---|
| 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: 11-24-08

OP issued date: 11-26-08

Review performed by: [signature]

Date performed: 8-11-09

# *MECKLENBURG COUNTY*
# *LAND USE AND ENVIRONMENTAL SERVICES*
## *Payment Receipt*

**Receipt Information**

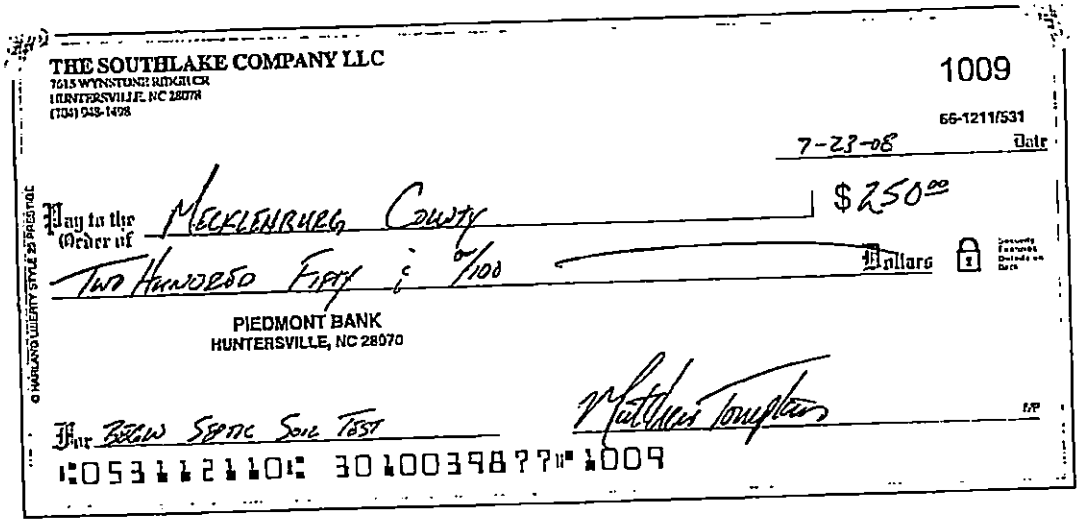
Date: 07/23/08
Receipt #: 58346
Check / Auth #: CHECK 1009
Received By: WILSOLL

Amount: 250.00
Tendered: 250.00
Returned: 250.00

**Account Information**

Account #: 200000
Contractor: THE SOUTHLAKE CO LLC
Attn:
Address: 7615 WYNSTON RIDGECR
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>01916105 | | 1 | 250.00 | 250.00 |


THE SOUTHLAKE COMPANY LLC
7615 WYNSTONE RIDGECR
HUNTERSVILLE, NC 28078
(704) 948-1498

1009

66-1211/531

7-23-08 Date

Pay to the Order of MECKLENBURG COUNTY $250.00

Two Hundred Fifty & 00/100 Dollars

PIEDMONT BANK
HUNTERSVILLE, NC 28070

For Basic Septic Soil Test

Matthew Templeton

⑆053112110⑆ 30100398??⑈1009

© HARLAND QUALITY STYLE 25 PRESTIGE

---Outstanding Balances---

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| -110.00 | | | | | |

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 08/22/08 | **Amount:** | 200.00 |
| **Receipt #:** | 58709 | **Tendered:** | 200.00 |
| **Check / Auth #:** | CHECK 1013 | **Returned:** | 0.00 |
| **Received By:** | GLADNAG | | |

**Account Information**

**Account #:** 200000
**Contractor:** THE SOUTHLAKE CO.
**Attn:**
**Address:** 7615 WYNSTONE RIDGE CR
**Address:**
**City/State/Zip:** HUNTERSVILLE, NC 28078

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0734 | Auth for Waste Wtr Sys Constr<br>11109 DOGWOOD LN | | 1 | 200.00 | 200.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 50.00 | | | | | |

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 08/22/08 | **Amount:** | 200.00 |
| **Receipt #:** | 58710 | **Tendered:** | 200.00 |
| **Check / Auth #:** | CHECK 1013 | **Returned:** | 0.00 |
| **Received By:** | GLADNAG | | |

**Account Information**

**Account #:** 200000
**Contractor:** THE SOUTHLAKE CO, LLC
**Attn:**
**Address:** 7615 WYNSTONE RIDGE CR
**Address:**
**City/State/Zip:** HUNTERSVILLE, NC 28078

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0703 | Installation/Final Approval<br>11109 DOGWOOD LN | | 1 | 200.00 | 200.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 50.00 | | | | | |