


5418 TURKEY OAK DR

19521267

1/10/2008

duponbj

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

EHS PW

Reviewer ICR

65573 County Permit Review Worksheet

| Rule or Law | Permit Application | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| .1937(d) | Is the Application complete | ✓ | | | | | | | | | |
| .1937(d) | Is there a Site plan/Plat with application | ✓ | | | | | | | | | |
| .1937(d) | Is the Facilityshown? | ✓ | | | | | | | | | |
| .1937(d) | Are appurtenances shown | ✓ | | | | | | | | | |
| | Site Evaluation Information | | | | | | | | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | ✓ | | | | | | | | | |
| .1940 (a-g) | Slope % Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(2) | Texture Class Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(2) | Structure type Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(2) | Consistence Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(3) | Mineralogy Recorded? | ✓ | | | | | | | | | |
| | Soil Wetness Condition Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered? | ✓ | | | | | | | | | |
| .1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | ✓ | | | | | | | | | |
| .1939 (a)(6) | Sufficient Available Space Recorded? | ✓ | | | | | | | | | |
| .1937(m) | Are the Profile Locations Shown? | ✓ | | | | | | | | | |
| .1939(a) & .1945(b) | Are the S/PS Profiles in system & in repair area? | ✓ | | | | | | | | | |
| | Number of auger borings made: | 4 | | | | | | | | | |
| | Were sufficient auger borings made? | | | | | | | | | | |
| .1939(d), .1955, .1956, .1957 | LTAR | .295 | | | | | | | | | |
| | IP/CA | | | | | | | | | | |
| G.S. 130A-336(a) & .1937(g) | Proposed System Type stated-Initial | ✓ | | | | | | | | | |
| .1945(b) | Proposed System Type stated-Repair | ✓ | | | | | | | | | |
| G.S. 130A-336(a)(3) | System location identifiable by setbacks - Initial | ✓ | | | | | | | | | |
| .1937(g) & .1945(b) | System components shown - Initial | ✓ | | | | | | | | | |
| .1945(b) | Repair area shown | ✓ | | | | | | | | | |
| .1937 (f)(g) | Does System design match facility, flow & WW characteristics? | ✓ | | | | | | | | | |
| .1937 (f)(g) | Is System design consistent with soil/site conditions? | ✓ | | | | | | | | | |
| .1937 (f)(g) | Is the System located in the approved area? | ✓ | | | | | | | | | |
| G.S. 130A-336(a) | Is the Design flow (gpd) indicated? | ✓ | | | | | | | | | |
| G.S. 130A-336(a) | Number of Bedrooms, employees, seats, etc. indicated? | ✓ | | | | | | | | | |
| .1937(g) | Trench depth indicated? | ✓ | | | | | | | | | |
| .1937(g) | Trench width indicated? | ✓ | | | | | | | | | |
| .1937(g) | Trench length indicated? | ✓ | | | | | | | | | |
| G.S. 130A-336(a)(1) | Proposed/existing well shown? | ✓ | | | | | | | | | |
| G.S. 130A-336(a)(1) | Property line lengths shown? | ✓ | | | | | | | | | |
| G.S. 130A-336(a) | Facility/appurtenance setbacks shown from fixed points? | ✓ | | | | | | | | | |
| | OP | | | | | | | | | | |
| .1937(i) | System type as described in table V(a) of rule .1961 | ✓ | | | | | | | | | |
| .1937(i) | Conditions for system performance, operation, maintenance, monitoring and reporting. | ✓ | | | | | | | | | |

*If system design is incorrect or inconsistent with site conditions, indicate why for each below*

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 #: 6557B Permit #: _____ Tax Parcel #: 19521267 (possible)

Property Owner: Farrington Oaks LLC

Job Location Address: 5418 Turkey Oak Dr Lot 42

City: Mint Hill State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 4/10/07 Contractor Name: RCS

Permitted Design Flow: 720 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:* 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 650 feet

# of Lines: 7 @ 90 feet

Depth of Media: 12 inches (Type) EZ Flow

Depth of Cover: 18 inches

Distribution Device: D-Box

Inspection Dates

*Tank(s) Inspected:* 4/10/07

Excavation Inspected: 4/10/07

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See installation approval

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: 10 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: Type IIIg maintenance per 1961 ATO every 5 years

DENR Authorized Agent: Philo S. Walker Signature: Philo S. Walker RS

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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 #: 6557B Permit #: _____ Tax Parcel #: 195 212 67

Property Owner: Farrington Oaks LLC

Job Location Address: 5418 Turkey Oak Dr Lot 42

City: Mint Hill State: NC Zip Code: 28227

**Installation Approval Issuance Date:** 4/4/07

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 5/4/07, 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: 720 GPD

Site LTAR: .275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 655 feet

# of Lines: 7 @ 90 feet

Depth of Media: 12 inches (Type) Approved Accepted

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 _____

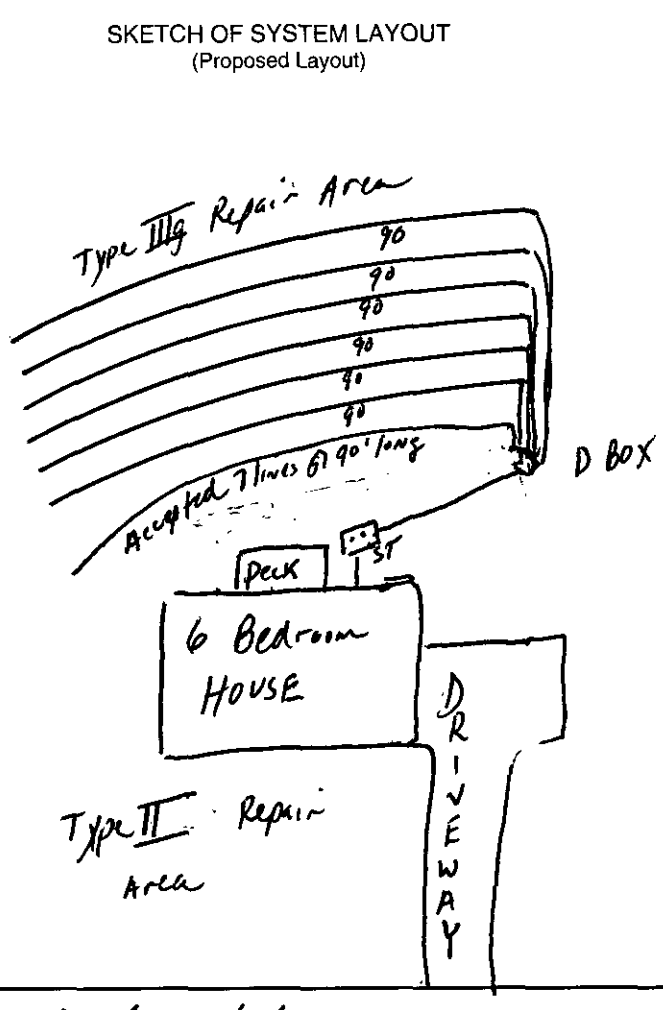
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




Comments: System Classification & Type: Type IIIg Approved Accepted

DENR Authorized Agent: Philo S. Walker Signature: Philo S. Walker RS

PT 20407 ✓

FEE: 300.00

DATE: 11/6/2006

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

**MECKLENBURG COUNTY**

**GROUNDWATER & WASTEWATER SERVICES**

**FILE NUMBER:** 6557B

**PERMIT NUMBER:** 30000918

**PARCEL NUMBER:** 19521267

**JOB LOCATION INFORMATION**

**ADDRESS:** 5418 TURKEY OAK DR

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

**ISSUED TO:** FAIIRINGTON OAKS

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 11/6/2006

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000918, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 11/3/2011

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 #: **30000918** GWS File #: **6557B** Tax Parcel #: **195-211-45**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

**I. This Improvement Permit Shall:** Expire in Five (5) Years **Expiration Date (If Applicable):** 11/3/2011

Type of Installation: Residential - New System Lot Number: 42

Structure Type: HOUSE Size ($ft^2$): 4313 # Bedrooms: 6 # Occupants: 5

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd): 720 LTAR (gpd/$ft^2$): 0.275 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area ($ft^2$): 1964 Total Trench Length (ft): 655

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Drop Boxes

**III. Repair System Type:** Innovative or Experimental **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd): 720 LTAR (gpd/$ft^2$): 0.275 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area ($ft^2$): 1964 Total Trench Length (ft): 655

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Drop Boxes

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

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

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

DENR Authorized Agent: Philo Walker

Signature: Philo S. Walker RS

Date Issued: 11/3/2006

Owner/Legal Agent: Brian Carpenter
Print Name

Signature:

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30000918** GWS File #: **6557B**

**IV. Permit Conditions/Comments:**

- ~~Owner agreement forms for site reclassification shall be on file prior to issuance of Construction Authorization.~~ KM 11/6/06
- 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: Philo Walker

Signature: Philo A. Walker RS

Date Issued: 11/3/2006

Owner/Legal Agent: Brian Pomeroy
Print Name

Signature:

# PROPOSED PLOT PLAN

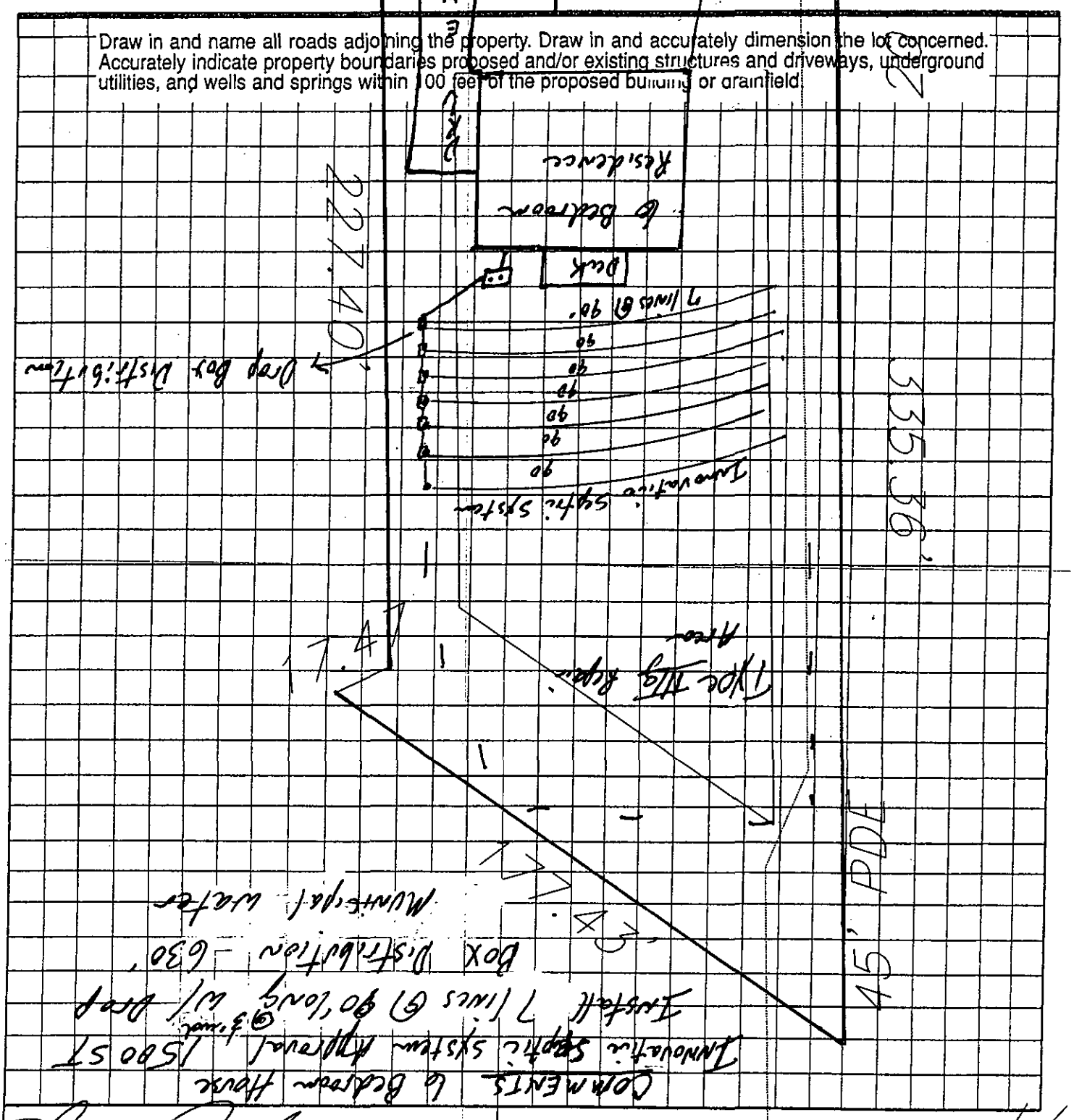
File # 65578

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

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.




OWNER/AGENT SIGNATURE _____

DATE 11/6/06

APPROVAL DATE 11/3/06

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

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 11/06/06 | **Amount:** | 450.00 |
| **Receipt #:** | 46735 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** X32342
**Contractor:** MCCAR HOMES CHARLOTTE LLC
**Attn:**
**Address:** 10150 MALLARD CREEK RD
**Address:** SUITE 160
**City/State/Zip:** CHARLOTTE, NC 28262

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0734 | Auth for Waste Wtr Sys Constr<br>LOTS 35,42,49:FILE #'S 6552B,6557B,6564B | | 1 | 450.00 | 450.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 4,769.41 | 38,880.74 | | | | |

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 11/06/06 | **Amount:** | 450.00 |
| **Receipt #:** | 46736 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** X32342
**Contractor:** MCCAR HOMES CHARLOTTE LLC
**Attn:**
**Address:** 10150 MALLARD CREEK RD
**Address:** SUITE 160
**City/State/Zip:** CHARLOTTE, NC 28262

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0703 | Installation/Final Approval<br>LOTS 35,42,49:FILES 6552B,6557B,6564B | | 1 | 450.00 | 450.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 5,219.41 | 38,880.74 | | | | |

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

Sheet: 1 of 2
Property ID: 195-212-67
Lot #: 42
File #: 6557B
AppID: 918
Code: 2

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

Owner: Fairington Oaks LLC
Applicant: Ted Von Badinski
Address: 1518 East 3rd St., Charlotte, N. C., 28204
Date Evaluated: 10/12/06
Proposed Facility: Residence
Design Flow (.1949): 720gpd
Property Size: .87a
Location of Site: 5418 Turkey Oak Drive
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, 6 | 0-6 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48 | N/A | NONE | PS, IV |
| | | 6-48 | SBK/ABK/C | FI/SEXP/S/P | | | | | .275GPD/FT$^2$ |
| 2 | " | 0-6 | GR/CL | FR/SEXP/SS/SP | >42" TO SOIL WETNESS | 42 | " | " | " |
| | | 6-42 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| 3 | " | 0-5 | GR/CL | FR/SEXP/SS/SP | >40" TO SOIL WETNESS | 40 | " | " | " |
| | | 5-40 | SBK/ABK/C | FI/SEXP/S/P | | | | | |
| 4 | " | 0-5 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48 | " | " | PS, IV |
| | | 5-48 | SBK/ABK/C | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
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| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | US |
| System Type(s) | | |
| Site LTAR | .275GPD/FT$^2$ | .275GPD/FT$^2$ |

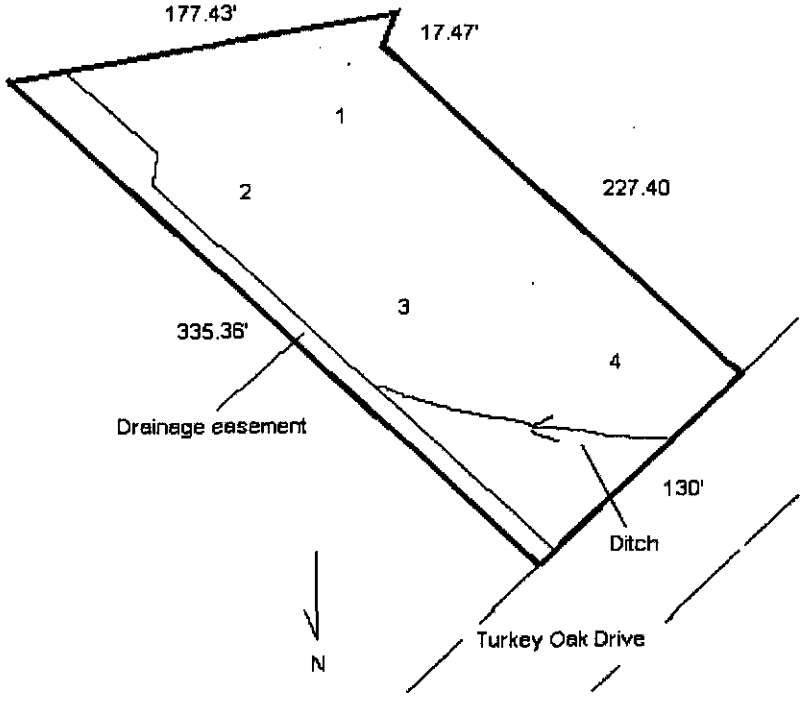
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 10/13/2006, W. R. Marlin
Others Present:

**COMMENTS:**
100% repair

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

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

**Sketch of Soil Evaluation Locations**



# 918

GWS – RES. APP 07/05

SEPTIC FEE:_____
DATE: _____
CRT [ ]

**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 #** 605578

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

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

**JOB LOCATION INFORMATION:**

**TAX/PARCEL #:** 19521267
**STREET ADDRESS:** 5418 Turkey Oak
**CITY:** Mint Hill
**STATE:** NC **ZIP:** 28227
**SUBDIVISION OR MOBILE HOME PARK NAME:** Fairington Oaks
**LOT #:** 42
**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:** 4313
**NUMBER OF BEDROOMS:** 6
**NUMBER OF OCCUPANTS:** 5

**FOUNDATION FOR RESIDENCE:**

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

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

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

**WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?** ☐ YES ☑ NO TYPE:

**WATER SUPPLY:**

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

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

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

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

**PROPERTY OWNER:**

NAME: FAIRINGTON OAKS LLC
ADDRESS: 1518 East 3rd St
CITY: Charlotte
STATE: NC ZIP: 28204
HOME PHONE: 704-370-0303 WORK PHONE:
MOBILE PHONE: FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: VonBADINSKI, TED
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-200-7444 FAX: 704-573-0270

**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 4/25/06 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 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:** | 05/31/06 | **Amount:** | 5,200.00 |
| **Receipt #:** | 44233 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | AIDOOJK | | |

**Account Information**

**Account #:** X32342
**Contractor:** MCCAR HOMES CHARLOTTE LLC
**Attn:**
**Address:** 10150 MALLARD CREEK RD
**Address:** SUITE 160
**City/State/Zip:** CHARLOTTE, NC 28262

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>TURKEY OAK L 23-29/L42-50 | | 1 | 5,200.00 | 5,200.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 28,332.74 | 207.55 | | | | |