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 #: 7843B Permit #: _____ Tax Parcel #: 195-213-08

Property Owner: True Homes

Job Location Address: 14916 Oregon Oak Ct.

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 01/13/2012 Contractor Name: Stevens Septic/Chris Stevens

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 36 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) Chambers

Depth of Cover: 24 inches

Distribution Device: Chamber with corps distribution Box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 15 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 + feet

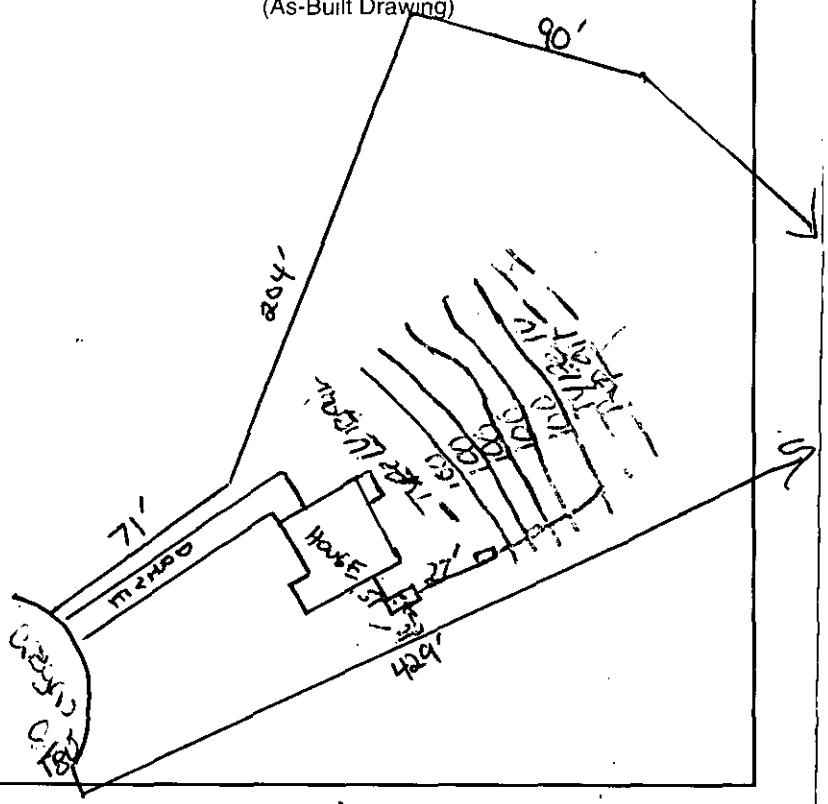
Inspection Dates

Tank(s) Inspected: 01-13-2012

Excavation Inspected: 01-13-2012

Pump & Controls Inspected: N/A

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: Ille BTO A36, G, NA, NA

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael REHS

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

File #: 7843B Permit #: _____ Tax Parcel #: 195-213-08

Property Owner: True Homes

Job Location Address: 14916 Oregon Oak Ct.

City: Charlotte State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: IIIg

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Jeremy Michael Date: 01-13-2012

Signature: Jeremy Michael

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 #: 7843B Permit #: _____ Tax Parcel #: 195-213-08

Property Owner: TRUE HOMES

Job Location Address: 14916 OREGON OAK CT.

City: CHARLOTTE State: NC Zip Code: 28227

Installation Approval Issuance Date: 01-09-2012

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

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

Permitted Design Flow: 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: 36 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) 25% Reduction

Distribution Device: Drop Boxes or Chamber endcaps

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install Per plot plan & permit on file with MCHD.

Comments: System Classification & Type: 111g

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael REHS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30005323** GWS File #: **7843B** Tax Parcel #: **195-213-08**

- 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):** 11/4/2016

Type of Installation: Residential - Modified Plot Plan Lot Number: 129

Structure Type: HOUSE Size (ft^2): 3642 # Bedrooms: 5 # Occupants: 6

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Approved **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):	36	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):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1000	Total Trench Length (ft):	333
Maximum Trench Depth (in):	36	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Jeremy Michael Owner/Legal Agent: Tamiko Redfern

Signature: Jeremy Michael REHS Signature: (Print Name)

Date Issued: 11/4/2011

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 #: **30005323** GWS File #: **7843B**

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.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

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

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

DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael REITS

Date Issued: 11/4/2011

Owner/Legal Agent: Tamiko Redfern
Print Name

Signature:

7843B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 5323

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: 19521308
STREET ADDRESS: 14916 Oregon Oak Ct
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: Fairington Oaks
LOT #: 129 LOT SIZE (acres): 47962

TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ◉ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 3642
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 10

FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

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

6. WATER SUPPLY: ◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

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

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

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

8A. RANK: + 2 ___ ___ 3

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

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

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

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

12. PROPERTY OWNER:

NAME: True Homes
ADDRESS: 2649 Brekonridge Center
CITY: Monroe
STATE: NC ZIP: 28110
WORK PHONE: 704 238-1229
MOBILE PHONE: 7045063852
FAX: 9104011410
E-MAIL: rwhite@truehomesusa.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

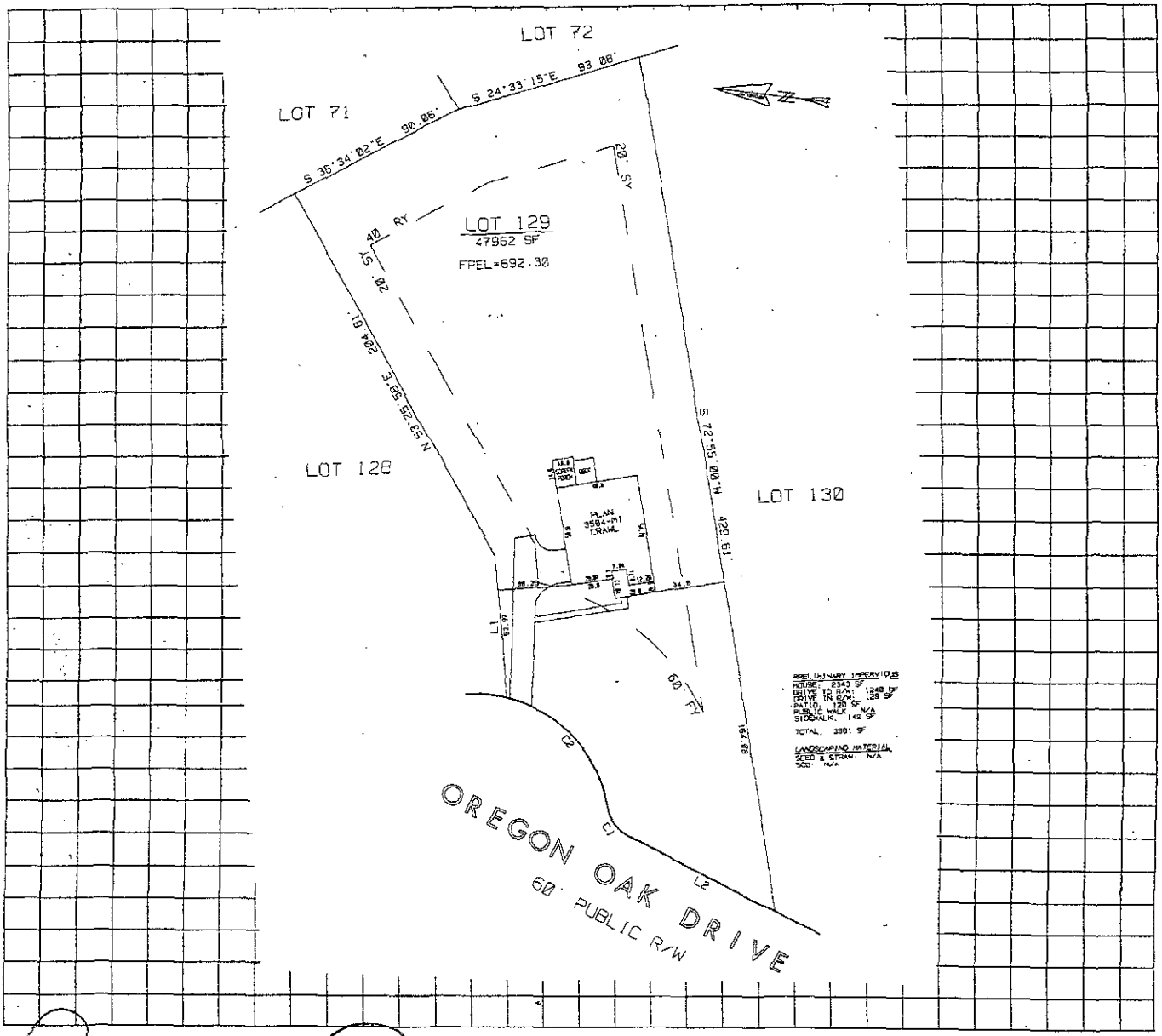
File #: 7843B

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 14916 Oregon Oak Ct Tax Parcel #: 19521308

Subdivision Name: Fairington Oaks Lot #: 129



Property Owner's or Owner's Legal Representative Signature

Date 11/1/11

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

Revised on: 12/15/10

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

Sheet: 1 of 2
Property ID: 19521308
Lot #: 129
File #: 7843B
AppID: 5289

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: True Homes
Applicant: Same
Address: 2649 Brekonridge Centre, Monroe NC 28110
Date Evaluated: 10/28/2011
Proposed Facility: Residence
Design Flow (.1949): 480 GPD
Property Size: 47,962 sf
Location of Site: 14916 Oregon Oak Ct. Charlotte, NC 28227
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, 10	0-5	GR/SCL	SS/SP/FRI/SEXP		48"			PS, IV 0.3 GPD/FT^2
		5-48	SBK/C	S/P/FI/SEXP					
2	LS, 10	0-6	GR/SCL	SS/SP/FRI/SEXP		48"			PS, IV 0.3 GPD/FT^2
		6-48	SBK/C	S/P/FI/SEXP					
3	LS, 10	0-6	GR/SCL	SS/SP/FRI/SEXP		48"			PS, IV 0.3 GPD/FT^2
		6-48	SBK/C	S/P/FI/SEXP					
4	LS, 10	0-5	GR/SCL	SS/SP/FRI/SEXP		48"			PS, IV 0.3 GPD/FT^2
		5-48	SBK/C	S/P/FI/SEXP					

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

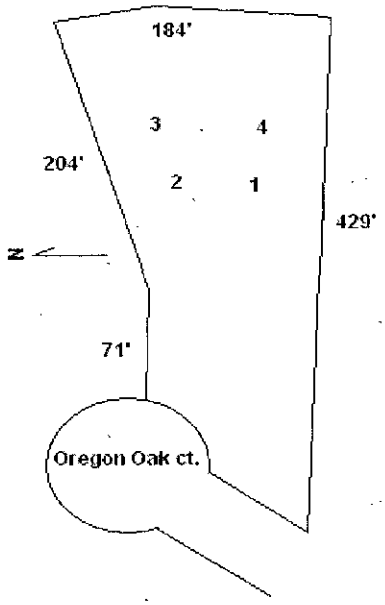
Other Factors (.1946):
Soil Evaluation By: Jeremy Michael
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michael Jeremy Michael REHS
Others Present:

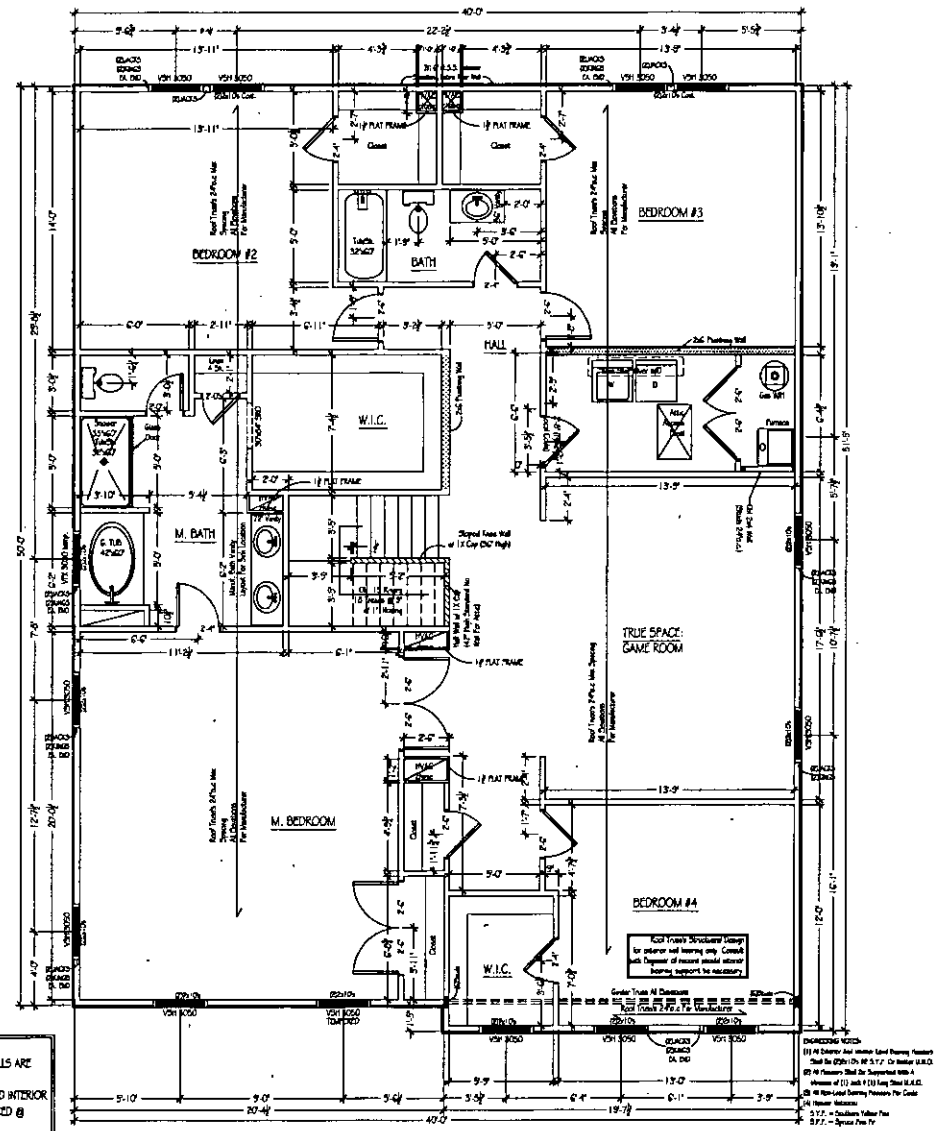
COMMENTS:

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





SECOND FLOOR 3500

NOTE:
* ALL INTERIOR NON-BEARING WALLS ARE TO BE @ 16" O.C.
* 1ST & 2ND FLOOR EXTERIOR AND INTERIOR BEARING WALL STUDS ARE SPACED @ 12" O.C. FOR ATTIC OPTION

GENERAL NOTES:

1. 8'-1 1/8" CEILING HEIGHT, UNLESS NOTED OTHERWISE
2. ALL INTERIOR NON LOAD BRG WALLS TO BE 2x4 STUDS 16" O.C.
3. WINDOWS TO BE VINYL SINGLE HUNG, SIZE AS INDICATED BY NUMBER ON PLAN (SEE WINDOW SCHEDULE)
4. DIMENSIONS ARE FROM FACE OF STUDS
5. PROVIDE BLOCKING ABOVE WINDOWS & DOORS 16" O.C. TYP.
6. PROVIDE EXTRA STUDS AS INDICATED AT BEAM BEARING LOCATIONS.
7. ALL WINDOW HT. TO BE 6'-10 7/8" ABOVE FLOOR UNLESS OTHERWISE NOTED
8. PROVIDE DOUBLE CRIPPLES UNDER HEADERS FOR BEARING AT OPENINGS 6'-0" WIDE AND GREATER
9. SHIM INTERIOR DOORS 4 PCS. DOORS 1/2" ABOVE SUBFLOOR
10. UPPER KITCHEN CABINETS 55" ABOVE SUBFLOOR
11. 16" O.C. STUDS AT KITCHEN WALLS W/ CABINETS

HALF WALL (See plan for ht.)
2X4 WALL (see plan for plate ht.)
2X4 BEARING WALL
2X4 EXTERIOR WALL
2X6 WALL (see plan for plate ht.)
2X6 WALL PLUMBING WALL
2X6 EXTERIOR WALL

NORTH CAROLINA LICENSED ENGINEER 29249 KEVIN B. MARVIN

NORTH CAROLINA RESIDENTIAL STRUCTURES PE No. 3295 CERTIFICATE OF AUTHORIZATION

KEVIN B. MARVIN, PE
5440 N. Davidson St.
Charlotte, N.C. 28205
Seal for Structural Only

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

Farrington Oaks
Lot #129

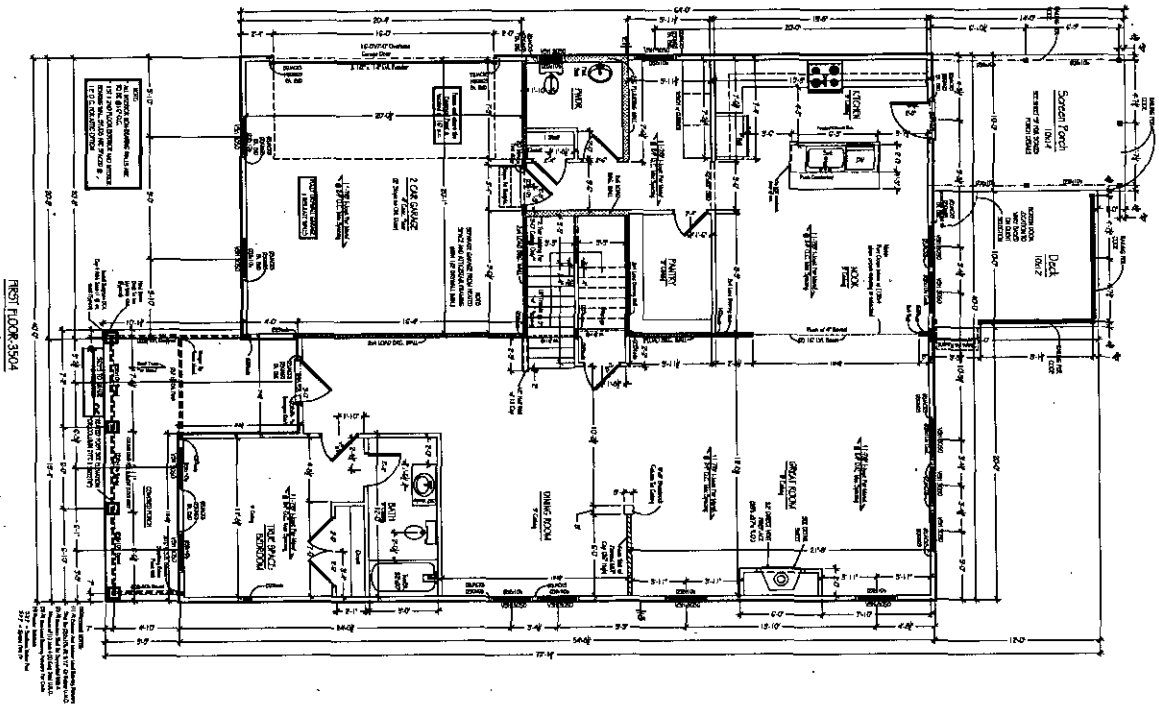
SECOND FLOOR PLAN

3504 - WINSLOW

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DRAWN BY: MWH
DATE: 10-17-11
SCALE: 1/4" = 1'-0"
REVISION:
JOB: Lot Specific

SHEET: 5 / 10



GENERAL NOTES:

1. ALL LIGHTING FIXTURES, UNLESS NOTED OTHERWISE.
2. ALL INTERIOR NON LOAD BEARING WALLS TO BE 2x4 STUDS @ 16" O.C.
3. WINDOWS TO BE VINYL SINGLE HUNG, SIZE AS INDICATED BY NUMBER ON PLAN (SEE WINDOW SCHEDULE)
4. DIMENSIONS ARE FROM FACE OF STUDS.
5. PROVIDE BLOCKING ABOVE WINDOWS FOR DRAPERY HOOKUP.
6. PROVIDE DOUBLE CRIPPLES UNDER HEADERS FOR FRAMING OF OPENINGS OVER 4'-0" WIDE AND CENTER.
7. ALL WINDOWS TO BE 6'-10 7/8" ABOVE FLOOR UNLESS OTHERWISE NOTED
8. PROVIDE SOLID CORE DOORS TO ALL GARAGE ACCESS DOORS.
9. PROVIDE LOCKSET ON ALL DOORS
10. LOWER KITCHEN CABINETS 35" ABOVE SUBFLOOR.
11. 18" O.C. STUDS AT KITCHEN WALLS W/ CABINETS

HALF WALL (See plan for ht.)
2X4 WALL (see plan for ht.)
2X4 BEARING WALL
2X4 EXTERIOR WALL
2X6 WALL (see plan for plate ht.)
2X6 WALL (see plan for plate ht.)
2X6 WALL PLUMBING WALL
2X6 EXTERIOR WALL

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DRAWN BY: MAYHEAD

DATE: 10-17-11

SCALE: 3/16" = 1'-0"

REVISION:

JOB: Lot Specific

SHEET: 4 / 10

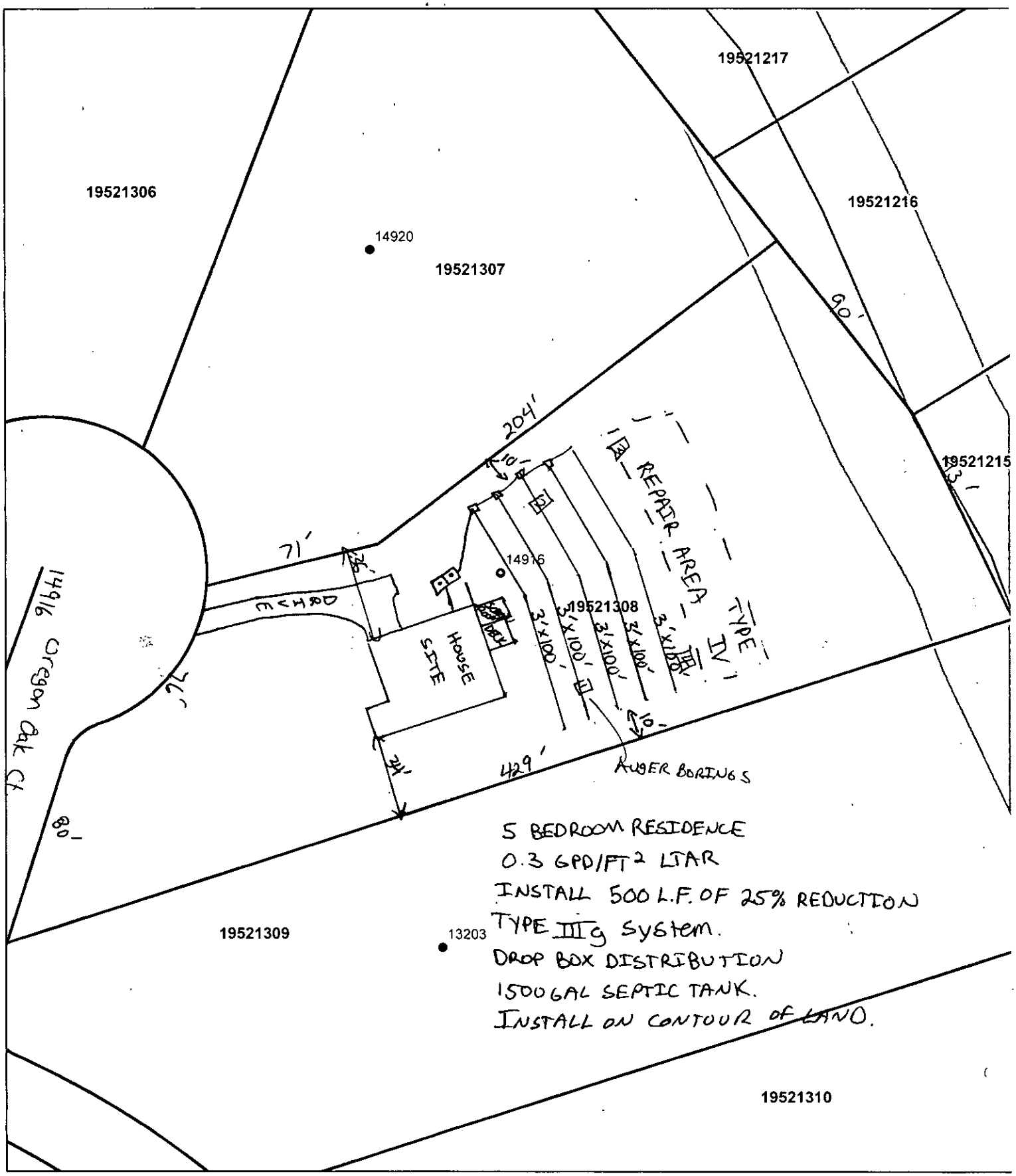
FIRST FLOOR PLAN

3504 - WINSLOW

Farrington Oaks
Lot #129

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

SOIL EVALUATION LOCATIONS FOR
14916 Oregon Oak Ct.
WAPSPS APPLICATION # 5323



Map Created By: J. Michael
Map Created On: 11/04/11
Jeremy Michael REHS.

0 25 50 100 Feet

7843B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: 19521308
STREET ADDRESS: 14916 Oregon Oak Ct
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: Fairington Oaks
LOT #: 129 LOT SIZE (acres): .47962
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ● MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
● HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 3642
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 6
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

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

6. **WATER SUPPLY:** ● MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ● N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ N/A ☒ ANY TYPE ☒ CONVENTIONAL ☑ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☒ OTHER modified

8A. **RANK:** 1 2 ___ ___ 3

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

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

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

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

12. **PROPERTY OWNER:**
NAME: True Homes
ADDRESS: 2049 Brekonridge Centre
CITY: Monroe
STATE: NC ZIP: 28110
WORK PHONE: 704 238 1229
MOBILE PHONE: 7045063852
FAX: 910401 1410
E-MAIL: rwhite@truehomesusa.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 10/21/11

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250.00 DATE FEE RECEIVED: 10/21/11

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

APPLICATION PROCESSED BY: lws

GWS FILE NUMBER ASSIGNED: 7843B

APPLICATION ID NUMBER ASSIGNED: 5289

COMMENTS:

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

Revised on: 12/15/10

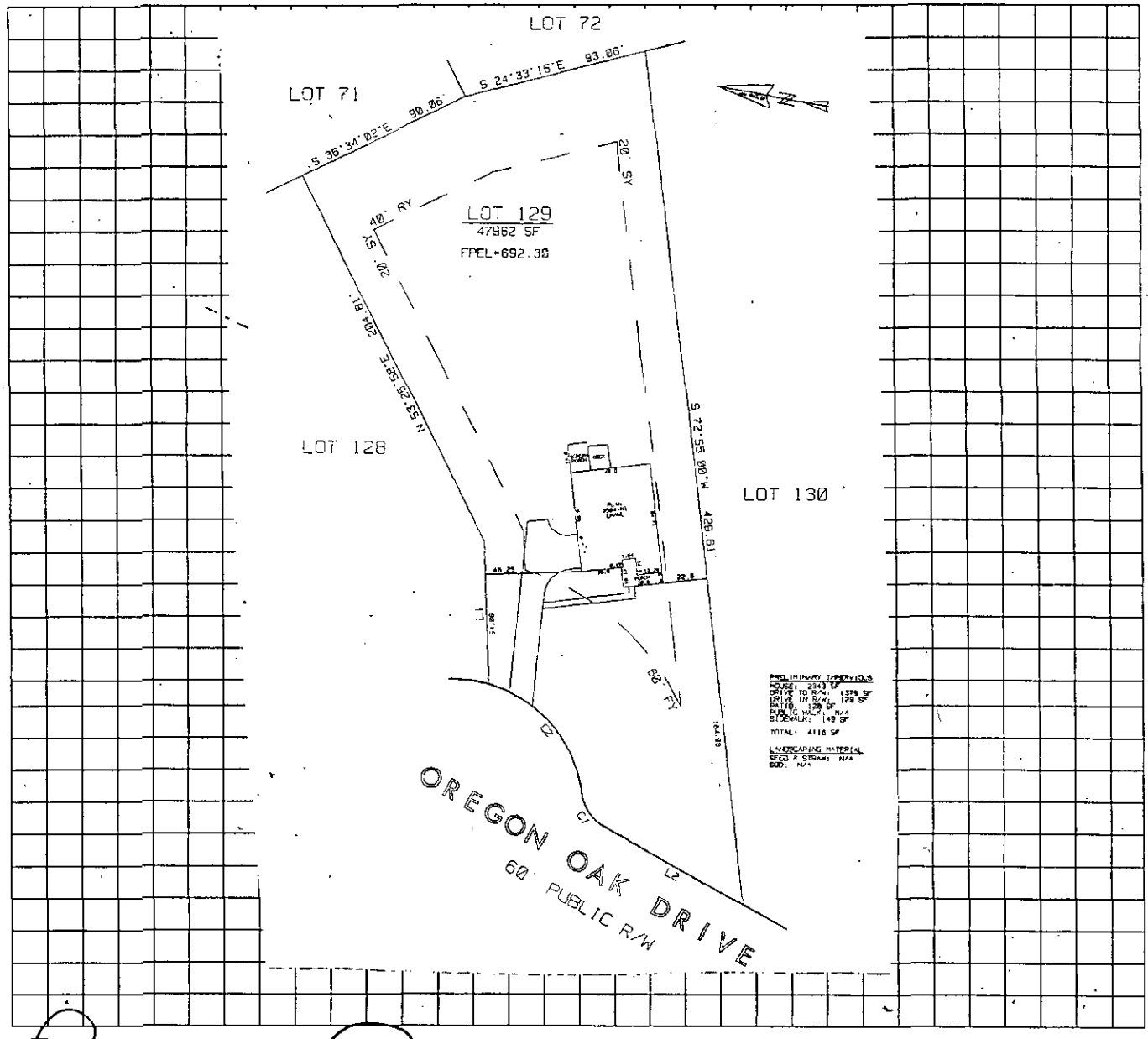
File #: 9843B

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 14916 Oregon Oak Ct. Tax Parcel #: 19521308

Subdivision Name: Fairington Acres Lot #: 129



Property Owner's or Owner's Legal Representative Signature

10/21/11
Date

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

Revised on: 12/15/10

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7043B WASPS App #: 5209

Primary ES assigned to project: 4F

Secondary ES assigned to project: _____

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☑
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☑
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 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: 19.12

OP issued date: ~~1 4 12~~ 1 13 12

Review performed by: _____ Date performed: 11-7-11

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 #: **30005289** GWS File #: **7843B** Tax Parcel #: **195-213-08**

- 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):** 10/31/2016

Type of Installation: Residential - New System Lot Number: 129

Structure Type: HOUSE Size (ft^2): 3642 # Bedrooms: 4 # Occupants: 6

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

Repair System Specifications:

Design Flow (gpd):	480	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):	800	Total Trench Length (ft):	267
Maximum Trench Depth (in):	36	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Jeremy Michael Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michael REHS Signature: _____

Date Issued: 10/31/2011

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 #: **30005289** GWS File #: **7843B**

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 type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 15 feet from any foundation drain.

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

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

DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael REHS

Date Issued: 10/31/2011

Owner/Legal Agent: _____
Print Name

Signature: _____

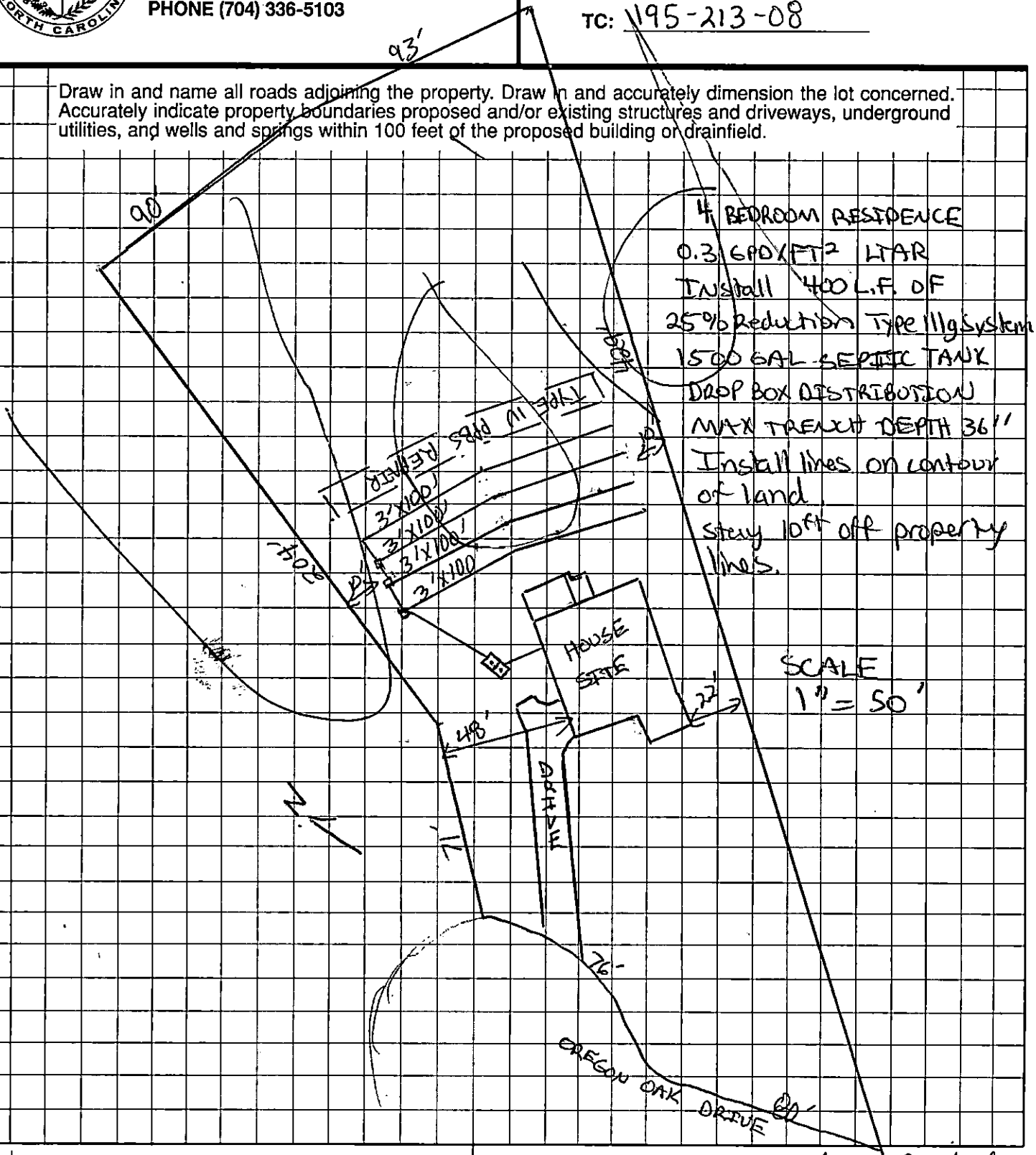
PROPOSED PLOT PLAN

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

FILE: 7843B

TC: 195-213-08

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.



APPROVAL DATE 10/31/2011 Jeremy Michael REHS

OWNER/AGENT SIGNATURE

DATE

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:	10/21/11	**Amount:**	250.00
Receipt #:	74626	**Tendered:**	250.00
Check / Auth #:	CHECK 2275	**Returned:**	0.00
Received By:	SADERLW		

Account Information

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

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 14916 OREGON OAK CT		1	250.00	250.00

Outstanding Balances

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

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: 19521308
STREET ADDRESS: 14916 OREGON OAK CT
CITY:
STATE: NC ZIP: 28227
SUBDIVISION NAME: Fairington Oaks
LOT #: 129 LOT SIZE (acres): approx 1ac
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:
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS:
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 PPBPS

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? _____ ☐ N/A

12. PROPERTY OWNER:

NAME: McCAR
ADDRESS: 1050 Mallard Creek Rd
CITY: Charlotte
STATE: NC ZIP: 28262
HOME PHONE:
WORK PHONE: 704-509-5742
MOBILE PHONE:
FAX: 704-509-5743

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Soil & Environmental Consultants, PA
ADDRESS: 248 LePhillip Ct
CITY: Concord
STATE: NC ZIP: 28025
HOME PHONE:
WORK PHONE: 704-720-9405
MOBILE PHONE:
FAX: 704-720-9406

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

Revised on: 7/1/08

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.

CPB (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.

Soil & Environmental Consultants, PA (Agent for Applicant) — 7/08/2008

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 250.00 ck 1076 DATE FEE RECEIVED: 7/8/08

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

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 7843B

APPLICATION ID NUMBER ASSIGNED: 3692

COMMENTS:

5

**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

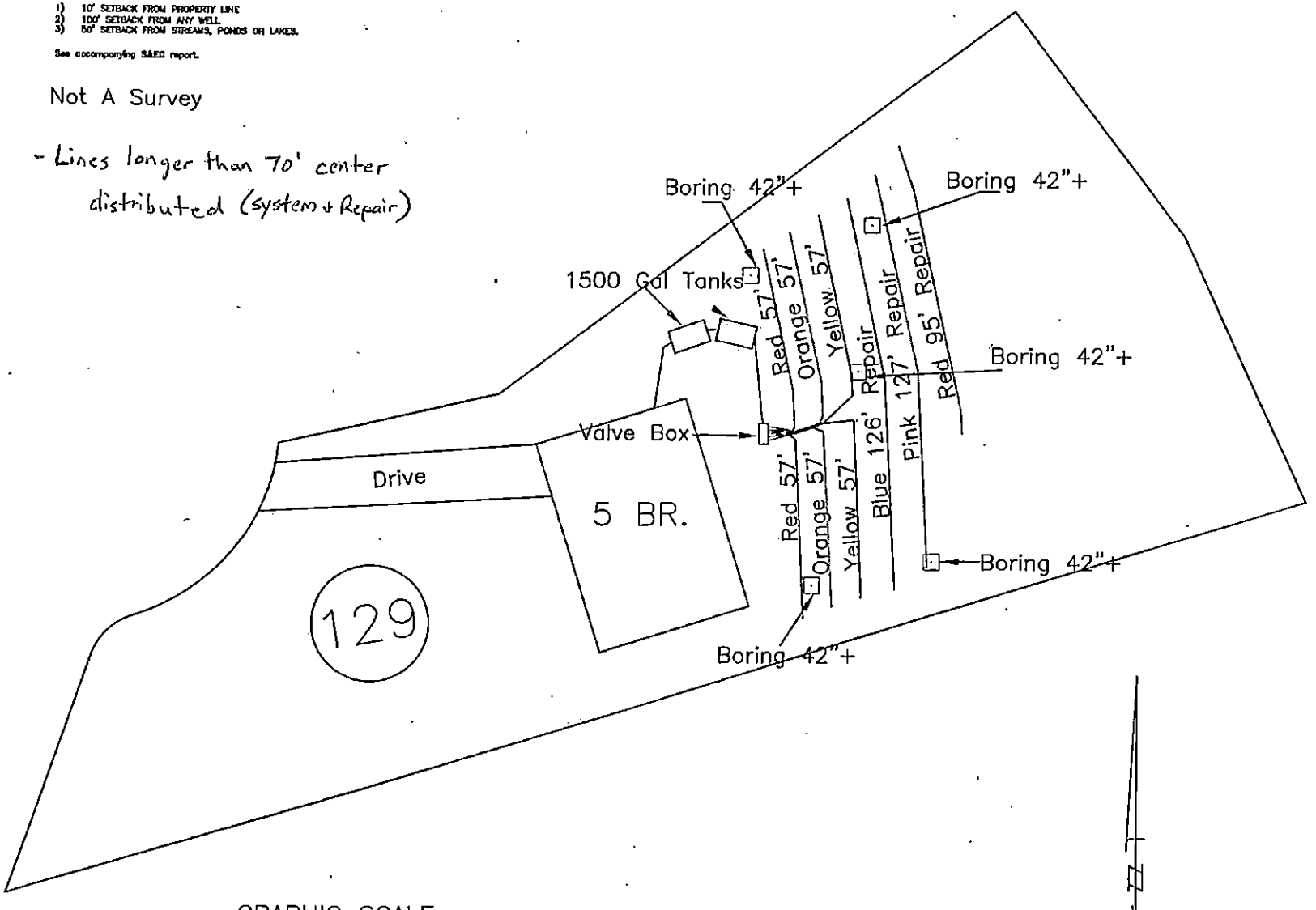
1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

Not A Survey

- Lines longer than 70' center distributed (system + Repair)

DRAFT
FOR REVIEW ONLY



GRAPHIC SCALE
1" = 50'

50 0 50 100

PROJECT NO. #5-1553
PROJECT MGR. DF
DRAWN BY E.B.
FIELD WORK E.B., CB, DF
SCALE 1" =50'
FILE Y:\Jobs\

Soil & Environmental Consultants, PA
246 Lafferty Court • Concord, North Carolina 28025 • Phone (704)720-4442 • Fax (704) 720-4406

S&EC

Fairington Oaks
McCee Homes
- Fairington Oaks lot 129 -
MECKLENBURG COUNTY, NORTH CAROLINA
JUNE 2008

SHEET TITLE:
PRELIMINARY SITE PLAN
SKETCH MAP

SHEET
1 OF 1

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/08/08	**Amount:**	1,000.00
Receipt #:	58124	**Tendered:**	1,000.00
Check / Auth #:	CHECK 1076	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

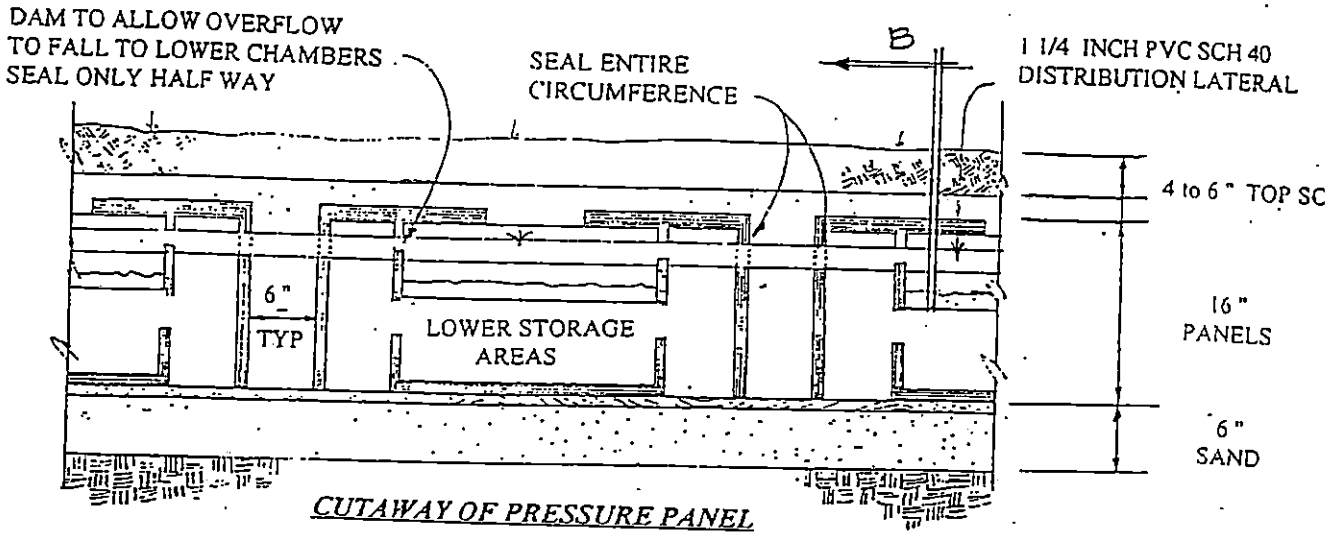
Account #: 200000
Contractor: SOIL & ENVIRONMENTAL CONSULTA
Attn:
Address: 236 LEPHILLIP CT, SUITE C
Address:
City/State/Zip: CONCORD, NC 28025

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 4 LOTS, FAIRINGTON OAKS-129 THRU 132		1	1,000.00	1,000.00

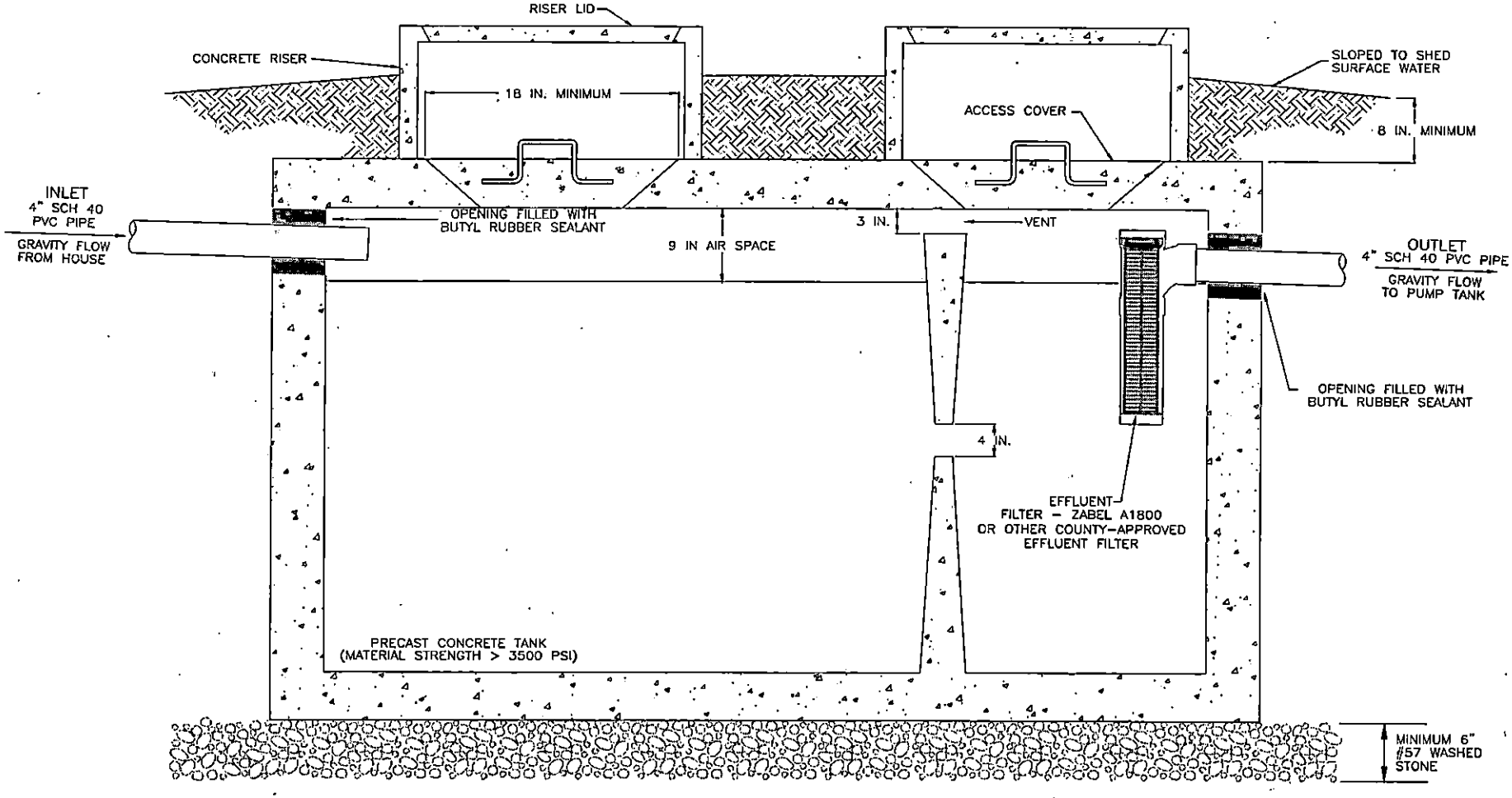
Files
78430 thru 73468

Outstanding Balances

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



CUTAWAY OF PRESSURE PANEL



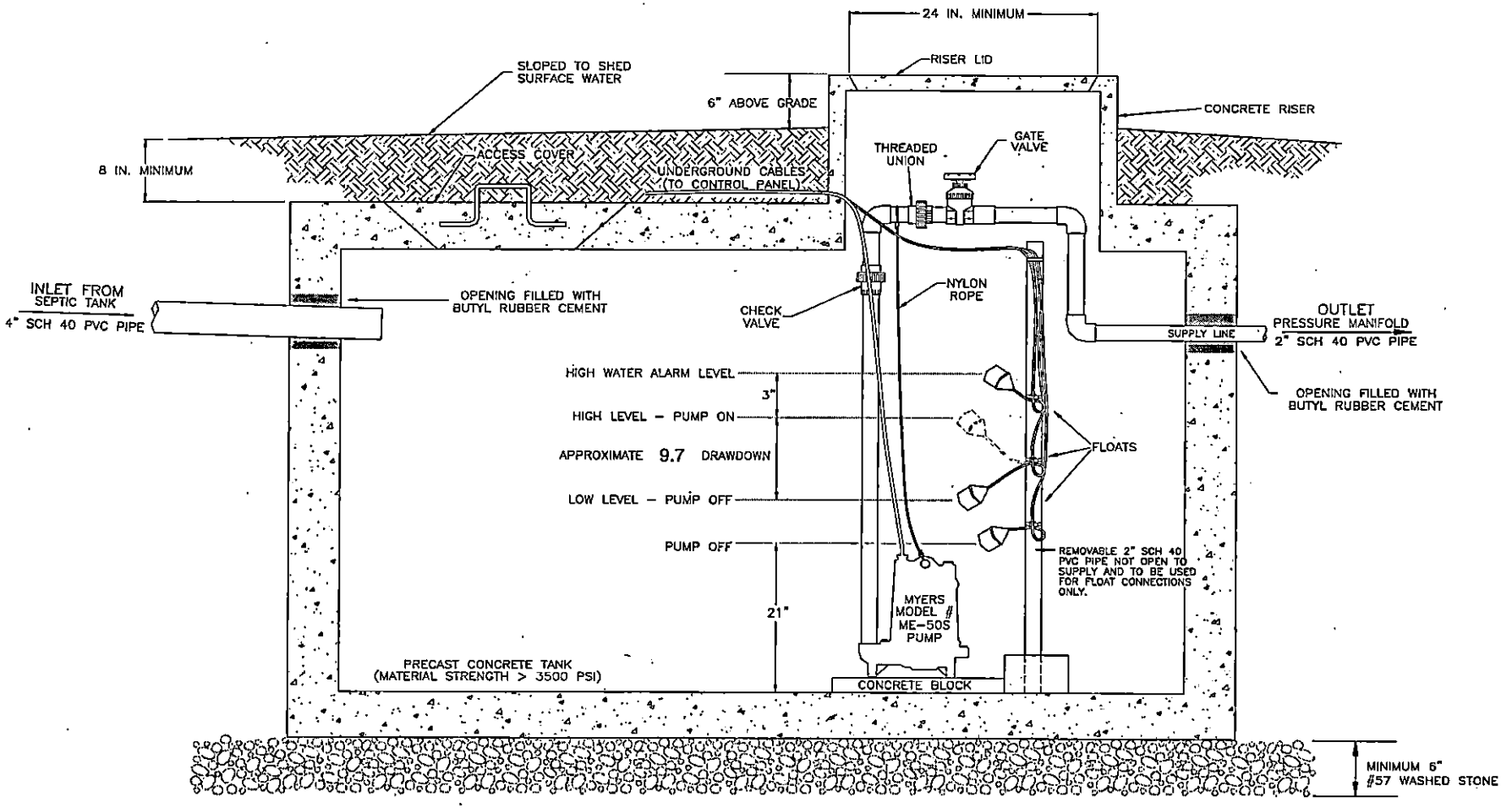
NOTES

1. TANK DIMENSIONS VARY BY MANUFACTURER.

1500 GALLON SEPTIC TANK

PROJECT NO. 4591	PROJECT NAME: **Fairington Oaks Lot 129**	S&EC
PROJECT MGR.		
SCALE NTS.	SHEET TITLE: SEPTIC TANK DIAGRAM	

Soil & Environmental Consultants, Inc.
11019 Raven Ridge Road Raleigh, North Carolina 27614 Phone: (919) 846-5900 Fax: (919) 846-9467
Web Page: www.SandEC.com



NOTES

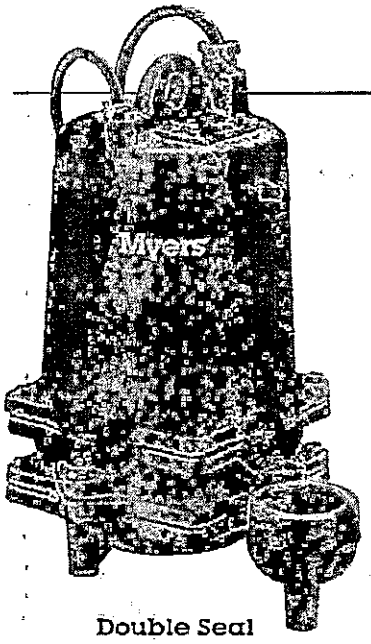
1. TANK DIMENSIONS VARY BY MANUFACTURER.
2. DRAWDOWN WILL VARY WITH TANK DIMENSIONS. DRAWDOWN SHOWN BASED ON 21 GALLONS PER INCH.

1500 GALLON PUMP TANK

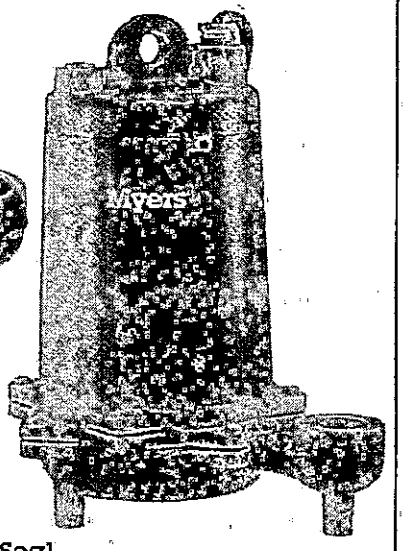
PROJECT NO. 5-1553 PROJECT MGR.	PROJECT NAME: Fairington Oaks Lot 129	S&EC Soil & Environmental Consultants, Inc. 11010 Raven Ridge Road Raleigh, North Carolina 27614 Phone: (919) 846-5900 Fax: (919) 846-9467 Web Page: www.SandEC.com
SCALE NTS	SHEET TITLE: PUMP TANK DIAGRAM	

ME SERIES

1/2 through 1-1/2 HP
Effluent Pumps



Double Seal



Single Seal

THE MYERS ME SERIES EFFLUENT PUMPS ARE DESIGNED SPECIFICALLY FOR TODAY'S EFFLUENT PRESSURE DISTRIBUTION MOUNDS, TRENCHES AND HIGH FLOW DRAINAGE APPLICATIONS. The ME Series effluent pumps with their efficient two vane, enclosed impellers, provide the ideal performance for optimum dosing. ME Series pumps are constructed of only corrosion resistant materials like cast iron, stainless steel and thermoplastics to assure that they will perform for years to come in the harsh effluent environment and drainage applications. For more information, call your Myers distributor today or the Myers Ashland, Ohio sales office at 419/289-1144.

ADVANTAGES BY DESIGN

IDEAL FOR USE IN MOUND AND TRENCH PRESSURE DISTRIBUTION SYSTEMS

- High efficiency, two vane, enclosed impeller provides ideal performance for most efficient dosing.
- Impeller passes full ¾ inch solids.
- Enclosed impeller design eliminates possibility of jamming or corrosion between impeller and volute.

DURABLE MOTOR WILL DELIVER MANY YEARS OF RELIABLE SERVICE

- Oil-filled motor for maximum heat dissipation and constant bearing lubrication.
- High torque, permanent split capacitor (PSC), single phase motors. No starting switches or relays to wear out.
- Optional seal leak probe warns of seal leak condition. (Dual seal motors only.) Helps prevent costly motor damage.
- Motors have on winding current and temperature sensitive overload. (Single phase only.)

THE ME SERIES EFFLUENT PUMPS ARE DESIGNED FOR YEARS OF MAINTENANCE FREE OPERATION

- Volute seal ring is replaceable. Restores pump to original performance if wear should occur.
- Motor is held in place by 4 screws. Easily removed if service is ever needed.

PRODUCT CAPAILITIES

Capacities To	120 GPM	454 LPM
Heads To	95 ft.	28.9 m
Max. Spherical Solids	¾ in.	19 mm
Liquids Handling	domestic effluent & drain water	
Intermittent Liquid Temp.	up to 140° F	up to 60° C
Motor Electrical Data	1/2 HP 115 volts, 1 ph 1/2 to 1-1/2 HP 230 volts, 1 ph 208, 230, 460, 575 volts, 3 ph oil-filled, permanent split capacitor type, 1 ph, 3450 rpm, 60 Hz	
Motor Insulation	Class B (130° C)	
Third Party Approvals	UL, CSA	
Acceptable pH Range	6-9	
Specific Gravity	.9-1.1	
Viscosity	28-35 SSU	
Discharge, NPT	2 in.	50.8 mm
Min. Sump Dia. Simplex	24 in.	61 cm
Duplex	36 in.	91.4 cm

Construction Materials	
Motor Housing, Volute	cast iron, Class 30, ASTM A48-76
Enclosed Two Vane Impeller Standard	engineered thermoplastic
Optional	bronze
Impeller Wear Ring	304 SST
Volute Sealing Ring	Buna-N
Shaft	416 SST
Power Cord	
1/2 HP 1 Ph	20 ft. 16/3 SJOW/SJOW-A
3/4 - 1-1/2 HP 1 Ph	20 ft. 14/3 SJOW/SJOW-A
All 3 Ph	20 ft. 14/4 SOW/SOW-A
Shaft Seals Standard	single carbon & ceramic
Optional	tandem carbon & ceramic
Opt. Lower	tungsten carbide
Fasteners	300 Series SST

WHERE INNOVATION MEETS TRADITION

ISO 9001 Certified Company

Myers
PENTAIR PUMP GROUP

ME SERIES

1/2 through 1-1/2 HP
Effluent Pumps

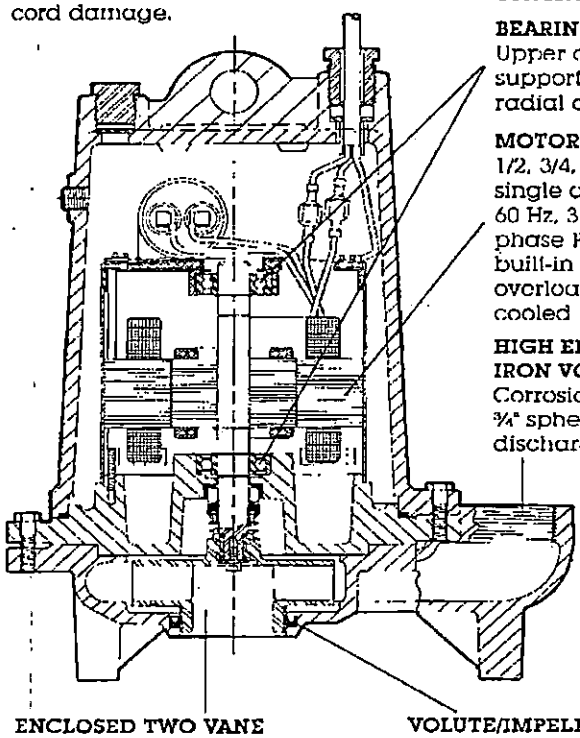
POWER CORD
Jacket sealed with compression fittings. Individual wires potted with epoxy to prevent wicking in case of cord damage.

MOTOR HOUSING
Cast iron for efficient heat transfer and corrosion resistance.

BEARINGS
Upper and lower ball support rotor. Take radial and thrust loads.

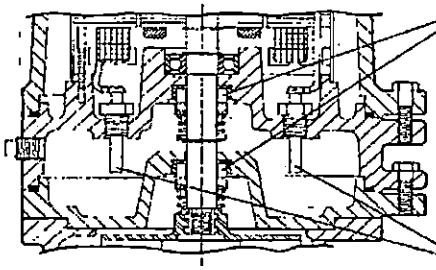
MOTOR
1/2, 3/4, 1 and 1-1/2 HP single or three phase. 60 Hz, 3450 RPM. Single phase PSC motors have built-in on winding overload protection, oil-cooled and lubricated.

HIGH EFFICIENCY CAST IRON VOLUTE
Corrosion resistant. Passes ¾" spherical solids. 2" NPT discharge.



ENCLOSED TWO VANE IMPELLER
high efficiency. Passes ¾" spherical solids with stainless steel wear ring. Optional bronze construction available.

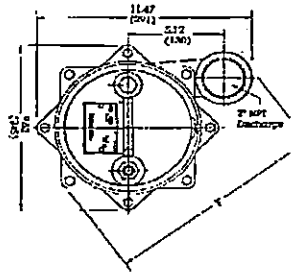
VOLUTE/IMPELLER SEAL RING
Maintains high efficiency and reduces recirculation. Replaceable.

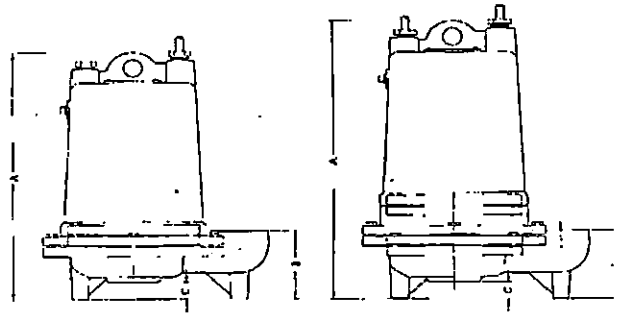


SHAFT SEAL(S)
Carbon and ceramic faces. Optional dual tandem seals. Extends motor life.

SEAL LEAK PROBES
Optional probes (dual seal only) detect water leakage in seal housing. Activates warning light.

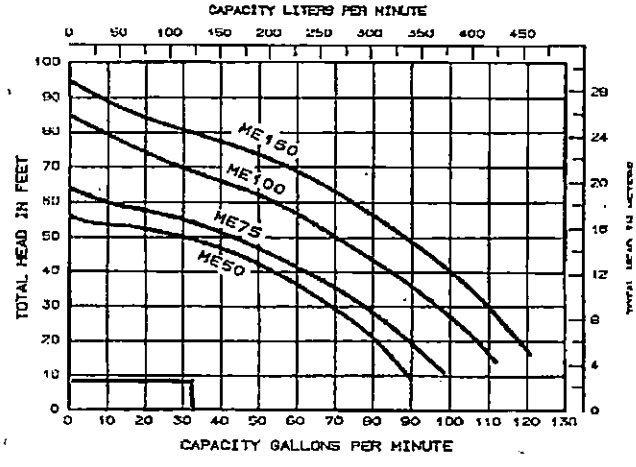
DIMENSIONS





Model Series	Inches (millimeters) A	B	C	F
ME50S	16.8 (427)	4.09 (104)	1.03 (26)	12.13 (308)
ME50D	18.6 (472)	4.09 (104)	1.03 (26)	12.13 (308)
ME75S, ME100S, ME150S	16.8 (427)	4.0 (102)	1.06 (27)	12.5 (318)
ME75D, ME100D, ME150D	18.6 (472)	4.0 (102)	1.06 (27)	12.5 (318)

PERFORMANCE CURVE



K3320 9/98
Printed in U.S.A.

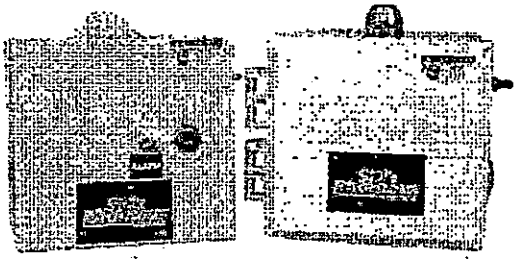
Myers
PENTAIR PUMP GROUP

F. E. Myers, 1101 Myers Parkway, Ashland, Ohio 44805-1969
419/289-1144, FAX: 419/289-6658, www.femyers.com
Myers (Canada), 269 Trillium Drive, Kitchener, Ontario N2G 4W5
519/748-5470, FAX: 519/748-2553

MODEL 112 Control Panel

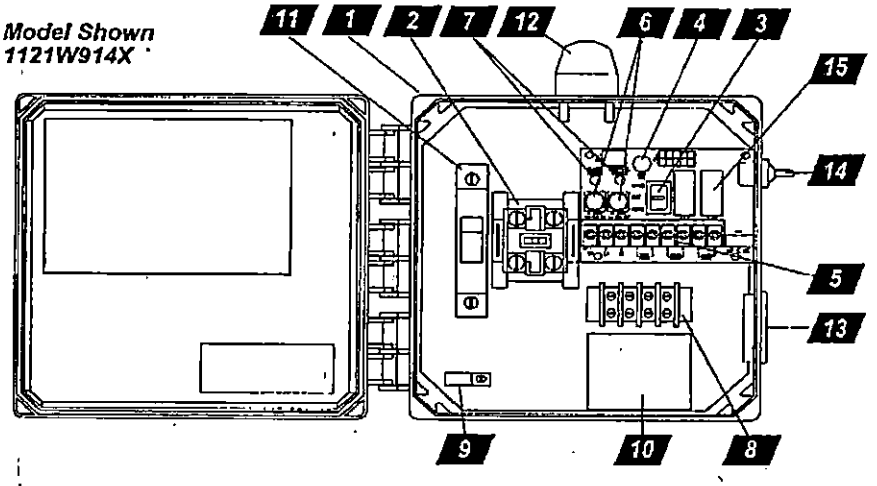
Single phase, simplex motor contactor control.

The Model 112 control panel provides a reliable means of controlling one 120, 208, or 240 VAC single-phase pump in pump chambers, sump pump basins, irrigation systems and lift stations. Two control switches activate a magnetic motor contactor to turn the pump on and off. If an alarm condition occurs, an additional alarm switch activates the audio/visual alarm system.



Indoor *Indoor/outdoor*

Model Shown
1121W914X



1. **Enclosure** measures 8 x 8 x 4 inches (20.32 X 20.32 X 10.16 cm). Choice of NEMA 1 (steel for indoor use), or NEMA 4X (ultraviolet stabilized thermoplastic with removable flanges for outdoor or indoor use).

   * Options selected may increase enclosure size and change component layout.
2. **Magnetic Motor Contactor** controls pump by switching hot electrical lines.
3. **HOA Switch** for manual pump control (mounted on circuit board).
4. **Green Pump Run Indicator Light** (mounted on circuit board).
5. **Float Switch Terminal Block** (mounted on circuit board).
6. **Alarm and Control Fuses** (mounted on circuit board).
7. **Alarm and Control Power Indicators** (mounted on circuit board).
8. **Pump Input Power and Pump Connection Terminal Block**
9. **Ground Lug**
10. **Terminal Block Installation Label**
11. **Circuit Breaker** (optional) provides pump disconnect and branch circuit protection.

STANDARD ALARM PACKAGE (other options available)

12. **Red Alarm Beacon** provides 360° visual check of alarm condition. **Note:** NEMA 1 style utilizes a door mounted indicator in lieu of a beacon.
13. **Alarm Horn** provides audio warning of alarm condition (83 to 85 decibel rating). **Note:** NEMA 1 style utilizes an internally mounted buzzer (83 to 85 decibel) in lieu of horn.
14. **Exterior Horn Test/Normal/Silence Switch** allows alarm horn to be silenced and testing of horn and light to ensure proper operation of alarm system.
15. **Horn Silence Relay** automatically resets alarm after alarm condition has been resolved (mounted on circuit board).

FEATURES

- Entire control system (panel and switches) is UL Listed to meet and/or exceed industry safety standards
- Dual safety certification for the United States and Canada
- Standard package includes three 20' Sensor Float® control switches
- Complete with step-by-step installation instructions
- Three-year limited warranty

c UL us
LISTED

SJE-Rhombus CONTROLS
SJ ELECTRO SYSTEMS, INC.
PO Box 1708, Detroit Lakes, MN 56502
1-888-DIAL-SJE 1-218-847-1317
1-218-847-4617 Fax
email: sje@sjerhombus.com
www.sjerhombus.com

112							

MODEL 112

ALARM PACKAGE
- 0 = select options or no alarm package
- 1 = alarm package (includes test/normal/silence switch, fuse, red light, horn & float)

ENCLOSURE RATING
- I = Indoor, NEMA 1 (metal)
- W = Weatherproof, NEMA 4X (engineered thermoplastic)

STARTING DEVICE
- 1 = magnetic motor contactor 120/208/240V
- 9 = magnetic motor contactor 120V only

PUMP FULL LOAD AMPS
- 0 = 0-7 FLA
- 1 = 8-15 FLA
- 2 = 16-20 FLA
- 3 = 21-30 FLA

PUMP DISCONNECTS
- 0 = no pump disconnect
- 1 = pull-out with safety deadfront in a 10"x8" enclosure
- 4 = circuit breaker

FLOAT SWITCH APPLICATION
- H or L = pump down or pump up
- X = no floats

OPTIONS *Listed below*

★ Options selected may increase enclosure size and change component layout.

If additional features are required, call the factory for a quote on either a Pro-Line or Engineered Custom control panel system.

CODE	DESCRIPTION
1A	Red beacon only / no audio *must select 1E if floats included*
1C	Horn only / no visual *must select 1E if floats included*
1E	Alarm float
3A	Alarm flasher
★ 4A	Low level cutout *select option 4D if floats included*
★ 4B	Red low-level indicator & alarm *must select 4A also*
4D	Low-level float
6A	Auxiliary alarm contact, form C type
★ 8A	Elapsed time meter
★ 8C	Event (cycle) counter
10E	Lockable latch - NEMA 4X
10E	Lockable latch - NEMA 1
★10F	Lightning arrester
★10K	Anti-condensation heater

CODE	DESCRIPTION
11C	NEMA 1 alarm panel *must select option 6A*
11D	NEMA 4X alarm panel *must select option 6A*
15A	Control / alarm circuit breaker *Does not include the circuit board as in standard.*
16A	10' cord in lieu of 20'
16B	15' cord in lieu of 20'
16C	30' cord in lieu of 20'
16D	40' cord in lieu of 20'
17A	SJE SignalMaster® / mounting strap ⊖
17B	SJE SignalMaster® / externally weighted ●
17C	Sensor Float® / internally weighted ▲
17D	Sensor Float® / externally weighted ▲
17E	Sensor Float® Mini / pipe clamp ▲
17F	Sensor Float® Mini / externally weighted ▲
19X	Door mounted pump run indicator
21A	Pumpmaster® in lieu of on/off switches ●
21B	PumpMaster® Plus in lieu of on/off switches ●
21C	Super Single® in lieu of on/off switches ▲
21D	Double Float™ in lieu of on/off switches ▲

● Mechanically-activated ▲ Mercury-activated

SAMPLE

MODEL	112	1	W	9	1	4	H	3A 8A
Alarm Package								
Enclosure Rating								
Starting Device								
Pump Full Load Amps								
Pump Disconnect								
Float Switch Application								
Options: Alarm Flasher, Elapsed Time Meter								

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SENSOR FLOAT® control switch

Mercury-activated, narrow-angle float switch designed to activate pump control panels and alarms.



This narrow-angle sensing device is used to accurately monitor liquid levels in sewage and non-potable water applications. The Sensor Float® control switch is not sensitive to rotation and is suitable for use with intrinsically safe circuits. Contact SJE-Rhombus regarding specific intrinsically safe applications.

Normally Open Model (high level)
The control switch turns on (closes) when the float tips slightly **above** horizontal signaling a high level, and turns off (opens) when the float drops slightly below horizontal.

Normally Closed Model (low level)
The control switch turns on (closes) when the float drops slightly **below** horizontal signaling a low level, and turns off (opens) when the float tips slightly above horizontal.

FEATURES

- Suitable for use with intrinsically safe circuits.
- Not sensitive to rotation.
- Control differential of .5 inches (1 cm) above or below horizontal.
- UL Listed for use in non-potable water and sewage.
- CSA Certified.
- Three-year limited warranty.

LR54245 LISTED 83N2

Hydraulic

OPTIONS

This switch is available:

- for normally open (high level) applications or normally closed (low level) applications.
- in standard cable lengths of 10, 15, 20, or 30 feet and 3, 5, 6, or 10 meters.
- with three mounting options that allow for flexibility in installation:

Mounting Clamp: for applications where the switch can be attached to a discharge pipe or similar mounting device.

Internally Weighted: for applications where the switch can be suspended from above.

Externally Weighted: for applications where the switch can be suspended from above.

SPECIFICATIONS

CABLE: flexible 18 gauge, 2 conductor (UL,CSA) SJOW, water-resistant (CPE) jacket

FLOAT: 3.38 inch diameter x 4.55 inch long (8.58 cm x 11.56 cm), high-impact, corrosion resistant, PVC housing for use in sewage and non-potable water up to 140°F (60°C)

MAXIMUM WATER DEPTH: 30 feet (9 meters), 13 psi

MERCURY TILT SWITCH: single pole, single throw, mercury-to-mercury contacts, hermetically sealed in a steel capsule and epoxy sealed in the float housing

ELECTRICAL: 5 amp, 120/230 VAC, 50/60 Hz

CONTROLS SJE-Rhombus SJ ELECTRO SYSTEMS, INC.
PO Box 1708, Detroit Lakes, MN 56502
1-888-DIAL-SJE (1-218-847-1317
1-218-847-4617 Fax
email: sje@sjerhombus.com
www.sjerhombus.com

Sensor Float® control switch installation instructions

⚠WARNING **ELECTRICAL SHOCK HAZARD**
Disconnect power before installing or servicing this product. A qualified service person must install and service this product according to applicable electrical and plumbing codes.

⚠WARNING **EXPLOSION OR FIRE HAZARD**
Do not use this product with flammable liquids. Do not install in hazardous locations as defined by National Electrical Code, ANSI/NFPA 70.

Failure to follow these precautions could result in serious injury or death. Replace product immediately if switch cable becomes damaged or severed. Keep these instructions with warranty after installation. This product must be installed in accordance with National Electric Code, ANSI/NFPA 70 so as to prevent moisture from entering or accumulating within boxes, conduit bodies, fittings, float housing, or cable.

MOUNTING THE SWITCH

1. Place the cord into the clamp as shown in Figure B.
2. Locate clamp at desired activation level and secure the clamp to the discharge pipe as shown in Figures A and B. **Note:** Do not install cord under hose clamp.
3. Tighten the hose clamp using a screwdriver. Over tightening may result in damage to the plastic clamp. Make sure the float cable is not allowed to touch the excess hose clamp band during operation.
4. Bring cable leads back to control device and wire according to Figure C.
5. Check installation. Allow system to cycle to insure proper operation.

Note: All hose clamp components are made of 18-8 stainless steel material. See your SJE-Rhombus supplier for replacements.

Figure A

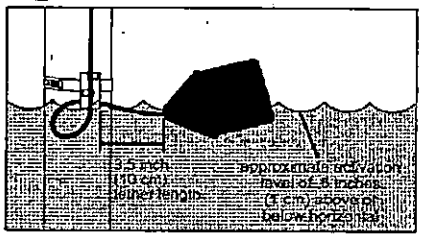
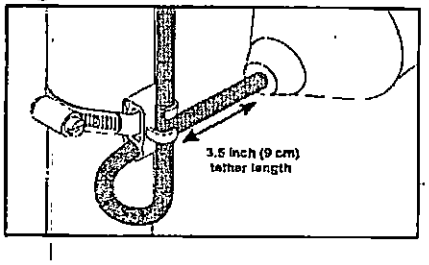


Figure B



INTERNAL WEIGHT

1. Determine desired activation level.
2. Suspend switch 7 inches (18 cm) below desired activation level as shown in Figure D. Switch remains partially submerged during the "on" tipping action. Switch can be totally submerged and still continue to operate properly.
3. Wire cable leads directly into control device as shown in Figure C.
4. Check installation. Allow system to cycle to insure proper operation.

Figure C - Wiring Diagram

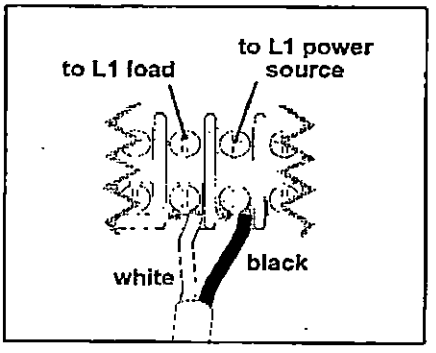
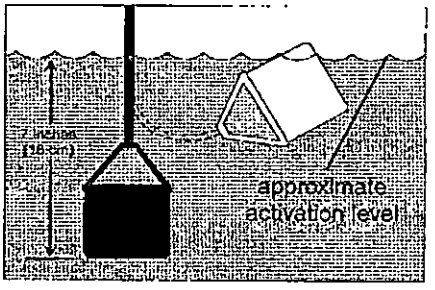


Figure D



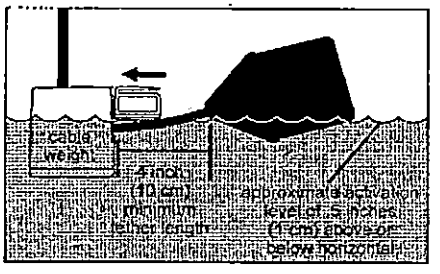
CABLE WEIGHT

1. Determine desired activation level.
2. Suspend switch and cable weight at desired activation level as shown in Figure E.
3. Wire cable leads directly into control device as shown in Figure C.
4. Check installation. Allow system to cycle to insure proper operation.

Cable weight is attached to switch cable at the factory. To adjust:

1. Release clip.
2. Adjust cable weight to desired position.
3. Lay switch cable in weight channel.
4. Align clip with weight channel and slide towards switch cable as shown in Figure E.
5. Snap clip snugly up to cable, moving clip to tightest possible position.

Figure E

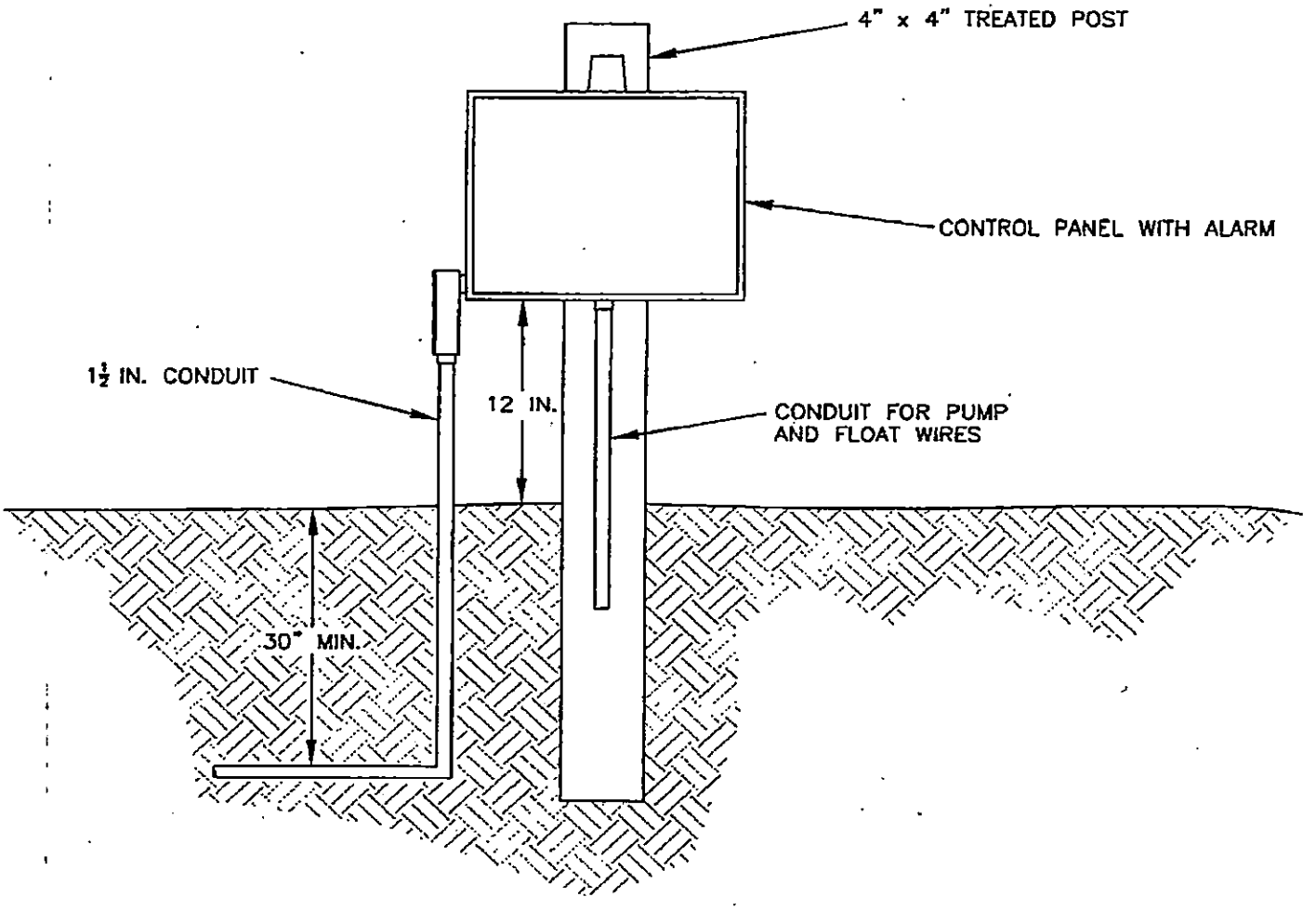


CONTROLS
SJE-Rhombus®
SJ ELECTRO SYSTEMS, INC.
22650 County Highway 6 ■ P.O. Box 1708 ■ Detroit Lakes, Minnesota 56502 USA
1-888-DIAL-SJE (1-888-342-5753) ■ Phone: 218-847-1317 ■ Fax: 218-847-4617
E-mail: sje@sjerhombus.com

Instl. Instr. PN 1009646A
Cat. Page PN 1009509A

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Printed in USA 03/00

ELECTRIC BOX



NOTES: ELECTRICAL SYSTEM COMPONENTS SHALL BE INSTALLED TO MEET OR EXCEED MINIMUM REQUIREMENTS SPECIFIED IN THE ELECTRICAL COME. ALL WIRING SHALL BE #12 MINIMUM, AND RATED FOR DIRECT BURY. PROVIDE GROUNDING AS REQUIRED, AND PROVIDE 30" MINIMUM BURY ON CABLES. PROVIDE ONE 20 AMP, DOUBLE POLE, 230 VOLT CIRCUIT BREAKER (FOR PUMP), AND ONE 20 AMP, SINGLE POLE, 115 VOLT CIRCUIT BREAKER (FOR ALARM) IN MAIN PANEL.

(1) The pit shall consist of an excavation at least 42 inches square and in no case shall the bottom of an excavation be closer than one foot from the seasonally high water table or rock.

(2) The pit shall be properly curbed to prevent caving. In sandy or loose soil, the curb should extend the full depth of the pit. In tight soils, partial curbing is acceptable if it prevents caving.

(3) The privy floor slab shall be constructed of reinforced concrete. Where it is impractical to secure or construct reinforced concrete floor assemblies, wood construction shall be acceptable provided the floor slab is made of rough sub-flooring and covered with tight tongue-and-groove flooring or other type flooring materials to provide strength and prevent entrance of flies and mosquitoes to the privy pit. Where wood construction is used, floors shall be anchored to at least four-inch by four-inch sills.

(4) Wood used for riser, seat assemblies, and the floor slab shall be tongue-and-groove or plywood (exterior or marine) material.

(5) Privies shall not be used for the disposal of water-carried sewage.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. December 1, 1990.

15A NCAC 18A .1960 MAINTENANCE OF PRIVIES

(a) Any person owning or controlling the property upon which a privy is located shall be responsible for these requirements:

(1) The privy building shall afford a reasonable degree of protection from bad weather conditions.

(2) When the pit becomes filled to within 18 inches of the top of the ground, the privy building shall be moved to a new pit and the old pit completely covered with earth.

(3) If the pit caves in, a new pit shall be provided.

(b) The tenant or person occupying the property shall be responsible for these requirements:

(1) The walls, floors, and seat of the privy and grounds immediately adjacent to the building shall be kept in a clean and decent condition.

(2) Fowl and other animals shall not be harbored in the privy building.

(3) Seat cover shall be hinged and closed at all times when the privy is not in use.

(4) Flies shall be excluded from the pit at all times.

(5) Ashes, garbage, and trash shall be kept out of the pit.

History Note: *Authority G.S. 130A-335(e) and (f);*
Eff. July 1, 1982;
Amended Eff. January 1, 1990.

15A NCAC 18A .1961 MAINTENANCE OF SEWAGE SYSTEMS

(a) Any person owning or controlling the property upon which a ground absorption sewage treatment and disposal system is installed shall be responsible for the following items regarding the maintenance of the system:

(1) Ground absorption sewage treatment and disposal systems shall be operated and maintained to prevent the following conditions:

(A) a discharge of sewage or effluent to the surface of the ground, the surface waters, or directly into groundwater at any time; or

(B) a back-up of sewage or effluent into the facility, building drains, collection system, or freeboard volume of the tanks; or

(C) a free liquid surface within three inches of finished grade over the nitrification trench for two or more observations made not less than 24 hours apart. Observations shall be made greater than 24 hours after a rainfall event.

The system shall be considered to be malfunctioning when it fails to meet one or more of these requirements, either continuously or intermittently, or if it is necessary to remove the contents of the tank(s) at a frequency greater than once per month in order to satisfy the conditions of Parts (A), (B), or (C) of this Paragraph. Legal remedies may be pursued after an

authorized agent has observed and documented one or more of the malfunctioning conditions and has issued a notice of violation.

(2) 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.

(b) System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992. After July 1, 1992, system management in accordance with Tables V(a) and V(b) shall be required for all existing Type V and Type VI systems.

(c) No Improvement Permit or Construction Authorization shall be issued for Type IV, Type V, or Type VI systems, unless a management entity of the type specified in Table V(b) is specifically authorized, funded, and operational to carry out this management program in the service area where the proposed system is to be located.

(d) A local health department may be the public management entity only for systems classified Type IV, V(a) and V(b) and only when specifically authorized by resolution of the local board of health.

(e) A contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity, unless the system owner and certified operator are the same. The contract shall include the specific requirements for maintenance and operation, responsibilities of the owner and system operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system. It shall also be a condition of the Operation Permit that subsequent owners of the system execute such a contract.

(f) Inspections of the system shall be performed by a management entity at the frequency specified in Table V(b). The management entity shall report the results of their inspections to the local health department at the specified reporting frequency. However, where inspections indicate the need for system repairs, the management entity shall notify the local health department within 48 hours in order to obtain a Construction Authorization for the repairs.

(g) The management entity shall be responsible for assuring routine maintenance procedures and monitoring requirements in accordance with the conditions of the Operation Permit and the contract.

(h) Sewage systems with multiple components shall be classified by their highest or most complex system type in accordance with Table V to determine local health department and management entity responsibilities.

(i) Sewage systems not identified in this Rule shall be classified by the Division of Environmental Health after consultation with the appropriate commission governing operators of pollution control facilities.

(j) The local health department shall routinely review the performance and operation reports submitted in accordance with Table V(b) of this Rule and shall perform an on-site inspection of the systems as required in Table V(a).

(k) The certified operator shall hold a valid and current certificate from the appropriate commission, and nothing in this Section shall preclude any requirements for system operators, in accordance with Article 3 of G.S. 90A.

TABLE V(a)

LOCAL HEALTH DEPARTMENT RESPONSIBILITIES

System Classification	System Description	Permits Required	Minimum System Review Frequency
Type I	a. Privy b. Chemical toilet c. Incinerating toilet d. Other toilet system e. Grease trap	Improvement Permit, Construction Authorization, and Operation Permit	N/A
Type II	a. Conventional septic system (single-family or 480 GPD or less) b. Conventional septic system with 750 linear feet of	Improvement Permit, Construction Authorization, and Operation Permit	N/A

	nitrification line or less c. Conventional system with shallow placement		
Type III	a. Conventional septic system > 480 GPD (excluding single-family residence) b. Septic system with single effluent pump or siphon c. Gravity fill system d. Dual gravity field system e. PPBPS system, gravity dosed f. Large diameter pipe system g. Other non-conventional trench systems	Improvement Permit, Construction Authorization, and Operation Permit	5yrs.(lifbonly)
Type IV	a. Any system with LPP distribution b. System with more than 1 pump or siphon	Improvement Permit, Construction Authorization, and Operation Permit	3 yrs.
Type V	a. Sand filter pretreatment system b. Any > 3,000-GPD septic tank system with a nitrification field designed for > 1500 GPD c. Aerobic Treatment Unit (ATU) d. Other mechanical, biological, or chemical pretreatment plant (< 3000 GPD)	Improvement Permit, Construction Authorization, and Operation Permit	12 mos.
Type VI	a. Any > 3,000 GPD system with mechanical, biological, or chemical pretreatment system plant b. Wastewater reuse/recycle	Improvement Permit, Construction Authorization, and Operation Permit	6 mos.

TABLE V(b)

MANAGEMENT ENTITY RESPONSIBILITIES

System Classification	Management Entity	Minimum System Inspection/Maintenance Frequency	Reporting Frequency
Type I	Owner	N/A	N/A
Type II	Owner	N/A	N/A
Type III	Owner	N/A	N/A
Type IV	Public Management	2/yr.	12 mos.

	Entity with a Certified Operator or a private Certified Operator		
Type V	Public Management Entity With a Certified Operator or a private Certified Operator	a. 2/yr (0-1500 GPD) 4/yr (1500-3000 GPD) 12/yr (3000-10000 GPD) 1/wk (> 10000 GPD) b. 12/yr (3000-10000 GPD) 1/wk (> 10000 GPD) c. 4/yr. d. 12/yr.	6 mos.
Type VI	Public Management Entity With a Certified Operator	a. 1/wk(3000-10000 GPD) 2/wk(10000-25000 GPD) 3/wk(25000-50000 GPD) 5/wk(> 75000 GPD) b. 12/yr.	3 mos.

(l) A sewage collection, treatment, and disposal system that creates or has created a public health hazard or nuisance by surfacing of effluent or discharge directly into groundwater or surface waters, or that is partially or totally destroyed shall be repaired within 30 days of notification by the state or local health department unless the notification otherwise specifies a repair period in writing. If a system described in the preceding sentence has for any reason been disconnected, the system shall be repaired prior to reuse. The state or local health department shall use its best professional judgement in requiring repairs that will reasonably enable the system to function properly. If, for any reason, a sewage collection, treatment, and disposal system is found to be nonrepairable, or is no longer required, the system shall not be used, and may be required to have any contents removed, collapse any components and backfill, or otherwise secured as directed by the authorized agent to protect the public health and safety.

(m) When necessary to protect the public health, the state or local health department may require the owner or controller of a malfunctioning system to pump and haul sewage to an approved wastewater system during the time needed to repair the system.

History Note: *Filed as a Temporary Amendment Eff. July 3, 1991, for a period of 180 days to expire on December 30, 1991;*
Filed as a Temporary Amendment Eff. June 30, 1990, for a period of 180 days to expire on December 27, 1990;
Authority G.S. 130A-335(e),(f);
Eff. July 1, 1982;
Amended Eff. August 1, 1991; October 1, 1990; January 1, 1990; August 1, 1988;
Temporary Amendment Eff. January 20, 1997;
Amended Eff. August 1, 1998.

15A NCAC 18A .1962 APPLICABILITY

The provisions of this Section shall not apply to properly functioning sewage collection, treatment, and disposal systems in use or for which a valid permit to install a system has been issued prior to July 1, 1977. This provision is applicable only where the sewage flow and sewage characteristics are unchanged. This provision does not affect the requirements for system operation, maintenance, and management in accordance with Rule .1961 of this Section.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. August 1, 1991; December 1, 1990.

CALCULATIONS

Location Fairington Oaks

Project Number 5-1553

Lot No: 129

No. of Bedrooms	5	
Design Flow	600.00	$^{gal}/_{day}$
LTAR	0.3	$^{gal}/_{ft^2\ day}$
EZ-Lay? (YES OR NO)	No	
Supply Line Length	27	ft.
Supply Line Volume	4.698	gal.
Required Feet of Line	333	ft.
Amount of Line from Layout	342	ft.
Gallons per Minute	31.98	$^{gal}/_{min}$
Required Septic Tank Capacity	1500	gal.
Minimum Standard Tank Size	1500 gal.	
Lateral Line Volume	26.676	gal.
Dosing Volume	280.80	gal.

Note: Dosing Volume based on 3.6 gal per panel.

Tank Draw Down	9.7	*Generic Draw Down of 29 gal.per in.*
Pump Run Time	8.78	minutes
Elevation Head	3	ft.
Pressure Head	2	ft.
Friction Factor	2.01	ft./100 ft. *(From the Interpolater.)*
Friction Head	0.54	ft.
Lateral Friction	1.57	
Total Dynamic Head (+15%)	8.17	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
26.24	1.40
30	1.78
31.98	2.01
35	2.37
38.53	2.84
40	3.03
	-2.89
45	3.77
	-3.52
50	4.58
	-4.62
60	6.42

S&EC

Soil & Environmental Consultants, PA

248 LePhillip Court • Concord, North Carolina 28025 • Phone: (704) 720-9405 • Fax: (704) 720-9406
www.SandEC.com

Attached is a proposed design for a 5 bedroom single family residence PPBPS pressure dosed system at lot 129 of Fairington Oaks Subdivision in Mecklenburg County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Layout Specifications---------- 2
- System Flowsheet---------- 3
- Repair Flow Sheet---------- 4

Site Plan---------- 5

Pressure Panel Drawing---------- 6

Septic Tank Diagram---------- 7

Pump Tank Diagram---------- 8

Pump Specifications---------- 9-10

Control Panel & Float Specifications---------- 11-14

Electric Box Installation---------- 15

Maintenance of Septic Systems---------- 16-19

Calculations---------- 20

Jun-08
S & EC Project No. 5-1553
Design By: E. Bailey,

Greensboro Office:
3817-E Lawndale Drive
Greensboro, NC 27455
Phone: (336) 540-8234
Fax: (336) 540-8235

Raleigh Office:
11010 Raven Ridge Road
Raleigh, NC 27614
Phone: (919) 846-5900
Fax: (919) 846-9467

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DEHNR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System and repair will be panel block systems with LPP distribution
- Trench walls should be raked and limed. Trenches 36" wide
- 1-5/32" hole drilled for each panel

Fairington Oaks Lot 129

Project No. 5-1553 S26

LAYOUT FOR 5 BEDROOM HOME — Jun-08

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH
TBM		1.2			100.0	
INSTR. 1			101.2			
			SYSTEM			
1a	Red			3.40	97.8	57
1b	Red			3.40	97.8	57
2a	Orange			4.60	96.6	57
2b	Orange			4.60	96.6	57
3a	Yellow			5.60	95.6	57
3b	Yellow			5.60	95.6	57
					Total	**342**
			REPAIR			
4	Blue			7.00		126
5	Pink			8.60		127
6	Red			10.10		95
					Total	**348**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	DISTRIBUTION	Trench Bottom
SYSTEM	342	0.30	PPBPS	LPP	30+"
REPAIR	348	0.30	PPBPS	LPP	30+"

Notes:

** TBM of system = house corner stake
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings
**Repair lines longer than 70' are to be center distributed

5

**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

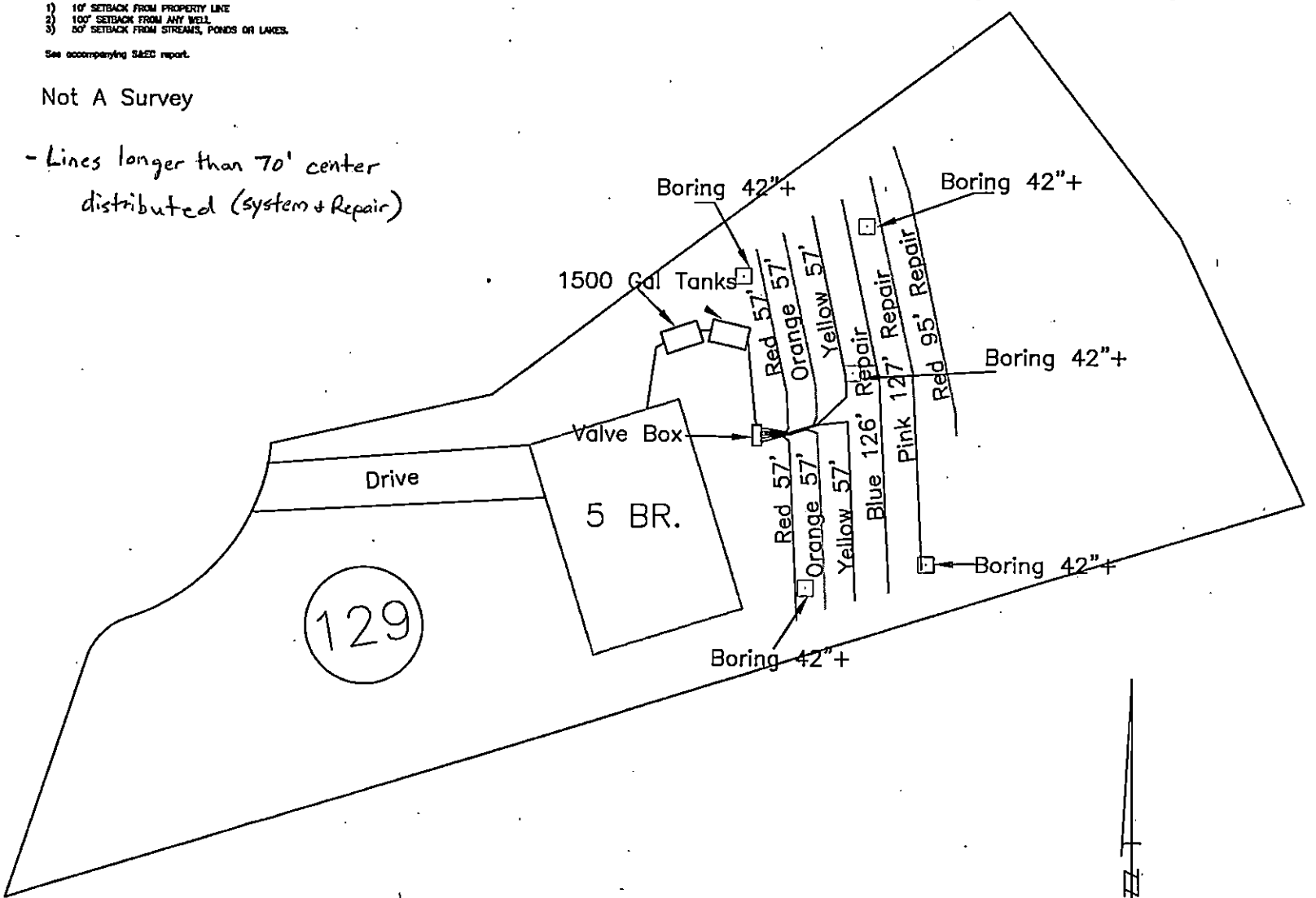
1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

Not A Survey

- Lines longer than 70' center distributed (system + Repair)

DRAFT
FOR REVIEW ONLY



PROJECT NO. #5-1553
PROJECT MGR. BP
DRAWN BY E.B.
FIELD WORK E.B., CD, BP
SCALE 1" =50'
FILE Y:\Jobs\

Soil & Environmental Consultants, PA
548 Lawndale Court, Concord, North Carolina 28025 Phone 704/795-9405 Fax 704/795-9406

S&EC

Fairington Oaks
McCee Homes
- Fairington Oaks lot 129 -
MECKLENBURG COUNTY, NORTH CAROLINA
JUNE 2008

SHEET TITLE:
PRELIMINARY SITE PLAN
SKETCH MAP

SHEET 1 OF 1

Lot 129 Fairington Oaks

SYSTEM

DESIGN SPECIFICATIONS

Line #	Color	#Panels	#Holes Panel	Line Length	Hole Size	Line Head	Line Flow
1a	Red	13	1	57	5/32"	2	5.33
1b	Red	13	1	57	5/32"	2	5.33
2a	Orange	13	1	57	5/32"	2	5.33
2b	Orange	13	1	57	5/32"	2	5.33
3a	Yellow	13	1	57	5/32"	2	5.33
3b	Yellow	13	1	57	5/32"	2	5.33
		78		342			31.98

LAYOUT FOR 5 BEDROOM HOME

REPAIR

DESIGN SPECIFICATIONS

Line #	Color	#Panels	#Holes Panel	Line Length	Hole Size	Line Head	Line Flow
4	Blue	29	1	126	5/32"	2	11.89
5	Pink	29	1	127	5/32"	2	11.89
6	Red	22	1	95	5/32"	2	9.02
		80		**348**			**32.80**

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

Sheet: 1 of 2
Property ID: 195-213-08
Lot #: 129
File #: 7843B
AppID: 3692

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: McCar Homes
Applicant: S & EC
Address: 1050 Mallard Creek Road, Charlotte, N. C. 28262
Date Evaluated: 7/16/08
Proposed Facility: Residence
Design Flow (.1949) 600gpd
Property Size: 1.01a
Location of Site: 14916 Oregon Oak Ct.
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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 12	0-3	GR/CL	FR/SEXP/SS/SP	>43" TO SOIL WETNESS	43	N/A	NONE	PS, IV
		3-43	SBK/ABK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		4-48	SBK/ABK/C	FI/SEXP/S/P					
3	LS, 10	0-3	GR/CL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	"	"	"
		3-45	SBK/ABK/C	FI/SEXP/S/P					
4	"	0-5	GR/CL	FR/SEXP/SS/SP	>47" TO SOIL WETNESS	47	"	"	"
		5-45	SBK/ABK/C	FI/SEXP/S/P					
					SITE LTAR .3GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

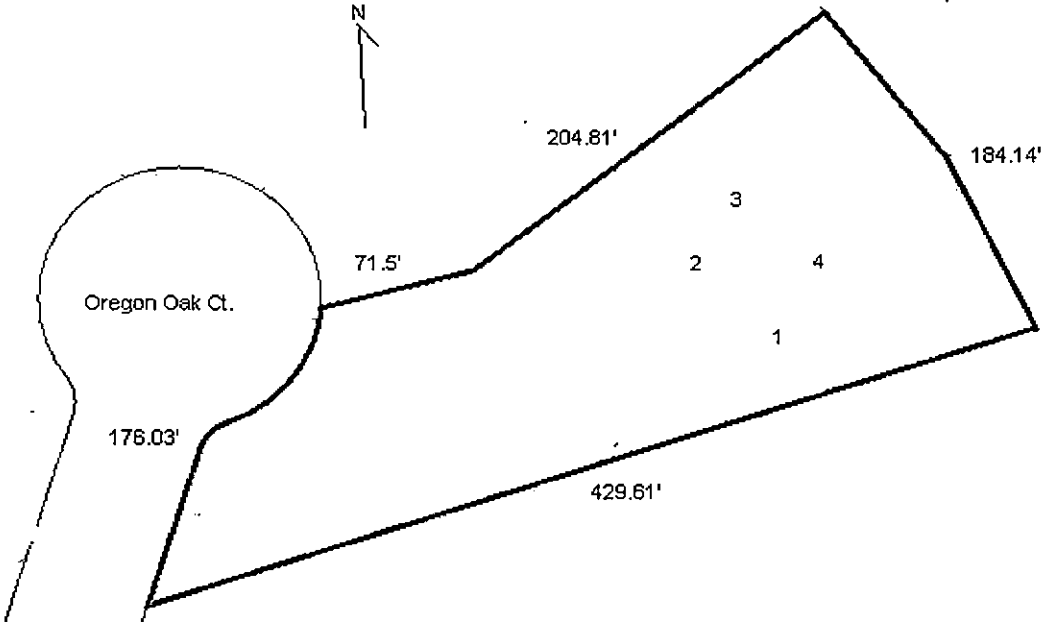
Other Factors (.1946):
Soil Evaluation By: W. R. Martin, LSS, 7/17/2008, W. R. Martin
Others Present: B. Fulton
Site Classification (.1948):
Site Evaluation By:
Others Present:

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



5

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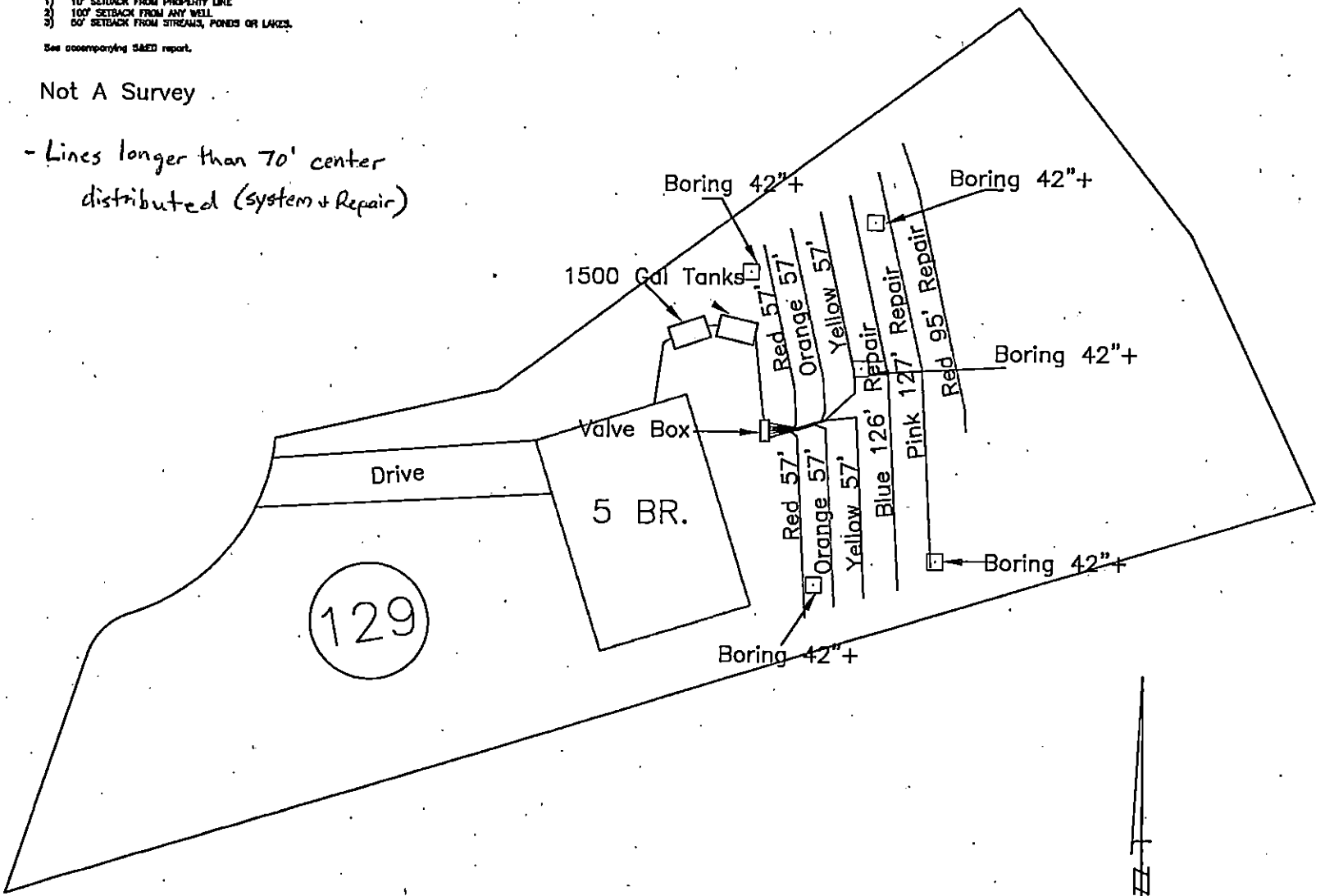
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See accompanying S&EC report.

Not A Survey

- Lines longer than 70' center distributed (system + Repair)

DRAFT
FOR REVIEW ONLY



GRAPHIC SCALE
1" = 50'

50 0 50 100

PROJECT NO.	05-1553
PROJECT MGR.	BF
DRAWN BY	E.B.
FIELD WORK	E.B., CB, BF.
SCALE	1"=50'
FILE	Y:\jobs\

Soil & Environmental Consultants, PA
848 Lafferty Church, Concord, North Carolina 28025 • Phone 704/786-9486 • Fax 704/ 786-9406

S&EC

Pairington Oaks
McCee Homes
- Pairington Oaks Lot 129 -
MECKLENBURG COUNTY, NORTH CAROLINA
JUNE 2008

SHEET TITLE:
PRELIMINARY SITE PLAN
SKETCH MAP

SHEET
1 OF 1

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

Sheet: 1 of 2
Property ID: 195-213-08
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PROFILE #	SOIL MORPHOLOGY 1941			PROFILE FACTORS				
	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
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4	"	0-5	GR/CL	FR/SEXP/SS/SP	>47" TO SOIL WETNESS	47	"	"	"
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					SITE LTAR .3GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

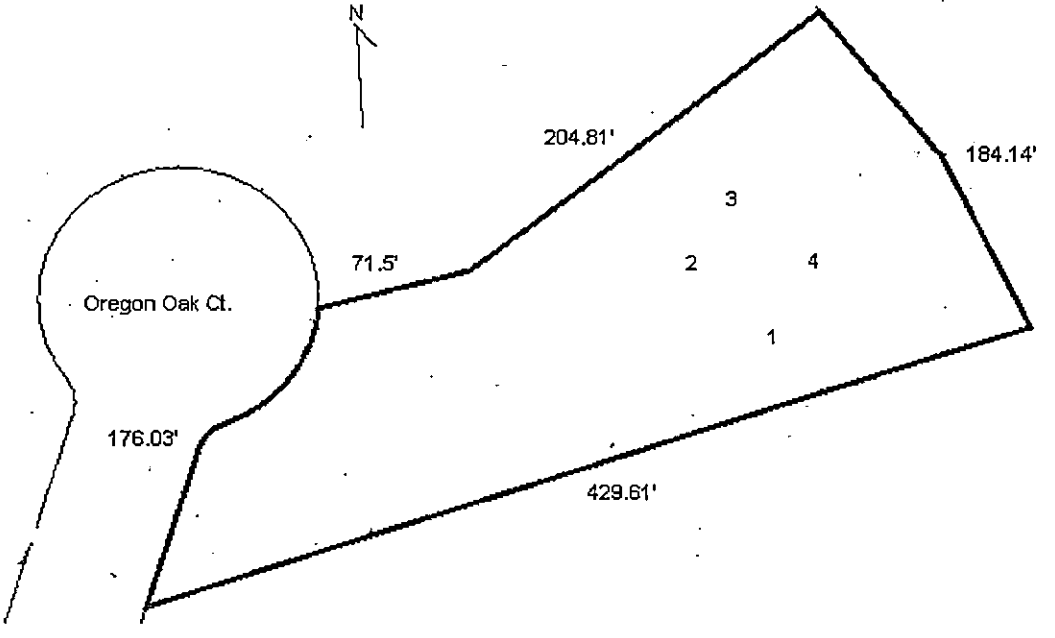
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Others Present: B. Fulton
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LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave 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



FEE: 400.00
DATE: 2/6/2013

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 7843B

PERMIT NUMBER: 30005323

PARCEL NUMBER: 19521308

JOB LOCATION INFORMATION

ADDRESS: 14916 OREGON OAK CT

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

ISSUED TO: True Homes

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 11/4/2011

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30005323, 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: 11/4/2016

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/16/11	**Amount:**	200.00
Receipt #:	74941	**Tendered:**	200.00
Check / Auth #:	CHECK 2275	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

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

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 14916 ORGEON OAK CT		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 11/16/11
Receipt #: 74940
Check / Auth #: CHECK 2275
Received By: WALKEVA

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

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

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 14916 OREGON OAK CT		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/16/11	**Amount:**	200.00
Receipt #:	74940	**Tendered:**	200.00
Check / Auth #:	CHECK 2275	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

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

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 14916 OREGON OAK CT		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/16/11	**Amount:**	200.00
Receipt #:	74941	**Tendered:**	200.00
Check / Auth #:	CHECK 2275	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

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

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 14916 ORGEON OAK CT		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES.
Payment Receipt

Receipt Information

Date:	11/02/11	**Amount:**	100.00
Receipt #:	74752	**Tendered:**	100.00
Check / Auth #:	CHECK 2304	**Returned:**	0.00
Received By:	SADERLW		

Account Information

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

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 14916 OREGON OAK CT		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	10.00				