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

007

File #: 90608 Permit #: 30007164 Tax Parcel #: 014-421-19

Property Owner: Barger Farm

Job Location Address: 1328 Concord Road

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: January 16 2015 Contractor Name: Dennis Galliher A-1 Backhoe

Permitted Design Flow: 480 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: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) Chambers

Depth of Cover: 18 inches

Distribution Device: end cap

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >5 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 well >10 waterline feet

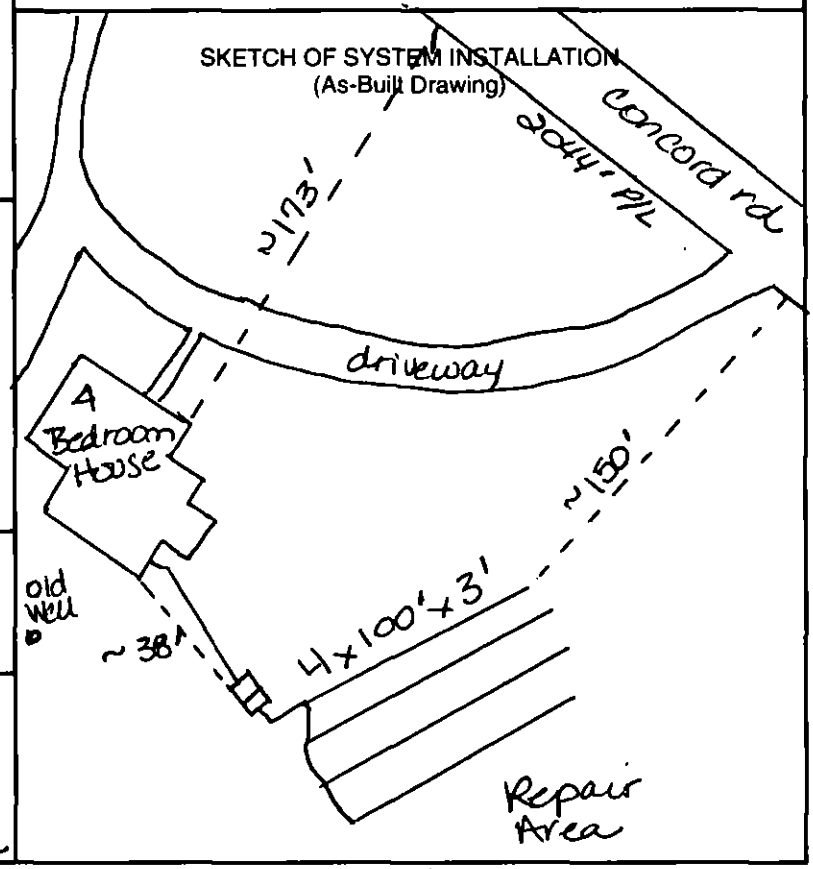
Inspection Dates

Tank(s) Inspected: 1/16/2015

Excavation Inspected: 1/16/2015

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: IIIg, gravity, IQ4W, n/a, n/a

new 1500g tank installed (Shoaf 1500, 7/14)

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 90008 Permit #: 30007164 Tax Parcel #: 007 019-421-19

Property Owner: Barger Farm

Job Location Address: 1228 Concord Rd

City: Davidson State: NC Zip Code: 28036

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: Kim Garrett, REHS Date: 1/16/2015

Signature: Kim Garrett, REHS

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

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

File #: 9060B Permit #: 30007164 Tax Parcel #: 017-421-19

Property Owner: Barger Farm

Job Location Address: 1228 Concord Road

City: Davidson State: NC Zip Code: 28036

Installation Approval Issuance Date: January 15, 2015

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

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

Permitted Design Flow: 480 GPD Site LTAR: .13 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: n/a gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet Accepted

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

Distribution Device: D-box or end cap

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 KG

☒ Municipal ~~☒~~ Private Well ☐ Community Well

☐ Other _____

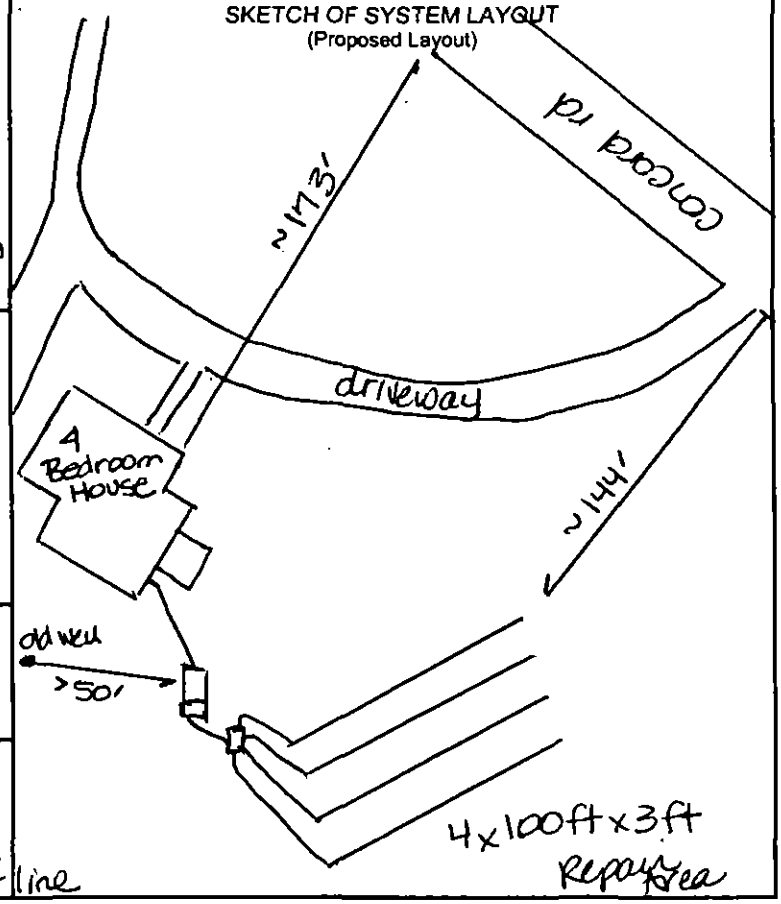
Minimum System Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50' from well ~~>10' feet~~ from water line

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III g, gravity, 25% reduction
-Set new 1500g tank if existing can't be moved

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-5894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30007164 **GWS File #:** 9060B **Tax Parcel #:** 007-421-19

- 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):** 12/2/2019

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 4 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1600 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 6 Absorption Area (ft^2): 1200 Total Trench Length (ft): 400

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

III. Repair System Type: Accepted **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1600 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 6 Absorption Area (ft^2): 1200 Total Trench Length (ft): 400

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

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: Kim Garrett Owner/Legal Agent: Katherine Barger

Signature: Kim Garrett REHS Signature: Katherine E Barger

Print Name

Date Issued: 12/2/2014

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-5894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30007184 GWS File #: 8060B

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.

The 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.

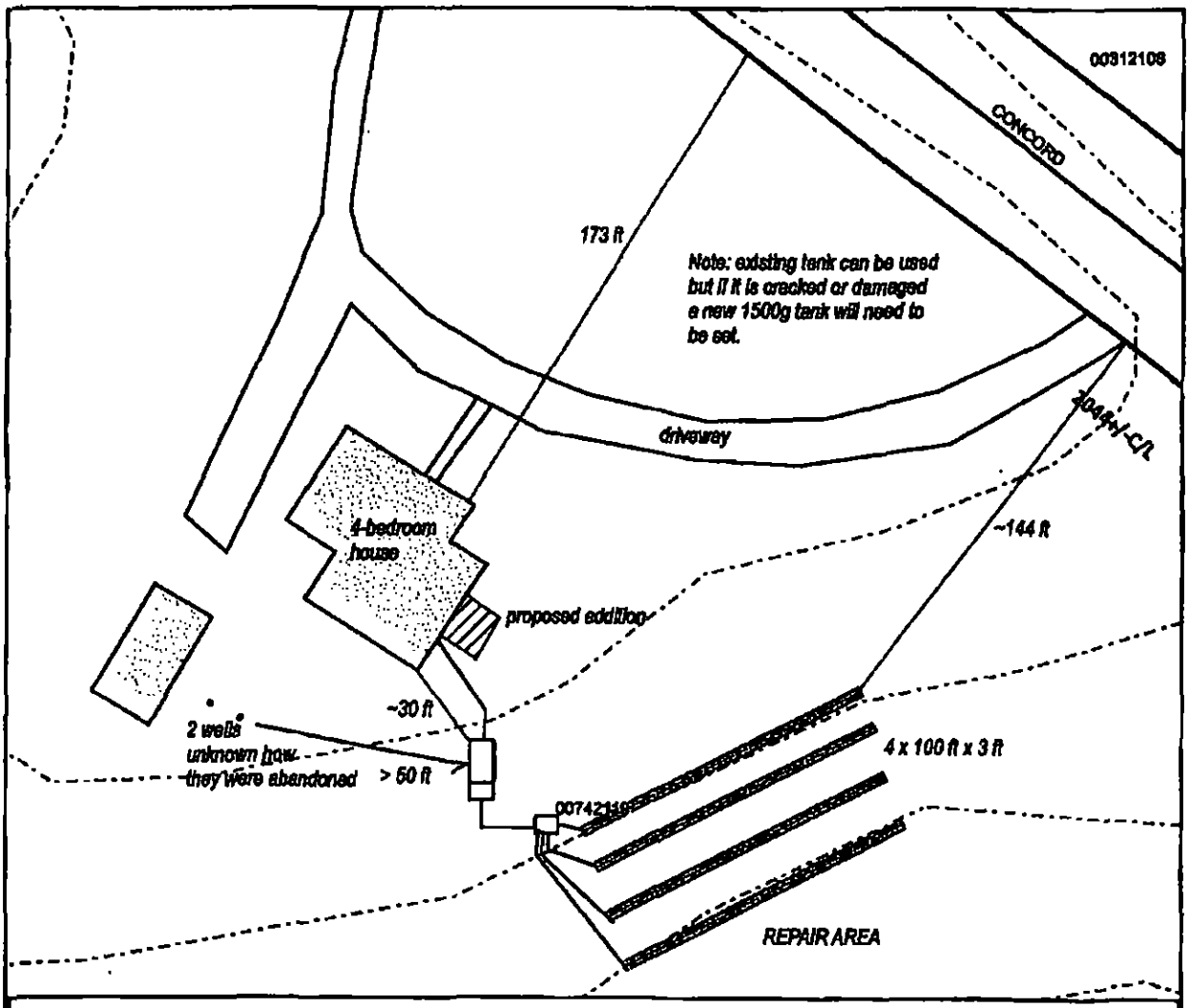
DENR Authorized Agent: Kim Garrett

Signature: Kim Garrett, REHS

Date Issued: 12/2/2014

Owner/Legal Agent: Katherine Barger
Print Name

Signature: Katherine E. Barger



Mecklenburg County Health Department
Environmental Health Division
Improvement Permit for Residential
ONSITE-WASTEWATER TREATMENT & DISPOSAL

PID # 017-421-19
1228 Concord Road
Davidson, NC 28036

Permit # 30007164
File # 9080 B

Authorized Agent: Kim Dance, REHS

Owner/Legal Agent: Kathy E Barger

50 25 0 50 Feet

INSTALLATION NOTES:
480 gpd
0.3 LTAR
4 x 100 ft x 3 ft (400 TLF) lines to be installed on contour

max trench bottom 30 inches
septic tank - existing, or replace with1500 gallon ST
TYPE IIIg
D-box or end caps

Install according to all NC Rules & Regulations
and maintain the following setbacks:

>100 ft from well (min. 50 ft)
>10 ft from property lines and water lines
>10 ft from building foundation

N
W E
S

1 inch = 50 feet

9060B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 7164

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: part of PIN 007-421-19
STREET ADDRESS: 1228 Concord Road
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME: n/a
LOT #: n/a LOT SIZE (acres): ~1.0
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: _____
NUMBER OF BEDROOMS: 3 + adding 1 for total of 4
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

Concord Rd

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

NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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

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

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

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

8A. **RANK:** 1 2 ____ ____ ____

1731'

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: Barger Farm LLC
ADDRESS: 1305 Concord Road
CITY: Davidson
STATE: NC ZIP: 28036
WORK PHONE: (704) 892-7484
MOBILE PHONE: _____
FAX: _____
E-MAIL: hbbarger@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: Katherine Barger
ADDRESS: 1228 Concord Road
CITY: Davidson
STATE: NC ZIP: 28036
WORK PHONE: _____
MOBILE PHONE: (704) 213-3792
FAX: _____
E-MAIL: kate.barger@cobb-vantress.com

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

Revised on: 12/15/10

Mecklenburg County 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 #: **30007164** GWS File #: **9060B** Tax Parcel #: **007-421-19**

- 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):** 12/2/2019

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 4 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.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):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Accepted **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.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):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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: Kim Garrett Owner/Legal Agent: _____
Print Name

Signature: Kim Garrett REHS Signature: _____

Date Issued: 12/2/2014

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 #: **30007164** GWS File #: **9060B**

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.

The 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:

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DENR Authorized Agent: Kim Garrett

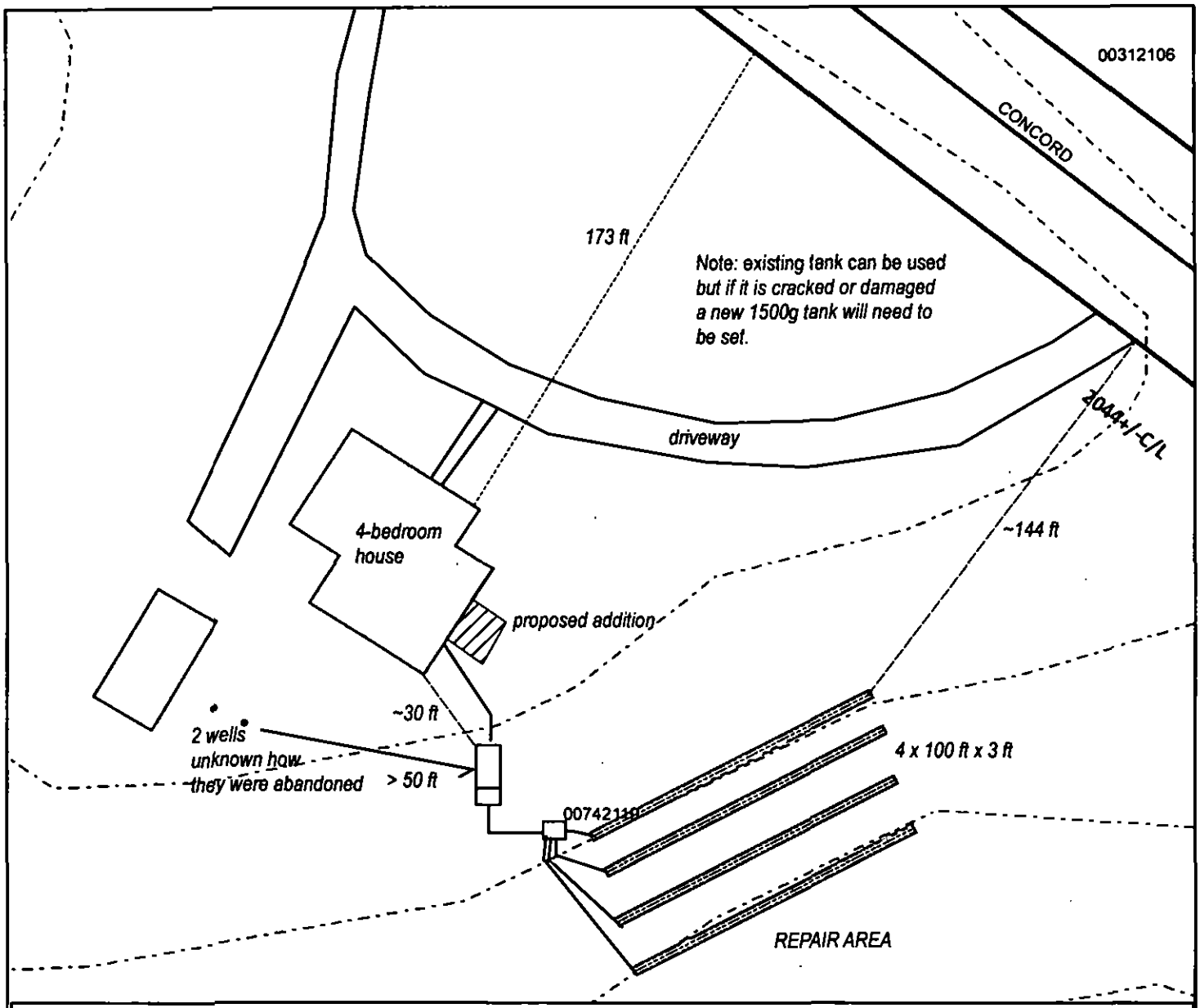
Signature: Kim Garrett, REHS

Date Issued: 12/2/2014

Owner/Legal Agent: _____

Print Name

Signature: _____



Mecklenburg County Health Department
Environmental Health Division
Improvement Permit for Residential
ONSITE-WASTEWATER TREATMENT & DISPOSAL

PID # 017-421-19
1228 Concord Road
Davidson, NC 28036

Permit # 30007164
File # 9060 B

Authorized Agent: Kim Lanier, REHS

Owner/Legal Agent: _____

50 25 0 50 Feet

INSTALLATION NOTES:
480 gpd
0.3 LTAR
4 x 100 ft x 3 ft (400 TLF) lines to be installed on contour

max trench bottom 30 inches
septic tank - existing, or replace with1500 gallon ST
TYPE IIIg
D-box or end caps

Install according to all NC Rules & Regulations
and maintain the following setbacks:

>100 ft from well (min. 50 ft)
>10 ft from property lines and water lines
>10 ft from building foundation

N
W E
S

1 inch = 50 feet

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Mecklenburg

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Berger Farm
ADDRESS: 1228 Concord Rd
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: _____
WATER SUPPLY: • Private X Public • Well • Spring • Other _____
EVALUATION METHOD: X Auger Boring • Pit • Cut

APPLICATION DATE 1
DATE EVALUATED: 11/24/14
PROPERTY SIZE: _____
PROPERTY RECORDED: _____
TYPE OF WASTEWATER: (Sewage) • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 1%	0-48	clay/sbk	firm/sexp	>48" to soil wetness	>48"		N/A	.3
2	LS 1-2%	0-48	clay/sbk	firm/sexp	>48" to soil wetness	>48"		N/A	.3
3	LS 1-2%	0-48	clay/sbk	firm/sexp	>48" to soil wetness	>48"		N/A	.3
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)	IIIg	
Site LTAR	.3	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Jmichael, Kbarrett
OTHER(S) PRESENT: _____

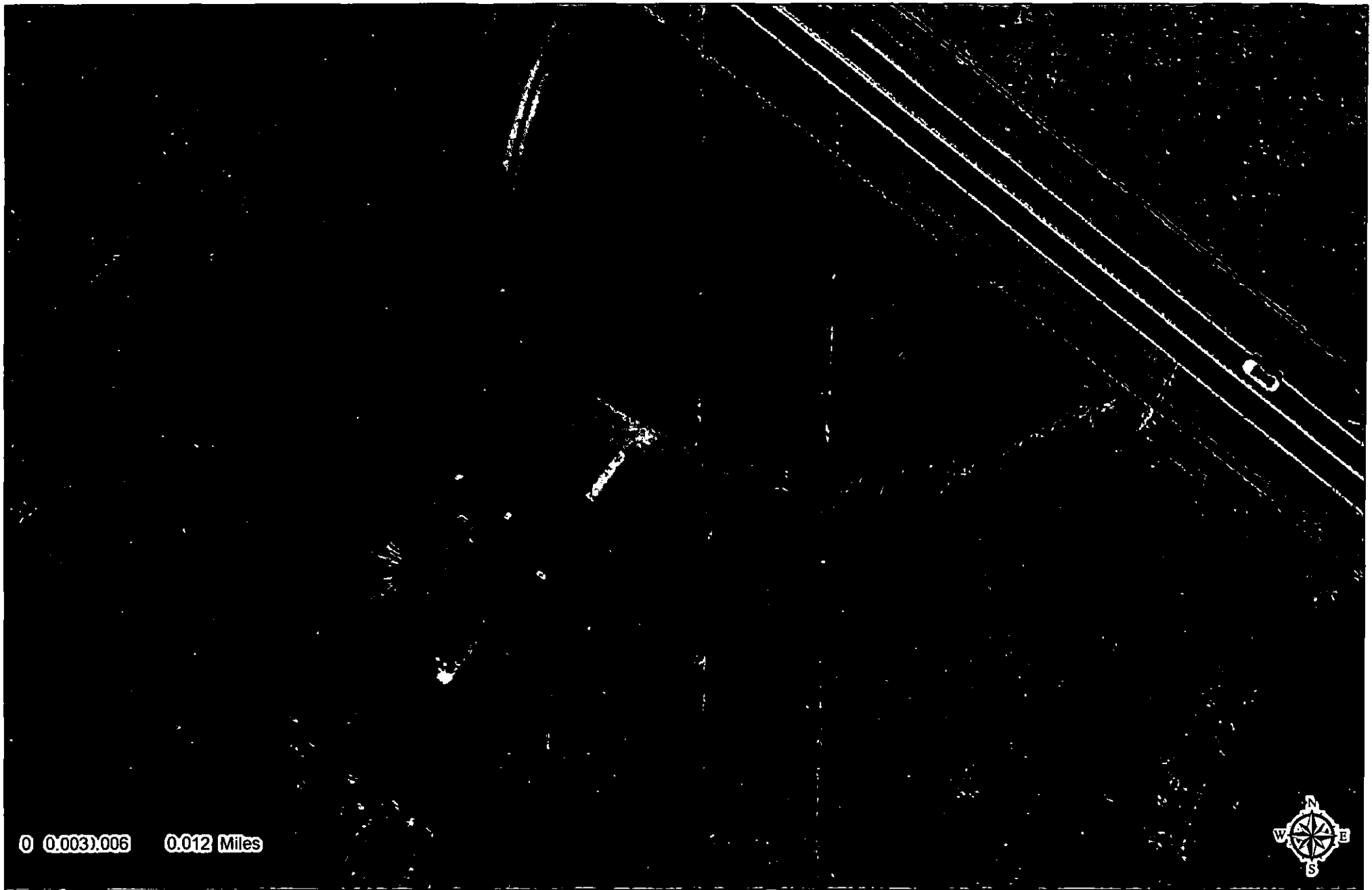
COMMENTS: _____

Polaris 3G Map – Mecklenburg County, North Carolina

4 bedroom

soil borings @

Date Printed: 11/21/2014 8:14:34 AM



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

Real Estate Lookup

Print | Close

Parcel Information

Parcel ID	Account	Parent	Previous
00742119	NC CORP		

Owner(s)

Owner Name	Mailing Address	City/State
BARGER FARM LLC	1305 CONCORD RD	DAVIDSON NC 28036-8045

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
NA	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE C	DAVIDSON RURAL	38.2

Total Parcel Assessment

Building	Land	Features	Total
188400	77616	13200	279216

Exemptions

Exemption	Year Approved	Review Date	Amount
AGRICULT FLG		1/1/2015	0

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Dec 9 2003			UNDER REVIEW	IMP	INTERST DEED	16535-794	BARGER,MYRTLE MCEWEN
Jan 1 1975	0			IMP	WARRANTY D	03573-279	

Land Use

Use	Units	Type	Neighborhood	Assessment
5000	1	AC	A701	67200
6100	37.2	AC	A701	10416

Building Information

Bldg	Description	Type	Year	Property Location
1	Single-Fam	RES	1947	1228 CONCORD RD UNINC

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	3228	2166	CRAWL SPACE	FACE BRICK -	GOOD 03	188400

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	ELECTRIC	1 - FP3	AC-CENTRAL		4	2		0

Sub Area

Bldg	Description	Size
1	BASE (FIRST FLOOR)	2166
1	PORCH - OPEN - FINISHED	54
1	PORCH - OPEN - FINISHED	154
1	PORCH - OPEN - FINISHED	160
1	BASEMENT - UNFINISHED	540
1	BASEMENT - UNFINISHED	154

Claudius Morrison - new tank @ Lake 905

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 21.00%				

Special Features & Yard Items

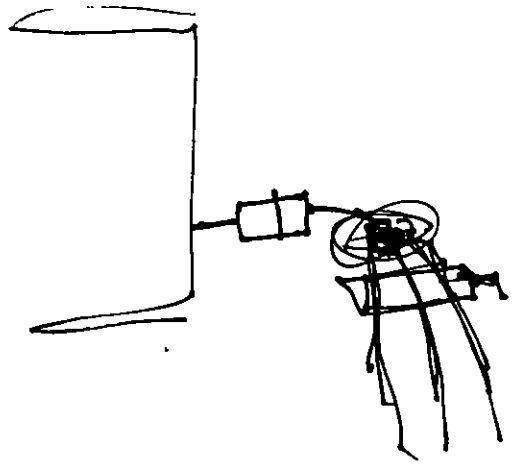
Bldg	Built	Type	Quantity	Units	Value
1	1947	GARAGE	1	20X27	4700
1	1947	SHED	1	8X19	400
1	1947	BARN	1	33X58	8000
1	1947	PUMP HOUSE	1	5X6	100

Notes

Tax Year	Notes	Note Date

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Jun 6 2011	2011	Forest Use Value	1505171	1224455
Mar 21 2011	2011	Revised Notice	1505171	1224455
Feb 8 2011	2011	Countywide Revaluation	1505171	1225943
May 23 2008	2008	Forest Use Value	816934	608506
Apr 27 2007	2007	Agriculture Use Value	850534	637648
Jun 1 2006	2006	Forest Use Value	850534	637648
Sep 16 2003	2003	Agriculture Use Value	834406	621798
Jul 18 2003	2003	Agriculture Use Value	834406	621798
Jun 20 2003	2003	Countywide Revaluation	834406	621798
May 28 1999	1999	Agriculture Use Value	513110	361570
Apr 16 1999	1999	Agriculture Use Value	513110	361570



9060B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 7164

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: part of PIN 007-421-19
STREET ADDRESS: 1228 Concord Road
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME: n/a
LOT #: n/a LOT SIZE (acres): ~1.0
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: _____
NUMBER OF BEDROOMS: 3 4
NUMBER OF OCCUPANTS: 2

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: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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

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

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

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

8A. **RANK:** 1 2 ____ ____ ____

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: Barger Farm LLC
ADDRESS: 1305 Concord Road
CITY: Davidson
STATE: NC ZIP: 28036
WORK PHONE: (704) 892-7484
MOBILE PHONE: _____
FAX: _____
E-MAIL: hbbarger@gmail.com

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

NAME: Katherine Barger
ADDRESS: 1228 Concord Road
CITY: Davidson
STATE: NC ZIP: 28036
WORK PHONE: _____
MOBILE PHONE: (704) 213-3792
FAX: _____
E-MAIL: kate.barger@cobb-vantress.com

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.

KB (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.

Kathleen E Barger
Property Owner's or Owner's Legal Representative Signature

11/11/2014
Date

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: Dws

GWS FILE NUMBER ASSIGNED: 90608

APPLICATION ID NUMBER ASSIGNED: 7164

COMMENTS:

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

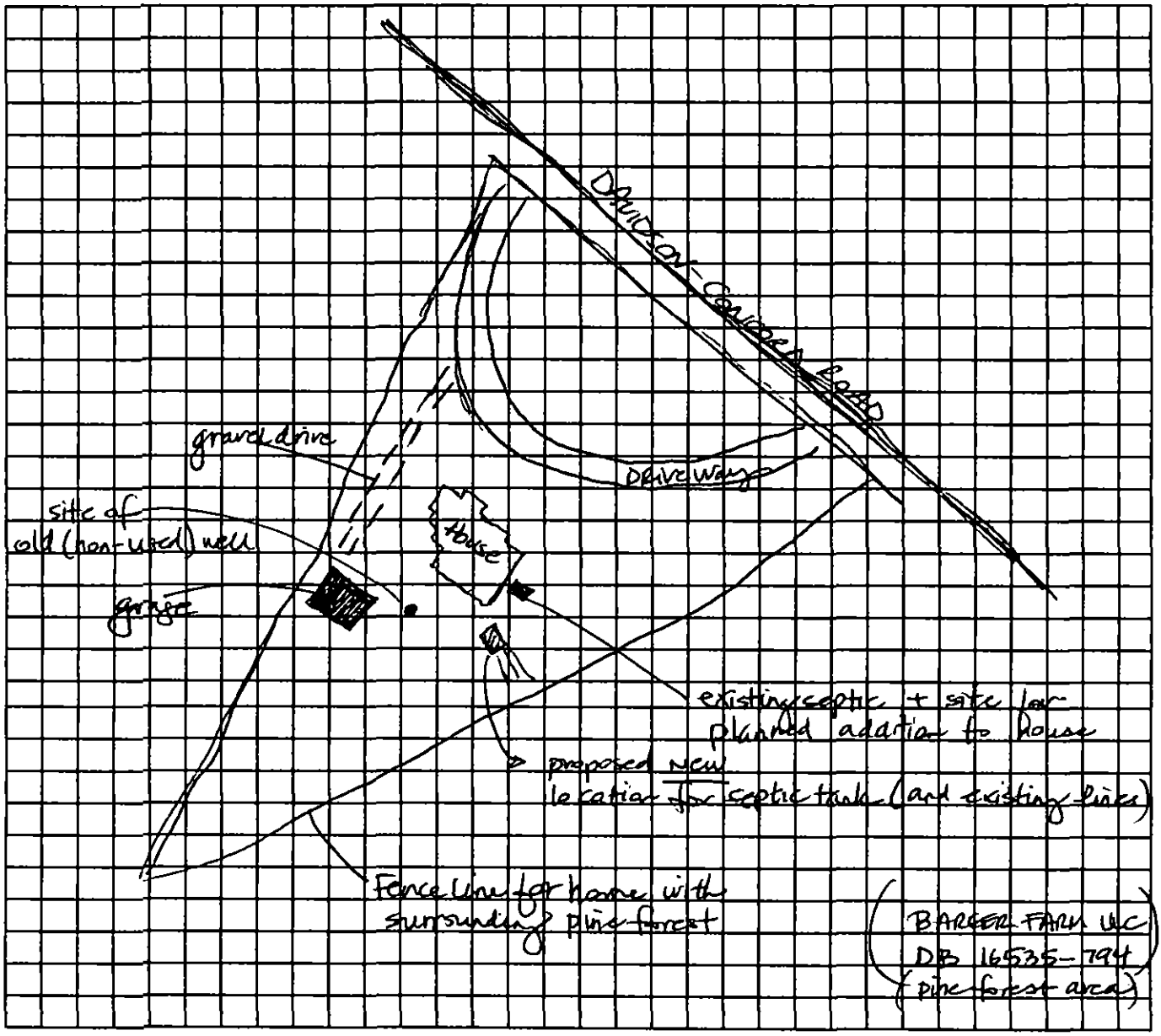
File #: _____

PROPOSED PLOT PLAN

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

Street Address: 1228 Concord Road, Davidson NC 28036 Tax Parcel #: part of PIN 007-421-19

Subdivision Name: _____ Lot #: _____

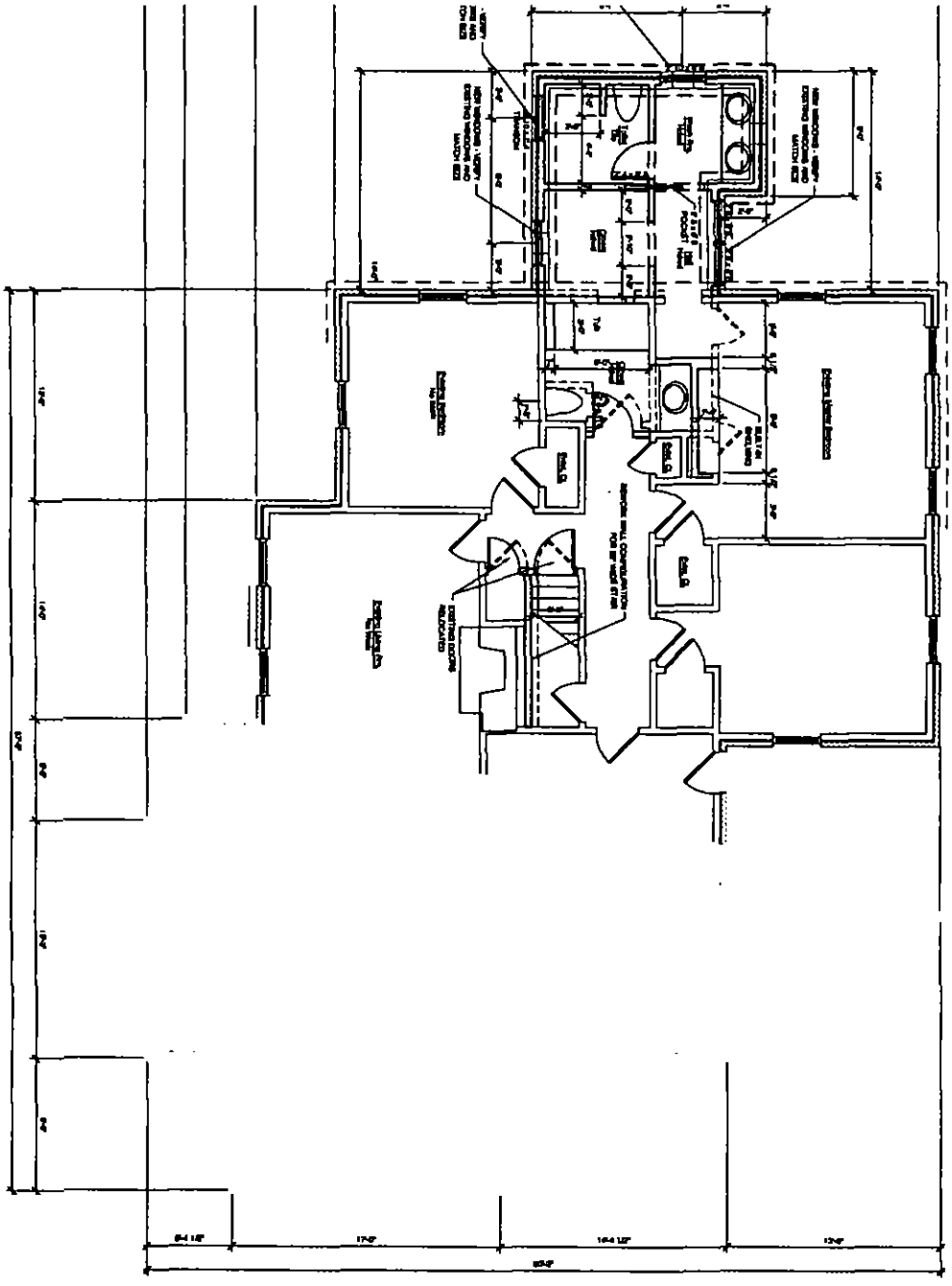


Kathryn C. Barger
Property Owner's or Owner's Legal Representative Signature

11/11/2014
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



1 Floor Plan

App # 7164

A1

FLOOR PLAN

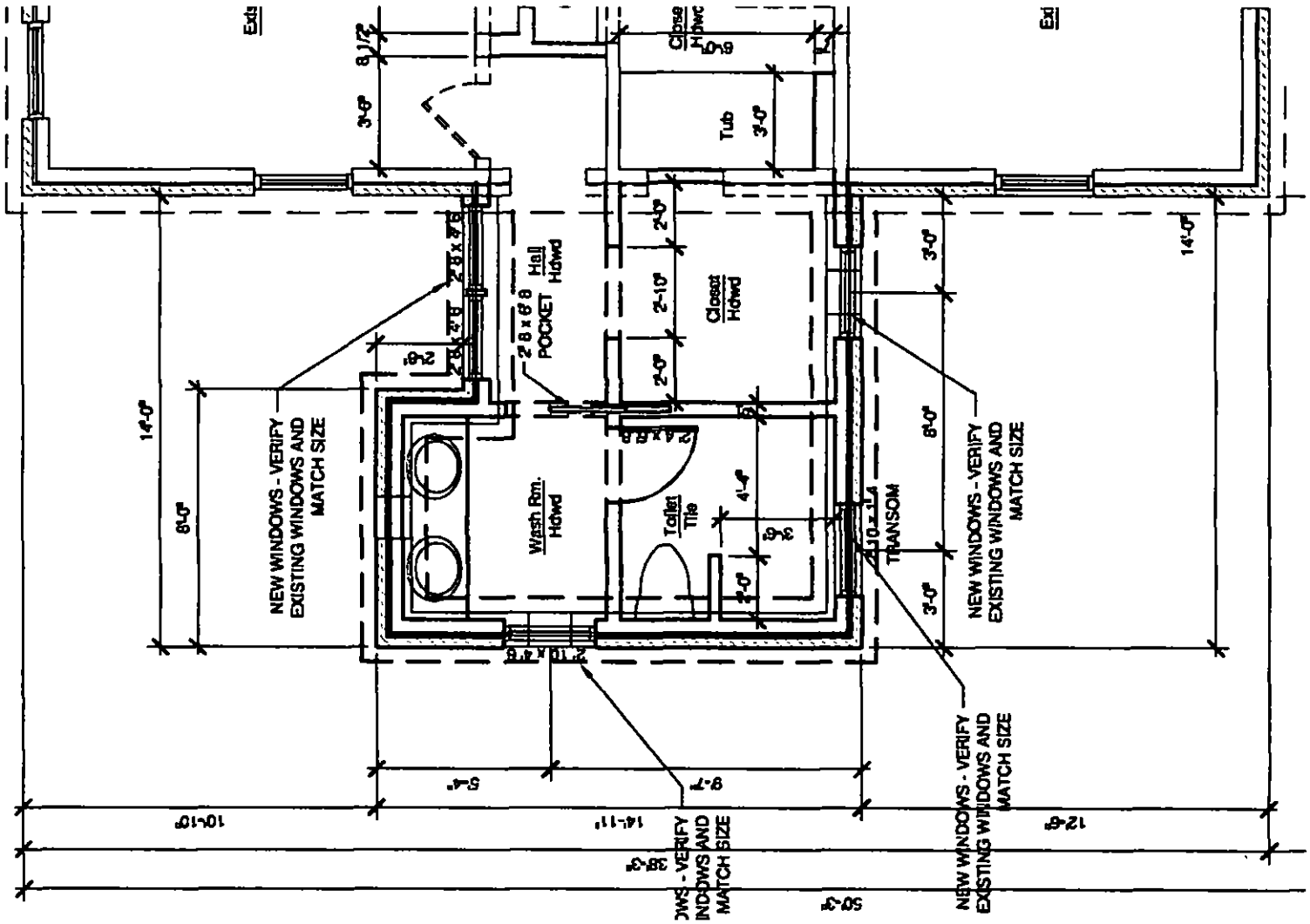
PROJECT DESCRIPTION

BARGER RESIDENCE

DAVIDSON, NC

Dave Malushizky, RA
PO Box 1742
Davidson, NC 28036
p. 704 975 9960

Rob Richardson, RA
13500 White Birch Terrace
Davidson, NC 28036
p. 980-253-8811



K. Barger
Davidson, NC
App # 7164