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 #: 6212B Permit #: 5830 Tax Parcel #: 015-231-27

Property Owner: SCARR CANSLER

Job Location Address: 8711 Korns Meadow Lane

City: Huntersville State: NC Zip Code: 28078

**Operation Permit Issuance Date:** 5/14/13 Contractor Name: R+H

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: Goulds 1/3

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 480 feet

# of Lines: 3 @ 160 feet

Depth of Media: 12 inches (Type) BTOA36

Depth of Cover: 12 inches

Distribution Device: P. MANIFOLD

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: 91' feet

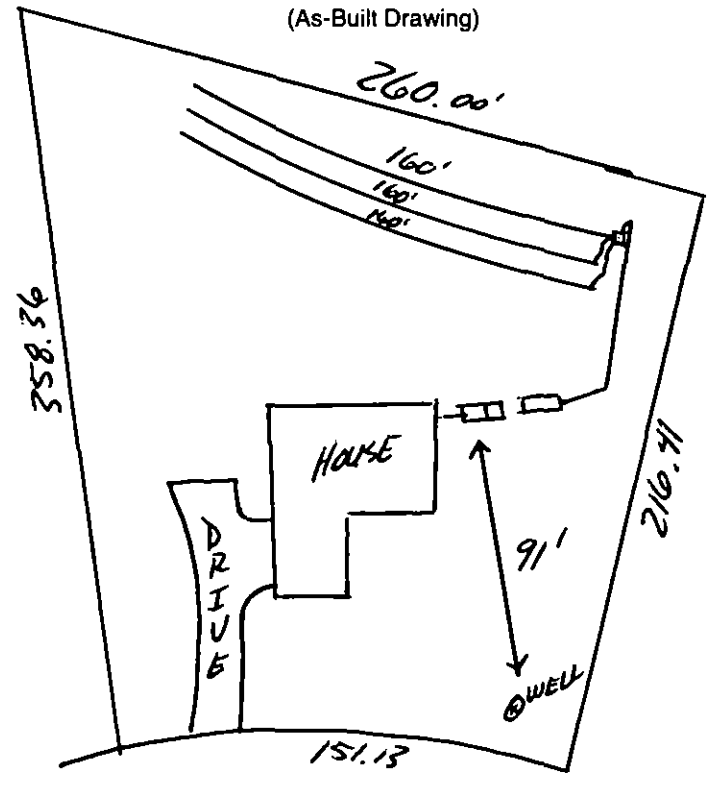
Inspection Dates

Tank(s) Inspected: 5/14/13

Excavation Inspected: 5/14/13

Pump & Controls Inspected: 5/14/13

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: IIIb, BTOA36, PRESSURE, NA, NA

DENR Authorized Agent: Jeremy Nicholas REHS Signature: Jeremy Nicholas 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 #: 62128 Permit #: 5830 Tax Parcel #: 015-231-27

Property Owner: SCARR CANSLER

Job Location Address: 8711 KERNS MEADOW LANE

City: HUNTERSVILLE State: NC Zip Code: 28078

**OPERATION PERMIT CONDITIONS:**

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

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

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

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

System Classification: IIIb

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

Subsurface system operator required: Yes ☐ No ☒

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

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

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

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

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

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

V. Other:

DENR Authorized Agent: Jeremy Mickler REHS Date: 5/14/13

Signature: Jeremy Mickler 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

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

File #: 60212B Permit #: 5830 Tax Parcel #: 015-231-27

Property Owner: SCARR CANSLER

Job Location Address: 8711 KEENS MEADOW LANE

City: HUNTERSVILLE State: NC Zip Code: 28078

**Installation Approval Issuance Date:** 3/13/13

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: 0.25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 480 feet

# of Lines: 3 @ 160 feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

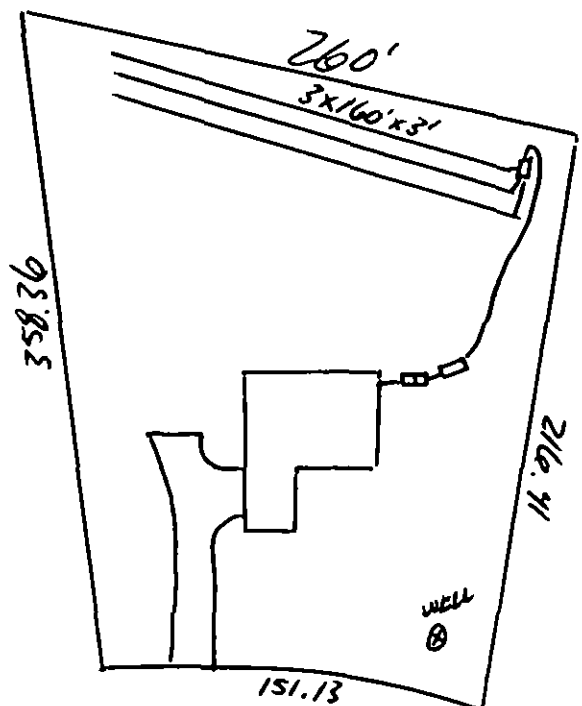
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >90' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




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

DENR Authorized Agent: Jimmy Mickelson, REHS Signature: Jimmy Mickelson, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5100 Fax: (704) 336-5994

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 20006830 GWS File #: 6212B Tax Parcel #: 018-231-27

- 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): 9/27/2017
Type of Installation: Residential - New System Lot Number: 5
Structure Type: HOUSE Size ($ft^2$): 3200 # Bedrooms: 4 # Occupants: 5
Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Pump to Approved System Classification: IIIb
Initial System Specifications:
Design Flow (gpd): 480 LTAR (gpd/$ft^2$): 0.25 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000
Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area ($ft^2$): 1440 Total Trench Length (ft): 480
Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

III. Repair System Type: Pump to Approved System Classification: IIIb
Repair System Specifications:
Design Flow (gpd): 480 LTAR (gpd/$ft^2$): 0.25 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000
Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area ($ft^2$): 1440 Total Trench Length (ft): 480
Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

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 Mahaloma Owner/Legal Agent: SCAER CANSLER
Signature: Jeremy Mahaloma REHS Signature: W. Scaer Cansler
Date Issued: 9/27/2012

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-5994

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 20005830 GWS File #: 8212B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

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

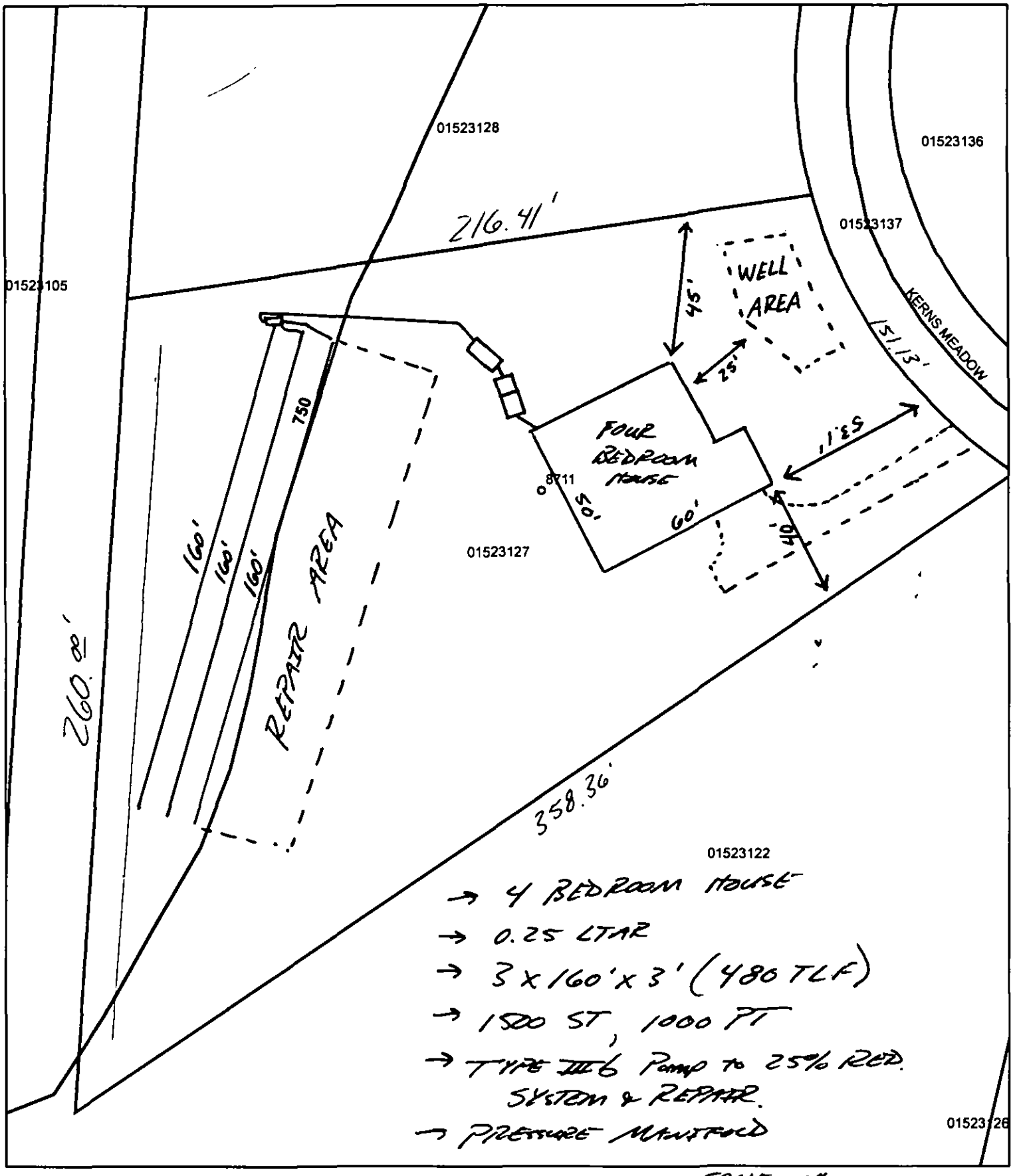
- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT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

DENR Authorized Agent: Jeremy Michelone
Signature: [signature]
Date Issued: 9/27/2012

Owner/Legal Agent: SCARR CANSLER
Signature: [signature]

6212B
5830
015-231-27

# 8711 KERNS MEADOW LANE (LOT #5)




→ 4 BEDROOM HOUSE
→ 0.25 LTAR
→ 3 x 160' x 3' (480 TLF)
→ 1500 ST, 1000 PT
→ TYPE III 6 Pump to 25% RED. SYSTEM & REPAIR.
→ PRESSURE MANIFOLD

SCALE = 1" = 40'

Map Created By: JEREMY MICHELONE, REHS
Map Created On: 9/26/12

0 15 30 60 Feet

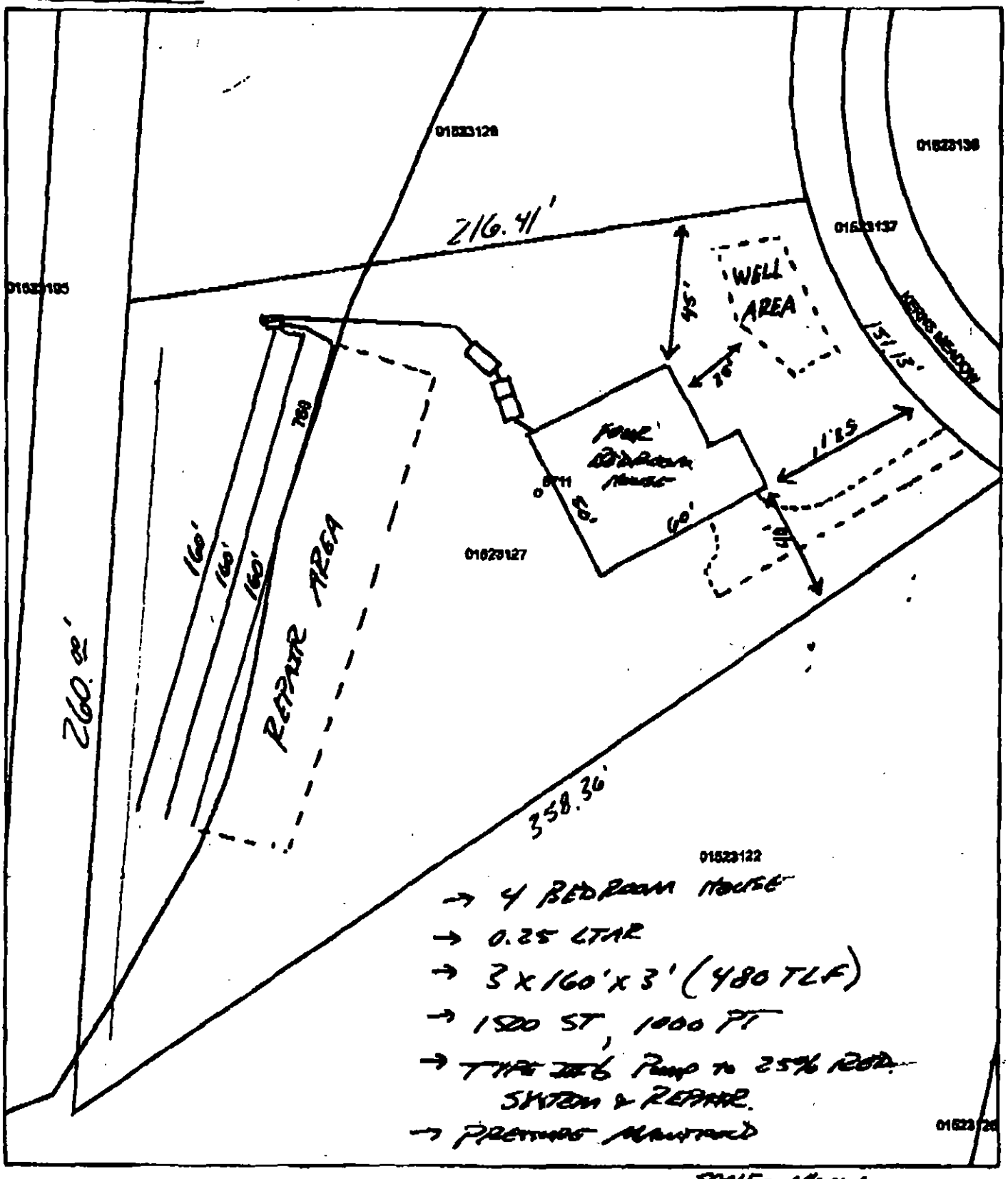
Jeremy Michelone, REHS

Oct. 5. 2012 2:04PM No. 5592 P. 5

5830

015-231-27

# 8711 KERNS MEADOW LANE (LOT #5)




Map Created By: JEREMY MICHELONE, REHS
Map Created On: 9/26/12

Jeremy Michelone, REHS

6212B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 5830

**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: 015-231-27
STREET ADDRESS: 8711 Kerns Meadow Lane
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: Kerns Meadow
LOT #: 5 LOT SIZE (acres): 1.057
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: 3200
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5
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 6-LEAST DESIRED):

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

8A. RANK: 2 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? 3/01/13 ☐ N/A

12. PROPERTY OWNER:
NAME: MYCLOT LLC
ADDRESS: 3016A PROSPERITY CH RD
CITY: CHARLOTTE
STATE: NC ZIP: 28269
WORK PHONE: 704-650-3114
MOBILE PHONE: 704-650-3114
FAX: _____
E-MAIL: scarrs@bellsouth.net

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: SCARR CANSLER
ADDRESS: 3016A PROSPERITY CH. RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28269
WORK PHONE: 704-650-3114
MOBILE PHONE: 704-650-3114
FAX: _____
E-MAIL: scarrs@bellsouth.net



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-5894

**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. SD (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.

W Scan Cole — Property Owner's or Owner's Legal Representative Signature

17 SEP 12 — Date

---

*OFFICE USE ONLY*

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 DATE FEE RECEIVED: 9/20/12

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

APPLICATION PROCESSED BY: luv

GWS FILE NUMBER ASSIGNED: 62128

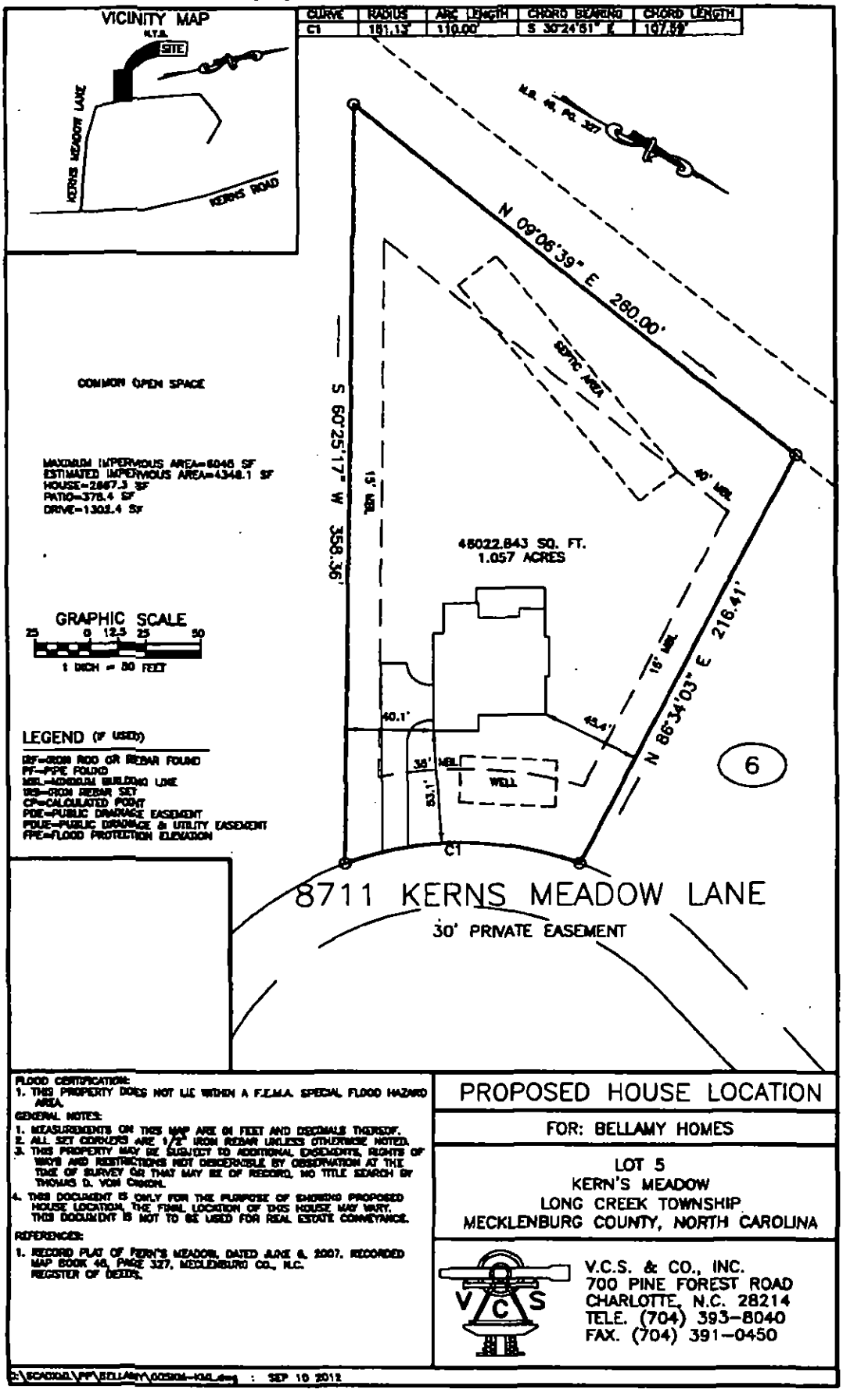
APPLICATION ID NUMBER ASSIGNED: 5830

COMMENTS:



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-5894

Tax Parcel 015-231-27




FLOOD CERTIFICATION:
1. THIS PROPERTY DOES NOT LIE WITHIN A F.E.M.A. SPECIAL FLOOD HAZARD AREA.

GENERAL NOTES:
1. MEASUREMENTS ON THIS MAP ARE IN FEET AND DECIMALS THEREOF.
2. ALL SET CORNERS ARE 1/2" IRON REBAR UNLESS OTHERWISE NOTED.
3. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL EASEMENTS, RIGHTS OF WAYS AND RESTRICTIONS NOT DISCERNIBLE BY OBSERVATION AT THE TIME OF SURVEY OR THAT MAY BE OF RECORD. NO TITLE SEARCH BY THOMAS D. VON CANON.
4. THIS DOCUMENT IS ONLY FOR THE PURPOSE OF SHOWING PROPOSED HOUSE LOCATION. THE FINAL LOCATION OF THIS HOUSE MAY VARY. THIS DOCUMENT IS NOT TO BE USED FOR REAL ESTATE CONVEYANCE.

REFERENCES:
1. RECORD PLAT OF KERN'S MEADOW, DATED JUNE 6, 2007, RECORDED MAP BOOK 46, PAGE 327, MECKLENBURG CO., N.C. REGISTER OF DEEDS.

# PROPOSED HOUSE LOCATION

FOR: BELLAMY HOMES

LOT 5
KERN'S MEADOW
LONG CREEK TOWNSHIP
MECKLENBURG COUNTY, NORTH CAROLINA

V.C.S. & CO., INC.
700 PINE FOREST ROAD
CHARLOTTE, N.C. 28214
TELE. (704) 393-8040
FAX. (704) 391-0450

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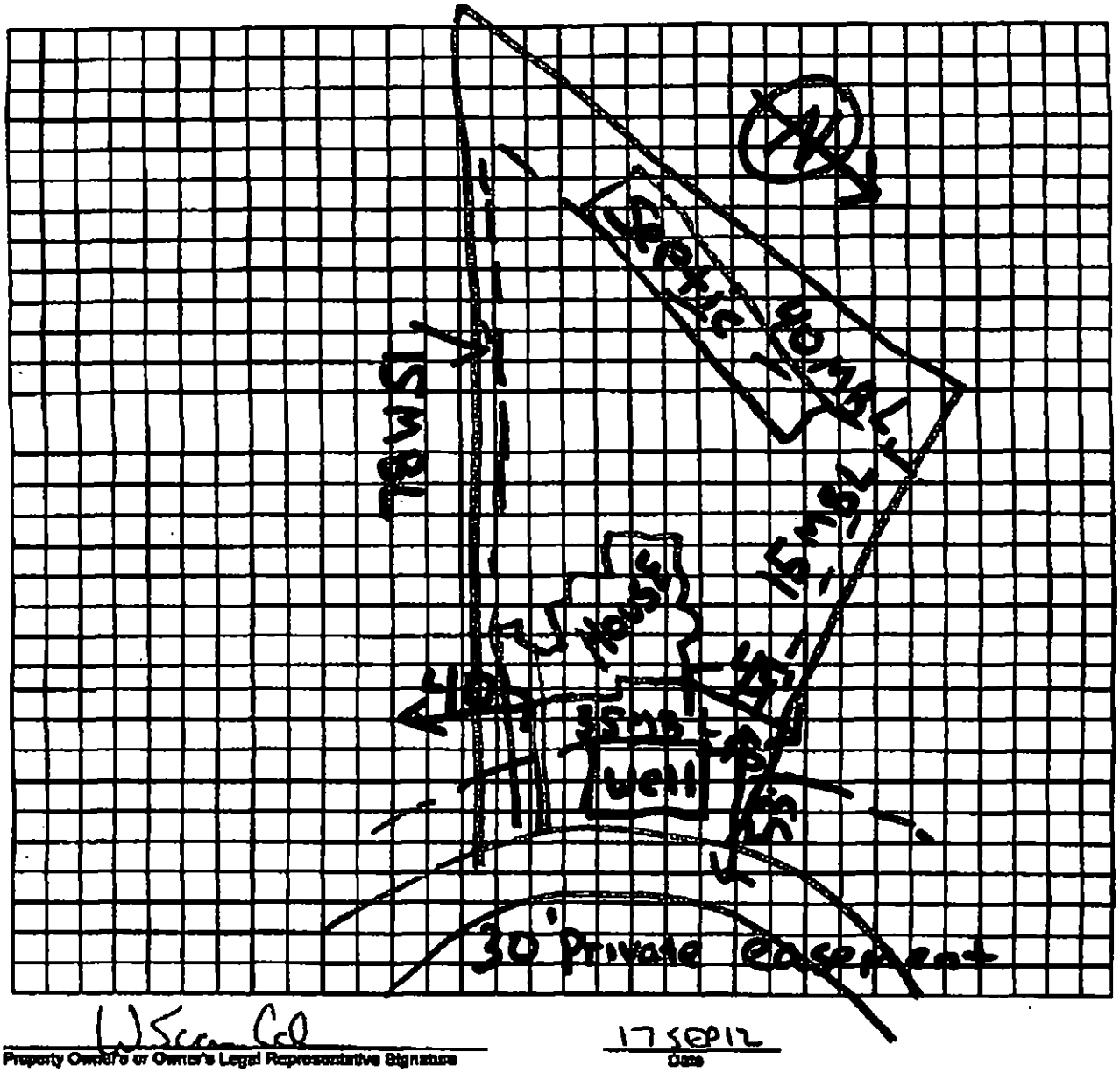
File #: _____

## 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: 8711 Kerns Meadow lane Hunterville NC 28078 Tax Parcel #: 015-231-27

Subdivision Name: Kerns meadow Lot #: 5




Property Owner's or Owner's Legal Representative Signature

17 SEP 12
Date



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5103. FAX: 704-336-8894

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

Sheet: 1 of 2
Property ID: PO 015-231-02
Lot #: 5
File #: 6212B
Code: 1

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Hecht Properties
Applicant: Danny Edwards
Address: 885 N. Highway 16, Denver, N. C. 28037
Date Evaluated: 11/29/2005
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 1.05a
Location of Site: OFF Kerns Road
Property Recorded:
Water Supply: [ ] Public [ x ] Individual [ x ] Well [ ] Spring [ ] Other
Evaluation Method: [ x ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ x ] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | OTHER PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS, 8 | 0-5 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48+ | N/A | NONE | PS, IV |
| | | 5-48 | SBK/C | FI/SEXP/S/P | | | | | .25GPD/FT$^2$ |
| 2 | " | 0-6 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 6-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 3 | " | 0-4 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 4-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 4 | " | 0-8 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 8-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 5 | " | 0-7 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 7-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 6 | " | 0-7 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 7-41 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 41-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
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| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | .PS |
| System Type(s) | III b | III b |
| Site LTAR | .25GPD/FT$^2$ | .25GPD/FT$^2$ |

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 11/30/2005
Others Present:

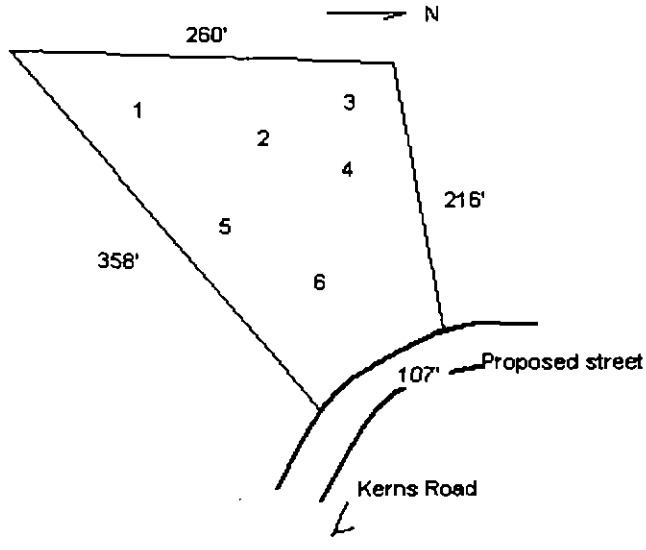
**COMMENTS:**

100% repair, do not install system when soils are wet

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

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

**Sketch of Soil Evaluation Locations**



FEE: 200.00

DATE: 11/30/2012

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

**MECKLENBURG COUNTY**

**GROUNDWATER & WASTEWATER SERVICES**

**FILE NUMBER:** 6212B

**PERMIT NUMBER:** 30005830

**PARCEL NUMBER:** 01523127

**JOB LOCATION INFORMATION**

**ADDRESS:** 8711 KERNS MEADOW LN

**CITY:** HUNTERSVILLE **STATE: NC** **ZIP:** 28078

**ISSUED TO:** Mycroft LLC

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 9/27/2012

## CONSTRUCTION AUTHORIZATION CONDITIONS

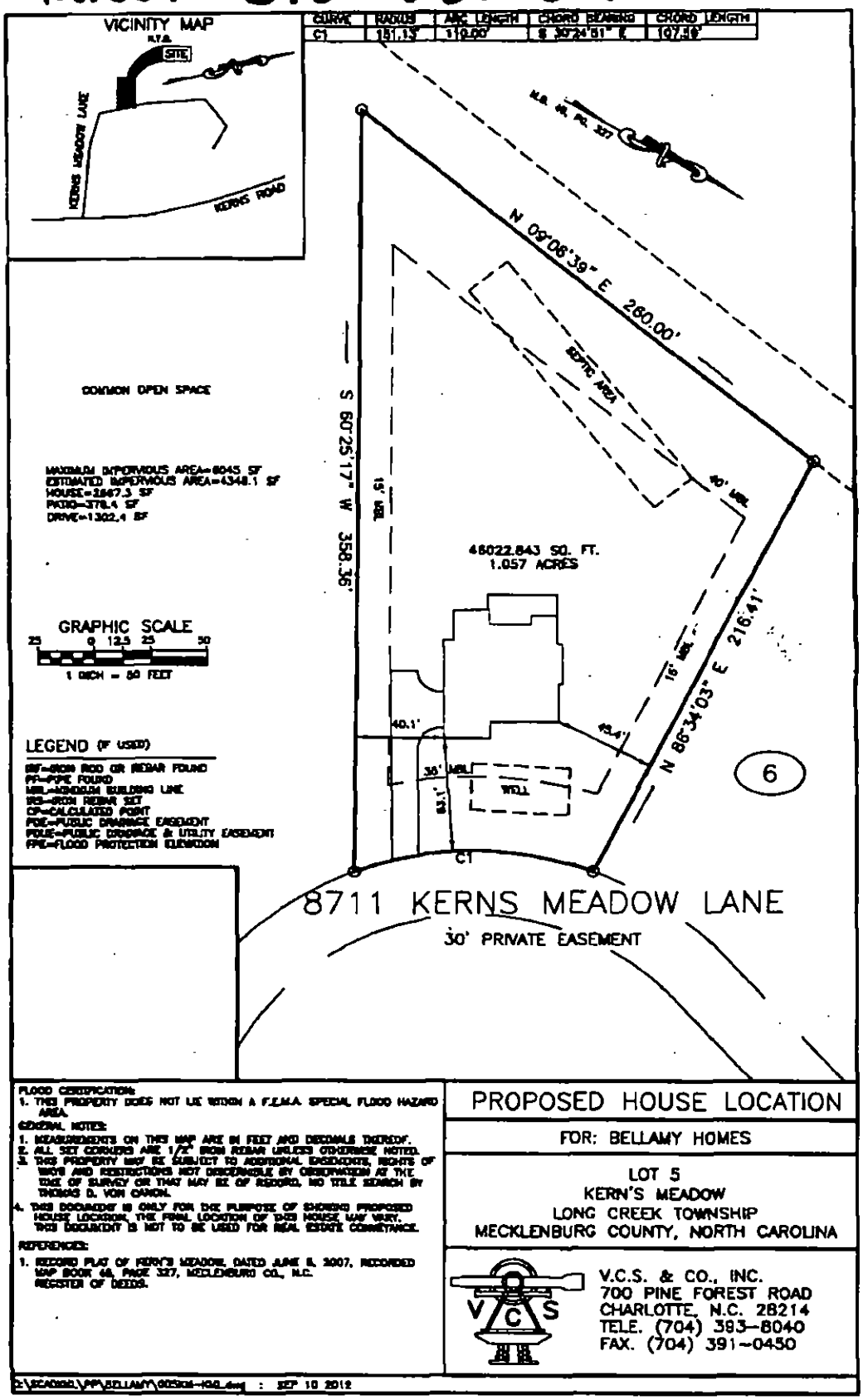
1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30005830, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE 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.

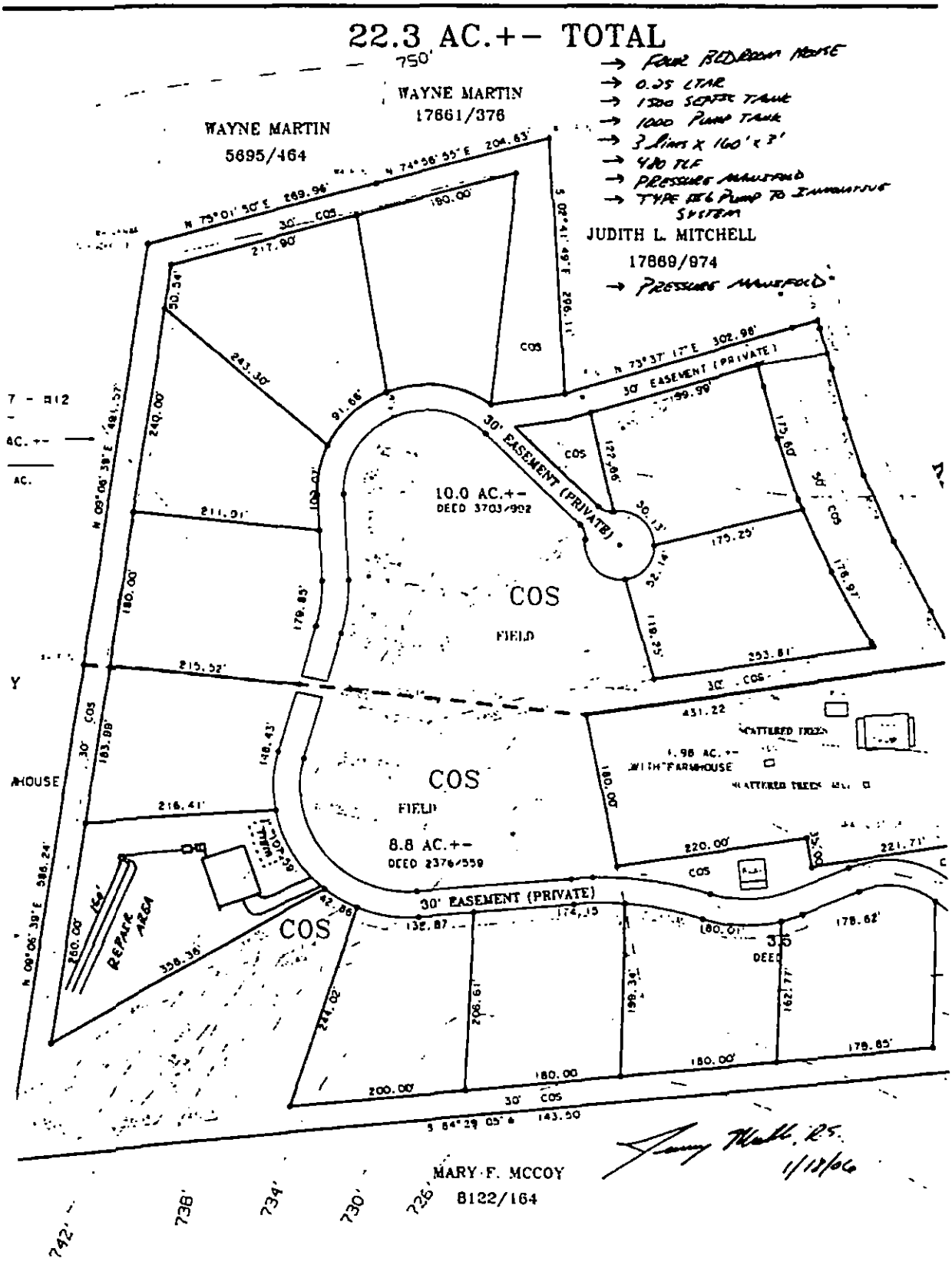
4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 9/27/2017

Tax Parcel 015-231-27



FILE # 6410

LOT #5 KERNS MEADOW




SCALE 1"= 100'-0"