SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☒ ~~NEW SEPTIC~~ ☐ REPAIR ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 11489B / 14567

Assigned Inspector: Patrick / Braedon

☑ IP $~~250.00~~ $100 OK'd by Jeremy Michalore (MD) 4/9/24 Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☑ CA & OP $400.00: MR 2/27/25 Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☒ Modified Plot Plan Fees $100.00: 4/9/24 Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☒ Send IP permit for signature: (MD) 2/27/25 ☒ Signature received: _____

☒ Floor plans reviewed

☒ Generate CA ☒ Approve as Noted in Winchester (After Signatures)

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☒ Septic file complete: 11/21/25

☒ Release final hold in Winchester: _____

Comments: 2/27/25 DAVE Osborne 704-201-5430 · Per Bryan D. collect $400 CA+OP. Osbornebuilders USA @ yahoo.com

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/27/25
Receipt #: 153807
Check / Auth #: VISA 01889G
Received By: RAMSEMA

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: OSBORNE DAVID
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 8820 IRA FLOWE RD	1	200.00	200.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		507.50		3,317.50	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/27/25
Receipt #: 153808
Check / Auth #: VISA 01889G
Received By: RAMSEMA

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: OSBORNE DAVID
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 8820 IRA FLOWE RD	1	200.00	200.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		507.50		3,317.50	

13369

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☑ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) MR/9-9-22 Initial/Date

CA ($200.00) _____Initial/Date

OP ($200.00) _____Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____Initial/Date

Alteration Fees Paid: $300 Total $200 _____Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☒ X Review ☐

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☒ X 10/24 Signature received ☒ X 10/26

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/09/24
Receipt #: 148321
Check / Auth #: CHECK 1343
Received By: ORTIZMP

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: DAVE OSBORNE
Attn: GREG POOLE
Address: 13825 MAPLE HOLLOW LN
Address:
City/State/Zip: MINT HILL, NC 28227

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 8820 IRA FLOWE RD 13922129	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
625.00	2,495.00	747.50		555.00	

11489B / 14567

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: 139-221-29
STREET ADDRESS: 9320 IRA Flowe Rd.
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: None
LOT #: _____ LOT SIZE (acres): _____
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: 792
NUMBER OF BEDROOMS: 1
NUMBER OF OCCUPANTS: 1
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 _____

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: Greg Poole
ADDRESS: 304 E. Matthews St. #201
CITY: Matthews
STATE: NC ZIP: 28105
WORK PHONE: _____
MOBILE PHONE: 704-560-2099
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Dave Osborne
ADDRESS: 13825 Mint Hollow Ln
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: same
MOBILE PHONE: 704-201-5430
FAX: _____
E-MAIL: Osborne.builders.sc17@yahoo.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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.

DO (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.

DO (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.

David Osborne — 3-26-24

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: $ 100 — DATE FEE RECEIVED: 4/9/24

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

APPLICATION PROCESSED BY: MD

GWS FILE NUMBER ASSIGNED: 11489B

APPLICATION ID NUMBER ASSIGNED: 14567

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

EXISTING

File #: 11489.B

PROPOSED PLOT PLAN

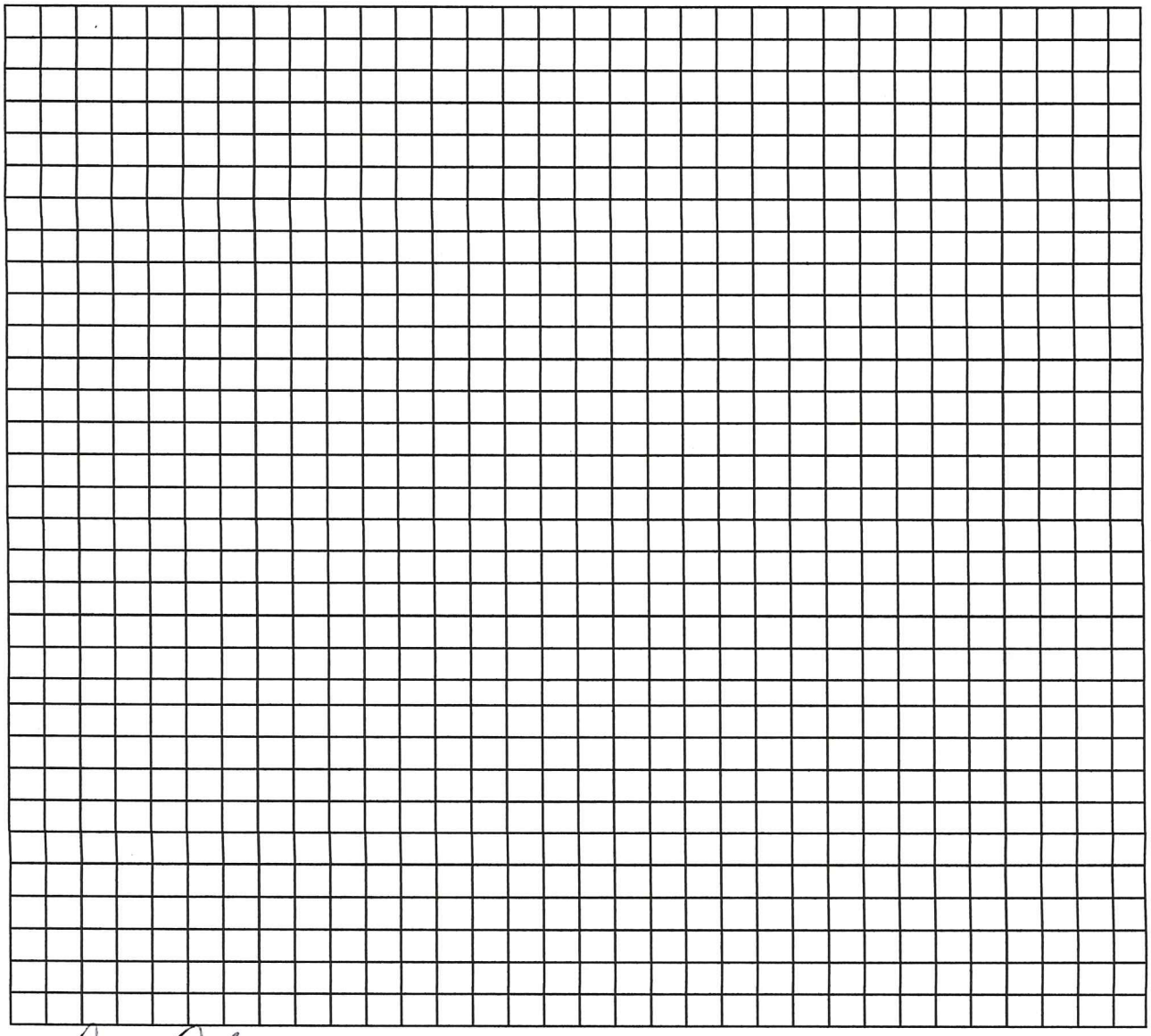
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 8820 TRA Flower Rd

Tax Parcel #: 139-221-29

Subdivision Name: None

Lot #: _____



Property Owner's or Owner's Legal Representative Signature

3-26-24
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

Mecklenburg County

Environmental Health

Groundwater & Wastewater Services

How to Prepare Your Property for an Improvement Permit:

The following items must be done before a Mecklenburg County Health Department representative can visit your site:

- Identity and mark all property corners
    - **Note: For tracts larger than 2 acres contact this department for specific instructions relating to identifying property lines.**
- All property lines should be marked every 50 feet.
- You are responsible for marking all structures to be built on site.
- Clearing excessive underbrush (i.e., thick briars, pine thickets, broom sage bushes, kudzu, honeysuckle, weeds, etc.) is required to allow thorough inspection for soil and wastewater system layout.
    - **Note: Absolutely no grading, filling, or cutting shall occur on site prior to evaluation for permit issuance.**
- When lot is clearly marked as above instructions require, give our office a call at 980-314-1680. We will then connect you with the inspector who will complete the soil test.

Note: Failure to follow these instructions properly can result in a 2-week delay in processing your application. If the lot is improperly marked and results in an additional trip a $100 extra trip fee may apply.

By signing below, I acknowledge that I have fully read and understand this document.

David Osborne — Property Owner's or Owner's Legal Representative Signature

3-26-24 — Date

3205 Freedom Dr. Suite 8000 J, Charlotte NC • 28208 • (980) 314-1680 • Fax (704) 336-6894

Last Modified: 8/7/23

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Dave Osborne is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

8820 Iron Flower Rd Mint Hill.
Number Street Town
(Or Parcel Number)

Greg Poole
Property Owner (print name)

Property Owner (signature)

3-27-24
Date

Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	11489B
WASPS App #:	13369
Primary ES assigned to project:	Braedon Shelton
Secondary ES assigned to project:	
Project Type:	New System
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	No
Comments:	Consultant design plan by Soil & Forestry Services
IA issued date:	
OP Issued date:	
Review performed by:	Michelone
Date performed:	10/19/2022

Created at 10/19/2022 11:35 AM by Michelone, Jeremy
Last modified at 10/19/2022 11:35 AM by Michelone, Jeremy

Close

epartment of Environment, Health, and Natural Resources
ivision of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 139-221-29
Lot #: 2B
File #: 11489B
AppID: 13369

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: FFRE, LLC
Address: 153 Clover Bank Rd, Mooresville, NC 2815
Proposed Facility: 3 Bedroom House
Design Flow (.1949): ~~480~~ 120 GPD
Location of Site: Ira Flowe Rd, Mint Hill, NC 28227
Water Supply: [ ] Public [X] Individual [X] Well
Evaluation Method: [ ] Auger Boring [X] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: owner
Date Evaluated: 9/23/2022
Property Size: 1.78 ac
Property Recorded: 9/1/22
[ ] Spring [ ] Municipal
[ ] Cut
[ ] 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	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Trench Low Side
Pit #1	LS 6%	0 - 6	sbk SCL	SS SP FR SEXP	10YR 7/2 at 46"	48	NA	NA		PS IV 0.3	32"
		6 - 48	sbk C	S P FI SEXP							
Pit #2	LS 6%	0 - 10	abk/sbk C	S P FI SEXP	>48"	48	NA	NA		PS IV 0.3	34"
		10 - 48	abk CL	SS SP FR SEXP							
Pit #3	LS 6%	0 - 8	sbk SCL	SS SP FR SEXP	>50"	43	US	NA		PS IV 0.275	29"
		8 - 43	abk C	S P FI SEXP							
		43 - 50	mass CL Sap	SS SP FI SEXP							
Pit #4	LS 6%	0 - 7	gr/sbk SCL	SS SP FR SEXP	>36"	24	US	NA		PS IV Drip 0.1	NA
		7 - 24	abk C	S P FI SEXP							
		24 - 36	Weathered Rock & Saprolite								
Pit #5	LS 6%	0 - 4	gr SCL	SS SP FR SEXP	>50"	50	NA	NA		PS IV 0.275	29"
		4 - 40	abk C	S P FI SEXP							
		40 - 50	abk CL	SS SP FI SEXP							
Pit #6	LS 9%	0 - 4	gr SCL	SS SP FR SEXP	10YR 7/2 at 26""	24	US	NA		PS IV Drip 0.1	NA
		4 - 20	abk C	S P FI SEXP							
		20 - 24	abk CL	SS SP FI SEXP							
		24 - 48	mass CL Sap	SS SP FR SEXP							
Pit #7	LS 6%	0 - 3	gr SCL	SS SP FR SEXP	>44"	22	US	NA	weathered rock incl.	PS IV Drip 0.1	NA
		3 - 22	abk C	S P FI SEXP							
		22 - 44	mass CL Sap	SS SP FI SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIb	Va
Site LTAR (gpd/sq ft)	0.275	TS1 Drip 0.1

Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS, REHS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: 10/17/22 BPJ 4/16/24
Others Present:

Auger #8 | L 6% | 0-23" | wblk, C | fi,s,P,sexp | 10YR 7/2 23" | 23" | Drip / PS IV | NA | 4/16/24 BPJ Augered 0 hole behind house

COMMENTS:

FILE #: 11489B
AppID: 13369

Landscape Position
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain
D-Drainage Way

Group	Texture	.1955 LTAR
I	S-Sand LS-Loamy Sand	1.2 - 0.8
II	SL-Sandy Loam L-Loam	0.8 - 0.6
III	Si-Silt SiCL-Silty Clay Loam CL-Clay Loam SCL-Sandy Clay Loam SiL-Silt Loam	0.6 - 0.3
IV	SC-Sandy Clay SiC-Silty Clay C-Clay	0.4 - 0.1

Structure
sg-Single Grain
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangular Blocky
abk-Angular Blocky
pl-Platy
pr-Prismatic

Structure Prefixes
w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

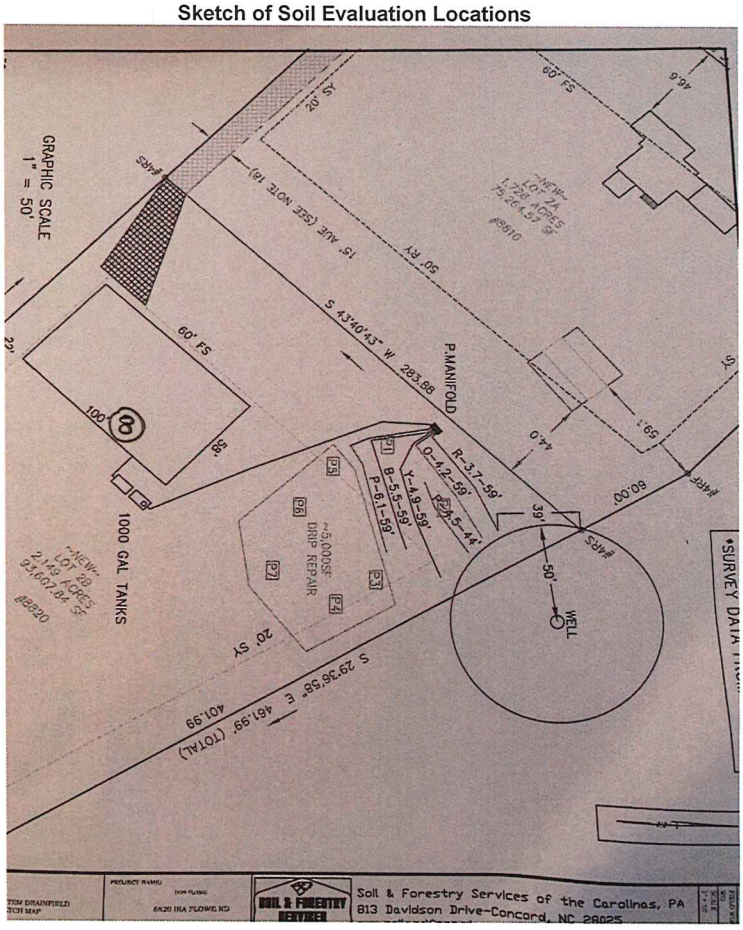
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Classification
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

Sketch of Soil Evaluation Locations



MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

(919)-4313000 or get a copy of the petition form from their web site at www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provisions of North Carolina General Statutes 130A-24, 150B-23, and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335(g) provides that your hearing would be held in the county where your property is located. If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings WITHIN 30 DAYS OF THE DATE OF THIS LETTER. The date of this letter is 04/17/24 Meeting the 30 day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you may request.

If you file a petition for a contested case with the Office of Administrative Hearings, you are required by law (NCGS 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may call or write the local health department if you need additional information or assistance.

Sincerely,

Braedon Shelton

Braedon Shelton, REHS
Environmental Health Specialist
980-297-3719

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

Voluntary Relinquishment of Administrative Appeal Rights (Completion of Form by Property Owner/Legal Representative)

April 17th, 2024

Owner:Greg Poole
324 E.Matthews st #201
Matthews, NC 28105
Subject: Voluntary Relinquishment of Administrative Appeal Rights

Legal Representative:
Dave Osbourne
13825 Maple Hollow Ln. Mint Hill, NC 28227
Subject: Voluntary Relinquishment of Administrative Appeal Rights

Permit ID: 30013369
11498B
Parcel ID: 13922129
Site Location: 8820 Ira Flowe Rd

File

1, Greg Poole, voluntarily relinquish my rights to pursue a formal appeal through the Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 10/18/22 for a system located on the above site will be "revoked" immediately by the authorized agent/local health department.

Greg Poole

Signature of Property Owner

4/16/24

2 Bedroom

2- 60' 25 % Line

1 / 1

7%

0-2311

C

10x11

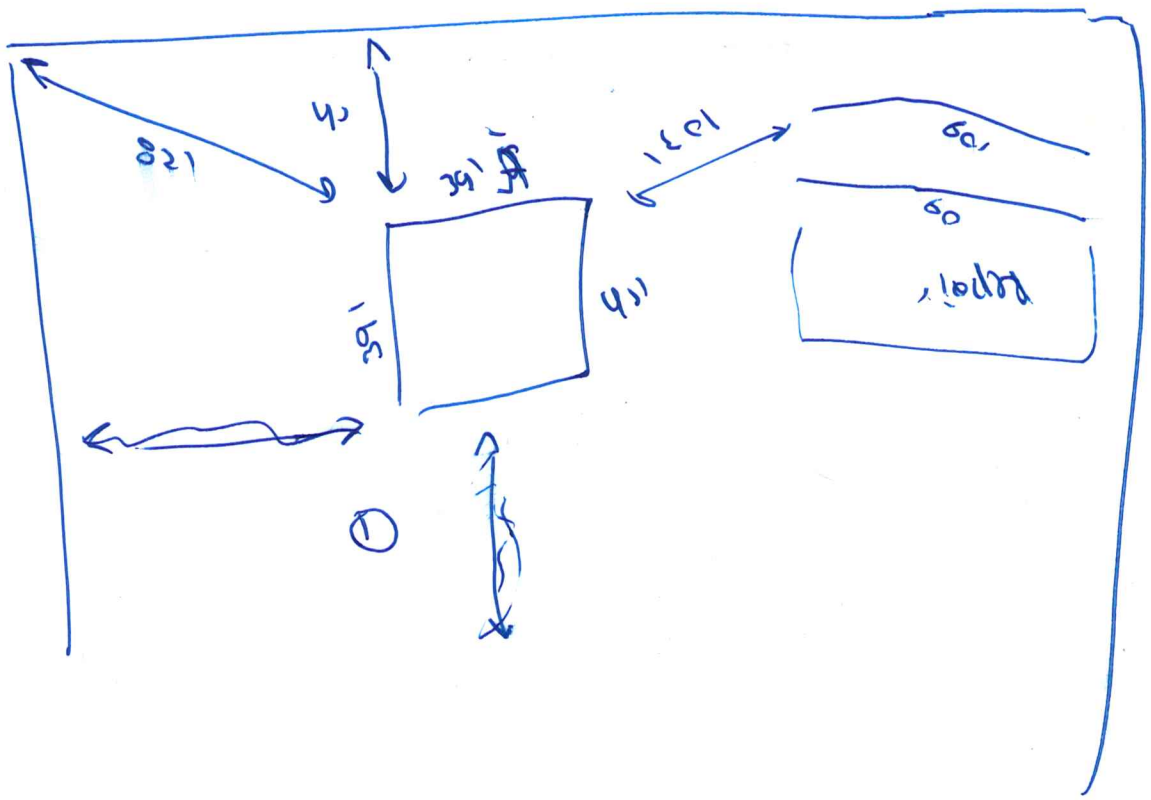
7/2

2311

to

Fire

flow



Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30014567 GWS File #: 11489B Tax Parcel #: 139-221-29

- 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. 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):** 4/17/2029

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

Structure Type: HOUSE Size (ft^2): 792 # Bedrooms: 1 Max. Occup.: 2

Building Foundation: Concrete Slab Water Supply: Private Well

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd): 175 LTAR (gpd/ft^2): .275 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 480 Total Trench Length (ft): 160

Maximum Trench Depth (in): 24 Depth of Media (in): 12 Distribution Device: Pressure Manifold

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 175 LTAR (gpd/ft^2): 0.275 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 480 Total Trench Length (ft): 160

Maximum Trench Depth (in): 24 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 STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braedon Shelton Owner/Legal Agent: _____
Print Name

Signature: Braedon Shelton Signature: _____

Date Issued: 4/17/2024

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30014567** GWS File #: **11489B**

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.
- Finished grade shall provide for positive surface drainage away from all system components – 1/2% grade

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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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Authorized Agent: Braedon Shelton

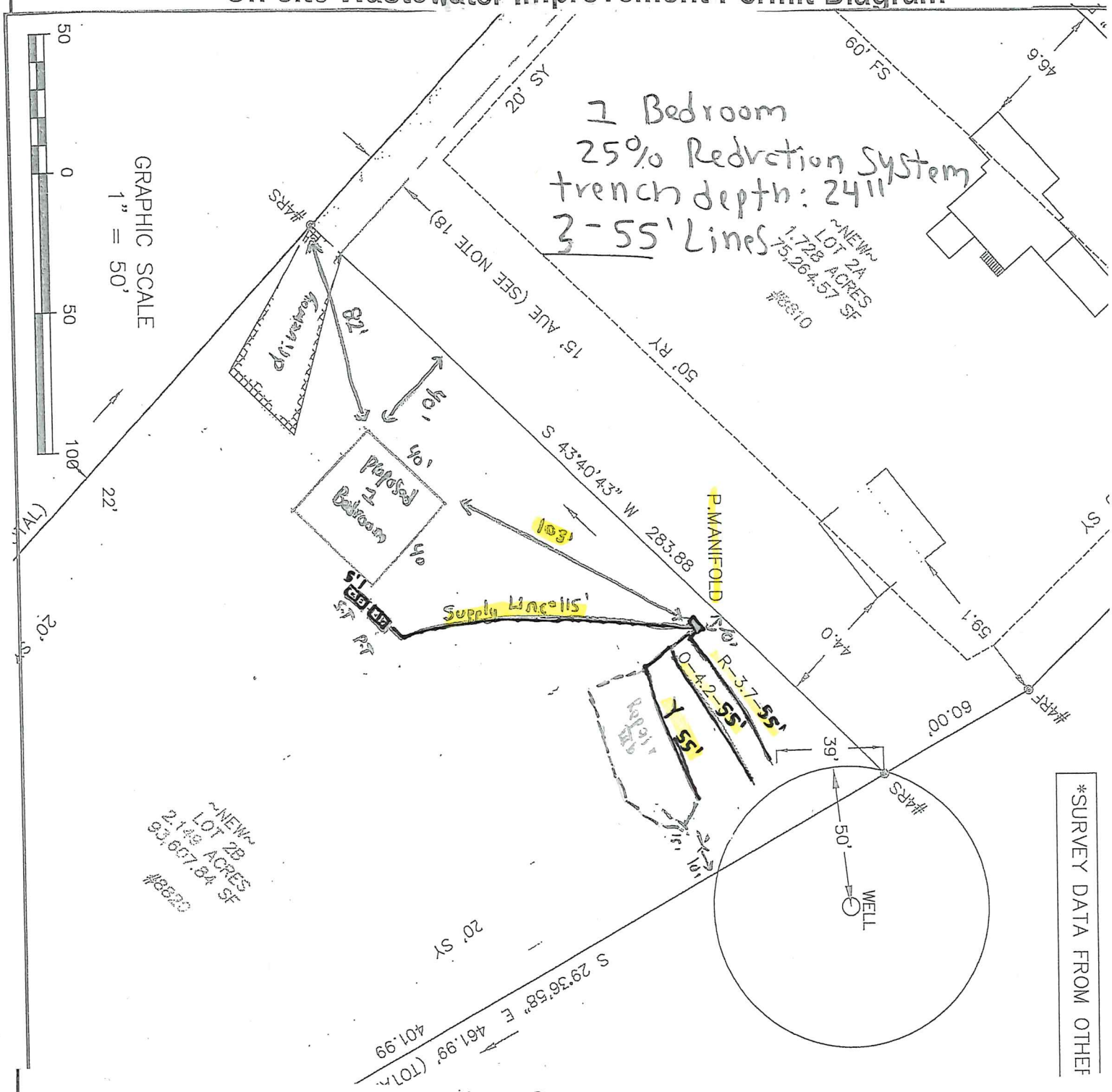
Signature: Braed Shelto

Date Issued: 4/17/2024

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

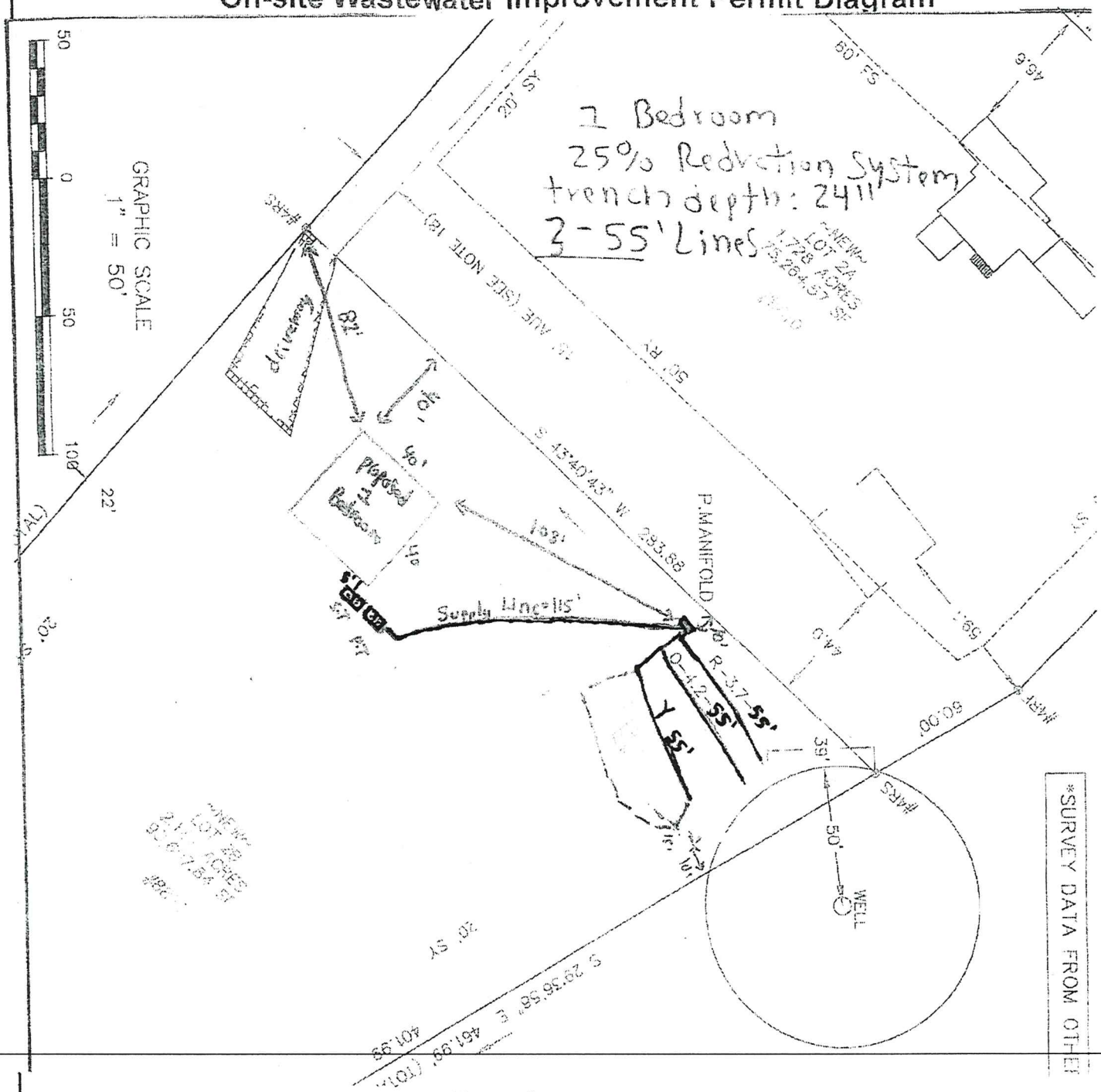
Permit # 30014567
PID #:139-221-29
File #: 11489B

Authorized Agent: Braedan Shultz Date: 4/17/24

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 fe

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit # 30014567
PID #:139-221-29
File #: 11489B

Authorized Agent: Brandan Shultz Date: 4/17/24

Owner/ Legal Agent: David Osborne Date: 3/4/25

1 inch = 60 fe

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-site Wastewater Section

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

Permit # 30014567 CWS File #: 11489B Tax Parcel #: 139-221-29

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Maximum Trench Depth (in): 24 Depth of Media (in): 12 Distribution Device: Pressure Manifold

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 175 LTAR (gpd/ft²): 0.275 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 5 Absorption Area (ft²): 480 Total Trench Length (ft): 160

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IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board
- The permitted system shall be installed in accordance with the included PLOT PLAN
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braedon Shelton Owner/Legal Agent: DAVID OSBORNE
Print Name

Signature: Braedon Shelton Signature: David Osborne

Date Issued: 4/17/2024

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit # 30014567 GWS File # 11489B

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.
- Finished grade shall provide for positive surface drainage away from all system components – 1/2% grade

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board
- The permitted system shall be installed in accordance with the included PLOT PLAN
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braedon Shelton

Signature: Braed Shelton

Date Issued: 4/17/2024

Owner/Legal Agent: DAVID Osborne
Print Name

Signature: David Osborne

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 11489B App# 14567 Tax Parcel# 139-221-29

Property Owner: Gregory Poole

Job Location Address: 8820 Ira Flowe

City: Charlotte State: NC Zip Code: 28227

1. Does System design match facility, flow & wastewater characteristics?

   ☒YES ☐ NO

   Comments: _____

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☒ YES ☐ NO

   Comments: _____

   _____

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☒YES ☐ NO

   Comments: _____

   _____

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Braedon Shelton
Authorized Agent

11/12/25
Date

Union Septic
Others Present

Phone: (980) 314-1660 Fax: (704) 336-6894

On-Site Wastewater Section

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

File #: 11489B Permit #: 14567 Tax Parcel #: 139-221-29

Property Owner: Gregory Poole

Job Location Address: 8820 Ira Flowe

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 11/20/2025 Contractor Name: Union Septic

Permitted Design Flow: 120 GPD

Liquid Capacity of Septic Tank: 1000 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Tank Manufacture Shoaf Effluent Pump Model: Liberty

Drainfield Installation ☐ N/A

Trench Depth: 22 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 162 feet

# of Lines: 3 @ 54 feet

Depth of Media: 12 inches (Type) Infiltrator Quick-4

Depth of Cover: ≥ 6 inches

Distribution Device: Pressure Manifold

Inspection Dates

Tank(s) Inspected: 11/12/25

Excavation Inspected: 11/12/25

Pump & Controls Inspected: 11/12/25

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

Bed Depth: _____ inches

Bed Width: _____ feet

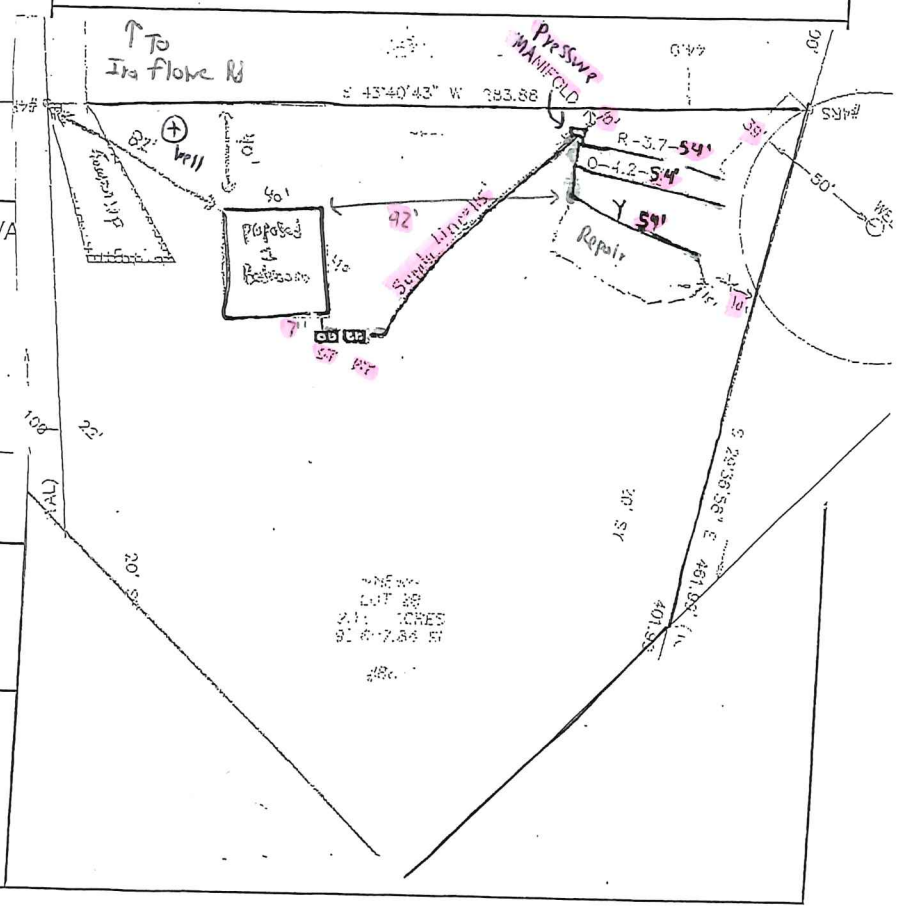
Total line length: _____ feet

# 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 feet

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

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

Comments: System Classification & Type: IIIb, Chm-36, 9, MA NIA 1 Bedroom House Pump to Accepted 25% Reduction System

ENR Authorized Agent: Braedon Shelton Signature: Braedon Shelton

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 11489B Permit #: 14567 Tax Parcel #: 139-221-29

Property Owner: Gregory Poole

Job Location Address: 8820 Ira Flowe

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: 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: 1 Bedroom System, Pump to Accepted System

DENR Authorized Agent: Braedon Shelton Date: 11/20/25

Signature: Braedon Shelton

11489B/13369

12 SEP '22 AM 9:48

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: 13922106 29
STREET ADDRESS: ~~8620~~ Ira Flowe Rd
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: Flowe
LOT #: 2B LOT SIZ
TOWNSHIP:
○ MECKLENBURG ○ COR
○ DAVIDSON ○ CHA
○ MATTHEWS ◉ MIN

Needs to be Revoked See attached Signed Letter

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
○ OTHER
RE FOOTAGE: 2,500
DROOMS: 4
CUPANTS: 3
YPE:
SLAB ○ BASEMENT WITH PLUMBING
CE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND C** TE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO L OCCUPANTS IN THE RESIDENCE:

6. **WATER SUPPLY:** ○ MUNI) WELL ○ OTHER

7. **PROPOSED USE OF WELL:** R) ○ OTHER

8. **PLEASE INDICATE AND RA** ERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ N/A ☐ ANY TYPE ☑ LTERNATIVE ☐ 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 ~~BRANCH~~	◉ 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

* see attached plat

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 9/1/22 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**
NAME: FFRE, LLC
ADDRESS: 153 Clover Bank Rd
CITY: Mooresville
STATE: NC ZIP: 28115
WORK PHONE: (704) 658-3703
MOBILE PHONE: (704) 701-3974
FAX: N/A
E-MAIL: donflowe@yahoo.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
**Owner's Authorization form is required if legal representative is submitting application*
NAME: N/A
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

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.

FFRE, LLC by

_____
Property Owner's or ~~Owner's~~ Legal Representative Signature

I for M. Flowe, manager

9-8-23
Date

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

871 - P 181

I, MARK C. CARTER, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 30428, PAGE 621; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 25th DAY OF AUGUST, A.D., 2022

Mark C Carter
PROFESSIONAL LAND SURVEYOR L-5102

NORTH CAROLINA SEAL L-5102 MARK C. CARTER

FILED FOR REGISTRATION
SEP 01 2022
AT 2:05 PM

I, Mark C. Carter, Registered Land Surveyor No. L-5102, certify to one or more of the following as indicated thus, [X] or [ ]

[X] A. That this plat is of a survey that creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.
[ ] B. That this plat is of a survey that is located in such portion of a county or municipality that is unregulated as to an ordinance that regulates parcels of land.
[ ] C. That this plat is of a survey of an existing parcel or parcels of land.
[ ] D. That this plat is of a survey of another category, such as the recombination of existing parcels, a court-ordered survey or other exception to the definition of subdivision
[ ] E. That the information available to this surveyor is such that I am unable to make a determination to the best of my professional ability as to provisions contained in (A) through (D) above.

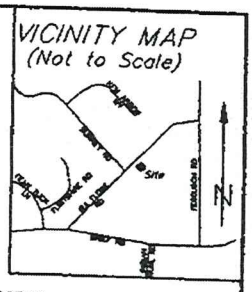
NOTES

1. AREA CALCULATED BY COORDINATE COMPUTATION
2. ADJOINING PROPERTY OWNERS NAMES WERE TAKEN FROM MECKLENBURG COUNTY TAX OFFICE RECORDS, AND ARE CONSIDERED AS NOW OR FORMERLY
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES, MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. LOT SUBJECT TO ALL ZONING ORDINANCES OF THE MECKLENBURG COUNTY. BUILDER/OWNER MUST VERIFY THAT LOT IS IN COMPLIANCE WITH ALL COUNTY AND HOMEOWNERS ASSOCIATION ZONING ORDINANCES PRIOR TO ANY LAND DISTURBANCE OR CONSTRUCTION.
7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
8. NO NGS MONUMENT FOUND WITHIN 2000 FEET.
9. SETBACKS SHOWN ARE per MB 57 PG 919.
10. SUBJECT PROPERTIES SHOWN HEREON ARE SUBJECT TO A 20% MAXIMUM IMPERVIOUS AREA RESTRICTION.
11. THE SUBDIVIDED PROPERTY IS CONSIDERED A LARGER COMMON PLAN OF DEVELOPMENT AND THEREFORE WILL BE SUBJECT TO THE APPLICABLE PORTIONS OF THE TOWN OF MINT HILL POST-CONSTRUCTION STORM WATER ORDINANCE DURING DEVELOPMENT AND REDEVELOPMENT (INCLUDING EXPANSION).
12. COMPLIANCE WITH THE POST-CONSTRUCTION STORM WATER ORDINANCE IS REQUIRED.
13. THE PURPOSE OF THIS PLAT IS TO SUBDIVIDE THE EXISTING LOT 2 FOUND ON MB 57 PG 919 AND TO INDICATE THE ENFORCEABLE RESTRICTIONS ON PROPERTY USAGE THAT RUN WITH THE LAND TO ENSURE THAT FUTURE DEVELOPMENT AND REDEVELOPMENT MAINTAINS THE SITE IN COMPLIANCE WITH ORDINANCE REQUIREMENTS. THOSE RESTRICTIONS THAT SHOW UP ON THE RECORDED FINAL PLAT SHALL BE PICKED UP BY THE SURVEYOR AND SHOWN ON THE LOT SURVEY GIVE TO PURCHASERS AT THE TIME OF CLOSING. IN THIS WAY, THE PROPERTY OWNER SHALL BE MADE AWARE OF THE RESTRICTIONS AND SHALL MAINTAIN THE SITE IN COMPLIANCE WITH ORDINANCE REQUIREMENTS.
14. SUBJECT PROPERTY IS PART OF THE CLEAR CREEK WATERSHED IN THE YADKIN POST CONSTRUCTION DISTRICT.
15. SUBJECT PROPERTY IS NOT SUBJECT TO STORM WATER IMPROVEMENT MANAGEMENT BUFFERS PER MB 57 PG 919
    OWNER/DESIGNER/CONTRACTOR TO CONFIRM IF PROPERTY SHOWN IS SUBJECT TO BUFFER RESTRICTIONS BEFORE ANY DESIGN OR CONSTRUCTION.
16. ALL STREAMS DRAINING LESS THAN 50 ACRES SHALL HAVE A MINIMUM 30 FOOT VEGETATED STREAM BUFFER INCLUDING A 10 FOOT ZONE ADJACENT TO THE BANK. DISTURBANCE OF THE STREAM BUFFER IS ALLOWED; HOWEVER, ANY DISTURBED AREA MUST BE REVEGETATED AND DISTURBANCE OF THE 10 FOOT ZONE ADJACENT TO THE BANK SHALL REQUIRE STREAM BANK STABILIZATION USING BIOENGINEERING TECHNIQUES AS SPECIFIED IN THE DESIGN MANUAL.
17. SOME EXISTING IMPROVEMENTS NOT SHOWN ON THIS MAP FOR CLARITY PURPOSES.
18. THE 15' ACCESS & UTILITY EASEMENT (AUE) SHOWN HEREON IS FOR THE EXCLUSIVE BENEFIT OF LOT 2B FOR THE PURPOSE OF INGRESS, EGRESS, & EGRESS ALONG WITH RIGHT OF NECESSARY UTILITY INSTALLATIONS FOR FUTURE DEVELOPMENT.
19. THE PURPOSE OF THE STORM DRAINAGE EASEMENT (SDE) IS TO PROVIDE STORM WATER CONVEYANCE. BUILDINGS ARE NOT PERMITTED IN THE EASEMENT AREA. ANY OTHER OBJECTS WHICH IMPEDE STORM WATER FLOW OR SYSTEM MAINTENANCE ARE ALSO PROHIBITED.
20. MAINTENANCE OF ALL SDE'S AS SHOWN ON PLAT IS THE RESPONSIBILITY OF THE PROPERTY OWNER OR ASSIGNS.
21. LOTS SHOWN HEREON WILL BE REQUIRED TO SUBMIT EROSION CONTROL PLANS FOR ANY FUTURE DEVELOPMENT TO MECKLENBURG COUNTY LAND DEVELOPMENT FOR GRADING PERMITS.
22. EACH LOT SHOWN HEREON IS SUBJECT TO A MAX 20% IMPERVIOUS AREA RESTRICTION:
    - LOT 2A: 15,052.91 SF
    - LOT 2B: 14,721.57 SF

LINE TABLE

LINE	BEARING	DISTANCE
L1	N 05°51'19" E	124.87'
L2	N 05°51'19" E	124.87'

VICINITY MAP (Not to Scale)



LEGEND

RF	REBAR FOUND
RS	REBAR SET
R/W	RIGHT-OF-WAY
SF	SQUARE FEET
MB	MAP BOOK
DB	DEED BOOK
PG	PAGE
FS	FRONT SETBACK
RY	REAR YARD
SY	SIDE YARD
AUE	ACCESS & UTILITY EASEMENT
	POST CONSTRUCTION BUFFER
	OVERHEAD POWER LINE
	CHAINLINK FENCE
	ADJOINER PROPERTY LINE
	R/W LINE
	EXTERIOR PROPERTY LINE
	BUILDING SETBACK LINE
	BUILDING SETBACK LINE
	POWER POLE

MAP BOOK 71 PAGE 181
#2022125872

JULIE DANG & MINH DANG NOW OR FORMERLY LOT 4 DB 30119 PG 873 MB 57 PG 919 TAX # 139-221-28

RODRIGO NUNEZ PARAMO & ELIZABETH RIVERA GARCIA NOW OR FORMERLY PORTION OF LOT 3 DB 29275 PG 467 MB 42 PG 795 TAX # 139-221-23

CORY WRIGHT & KIKI N WRIGHT NOW OR FORMERLY LOT 1 DB 31295 PG 535 MB 57 PG 919 TAX # 139-221-26

MARIA SANDRA RAZO ROBLES NOW OR FORMERLY LOT 3 DB 31153 PG 40 MB 57 PG 919 TAX # 139-221-27

FIELD LOCATED BRANCH

Branch

30' POST CONSTRUCTION BUFFER (SEE NOTE 16)

NEW LOT 2B 2.140 ACRES 93,207.84 SF

Proposed house footprint

Proposed septic area

NEW LOT 2A 1.728 ACRES 75,264.57 SF

#8810

EXISTING HOUSE

15' AUE (SEE NOTE 16)

MECKLENBURG COUNTY:

APPROVED IN ACCORDANCE WITH THE ENGINEERING REQUIREMENTS OF THE SUBDIVISION ORDINANCE OF THE TOWN OF MINT HILL, MECKLENBURG COUNTY, NORTH CAROLINA

MECKLENBURG COUNTY STAFF — DATE 9/1/2022

DIVISION OF HIGHWAYS, DISTRICT ENGINEER CERTIFICATE

I HEREBY CERTIFY THAT THE RIGHT OF WAY DEDICATION ALONG THE EXISTING STATE MAINTAINED ROADWAY(S) SHOWN ON THIS PLAT IS APPROVED AND ACCEPTED AS PUBLIC RIGHT OF WAY BY THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION, DIVISION OF HIGHWAYS.

DISTRICT ENGINEER — DATE 8/26/2022

ONLY NORTH CAROLINA DEPARTMENT OF TRANSPORTATION APPROVED STRUCTURES ARE TO BE CONSTRUCTED ON PUBLIC RIGHT OF WAY

TOWN OF MINT HILL APPROVAL CERTIFICATE

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE TOWN OF MINT HILL SUBDIVISION ORDINANCE

CHAIRMAN PLANNING BOARD — DATE 8/29/22

STATE OF NORTH CAROLINA
MECKLENBURG COUNTY

I, John Howard, REVIEW OFFICER OF MECKLENBURG COUNTY, NC CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING

REVIEW OFFICER — DATE 8/29/22

CERTIFICATE OF OWNERSHIP & DEDICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY FREE CONSENT, DEDICATE ALL STREETS, ALLEYS, WALKS, PARKS, AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED.

OWNER (FYRE, LLC A LIMITED LIABILITY COMPANY) — DATE 8-26-22

N 42°38'48" E 256.70' (TIE ONLY)
N 43°48'05" W 3.25' (TIE ONLY)
N 43°40'43" E 312.13'
S 43°41'08" W 288.37' (TIE ONLY)
S 43°40'43" W 283.66'
S 80°52'19" E 28.53' (TIE ONLY)
N 39°22'00" E 5.30' (TIE ONLY)
S 25°26'56" E 401.89' (TOTAL)
N 47°08'54" W 702.89' (TOTAL)
S 44°08'07" E 180.45'

IRA FLOWE RD SR # 3108 60' PUBLIC R/W per MB 57 PG 919

TO FERGUSON ROAD SR # 3181

TO SURREY ROAD SR # 4261

SITE NOTES:

BUILDING SETBACK REQUIREMENTS (MINIMUM) ZONED R

FRONT:	50 FEET
SIDE YARD:	20 FEET
REAR YARD:	30 FEET
MINIMUM LOT WIDTH:	140 FEET
MINIMUM LOT AREA:	40,000 SF

FLOOD NOTE:
NO PORTION OF THE SUBJECT PROPERTY SHOWN HEREON LIES WITHIN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL 3710552200L, DATED: 2/19/2014.

GRAPHIC SCALE
(IN FEET)
1 inch = 60 ft.

OWNER INFO:
FYRE, LLC.
A NC LIMITED LIABILITY COMPANY
8810 IRA FLOWE ROAD
CHARLOTTE, NC 28227

FINAL PLAT
AT PROPERTY KNOWN AS
#8810 IRA FLOWE ROAD
LOT 2, FLOWE ESTATES SUBDIVISION
TAX ID # 139-221-06
DB 30428 PG 621, MB 57 PG 919
CLEAR CREEK TOWNSHIP, MECKLENBURG COUNTY, NC

PHOENIX LAND SURVEYING, INC
3316 OLD MONROE ROAD
STALLINGS, NORTH CAROLINA 28104
PH: (704)-335-1655
EMAIL: INFO@PHOENIX-SURVEYING.COM
FIRM # C-3915
Land Surveying Land Planning

FIELD WORK: CC, RM – MARKINGS: WS, KH, DMZ
PROJ # 721-1641-01 8810 IRA FLOWE ROAD

FOR REGISTRATION
Fredrick Smith
REGISTER OF DEEDS
Mecklenburg County, NC
2022 SEP 01 03:08:36 PM
BK:71 PG:181-182
FEE:$21.00
INSTRUMENT # 2022125872

PETERSAL



2022125872

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/09/22
Receipt #: 137630
Check / Auth #: MC 46298P
Received By: RAMSEMA

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: FLOWE IRA
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 8820 IRA FLOWE RD		1	250.00	250.00

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

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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

Design for a 4 Bedroom
HPPBPS Septic System
using MANIFOLD distribution
for 8820 Ira Flowe Road, Lot # 2B

Contents: **Page**

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

Design Information
- Design Specifications ---------- 2
- Layout Specifications ---------- 3
- System Flow ---------- 4

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

Drainfield Sketch ---------- 6

Effluent Pump Specifications ---------- 7

Calculations ---------- 8

Pressure Manifold Device Sketch ---------- 9

Horizontal Panel Specifications ---------- 10

Soil Profile Descriptions ---------- 11

Sep 2022
Design By: Wendell Overby

GWS Septic System Design Review

GWS File#: 11489B

	Approved	Disapproved
Design Review:	☐	☐
Field Review:	☐	☐

***Projects are not considered "APPROVED" until both sections above are completed and indicate an APPROVED status.**

8820 Ira Flowe Road, Lot # 2B
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 DHHS, and certification supplied by the that must be considered along with all other considerations.
* 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
* 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.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.
* **System specified as HPPBPS type using MANIFOLD distribution**
* **Repair specified as DRIP type using DRIP distribution**
* **System trench depth specified at 24"**
* **System trenches installed on 9' minimum; 3' wide trenches**
* **Rake and lime trenches as per manufacturers specs**

8820 Ira Flowe Road, Lot # 2B
HPPBPS MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Business (if applicable):	N/A
Contact:	Don Flowe
Phone:	704 701-3974
Email:	don.flowe@blueharborbank.com
County:	Mecklenburg
Location:	8820 Ira Flowe Road

Design Specifications

Source of Wastewater Flow:	4	bedroom home
Estimated Daily Wastewater Production:	480	gpd
System Flow:	35.55	gpm
Drain field Size:	291	lf
Loading Rate:	0.275	gpd/ft.^{2}
Trench Depth:	24	in
Trench Width:	24	in
Septic Tank Size:	1000	gal
Pump Tank Size:	1000	gal
Estimated Supply Line Length:	150	lf
Supply Line Diameter:	2 in. SCH 40 PVC	
Supply Line Volume:	26.10	gal
Dosing Volume:	252.00	gal
Pump Draw Down*:	8.7	in
Pressure Head:	2	ft
Friction Head:	3.75	ft
Elevation Head:	17.00	ft
Total Dynamic Head:	23.13	ft
Threaded Union:	In Tank	
Gate Valves:	1 in Tank: 1 @ manifold	
Check Valves:	In Tank	
Anti-Siphon Hole:	n/a	
Recommended Pump:	Zoeller Model 152	

8820 Ira Flowe Road, Lot # 2B
LAYOUT SPECS

Daily Flow (gpd) **480** **Sep 2022**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM		0.0			100.0		
INSTR. 1			100.0				
			SYSTEM				
1	RED			3.7	96.3	60	59
2	ORANGE			4.2	95.8	62	59
3	PINK			4.5	95.5	44	0
4	YELLOW			4.9	95.1	71	59
5	BLUE			5.5	94.5	85	59
6	PINK			6.1	93.9	84	59
			REPAIR				
			DRIP IRRIGATION				

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	295	0.275	HPPBPS	50%	MANIFOLD	24"	0"
REPAIR	2400	0.100	DRIP	0%	DRIP	6"	0"

Notes:
**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

8820 Ira Flowe Road, Lot # 2B

SYSTEM FLOW

HPPBPS DESIGN SPECIFICATIONS

Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Flow/Line	Line LTAR	# of Panels
1	R	3.7	59	SCH 40 1/2	**7.11**	96	**0.121**	**0.54**	14
2	O	4.2	59	SCH 40 1/2	**7.11**	96	**0.121**	**0.54**	14
4	Y	4.9	59	SCH 40 1/2	**7.11**	96	**0.121**	**0.54**	14
5	B	5.5	59	SCH 40 1/2	**7.11**	96	**0.121**	**0.54**	14
6	P	6.1	59	SCH 40 1/2	**7.11**	96	**0.121**	**0.54**	14
	total	**feet =**	**295**	**gal/min =**	**35.55**				70

Design Flow	**480**
Pump Run to Dose 480 gpd=	**13.50**
Soil LTAR	**0.275**
PPBPS LTAR	**0.55**

137, 139, 140, 145

Flow-Mate

In high head dewatering or effluent applications where pumping performance is critical, this robust family of pumps is known for reliability, durability and performance. These pumps are especially suited for harsh environments. Zoeller's cool run design and corrosion-resistant, powder coated epoxy finish add up to a long-lasting, trouble-free product.



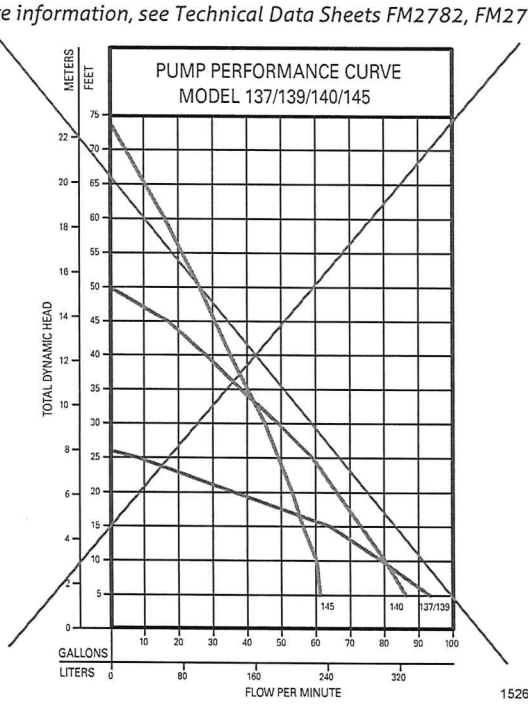
APPLICATIONS:

- STEP or onsite applications
- Water transfer
- Light commercial dewatering

SPECIFICATIONS:

- 1-1/2" NPT discharge
- 1/2 HP through 1 HP
- Available in automatic or nonautomatic
- Model 137, 139, 140: 1/2" (12 mm) spherical solids capacity with vortex impeller
- Model 145: 3/4" (19 mm) spherical solids capacity with vortex impeller
- Bronze construction available (139 series)
- High head version available (145 series)
- Double shaft seal versions available for added protection on models 140/145.

For more information, see Technical Data Sheets FM2782, FM2783.



152656

151, 152, 153

Dose-Mate

This is our fastest growing line of effluent pumps. The 150 series is truly a workhorse designed for reliability under extreme conditions in an effluent environment. 150 series pump curves cover a wide range of applications. They are well suited to applications with low pressure pipe (LPP) and enhanced flow STEP systems. Zoeller's cool run design and corrosion-resistant, powder coated epoxy finish, in addition to the hermetically sealed, oil-filled motor and non-clogging vortex impeller add up to a long-lasting, trouble-free product.



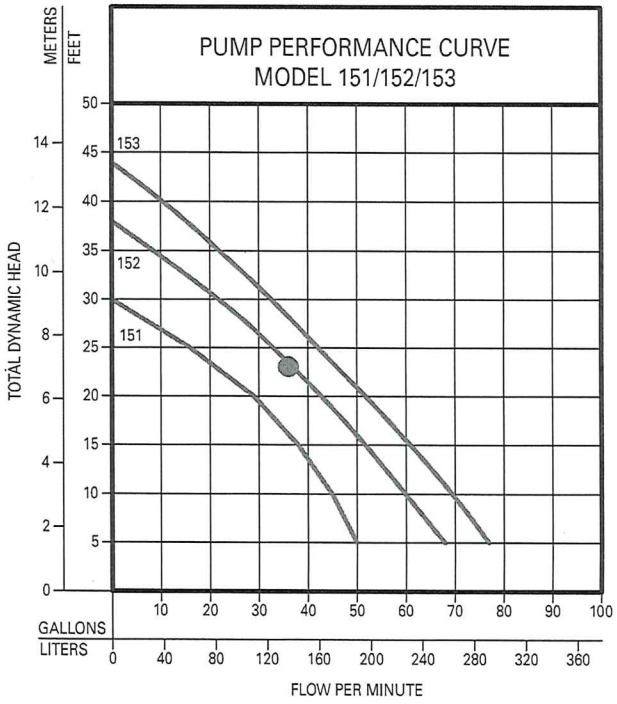
APPLICATIONS:

- STEP or onsite applications
- Light commercial dewatering

SPECIFICATIONS:

- 1-1/2" NPT discharge
- 3/10 HP through 1/2 HP
- Available in nonautomatic or with a variable level piggyback mechanical switch
- 1/2" (12 mm) spherical solids capacity with vortex thermoplastic impeller

For more information, see Technical Data Sheet FM2784.

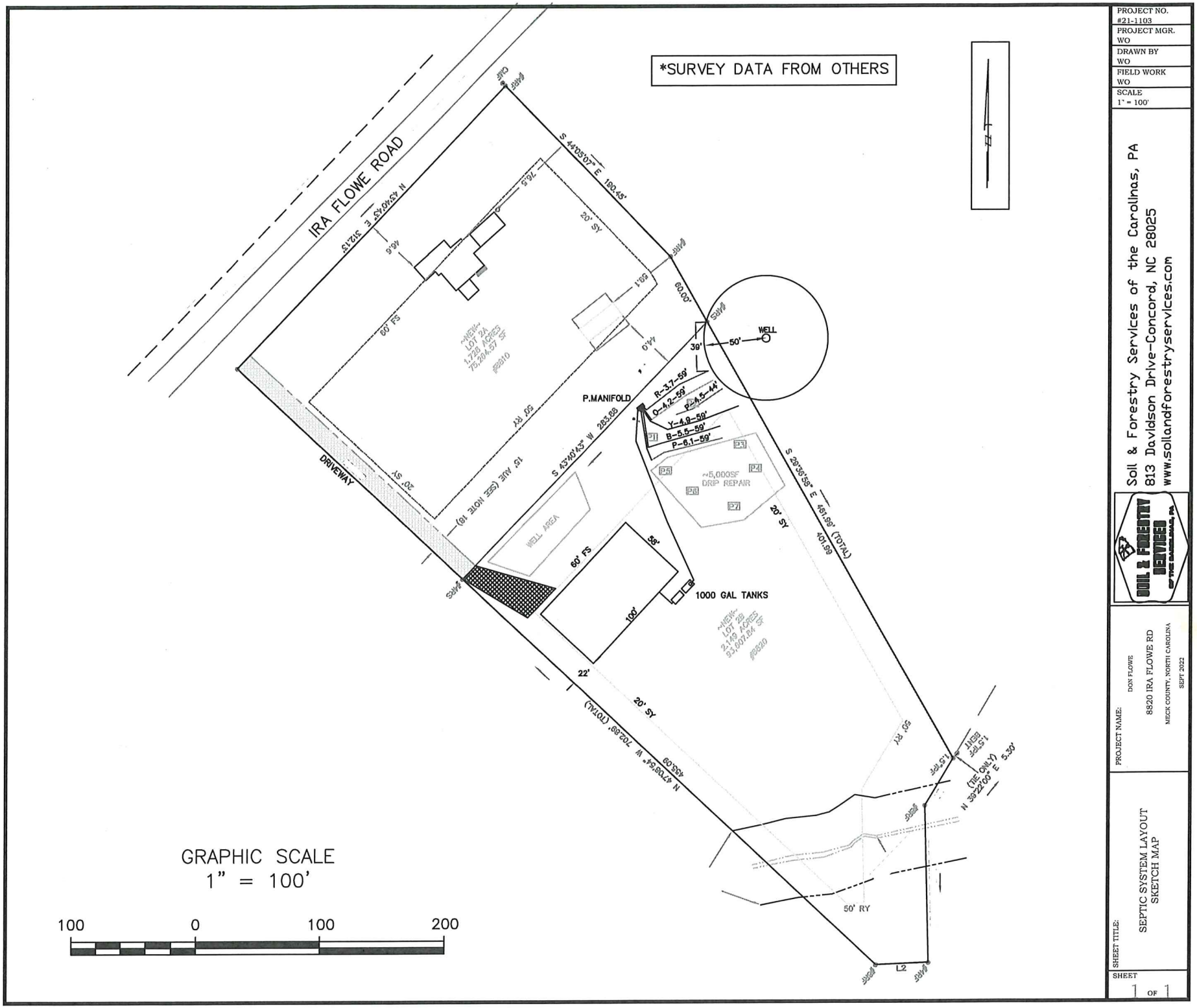


014508

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8820 Ira Flowe Road, Lot# 2B
Calculations

SITE INFO	Designer	Wendell Overby	
	Project Name	8820 Ira Flowe Road	
	Project #	21-1103	
	Project MM YYYY	Sep 2022	
	Lot #	2B	
	Business (if applicable)	N/A	
	Contact	Don Flowe	
	Phone	704 701-3974	
	Email	don.flowe@blueharborbank.com	
	County	Mecklenburg	
	Bedrooms	4	
	Daily Flow	480	
SYSTEM	System LTAR	0.275	
	System Type	HPPBPS	
	System Distribution	MANIFOLD	
	System Trench Depth	24	
	Soil Cap	0	in.
	Supply Line Distance	150	
	Required Feet of Line (system)	290.909091	
REPAIR	Repair LTAR	0.1	
	Repair Type	DRIP	
	Repair Distribution	DRIP	
	Repair Trench Depth	6	
	Soil Cap	0	in.
	Required Feet of Line (repair)	2400	
	Amount of Line from Layout	295	
SYSTEM PUMP VARIABLES	Gallons per Minute	36	gpm
	Required Septic Tank Capacity	1000	gal.
	Minimum Standard Tank Size	1000	gal.
	Panel Volume	3.6	gal.
	# of Panels	70	
	Dosing Volume	252	gal.
	Tank Draw Down	8.7	in.
	Pump Run Time	7.09	minutes
	Elevation Head	17	ft.
	Pressure Head	2	ft.
	Friction Factor	2.5	ft./100 ft. *(From the interpolater)*
	Friction Head	3.75	ft.
	Friction Head +10%	4.125	ft.
	Total Dynamic Head	23.13	ft.
	Pump Recommendation	Zoeller Model 152	



PROJECT NO.	#21-1103
PROJECT MGR.	WO
DRAWN BY	WO
FIELD WORK	WO
SCALE	1" = 100'

Soil & Forestry Services of the Carolinas, PA
813 Davidson Drive-Concord, NC 28025
www.sollandforestryservices.com

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA

PROJECT NAME: DON FLOWE
8820 IRA FLOWE RD
MECK COUNTY, NORTH CAROLINA
SEPT 2022

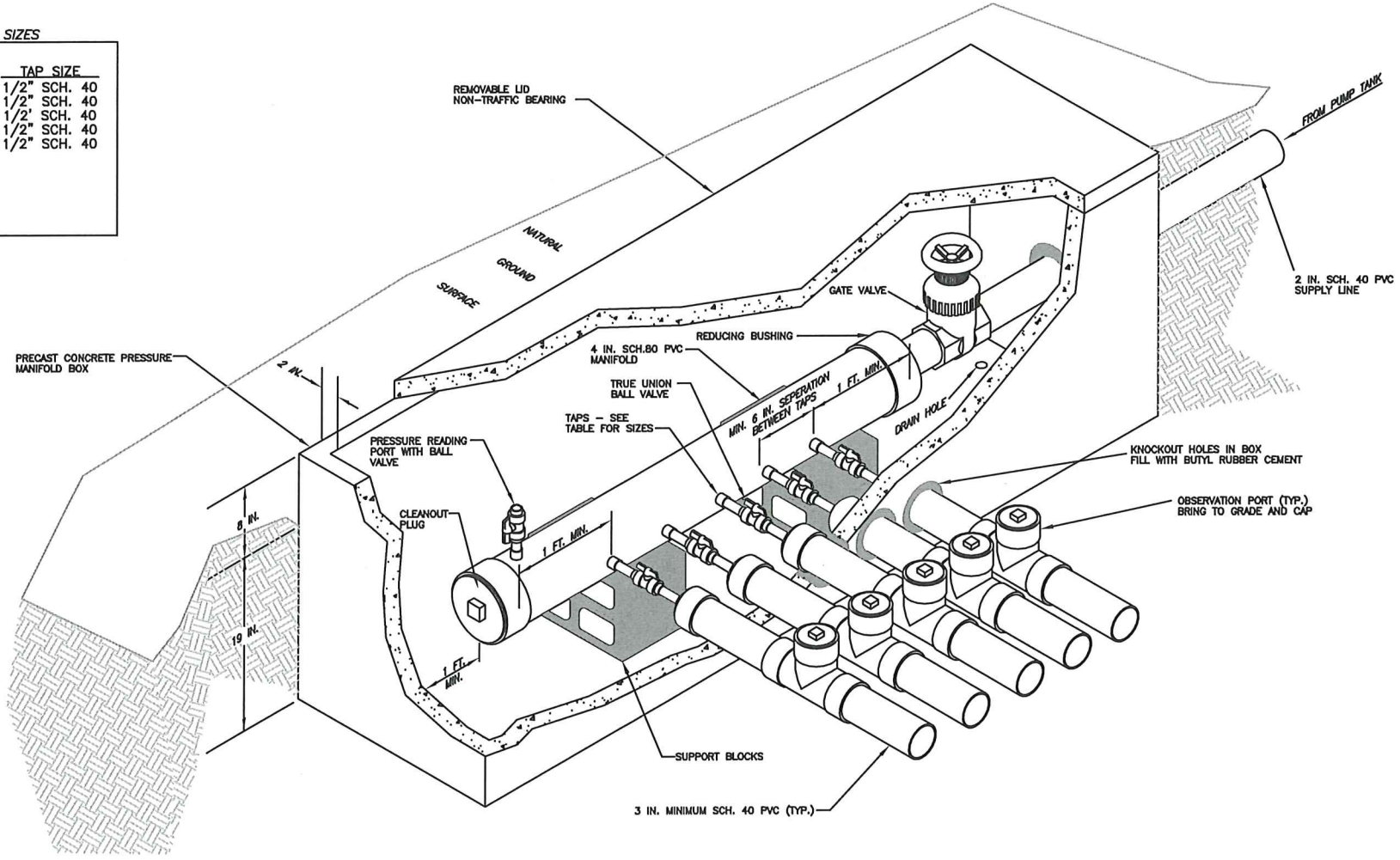
SHEET TITLE:
SEPTIC SYSTEM LAYOUT
SKETCH MAP

SHEET 1 OF 1

PRESSURE MANIFOLD DETAILS
FOR
8820 IRA FLOWE ROAD

TAP SIZES

LINE No.	TAP SIZE
1	1/2" SCH. 40
2	1/2" SCH. 40
4	1/2' SCH. 40
5	1/2" SCH. 40
6	1/2" SCH. 40



Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30013369** GWS File #: **11489B** Tax Parcel #: **139-221-29**

- 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. 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):** 10/18/2027

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

Structure Type: HOUSE Size (ft^2): 2500 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: PPBPS (gravity) (Horizontal) **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	873	Total Trench Length (ft):	291
Maximum Trench Depth (in):	24	Depth of Media (in):	N/A	Distribution Device:	Pressure Manifold		

III. Repair System Type: Drip Irrigation **System Classification:** Va

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.1	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	1	Trench Spacing (ft):	2	Absorption Area (ft^2):	4800	Total Trench Length (ft):	4800
Maximum Trench Depth (in):	6	Depth of Media (in):	N/A	Distribution Device:	Headworks (Drip Irr.		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braedon Shelton Owner/Legal Agent: _____
Print Name

Signature: Braedon Shelton Signature: _____

Date Issued: 10/18/2022

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30013369** GWS File #: **11489B**

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.
- 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.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- 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 STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braedon Shelton

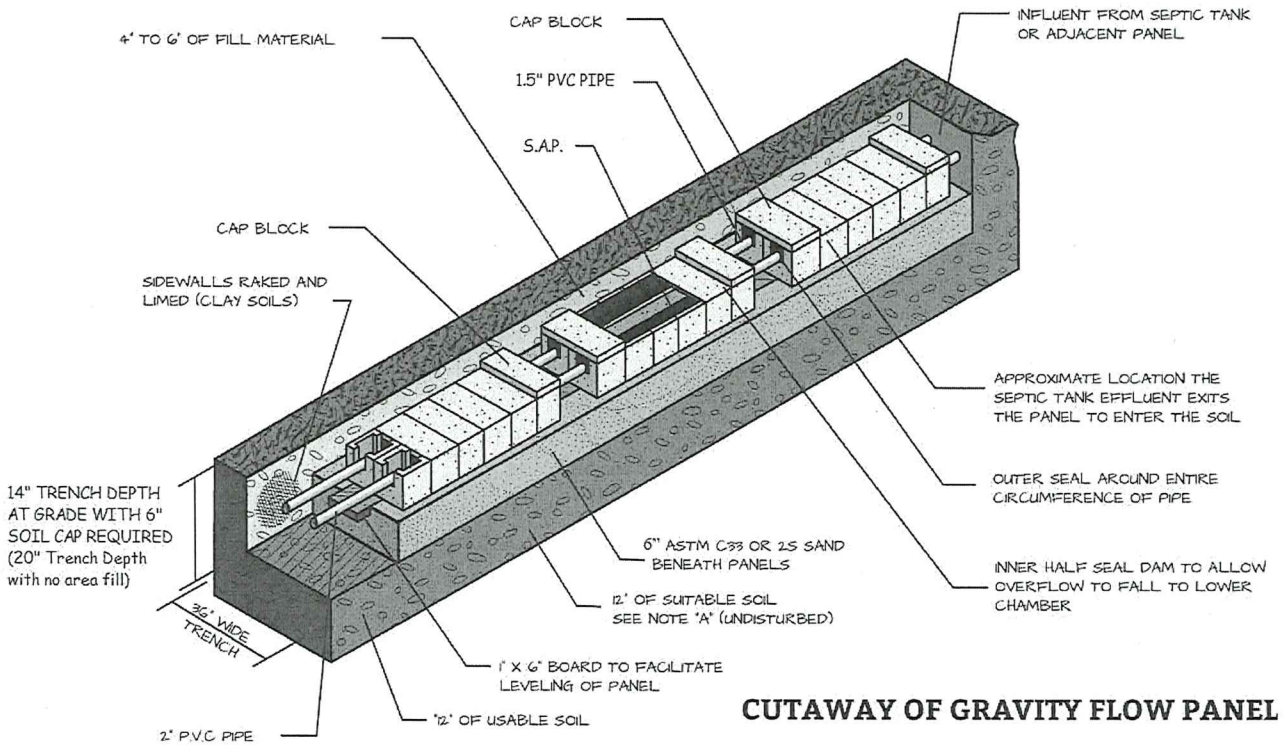
Signature: Braedon Shelton

Date Issued: 10/18/2022

Owner/Legal Agent: _____
Print Name

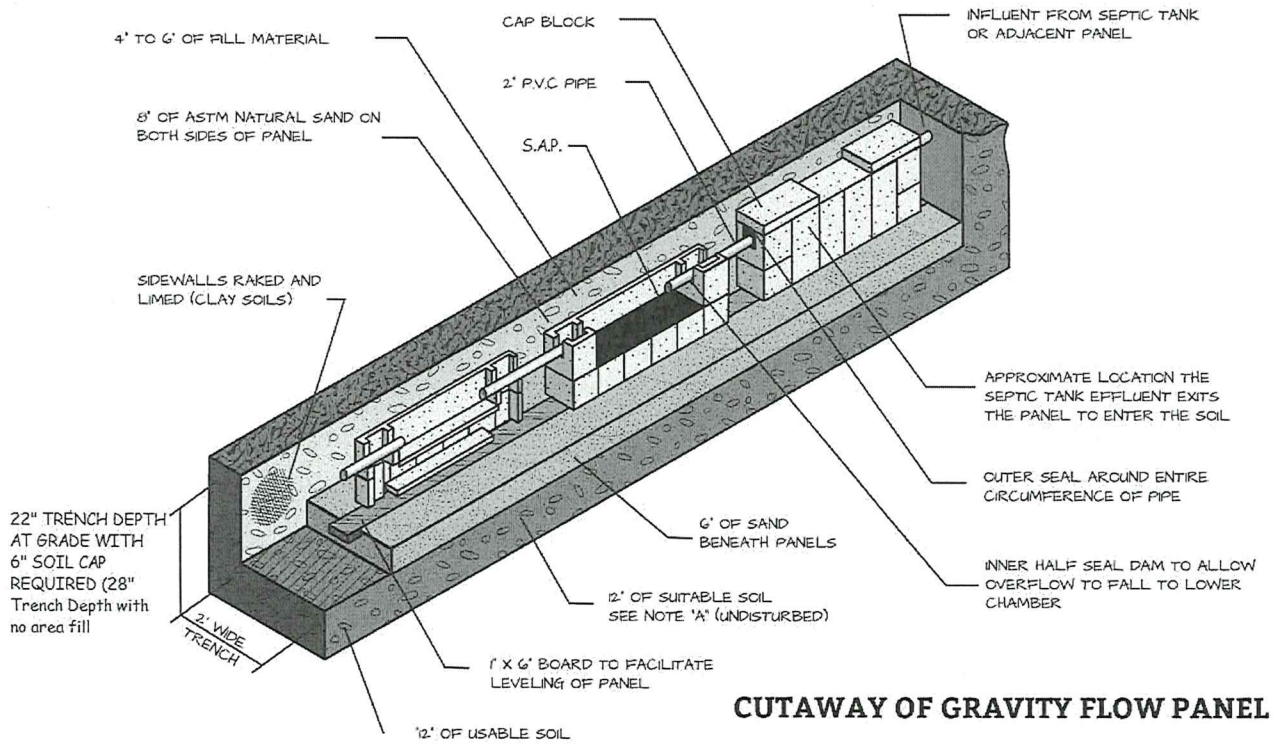
Signature: _____

Isometric Drawing of a Segment of T & J Panel Horizontal Installation



CUTAWAY OF GRAVITY FLOW PANEL

Isometric Drawing of a Segment of T & J Panel Vertical Installation



CUTAWAY OF GRAVITY FLOW PANEL

PROPERTY ID #: 13922129
COUNTY: Mecklenburg

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(complete all fields in full)

OWNER: DON FLOWE
ADDRESS:
PROPOSED FACILITY: 4 BEDROOM
LOCATION OF SITE: 8820 IRA FLOWE ROAD

APPLICATION DATE:
DATE EVALUATED: 9/22/2022
PROPERTY SIZE: 2
PROPERTY RECORDED: 2022

WATER SUPPLY: ☑ Private ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR CLASS	.1944 RESTR HORIZ	
2	L / 6%	0-6	YB SICL WFG	FR SS SP	N/A	48	N/A	N/A	0.3
		6-24	R SIC WMA	FR SS SP					
		24-48	R CL WFA	FR SS SP					
4	L / 6%	0-3	B SIL WFG	FR SS SP	N/A	24	UN	N/A	0.1
		3-24	YR SIC WFA	FR SS SP					
		24-48	VAR YR SIL SAP MASS	FR SS SP					
1	L / 6%	0-3	DB SIL WFG	FR SS SP	2CH @ 46	48	N/A	N/A	0.3
		3-10	YR SICL WFA	FR SS SP					
		10-40	R C MMA	FR SS SP					
		40-48	BR CL MMA	FR SS SP					
6	L / 6%	0-3	DB SIL WFG	FR SS SP	N/A	18	UN	N/A	0.1
		3-18	YR SICL WMA	FR SS SP C SAP					
		18-48	YR SIL MASS	FI SS SP					
5	L / 6%	0-5	YB SICL WMA	FR SS SP	N/A	48	N/A	N/A	0.275
		5-42	R C MMA	FI SS SP					
		42-48	BR CL WMA	FR SS SP					
3	L / 6%	0-4	YB WIL WMA	FR SS SP	N/A	46	N/A	N/A	0.275
		4-8	YR SICL WMA	FR SS SP					
		8-23	BR C MMA	FR S SP					
		23-46	YR CL WMA	FR SS SP YB					
7	L / 6%	0-3	DB SIL WFG	FR SS SP	N/A	20	UN	UN	0.1
		3-20	YR SIC WMA	FR SS SP					
		20+	VAR SIL MASS	FI SS PS					

LICENSED SOIL SCIENTIST
JAMES WENDELL OVERBY
1216
STATE OF NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Types(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: OVERBY
OTHER(S) PRESENT:

COMMENTS:

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit # 30013369 GWS File # 11489B Tax Parcel # 139-221-29

- 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. 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):** 10/18/2027

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

Structure Type: HOUSE Size (ft^2): 2500 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: PPBPS (gravity) (Horizontal) **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.275 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 873 Total Trench Length (ft) 291

Maximum Trench Depth (in): 24 Depth of Media (in): N/A Distribution Device: Pressure Manifold

III. Repair System Type: Drip Irrigation **System Classification:** Va

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 1 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 1 Trench Spacing (ft): 2 Absorption Area (ft^2): 4800 Total Trench Length (ft) 4800

Maximum Trench Depth (in): 6 Depth of Media (in): N/A Distribution Device: Headworks (Drip Irr.

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braedon Shelton

Signature: Braedon Shelton

Date Issued: 10/18/2022

FFRE, LLC

Owner/Legal Agent: by Isa M. Flowe, manager

Print Name

Signature:

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30013389 GWS File #: 11489B

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.
- 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
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- 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 STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braedon Shelton

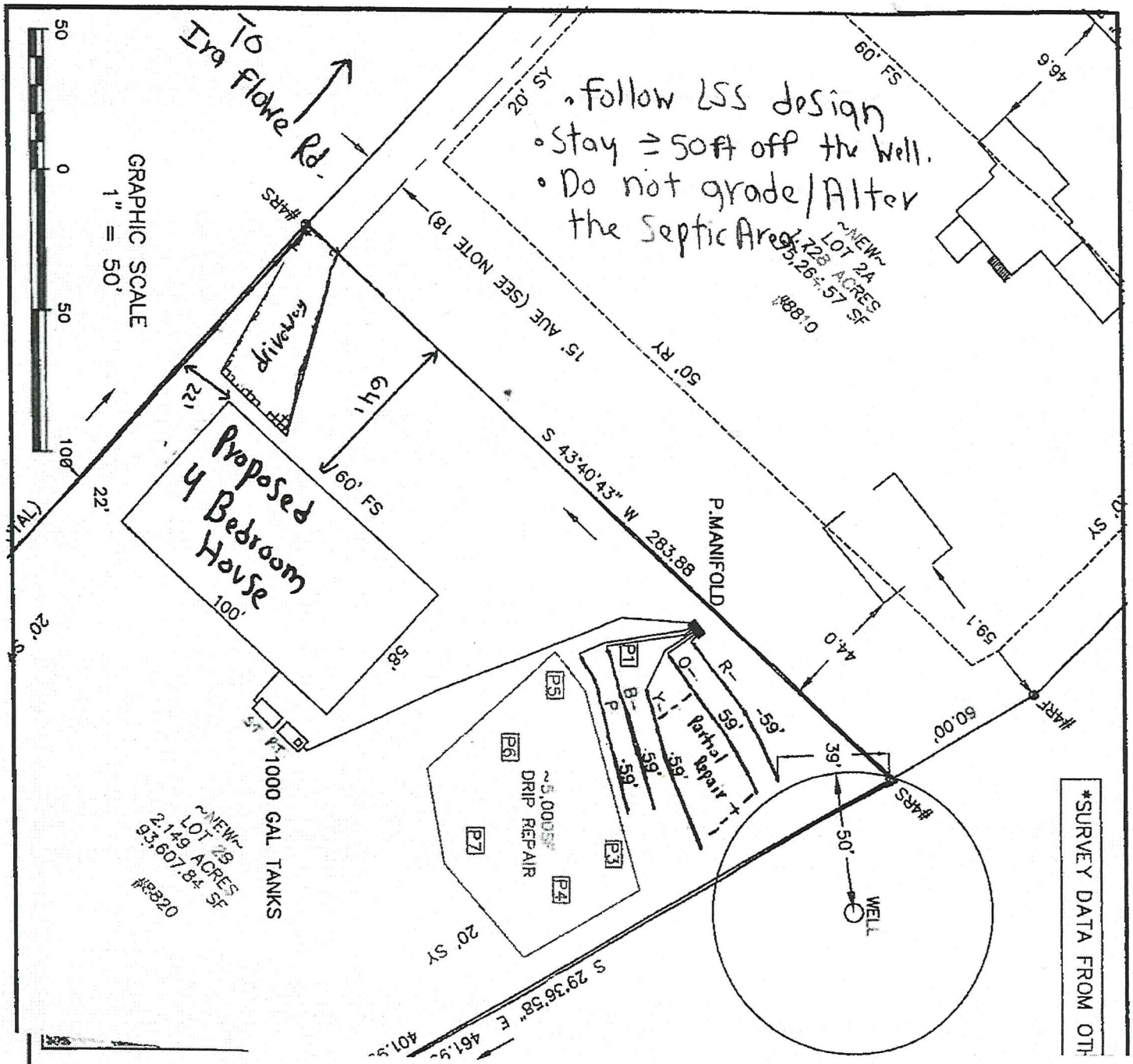
Signature: Braedon Shelton

Date Issued: 10/18/2022

Owner/Legal Agent: FFRE, LLC by Ira M. Flowe, Manager
Print Name

Signature:

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

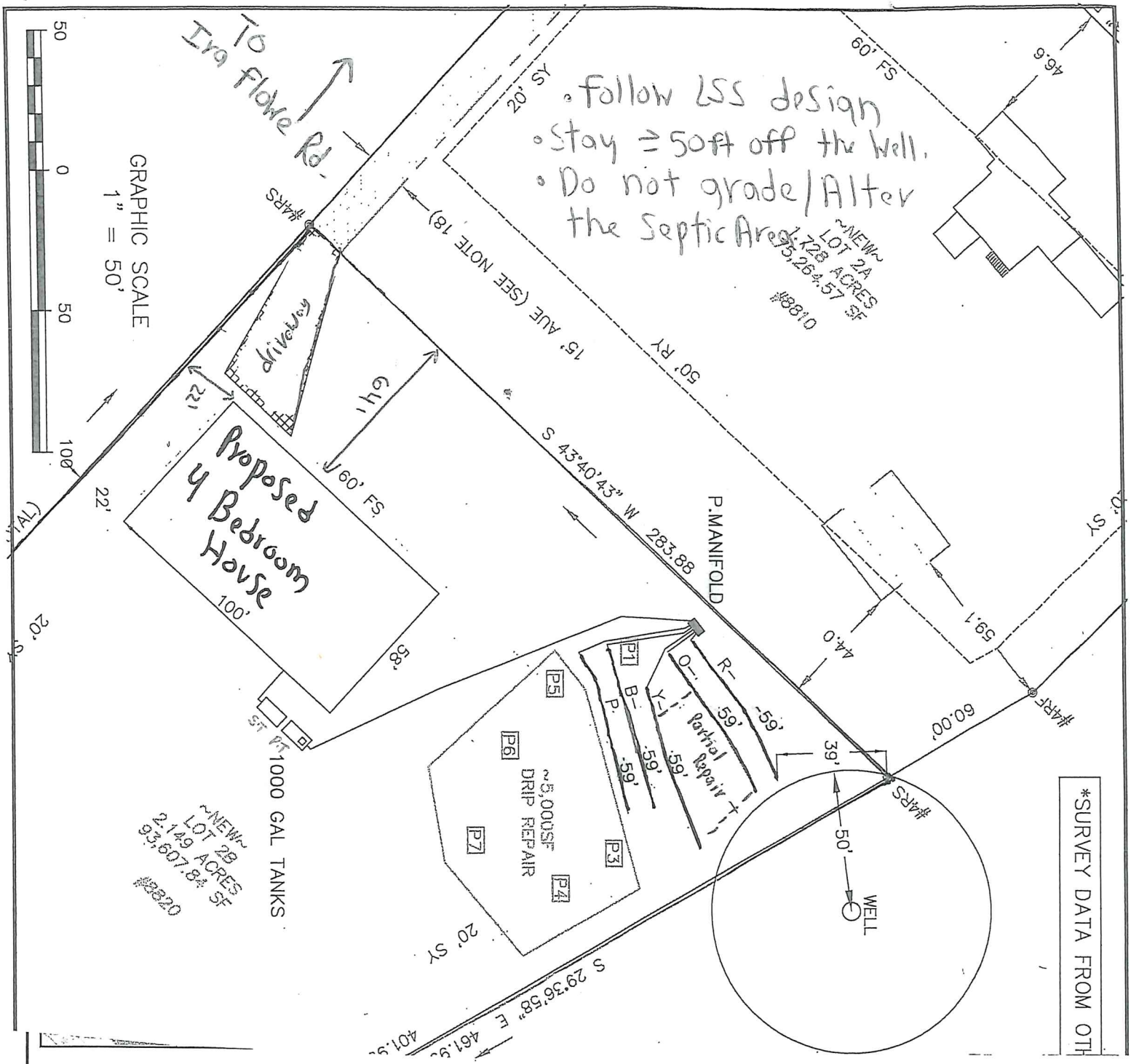
Permit #13369
PID #:139-221-29
File #:11489B

Authorized Agent: Brandon Shutta Date: 10/18/22
FFRE, LLC by Ira M. Flowe, Manager

Owner/ Legal Agent: _____ Date: 10-25-22

1 inch = 60 fee

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #13369
PID #:139-221-29
File #:11489B

Authorized Agent: Brandon Dhutta Date: 10/18/22

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 fee