## Groundwater & Wastewater Services
### Septic Project File & Data Review Worksheet

GWS File #: 7818B WASPS App #: 5590

Primary ES assigned to project: Jeremy Michael

Secondary ES assigned to project: _____

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

**I. File Review:**

| Rule or Law | | | | |
|---|---|---|---|---|
| | **Permit Application** | | | |
| .1937(d) | Is the Application complete | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is there a Site plan/Plat with application | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is the Facility shown? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Are appurtenances shown | Yes ☑ | No ☐ | N/A ☐ |
| | **Site Evaluation Information** | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1940 (a-g) | Slope % Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Texture Class Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Structure type Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Consistence Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Mineralogy Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(3) | Soil Wetness Condition Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(6) | Sufficient Available Space Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(m) | Are the Profile Locations Shown? | | | |
| .1939(a) | Are the S/PS Profiles in system & in repair area? | Yes ☑ | No ☐ | N/A ☐ |
| & .1945(b) | Number of auger borings made: 5 | | | |
| | Were sufficient auger borings made? | Yes ☑ | No ☐ | N/A ☐ |
| .1939(d), .1955, .1956, .1957 | LTAR 0.3 | Yes ☐ | No ☐ | N/A ☐ |
| | **Improvement Permit/Construction Authorization** | | | |
| .1937(g) 130A-336(a) | Proposed System Type stated-Initial | Yes ☑ | No ☐ | N/A ☐ |
| .1945(b) | Proposed System Type stated-Repair | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336 (a)(3) | System location identifiable by setbacks - Initial | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) .1945(b) | System components shown – Initial | Yes ☑ | No ☐ | N/A ☐ |
| .1945(b) | Repair area shown | Yes ☑ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Does System design match facility, flow & WWcharacteristics? | Yes ☑ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is System design consistent with soil/site conditions? | Yes ☑ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is the System located in the approved area? | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336(a) | Is the Design flow (gpd) indicated? | Yes ☑ | No ☐ | N/A ☐ |

| | | | | |
|---|---|---|---|---|
| 130A-336(a) | Number of Bedrooms, employees, seats, etc. indicated? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) | Trench depth indicated? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) | Trench width indicated? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) | Trench length indicated? | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Proposed/existing well shown? | Yes ☐ | No ☐ | N/A ☑ |
| 130A-336(a)(1) | Property line lengths shown? | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336(a) | Facility/appurtenance setbacks shown from fixed points? | Yes ☑ | No ☐ | N/A ☐ |
| | **Operation Permit** | | | |
| .1937(i) | System type as described in table V(a) of rule .1961 | Yes ☑ | No ☐ | N/A ☐ |
| .1937(i) | Conditions for system performance, operation, maintenance, monitoring and reporting. | Yes ☑ | No ☐ | N/A ☐ |

**II. WASPS Review:**

| | | | |
|---|---|---|---|
| Construction authorization issued | Yes ☐ | No ☐ | N/A ☐ |
| Installation approval issued | Yes ☑ | No ☐ | N/A ☐ |
| Operation permit issued | Yes ☑ | No ☐ | N/A ☐ |
| Other related documentation | Yes ☐ | No ☐ | N/A ☐ |

# Items requiring correction/modification: _____

Comments:

IA issued date: 7/16/2012

OP issued date: ~~7/31/2012~~ 7/25/2012

Review performed by: JAM Date performed: 8/10/12

7818B

**MECKLENBURG COUNTY HEALTH DEPARTMENT**

Appl. # 5590

**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: 19521321

STREET ADDRESS: 13226 ~~Farrington~~ Oaks Dr

CITY: Charlotte Fairington Oaks Dr

STATE: NC ZIP: 28227

SUBDIVISION NAME: Faerington Oaks

LOT #: 93 LOT SIZE (acres): 30876

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: 3920

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 6

FOUNDATION TYPE:

◉ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

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

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

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

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

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

8A. **RANK:** 1 2 — — 3

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

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

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

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

12. **PROPERTY OWNER:**

NAME: True Homes

ADDRESS: 2649 Brekonridge Centre Dr.

CITY: Monroe

STATE: NC ZIP: 28110

WORK PHONE: (704) 238-1229

MOBILE PHONE: _____

FAX: (704) 238-1150

E-MAIL: MSturdivant@truehomesusa.com

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

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____



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

Revised on: 12/15/10

**14. SEPTIC SYSTEM PERMIT APPLICATION:**

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

_____ (Initial here for septic system applications)

**15. WELL PERMIT APPLICATION:**

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

_____ (Initial here for well applications)

**16. APPLICATION SIGNATURE SECTION:**

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

Michelle Sturdivant — Property Owner's or Owner's Legal Representative Signature

5/21/12 — Date

---

*OFFICE USE ONLY*

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

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
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Mecklenburg County Groundwater & Wastewater Services
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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 #: 7818 B Permit #: 5590 Tax Parcel #: 195 213 21

Property Owner: True Homes

Job Location Address: 13226 Fairington Oaks Dr, Lot 93

City: Charlotte State: NC Zip Code:

**Operation Permit Issuance Date:** 7/25/12 Contractor Name: Chris Stevens

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 0.3 gallons

Effluent Pump Model: Liberty 253

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

*Total line length:* 400 *feet*

# of Lines: 4 @ var feet

Depth of Media: 12 inches (Type) Chambers

Depth of Cover: 24 inches

Distribution Device: Washer box / Chamber feed

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: 10 feet

Distance from Property Line: 10 feet

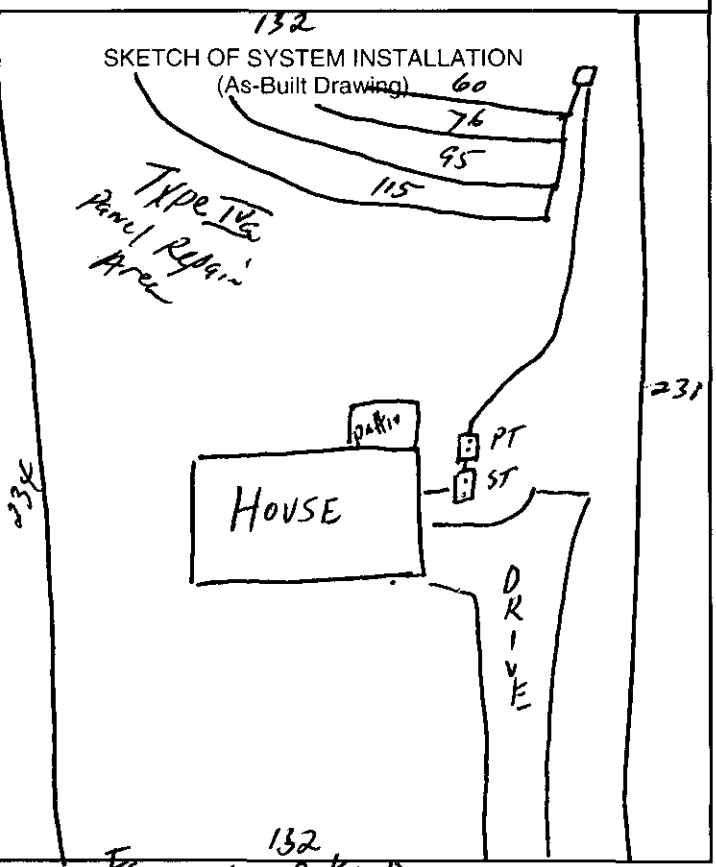
Distance from Water Supply Source: 10 feet

Inspection Dates

Tank(s) Inspected: 7/25/12

Excavation Inspected: 7/25/12

Pump & Controls Inspected: 7/25/12




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

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

Comments: System Classification & Type: Type IIIb IQ 4, P, NA, NA

DENR Authorized Agent: Philo Walker Signature: Philo Walker REHS

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NC DENR
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On-Site Wastewater Section

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

File #: 7818 B Permit #: 5590 Tax Parcel #: 195 213 21

Property Owner: True Homes

Job Location Address: 13226 Farrington Oaks Dr, Lot 93

City: Charlotte State: NC Zip Code: _____

**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: Pump to Chamber

DENR Authorized Agent: Philo Walker Date: 7/25/12

Signature: Philo Walker REHS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 7818B Permit #: 30005590 Tax Parcel #: 195-213-21

Property Owner: True Homes

Job Location Address: 13226 Fairington Oaks Dr. Lot 93

City: Charlotte State: NC Zip Code: _____

**Installation Approval Issuance Date:** 07/16/2012

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

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

Permitted Design Flow: 480 GPD

Site LTAR: 0.3 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: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 5 @ Various feet

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

Distribution Device: Pump to WASH Box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install according to permit and plot plan on file.

Comments: System Classification & Type: IIIbg

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael REHS

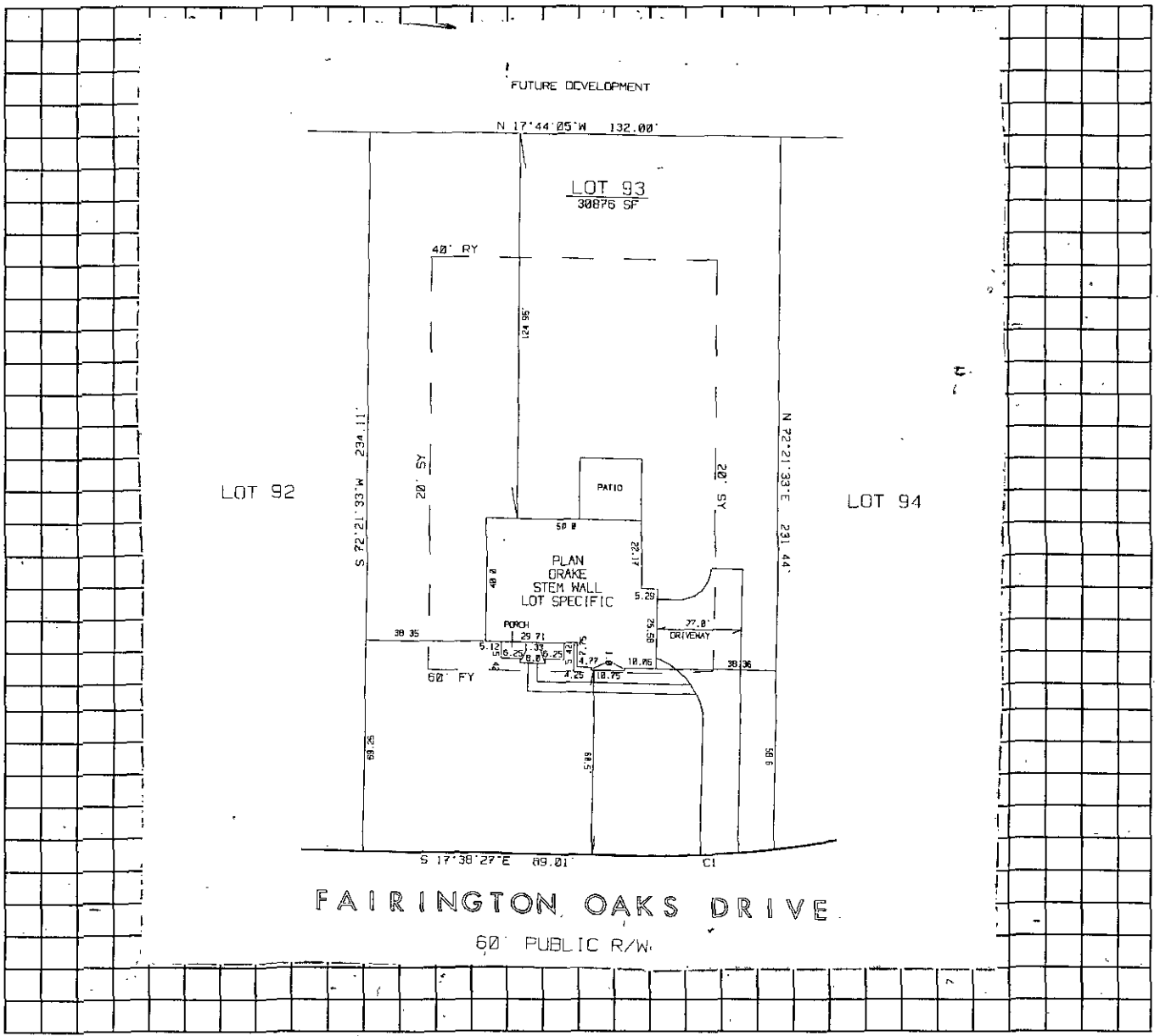
File #: _____

## 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: 13226 Farrington Oaks Dr. Tax Parcel #: 195 21301

Subdivision Name: Farrington Oaks Lot #: 93




Michelle Sleuter-Levin
Property Owner's or Owner's Legal Representative Signature

5/02/12
Date



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

Revised on: 12/15/10

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30005590** GWS File #: **7818B** Tax Parcel #: **195-213-21**

- 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):** 5/17/2017

Type of Installation: Residential - New System Lot Number: 93

Structure Type: HOUSE Size ($ft^2$): 3920 # Bedrooms: 4 # Occupants: 6

Building Foundation: Concrete Slab Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1200 | Total Trench Length (ft): | 400 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | 12 | Distribution Device: | Drop Boxes | | |

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

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 800 | Total Trench Length (ft): | 267 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | N/A | Distribution Device: | Manifold (LPP Distri | | |

**IV. Permit Conditions/Comments:**

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

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

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

DENR Authorized Agent: Jeremy Michael Owner/Legal Agent: Tamika Redfearn
(Print Name)

Signature: Jeremy Michael REHS Signature:

Date Issued: 5/17/2012

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30005590** GWS File #: **7818B**

**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 the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.

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

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DENR Authorized Agent: Jeremy Michael

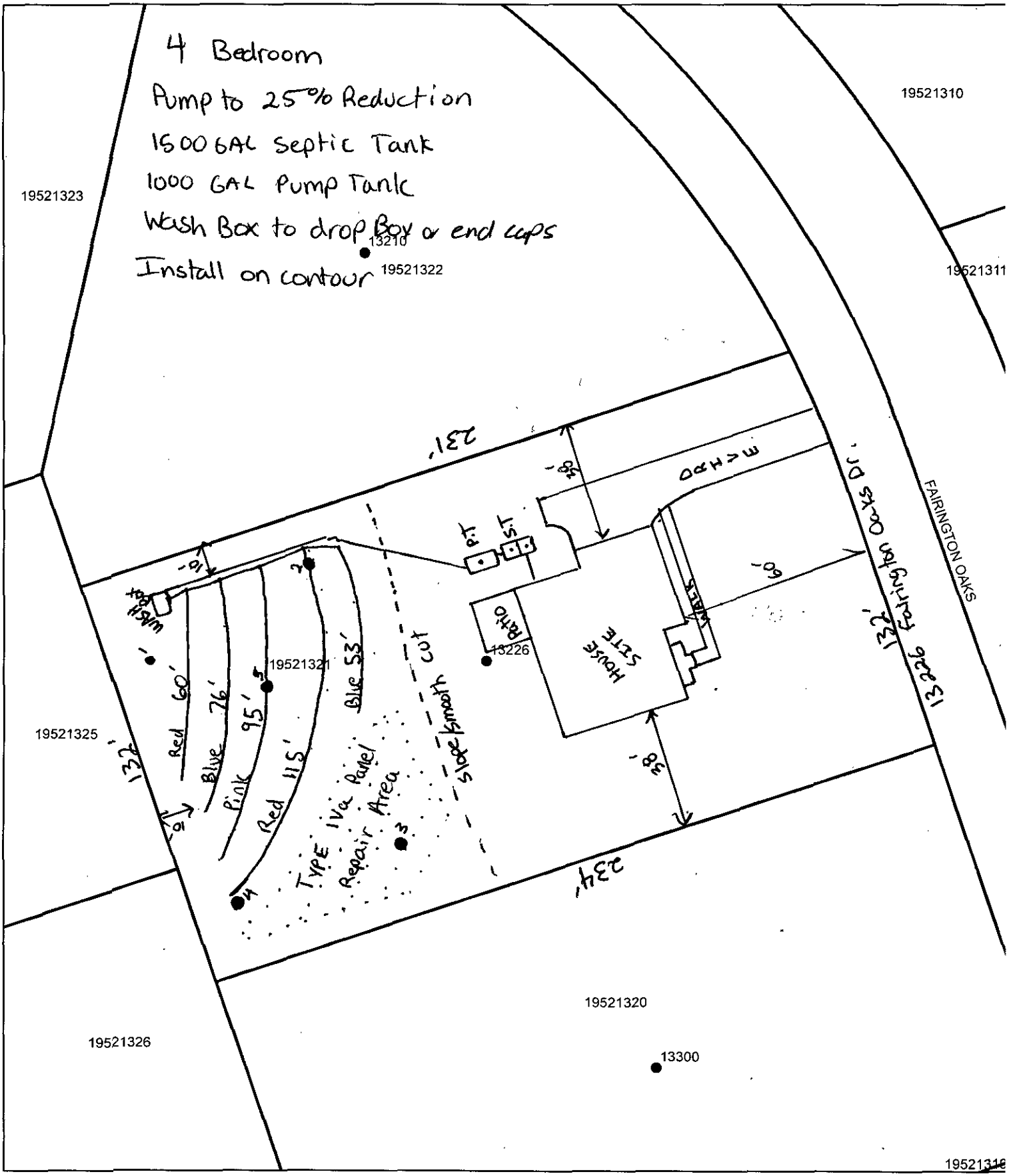
Signature: Jeremy Michael REHS

Date Issued: 5/17/2012

Owner/Legal Agent: Tamiko Redfern
Print Name

Signature: Tamiko Redfern

SOIL EVALUATION LOCATIONS FOR
PARCEL #: 195-213-21
WAPSPS APPLICATION #: 5590




Map Created By: Jeremy Michael
Map Created On: 05/17/2012
Jeremy Michael REHS.

● Auger Boring Locations

0 10 20 40 Feet

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

Sheet: 1 of 2
Property ID: 19521321
Lot #: 93
File #: 7818B
AppID:

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: True Homes
Applicant: True Homes
Address: 2649 Brekonridge Centre Dr Monroe, NC 28110
Date Evaluated: 5/16/2012
Proposed Facility: 4 bedroom home  Design Flow (.1949) 480 GPD
Property Size: 30876 Sq. Ft
Location of Site: 13226 Fairington Oaks Dr (Lot 93 Fairington Oaks)
Property Recorded:
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | 1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY 1941 Structure/ Texture | SOIL MORPHOLOGY 1941 Consistence Mineralogy | b PROFILE FACTORS 1942 Soil Wetness/ Color | 1943 Soil Depth (IN.) | 1956 Sapro Class | 1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS | 0-3 | w f gr / L | ns np fr nexp | >48" | 48+ | NA | PS | PS, IV |
| | 4% | 3-48 | m m sbk / C | ss sp fi sexp | | | | | 0.3 |
| | | | | | | | | | |
| 2 | LS | 0-2 | w f gr / L | ns np fr nexp | >48" | 48"+ | NA | PS | PS, IV |
| | 4% | 2-34 | m m sbk / C | ss sp fi sexp | | | | | 0.3 |
| | | 34-48 | w f sbk / CL | ss sp fr sexp | | | | | |
| 3 | LS | 0-1 | w f gr / L | ns np fr nexp | >48" | 48"+ | NA | PS | PS, IV |
| | 4% | 1-25 | m m sbk / C | ss sp fi sexp | | | | | 0.3 |
| | | 25-48 | w f sbk / CL | ss sp fr sexp | | | | | |
| | | | | | | | | | |
| 4 | LS | 0-2 | w f sbk / CL | ns np fr sexp | > 48" | 48"+ | NA | PS | PS, IV |
| | 4% | 2-32 | m m sbk / C | ss sp fi sexp | | | | | 0.3 |
| | | 32-48 | w f sbk / CL | ss sp fr sexp | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 5 | LS | 0-2 | w f gr / L | ns np fr nexp | >48" | 48"+ | NA | PS | PS, IV |
| | 4% | 2-29 | m m sbk / C | ss sp fi sexp | | | | | 0.3 |
| | | 29-48 | w f sbk / CL | ss sp fr sexp | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | IIIb | IVa |
| Site LTAR | 0.3 | 0.3 |

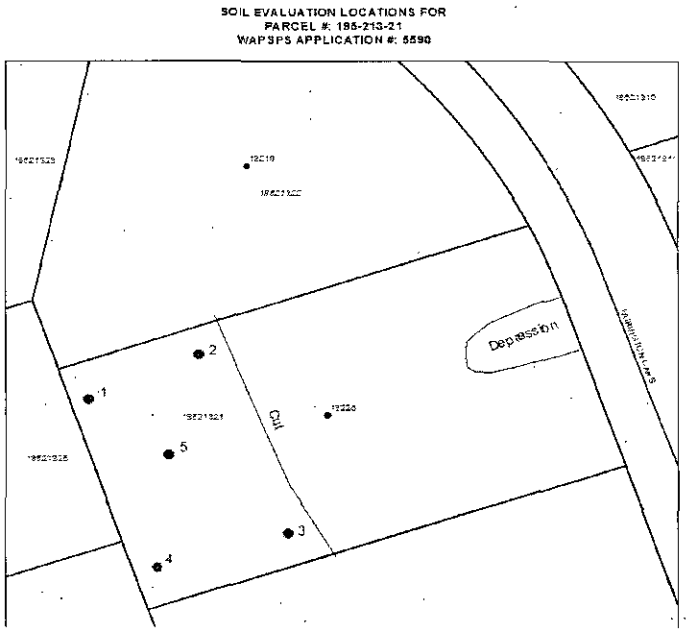
Other Factors (.1946):
Soil Evaluation By: Eric Bailey LSS Eric Bailey 5-16-12
Others Present:
Site Classification (.1948): Jeremy Michael
Site Evaluation By: Jeremy Michael 5-17-12
Others Present:

**COMMENTS:**

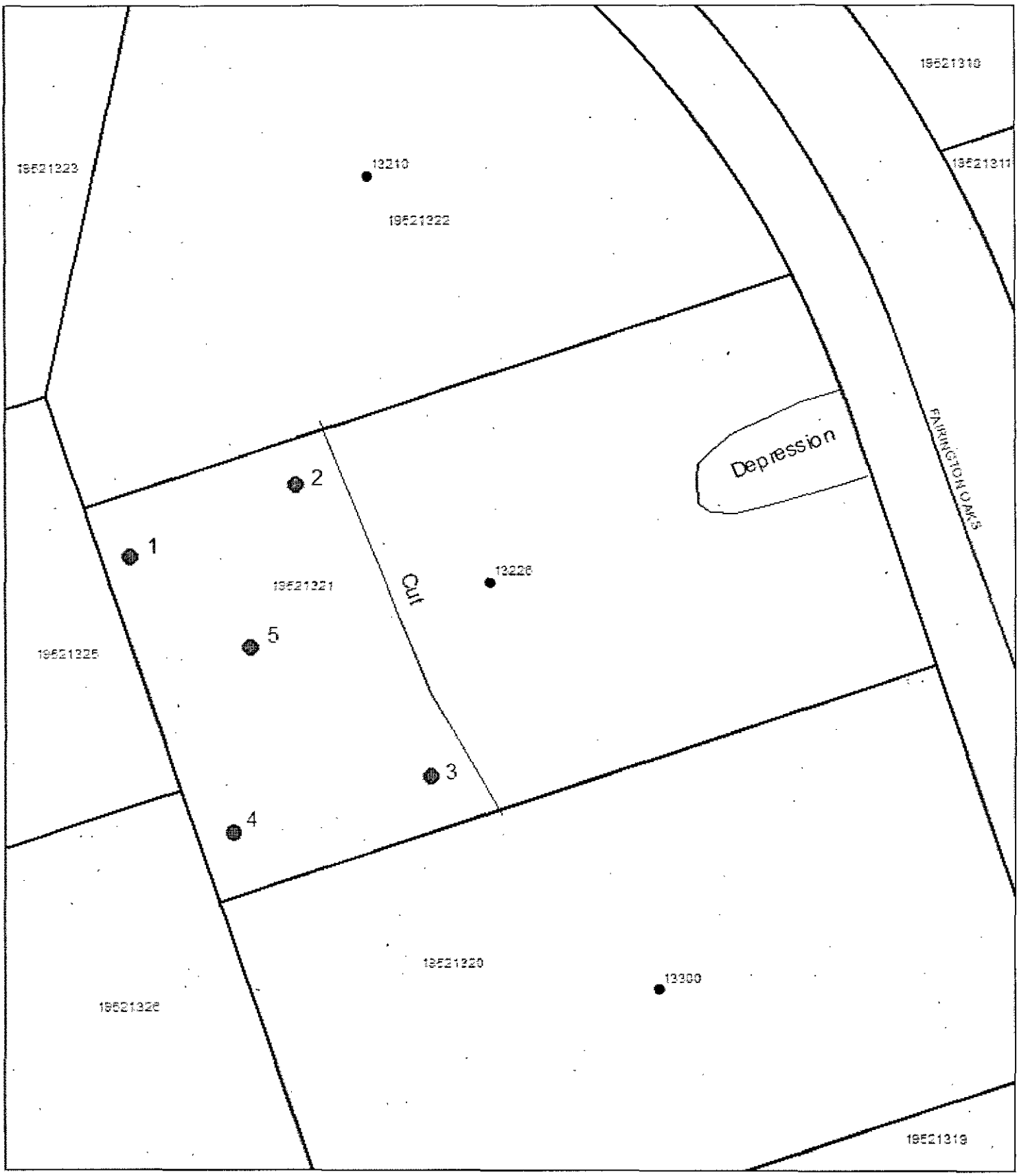
| Landscape Position | Group | Texture | .1955 LTAR | Structure |
|---|---|---|---|---|
| R-Ridge | I | S-Sand | 1.2 - 0.8 | SG-Single Grain |
| SS-Shoulder Slope | | LS-Loamy Sand | | M-Massive |
| LS-Linear Slope | | | | CR-Crumb |
| FS-Foot Slope | II | SL-Sandy Loam | 0.8 - 0.6 | GR-Granular |
| NS-Nose Slope | | L-Loam | | SBK-Subangular Blocky |
| HS-Head Slope | | | | ABK-Angular Blocky |
| *CC-Concave Slope* | III | Si-Silt | 0.6 - 0.3 | PL-Platy |
| CV-Convex Slope | | SiCL-Silty Clay Loam | | PR-Prismatic |
| T-Terrace | | CL-Clay Loam | | |
| FP-Flood Plain | | SCL-Sandy Clay Loam | | |
| D-Drainage Way | | SiL- (Silt 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 | NEXP-(Non-expansive) |
| FR-Friable | SS-Slightly Sticky | SEXP-Slightly Expansive |
| FI-Firm | S-Sticky | EXP-Expansive |
| 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**



**SOIL EVALUATION LOCATIONS FOR**
**PARCEL #: 195-213-21**
**WAPSPS APPLICATION #: 5590**




Map Created By: Eric Bailey
Map Created On: 05/16/2012

● Auger Boring Locations

0 10 20 40
Feet

N

FEE: 200.00
DATE: 1/7/2013

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

**MECKLENBURG COUNTY**
**GROUNDWATER & WASTEWATER SERVICES**

**FILE NUMBER:** 7818B

**PERMIT NUMBER:** 30003645

**PARCEL NUMBER:** 19521321

**JOB LOCATION INFORMATION**

**ADDRESS:** 13226 FAIRINGTON OAKS DR

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

**ISSUED TO:** MCCAR HOMES

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 6/20/2012

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30003645, 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:** 7/28/2013

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 06/20/12 | **Amount:** | 200.00 |
| **Receipt #:** | 78668 | **Tendered:** | 200.00 |
| **Check / Auth #:** | CHECK 2739 | **Returned:** | 0.00 |
| **Received By:** | SADERLW | | |

**Account Information**

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

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0734 | Auth for Waste Wtr Sys Constr<br>13226 FAIRINGTON OAKS DR | | 1 | 200.00 | 200.00 |

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

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

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 06/20/12 | **Amount:** | 200.00 |
| **Receipt #:** | 78669 | **Tendered:** | 200.00 |
| **Check / Auth #:** | CHECK 2739 | **Returned:** | 0.00 |
| **Received By:** | SADERLW | | |

**Account Information**

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

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0703 | Installation/Final Approval<br>13226 FAIRINGTON OAKS DR | | 1 | 200.00 | 200.00 |

**Outstanding Balances**

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

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 05/02/12 | **Amount:** | 250.00 |
| **Receipt #:** | 78176 | **Tendered:** | 250.00 |
| **Check / Auth #:** | CHECK 2535 | **Returned:** | 0.00 |
| **Received By:** | SADERLW | | |

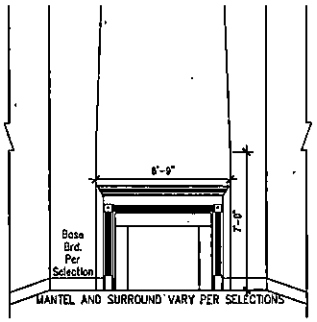
**Account Information**

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

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>13226 FARRINGTON OAKS DR | | 1 | 250.00 | 250.00 |

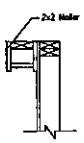
**Outstanding Balances**

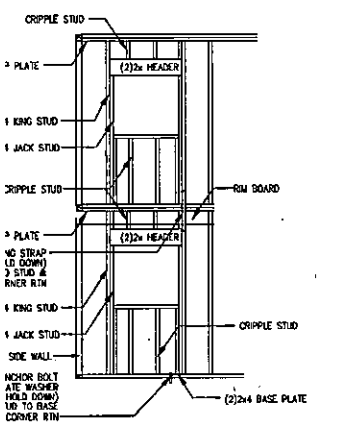
| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|




FIREPLACE ELEV.

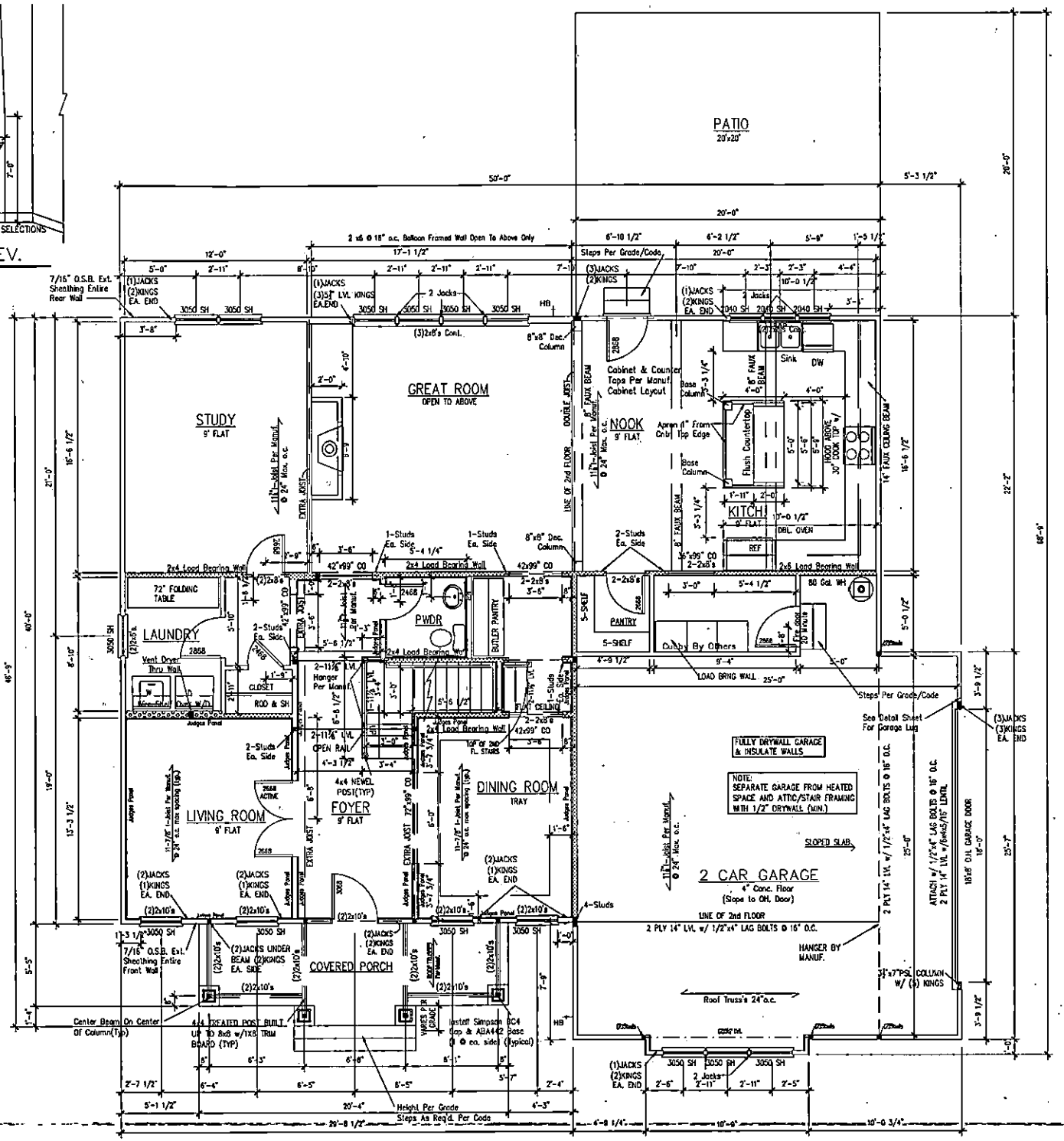
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MING DETAIL FOR LESS THAN 2' CORNER RETURN

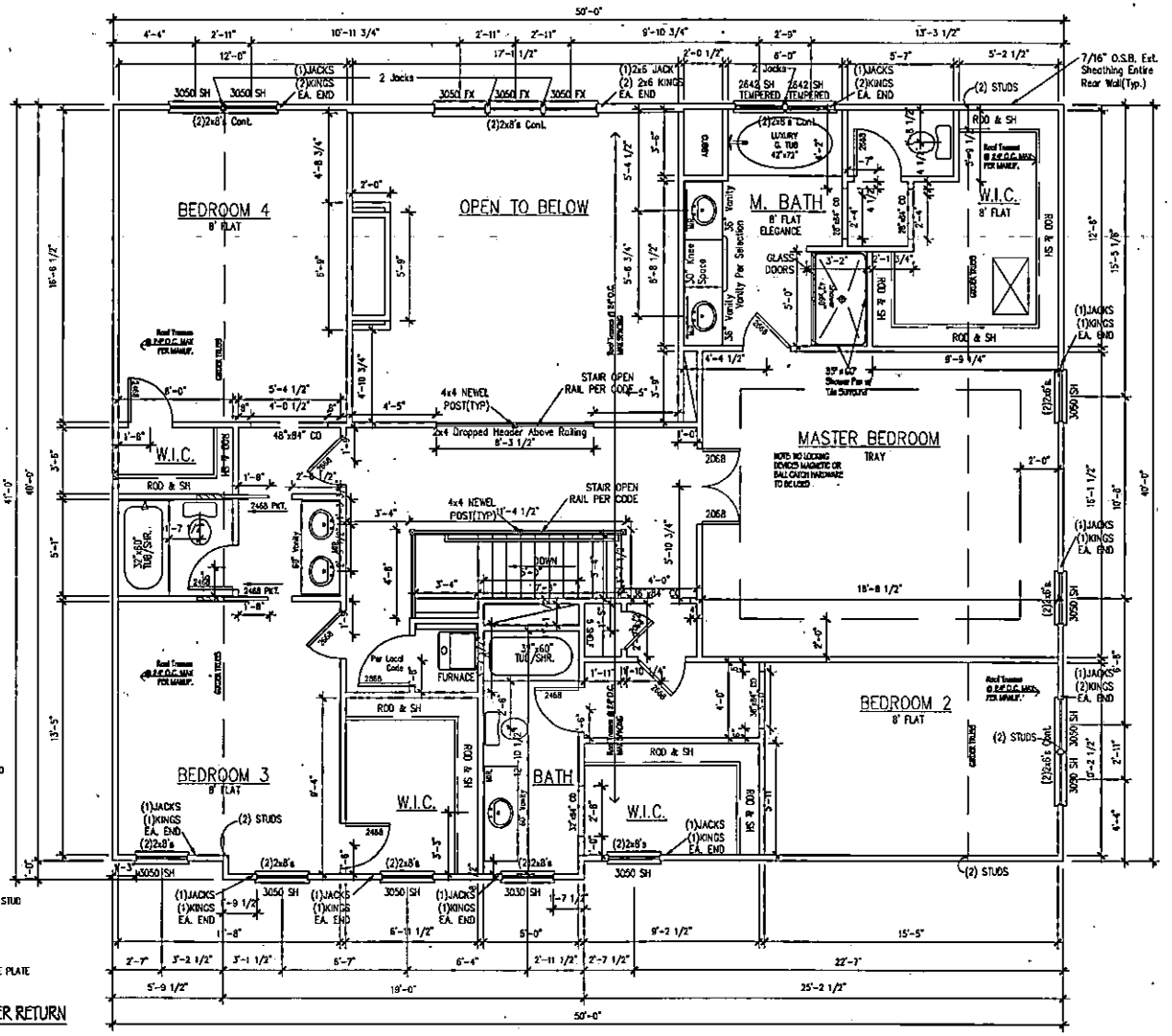
gle Window

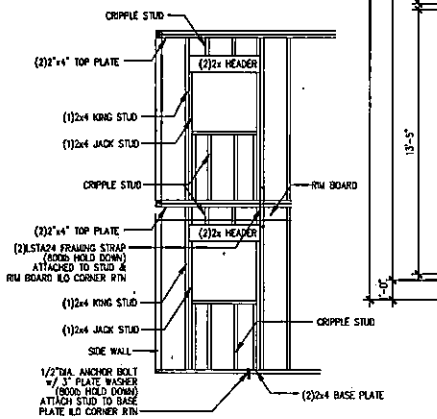



FIRST FLOOR PLAN

## BLDG. DATA:

| | | |
|---|---|---|
| FIRST FLOOR LIVING: | 1,621 | S.F. |
| 2nd FLOOR LIVING(Open to Below): | 2,019 | S.F. |
| HEATED S.F. | 3,640 | S.F. |
| FLOORED IN AREA: | 280 | S.F. |
| TOTAL HEATED S.F. | 3,920 | S.F. |



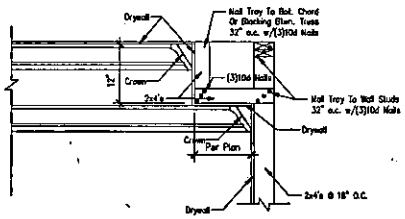

FRAMING DETAIL FOR LESS THAN 2' CORNER RETURN

*Single Window*

# SECOND FLOOR PLAN

OPEN TO BELOW STD.

SCALE : 1/4"=1'-0"




# MB TRAY DETAIL

TRANSITIONAL & CLASSIC

SCALE : 3/4"=1'-0"

CH WALL

eaders U.N.O. U.N.O.

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 3645 WASPS App #: 7018 B

Primary ES assigned to project: YJ

Secondary ES assigned to project:

Project Type: New System [X] Alteration [ ] Repair [ ] Modified Plot Plan [ ]

I. File Review:

| Rule or Law | | | | |
|---|---|---|---|---|
| | **Permit Application** | | | |
| .1937(d) | Is the Application complete | Yes [X] | No [ ] | N/A [ ] |
| .1937(d) | Is there a Site plan/Plat with application | Yes [X] | No [ ] | N/A [ ] |
| .1937(d) | Is the Facility shown? | Yes [X] | No [ ] | N/A [ ] |
| .1937(d) | Are appurtenances shown | Yes [X] | No [ ] | N/A [ ] |
| | **Site Evaluation Information** | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | Yes [X] | No [ ] | N/A [ ] |
| .1940 (a-g) | Slope % Recorded? | Yes [X] | No [ ] | N/A [ ] |
| .1939 (a)(2) | Texture Class Recorded? | Yes [X] | No [ ] | N/A [ ] |
| .1939 (a)(2) | Structure type Recorded? | Yes [X] | No [ ] | N/A [ ] |
| .1939 (a)(2) | Consistence Recorded? | Yes [X] | No [ ] | N/A [ ] |
| .1939 (a)(2) | Mineralogy Recorded? | Yes [X] | No [ ] | N/A [ ] |
| .1939 (a)(3) | Soil Wetness Condition Recorded? | Yes [ ] | No [ ] | N/A [X] |
| .1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered | Yes [ ] | No [ ] | N/A [X] |
| .1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | Yes [ ] | No [ ] | N/A [X] |
| .1939 (a)(6) | Sufficient Available Space Recorded? | Yes [X] | No [ ] | N/A [ ] |
| .1937(m) | Are the Profile Locations Shown? | | | |
| .1939(a) | Are the S/PS Profiles in system & in repair area? | Yes [X] | No [ ] | N/A [ ] |
| &.1945(b) | Number of auger borings made: 4 Were sufficient auger borings made? | Yes [X] | No [ ] | N/A [ ] |
| .1939(d), .1955, .1956, .1957 | LTAR 3 | Yes [X] | No [ ] | N/A [ ] |
| | **Improvement Permit/Construction Authorization** | | | |
| .1937(g) 130A-336(a) | Proposed System Type stated-Initial | Yes [X] | No [ ] | N/A [ ] |
| .1945(b) 130A-336 (a)(3) | Proposed System Type stated-Repair System location identifiable by setbacks - Initial | Yes [X] | No [ ] | N/A [ ] |
| .1937(g) .1945(b) | System components shown -- Initial | Yes [X] | No [ ] | N/A [ ] |
| .1945(b) | Repair area shown | Yes [X] | No [ ] | N/A [ ] |
| .1937 (f)(g) | Does System design match facility, flow & WW characteristics? | Yes [X] | No [ ] | N/A [ ] |
| .1937 (f)(g) | Is System design consistent with soil/site conditions? | Yes [X] | No [ ] | N/A [ ] |
| .1937 (f)(g) | Is the System located in the approved area? | Yes [X] | No [ ] | N/A [ ] |
| 130A-336(a) | Is the Design flow (gpd) indicated? | Yes [X] | No [ ] | N/A [ ] |

| | | | | |
|---|---|---|---|---|
| 130A-336(a) | Number of Bedrooms, employees, seats, etc. indicated? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) | Trench depth indicated? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) | Trench width indicated? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) | Trench length indicated? | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Proposed/existing well shown? | Yes ☐ | No ☐ | N/A ☑ |
| 130A-336(a)(1) | Property line lengths shown? | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336(a) | Facility/appurtenance setbacks shown from fixed points? | Yes ☑ | No ☐ | N/A ☐ |
| | Operation Permit | | | |
| .1937(i) | System type as described in table V(a) of rule .1961 | Yes ☐ | No ☐ | N/A ☐ |
| .1937(i) | Conditions for system performance, operation, maintenance, monitoring and reporting. | Yes ☐ | No ☐ | N/A ☐ |

II. WASPS Review:

| | | | |
|---|---|---|---|
| Construction authorization issued | Yes ☐ | No ☐ | N/A ☐ |
| Installation approval issued | Yes ☐ | No ☐ | N/A ☐ |
| Operation permit issued | Yes ☐ | No ☐ | N/A ☐ |
| Other related documentation | Yes ☐ | No ☐ | N/A ☐ |

# Items requiring correction/modification: ____

Comments:

IA issued date: ____

OP issued date: ____

Review performed by: IR

Date performed: 7/29/08

Lot # 93 MASTER COPY

FILE NUMBER: 7818B

Revised On: August 31, 2007

APPLICATION NUMBER: 3645

SEPTIC FEE: 200 ck# X32342
DATE: 6/26/08

**MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**
**APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL**

WELL FEE: _____
DATE: _____

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. **JOB LOCATION INFORMATION:** 213-21

TAX PARCEL NUMBER: ~~195-21-08~~

STREET ADDRESS: 13226 FAIRWGTON OAKS DRIVE

CITY: MINT HILL

STATE: NC ZIP: 28227

SUBDIVISION NAME: FAIRWGTON OAKS

LOT #: 93 LOT SIZE (acres): 0.709 AC

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☒ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE: 3000

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS:

FOUNDATION TYPE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

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

8A. **RANK:** ☒ ANY TYPE 4 ☐ CONVENTIONAL ☒ ACCEPTED 1 ☐ INNOVATIVE 3 ☐ ALTERNATIVE 2 ☐ OTHER _____ 5

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 |

10. **PROPERTY OWNER:**

NAME: MCNR HOMES
ADDRESS: 10150 MALLARD CREEK RD SUITE 106
CITY: CHARLOTTE
STATE: NC ZIP: 28262
HOME PHONE: 704-509-5742 WORK PHONE:
MOBILE PHONE: FAX: 704-509-5743

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

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 4/16/08

13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** DEC. 2008

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months /complete plat = non-expiring.

6/24/08

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

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**
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 12 months from the date of issuance.

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

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

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

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30003645** GWS File #: **7818B** Tax Parcel #: **195-213-21**

- 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):** 7/28/2013

Type of Installation: Residential - New System Lot Number: 93

Structure Type: HOUSE Size ($ft^2$): 3000 # Bedrooms: 5 # Occupants: 4

Building Foundation: Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1500 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1500 | Total Trench Length (ft): | 500 |
| Maximum Trench Depth (in): | 29 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

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

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1500 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1000 | Total Trench Length (ft): | 333 |
| Maximum Trench Depth (in): | 29 | Depth of Media (in): | N/A | Distribution Device: | Manifold (LPP Distri | | |

**IV. Permit Conditions/Comments:**

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

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

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

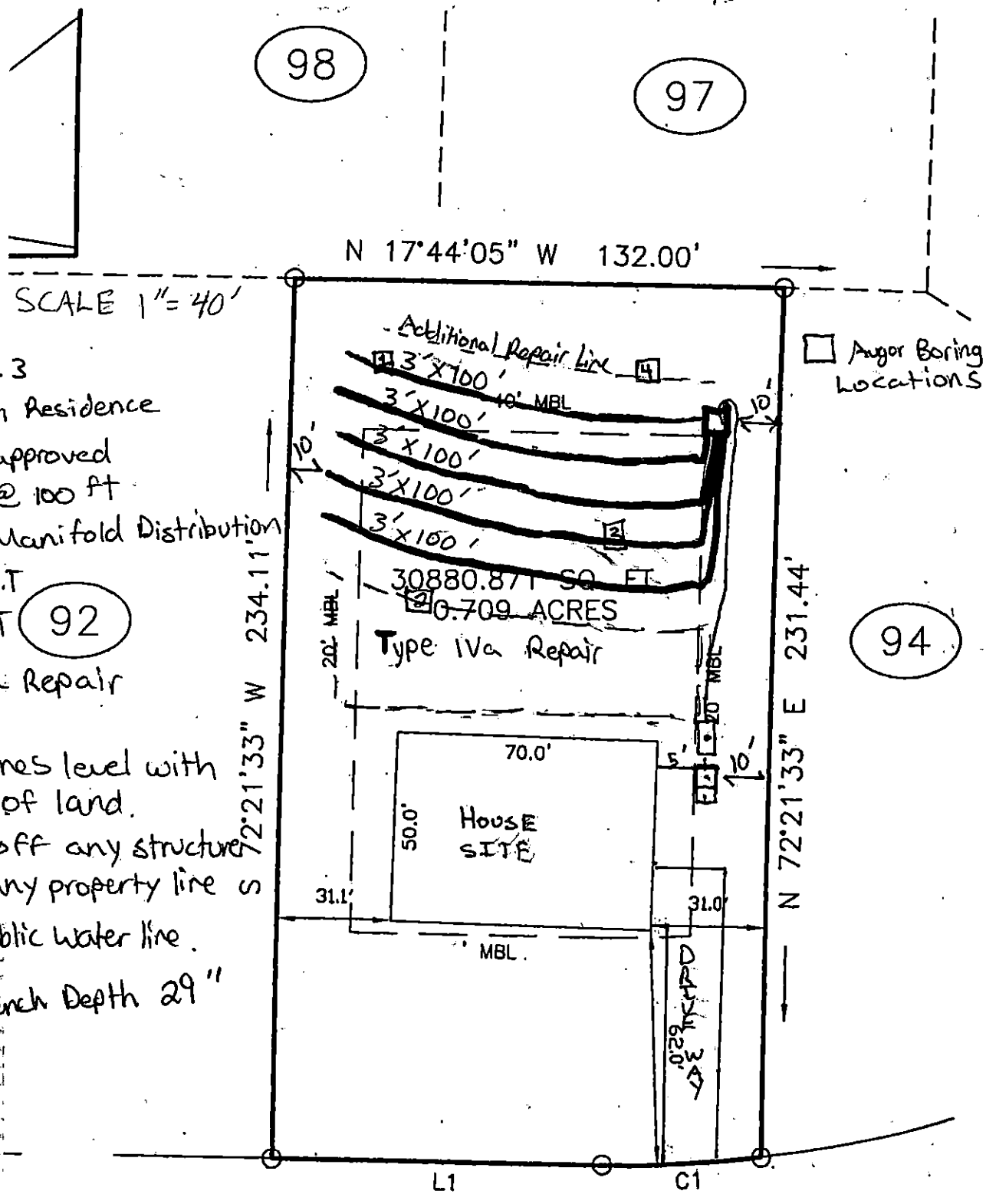
DENR Authorized Agent: Jeremy Michael Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michael Signature: _____

Date Issued: 7/28/2008

Lot # 93

SCALE 1"=40'




SCALE 1"= 40'

LTAR 0.3

5 Bedroom Residence

Pump to approved

(5) Lines @ 100 ft

Pressure Manifold Distribution

1500gal S.T

1500gal P.T

Type IVa Repair

Install lines level with contour of land.

Stay 5' off any structure

10' off any property line s

10' off public water line.

Max Trench Depth 29"

6 FAIRINGTON OAKS DRIVE

60' PUBLIC RIGHT OF WAY

Jeremy Mabe RS
07-28-08

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30003645** GWS File #: **7818B**

**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 the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.

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

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

DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 7/28/2008

Owner/Legal Agent: _____
Print Name

Signature: _____

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

Sheet: 1 of 2
Property ID: 195-213-21
Lot #: 93
File #: 7818B
AppID:

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: McCar Homes
Applicant:
Address: 10150 Mallard Creek Road, Ste. 106, Charlotte, N. C. 28262
Date Evaluated: 7/9/2008
Proposed Facility: Residence Design Flow (.1949) 600gpd
Property Size: .71a
Location of Site: 13226 Fairington Oaks Drive
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | b PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS, 6 | 0-4 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48 | N/A | NONE | PS, IV |
| | | 4-26 | SBK/ABK/C | FI/SEXP/SS/SP | | | | | .3GPD/FT$^2$ |
| | | 26-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 2 | " | 0-3 | GR/CL | " | >41" TO SOIL WETNESS | 41 | " | " | " |
| | | 3-26 | SBK/ABK/C | FI/SEXP/SS/SP | | | | | |
| | | 26-41 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 3 | " | 0-3 | GR/CL | " | >42" TO SOIL WETNESS | 42 | " | " | " |
| | | 3-12 | SBK/CL | " | | | | | |
| | | 12-42 | SBK/ABK/C | FR/SEXP/SS/SP | | | | | |
| 4 | " | 0-5 | GR/CL | " | >45" TO SOIL WETNESS | 45 | " | " | " |
| | | 5-32 | SBK/ABK/C | FI/SEXP/SS/SP | | | | | |
| | | 32-45 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| | | | | | SITE LTAR .3GPD/FT$^2$ | | | | |

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

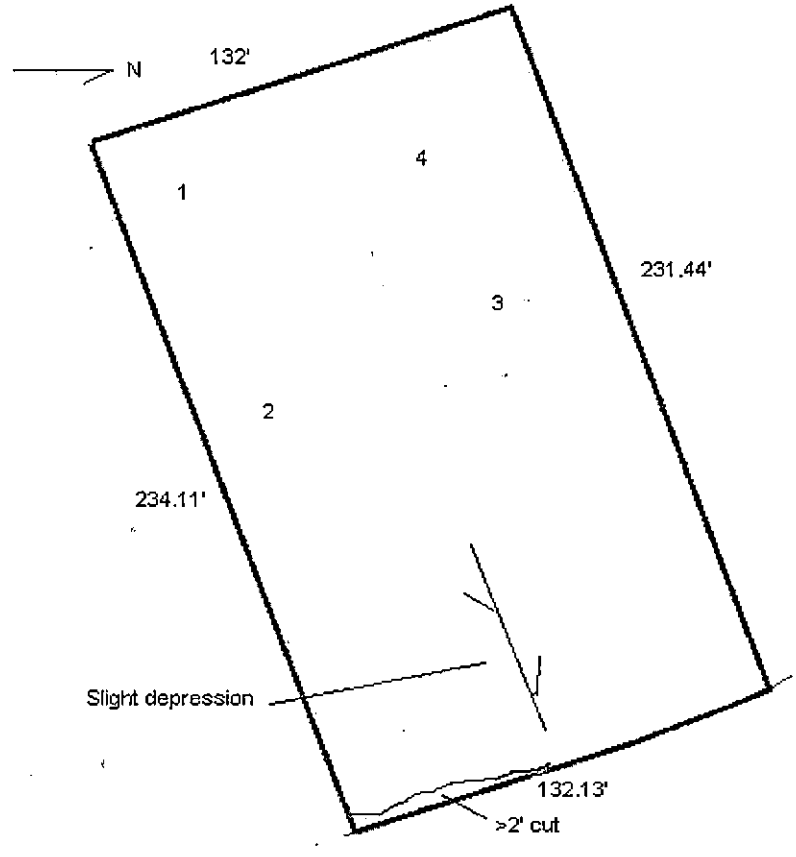
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 7/9/2008
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michael
Others Present: Jeremy Michael

**COMMENTS:**
100% repair

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

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

**Sketch of Soil Evaluation Locations**

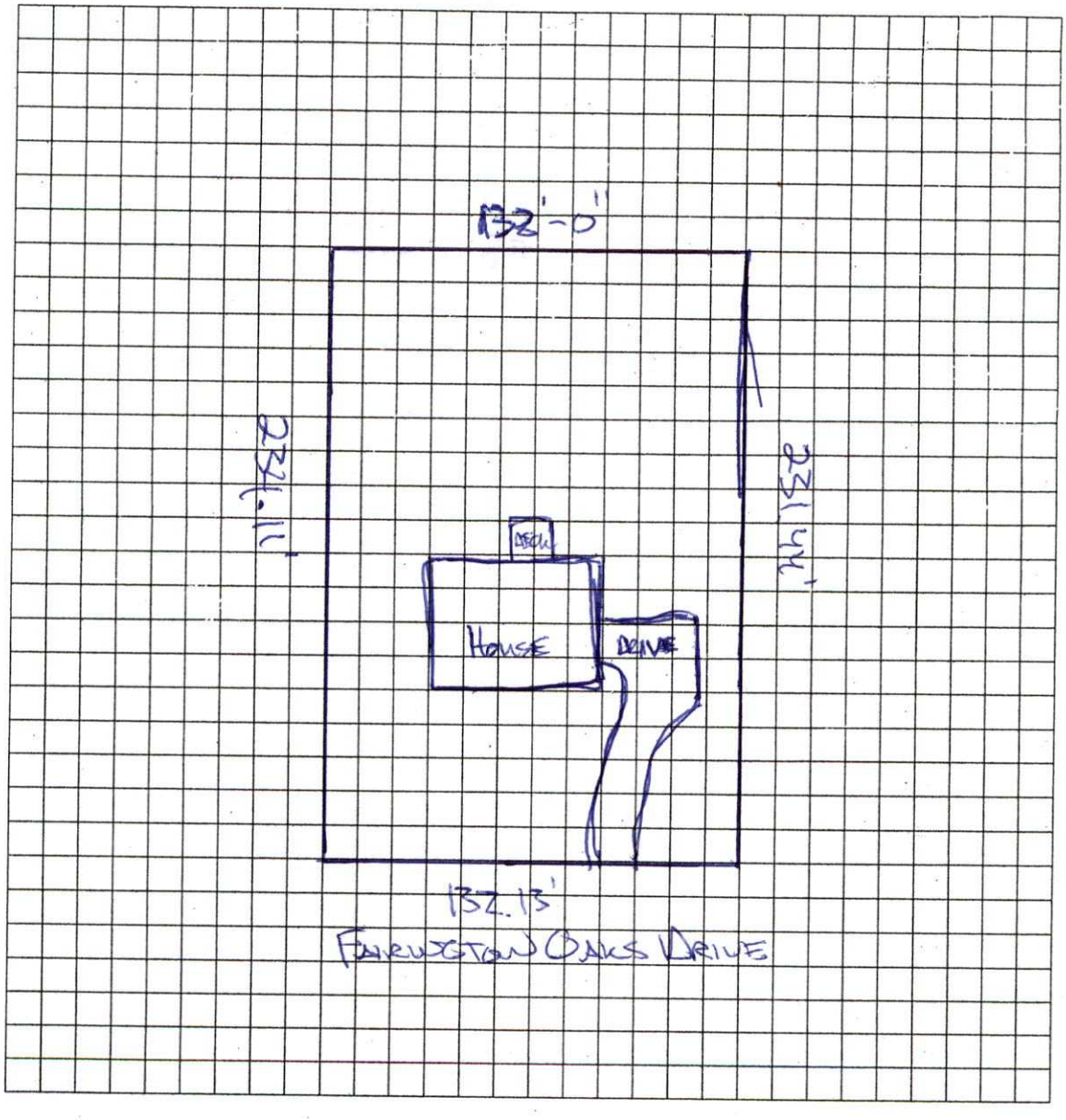


Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 7818
Date

## PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.




| | |
|---|---|
| Owner/Agent Signature | |
| Date | 12/24/08 |

LBC 12/15/04