

Tax Code: 05-075-009
 System Type: III b.g. (Addition)
 Zoning: RA-40

Union County
On-Site Wastewater Disposal System
Construction Authorization

Number: 05-227
 Date Issued: 12/10/05
 Expiration Date: 12/19/10
 GPS: _____

This Construction Authorization is issued by the Union County Health Department to construct and install the work hereby described. The construction shall be done in compliance with the N.C. Department of Environment and Natural Resources *Laws and Rules for Sewage Treatment and Disposal Systems, 10 NCAC10A 1900.*
Any unauthorized changes to the site or system design shall void this Construction Authorization.

Owner: Erica Lynn Saboley
 Mailing Address: 6205 Bud Huey Rd. Waxhaw NC 28173
 Phone: (704) 843-0831 (h), () _____ (w), Fax: () _____
 Location: Same Subdivision _____ Phase _____ Section: _____ Lot: _____
 Directions: 200 South (L) on Providence Rd (R) on Bud Huey Rd. 6th house on left

Installation for: House: _____ Mobile Home: Duplex: _____
 Number of Bedrooms: 2 Garbage Disposal (y/n): N
 Water Supply: Individual Well: _____ Public Water: Other: _____
 Commercial: _____ Industrial: _____
 Other: Describe: _____ Number of Employees _____
 Church: _____ Seating Capacity of Sanctuary: _____
 Kitchen Facilities in Church: (y/n) _____ Day Care: (y/n) _____

New Installation
 Design Waste Flow: _____ (G.P.D.)

Type of System:
 Conventional: _____ Modified Conventional: _____ Pump to Conventional: _____ LPP _____
 Mound: _____ At-Grade Mound: _____ Other: _____
 Experimental/Innovative: _____ Pre-Treatment: _____ Sand: _____ Bio-Filter: _____
 Design by: Soil Scientist: _____ Engineer: _____

Septic Tank: Capacity: _____ gal. Compartments: _____ If Site Built: L: _____ W: _____
 Liquid Capacity: _____
 Pump Tank: Capacity: _____ gal. Pump Flow: _____ gal/minute @ _____ feet of Total Dynamic Head

Drainfield: Total Length of Lines: _____ Total square feet of disposal area: _____ Line Length: _____
 Line Width: _____ Inches Washed Stone Depth: _____ Maximum depth of lines: _____
 Maximum Grade: _____ Distribution Device: _____

French/Diversion Drain: Length: _____ Depth of Stone: _____
 System Distance to nearest: Well: _____ Water Line: _____ Foundation: _____ Property Line: _____

Addition/Repair

Previous On-Site Wastewater Permit Number: 97-331

Repair Components: Existing
 Septic Tank: _____ Capacity: _____ gal.
 Pump Tank: _____ Capacity: _____ gal.
 Pump Flow: 50 gal.min. @ 36 TDH

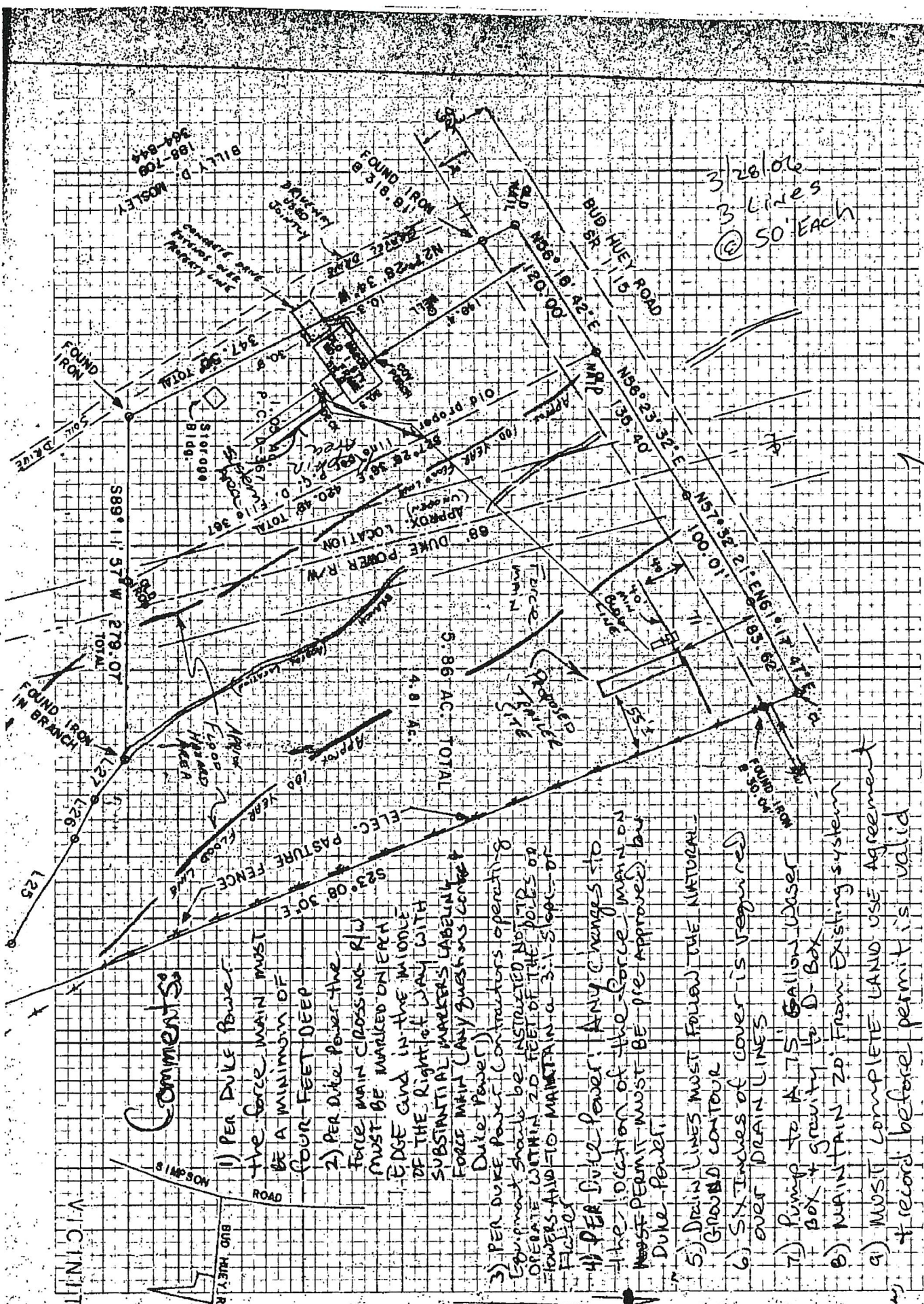
Drainfield: _____ Total Length: 150
 Individual Line Length: 75 Line Width: 36
 Depth of Washed Stone: _____ Trench Depth: 16"
 Other: 25% Reduction

Comments & Special Conditions:
Replaces permit 97-331
SEE BACK

must complete land use agreement + return to the permit is valid

I hereby certify that the construction described in the Construction Authorization will be done in accordance with this permit and with the Ordinances, State Laws, Rules and Regulations of the State of North Carolina and the Union County Health Department. **NOTICE:** The issuance of this permit does not relieve the property owner of his responsibility for checking his proposed development with applicable zoning requirements.

Signed: [Signature] Permit Prepared by: [Signature] (Daw) Date: 12/19/05 Contractor: W.T. Norwood
 Date: 12/05/05 Final Inspection by: [Signature] Date: 04/05/06 Certified Operator: _____



Comments

- 1) PER DUKE POWER THE FORCE MAIN MUST BE A MINIMUM OF FOUR-FOOT DEEP
- 2) PER DUKE POWER THE FORCE MAIN CROSSING R/W MUST BE MARKED ON EACH EDGE AND IN THE MIDDLE OF THE RIGHT-OF-WAY WITH SUBSTANTIAL MARKERS LABELLED FORCE MAIN (ANY QUESTIONS CONTACT DUKE POWER)
- 3) PER DUKE POWER CONTRACTORS OPERATING EQUIPMENT SHALL BE INSTRUCTED NOT TO OPERATE WITHIN 20 FEET OF THE POLES OR TOWERS AND TO MAINTAIN A 3:1 SLOPE OF FIELDS
- 4) PER DUKE POWER: ANY CHANGES TO THE LOCATION OF THE FORCE MAIN ON THIS PERMIT MUST BE PRE-APPROVED BY DUKE POWER.
- 5) DRAIN LINES MUST FOLLOW THE NATURAL GROUND CONTOUR
- 6) SIX INCHES OF COVER IS REQUIRED OVER DRAIN LINES
- 7) PUMP TO 475 GALLON USER BOX + GRAVITY TO D-BOX
- 8) MAINTAIN 20' FROM EXISTING SYSTEM
- 9) MUST COMPLETE LAND USE AGREEMENT + RECORD BEFORE PERMIT IS VALID

Scale: 1" = 100'

Direction of North

Absolutely no part of system shall be installed while soil is in wet condition. Any unauthorized changes to system for construction, building site, or site conditions may void permit. Copy of permit shall be on site at all times during construction of system. Responsibility of installer shall be on site during system inspection.

Tax Code 5-075-669 UNION COUNTY 97-331 Date Issued 5/10/97
System Type IVA Zoning: RA 40 On-Site Wastewater Disposal System Permit Number 97-331 Expiration Date 4-17-2002
Construction Authorization

This permit is issued by the Union County Health Department to construct and install the work hereby described. The construction shall be made in compliance with the N.C. Department of Environment, Health, and Natural Resources' Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, 10 NCAC 10A.1900, and the Union County Health Department Rules and Regulations. Any unauthorized changes to the site or system design shall void this permit.

OWNER: Lynn Smith + Mark Saboky Mailing Address 6205 Bud Huey Rd. Waxhaw, NC 28173 PH: (w) 704-283-7489
(h) 704-843-0831

Location (Bud Huey Rd.) Subdivision _____ Phase _____ Section _____ Lot No. _____

DIRECTIONS: Hwy 200 S @ Providence Rd. (R) Bud Huey Rd. Property on (L) after 3rd dwelling

Installation For: House _____ Duplex _____ Mobile Home Number of Bedrooms 2 Garbage Disposal: yes _____ no
Commercial _____ Industrial _____ Other (Describe) _____ Number of Employees: _____
Church _____ Kitchen Facilities: yes _____ no _____ Seating Capacity of Sanctuary _____ Day Care: yes _____ no _____

New Installation Design Waste Flow 240 G.P.D.
Type of system: Conventional _____ Modified Conventional _____ Pump-to-Conventional _____ LPP Mound _____ At-Grade Mound _____
Other (Describe) _____
Septic Tank: Capacity 1000 gal. Compartments: 2 Dimensions (If custom/site built): L _____ W _____ Liquid Capacity: _____
Pump Tank: Capacity 750 gal. Pump Flow 50 gal./minute at 30 feet of Total Dynamic Head
Drainfield: Total Length of Lines 480 feet Total square feet of disposal area 2400 sq. ft. Line Length 60 feet
Line Width: 36 inches Filter Material & Depth 8" of #5 washed stone
Maximum depth of lines 13" Maximum Grade Level _____ Distribution Device Pressure Manifold
System distance to nearest: Well 100' Water Line 10' Foundation 10' Property Line 10'

Addition/Repair: Previous On-Site Wastewater System Permit Number _____ Dated _____
Repair Components: Septic Tank _____ Cap. _____ gal. Pump Tank _____ Cap. _____ gal. Pump _____ TDH Req. _____
Drainfield: _____ Total Length _____ Individual line length _____ Line width _____ Filter Material & Depth _____

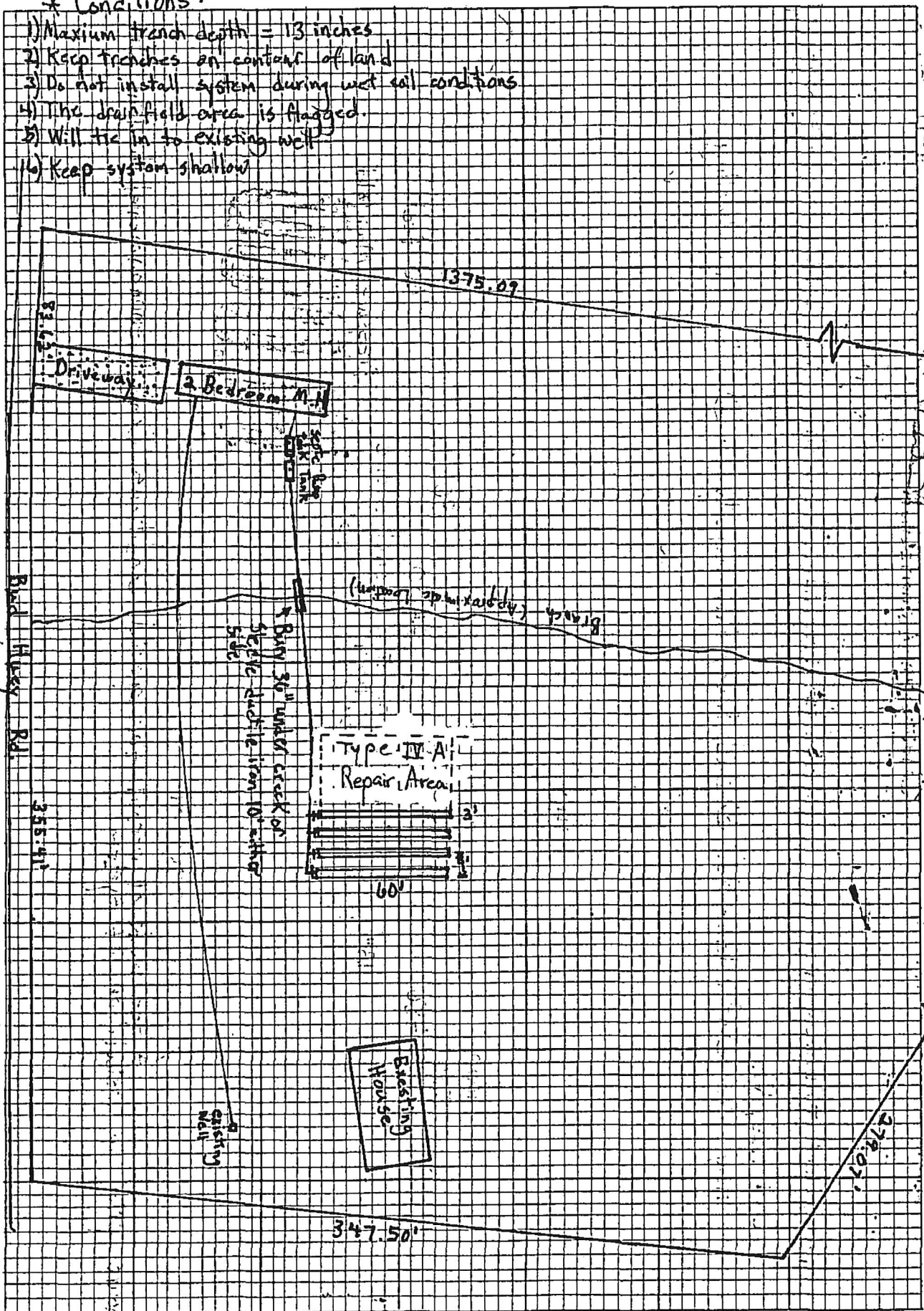
Water Supply: Individual Well Public Water _____ Other: _____
Comments & Special Conditions: * See back of permit for special conditions. Contact environmental health 24 hours prior to installation of system.

I hereby certify that this application has been prepared and the work will be done in accordance with the Ordinances, State Laws, Rules and Regulations of the State of North Carolina and Union County Health Department. NOTICE: The issuance of this permit does not relieve the property owner of his responsibility for checking his proposed development with applicable zoning regulations.

Signed [Signature]
Permit Prepared By: David J. [Signature] Date 4-17-97 Contractor: W.T. NORWOOD
Final Inspection By: Jack [Signature] Date 6-24-97 Certified Operator: W.T. NORWOOD

*** Conditions:**

- 1) Maximum trench depth = 13 inches
- 2) Keep trenches on contour of land
- 3) Do not install system during wet soil conditions
- 4) The drain field area is flagged.
- 5) Will tie in to existing well
- 6) Keep system shallow



Absolutely no part of system shall be installed while soil is in wet condition. Any unauthorized changes to system, lot configuration, building site, or site conditions may void permit. Copy of permit shall be on site at all times during construction of system. Representative of installer shall be on site during system inspection.

Scale: 1" = 60'

Direction of North: