3428 B

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

P.W. 4264

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 (OLD WELL)

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 04322102
STREET ADDRESS: 4973 DAVID COX RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28269
SUBDIVISION NAME: N/A
LOT #: N/A LOT SIZE (acres): 1.03 ACRES
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: 1483
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 6
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

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

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

5. WATER SUPPLY: ☐ MUNICIPAL ☒ PRIVATE WELL (EXISTING) ☐ 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 ____ ____ ____ ____

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: ROBERT HAYNES / MACLYN GILLSTRE
ADDRESS: 4973 DAVID COX RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28269
HOME PHONE: 704-609-1977
WORK PHONE:
MOBILE PHONE:
FAX: 599-0429

13. OWNER'S AGENT (IF APPLICABLE):
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:



0706

**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.

MGH (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.

MGH (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.

Marilyn H Nance — Property Owner's or Owner's Legal Representative Signature

6-23-09 — Date

---

*OFFICE USE ONLY*

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

SEPTIC APPLICATION FEES RECEIVED: $ 200 °° cash DATE FEE RECEIVED: 6/24/09

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

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 03488

APPLICATION ID NUMBER ASSIGNED: 4264

COMMENTS:

UXS Denied, 6100 from App Applied to AXS



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-8094

DAVID COX ROAD
60' PUBLIC RIGHT OF WAY
N 89°24'42" E
274.83'
S 10°
31.60'
ERE
275.43'
NEW STRUCTURE
30'
40'
NEW TO BE CONSTRUCTED
275.00'

## CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **3428B**

Tax Number: **04322102**

- The 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.

Basement: ☐ Yes ☒ No ☐ Partial Basement

**Primary Wastewater System**

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

| | | | |
|---|---|---|---|
| 0.3 Long-term acceptance rate (GPD/ft^2) | 480 Max gallons/day wastewater flow | 420 Absorption Area (ft^2) | 9 Trench spacing (min. on centers) (ft) |
| Serviced by private well: ☒ Yes ☐ No | EXIS Gallon septic tank | 140 Total trench length (ft) | 30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.) |
| 4 Bedrooms in residence | EXIS Gallon pump tank | 12 Depth of media (in) | |

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions:

**Repair Area System**

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

| | | | |
|---|---|---|---|
| 1200 Absorption Area (ft^2) 400 Total trench length (ft) | 12 Depth of media (in) | 9 Trench spacing (min. on centers) (ft) | 24 Maximum trench depth (in) |

e undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and posal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation Approval is granted by this Department.

*** This Improvement permit is transferable.

Phila Walker 6/24/09

DENR Authorized Agent Date

Owner/Agent Signature Date

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

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 3428B Permit #: 4249 Tax Parcel #: 043 221 02

Property Owner: Robert Haynes / Marilyn Gillispie

Job Location Address: 4973 David Cox Rd

City: Charlotte State: NC Zip Code: 28269

**Installation Approval Issuance Date:** 6/24/09

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 7/24/09, 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: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: existing gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 140 feet

# of Lines: 3 @ vary feet

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

Distribution Device: Drop boxes

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

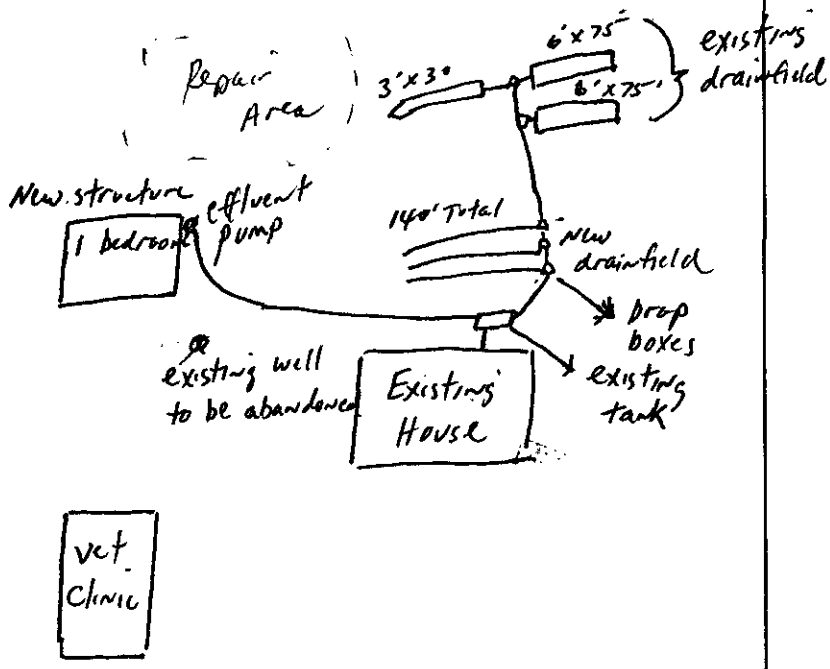
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




Comments: System Classification & Type: Type IIIg Septic System w/ Effluent pump at new building

DENR Authorized Agent: Philo Walker Signature: Philo Walker RS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 34288 Permit #: 4249 Tax Parcel #: 043-221-02

Property Owner: Robert Haynes / Marilyn Gillispie

Job Location Address: 4973 David Cox Road

City: Charlotte State: NC Zip Code: 28269

**Operation Permit Issuance Date:** 7/6/09 Contractor Name: Autrey

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 140 feet

# of Lines: 3 @ 50, 50, 40 feet

Depth of Media: 12 inches (Type) EZ1203H

Depth of Cover: 18 inches

Distribution Device: DROP BOXES

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 → ABANDONED

☒ 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: >100' feet

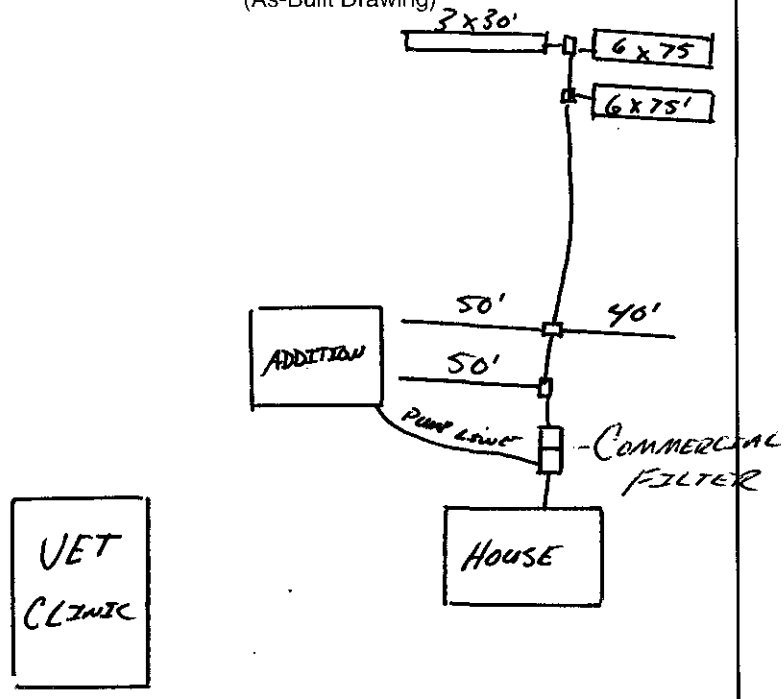
Inspection Dates

Tank(s) Inspected: —

Excavation Inspected: 7/6/09

Pump & Controls Inspected: —

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)




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

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

Comments: System Classification & Type: IIIg, EZ1203H, GRAVITY, NA, NA

DENR Authorized Agent: Jeremy Micholone, R.S. Signature: Jeremy Micholone, R.S.

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 34288 Permit #: 4249 Tax Parcel #: 043-221-02

Property Owner: Robert Haynes / Marilyn Gillispie

Job Location Address: 4973 Dawd Cox Road

City: Charlotte State: NC Zip Code: 28269

**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: III-g

*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: 2009 Alteration

DENR Authorized Agent: Jeremy Michalow, R.S. Date: 7/6/09

Signature: Jeremy Michalow R.S.

JUN-17-2009 13:09 DAVIS LAKE ANIMAL HOSPITA 704 [illegible] P.01/03

FEE: 100
DATE: 6/17/09
CRT: 1

# APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5193 Fax: (704) 336-6894

GWS UES APP 06/07

FILE #: 3428B

PW 4/2/9

**TYPE APPLICATION:**

- [X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- [ ] ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] COMMERCIAL OR INDUSTRIAL (N)

**PERSON FILING APPLICATION:**

NAME: SCOTT SCHWEMER (WOODWORKS CONSTRUCTION)
ADDRESS: 10215 FAIRHAVENE CT.
CITY: CHARLOTTE
STATE: NC ZIP: 28269
PHONE: 704-309-4797
ALTERNATE PHONE: 704-503-4785

**PROPERTY OWNER:**

NAME: ROBERT HAINES
ADDRESS: 4973 DAVID COX RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28269
PHONE: 704-607-1977
ALTERNATE PHONE:

**JOB LOCATION INFORMATION**

TAX/PARCEL #: 04322102
STREET ADDRESS: 4973 DAVID COX RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28269
SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT #: N/A 1 1956

**TOWNSHIP:**

- [X] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [ ] 7-MINT HILL

**WATER SUPPLY:**

- [X] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [ ] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER SPRINGS (O)

**RESIDENTIAL PROPERTY TYPE:**

- [X] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

**OCCUPANCY (both fields are required):**

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 6

**COMMERCIAL / INDUSTRIAL PROPERTY TYPE:** N/A

TYPE OF BUSINESS:
# EMPLOYEES PER SHIFT:
# OF SHIFTS:

INDUSTRIAL WASTE? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

**ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:**

- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

**ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:**

- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [X] OTHER "DISABILITY HOUSING (SMALL APT)

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Marilyn Haines
Owner's/Agent's Signature

6/17/09
Date

*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

[ ] ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

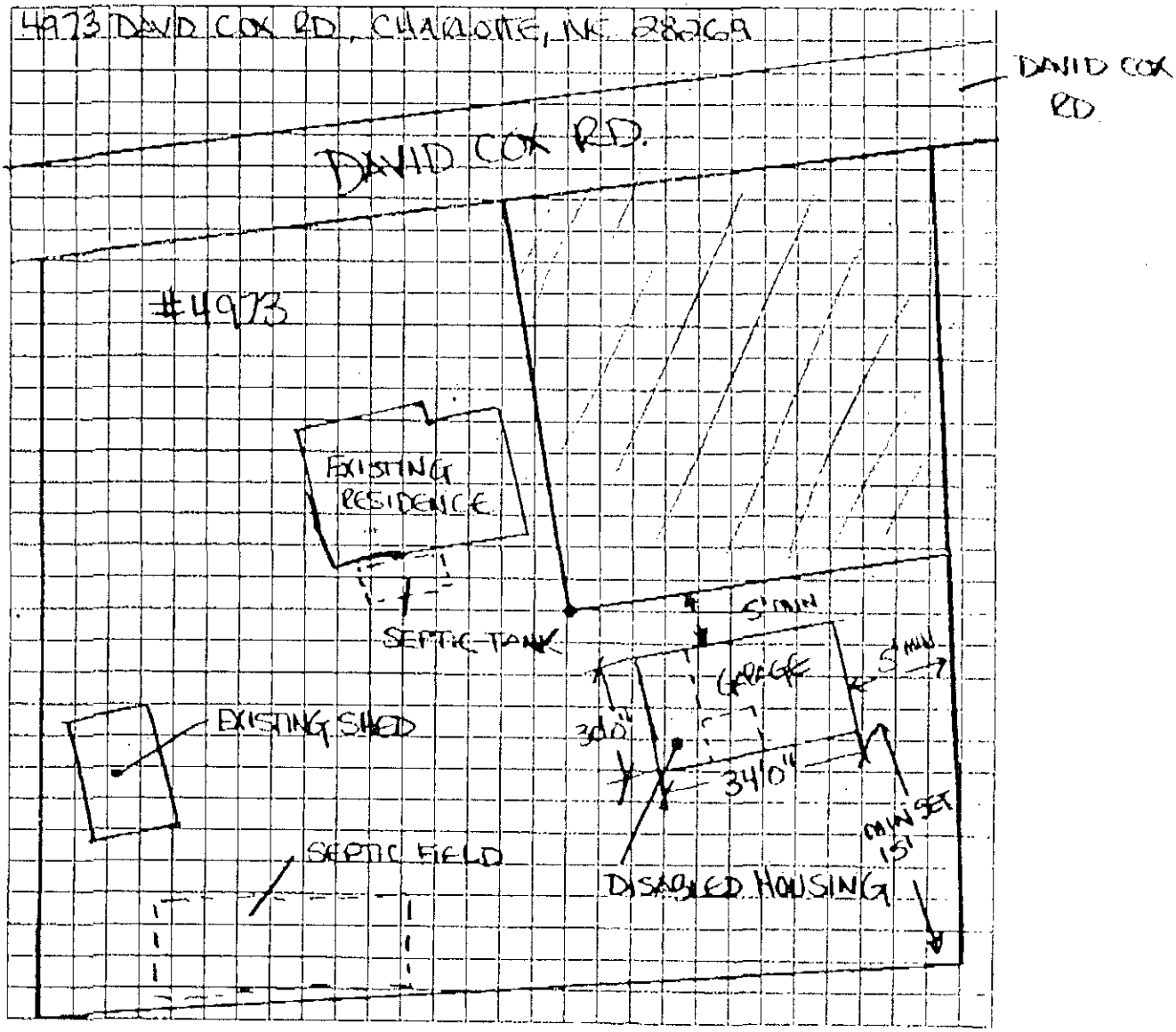
EHS Signature Date

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 # 3428B
Date_____

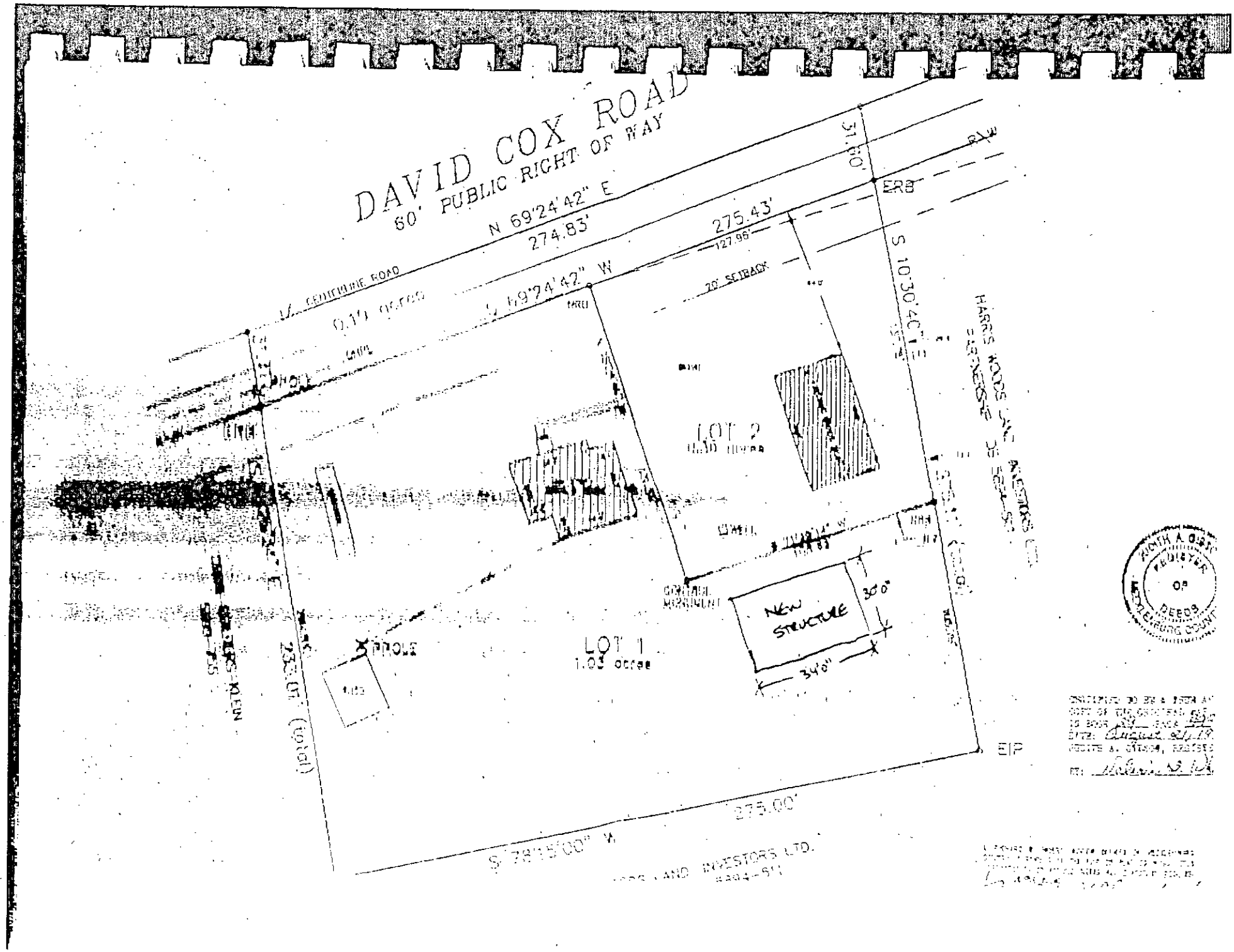
## PROPOSED PLOT PLAN

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.

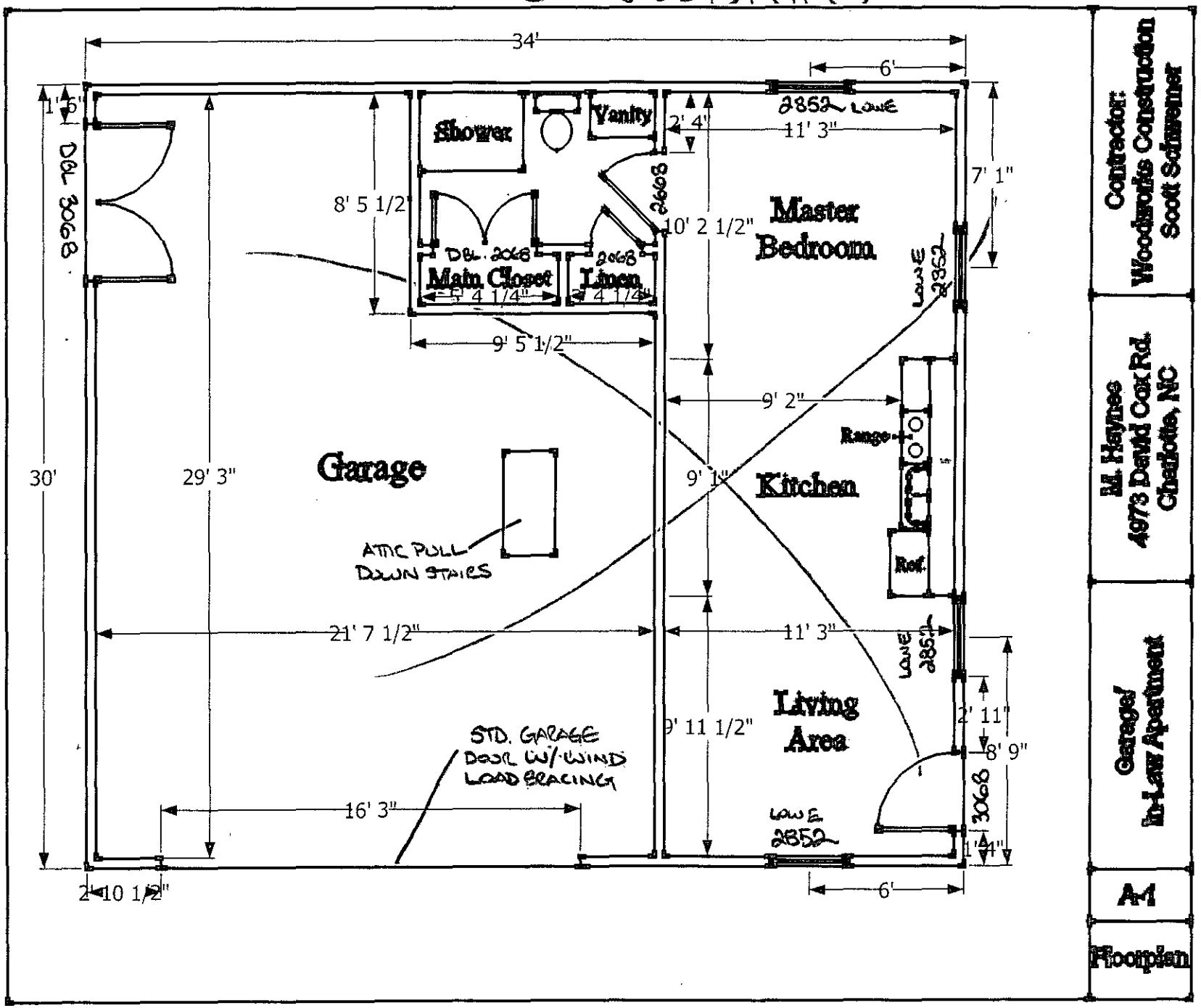



Owner/Agent Signature: Marilyn Otero

Date: 6/17/09


DAVID COX ROAD
60' PUBLIC RIGHT OF WAY
N 69°24'42" E
274.83'
275.43'
127.98'
31.60'
ERB
S 10°30'40" E
20' SETBACK
N 69°24'42" W
LOT 2
0.10 acres
LOT 1
1.03 acres
NEW STRUCTURE
30.0'
34.0'
PROPOSED ACCESS
233.47' (total)
S 78°15'00" W
275.00'
HARRIS ROADS LAND INVESTORS LTD.
8304-91
KENNETH A. OSTERN
REGISTRAR
OF
DEEDS
FORT SASKATCHEWAN

OLD VERSION


34'
6'
1' 5"
DBL 3068
Shower
Vanity
2852 LOWE
2' 4"
11' 3"
7' 1"
8' 5 1/2"
2668
10' 2 1/2"
Master Bedroom
DBL. 2068
2068
Main Closet
Linen
5' 4 1/4"
2' 4 1/4"
LOWE 2852
9' 5 1/2"
9' 2"
Range
Ref.
30'
29' 3"
Garage
9' 1"
Kitchen
ATTIC PULL DOWN STAIRS
21' 7 1/2"
11' 3"
LOWE 2852
Living Area
9' 11 1/2"
2' 11"
8' 9"
STD. GARAGE DOOR W/ WIND LOAD BRACING
16' 3"
LOWE 2852
3068
1' 4"
2' 10 1/2"
6'
Contractor: Woodworks Construction Scott Schwemer
M. Haynes 4973 David Cox Rd. Charlotte, NC
Garage/ In-Law Apartment
A1
Floorplan

FEE: NA

DATE: 

# APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: Lot 043-082-06

TAX/PARCEL NUMBER: 043-221-02

STREET ADDRESS: 4973 David Cox Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1 1956

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ___ YES ___ NO | WELL, SPRINGS OR WATERLINES | ___ YES ___ NO |
| EXISTING WASTEWATER SYSTEMS | ___ YES ___ NO | DESIGNATED WETLANDS | ___ YES ___ NO |
| EASTMENTS OR RIGHT-OF-WAYS | ___ YES ___ NO | | |

| PROPERTY OWNER: | LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: |
|---|---|
| NAME: HAYES ROBERT S (LAST) (FIRST) (MI) | NAME: (LAST) (FIRST) (MI) |
| ADDRESS: 4973 DAVID COX ROAD | DAYTIME PHONE: ( ) — |
| CITY: STATE: ZIP: | — |
| DAYTIME PHONE: ( ) 704 - 597 - 3838 | BUS, 704-554-0405 |

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 11/1/00

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

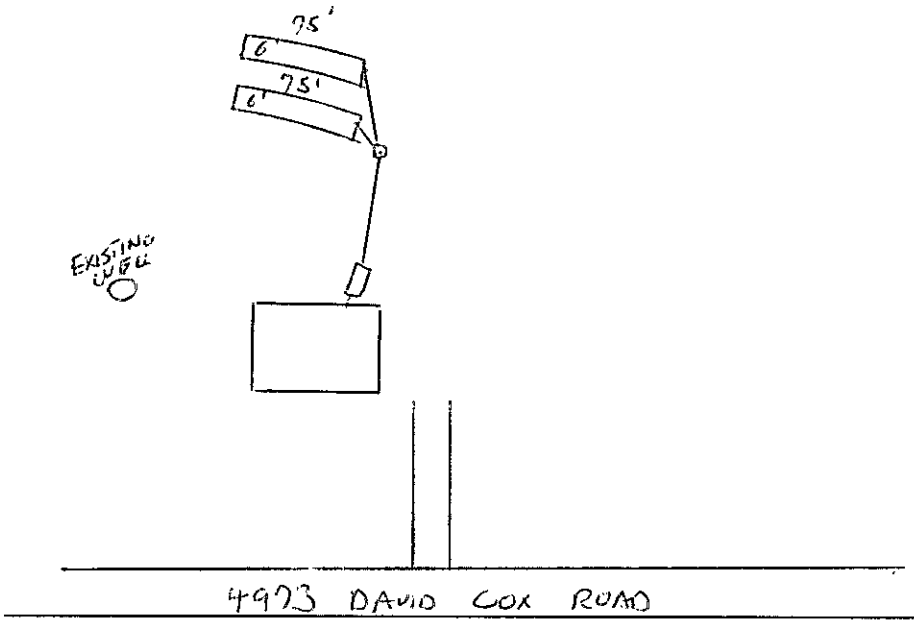
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3428 DATE: 11-1-00

TC: 043-22102 L

SERIAL No 18570

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 11-1-00. All work shall be completed on or before _____, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction EXISTING

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous YES

Total Line Length 300 feet

Number of Lines 2

Depth of Stone 18" inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well > 50' feet

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

NAME OF OWNER ROBERT S. HANES

LOCATION OF PROPERTY 4923 DAVID COX ROAD

Comments: (1) PERMIT IS A DESIGN FOR A 2 BEDROOM HOUSE WITH A TOTAL LINEAR FEET OF 300'. INSTALLATION IS TO BE A 2 BEDS 6'X75' W/ 18" STONE.

Andrew Alexander
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3428B DATE: 11-2-00

TC: 043-2202 ☒ L ☐ CRT

SERIAL Nº 18471

Name of Owner ROBERT S. HANES Juris.: _____

Address of Property 4913 DAVID COX ROAD

**Inspection Data:**

Tank Material EXISTING

Total Length of Drainfield 300

Number of Lines 2 @ 6'x75'

Cover Depth 12"

Water Supply Source WELL

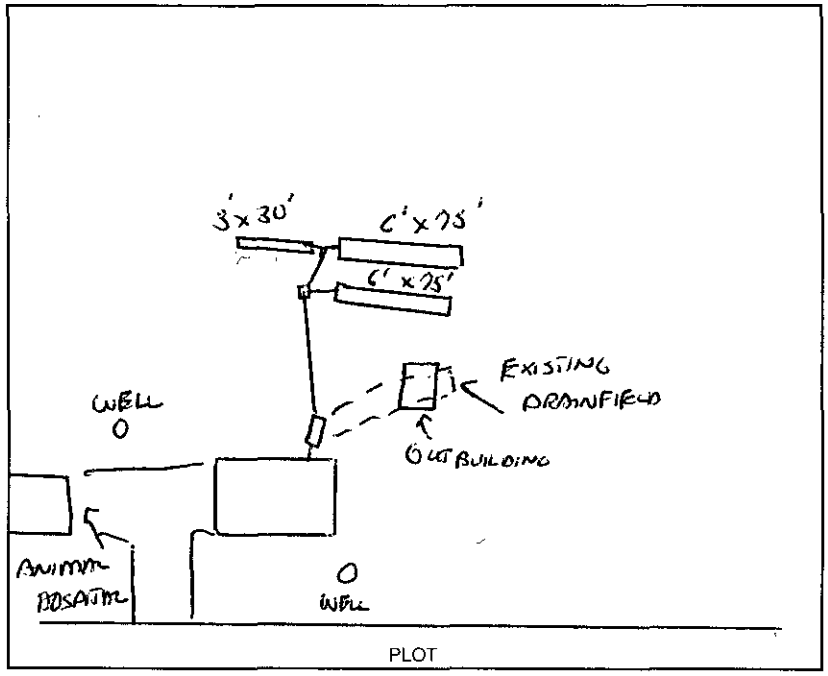
Distance to Water Source 65'

Excavation Inspected 11-2-00

Tank(s) Inspected —

Wash Line Inspected _____

High Water Alarm Inspected _____



PLOT

Design: REPAIR 2 BEDS 6'x75', 18" GRAVEL, NEW PVC "T" CTR# STEVE AUTRY

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ ~~as~~ detailed in the plot above

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. This issuance of this

☐ Certificate of Completion ☒ ~~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. 1990 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/revocation of this permit.

COMMENTS: TYPE II-

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

Project # 9847S2

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

342 BB

$130 1/24/95 ck #111

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: HANES, JR (last) ROBERT (first) S. (mi)
ADDRESS: 4973 DAVID COX RD PHONE: (704) 597-3838
CITY: CHARLOTTE STATE: NC ZIPCODE: 28269

Date:

PROPERTY OWNER:
NAME: HANES JR (last) ROBERT (first) S. (mi)
ADDRESS: 4973 DAVID COX RD PHONE: (704) 597-3838
CITY: CHARLOTTE STATE: NC ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 04308206 TAX BOOK 43 PAGE 8 2016
STREET ADDRESS: DAVID COX RD
CHARLOTTE, NC 28269
ZONING: O-1

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or H)
[X] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business VETERINARY HOSPITAL # Employees 3 Per Shift ___ ___ ___
Industrial Wastes (Y/N) Y ?
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Robert S. Hanes Jr. Date: 1/24/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...Lift pump required

No industrial processed wastewater to be discharged to septic system

See construction permit for additional comments.

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Paula S. Walker F.S. ~~2/10/95~~ 3/8/96
Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3428B

$130.00 1/24/95 # 1117

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: HAWES, JR (last) ROBERT (first) S. (mi)
ADDRESS: 4973 DAVID COX RD PHONE: (704) 597-3838
CITY: CHARLOTTE STATE: NC ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 04308206 TAX BOOK 43 PAGE 8 LOT 6
STREET ADDRESS: ~~[redacted]~~ DAVID COX RD
CHARLOTTE, NC 28269
ZONING: O-1

PROPERTY OWNER:
NAME: HAWES, JR (last) ROBERT (first) S. (mi)
ADDRESS: 4973 DAVID COX RD PHONE: (704) 597-3838
CITY: CHARLOTTE STATE: NC ZIPCODE: 28269

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business VETERINARY HOSPITAL # Employees 3 Per Shift ___ ___ ___
Industrial Wastes (Y/N) Y ?
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Robert S. Hawes Jr. Date: 1/24/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...2/23/95 met with the Hawes on property. Mr Hawes IN process of getting water reading for 3 vet. clinics similar in size. Check with DEM on shared well, also check distance from well from vet. businesses.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

358 L.F. To be installed

WWATER : 1227

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 028483 P.N

3400

File: 3428B Action 2

Parcel: PO043-082-06 ☐ PC

Location: David Cox Road

Subdivision:

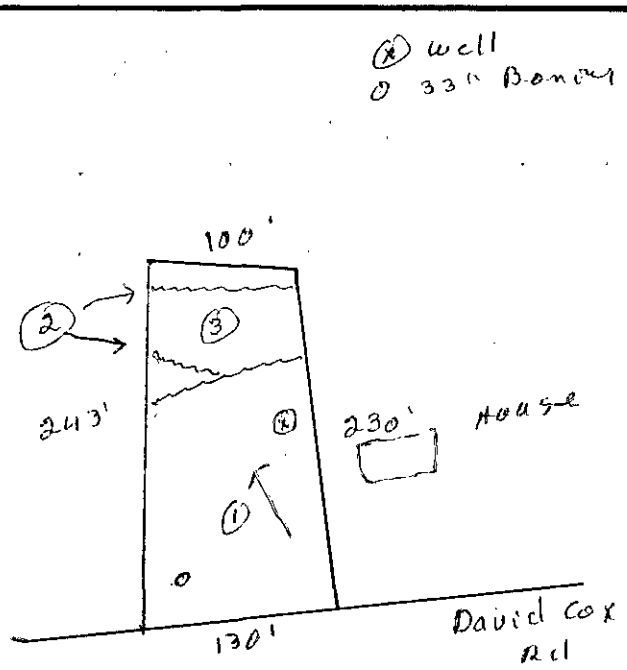
Lot: Block: Acres: .64

Owner: Robert S. Hanes
Address: 4993 David Cox Rd.
Charlotte, N.C. 28269

Comments: 100% Repair, 3gal/ft² Deg LTAR
* 33" Boring -

Described by: William R. Mauk

Date: 2-15-95




***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-8% | S PS (U) Ditches | S PS (U) Depression uneven Topography | S PS U | S PS U | S PS U |
| Texture | S (PS) U Slightly Expansive clay | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Block | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U > 40" To soil wetness | S PS U — | S PS U — | S PS U | S PS U | S PS U |
| Depth | S (PS) U 38-40" | S PS U — | S PS U — | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U >40" | S PS U — | S PS U — | S PS U | S PS U | S PS U |
| Available Space | S PS (U) Restricted | S PS U — | S PS U — | S PS U | S PS U | S PS U |
| Other (specify) | S PS U * | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | III Cecil-like | Ditches | Depression uneven Topography | | | |
| Area Classification | S PS (U) | S PS (U) | S PS (U) | S PS U | S PS U | S PS U |

17 February 1995

Mr. Philo Walker,

This letter is in regard to the proposed septic needs of the animal hospital to be located at 4971 David Cox Road. After talking with some of the veterinarians whose water usage is similar to what we will be using, it appears our daily water use will be about 150 gallons per day. If you need more information or answers to any other questions, please let us know.

Thank you,

Robert S. Hanes

Robert S. Hanes, Jr.

File #3428B

23 February 1995

Dear Mr. Walker,

This letter is in response to the projected water needs of our proposed veterinary clinic. I contacted the Water Accounts Division of the Charlotte-Mecklenburg Utility Department about the water uses of three veterinary clinics. They provided me with the following information.

Clinic #1: Carmel Animal Hospital
10617 Kettering Drive
Charlotte, NC 28226
(704) 541-0043

Water use for the last 12 months (one unit= 748.05 gallons)

| Feb | Jan | Dec | Nov | Oct | Sep | Aug | Jul | Jun | May | Apr | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 9 | 7 | 8 | 8 | 10 | 8 | 11 | 7 | 6 | 6 | 5 | 5 |

Total yearly use= 90 units= 67324.5 gal.

Total average daily use= 184.5 gal.

Clinic #2: Independence Veterinary Clinic
2328 Crown Point Executive Drive
Charlotte, NC 28227
(704) 841-1313

Water use for the last 12 months:

| Feb | Jan | Dec | Nov | Oct | Sep | Aug | Jul | Jun | May | Apr | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | 8 | 7 | 7 | 9 | 8 | 13 | 21 | 33 | 13 | 6 | 7 |

Total yearly use: 139 units= 103979.0 gal.

Total average daily use: 284.9 gal.

Clinic #3: Hickory Grove Animal Hospital
5450 N. Sharon Amity Road
Charlotte, NC 28215
(704) 563-5858

Water use for the last 12 months:

| Feb | Jan | Dec | Nov | Oct | Sep | Aug | Jul | Jun | May | Apr | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | 11 | 8 | 10 | 11 | 10 | 10 | 11 | 9 | 8 | 9 | 7 |

Total yearly use: 112 units= 83781.6 gal.

Total average daily use: 229.5 gal.

All of the clinics listed above are larger than my planned practice in that they have more square footage, more employees, more veterinarians, and larger boarding facilities. Also, the numbers listed for clinic #2 appear to be skewed in that there seems to be a dramatic increase in water usage for the months of June and July of last year. The water department was unsure if there may have been a water main or meter problem that may have accounted for this. There are no clinics small enough in Charlotte that can give an accurate account of how much water we will be using.

If you have any questions or need more information, please contact us at 597-3838.

Thank you,

R. Sam Hanes, Jr. DVM

258 Average

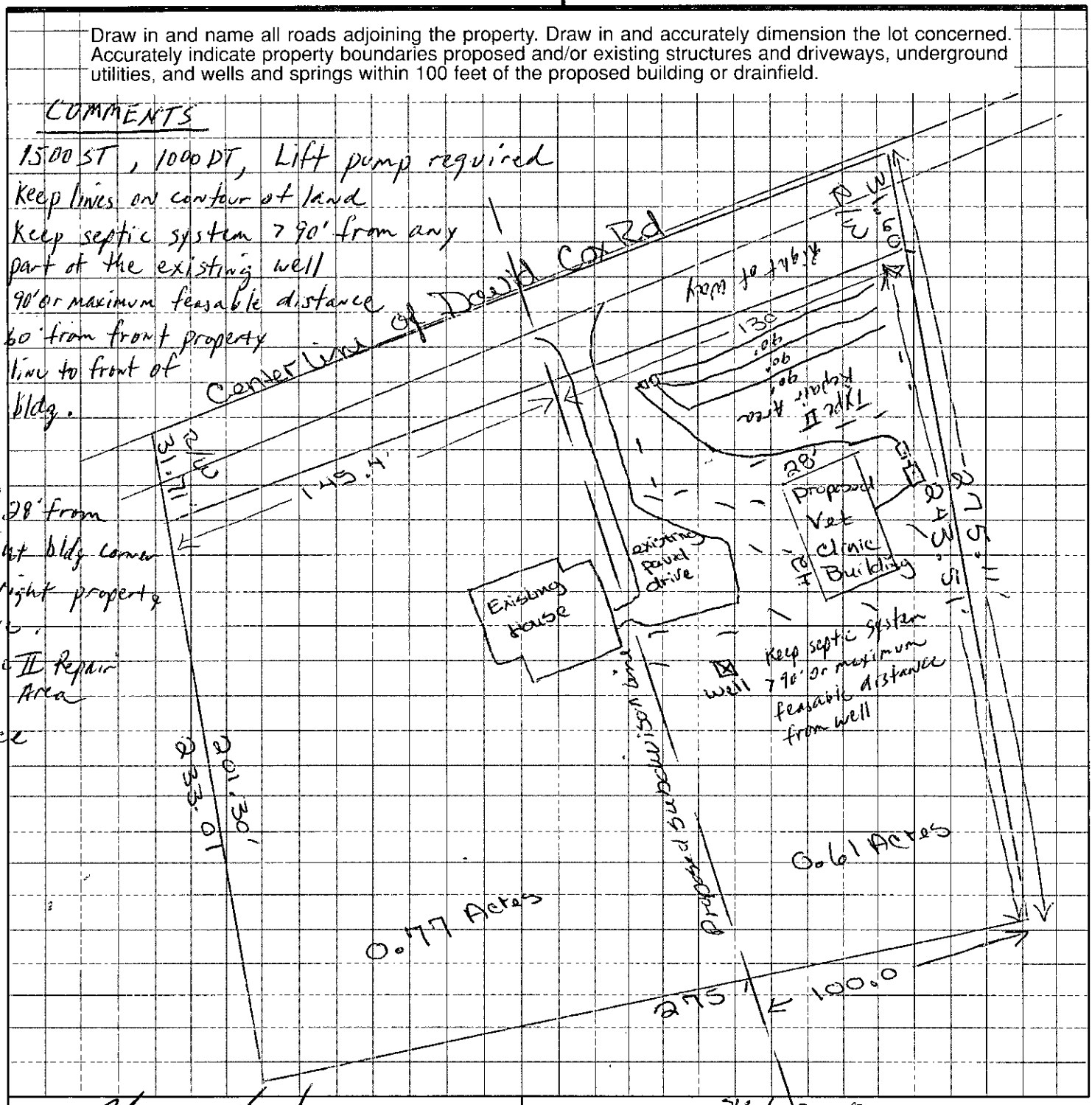
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3428

TC: 043-082-06

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




OWNER/AGENT SIGNATURE Robert L. Henry Jr.

DATE 3/8/96

APPROVAL DATE RW 3/8/96

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Permit Number: 3428B

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 043 082 06

- The 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.

| | | | |
|---|---|---|---|
| Basement | ✓ Yes | ___ No | ___ Partial Basement |
| Type Primary Wastewater System<br>Type (circle one):<br>I (II) III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| .3 Long-term acceptance rate | 240 Max gallons/day wastewater flow | 810 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) |
| yes Serviced by private well | 1500 Gallon septic tank | 270' Total trench length (ft) | 24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| NA Bedrooms in residence | 1000 Gallon pump tank | 12 Depth of stone | |

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Septic system designed for 3 employee Vet clinic. Keep septic system at least 80' from existing well. Domestic type waste water only. No industrial processes wastewater to be discharged to septic system.

| | | | |
|---|---|---|---|
| Repair Area System Type<br>Type (circle one):<br>I (II) III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| 810' Absorption Area (Sq ft)<br>270' Total Trench Length (Ft) | 12 Depth of Stone Trench | 9' Trench spacing (min. on centers) | 24" Maximum Trench Depth |

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Departmen
- This Improvement permit is transferable.

Phila A. Walker R.S. 3/8/96
DEHNR Authorized Agent Date

Robert S. [illegible] 3/8/96
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Ck # 1034 4960

FEE: 150.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 10/3/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3/8/96 PERMIT NO: 3428B
4971 PARCEL NO: 043 082 06
JOB LOCATION ADDRESS: ~~4973~~ David Cox
PROPERTY OWNER: Robert Hanes Jr
BUILDING CONTRACTOR: Chelsea Construction
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Philo S. Walker R.S. DATE: 3/8/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3428B, 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, CONSTRUCTION, ALTERATION AND/OR REPAIR 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 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: NO industrial processed wastewater to be discharged to septic system. Domestic waste only. The developer and fixer solutions from existing x Ray film processor must be transported off-site for handling by a specialized company. Chemicals from dips must be transported off site for handling by a specialized company.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Robert S. Hanes Jr 3/8/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

(2400)

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

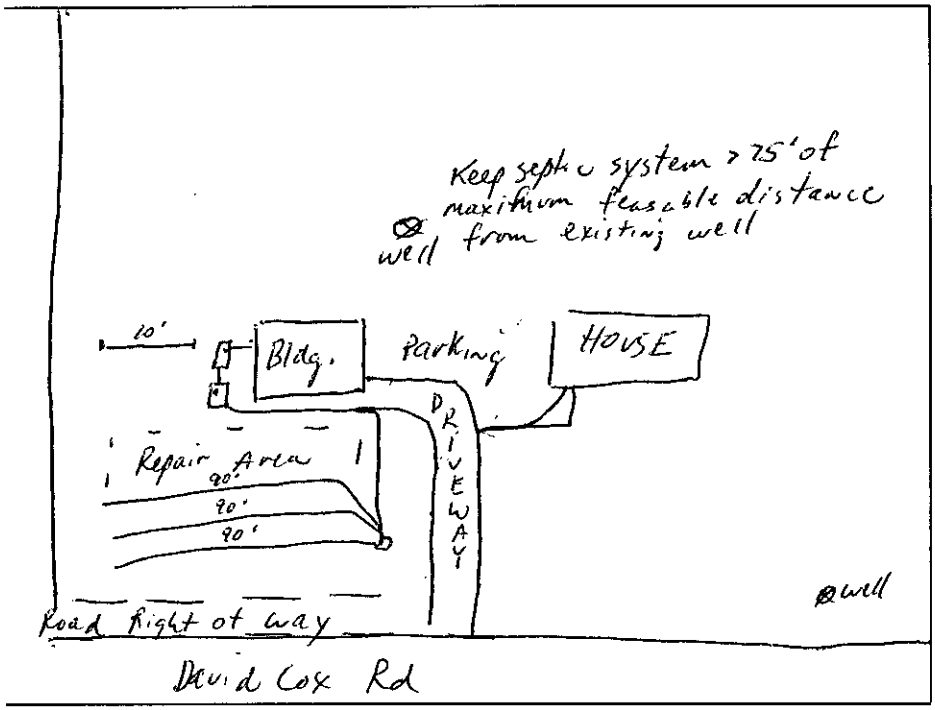
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3428 B DATE: 3/27/96

TC: 043 082 06 ☐ L

SERIAL Nº 16689

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 3/8/96. All work shall be completed on or before 4/27/96, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous —

Total Line Length 270' feet

Number of Lines 3 (90')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 75' or feet
maximum feasable distance

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

NAME OF OWNER Robert Hawes Jr

LOCATION OF PROPERTY 4973 David Cox Rd

Comments: 1500 ST, 1000 DT, Tank filter, 3 lines x 90' long x 3' wd x 12" stone
Keep septic system > 75' from well or maximum feasable distance / Keep lines on contour of land

Phila J. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Mecklenburg County
Health Department

August 20, 1996

Mr. Robert Hanes, Jr.
4973 David Cox Road
Charlotte, North Carolina 28269

Dear Mr. Hanes:

Re: 4973 David Cox Road
File: 3428B/ (Tax Parcel No. 043-082-06)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,
Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

4001B

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3428B DATE: 10/3/96

TC: 043 082 06 ☐ L ☒ CRT

SERIAL № 16760

Name of Owner Robert Hawes Jr Juris.: _____

Address of Property 4978 David Cox Rd

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 3 @ 90'

Cover Depth 12"

Water Supply Source well

Distance to Water Source 80'

Excavation Inspected 8/16/96

Tank(s) Inspected 8/16/96

Wash Line Inspected NA

High Water Alarm Inspected 10/3/96

PLOT

Design 1996, 1500ST, 1000DT, PI, Zaple Tee Filter, 12" stone bed CTR# Bob Mcleod

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

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. This issuance of this

☐ Certificate of Completion ☒ 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. 1990 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/revocation of this permit.

COMMENTS: septic system designed for 3 employee veterinary hospital No industrial processed wastewater to be discharged to septic system. See construction authorization for additional comments. Plugs cut on pump & alarm, Informed property owner that warranty voided after ~~electrical~~ cut plugs

Phillip S. Walker P.S.

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 06/17/09 | **Amount:** | 100.00 |
| **Receipt #:** | 63259 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** X42357
**Contractor:** WOODWORKS CONSTRUCTION INC
**Attn:**
**Address:** 10215 FAIRBOURNE COURT
**Address:**
**City/State/Zip:** CHARLOTTE, NC

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | MH Exc/Add/Repl w/o System Mod<br>4973 DAVID COX ROAD | | 1 | 100.00 | 100.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 163.75 | | | | | |

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 06/24/09 | **Amount:** | 200.00 |
| **Receipt #:** | 63345 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY. | | |

**Account Information**

**Account #:** X42357
**Contractor:** WOODWORKS CONSTRUCTION INC
**Attn:**
**Address:** 10215 FAIRBOURNE COURT
**Address:**
**City/State/Zip:** CHARLOTTE, NC

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0706 | MH Exc/Add/Repl w/System Mod<br>4973 DAVID COX RD/FILE 3428B(BAL OF FEE) | | 1 | 200.00 | 200.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 363.75 | | | | | |

Woodworks Construction, Inc.

10215 Fairbourne Court
Charlotte, NC 28269
Phone/fax 704-503-4784
www.woodworksconstruction.com

# FAX COVER SHEET

**To:** Mecklenburg County Groundwater & Wastewater Services

**Fax:** 704-336-6894

**From:** Scott Schwemer – Woodworks Construction
scott@woodworksconstruction.com

**Fax:** 704-503-4785

**Date:** 6/17/09

**Total Pages:** (4) including cover

**Reason:** Application for use of existing on-site septic system with plot plan. Please put the $100.00 application fee on my Mecklenburg County account for Woodworks Construction.

Contractor Id: X42357
License #: 65588

Please call with any questions, Thanks.

Scott Schwemer
Woodworks Construction
704-309-4797

Woodworks

# FAX COVER SHEET

**To:** Mecklenburg County Groundwater & Wastewater Services

**Fax:** 704-336-6894

**From:** Scott Schwemer – Woodworks Construction
scott@woodworksconstruction.com

**Fax:** 704-503-4785

**Date:** 6/23/09

**Total Pages:** (5) including cover

**Reason:** Application for alteration of an existing on-site septic system with plot plan. We previously submitted an application for use of an existing on-site septic system with an application fee of $100. In talking with the inspector we should be able to use this as a credit for the new application. Please put the additional $200.00 application fee on my Mecklenburg County account for Woodworks Construction.

Contractor Id: X42357
License #: 65588

Please call with any questions, Thanks.

Scott Schwemer
Woodworks Construction
704-309-4797

2009 ALTERATION

LD 9/20/09

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

GWS File #: 34280 WASPS App #: ~~4249~~ 4264

Primary ES assigned to project: PW

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: _____ Were sufficient auger borings made? | Yes ☐ | No ☐ | N/A ☐ |
| .1939(d), .1955, .1956, .1957 | LTAR | 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: WELL ABANDONED

IA issued date: 6/24/09

OP issued date: 7/6/09

Review performed by: _____ Date performed: 7/16/09