Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☐ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

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

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid) LE 9/11/18 Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ _____

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

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

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

Certified operator contract is on file. ☐ _____

Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☐ Alteration ☑ Modified Plot Plan ☐

New Septic Fees Paid

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

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

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid) 9/6/18 Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☑ JAM

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

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☑ Signature received. ☑ _____

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

Certified operator contract is on file. ☐ _____

X4 6248

MECKLENBURG COUNTY
HEALTH DEPARTMENT

10004B #9894

6 SEP '18 PM 2:52

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: 11112113

STREET ADDRESS: 9429 Glenbrook Dr.

CITY: Charlotte

STATE: NC ZIP: 28215

SUBDIVISION NAME: Alamance

LOT #: 124+25 LOT SIZE (acres): 2

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: _____

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 5

FOUNDATION TYPE:

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

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

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

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

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

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

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

8A. RANK: 2 3 4 1 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
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: ~~Jordan~~ & Brittany Miller
ADDRESS: 9429 Glenbrook Dr.
CITY: Charlotte
STATE: N.C ZIP: 28215
WORK PHONE: 704-562-2499
MOBILE PHONE: _____
FAX: _____
E-MAIL: Jordan.miller117@gmail.com
Steve 704-993-8635.

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Griffin Roofing & Construction JJandreau
ADDRESS: PO Box 2151
CITY: Matthews
STATE: NC ZIP: 28106
WORK PHONE: 704-769-0472
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____
TriciaPipitone@Griffinroofs.com

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

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

_____ (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.

_____ 9/6/18

Property Owner's or Owner's Legal Representative Signature — 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:

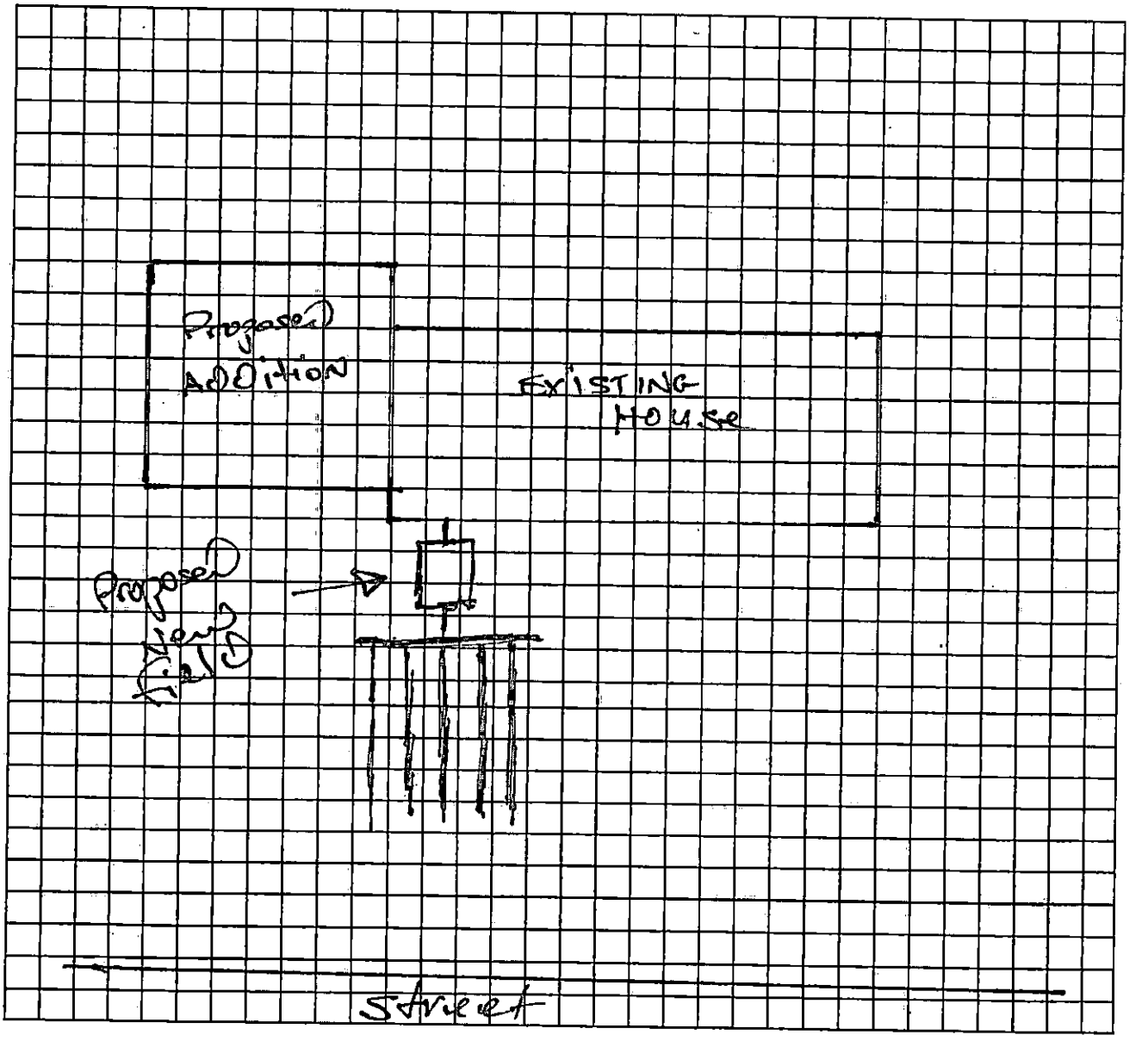
File #: _____

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: 9429 Glenbrook DR. Tax Parcel #: 11112113

Subdivision Name: ALAMANCE Lot #: 24-25



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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/11/18
Receipt #: 112795
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: X46248
Contractor: GRIFFIN ROOFING & CONSTRUCTIO
Attn:
Address: P O BOX 2151
Address:
City/State/Zip: MATTHEWS, NC 28106

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 9429 GLENBROOK DR		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
200.00	266.34	29.90			

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

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

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.

2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.

3. I acknowledge that Griffin Roofing & Construction, LLC is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

9429 Glenbrook Dr., Charlotte, NC 28215
Number Street Town
(Or parcel Number)

Jordan Miller
Property Owner (print name)

Property Owner (signature)

5/24/18
Date

0-20"
C Brown
20-30
C, Floating SS SI
30" Rock

0-24"
C Brown
24-39"
C
39-48"
C1

0-16"
C
16-20"
C Brown
20-36
C
36-48
C1

.3

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jordan Miller
ADDRESS: 9429 Glenbrook Dr
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___
LOCATION OF SITE: ___
WATER SUPPLY: ▫ Private ▫ Public ☒ Well ▫ Spring ▫ Other ___
EVALUATION METHOD: ☒ Auger Boring ▫ Pit ▫ Cut

APPLICATION DATE ___
DATE EVALUATED: ___
PROPERTY SIZE: ___
PROPERTY RECORDED: ___
TYPE OF WASTEWATER: ▫ Sewage ▫ Industrial Process ▫ Mix

PROFILE	1940 LANDSCAPE POSITION / SLOPE %	HORIZON DEPTH (IN)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE / TEXTURE	1941 CONSISTENCE / MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS / COLOR	1949 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 4%	0-20	C Fr SBK	S P SEXP	NA	30"	NA	NA	.3
		20-30	C F SBK	Ss Sp SEXP					
		30" Floating Rock							
2	LS 4%	0-24	C Fr SBK	S P SEXP	NA	48	NA	NA	.3
		24-39	C F SBK	Ss Sp SEXP					
		39-48	C l Fr SBK	Ss Sp SEXP					
3	LS 4%	0-16	C Fr SBK	S P SEXP	Brown N/A	48	NA	NA	.3
		16-20	C Fr SBK	S P SEXP					
		20-39	C F SBK	Ss Sp SEXP					
		39-48	C l Fr SBK	Ss Sp SEX					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III g	III e
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: April Bumgarner
OTHER(S) PRESENT: ___

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 9661
PID #: 111-121-13
File #: 10004B

Authorized Agent: _____ Date: _____

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 fee

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

June 25, 2018

Jordan & Brittany Miller
9429 Glenbrook DR
Charlotte, NC 28215

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 9429 Glenbrook DR
Health Department File Number: **10004B**

Dear Property Owner or Owner's Agent:

On June 25, 2018 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated May 22 2018, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☐ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☒ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,
April Bumgarner, REHS
April Bumgarner, REHS
Environmental Specialist

Encl: (1) Application

10004/3 & 9661

24 MAY '18 AM 9:33

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: JJ Andreu
ADDRESS: 1135 Four Lakes Dr., Ste I
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: (704) 340-6930
ALTERNATE PHONE: (704) 769-0472
E-MAIL: www.griffinroofs.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Jordan and Brittany Miller
ADDRESS: 9429 Glenbrook Drive
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE: (704) 562-2499
ALTERNATE PHONE:
E-MAIL: Jordan.miller117@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 11112113
STREET ADDRESS: 9429 Glenbrook Drive
CITY: Charlotte
STATE: NC ZIP: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:
Alamance
LOT #: L24 & 25 BB M7-835

WATER SUPPLY:
( ) MUNICIPAL (●) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(●) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☒ BEDROOM ☒ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature

5/22/18
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

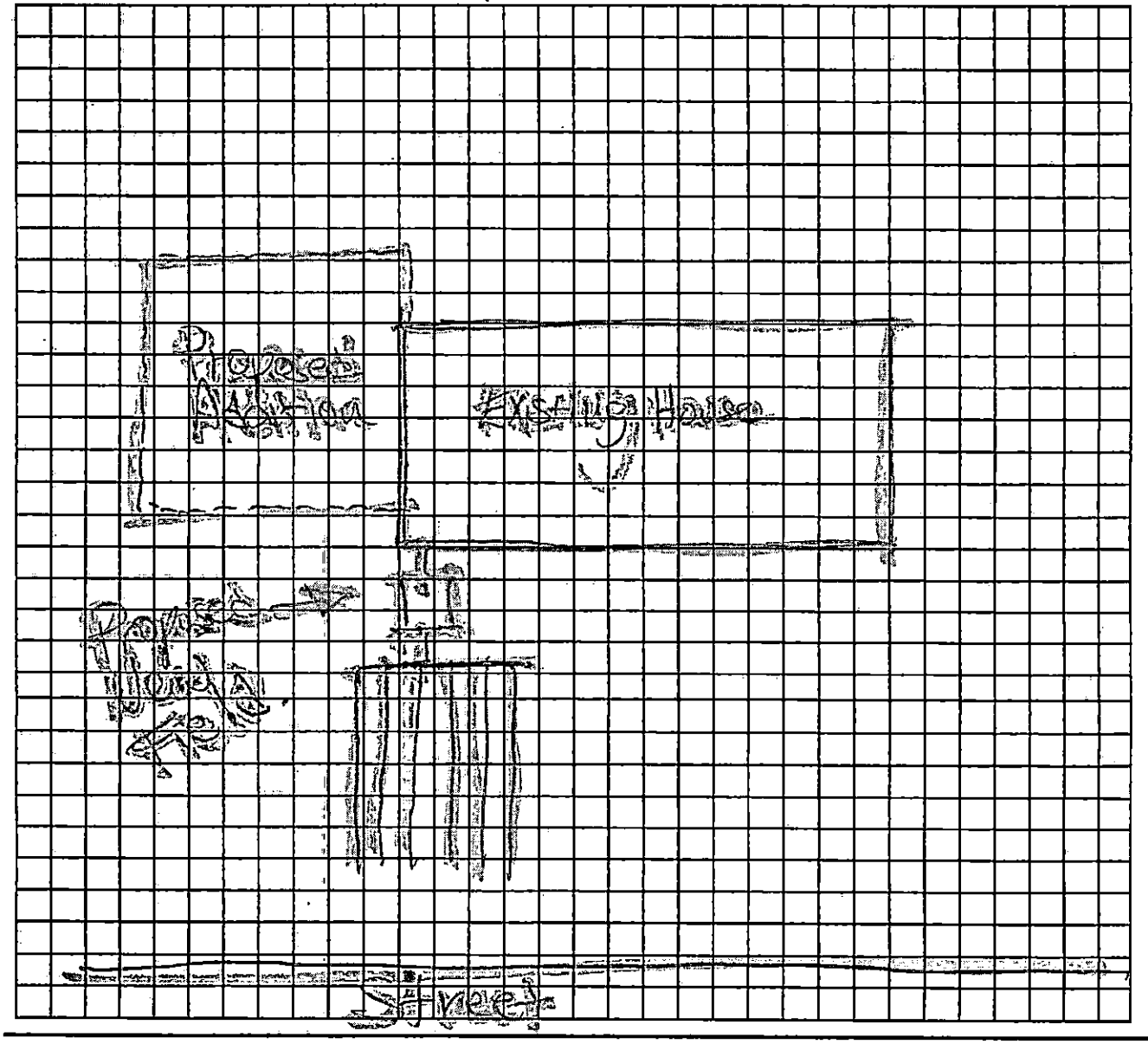
Revised on: 4/20/17

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: 9429 Flewbrook Dr, Charlotte Tax Parcel #: 11112113



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

_____

_____

REHS Signature _____ Date

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

Revised on: 4/20/17

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: JAVIER ANDREU

Bill To:

JAVIER ANDREU
PO BOX 2151

Matthews, NC 28106

Single Payment

Transaction Date: 05/24/2018 8:19 AM Pacific Time
Pay Method: VISA **********7391
Approval #: 940910
Trace Number: f9cf6ebc-6b11-4d24-9d3f-aa5189c34cda
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/24/18	**Amount:**	100.00
Receipt #:	111347	**Tendered:**	100.00
Check / Auth #:	VISA 940910	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: ANDRUE, JAVIER
Attn:
Address: PO BOX 2151
Address:
City/State/Zip: MATTHEWS, NC 28106

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9429 GLENBROOK DR		1	100.00	100.00

Outstanding Balances

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

Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	1004B
WASPS App #:	9894
Primary ES assigned to project:	April Bumgarner
Secondary ES assigned to project:	
Project Type:	Alteration
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	No
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	N/A
Corrections/modifications needed?	Yes
Comments:	Insert Property lines.
IA issued date:	
OP Issued date:	
Review performed by:	Jeremy Michael
Date performed:	9/19/2018

Created at 9/19/2018 2:48 PM by Michael, Jeremy
Last modified at 9/19/2018 2:48 PM by Michael, Jeremy

Close

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30009894** GWS File #: **10004B** Tax Parcel #: **111-121-13**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 9/19/2023

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
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:	Distribution Box		

III. Repair System Type: PPBPS (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
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:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: April Bumgarner Owner/Legal Agent: Javier Andrew
Print Name

Signature: April Bumgarner Signature:

Date Issued: 9/19/2018

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30009894 GWS File #: 10004B

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- 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.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- Gas line must be moved to side property line to avoid installation of a T&J Panel system.

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

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Authorized Agent: April Bumgarner
Signature: April Bumgarner
Date Issued: 9/19/2018

Owner/Legal Agent: Javier Andrew
Print Name
Signature:

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30009894** GWS File #: **10004B** Tax Parcel #: **111-121-13**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 9/19/2023

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
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:	Distribution Box		

III. Repair System Type: PPBPS (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
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:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: April Bumgarner Owner/Legal Agent: _____
Print Name

Signature: April Bumgarner Signature: _____

Date Issued: 9/19/2018

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700 N. Tryon St, Suite 211 Charlotte, NC 28202
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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30009894** GWS File #: **10004B**

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- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: April Bumgarner

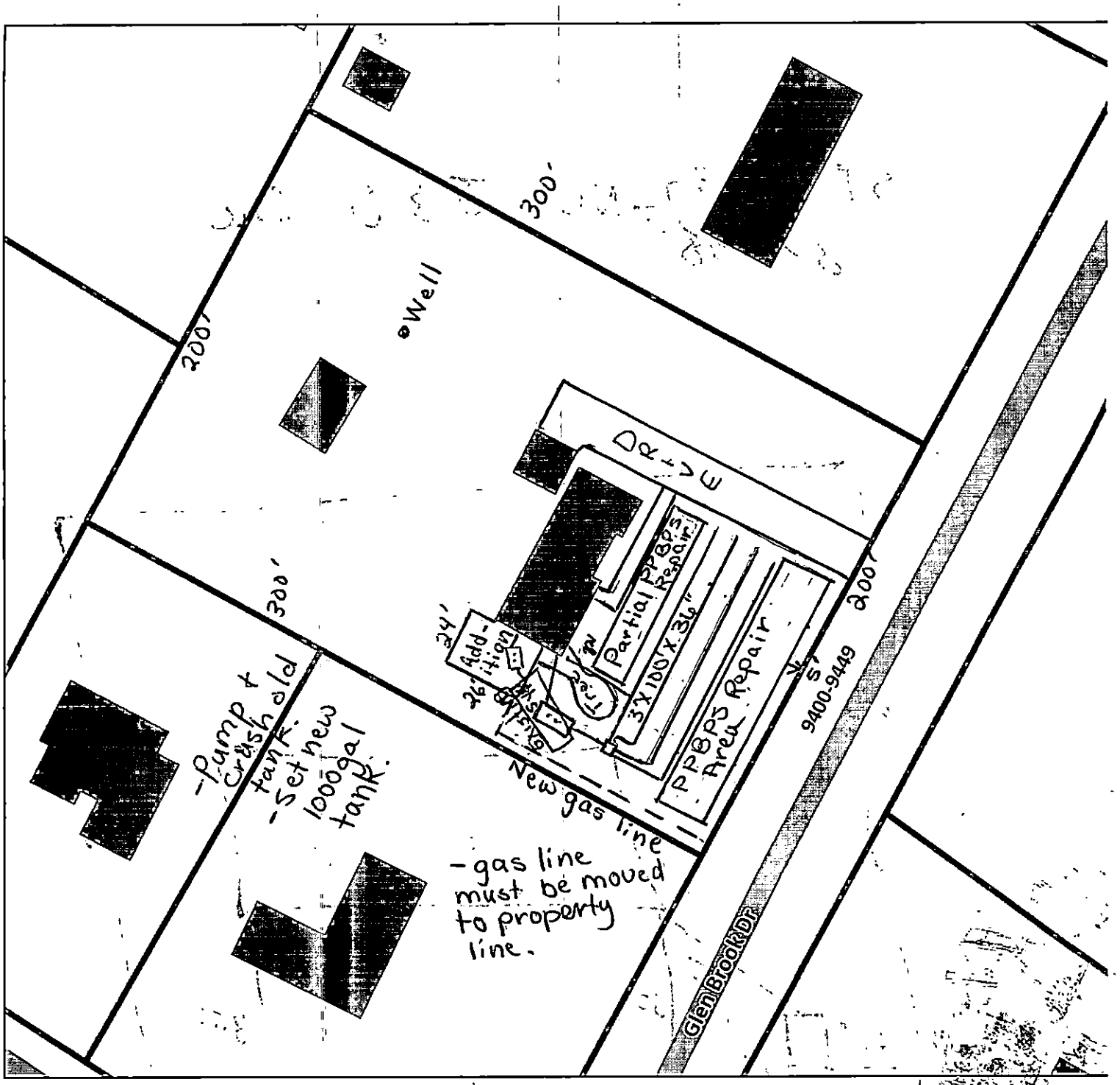
Signature: April Bumgarner

Date Issued: 9/19/2018

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

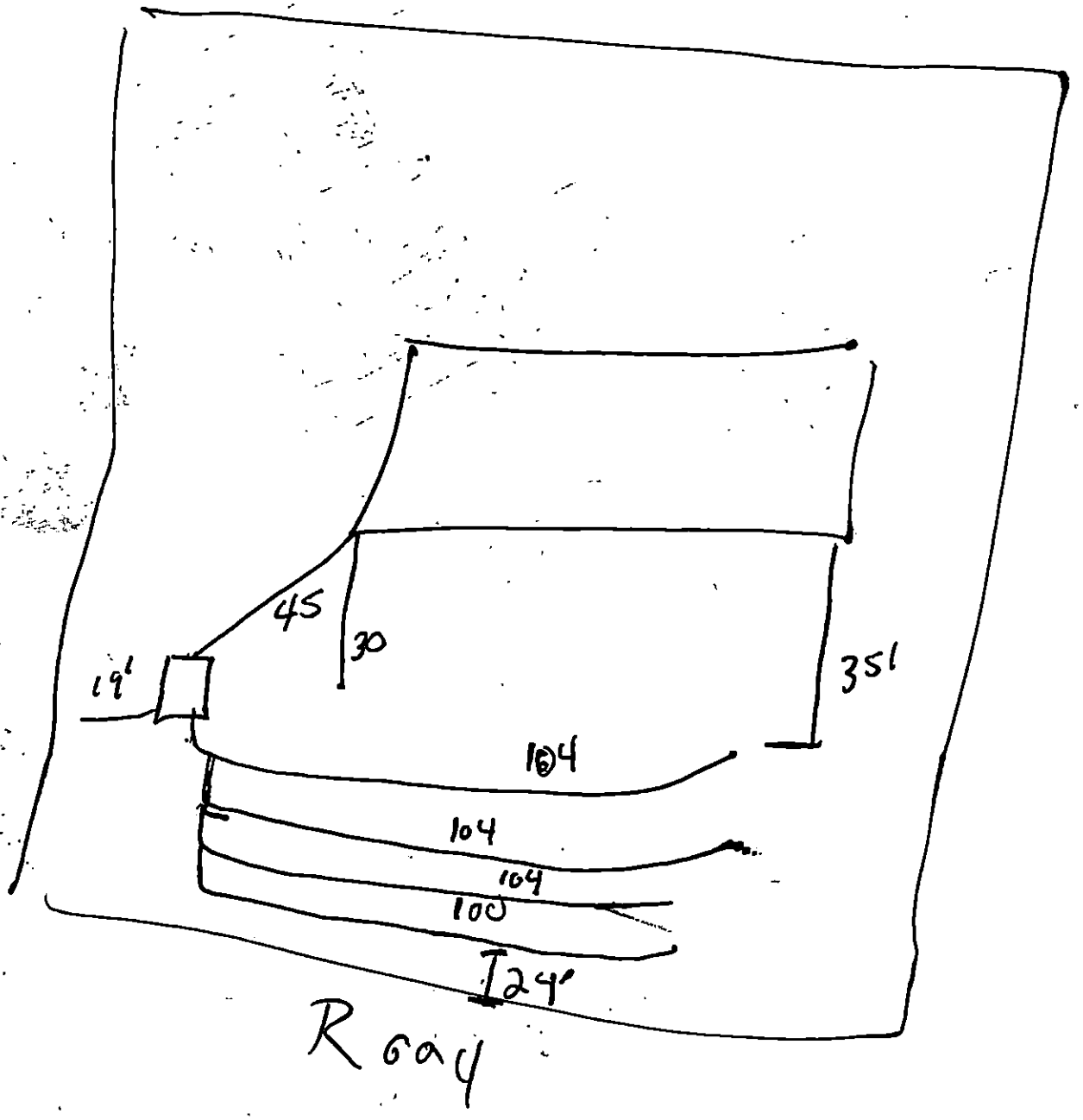
Permit #: 9661
PID #: 111-121-13
File #: 10004B

Authorized Agent: April Baumgarner Date: 6-25-18

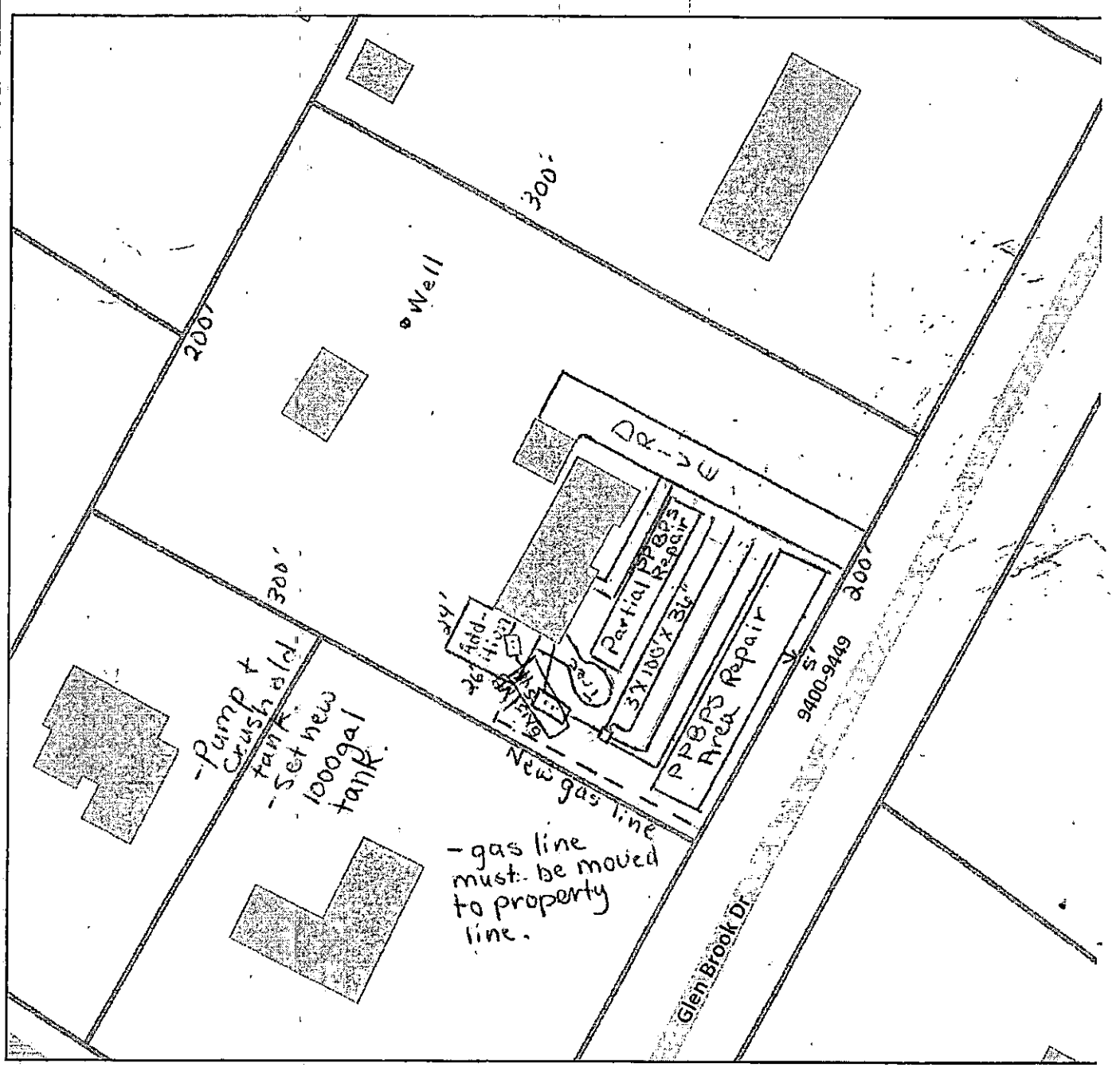
Owner/ Legal Agent: _____ Date: _____

1 inch = 60 fee

STB - 97-NC J & S Inc.
3-1248



On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 9661
PID #: 111-121-13
File #: 10004B

Authorized Agent: April Baumgarner Date: 6-25-18

Owner/ Legal Agent: [signature] Date: 9-20-18

1 inch = 60 fee

FEE: 200.00
DATE: 10/3/2018

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 10004B

PERMIT NUMBER: 10004B

PARCEL NUMBER: 11112113

JOB LOCATION INFORMATION

ADDRESS: 9429 GLEN BROOK DR

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28215

ISSUED TO: JORDAN & BRITTANY MILLER

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 10/3/2018

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30009894, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

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, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature April Bumgarner

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

Septic System Pre-Construction Meeting Checklist

File # 100048 App # 9894 Tax Parcel # 111-121-13

Property Owner: Jordan & Brittany Miller

Job Location Address: 9429 Glenbrook Dr

City: Charlotte State: NC Zip Code: NC

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

   ☑ YES ☐ NO

   Comments: _____

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

   ☑ YES ☐ NO

   Comments: _____

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

   ☑ YES ☐ NO

   Comments: must move gas line

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

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

Authorized Agent — Date: 10-11-18

April Bumgarner
Others Present

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211, Charlotte, NC 28202
Phone: (980) 314-1680 • Fax (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 100043 Permit #: ~~9867~~ 9894 Tax Parcel #: 111-121-13

Property Owner: Jordan & Brittany Miller

Job Location Address: 9429 Glenbrook Dr

City: Charlotte State: NC Zip Code:

Operation Permit Issuance Date: 11-30-18 **Contractor Name:** RCS

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacturer: J & S STB 97 3/13/18 Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 36 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 100 feet
# of Lines: 4 @ 100 feet
Depth of Media: 12 inches (Type) IG4N
Depth of Cover: 6 inches
Distribution Device: Endcap to Endcap

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

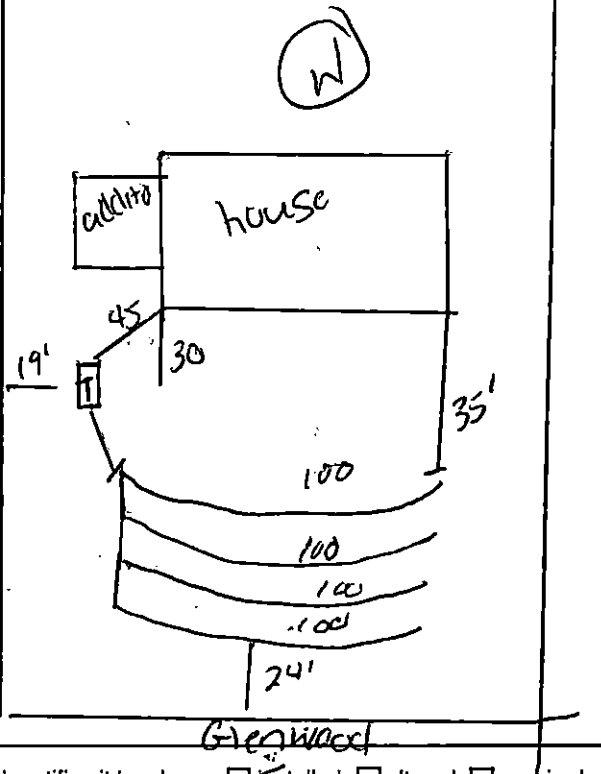
System Installation Setbacks

Distance from Building Foundation: 10 feet
Distance from Property Line: 10 feet
Distance from Water Supply Source: 50 feet

Inspection Dates

Tank(s) Inspected: 11-30-18
Excavation Inspected: 11-30-18
Pump & Controls Inspected: NA

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 operated 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: III g / Q4N / G / Na / Na

DENR Authorized Agent: Heather Ray Signature: Heather Ray

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 #: 100043 Permit #: ~~9667~~ 9894 Tax Parcel #: 111-121-13

Property Owner: Jordan & Brittany Miller

Job Location Address: 9429 Glenbrook

City: Charlotte State: NC Zip Code: 28215

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: #9

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

Subsurface system operator required: Yes ☐ No ☑

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

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

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

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

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

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

V. Other:

DENR Authorized Agent: Heather Ray Date: 11-30-18

Signature: Heather Ray