

13625 ASBURY CHAPEL RD

01921227

1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

EHS DC

Reviewer 108

6930B County Permit Review Worksheet

Rule or Law		1	2	3	4	5	6	7	8	9	10
	Permit Application										
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?										
.1940 (a-g)	Slope % Recorded?										
.1939 (a)(2)	Texture Class Recorded?										
.1939 (a)(2)	Structure type Recorded?										
.1939 (a)(2)	Consistence Recorded?										
.1939 (a)(2)	Mineralogy Recorded?										
.1939 (a)(3)	Soil Wetness Condition Recorded?										
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?										
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?										
.1939 (a)(6)	Sufficient Available Space Recorded?										
.1937(m)	Are the Profile Locations Shown?										
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?										
	Number of auger borings made:										
	Were sufficient auger borings made?										
.1939(d), .1955, .1956, .1957	LTAR										
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial										
.1945(b)	Proposed System Type stated-Repair										
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial										
.1937(g) & .1945(b)	System components shown - Initial										
.1945(b)	Repair area shown										
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?										
.1937 (f)(g)	Is System design consistent with soil/site conditions?										
.1937 (f)(g)	Is the System located in the approved area?										
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?										
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?										
.1937(g)	Trench depth indicated?										
.1937(g)	Trench width indicated?										
.1937(g)	Trench length indicated?										
G.S. 130A-336(a)(1)	Proposed/existing well shown?										
G.S. 130A-336(a)(1)	Property line lengths shown?										
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?										
	OP										
.1937(i)	System type as described in table V(a) of rule .1961										
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.										

If system design is incorrect or inconsistent with site conditions, indicate why for each below

2007 REPAIR

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 #: 6930B Permit #: _____ Tax Parcel #: 019-212-27

Property Owner: BOLE INVESTMENTS

Job Location Address: 13625 ASBURY CHAPEL RD.

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 3/26/07 Contractor Name: STANLEY SEPTIC

Permitted Design Flow: 240 GPD

Liquid Capacity of Septic Tank: EXISTING gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A INNOVATIVE

Trench Depth: 35 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.) 2X72' 1X56'

Total line length: 200 feet

# of Lines: 3 @ VAR feet

Depth of Media: N/A inches (Type) IIIg

Depth of Cover: 18 inches

Distribution Device: D-box

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: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 750 feet

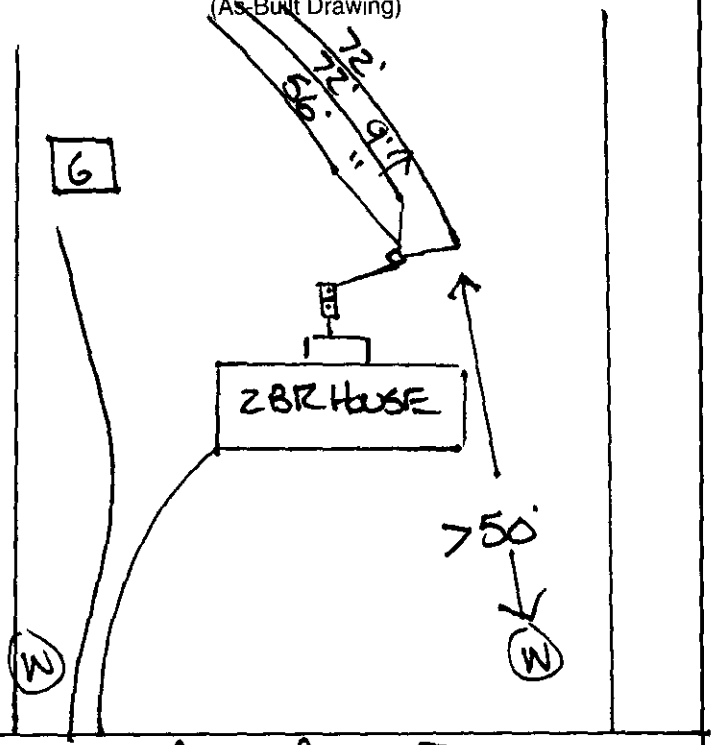
Inspection Dates

Tank(s) Inspected: 3/26/07

Excavation Inspected: 3/26/07

Pump & Controls Inspected: N/A

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



13625 ASBURY CHAPEL RD.

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: REPAIR. TYPE IIIg. INSTALL 3 LINES, CHAMBERS, 72', 72' & 56'. STAY 750' OFF ANY WELL

DENR Authorized Agent: _____ Signature: _____

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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 #: 69308 Permit #: _____ Tax Parcel #: 019-212-27

Property Owner: BRICE INVESTMENTS

Job Location Address: 13625 ASBURY CHAPEL ROAD

City: Huntersville State: NC Zip Code: 28078

Installation Approval Issuance Date: 1/25/07

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 2/25/07, 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: 240 GPD (EXISTING) Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200' feet

# of Lines: 4 @ 50 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: D-BOX

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

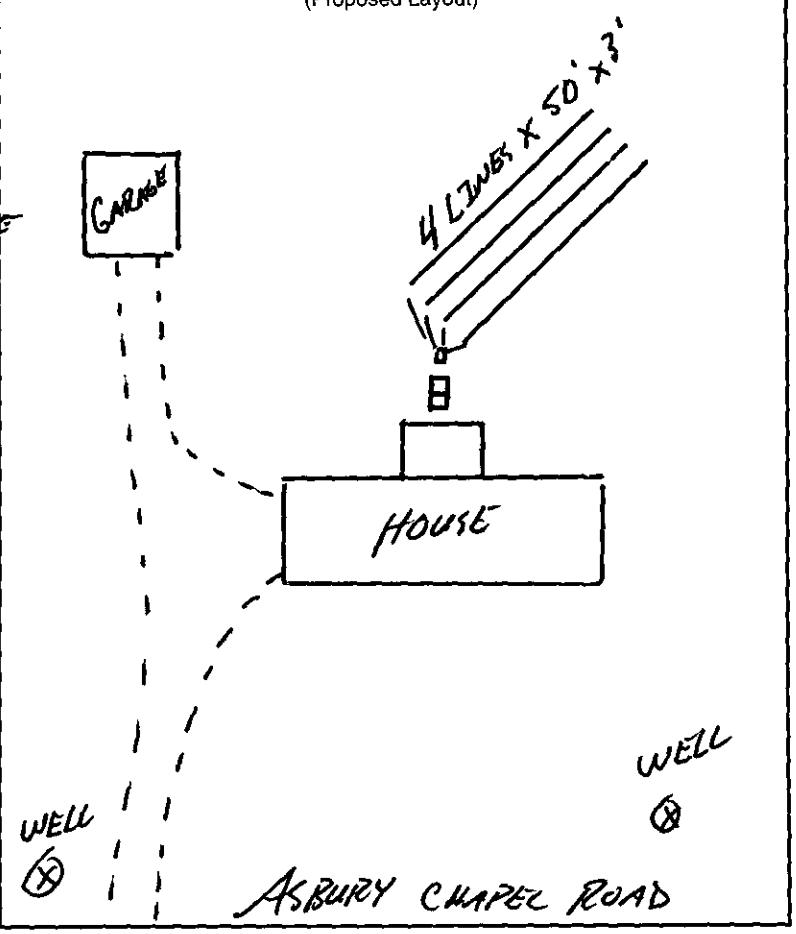
Minimum System Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIg 25% REDUCTION SYSTEM

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

FILE NUMBER: 69306

Revised On: January 3, 2007

APPLICATION NUMBER: 18860

SEPTIC FEE: _____
DATE: _____

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

WELL FEE: _____
DATE: _____

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

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 01921227
STREET ADDRESS: 13625 Asbury Chapel Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 2.27 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: 1963 / 2188 Sq ft.
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☑ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

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

☐ ANY TYPE ☐ CONVENTIONAL ☑ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

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 SYSTEMS	☑ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES	☑ NO
WELLS, SPRINGS, OR WATER LINES	☑ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☑ NO

10. PROPERTY OWNER:
NAME: Brice Investments, LLC
ADDRESS: 13613 Asbury Chapel Rd
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 704 948 1758 WORK PHONE:
MOBILE PHONE: 704 309-5142 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

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

William Brice Cochran 1/25/07
Property Owner's or Owner's Legal Representative Signature Date

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

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

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

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