

4904 ACORN FOREST LN

1/9/2008

duponbj

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

#842

GWS – RES. APP 07/05

SEPTIC FEE: 200.00
DATE: 5/18/06
CRT [ ] Check 16806
JKA

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

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 57276

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 043-052-32 pd
STREET ADDRESS: 4904 Acorn Forest Lane
CITY: CHARLOTTE N.C.
STATE: NC **ZIP:**
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☒ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 1330 SF.
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☒ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: CHARLES E. BRUMIT, JR
ADDRESS: 4416 GIBSON RD
CITY: CHARLOTTE
STATE: NC ZIP: 28269
HOME PHONE: 704 597-1622 WORK PHONE: N/A
MOBILE PHONE: FAX: N/A

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: S. NEAL BROOME
ADDRESS: 811 CENTRAL AVE #8
CITY: CHARLOTTE
STATE: N.C. ZIP: 28204
HOME PHONE: 704-366-1653 WORK PHONE: 704-375-6148
MOBILE PHONE: FAX: 704-375-6148

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

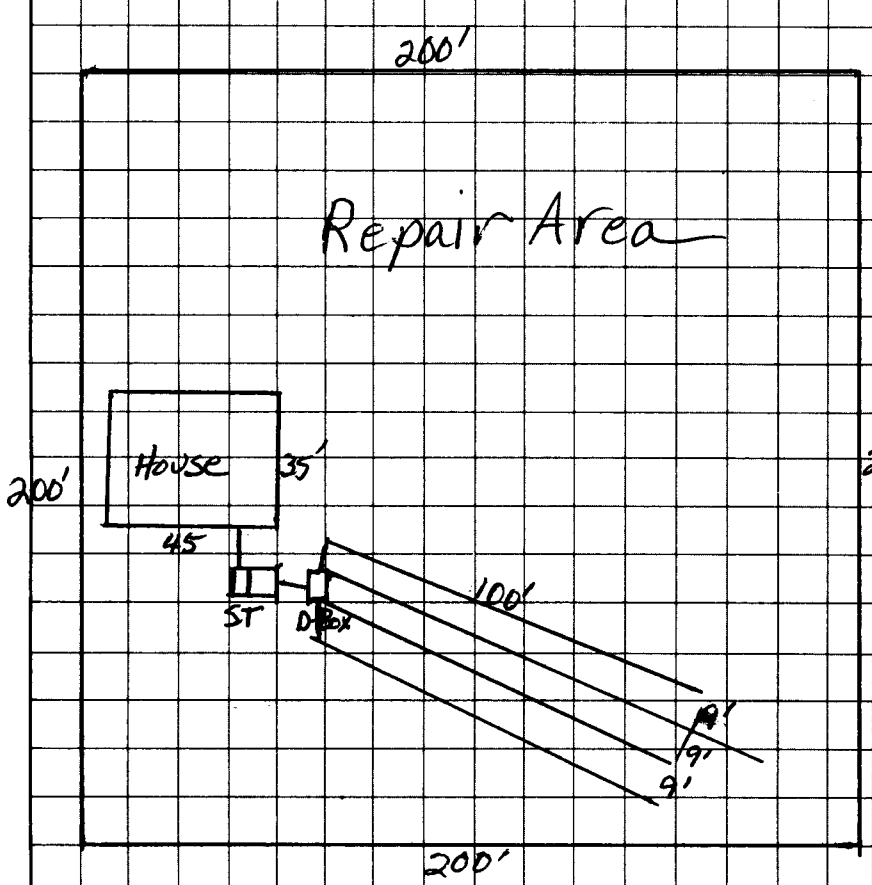
PROPOSED PLOT PLAN

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

FILE: 5727 B

TC: 04305232

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.



N

1"=50

4416 Gibbon Road

- System design flow = 360 GPD
- Site LTAR ≤ .3 GPD/FT²
- Type II conventional system
- 1500 gallon septic tank

200'

Setbacks

- 10' from all property lines
- 5' from house foundation
- 100' (50' minimum) from all private wells

Private Drive
to Gibbon Rd.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5727B

TC: 043-052-32

Draw in and name all roads adjoining the property. Draw in and accurately dimensio[n] [p]roposed and existing structures and [dri]veways, [u]tilities, and wells and springs within 100 feet of the proposed building or drainfie[l]d.

4904 Acorn Forest Lane

- System design flow = 240 GPD
- Site LTAR .32 GPD/Ft²
- Type IIa conventional system and repair area
- 1500 gallon septic tank
- 3 lines @ 85' each
- Lines level and on contour
- Distribution box (drop boxes if unequal length lines used)
- Type IIa conventional repair

Setbacks

- 5' from house foundation
- 10' from all property lines
- 100' (50' min) from all private wells

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Gina Buchanan, RS. 5/24/06

White - Health Department's Copy Canary - E.H.S. Copy [illegible]'s Copy

06/01/2006 12:13 7043756148 BROOME ASSOCIATES EN PAGE 03

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5727 B

TC: 043-052-32

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.

4904 Acorn Forest Lane

- System design flow = 240 GPD
- Site LTAR .32 GPD/FT^2
- Type II a conventional system and repair
- 1500 gallon septic tank
- 3 lines @ 85' each
- Lines level and on contour
- Distribution box (drop boxes if unequal length lines)
- Type II a conventional repair

Setbacks

- 5' from house foundation
- 10' from all property lines
- 100' (50' min) from all private wells

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

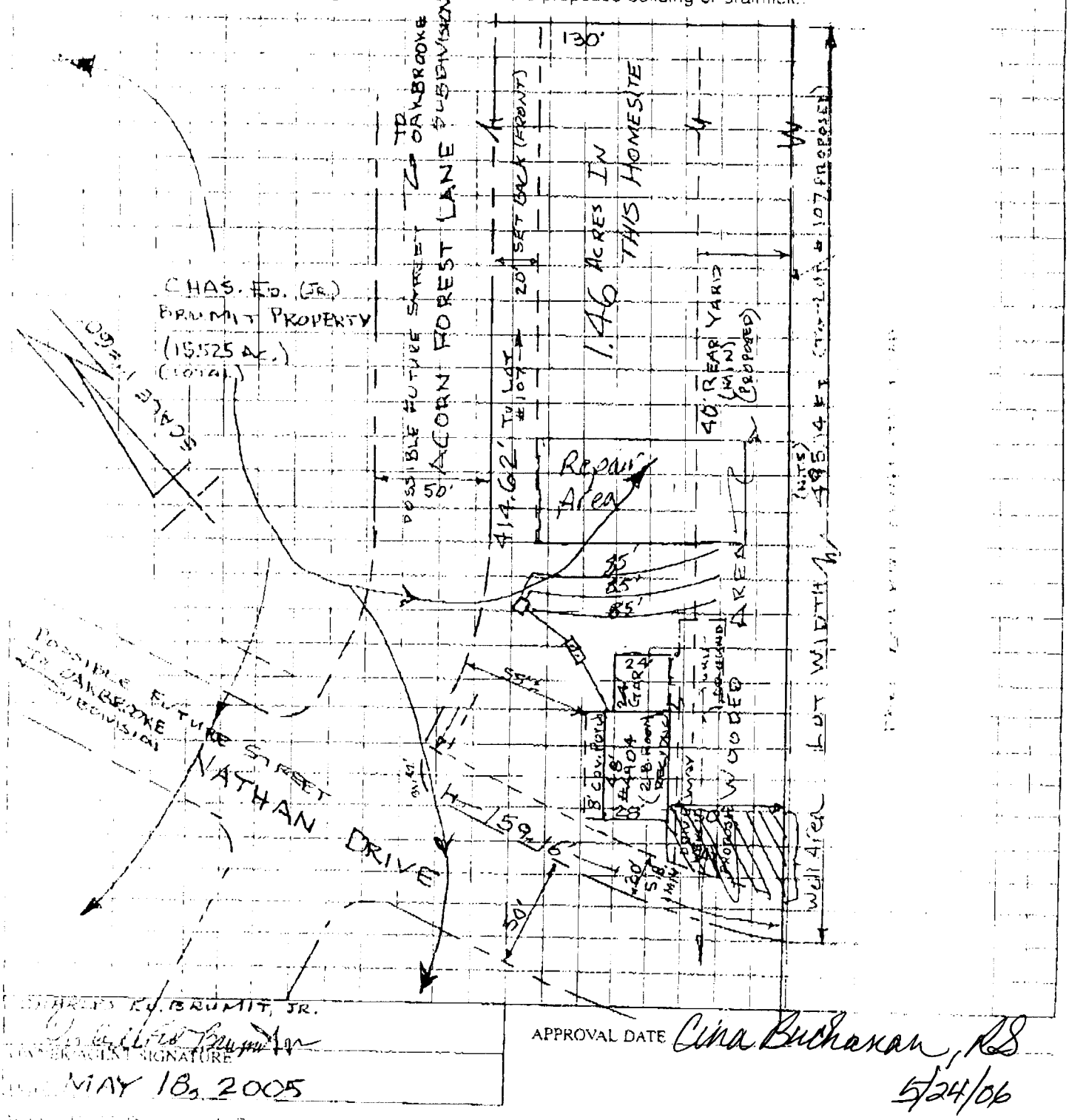
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 57276

TC: 043-052 32

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



Canary - E.H.S. Copy

06/01/2006 12:13 7043756148 BROOME ASSOCIATES PA PAGE 02

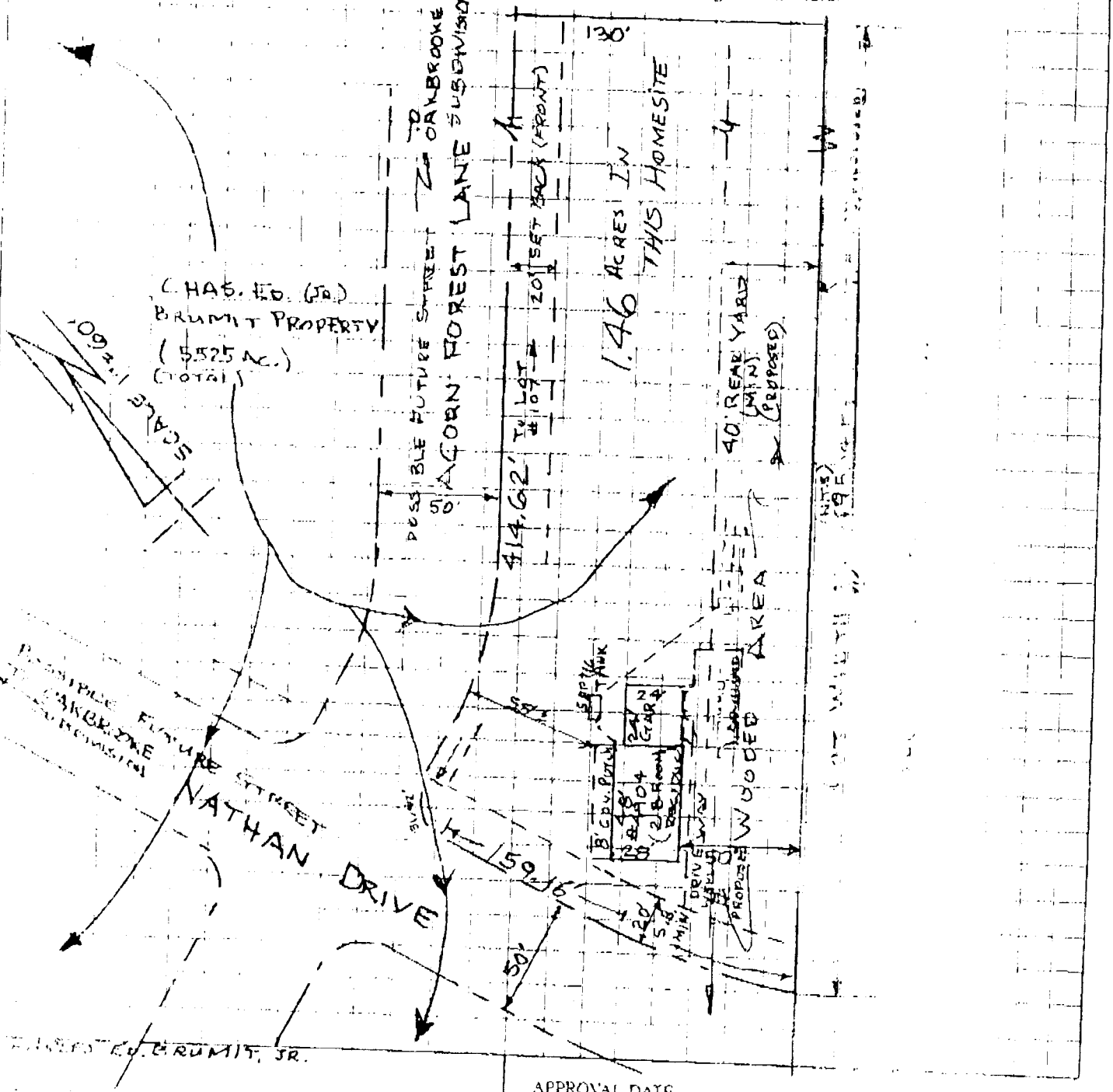
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5727B

TC: 043-05[illegible]-32

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



OWNER/AGENT SIGNATURE

DATE MAY 18, 2005

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

05/18/2006 15:56 7043756148 BROOME ASSOCIATES EN PAGE 02

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/25/06	**Amount:**	150.00
Receipt #:	44139	**Tendered:**	150.00
Check / Auth #:	CHECK 1075	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #:	200000
Contractor:	DIRECT BUILDERS
Attn:	
Address:	3535 N HWY 16
Address:	
City/State/Zip:	DENVER, NC 28037

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 4416 GIBBON ROAD		1	150.00	150.00

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/25/06	**Amount:**	150.00
Receipt #:	44140	**Tendered:**	150.00
Check / Auth #:	CHECK 1075	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #:	200000
Contractor:	DIRECT BUILDERS
Attn:	
Address:	3535 N HWY 16
Address:	
City/State/Zip:	DENVER, NC 28037

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 4416 GIBBON ROAD		1	150.00	150.00

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

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

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

Sheet: 1 of 2
Property ID: PO 043-052-32
Lot #:
File #: 5727B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Charles E. Brummit, Jr.
Applicant: Neal Broome
Address: 4416 Gibbon Road, Charlotte. , N. C. 28269
Date Evaluated: 5/22/06
Proposed Facility: Residence
Design Flow (.1949): 240gpd
Property Size: 1.46a
Location of Site: 4904 Acorn Forest Lane
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV .32GPD/FT^2
		6-33	SBK/C	FI/SEXP/S/P					
		33-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-5	GR/CL	"	>45" TO SOIL WETNESS	45	"	"	"
		5-30	SBK/C	FI/SEXP/S/P					
		30-45	SBK/CL	FR/SEXP/SS/SP					
3	"	0-6	GR/CL	"	>46" TO SOIL WETNESS	46	"	"	"
		6-32	SBK/C	FI/SEXP/S/P					
		32-46	SBK/CL	FR/SEXP/SS/SP					
4	"	0-7	M/CL	FI/SEXP/SS/S/P	>48" TO SOIL WETNESS	48+	"	"	"
		7-31	SBK/C	FI/SEXP/S/P					
		31-48	SBK/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.32GPD/FT^2	.32GPD/FT^2

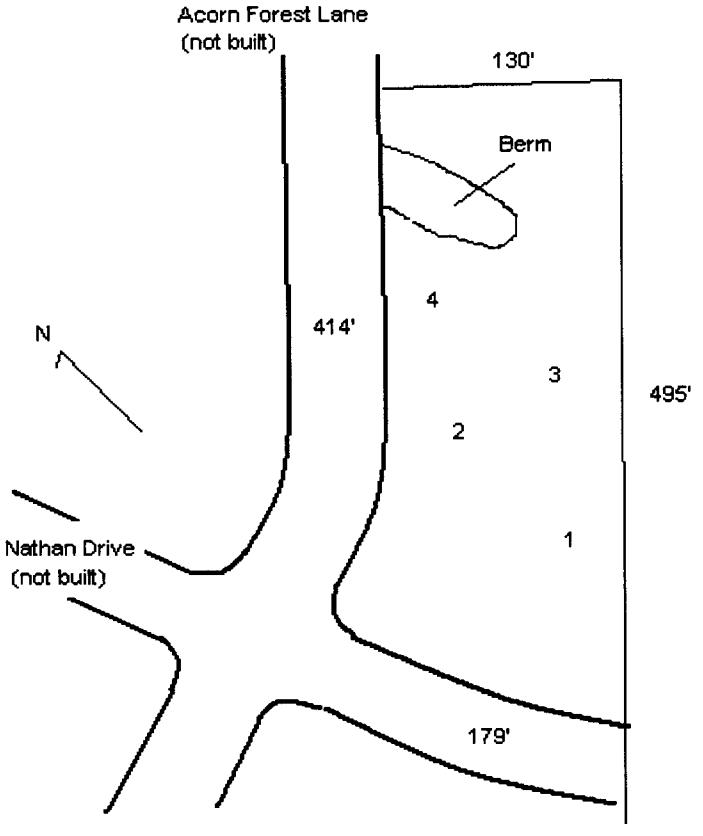
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 5/22/2006, W. R. Marlin
Others Present: N. Broome

COMMENTS:
100% repair

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

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

Sketch of Soil Evaluation Locations



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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30000842** GWS File #: **5727B** Tax Parcel #: **043-052-32**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 5/24/2011

Type of Installation: Residential - New System Lot Number: 0

Structure Type: MODULAR HOME Size (ft^2): 1330 # Bedrooms: 2 # Occupants: 1

Building Foundation: Crawl Space Water Supply:

II. Initial System Type: Conventional **System Classification:** IIa

Initial System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.32	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	750	Total Trench Length (ft):	250
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Conventional **System Classification:** IIa

Repair System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.32	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	750	Total Trench Length (ft):	250
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Cina Buchanan Owner/Legal Agent: CHARLES E. BRUMIT JR
Print Name

Signature: Cina Buchanan, RS Signature: For Mr. Brumit B. Neal Broome

Date Issued: 5/24/2006

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30000842** GWS File #: **5727B**

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

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

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

DENR Authorized Agent: Cina Buchanan

Signature: Cina Buchanan, RS

Date Issued: 5/24/2006

Owner/Legal Agent: X CHARLES E. BRUMIT, JR.
Print Name

Signature: For Mr. Brumit X S. Neal Broome

FEE: 300.00

DATE: 6/2/2006

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

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

LD 187179

FILE NUMBER: 5727B

PERMIT NUMBER: 30000842

PARCEL NUMBER: 04305232

JOB LOCATION INFORMATION

ADDRESS: 4904 ACORN FOREST LN

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28269

ISSUED TO: CHARLES E BRUMIT JR

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 6/2/2006

CONSTRUCTION AUTHORIZATION CONDITIONS

1. **WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000842, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.**

2. **AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.**

3. **ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.**

4. **THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.**
   ***CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 5/24/2011**

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 #: 57216 Permit #: 30000842 Tax Parcel #: 043-052-32

Property Owner: Charles E. Brumit

Job Location Address: 4904 Acorn Forest Ln.

City: Charlotte State: NC Zip Code: 28269

Installation Approval Issuance Date: 8/30/06

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 9/30/06, 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 Site LTAR: .32 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: 188 feet

# of Lines: 2 @ 96 feet

Depth of Media: _____ 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 _____

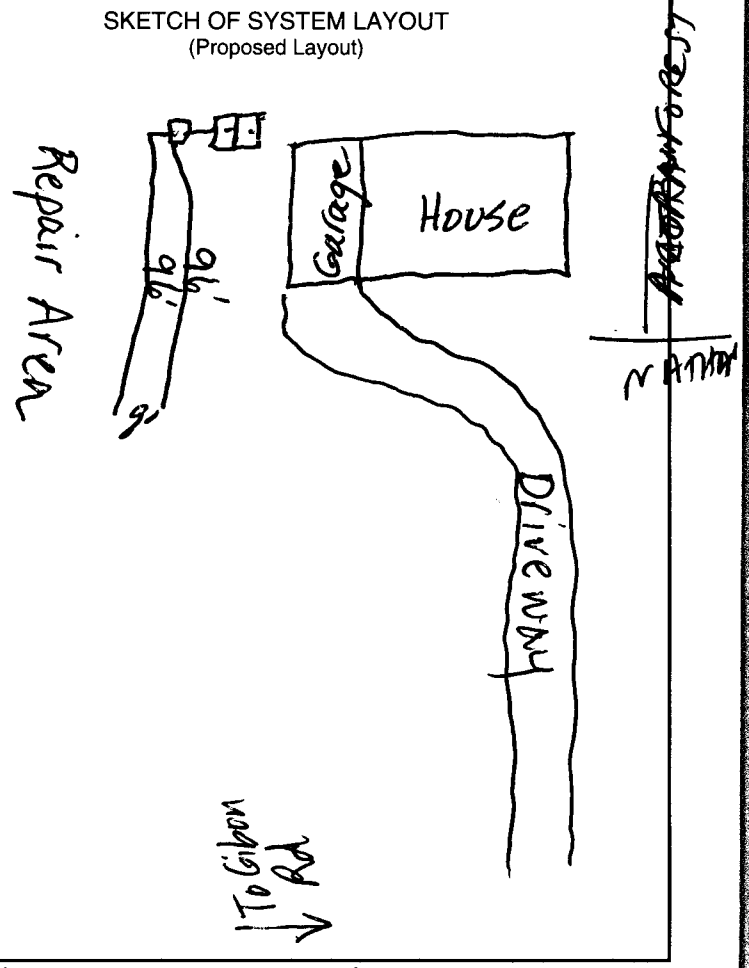
Minimum System Setbacks

Distance from Building Foundation: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type IIIg innovative septic system designed for a 3 bedroom residence. 1500 gallon septic tank with D-box and 2 lines 96' each.

DENR Authorized Agent: Cina Buchanan, RS Signature: Cina Buchanan, 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 #: 57273 Permit #: 30000842 Tax Parcel #: 043-052-32

Property Owner: Charles E. Bromit

Job Location Address: 4904 Acorn Forest Lane.

City: Charlotte State: NC Zip Code: 28269

Operation Permit Issuance Date: 08-30-06 Contractor Name: J; M Enterprises

Permitted Design Flow: 240 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A.

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 192 feet

# of Lines: 2 @ 96 feet

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

Depth of Cover: 12" inches

Distribution Device: D-Box

Inspection Dates

Tank(s) Inspected: 09-11-06

Excavation Inspected: 09-11-06

Pump & Controls Inspected: _____

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

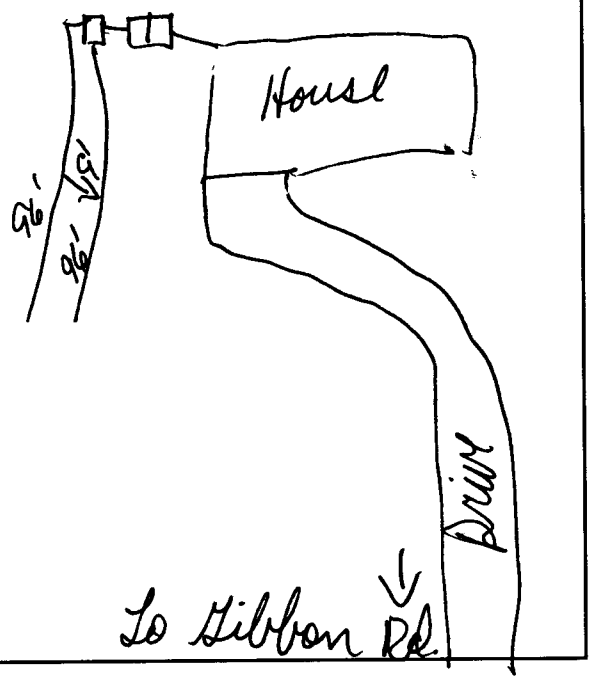
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☒ 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

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

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

Comments: System Classification & Type: Type III G System for a 2 bedroom design unit Type III G repair area

DENR Authorized Agent: Joshua R. Sellers Signature: JOSHUA R. SELLERS

FEE: 200.00
DATE: 10/4/04
Check 16417 JWA

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 #: 57127B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 04305232

STREET ADDRESS: 4416 Gibbon Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1700

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 7

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
EXISTING WASTEWATER SYSTEMS [ ] YES [✓] NO
EASTMENTS OR RIGHT-OF-WAYS [ ] YES [✓] NO
WELL, SPRINGS OR WATERLINES [ ] YES [✓] NO
DESIGNATED WETLANDS [ ] YES [✓] NO

PROPERTY OWNER:

NAME: Brumit Charles E
(LAST) (FIRST) (MI)

ADDRESS: PO Box 36123 Charlotte 28221 4416 Gibbon Rd

CITY: Charlotte STATE: NC ZIP: 28269

DAYTIME PHONE: 704 597-1622

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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: Charles E Brumit DATE: 9-30-04

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

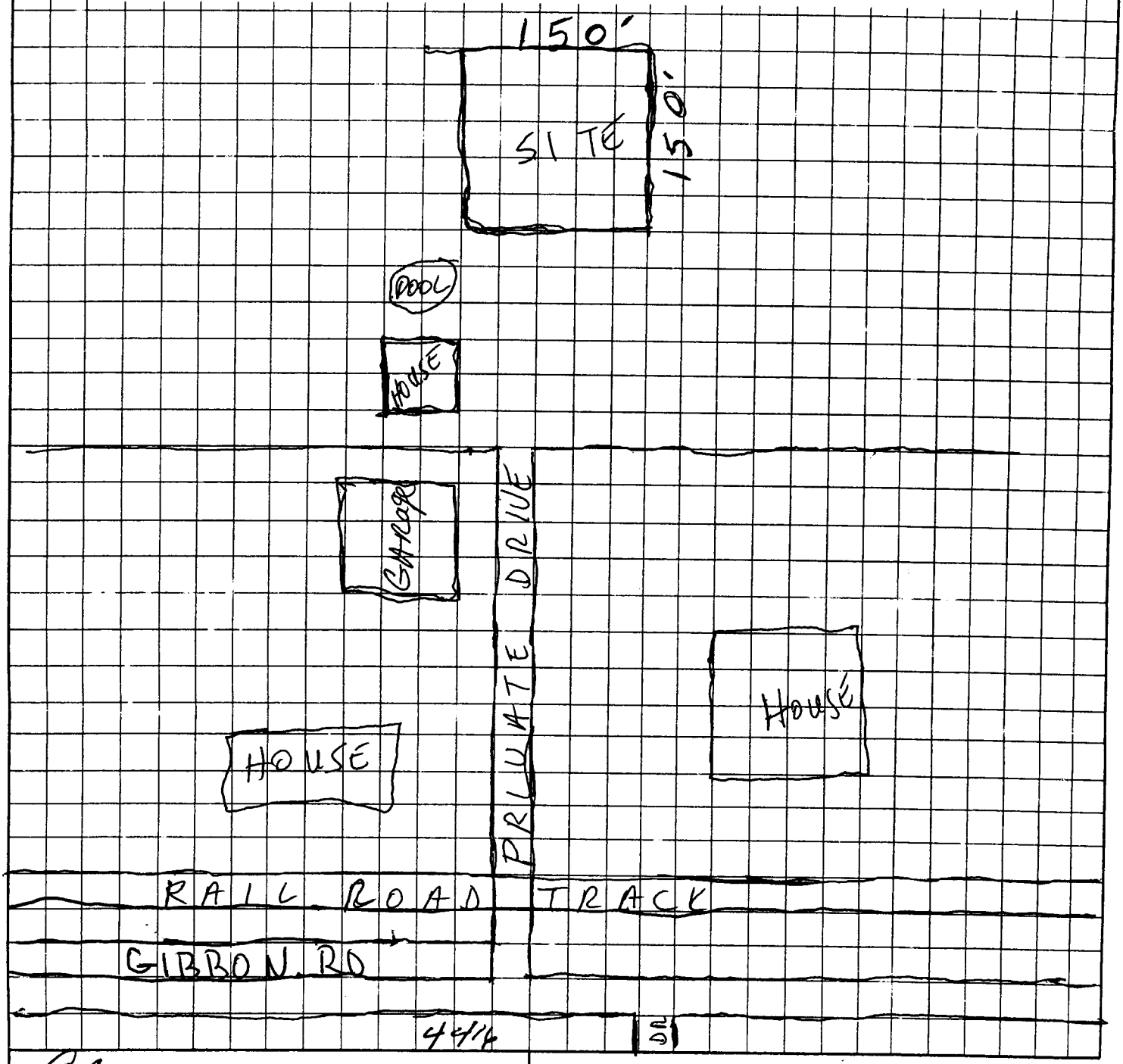
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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.



Charles B Bowman
OWNER/AGENT SIGNATURE

DATE 9-30-04

APPROVAL DATE _____

GARVIN

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

1552
Stanford Pl
Charlotte NC
28207

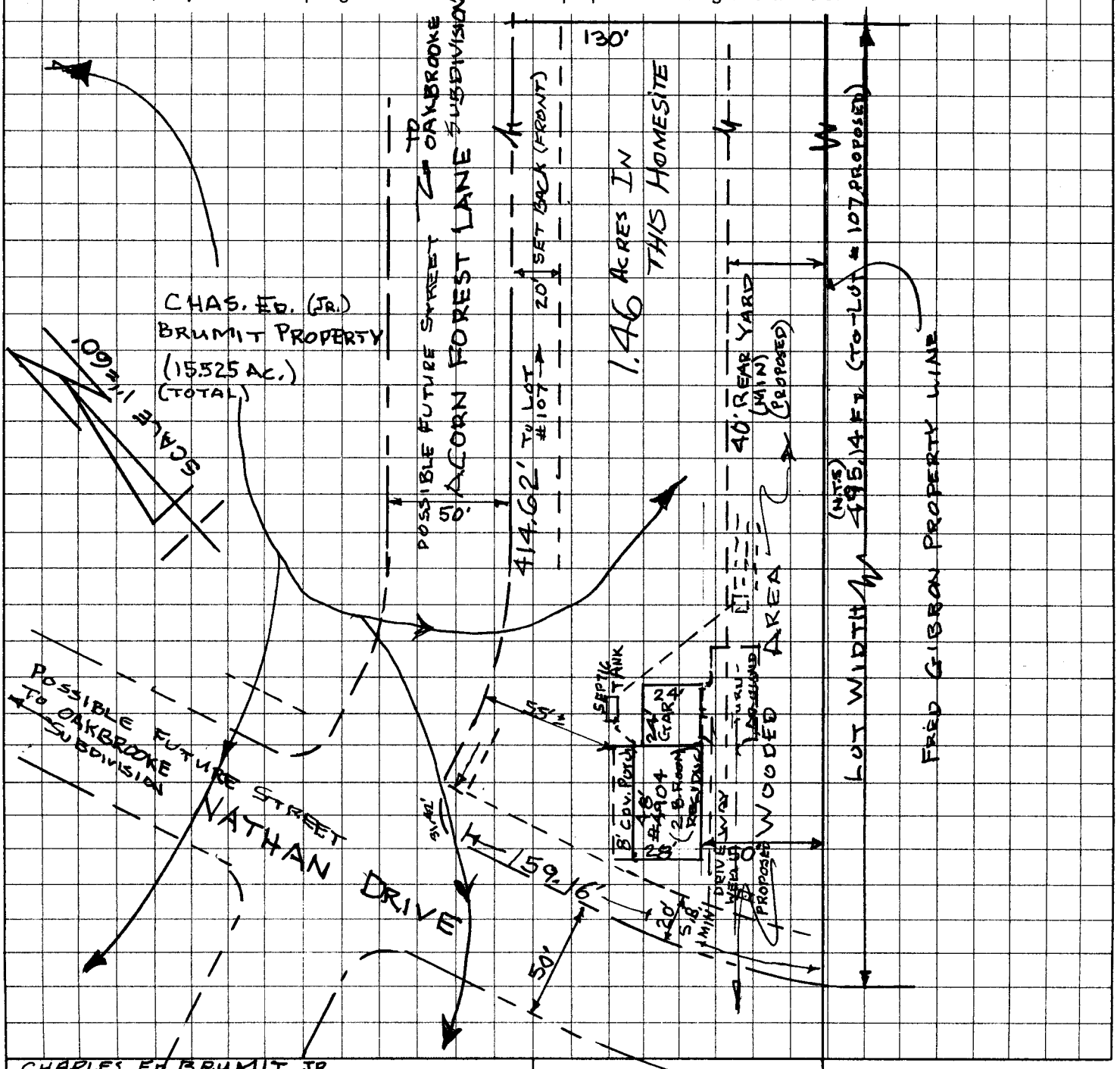
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 57270

TC: 043-052-32

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.



CHARLES ED. BRUMIT, JR.

OWNER/AGENT SIGNATURE

DATE MAY 18, 2005

APPROVAL DATE _____

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

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

Sheet: 1 of 2
Property ID: PO 043-052-32
Lot #:
File #: 5727B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Charles E. Brumit
Applicant:
Address: Box 26123, Charlotte, N. C. 28269
Date Evaluated: 10/7/2004
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .9a
Location of Site: 4416 Gibbon Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV .3GPD/FT^2
		6-35	SBK/C	FI/SEXP/S/P					
		35-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-5	GR/SCL	"	>50" TO SOIL WETNESS	50+	"	"	"
		5-50	SBK/C	FI/SEXP/S/P					
3	"	0-5	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		5-33	SBK/C	FI/SEXP/S/P					
		33-50	SBK/CL	FR/SEXP/SS/SP					
4	"	0-4	GR/SCL	"	>48' TO SOIL WETNESS	48+	"	"	"
		4-37	SBK/C	FI/SEXP/S/P					
		37-48	SBK/CL	FR/SEXP/SS/SP					
5	"	0-8	GR/SCL	"	>49" TO SOIL WETNESS	49	"	"	"
		8-39	SBK/C	FI/SEXP/S/P					
		39-49	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

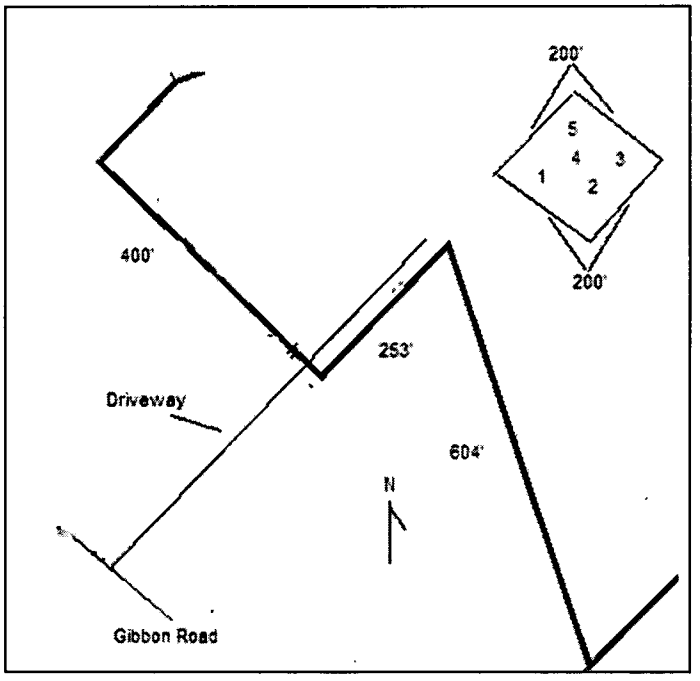
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 10/8/2004, W. R. Marlin
Others Present:

COMMENTS:
100% repair required

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

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

Sketch of Soil Evaluation Locations



CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: **5727B** Tax Number: **04305232**

- The IMPROVEMNET 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:

.3 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	1200 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	400 Total trench length (ft)	36 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	____ Gallon pump tank	12 Depth of stone (in)	

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

Additional conditions: **Type II, conventional system and repair. Drain lines shall be level and on contour. No paving or structures over any part of the system or repair area. See Plot Plan for details.**

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 stone (in)	9 Trench spacing (min. on centers) (ft)	36 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HELTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage, 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 Improvement permit is transferable.

Cina Buchanan, 10/25/04
DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

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

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

ACS

PERMIT NUMBER: 5727B
PARCEL NUMBER: 04305232

JOB LOCATION ADDRESS: 4416 Gibbon Road
PROPERTY OWNER: Charles Brumit
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Cina Buchanan DATE: 10/25/04

Cina Buchanan
DENR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5727B, 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 THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See detailed conditons of Improvement Permit
   _____
   _____
   _____
   _____

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 PERMITSAND AUTHORIZATION TO CONSTRUCT.

_____ _____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

DATE: 5/15/2006 **PERMIT NUMBER:** _____

TO: CHARLOTTE-MECKLENBURG CODE ENFORECEMENT

FROM: MECKLENBURG COUNTY GIS **JURISDICTION:** CHAR

052-32

043-~~053-80~~

PARCEL NUMBER

4904 ACORN FOREST LN

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

OAKBROOK

PROJECT NAME (IF APPLICABLE)

Remarks: ADDRESS VERIFIED- MODULAR HOME

Signed: Pace

Addressing Verification Form Disclaimer Statement

The party indicated on this application shall be responsible for maintaining this address throughout the life of the project from plan submittal through final C/O. The contents of this form reflect information provided by the party listed on this form.

Incorrect information may result in delays in getting final approval of permits and the final C/O.

Special Circumstances: If a temporary address is being verified for the purposes of Plan Review, the responsible party will be required to obtain and submit a new form verifying the permanent address prior to issuance of the permit.

Name (please print) _____

Company _____

Company Address _____

_____

Telephone # _____

Signature _____

Date _____

Revised Oct-2005

HERBERT S. DAVIS, R.S.
Plan & Permitting Specialist
Health Department

MECKLENBURG COUNTY GOVERNMENT

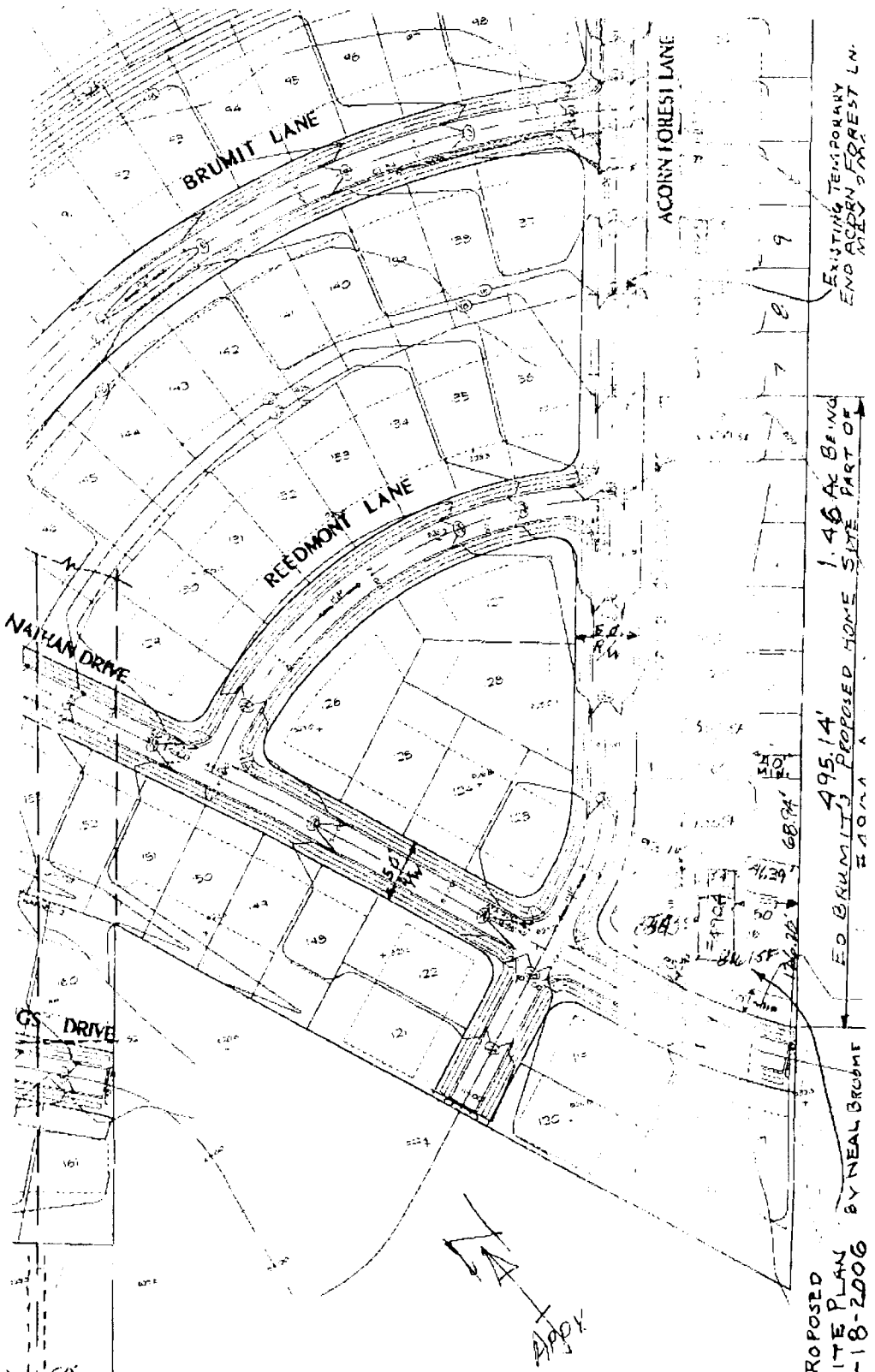
700 N. Tryon Street, Suite 208
Charlotte, NC 28202-2236
Office: 704-336-5509
Fax: 704-336-5306
davishs@co.mecklenburg.nc.us

Neal Broome
704-375-6148
County Website
www.charmeck.org
Re: 4904 ACORN FOREST LN
for **Health Department Website**
www.meckhealth.org
CHARLES E BRUMIT, JR

RICHARD PEARSALL
REAL ESTATE BROKER

BUS. (704) 965-5558
FAX (704) 335-1824
RPEARSALL@CAROLINA.RR.COM





1" = 100' SCALE

EXERPT OF SHEET 5

OAKBROOKE PHASE #2

STORM DRAINAGE & GRADING PLAN

PRELIMINARY SUBDIVISION APPROVAL

BY KENNEY DESIGN GROUP

4/02

05/18/2006 15:56 7043756148 BROOME ASSOCIATES EN PAGE 03