FEE: 100.00 CHK
DATE: 10/20/10
CRT [ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 04/10

FILE #: 7100A

TYPE APPLCATION: ☐ SEPTIC ONLY ☐ WELL ONLY ☑ SEPTIC & WELL — PW 4810 — Pmt 31462

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

PERSON FILING APPLICATION:
NAME: William T. Brandon
ADDRESS: 16330 Capps Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: 704-572-2358
ALTERNATE PHONE:

PROPERTY OWNER:
NAME:
ADDRESS: SAME AS to the Left.
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 217-091-05
STREET ADDRESS: 16330 Capps Rd
CITY:
STATE: NC **ZIP:** 28278

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
☑ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS: N/A
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

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

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
☑ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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.

William T. Brandon — 10/22/2010
Owner's/Agent's Signature — Date

*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal 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 y this Department.
- This permit is not transferable.

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

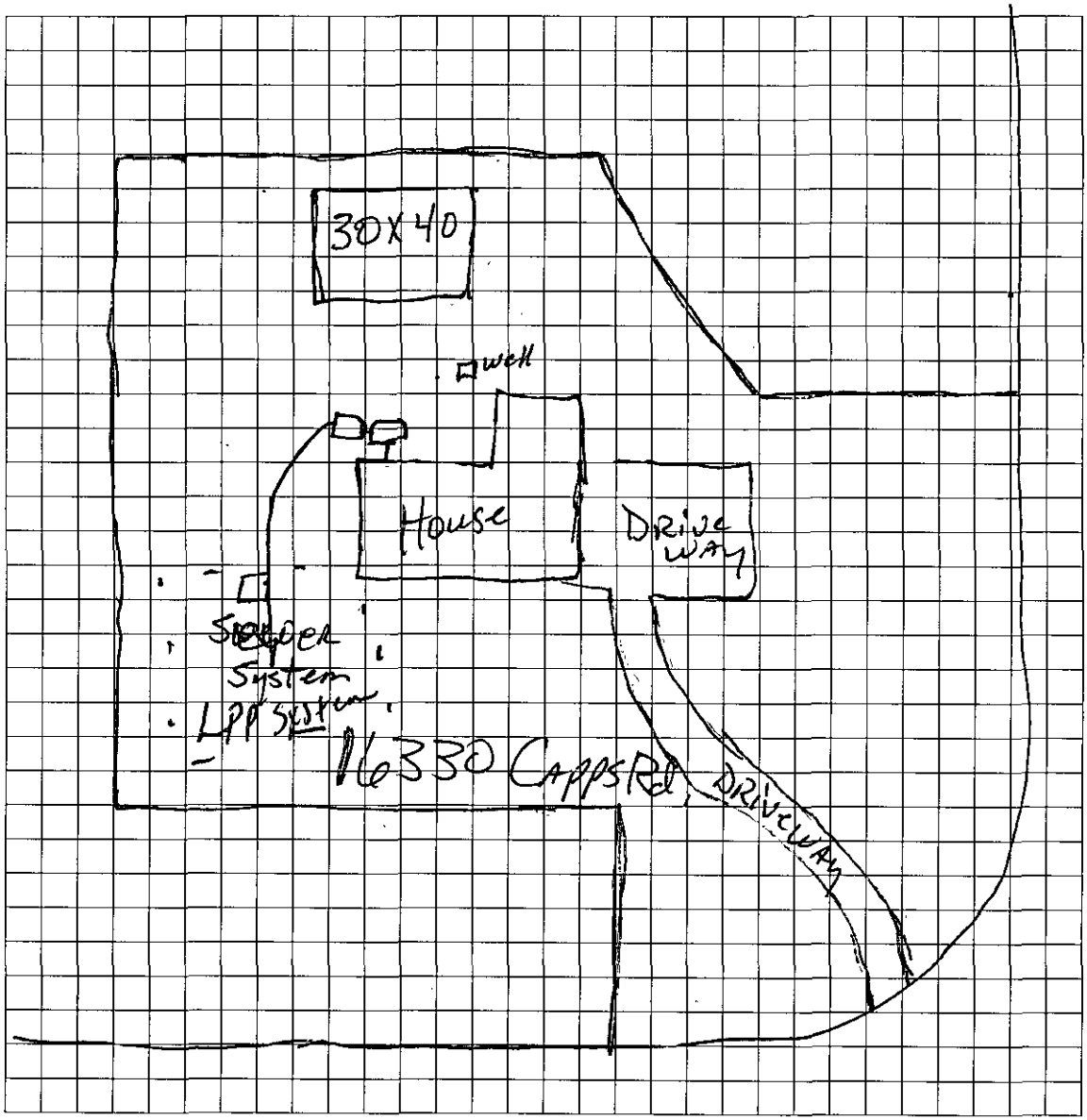
Approval for detached garage
use existing system
Phyllis Walker RS 10/22/10
ES Signature — Date

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

File # 7100A
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	William T. Brandon
Date	10/20/10

LBC 12/15/04

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	BRANDON RESIDENCE	7100A
Health Department	**Name of Establishment**	**Permit/Project No.**
16330 CAPPS RD	HOUSE	480
Location	**Type of Establishment**	**Design Flow**
WILLIAM AND PATRICIA BRANDON	16330 CAPPS RD	
Owner/Agent	**Address**	**Phone**
	CHARLOTTE NC 28278	
Operator	**Address**	**Phone**
IIIb	10-14-10	10-14-13
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☐	☐	INACCESSIBLE
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☐	☐	INACCESSIBLE
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☐	☐	☐	INACCESSIBLE
b. High-water alarm present and operating properly?	☐	☐	☐	"
c. Floats/pipe/valves/disconnects in good working condition?	☐	☐	☐	"
d. Control panel enclosure/components in good condition?	☐	☐	☐	"
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

GOOD

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 10/13/10

SIGNED: Philo Walker RS AGENT

Division of Environmental Health

Printed Name: PHILO WALKER

Phone #: 704/336/5570

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg		7100A
Health Department	Name of Establishment	Permit/Project No.
16301 Capps Road	residence	480gpd
Location	Type of Establishment	Design Flow
William T. Brandon, 16301 Capps Road, Charlotte, NC 28278		
Owner/Agent	Address	Phone
N/A - installed prior to '92 requirement		
Operator	Address	Phone

Remarks

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	* Water running into pump tank during inspection - check for leaks.
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	Recommend pumping septic tank every 3-5 years if you do not have someone monitoring sludge levels.
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☑	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☑	Alarm float not secured
Control panel enclosure/components in good condition?	☑	☐	Control panel support post has rotted.
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☑	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☑	Turnups not visible - system does not appear to be flushed and cleaned as recommended.
No effluent standing in lower laterals?	☐	☑	
Laterals free of excess solids, cleaned out as needed?	☐	☑	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: No sewage surfacing at this time - recommend protecting investment by contracting with a certified operator for system management.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 8-2-99 SIGNED: Tammy B. Thompson, R.E.H.S. AGENT

Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	*Repair Within (Days)*

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an *Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons* per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: *Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:*

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Mecklenburg County
Health Department

August 13, 1999

William T. and Patricia Brandon
16301 Capps Road
Charlotte, NC 28278

Dear Mr. and Mrs. Brandon:

This letter is in reference to the recent wastewater treatment and disposal system inspection performed on your property located at 16301 Capps Road on August 2, 1999.

At the time of the inspection it was found that the high water alarm float was not properly secured and water was running into the pump tank from the septic tank. The high water alarm was tied off on the pump discharge piping, however, you may wish to better secure the float by using wire ties and mounting the float so that it is 3 inches above the upturned pump on/off float switch (a typical pump tank detail sheet is enclosed). Regarding the running water, it is recommended that you check toilets and fixtures for possible leaks.

It is recommended that you consider hiring a Certified Operator to manage your low-pressure pipe (lpp) system. Proper maintenance of a lpp system is critical and has a direct impact on the life of the septic system. The Operator would flush and regulate your system twice a year and inform you when the contents of your septic tank would need to be pumped. I am enclosing a list of Certified Operators as well as the Soil Facts folder, and two brochures that are designed to educate property owners regarding septic system care and maintenance.

You will also find the results from the water samples that were taken at the time of this visit. The laboratory analysis of the bacteriological sample was found to be negative for coliform bacteria.

In the past, our department has been more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to aid and assist you with this and related public health concerns. Please let me know if I can answer any questions that you may have regarding the enclosed information. Your comments and questions regarding the Managed Systems Program are encouraged and welcomed. I can be reached Monday through Friday at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R. S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Brandon, William T.
Address: 16330 Capps Rd.
Charlotte, NC **Zip:** 28278
County: MECKLENB
Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21
ATTN: Larry Thompson
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis PRIVATE

Collected By: L. THOMPSON **Date:** 8/2/99 **Time:** 1:40:00 PM
Location of sampling point: outside tap
Remarks: IIIb

Parameters	Results	Units	Date Analyzed:
Alkalinity as CaCO3	58	mg/l	8/3/99
Arsenic	<0.01	mg/l	8/3/99
Calcium	11.3	mg/l	8/3/99
Chloride	<5	mg/l	8/3/99
Copper	<0.05	mg/l	8/3/99
Fluoride	0.37	mg/l	8/3/99
Iron	<0.05	mg/l	8/3/99
Hardness as CaCO3 (Ca,Mg)	39	mg/l	8/3/99
Magnesium	2.6	mg/l	8/3/99
Manganese	<0.03	mg/l	8/3/99
Lead	<0.005	mg/l	8/3/99
pH	7.0	Std. unit	8/3/99
Zinc	<0.05	mg/l	8/3/99

Date Received: 8/3/99 **Report Date:** 8/10/99 **Reported By:**
Today's Date: 8/10/99 **Ref:** 11415 **Sample Number:** AA20262

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Brandon, William T.
Address: 16330 Capps Rd.
Charlotte, NC **Zip:** 28278
County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Larry Thompson
(704) 336-5101

Source of Water: ground
Source of Sample: house tap
Type of Sample: raw
Type of Treatment: none
Type of Analysis: Nitrate
Category: other

Collected By: L THOMPSON **Date:** 8/2/99 **Time:** 1:40:00 PM
Location of sampling point: O/T
Remarks: IIIb

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	8/3/99
Nitrate as N	<1.0	mg/l	8/3/99

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/ml and Nitrate-N ≤ 10.0 mg/ml

Date Received: 8/3/99 **Report Date:** 8/4/99 **Reported By:**
Today's Date: 8/4/99 **Reference:** 11441 **Sample Number:** AA20244

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

Mecklenburg County
Health Department

June 1, 1999

William T. and Patricia C. Brandon
16301 Capps Road
Charlotte, NC 28278

Dear Mr. and Mrs. Brandon:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

William T. & Patricia Brandon
16301 Capps Road
Charlotte, NC 28278

16330

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	#Bedrooms	System Type
William & Patricia Brandon	16301 Capps Road	217-091-05	7100A	4	IVA

Total Amount Due: $85.00

RECEIVED 8/2 Chk # 1262 GC

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
6/9/99	7/9/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.* Absent

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

8-2-99
OSV H_2O
LPP Alarm Float
Leaks?

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

COPY

William T. & Patricia Brandon
16301 Capps Road
Charlotte, NC 28278

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	#Bedrooms	System Type
William & Patricia Brandon	16301 Capps Road	217-091-05	7100A	4	IVA

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
6/9/99	7/9/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

BK: 06616 PG: 0757/0758 #:0174 8.00

COPY

FILE NO. 7100A

REGISTERED AUG/26/1991 01:36PM ANNE A.P.POWERS REGISTER OF DEEDS MECK. CO. N.C.

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATI OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, William T. and Patricia C. Brandon (Brandon)

owner of property located at 16330 Capps Rd. Charlotte NC 28278

the site") and described in an instrument recorded in Book 6604 at Page 450, Mecklenburg Public Registry,

hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the criteria specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employed officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the grantor index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons having any right, title, or interest in the site.

This 20th day of Aug., 1991.

William T. Brandon (SEAL)

Patricia C. Brandon (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Carolyn W. Mayzik, a Notary Public for said County and State, do hereby certify that William T. Brandon personally appeared before me this date and acknowledged the execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 20th day of August, 1991.

Carolyn W. Mayzik
Notary Public

My Commission Expires December 19, 1995

Commission Expires

STATE OF NORTH CAROLINA
York County
South Carolina

I, Sandra B. Price, a Notary Public for said County and State, do hereby certify that Patricia C. Brandon personally came before me this day and acknowledged that she is the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 20 th day of August, 1991.

Sandra B. Price
Notary Public

My Commission Expires June 23, 1998

Commission Expires

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 7100A
TC: 217-091-12
SERIAL: No 17184

check 4506 05/01/91 $100.00
PD 2-13-91 $200.00
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 16330 (STREET NO.) Capps (STREET) Rd. Charlotte NC 28278 ② FILE:
③ JURISDICTION: Mecklenburg Co. ④ TAX PARCEL NO.: TRACT 3
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Mattie (FIRST) H. (MIDDLE) Capps (LAST)
⑨ MAILING ADDRESS: 16301 Capps Rd. Charlotte NC 28278
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28278
⑬ PHONE: (WORK) ⑭ (HOME) 588-2259

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 ㉕ Type?
㉓ Maximum occupancy? 5 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Mattie H. Capps
Date: 2-13-91

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

PS installation has not

Environmentalist Date 2-28-91

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Mecklenburg County
Health Department

July 10, 1991

William Terry Brandon
16330 Capps Road
Charlotte, NC 28278

16330 Capps Road

Re: Property located at ~~16301~~ Capps Road
File: 7100A
Parcel: 217-091-12

Dear Sir:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The Well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.
- Lines 11 through 16 must be shortened to maintain 5 foot separator zone from line number 9. Install as amended on initial plan. Recover footage lost on lines 1 through 4.

Upon execution and recording with the Register of Deeds Division Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

GV/ksm

Enclosures - 3 Septic Tank Agreement Forms

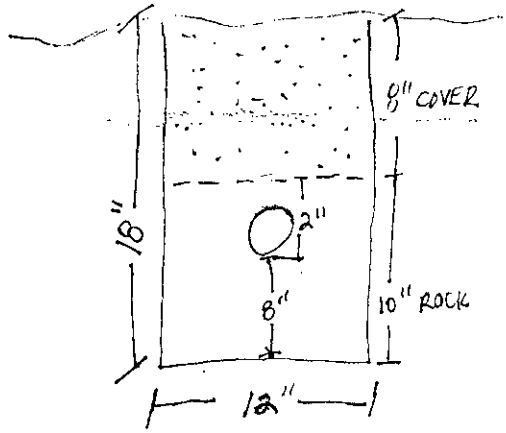
Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

R. C. S., Inc.

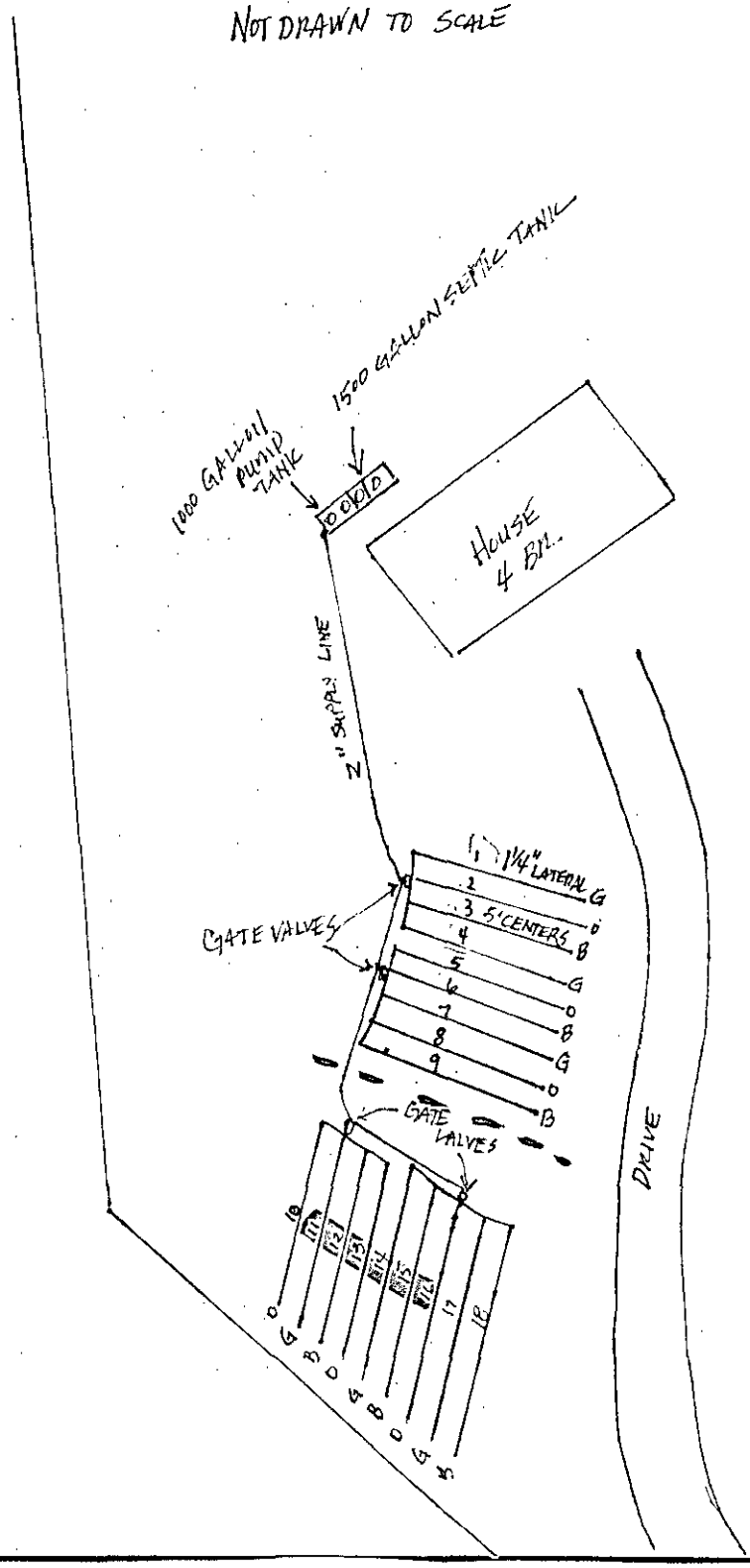
Septic Tank Installation & Service

TERRY BRANDON, 16301 CAPPS ROAD, FILE 7100A

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359



NOT DRAWN TO SCALE



R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359

TERRY BRANDON 16301 CAPPS ROAD, FILE 7100A

DAILY WASTE FLOW 480 GALLONS

SEPTIC TANK SIZE 1500 GALLON SEPTIC TANK

PUMP TANK SIZE 1000 GALLON PUMP TANK

EFFLUENT LOADING RATE .16 GAL/FT²/DAY

ABSORPTION AREA 3000 FT²

TOTAL LENGTH OF LATERALS 600 FT

LATERAL DIAMETER 1¼", SCH 160

LATERAL CONFIGURATION SEE CHART

SUPPLY LINE LENGTH 100 FT

SUPPLY LINE DIAMETER 2", SCH 40

MANIFOLD PLACEMENT SIDE

HOLE SIZE 5/32 INCH

HOLE SPACING SEE CHART

NUMBER OF HOLES SEE CHART

PRESSURE HEAD SEE CHART

FLOW PER HOLE SEE CHART

TOTAL FLOW 49.87 GPM

ELEVATION HEAD 9 FT.

FRICTION HEAD $\frac{100}{100} \times 3.98 = 3.98$ $1.2 \times 3.98 = 4.8'$

PRESSURE HEAD 3'

TOTAL HEAD 16.8'

STORAGE VOL. IN LATERALS $\left(\frac{600}{100}\right) \times 9 = 54$ GAL.

STORAGE VOL. IN SUPPLY LINE $\left(\frac{100}{100}\right) \times 16.2 = 16.2$ GAL

TOTAL STORAGE VOL. 70.2 GAL.

PUMP REQUIREMENTS 49.87 GPM @ 16.8 FT OF HEAD

DOSING VOL. $16.2 + 5(54) = 286.2$ GAL.

DOSING DEPTH $\left(\frac{240}{100}\right) \times 4 = 1.16'$

CHECK VALVE? YES

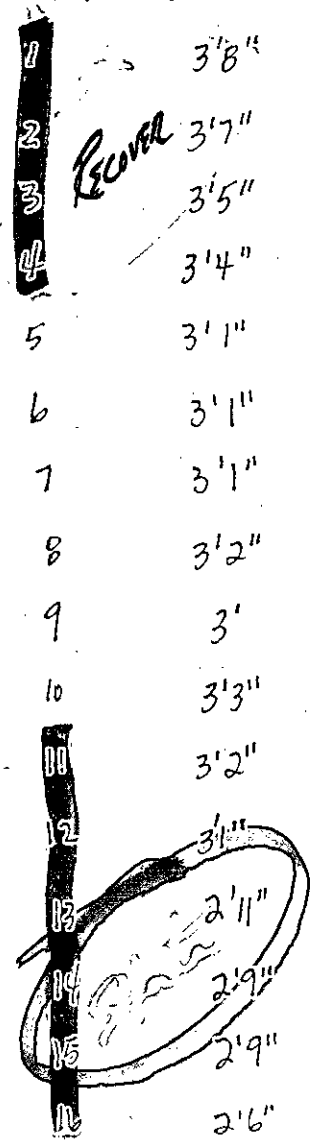
R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359

TERRY BRANDON
16301 CAPPS ROAD
FILE 7100A

FLAG COLOR	LINE	PRESSURE HEAD	FLOW RATE / HOLE	FLOW RATE / LINE	HOLE SPACING	# OF HOLES	ELEVATION	LINE LENGTH
G	1	3'8"	.56	1.68	12.5'	3	4'8"	30'
O	2	3'7"	.55	1.65	12.5'	3	4'7"	30'
B	3	3'5"	.54	2.20	8.33'	4	4'5"	30'
G	4	3'4"	.53	2.12	8.33'	4	4'4"	30'
O	5	3'1"	.51	2.55	6.75'	5	4'1"	32'
B	6	3'1"	.51	3.06	5.8'	6	4'1"	34'
G	7	3'1"	.51	3.06	5.8'	6	4'1"	34'
O	8	3'2"	.51	3.51	5.83'	7	4'2"	40'
B	9	3'	.50	4.5	5'	9	4'0"	45'
O	10	3'3"	.53	2.20	8.33'	4	4'3"	30'
G	11	3'2"	.51	3.06	6'	6	4'2"	35'
B	12	3'1"	.51	3.06	6'	6	4'1"	35'
O	13	2'11"	.50	3.00	6'	6	3'11"	35'
G	14	2'9"	.49	2.94	6'	6	3'9"	35'
B	15	2'9"	.49	2.94	6'	6	3'9"	35'
O	16	2'6"	.46	2.76	5'	6	3'6"	30'
G	17	2'6"	.46	2.76	5'	6	3'6"	30'
B	18	2'7"	.46	2.76	5'	6	3'7"	30'



R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359

FLAG COLOR	LINE	PRESSURE HEAD	FLOW RATE/ HOLE	FLOW RATE/ LINE	HOLE SPACING	# OF HOLES	FIRST HOLE
BLUE	1	2'	.41	4.92	5'	12	30"
ORANGE	2	2'1"	.41	4.92	5'	12	
GREEN	3	2'4"	.46	4.6	6.1'	10	
BLUE	4	2'8"	.47	4.23	6.87'	9	
ORANGE	5	3'	.50	4.0	7.85'	8	
GREEN	6	2'	.41	4.92	5'	12	
BLUE	7	2'4"	.46	4.6	6.1'	10	
ORANGE	8	3'	.50	4.5	6.87'	9	
GREEN	9	2'	.41	4.92	5'	12	
BLUE	10	2'5"	.46	4.6	6.1'	10	

Same Plane

4.0

46.21 gpm

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7100A DATE: 12/17/91

TC: 247-091-12 ☑ L

SERIAL Nº 13865

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

See LPP PLAN ON File for reference

100% repair area is indicated ON file ALSO

#96

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Total Line Length 600' feet

Number of Lines 19

Depth of Stone 10" inches

Distance from House 51' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NAME OF OWNER Terry Brandon

LOCATION OF PROPERTY 16339 Capps Rd.

Comments: INSTALL LPP System per Approved PLAN. Keep MINIMUM OF 50' from well, 5' from foundations and 10' from property Lines.

Division or Section Head

Environmentalist Kim RS

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

LPP 1500

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7100A DATE: 1/22/92

TC: 217-091-12 ☐ L ☐ CRT

SERIAL Nº 13951

Name of Owner Terry Brandon Juris.:

Address of Property ~~16301~~ 16330 Capps Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 600

Number of Lines 20 @ Various Lengths

Cover Depth 8"-10"

Water Supply Source Well

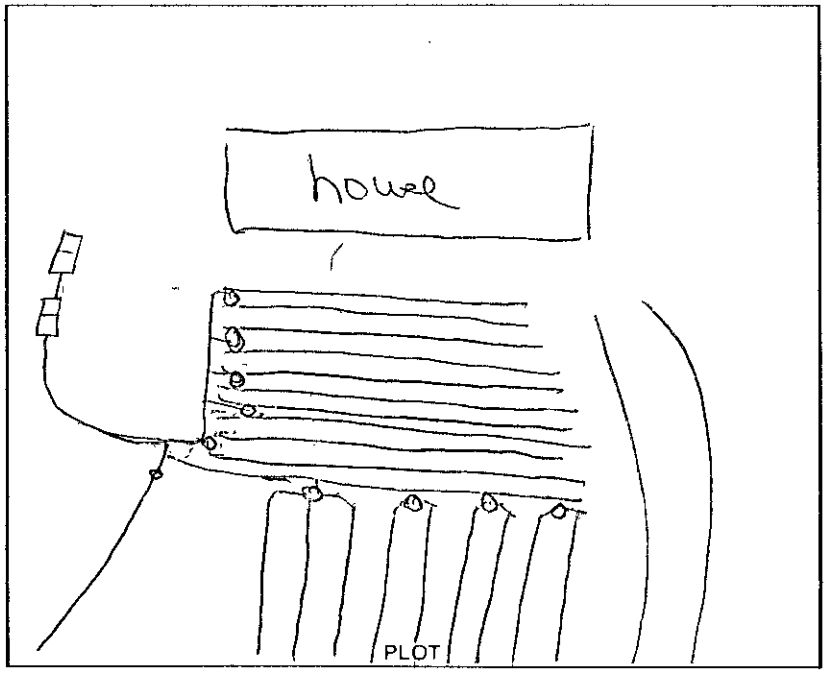
Distance to Water Source 2100'

Excavation Inspected 12/23/91

Tank(s) Inspected 12/23/91

Wash Line Inspected

High Water Alarm Inspected 12/23/91



Design: LPP 1500ST, 1000DT, PI, MOP, 3000SFT 8"G, ARCHET 1992 CTR# 90

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

☒ ~~installed~~ or constructed ☐ altered or repaired

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

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☒ ~~Operation~~ Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .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.

COMMENTS: LPP Design Type IV Address changed 3/16/92

System designed for 4-bedroom home

Rev Timothy J. Kuhn R.S.

Environmentalist

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

APPLICATION FOR SOIL INVESTIGATION

Paid
05/14/91
ck#4526
$50.00

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 7100 A

TC: 217-091-12

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 16301 Capps Rd, Charlotte NC, 28278

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

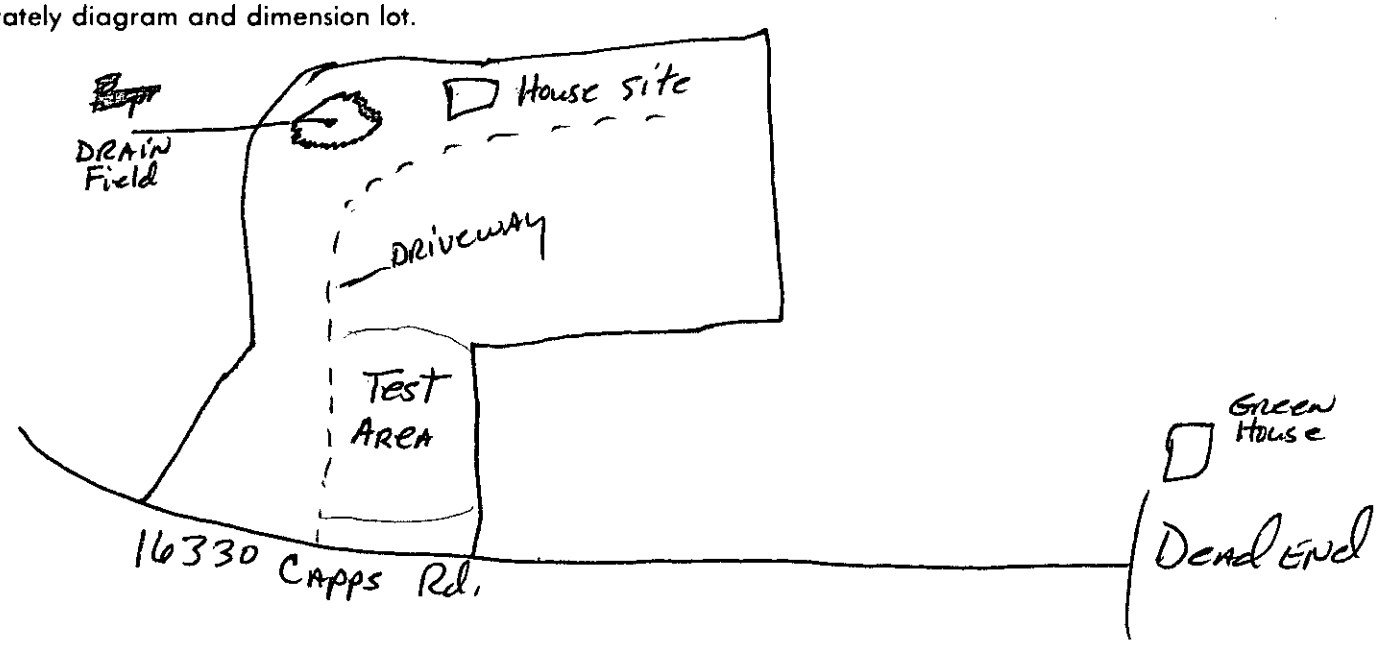
⑦ NAME: William (FIRST) Terry (MIDDLE) Brandon (LAST)

⑧ MAILING ADDRESS: 16330 Capps Rd. Char. NC. 28278

⑨ CITY: _____ ⑩ STATE: _____ ⑪ ZIP: _____

⑫ PHONE: (WORK) 336-2325 (HOME) 588-2259

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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: W.P. Brandon

Date: 5-14-91

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17218

File: 7100A Action 1

Parcel: PO 217-091-12 PC

Location: 16301 Capps Road

Subdivision:

Lot: Block: Acres: Approx .4

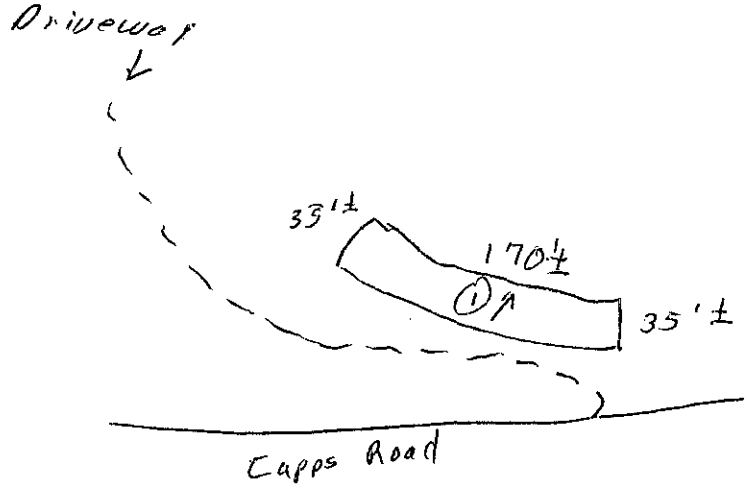
Owner: William Terry Brandon
Address: 16330 Capps Road
Charlotte, N.C. 28278

Comments: Area investigation to make-up 100% repair would recommend interception drain above area if repair needed

Described by: William A. Marbi

Date: 5-16-91

Water from culvert to be diverted from potential repair area



*** EVALUATION KEY ***

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-9%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil-Lloyd					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

May 17th, 1991

William Terry Brandon
16330 Capps Road
Charlotte, NC 28278

RE: Property located at 16301 Capps Road
FILE: 7100A
PARCEL: PO 217-091-12

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17218) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 7100A

TC: 217-091-12

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 16330 Capps Rd. Charlotte, NC 28278

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 3145 PAGE NO.: 551 PARCEL NO.: Tract 3

⑥ DEED REFERENCE: BOOK NO.: 453.4 PAGE NO.: 0316

OWNER

⑦ NAME: Mattie (FIRST) Harris (MIDDLE) Capps (LAST)

⑧ MAILING ADDRESS: 16301 Capps Rd.

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28278

⑫ PHONE: (WORK) (704) 376-7501 (HOME) 588-2259

⑬ Accurately diagram and dimension lot. 3rd Request

Mr. Marlin is aware of area for test.

1½ acres

⑭ The undersigned, 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: Mattie Harris Capps

Date: 11-27-92

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

Mecklenburg County
Health Department

April 23, 1991

Mr. William Terry Brandon
16330 Capps Road
Charlotte, NC 28278

RE: PROPERTY LOCATED AT 16330 CAPPS ROAD, FILE NO. 7100A

Dear Mr. Brandon:

Receipt of the plans and specifications for a modified system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 10NCAC 10A, 1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal." Our comments are listed below:

- Please supply all elevations from some stationary point of reference ie. iron pin etc. Estimation of tank bottom is satisfactory for elevational head calculations. All line elevations shall be accurate on level contour.

- Additional $100 fee for modified plan required prior to any final plan approval.

For this reason, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

5-8-91

RCS to meet w
Martin to Locate
(B) Soil Areas to
Head Re Submit
New plan DEM
Comments
mentioned on
Sheet

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16956

File: 7100A Action 2

Parcel: 029-091-12 PC

Location: 16330 Capps Rd

Subdivision:

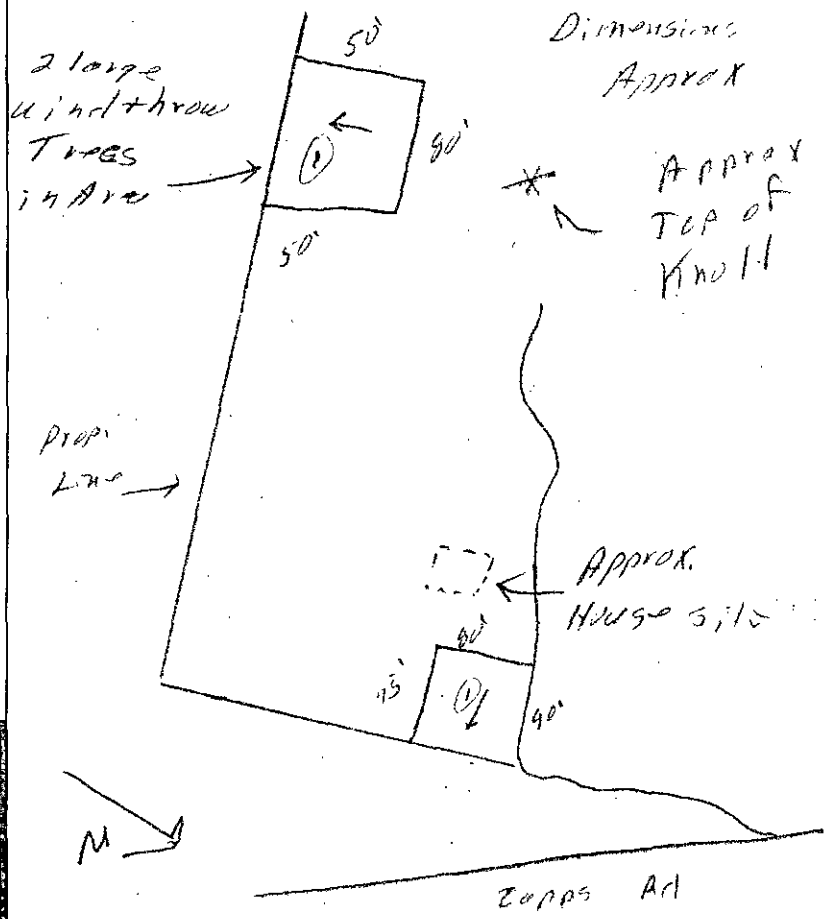
Lot: Block: Acres: Approx 1.0

Owner: Mattie H. Capps
Address: 16301 Capps Rd
Charlotte, N.C. 28278

Comments:

Described by: William A. Mullin

Date: 1-29-91



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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" To Water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 30"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Potomac-Lilly					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

January 29th, 1991

Mattie Harris Capps
16301 Capps Road
Charlotte, NC 28278

RE: Property located at 16330 Capps Road
FILE: 7100A
PARCEL: 217-091-12

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 16956) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

Mecklenburg County
Health Department

November 27, 1990

Mattie H. Capps
16301 Capps Road
Charlotte, NC 28278

Dear Mrs. Capps:

A pre-preliminary investigation of soils and topography was made on the tract (tax parcel No. 217-091-12, file No. 7100A) located on Capps Road. A soils map was prepared and a copy is enclosed.

Most of the soils on the tract appear to be dominantly unacceptable for the installation of septic tank systems. These soils are quite mixed. Expanding clay minerals are present. These minerals swell upon becoming wet, reducing soil pore space and inhibiting internal soil water movement. These soils are generally shallow to saprolite (less than 36 inches in depth). Evidence of seasonal perched water was noted in spots at depths of less than 36 inches. Complex slopes (irregular sloped areas) and some depressions are also present on the tract.

There were two very small areas of somewhat more desirable soils noted on the tract. These soils had clay subsoil horizons that are blocky with respect to structure. Depth to saprolite is approximately 24 to 30 inches to saprolite. Slopes range to approximately 12 percent. These areas are not extensive. These soils (providing sufficient area is available) could be considered for use with shallow-placed systems. Additional intensive investigation would be needed in order to make a final determination. It is recommended that a backhoe be used to open pits for a more thorough soils evaluation if additional investigation is desired. The approximate locations of the more desirable soils are marked on the map.

Please note that this report does not express or imply individual site approval for septic tank system installation. As stated above, a more intensive investigation would be necessary to determine site suitability for septic tank system installation.

Sincerely,

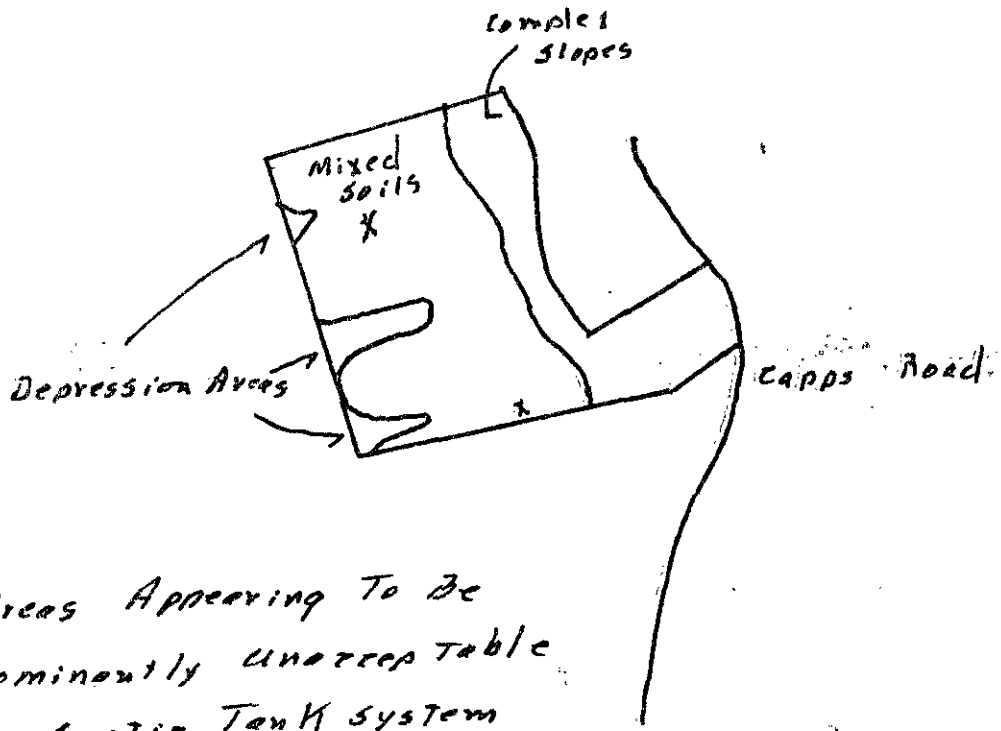
William R. Marlin

William R. Marlin
Soil Scientist

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

Pre-Preliminary 217-091-12



☐ Areas Appearing To Be Dominantly Unacceptable For Septic Tank System Installation

X Approximate locations of somewhat more Desirable Soils

W. A. Marlin - Soil Scientist

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 7100 A

TC: 27-091-12 K.B.

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 16380 Capps Rd Charlotte, N.C. 28278

② SUBDIVISION: — ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 3145 PAGE NO.: 551 PARCEL NO.: Tract 3

⑥ DEED REFERENCE: BOOK NO.: 453.4 PAGE NO.: 0316

OWNER

⑦ NAME: Mattie (FIRST) Harris (MIDDLE) Capps (LAST)

⑧ MAILING ADDRESS: 16301 Capps Rd.

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28278

⑫ PHONE: (WORK) (704) 376-7501 (HOME) 704 588-2259

⑬ Accurately diagram and dimension lot. See attached

Corners & lines marked ≥ surveyors tape & orange paint.

general search

⑭ The undersigned, 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: Mattie Harris Capps

Date: 11-14-90

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

Mecklenburg County
Health Department

November 5th, 1990

Mattie Harris Capps
16301 Capps Road
Charlotte, NC 28278

RE: Property located at 16301 Capps Road
FILE: 7100A
PARCEL: 217-091-12

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 16789) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B and 10 NCAC 1B.

If I can be of assistance, please do not hesitate to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16789

File:

Action 3

Parcel: 7100A
217-091-12

☒ PC

Location:

Subdivision: 16301 Capps Road

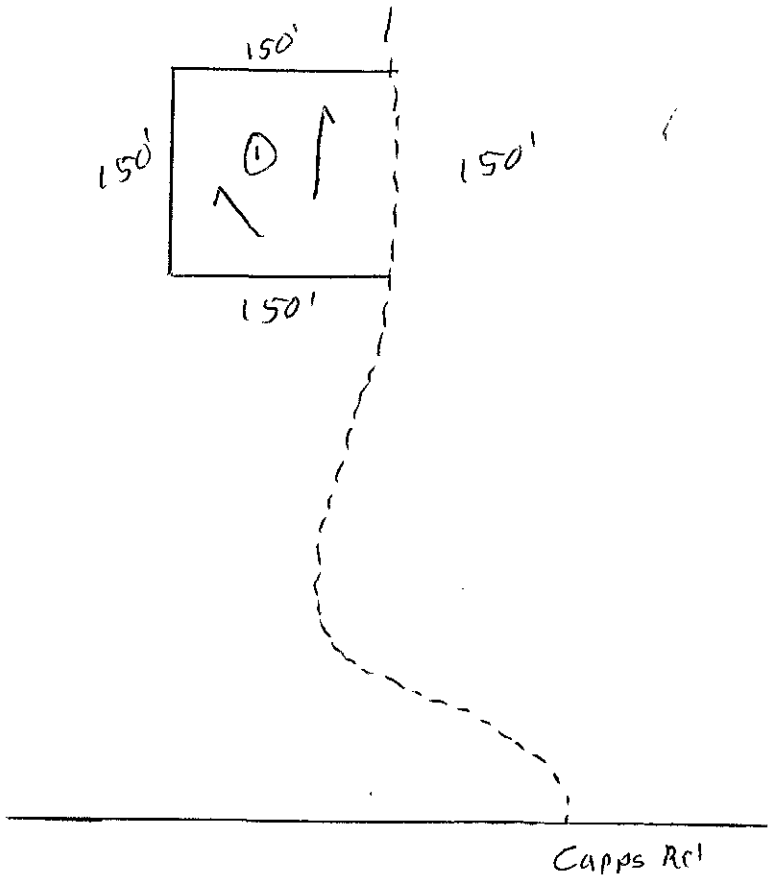
Lot: Block: Acres: .52 ±ac

Owner:
Address: Mattie Harris Capps
16301 Capps Road
Charlotte, NC 28278

Comments: 100% Repair - Sandy loam Topsoil to 6-15" irregular depth - additional area available

Described by: William R. Marlin

Date: 11-5-96



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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1 Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Block	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) Some perched water 24-30"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 16-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Vance-Helena					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

PROPOSED PLOT PLAN

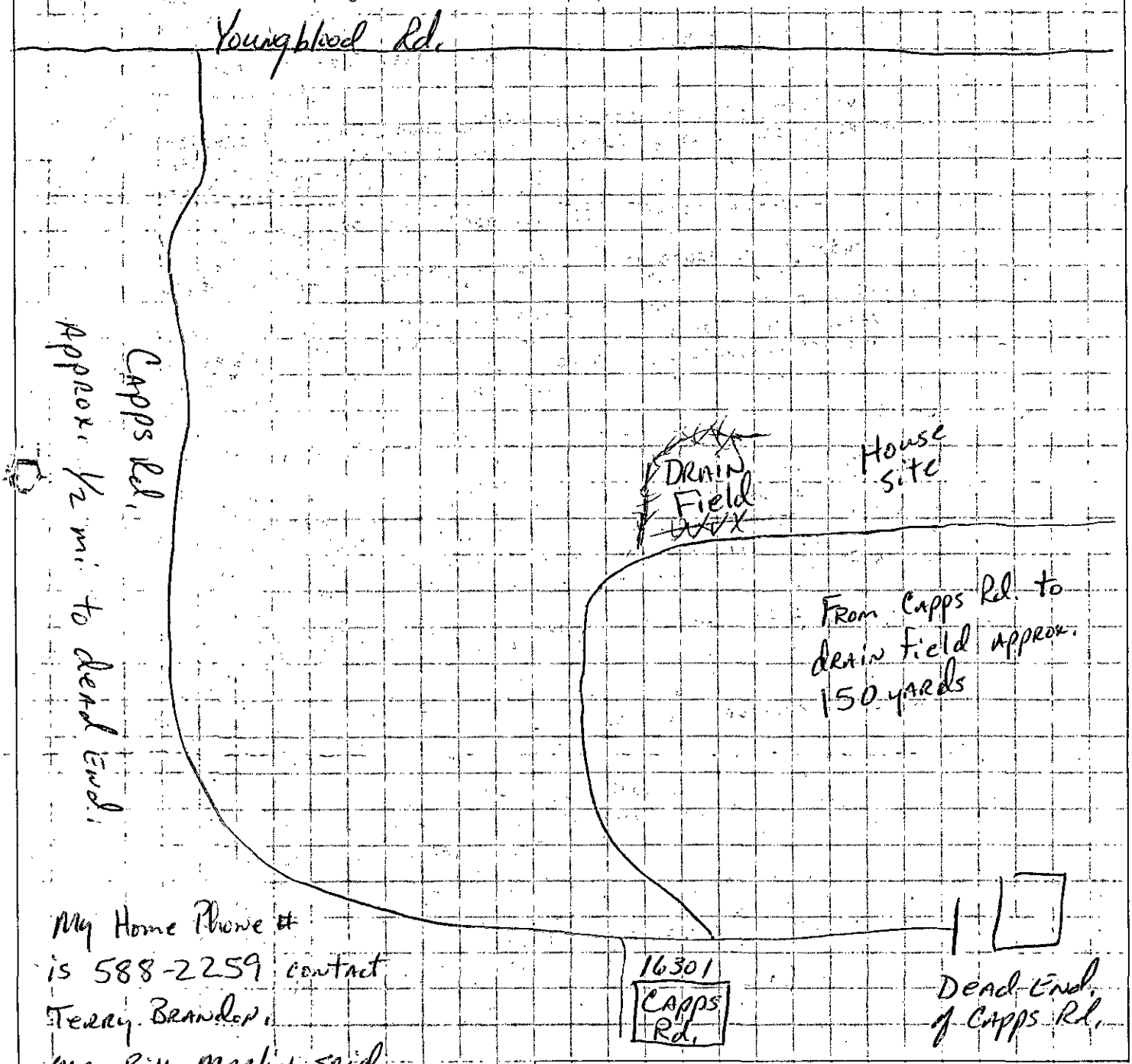
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7100A

TC: 217-091-12

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.



My Home Phone # is 588-2259 contact Terry Brandon. Mr. Bill Marlin said he would assist you if you have any questions.

Signed: Mattie H. Capps

Date: 2-13-91

MECKLENBURG COUNTY HEALTH DEPT. ENVIRONMENTAL HEALTH DIVISION
PAID

APPLICATION FOR SOIL INVESTIGATION

RECEIVED MECKLENBURG COUNTY HEALTH DEPT. OCT 23 1990 ENVIRONMENTAL HEALTH DIVISION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 7100A

TC: 217-091-12

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: 16301 CAPPS RD. CHARLOTTE NC 28278

② SUBDIVISION: _____ ③ LOT: ~~TRACT 3~~ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 3145 PAGE NO.: 551 PARCEL NO.: TRACT 3

⑥ DEED REFERENCE: BOOK NO.: 4534 PAGE NO.: 0316

OWNER

⑦ NAME: ~~S~~MATTIE (FIRST) HARRIS (MIDDLE) CAPPS (LAST)

⑧ MAILING ADDRESS: 16301 CAPPS ROAD

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28278

⑫ PHONE: (WORK) 704-376-7501 (HOME) 704-588-2259

⑬ Accurately diagram and dimension lot. See attached

⑭ The undersigned, 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: Mattie Harris Capps

Date: Oct. 3, 1990

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

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