Request: Request for Service 21663

707

Address: 705 VALLEYDALE RD

Initiated By: Placide, Lydia

Date Initiated: 8/28/2020 12:57:03 PM

Submitted To: Hall, Matt

Details: NOT WORKING PROPERLY (Septic)
TOILETS FLUSH SLOW WHEN IT'S RAINING OUTSIDE

CONTACT: STEPHEN COLEMAN - 704-589-8009
STECOL67@GMAIL.COM

Comments:

Location:

031-011-27 5828A

Gave H.O. Application. He may want to reconnect to existing system. His only other option is to connect to sewer.

0-12"
Cl Fi SP

12-24"
Cl Fi SP
Some Yellow mottling

24"+
Chromo 2

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for
REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #:_____ Permit #:_____ Tax Parcel #: 031-011-27

Property Owner: Stephen Coleman

Job Location Address: 705 Valleydale Rd

City: Charlotte State: NC Zip Code: 28214

Improvement Permit Issuance Date: NA **Construction Authorization Issuance Date:** 9-11-20

Permission is hereby given to **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 9-11-21. 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.

Permitted Design Flow: 240 GPD Site LTAR: NA GPD/ft²

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

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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)

Uncover tank + D-Box + reconnect to existing system.

if reconnection is not possible will need to connect to city sewer.

Comments: System Classification & Type: _____

Authorized Agent: April Burngarner Signature: April Burngarner

Owner Signature: _____ Date: _____

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Authorized Agent: April Burngarner Signature: April Burngarner

Owner Signature: _____ Date: _____