11/20/20 – waiting on septic design from Michael Athanas – spoke to Christian – she was going to follow up w/ MA

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

* Alteration for Pool addition

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

→ Septic file Completed

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

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____ Initial/Date

Alteration Fees Paid: $300 Total $200 SP 11/20/20 Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 11/16/2020 LE Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

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

Septic file complete ☒ 1/27/21 Well complete ☐ _____

Send permit for signature ☒ Signature received ☒ _____

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

Certified operator contract is on file ☐ _____

For a pool

6320B
11763

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ● ALTERATION ○ REPAIR ◉ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 00335121
STREET ADDRESS: 20204 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 2.12

TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
◉ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER

HEATED SQUARE FOOTAGE: 3,800
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4

FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: 0
NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

6. **WATER SUPPLY:** ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

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

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

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

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	◉ YES ○ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	◉ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	◉ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** ☑ N/A

12. **PROPERTY OWNER:**

NAME: Christian Carnell
ADDRESS: 20204 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
WORK PHONE: (801) 573-4719
MOBILE PHONE: (801) 573-4719
FAX:
E-MAIL: christian.carnell@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

CC (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 11/15/20

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

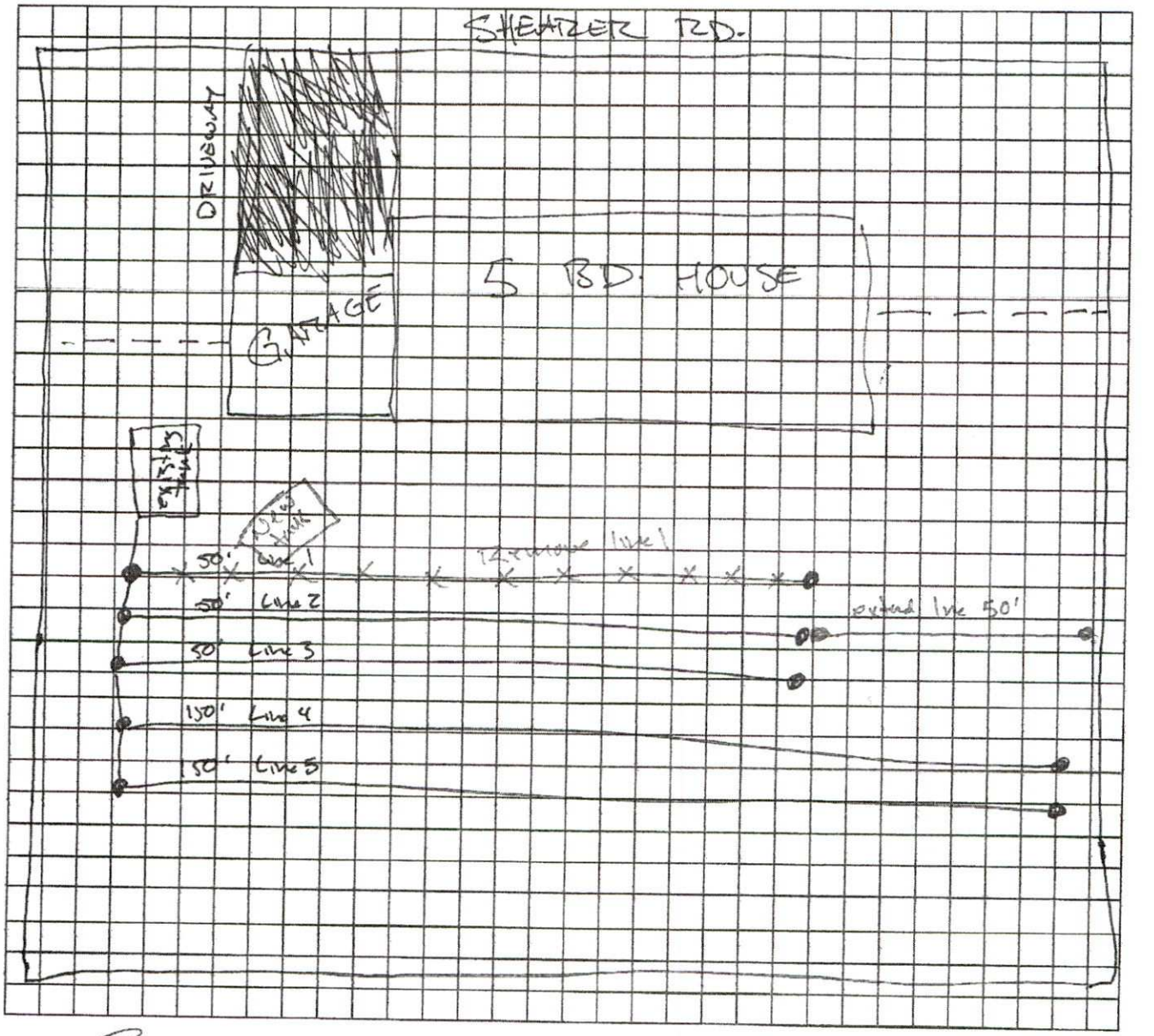
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 20204 Shearer Rd, Davidson NC 28036 Tax Parcel #: 00335121

Subdivision Name: NA Lot #: NA



Property Owner's or Owner's Legal Representative Signature

11/15/20
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/16/20	**Amount:**	100.00
Receipt #:	124673	**Tendered:**	100.00
Check / Auth #:	VISA 09847D	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: CARNELL, CHRISTIAN
Attn:
Address: 20204 SHEARER RD
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 20204 SHEARER RD		1	100.00	100.00

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:	11/20/20	**Amount:**	200.00
Receipt #:	124783	**Tendered:**	200.00
Check / Auth #:	VISA 01169D	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: CHRISTIAN CARNELL
Attn:
Address: 20204 SHEARER RD
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 20204 SHEARER RD		1	200.00	200.00

Mecklenburg
Environmental Health
3205 Freedom Drive
Charlotte, NC 28208
Phone: (980) 314-1651
11/20/20 10:49

Sale

Merchant ID: 153629
Sequence #: 001
Card Type : VISA
Auth. Code: 01169D
Acct. No: **********5525

Amount : 200.00

APPROVED

Phone Payment
Signature

I agree to pay the above total amount according to the card issuer agreement (Merchant agreement if credit voucher)

We appreciate your payment!
Thank You Very Much!

Merchant Copy

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

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

ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6320 B Permit #: 20020133 Tax Parcel #: 003-351-21

Property Owner: Thomas & Angela Stardish

Job Location Address: 20204 Shearer Rd

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 7/25/17 Contractor Name: Steve Jordan #1853

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: n/a gallons

Liquid Capacity of Septic Tank: 1500 gallons Manufacture Taylorsville Effluent Pump Model: n/a

Drainfield Installation ☐ N/A

Trench Depth: 22-24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 7 @ varying feet lengths

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 12 inches

Distribution Device: End caps

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >10 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

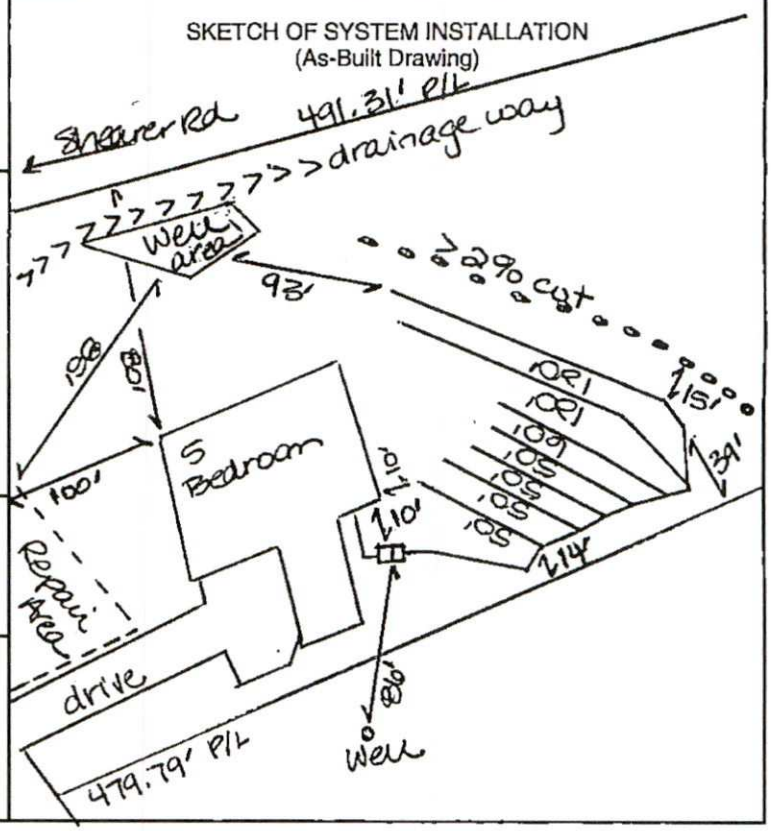
Inspection Dates

Tank(s) Inspected: 7/25/17

Excavation Inspected: 7/25/17

Pump & Controls Inspected: n/a

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to 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: IIIg, gravity, IQ4, n/a, n/a

DHHS Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
11/24/2020

GWS Septic System Design Review
GWS File #: 03208 **Approved** ☐ **Disapproved** ☐
Design Review: ☑
Field Review: ☑
*Projects are not considered "APPROVED" until both sections above are completed and indicate an APPROVED status.

Reference: Data Sheet for 20204 Shearer Rd
House Footprint: See attached plan
Building Setbacks: 50' front, 25' rear, 20' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 5/600 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS (Designated by Mecklenburg County EH)
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1500 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Orange 1 (Ex)	50'	50' (Abandon)
Blue 2 (Ex)	50'	50'
Pink 3 (Ex)	50'	50'
White 4 (Ex)	50'	50'
Orange 5 (Ex)	60'	60'
Blue 6 (Ex)	120'	120'
Blue 7 (new)	40'	40'
Pink 8 (Ex)	120'	120'
Pink 9 (new)	10'	10'

Initial System: 500' **Repair System:** Previously determined by Mecklenburg EH

Comments:
The purpose of this evaluation is to determine any adjustments to the septic for a pool. The first line and the septic tank must be abandoned and replaced to maintain the required setbacks from a pool. The 50' lost from the line will be added to the last two existing lines.

PROPERTY ID #: __00335121__
COUNTY: __Mecklenburg__

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Christian & Andria Carnell _____ APPLICATION DATE _____
ADDRESS: 20204 Shearer Rd, Davidson, NC 28036 _____ DATE EVALUATED: __11/2020_____
PROPOSED FACILITY: __5 BDRM_____ PROPOSED DESIGN FLOW (.1949): _600 GPD___ PROPERTY SIZE: __2.12 AC_____
LOCATION OF SITE: 20204 Shearer Rd _____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

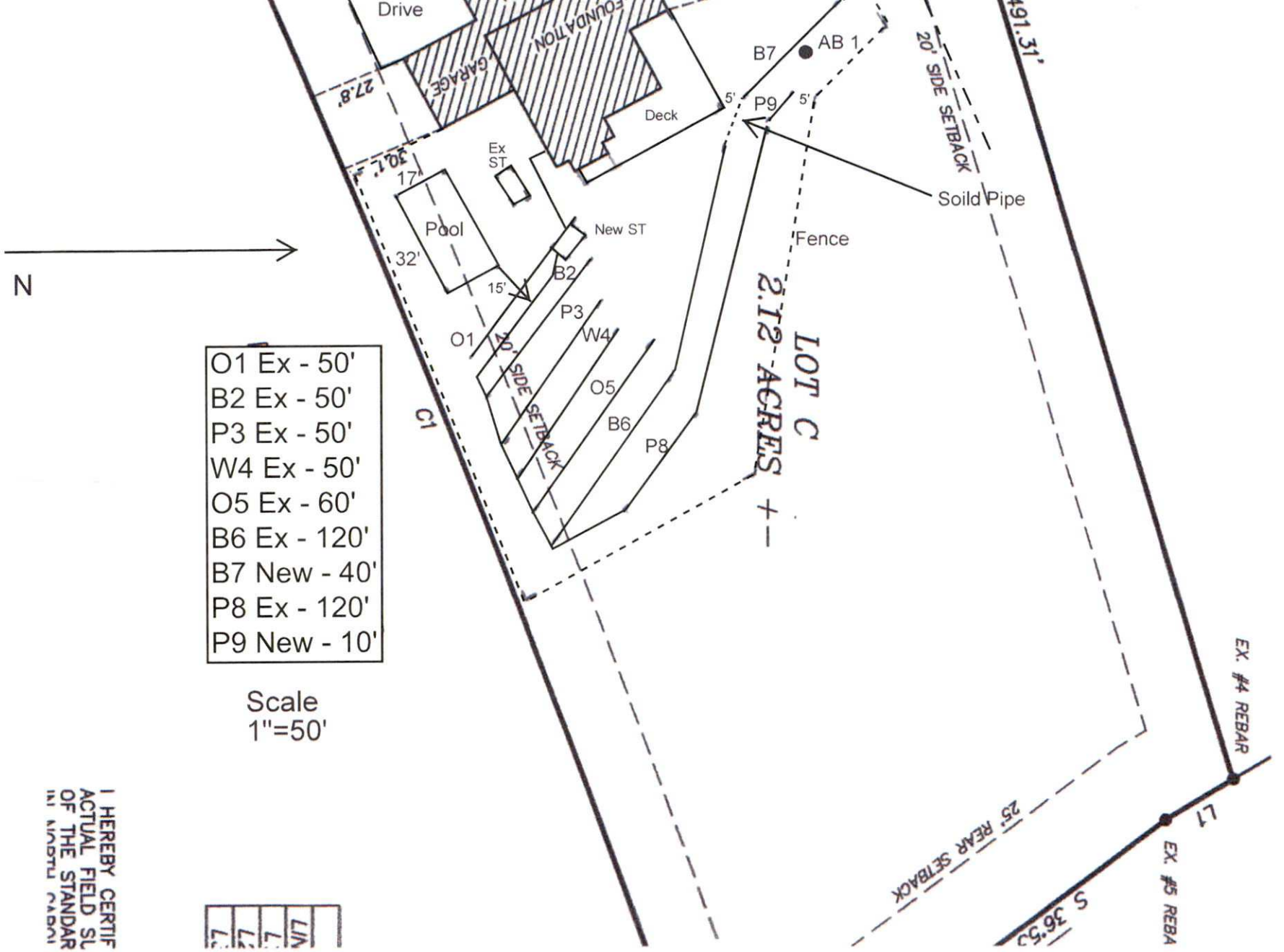
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 6%	0-5	FILL		N/A	48"		N/A	PS 0.3
		5-36	R C SBK	FR SS SP SXP					
		36-48	R CL WSBK	FR SS SP SXP			F-C SAP		
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

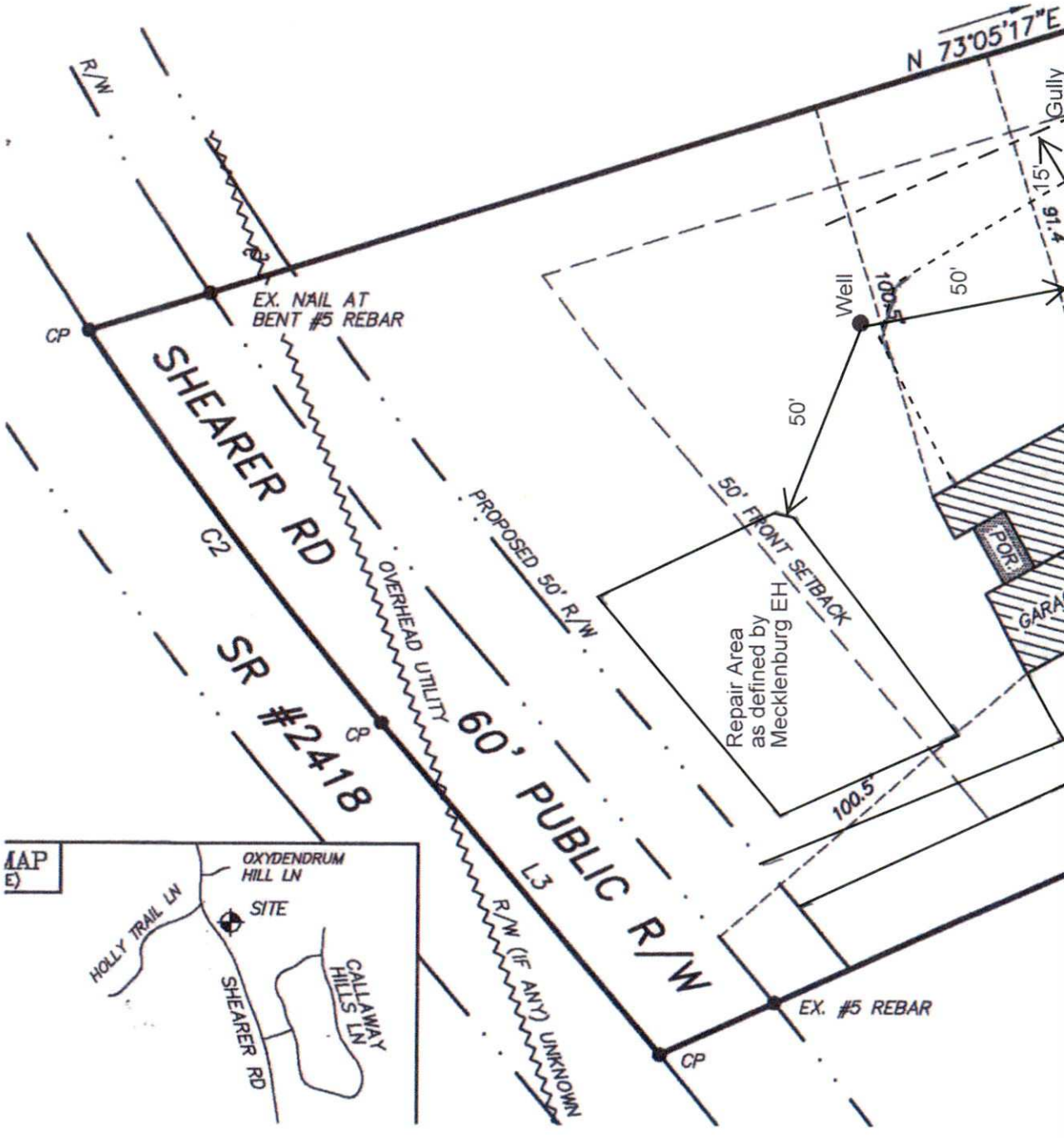
COMMENTS: _____


Drive
FOUNDATION
GARAGE
27.8'
30.1'
17'
Pool
32'
Ex ST
New ST
Deck
B7
AB 1
P9
5'
5'
20' SIDE SETBACK
Soild Pipe
Fence
491.31'
B2
P3
W4
O5
B6
P8
O1
15'
20' SIDE SETBACK
C1
LOT C
2.12 ACRES +-
N
O1 Ex - 50'
B2 Ex - 50'
P3 Ex - 50'
W4 Ex - 50'
O5 Ex - 60'
B6 Ex - 120'
B7 New - 40'
P8 Ex - 120'
P9 New - 10'
Scale
1"=50'
25' REAR SETBACK
EX. #4 REBAR
EX. #5 REBA
L7
S 36°53
I HEREBY CERTIF
ACTUAL FIELD SU
OF THE STANDAR

AS SHOWN ARE PER MB: 28-01
DIFFER FROM CURRENT ZONING
ES AND/OR RESTRICTIVE COVENENANTS.
PERTY DOES NOT LIE WITHIN A SPECIAL
ZARD AREA AS DETERMINED BY THE
EMERGENCY MANAGEMENT AGENCY.

= UTILITY POLE

LOT B
JOHN R. TURPIN
27514-776
MB: 28-01



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 for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30011763** GWS File #: **6320B** Tax Parcel #: **003-351-21**

- 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. 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):** 12/7/2025

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 3800 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Crawl Space Water Supply: Private Well

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

Initial System Specifications: relocating 50' of drain line for pool — new tank to be installed

Design Flow (gpd): 60 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 150 Total Trench Length (ft): 50

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: end caps

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1000 Total Trench Length (ft): 333

Maximum Trench Depth (in): 36 Depth of Media (in): 16 Distribution Device: Manifold (LPP Distri

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

Authorized Agent: Kim Garrett Owner/Legal Agent: _____
Print Name

Signature: Kim Garrett REHS Signature: _____

Date Issued: 12/7/2020

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 for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30011763** GWS File #: **6320B**

IV. Permit Conditions/Comments:

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

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

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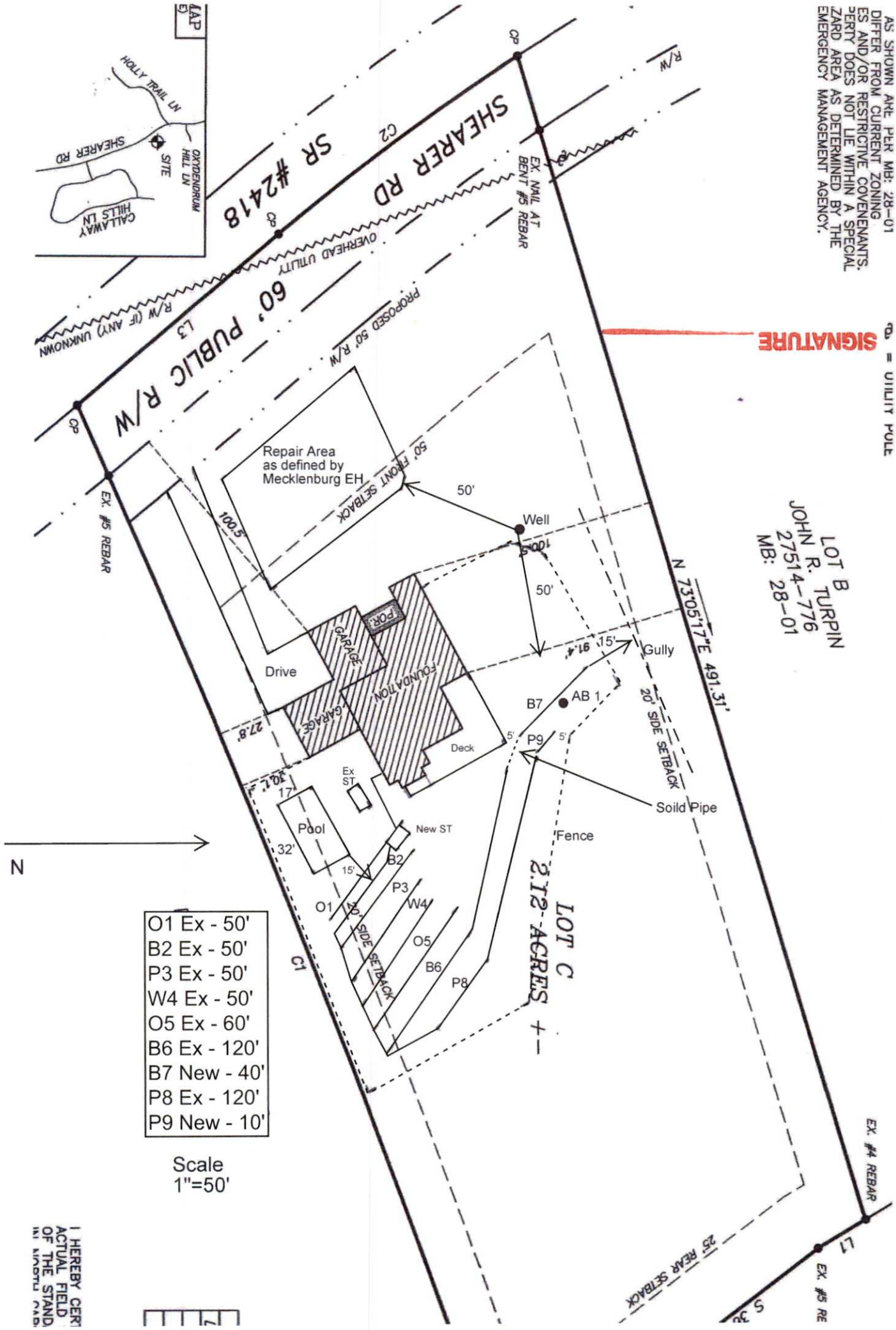
Authorized Agent: Kim Garrett

Signature: Kim Garrett REHS

Date Issued: 12/7/2020

Owner/Legal Agent: _____
Print Name

Signature: _____


AS SHOWN ARE PER MB: 28-01
DIFFER FROM CURRENT ZONING
ES AND/OR RESTRICTIVE COVENANTS.
PERTY DOES NOT LIE WITHIN A SPECIAL
ZARD AREA AS DETERMINED BY THE
EMERGENCY MANAGEMENT AGENCY.
SIGNATURE
= UTILITY POLE
MAP
HOLLY TRAIL LN
SHEARER RD
OXYDENDRUM HILL LN
SITE
CALLAWAY HILLS LN
SHEARER RD
SR #2418
C2
CP
R/W
EX. NAIL AT BENT #5 REBAR
OVERHEAD UTILITY
60' PUBLIC R/W
L3
R/W (IF ANY) UNKNOWN
PROPOSED 50' R/W
CP
EX. #5 REBAR
50' FRONT SETBACK
Repair Area
as defined by
Mecklenburg EH
50'
Well
100.5'
100.5'
50'
LOT B
JOHN R. TURPIN
27514-776
MB: 28-01
N 73°05'17"E 491.31'
POR
GARAGE
FOUNDATION
GARAGE
Drive
91.4'
15'
Gully
B7
AB 1
20' SIDE SETBACK
5'
P9
5'
Deck
27.8'
30.1'
Ex ST
17'
Soild Pipe
Pool
New ST
Fence
32'
B2
15'
P3
W4
O1
40' SIDE SETBACK
O5
B6
P8
LOT C
2.12-ACRES +-
C1
N
O1 Ex - 50'
B2 Ex - 50'
P3 Ex - 50'
W4 Ex - 50'
O5 Ex - 60'
B6 Ex - 120'
B7 New - 40'
P8 Ex - 120'
P9 New - 10'
Scale
1"=50'
EX. #4 REBAR
25' REAR SETBACK
L7
EX. #5 RE
I HEREBY CERT
ACTUAL FIELD
OF THE STAND

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 for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30011763** GWS File #: **6320B** Tax Parcel #: **003-351-21**

- 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. 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):** 12/7/2025

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 3800 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Crawl Space Water Supply: Private Well

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

Initial System Specifications relocating 50' of drain line for pool → new tank to be installed

Design Flow (gpd): 60 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 150 Total Trench Length (ft): 50

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: end caps

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1000 Total Trench Length (ft): 333

Maximum Trench Depth (in): 36 Depth of Media (in): 16 Distribution Device: Manifold (LPP Distri

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

Authorized Agent: Kim Garrett Owner/Legal Agent: Christian Carnell

Signature: Kim Garrett, REHS Signature: _____ (Print Name)

Date Issued: 12/7/2020

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 for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30011763** GWS File #: **6320B**

IV. Permit Conditions/Comments:

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

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

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

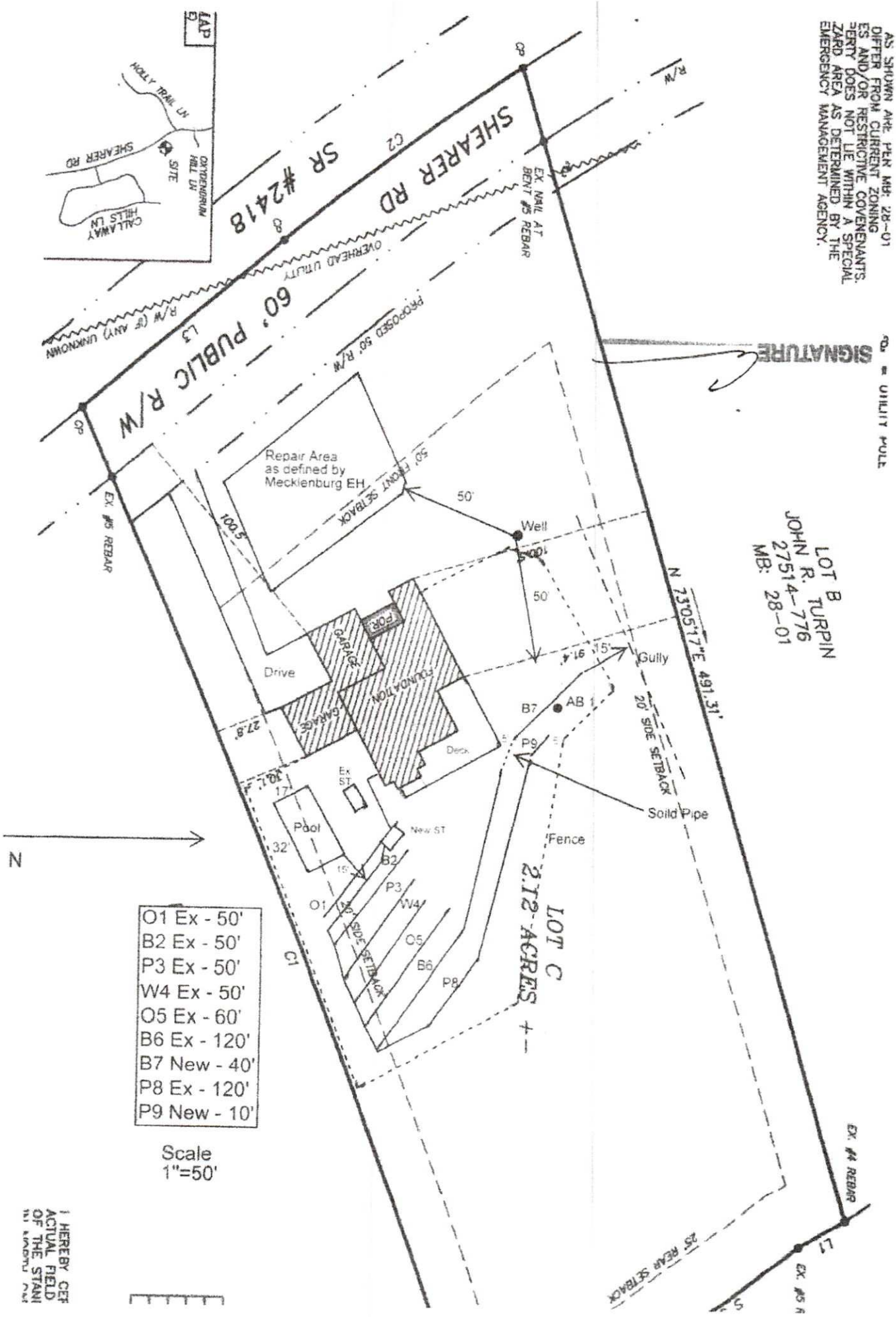
Authorized Agent: Kim Garrett

Signature: Kim Garrett, REHS

Date Issued: 12/7/2020

Owner/Legal Agent: Christian Cornell
Print Name

Signature:


AS SHOWN ARE PER MB: 28-01
DIFFER FROM CURRENT ZONING
ES AND/OR RESTRICTIVE COVENANTS.
PERTY DOES NOT LIE WITHIN A SPECIAL
ZARD AREA AS DETERMINED BY THE
EMERGENCY MANAGEMENT AGENCY.
SIGNATURE
LAP
HOLLY TRAIL LN
SHEARER RD
SITE
CATTENBRUN HILL LN
CALLAWAY HILLS LN
SHEARER RD
SR #2418
C2
CP
R/W
EX. NAIL AT BENT #5 REBAR
OVERHEAD UTILITY
60' PUBLIC R/W
L3
R/W (OF ANY) UNKNOWN
PROPOSED 60' R/W
CP
EX. #5 REBAR
Repair Area
as defined by
Mecklenburg EH
50' FRONT SETBACK
50'
Well
100.5'
50'
N 73°05'17"E 491.31'
LOT B
JOHN R. TURPIN
27514-776
MB: 28-01
FOR
GARAGE
FOUNDATION
Drive
Gully
91.4'
15'
B7
AB
20' SIDE SETBACK
27.8'
CARAGE
Deck
P9
Soild Pipe
10.2'
17'
EX ST
Pool
New ST
Fence
32'
15'
B2
P3
W4
O1
10' SIDE SETBACK
O5
B6
P8
LOT C
2.12 ACRES +-
C1
N
O1 Ex - 50'
B2 Ex - 50'
P3 Ex - 50'
W4 Ex - 50'
O5 Ex - 60'
B6 Ex - 120'
B7 New - 40'
P8 Ex - 120'
P9 New - 10'
Scale
1"=50'
25' REAR SETBACK
EX. #4 REBAR
L7
EX. #5
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Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 6320 B App# 11763 Tax Parcel# 003-351-21

Property Owner: Christian & Andria Carnell

Job Location Address: 20204 Shearer Rd

City: Davidson State: NC Zip Code: 28036

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

   ☒ YES ☐ NO

   Comments: _____

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

   ☒ YES ☐ NO

   Comments: _____

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

   ☒ YES ☐ NO

   Comments: _____

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

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

Kim Garrett, REHS
Authorized Agent

1/20/21
Date

Jarrid Lentz
Others Present

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

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

File #: 6320 B Permit #: 30011763 Tax Parcel #: 003-351-21

Property Owner: Christian & Andria Carnell

Job Location Address: 20204 Shearer Rd

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 1/21/21 Contractor Name: Jarrid Lentz # 3360 Lentz Wastewater

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: n/a gallons

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture Infiltrator Effluent Pump Model: n/a Im-1530

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 50 feet

# of Lines: #1 1 @ 40 feet #2 10

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 24 inches

Distribution Device: end caps

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >10 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

Inspection Dates

Tank(s) Inspected: 1/20/21

Excavation Inspected: 1/20/21

Pump & Controls Inspected: n/a

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

A new 1500g tank and the septic system was altered as per design by Michael Athanus 11/24/20

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: IIIg, gravity, IQ4, n/a, n/a

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

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

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

File #: 6320 B Permit #: 30011763 Tax Parcel #: 003,351,21

Property Owner: Christian & Andria Carnell

Job Location Address: 20204 Shearer Rd

City: Davidson State: NC Zip Code: 28036

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIg

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

Subsurface system operator required: Yes ☐ No ☒

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

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

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

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

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

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

V. Other:

DENR Authorized Agent: Kim Garrett, REHS Date: 1/21/21

Signature: Kim Garrett, REHS



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Kim Garrett
Mecklenburg County Health Department
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208

RE: 20204 Shearer Rd Davidson, NC 28036; PID# 00335121

Dear Ms. Garrett:

Please see the statement below concerning the system alteration installation at 2024 Shearer Rd; PID# 00335121.

Michael Athanas and Associates was unable to visit the site to look at the system installation. After speaking with you, it appears that the system was installed according to our specifications and in the area delineated.

Please let me know if you need any further information. Thank you.

Sincerely,

Michael Athanas
Michael Athanas and Associates