SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☒ NEW SEPTIC ☐ REPAIR ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 757 / 14632

Assigned Inspector: Patrick / April

☒ IP $250.00: MON 5/6/24 Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

System denied due to soil & space

757 / 14632

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT
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: 05318207
STREET ADDRESS: 3815 BARONWOOD LN
CITY: CHARLOTTE
STATE: NC ZIP: 28214
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 0.45
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: 1,064
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
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: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

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: SIHN TRAN
ADDRESS: 3815 Baronwood Rd
CITY: Charlotte
STATE: NC. ZIP: 28214
WORK PHONE: _____
MOBILE PHONE: 704-898-7682
FAX: _____
E-MAIL: _____

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

**Owner's Authorization form is required if legal representative is submitting application*

NAME: DAWN TIMSON
ADDRESS: 1308 CHATFIELD RD
CITY: SHELBY
STATE: NC ZIP: 28150
WORK PHONE: (704) 487-1885
MOBILE PHONE: _____
FAX: _____
E-MAIL: JOSEPH_IZZI@YAHOO.COM

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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.

DT (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.

DT (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.

Dawn P Tomson
Property Owner's or Owner's Legal Representative Signature

05-06-2024
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 DATE FEE RECEIVED: 5/6/24

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

APPLICATION PROCESSED BY: MON

GWS FILE NUMBER ASSIGNED: 757

APPLICATION ID NUMBER ASSIGNED: 14632

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

File #: 757

PROPOSED PLOT PLAN

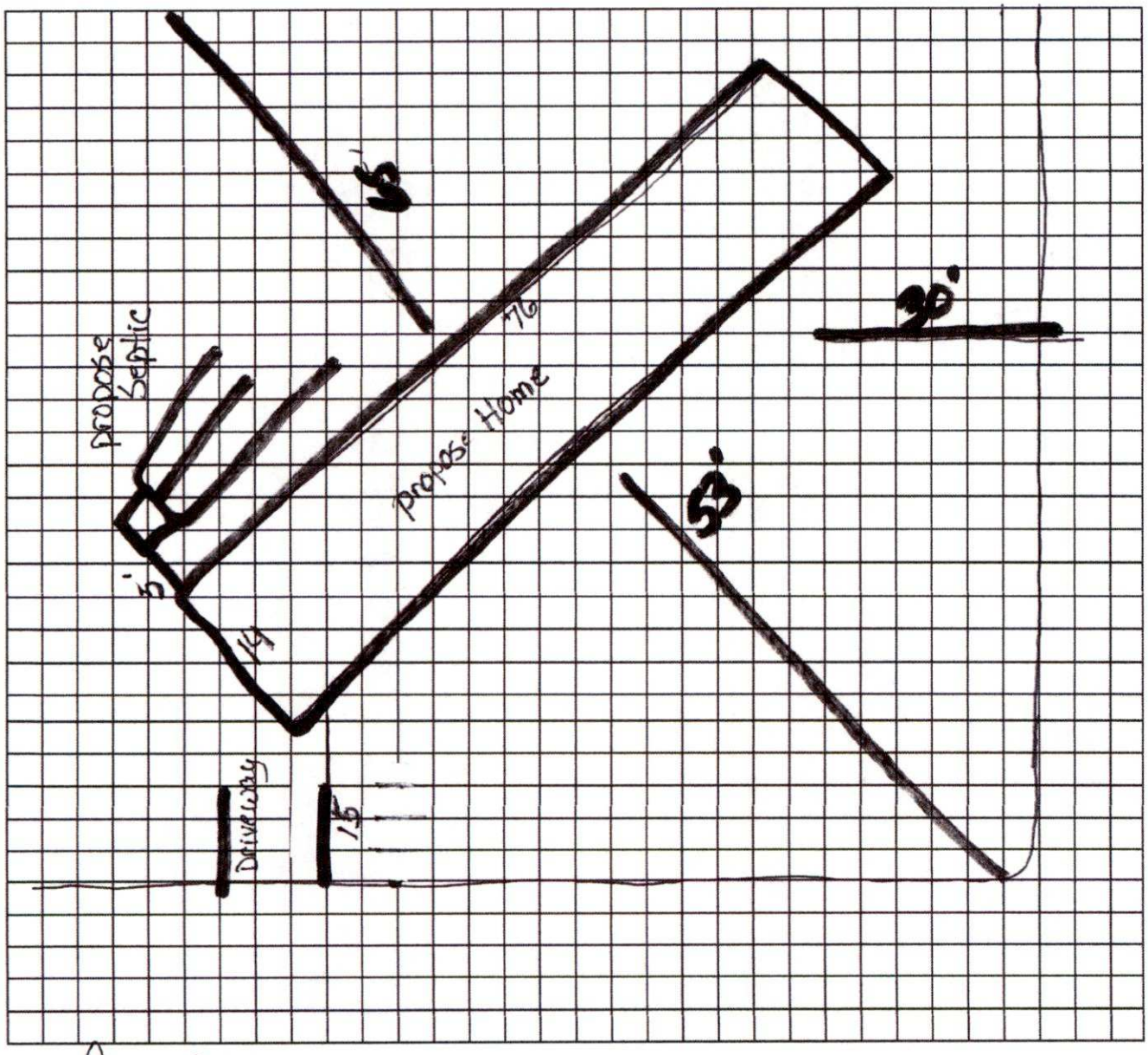
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: Barnwood Rd

Tax Parcel #: 05318207-

Subdivision Name: _____

Lot #: _____

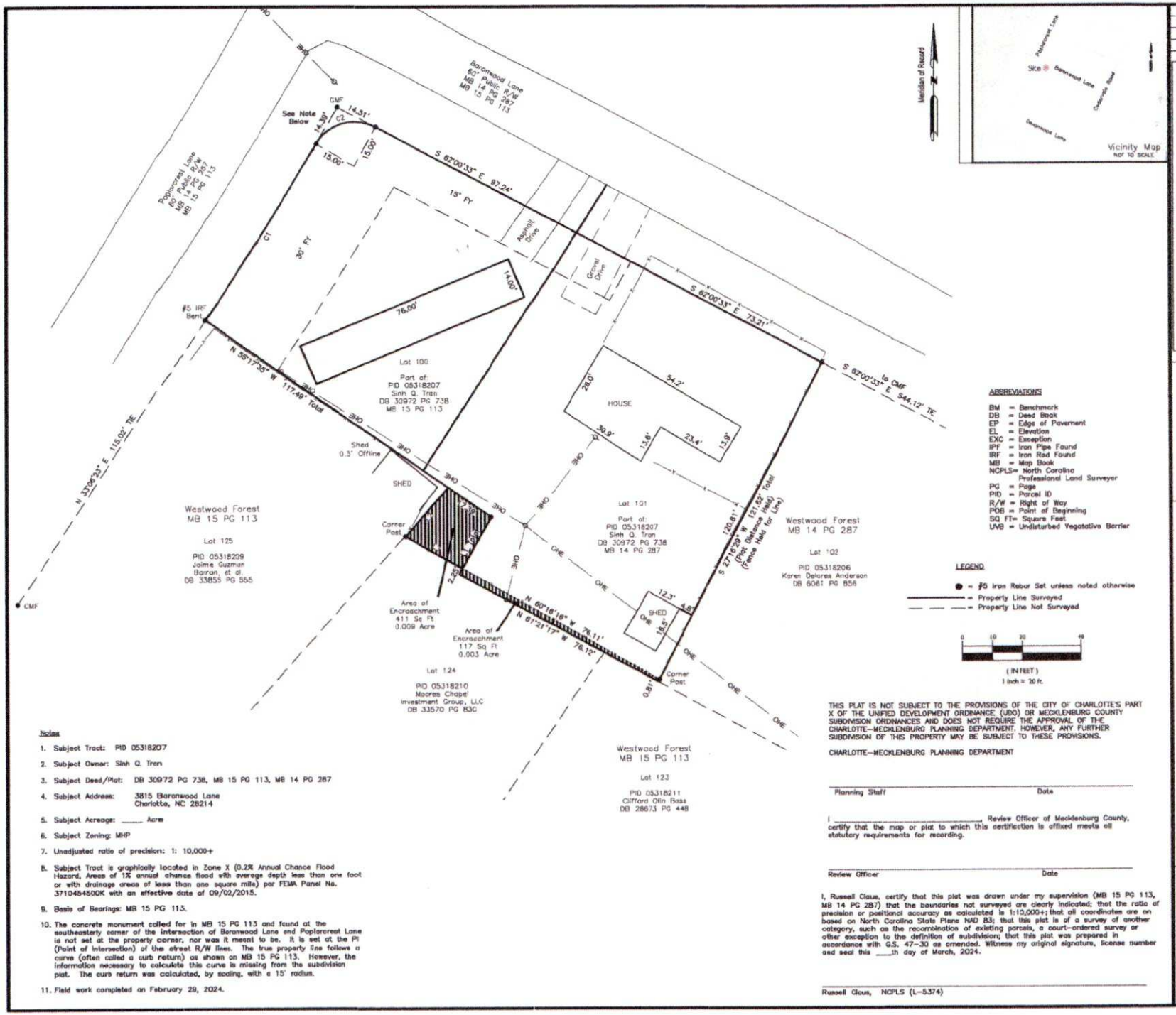


Property Owner's or Owner's Legal Representative Signature

5-6-2024
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17



ABBREVIATIONS

BM = Benchmark
DB = Deed Book
EP = Edge of Pavement
EL = Elevation
EXC = Exception
IPF = Iron Pipe Found
IRF = Iron Rod Found
MB = Map Book
NCPLS= North Carolina Professional Land Surveyor
PG = Page
PID = Parcel ID
R/W = Right of Way
POB = Point of Beginning
SQ FT= Square Feet
UVB = Undisturbed Vegatative Barrier

LEGEND

● = #5 Iron Rebar Set unless noted otherwise
——— = Property Line Surveyed
— — — = Property Line Not Surveyed

0 10 20 40
(IN FEET)
1 inch = 20 ft.

Notes

1. Subject Tract: PID 05318207
2. Subject Owner: Sinh Q. Tran
3. Subject Deed/Plat: DB 30972 PG 738, MB 15 PG 113, MB 14 PG 287
4. Subject Address: 3815 Baronwood Lane Charlotte, NC 28214
5. Subject Acreage: _____ Acre
6. Subject Zoning: MHP
7. Unadjusted ratio of precision: 1: 10,000+
8. Subject Tract is graphically located in Zone X (0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile) per FEMA Panel No. 3710454500K with an effective date of 09/02/2015.
9. Basis of Bearings: MB 15 PG 113.
10. The concrete monument called for in MB 15 PG 113 and found at the southeasterly corner of the intersection of Baronwood Lane and Poplarcrest Lane is not set at the property corner, nor was it meant to be. It is set at the PI (Point of Intersection) of the street R/W lines. The true property line follows a curve (often called a curb return) as shown on MB 15 PG 113. However, the information necessary to calculate this curve is missing from the subdivision plat. The curb return was calculated, by scaling, with a 15' radius.
11. Field work completed on February 29, 2024.

THIS PLAT IS NOT SUBJECT TO THE PROVISIONS OF THE CITY OF CHARLOTTE'S PART X OF THE UNIFIED DEVELOPMENT ORDINANCE (UDO) OR MECKLENBURG COUNTY SUBDIVISION ORDINANCES AND DOES NOT REQUIRE THE APPROVAL OF THE CHARLOTTE–MECKLENBURG PLANNING DEPARTMENT. HOWEVER, ANY FURTHER SUBDIVISION OF THIS PROPERTY MAY BE SUBJECT TO THESE PROVISIONS.

CHARLOTTE–MECKLENBURG PLANNING DEPARTMENT

_____ Planning Staff _____ Date

I _____, Review Officer of Mecklenburg County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

_____ Review Officer _____ Date

I, Russell Claus, certify that this plat was drawn under my supervision (MB 15 PG 113, MB 14 PG 287) that the boundaries not surveyed are clearly indicated; that the ratio of precision or positional accuracy as calculated is 1:10,000+; that all coordinates are on based on North Carolina State Plane NAD 83; that this plat is of a survey of another category, such as the recombination of existing parcels, a court-ordered survey or other exception to the definition of subdivision; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, license number and seal this ____th day of March, 2024.

_____ Russell Claus, NCPLS (L-5374)

24-047
SCALE: 1" = 20'
DRAWN BY: RWC
03/08/2024

Cardinal CIVIL RESOURCES
1861 Associates Lane-Suite C
Charlotte, NC 28217
Phone: 704.568.6991

NORTH CAROLINA ENGINEERING & SURVEYING CORPORATION No. P-1718 CARDINAL CIVIL RESOURCES

3815 Baronwood Lane Recombination Plat

Manufactured Home Park Subdivision Plat For

Client: Sinh Q. Tran

PID: 05318207
3815 Baronwood Lane
Charlotte, NC 28214
Mecklenburg County

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR No. L-5374 RUSSELL CLAUS

Mecklenburg County

Environmental Health

Groundwater & Wastewater Services

How to Prepare Your Property for an Improvement Permit:

The following items must be done before a Mecklenburg County Health Department representative can visit your site:

- Identity and mark all property corners
    - **Note: For tracts larger than 2 acres contact this department for specific instructions relating to identifying property lines.**
- All property lines should be marked every 50 feet.
- You are responsible for marking all structures to be built on site.
- Clearing excessive underbrush (i.e., thick briars, pine thickets, broom sage bushes, kudzu, honeysuckle, weeds, etc.) is required to allow thorough inspection for soil and wastewater system layout.
    - **Note: Absolutely no grading, filling, or cutting shall occur on site prior to evaluation for permit issuance.**
- When lot is clearly marked as above instructions require, give our office a call at 980-314-1680. We will then connect you with the inspector who will complete the soil test.

Note: Failure to follow these instructions properly can result in a 2-week delay in processing your application. If the lot is improperly marked and results in an additional trip a $100 extra trip fee may apply.

By signing below, I acknowledge that I have fully read and understand this document.

Property Owner's or Owner's Legal Representative Signature

5-06-2024
Date

3205 Freedom Dr. Suite 8000 J, Charlotte NC • 28208 • (980) 314-1680 • Fax (704) 336-6894

Last Modified: 8/7/23

MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that J. IZZI'S MOBILE HOME MOVERS LLP/ DAWN TIMSON is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

BARNWOOD CHARLOTTE .
Number Street Town
(Or Parcel Number)

SINH TRAN
Property Owner (print name)

Property Owner (signature)

11-8-2023
Date

Department of Health and Human Services
Environmental Health Section
On-site Water Protection Branch

Property ID: 5318207
Lot #: 100 & 101, Westwood Forest
File #: 757
AppID: 14632

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Sinh Tran
Applicant: Agent - Dawn Timson
Address: 3815 Baronwood Ln.
Date Evaluated: 5/13/2024
Proposed Facility: 3 BR SFR
Design Flow (.0400): 360 GPD
Property Size: 0.45 ac.Total,*0.24 ac. Lot 100*
Location of Site: See file
Property Recorded: After Jan. 1, 1983
Water Supply: [X] Public [ ] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments / Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction (*Max Trench Depth Low Side*)
1	L 6 - 8%	0 - 18	Fill material soil		M	Chroma 2 mottles in fill @ 8"+ Chroma 2 depletions @ 35 - 48" increasing w/ depth	>48"	N/A	N/A	F: Sap. inclus. 30"+	US	---
		18 - 30	Wk, Sbk, C	Fr, SS, SP, SEXP	R							
		30 - 48	Wk, Sbk, C	Fr, SS, SP	R							
2	L 6 - 8%	0 - 16	Fill material soil		M	Chroma 2 mottles throughout fill Chroma 2 depletions @ 19 - 28"	35"?	US Need Pits	35"?	SCL-Sap. may have mixed clay mineralogy Pits would be required due to Sap. & auger refusal.	US	---
		16 - 28	Wk, Sbk, C	Fr, SS, SP, SEXP	R							
		28 - 35	M, SCL-Sap.	Fi, S, P	R							
		35	Auger Refusal -	Floater Rock?								
3												
4												
5												

Description	Initial System	Repair System
Available Space (.0508)	---	---
System Type(s)	---	---
Site LTAR	US	
Maximum Trench Depth	US	

uation By: P. Mitchell, REHS, LSS
US
Other(s) Present:
Site Classification (.0509): ---

COMMENTS: Unsuitable soil wetness conditions are present, along with potentially unsuitable saprolite, shallow depth to rock(?), and the presence of fill soil materials. In addition, insufficent space due to existing asphalt driveway and Lot 100 only being approx. 0.24 acres.

Soil & Site Evaluation Map



Map Created by: P. Mitchell
Date: 5/13/2024

PROPERTY INFO
Address: 3815 Baronwood Ln.
PID No.: 05318207

1 in = 40 ft

Mecklenburg County
Groundwater & Wastewater Services

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

IMPROVEMENT PERMIT DENIAL

May 30, 2024

Sihn Tran
3815 Baronwood RD
Charlotte, NC 28214

Re: Application for improvement Permit for property located at 3815 Baronwood LN, 053-182-07,

Health Department file # 757

To Whom It May Concern:

The Mecklenburg County Health Department, Environmental Health Division, on 05/13/24 evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your Improvement Permit application. According to your application the site is to serve a 3 bedroom residence with a design wastewater flow of 360 gallons per day. The evaluation was done in accordance with the laws and rules governing on-site wastewater systems in General Statutes 130A-333 to 345 and 15A NCAC 18E.

Based on the criteria set out in 15A NCAC 18E .0501 through .0602, the evaluation indicated that the site is **UNSUITABLE** for an on-site wastewater system. Therefore, we must deny your request for an Improvement Permit. A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .0502)
- ☒ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .0503)
- ☐ Unsuitable soil wetness condition (Rule .0504)
- ☐ Unsuitable soil depth (Rule .0505)
- ☐ Unsuitable saprolite (Rule .0506)
- ☐ Presence of restrictive horizon (Rule .0507)
- ☒ Insufficient space for septic system and repair area (Rule .0508)
- ☐ Unsuitable for meeting required setbacks (Rule .0601 or .0602)
- ☐ Other (*Cite applicable rule*):_____

_____

_____

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water, or inside your structure.

The site evaluation included consideration of possible site modifications, as well as use of all possible systems approved under 15A NCAC 18E. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil such as off-site to additional property.

For the reasons set out above, the property is currently classified UNSUITABLE, and no Improvement Permit shall be issued for this site in accordance with Rule .0509(a) and (d).

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

A site classified as UNSUITABLE may be classified as SUITABLE if written documentation is provided that meets the requirements of Rule .0509(b) or (c). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as SUITABLE.

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the Department of Health and Human Services' Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 1711 New Hope Church Rd, Raleigh, NC 27609. To get a copy of a petition form, you may write the Office of Administrative Hearings, call the office at 984-236-1850, or download it from the OAH web site at http://www.oah.nc.gov. The petition for a contested case hearing must be filed in accordance with the provision of General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. General Statute 130A-335(g) provides that your hearing will be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 05/30/24. Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, **you are required** by General Statute 150B-23 to serve a copy of your petition on the Registered Agent for the Department of Health and Human Services: Julie Cronin, Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in General Statute 150B-23 that you send a copy to the Office of General Counsel, Department of Health and Human Services.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

April Bumgarner

April Bumgarner, REHS
Sr. Environmental Health Specialist
Groundwater & Wastewater Services | Public Health
Mecklenburg County Government
704-512-9831 | MeckNC.Gov

Enclosures: *(Enclose copy of Rule .0503 & .0508)*

15A NCAC 18E .0502 TOPOGRAPHY AND LANDSCAPE POSITION

(a) Uniform stable slopes less than or equal to 65 percent shall be suitable with respect to topography.

(b) The following shall be unsuitable with respect to topography:

(1) slopes greater than 65 percent; and

(2) areas subject to surface water convergence. The site shall be considered suitable when the surface water can be diverted from the site with berms or other surface water diversion devices;

(c) The following shall be unsuitable with respect to landscape position:

(1) depressions, except when with site modifications in accordance with Rule .0910 of this Subchapter, the site complies with the requirements of this Section;

(2) a jurisdictional wetland as determined by the U.S. Army Corps of Engineers or DEQ, unless the proposed use is approved in writing by the U.S. Army Corps of Engineers or DEQ; and

(3) complex slope patterns, such as areas affected by erosion which have rills or evidence of drainage, and slopes dissected by gullies that prohibit the design, installation, maintenance, monitoring, or repair of the wastewater system.

(d) For all sites, except where a drip dispersal system is proposed, additional required soil depth based on slope correction shall be calculated using the following formula to determine site suitability for soil depth in accordance with Rule .0505 of this Section:

SD = MSD + (TW x S)

Where SD = soil depth required with slope correction, in inches
MSD = minimum soil depth, in inches
TW = proposed trench width, in inches
S = percent slope, in decimal form

History Note: *Authority G.S. 130A-335(e).*

15A NCAC 18E .0503 SOIL MORPHOLOGY

The soil morphology shall be evaluated in accordance with the following:

(1) Texture – The texture of each soil horizon in a profile shall be classified into 12 soil textural classes based upon the relative proportions of sand, silt, and clay sized mineral particles. The soil textural class shall be determined in the field by hand texturing samples of each soil horizon in the soil profile in accordance with the criteria in Guide to Soil Texture by Feel, Journal of Agronomic Education, USDA, NRCS. Table IV identifies the Soil Groups that shall be suitable with respect to texture.

Table IV. Soil Groups that are suitable with respect to texture

Soil Group	USDA Soil Textural Class	
I	Sands	Sand
		Loamy Sand
II	Coarse Loams	Sandy Loam
		Loam
III	Fine Loams	Silt
		Silt Loam
		Sandy Clay Loam
		Clay Loam
		Silty Clay Loam
IV	Clays	Sandy Clay
		Silty Clay
		Clay

Laboratory testing of the soil textural class may be substituted for field testing when the laboratory testing is conducted in accordance with ASTM D6913 and D7928. When laboratory testing of soil texture is proposed, the LHD shall be notified a minimum of 48 hours before samples are to be taken by the licensed professional, if required by G.S. 89C, 89E, or 89F. The authorized agent and the licensed professional shall be present when the samples are collected. Samples shall be representative of the soil horizon being evaluated for texture. Split samples shall be made available to the LHD when requested. The licensed professional shall document chain of custody and seal, sign, and date the first page of the report.

(2) Structure – Soil structure shall be determined in the field for each soil horizon in the soil profile and shall be classified and suitability determined in accordance with Table V. If an authorized agent determines that the soil structure cannot be determined from auger borings, pits shall be required.

Table V. Soil structure and associated suitability classification

Structure	Diameter	Classification
Granular	N/A	suitable

DRAFT

Blocky	≤ 1 inch or 2.5 cm	suitable
	> 1 inch or 2.5 cm	unsuitable
Platy	N/A	unsuitable
Prismatic	≤ 2 inches or 5 cm	suitable
	> 2 inches or 5 cm	unsuitable
Absence of structure: Single Grain	N/A	suitable
Absence of Structure: Massive - no structural peds	N/A	unsuitable

(3) Clay Mineralogy – Clay mineralogy shall be determined in the field by evaluation of moist and wet soil consistence in accordance with the USDA-NRCS Field Book for Describing and Sampling Soils. The clay mineralogy shall be classified and suitability determined in accordance with Table VI.

Table VI. Clay mineralogy field method results, associated mineralogy, and suitability classification

Soil Consistence	Mineralogy	Classification
Moist		
Loose, very friable	Slightly expansive	suitable
Friable, firm	Slightly expansive	suitable
Very firm or extremely firm	Expansive	unsuitable*
Wet		
Nonsticky, slightly sticky Nonplastic, slightly plastic	Slightly expansive	suitable
Moderately sticky Moderately plastic	Slightly expansive	suitable
Very sticky or very plastic	Expansive	unsuitable*

*If either the moist consistence or wet consistence is unsuitable then clay mineralogy is classified unsuitable.

(a) Laboratory testing of ACEC may be substituted for field testing to determine clay mineralogy. The laboratory testing shall be conducted in accordance with USDA-NRCS Soil Survey Laboratory Information Manual, Soil Survey Investigations Report No. 45, and Kellogg Soil Survey Laboratory Methods Manual, Soil Survey Investigation Report No. 42, page 229, or EPA Method 9080. Table VII shall be used to determine the clay mineralogy suitability when laboratory testing is used. When using laboratory testing to determine clay mineralogy, the clay content of the soil shall be greater than 35 percent and the organic matter component shall be less than 0.5 percent.

Table VII. Clay mineralogy laboratory method results, mineralogy, and associated suitability classification

ACEC in cmol/kg	Mineralogy	Classification
≤ 16.3	Slightly expansive	suitable
> 16.3	Expansive	unsuitable

(b) When laboratory testing of clay mineralogy is proposed, the LHD shall be notified a minimum of 48 hours before samples are to be taken by the licensed professional, if required by G.S. 89C, 89E, or 89F. The authorized agent and the licensed professional shall be present when the samples are collected. Samples shall be representative of the soil horizon being evaluated for clay mineralogy. Split samples shall be made available to the LHD when requested. The licensed professional shall document chain of custody and seal, sign, and date the first page of the report.

(4) Organic Soils - Organic soils shall be considered unsuitable.

History Note: *Authority G.S. 130A-335(e).*

15A NCAC 18E .0504 SOIL WETNESS CONDITION[12]

(a) SWC, such as those caused by a seasonal high-water table, a perched water table, tidal water, seasonally saturated soil, or by lateral water movement, shall be determined by field observations of soil wetness indicators as follows:

(1) the presence of colors with ~~a value 4 or more and~~ a chroma 2 or less using the Munsell Soil Color Book at greater than or equal to two percent of soil volume as redox depletions or as the matrix of a horizon. Colors of chroma 2 or less that are lithochromic features shall not be considered indicative of a SWC; or

[12] Changed by S.L. 2023-77, Section 11

(G) laboratory determinations may be used to supplement field determinations. Split samples shall be made available to the LHD.

History Note: *Authority G.S. 130A-335(e); S.L. 2015-147, ~~s.3.~~ s.3; S.L. 2023-77, s.12.*

15A NCAC 18E .0507 RESTRICTIVE HORIZONS

(a) Soils in which restrictive horizons are three inches or more in thickness and at depths greater than or equal to 18 inches below the naturally occurring soil surface shall be suitable.

(b) Soils in which restrictive horizons are three inches or more in thickness and at depths less than 18 inches below the naturally occurring soil surface shall be unsuitable.

History Note: *Authority G.S. 130A-335(e).*

15A NCAC 18E .0508 AVAILABLE SPACE[14]

(a) Sites shall have available space to allow for the installation of the initial wastewater system and repair area for a system identified or approved in Sections .0900, .1500, or .1700 of this Subchapter. The available space provided shall meet all required setbacks in Sections .0600 or .1200 of the Subchapter and provide access to the wastewater system for operation and maintenance activities. A site with sufficient available space shall be suitable.

(b) If the site does not have available space for both an initial wastewater system and repair area it shall be unsuitable.

(c) The repair area requirement of Paragraph (a) of this Rule shall not apply to a lot or tract of land which meets the following:

(1) described in a recorded deed or a recorded plat on January 1, 1983;

(2) insufficient size to satisfy the repair area requirement of Paragraph (a) of this Rule, as determined by the authorized agent;

(3) DDF is no more than 480 gallons for a single-family dwelling unit or a single facility; and

(4) the proposed facility will generate DSE.

(d) Although a lot or tract of land may be exempt from the repair area requirement under Paragraph (c) of this Rule, the authorized agent shall determine if there is any available space for the repair area. The authorized agent shall determine the maximum feasible repair area available, and that repair area shall be specified on the IP, CA, and OP.

(e) If a site meets any of the following criteria, a repair area shall be required, even if the site is exempt from the repair area requirement of Paragraph (c) of this Rule:

(1) proposed increase in flow or wastewater strength to an existing facility permitted under the exemption of Paragraph (c) of this Rule; or

(2) any new initial wastewater system is proposed on a lot or tract of land on which the exemption in Paragraph (c) of this Rule was previously utilized.

(f) Notwithstanding the criteria for when a repair area is required in accordance with Paragraph (e) of this Rule, a site shall remain exempt from the repair area requirements of Paragraph (a) of this Rule when all of the following conditions are met:

(1) an owner submits an application to the LHD for an increase in flow to an existing facility permitted in accordance with Paragraph (c) of this Rule and the facility DDF remains less than or equal to 480 gpd of DSE;

(2) there is sufficient available space for the existing system to be modified pursuant to the Rules of this Subchapter;

(3) the site for the existing system complies with the Rules of this Subchapter and the existing system is not malfunctioning in accordance with Rule .1303(a)(2) of this Subchapter; and

(4) the conditions set forth in Paragraph (d) of this Rule are met.

(g) Prior to the issuance of the IP, the proposed dispersal field shall be field located and staked on-contour, as applicable, to verify that initial and repair wastewater systems can be installed in the area delineated. The dispersal field may be installed level but off contour if an authorized agent has determined that there is sufficient vertical separation to a LC along the entire trench length in accordance with Rule .0901(g)(2) of this Subchapter.

(h) The initial and repair area shall not be altered so that the wastewater system specified on the IP, CA, and OP cannot be installed and function as permitted.

(i) A wastewater system certified in accordance with NSF/ANSI Standard 350 or that has data from a two-year field demonstration documenting that the wastewater system meets NSF/ANSI Standard 350 or better may eliminate the requirement for a repair area when installed in Group I soils. A wastewater system that does not have a repair area in accordance with this Paragraph shall only be used to treat DSE, shall meet a TN effluent standard of 20 mg/L, and shall be classified as a Type VI(b) pursuant to Table XXXII of Rule .1301(b) of this Subchapter.

History Note: *Authority G.S. 130A-335(e) and (f); S.L. 2015-147, ~~s.1.~~ s.1; S.L. 2023-77, s.13.*

15A NCAC 18E .0509 SITE SUITABILITY AND CLASSIFICATION

[14] Changed by S.L. 2023-77, Section 13

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/06/24	**Amount:**	250.00
Receipt #:	148825	**Tendered:**	250.00
Check / Auth #:	MC 01521Z	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #:	200000
Contractor:	JOSEPH IZZI
Attn:	SIHN TRAN
Address:	1308 CHATFIELD RD
Address:	
City/State/Zip:	SHELBY, NC 28150

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 3815 BARONWOOD LN	1	250.00	250.00

Permit#

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
550.00	3,667.50	897.50		555.00	

2580/ Richard Rice

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: 757
TC: _____
SERIAL: № 18576 ☐ I ☐ CRT

JOB LOCATION

① ADDRESS: [illegible] Carmichael Dr (STREET NO / STREET) ② FILE: 757
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 153/530?
⑤ SUBDIVISION: Eastland Forest ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: [illegible] (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: [illegible]
⑩ CITY: [illegible] ⑪ STATE: [illegible] ⑫ ZIP: [illegible]
⑬ PHONE: (WORK) [illegible] ⑭ (HOME) [illegible]

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? 2
㉕ Type? _____
㉓ Maximum occupancy? 2
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 MECKLENBURG COUNTY HEALTH DEPARTMENT to enter the property for the purpose of processing this request.

Signed [illegible]

Date _____

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.

Tim Whitaker, 9/14/89
Environmentalist Date

Director or Authorized Section Head, 9-14-89
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
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-12-89

Name/Company: Karen E. Anderson

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Waste Flow Exit
5515 Richmond Ave

MEC COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 12 1989

Cash
#25.00

Fee: $ 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

BILLING – WHITE

W

Date Received 12-7-70

APT No. 757

T. C. No. 053-182-07
5-9 79

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

NAME OF OWNER Westside Development Company, Inc.

ADDRESS OF OWNER (LAST) 1740 E. Independence (FIRST) Blvd., Charlotte, N.C. (MIDDLE) ZIP 28205

PHONE NO Home _____ Office 333-5492

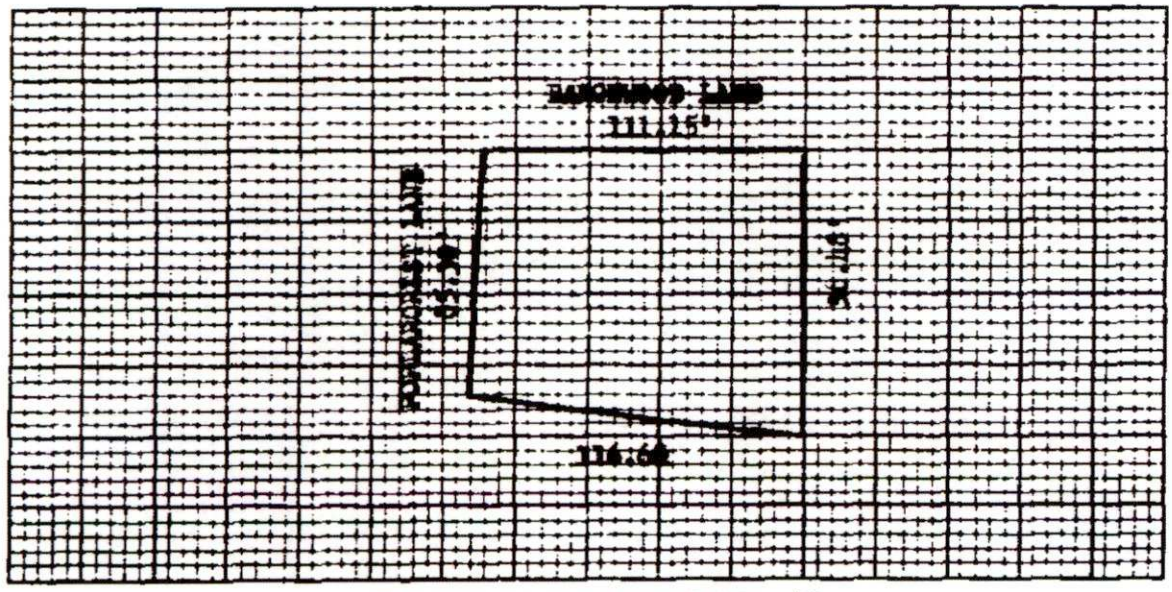
LOCATION OF PROPERTY Corner Poplercrest Lane and Baronwood Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Westwood Forest LOT NO. 100 BLOCK NO. -

MAP BOOK NO 15 PAGE NO 113 & 114

DEED REFERENCE: DEED BOOK 2953 PAGE NO 182

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



ACCURATELY DIAGRAM & DIMENSION LOT

Westside Development Company, Inc.

OWNER Julian Sugg

Ass't. Secretary

FORM NO. E-1-7-1-70

HEALTH DEPARTMENT'S COPY