# Groundwater & Wastewater Services: Septic Project File & D

Edit Response | Delete Response | Manage Permissions | Workflows | Alert Me

| | |
|---|---|
| GWS File #: | 617 |
| WASPS App #: | 9956 |
| Primary ES assigned to project: | Bryan Davenport |
| Secondary ES assigned to project: | Heather Ray |
| Project Type: | Repair |
| Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded? | Yes |
| Site Evaluation Information: .1940(a-g) - Slope % Recorded? | Yes |
| Site Evaluation Information: .1939(a)(2) - Texture Class Recorded? | Yes |
| Site Evaluation Information: .1939(a)(2) - Structure Type Recorded? | Yes |
| Site Evaluation Information: .1939 (a)(2) - Consistence Recorded? | Yes |
| Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded? | Yes |
| Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded? | Yes |
| Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered? | Yes |
| Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered? | Yes |
| Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded? | Yes |
| Site Evaluation Information: .1937(m) - Are the Profile Locations Shown? | Yes |
| Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area? | Yes |
| Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR | Yes |
| Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial | Yes |
| Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair | Yes |
| Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial | Yes |
| Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial | Yes |
| Information Permit/Construction Authorization: .1945(b) - Repair area shown | N/A |
| Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics? | Yes |
| Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions? | Yes |
| Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area? | Yes |
| Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated? | Yes |
| Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct? | Yes |
| Improvement Permit/Construction Authorization: .1937(g) - Trench width correct? | Yes |
| Improvement Permit/Construction Authorization: .19379(g) - Trench length correct? | Yes |
| Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown? | Yes |

| | |
|---|---|
| Improvement Permit/Construction Authori on: 130A-336(a)(1) - Property line lengths show | Yes |
| Improvement Permit/Construction Authori on: 130A-336(a) - Facility/appurtenance setback hown from fixed points? | Yes |
| Corrections/modifications needed? | No |
| Comments: | |
| IA issued date: | 2/28/2019 |
| OP Issued date: | 4/3/2019 |
| Review performed by: | Jeremy Michelone |
| Date performed: | 4/16/2019 |

Created at 4/16/2019 9:17 AM by Michelone, J ay
Last modified at 4/16/2019 9:17 AM by Michel Jeremy

Close

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: 19701303
STREET ADDRESS: 11610 Cresthill Dr
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Clear Creek
LOT #: _____ LOT SIZE (acres): _____
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: 2200
NUMBER OF BEDROOMS: 3
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: _____ 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: Nancy Chandler
ADDRESS: 11610 Cresthill Dr
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: 704-363-7286
FAX: 980-299-5871
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

**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.

_____ (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.

_____ _____

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:

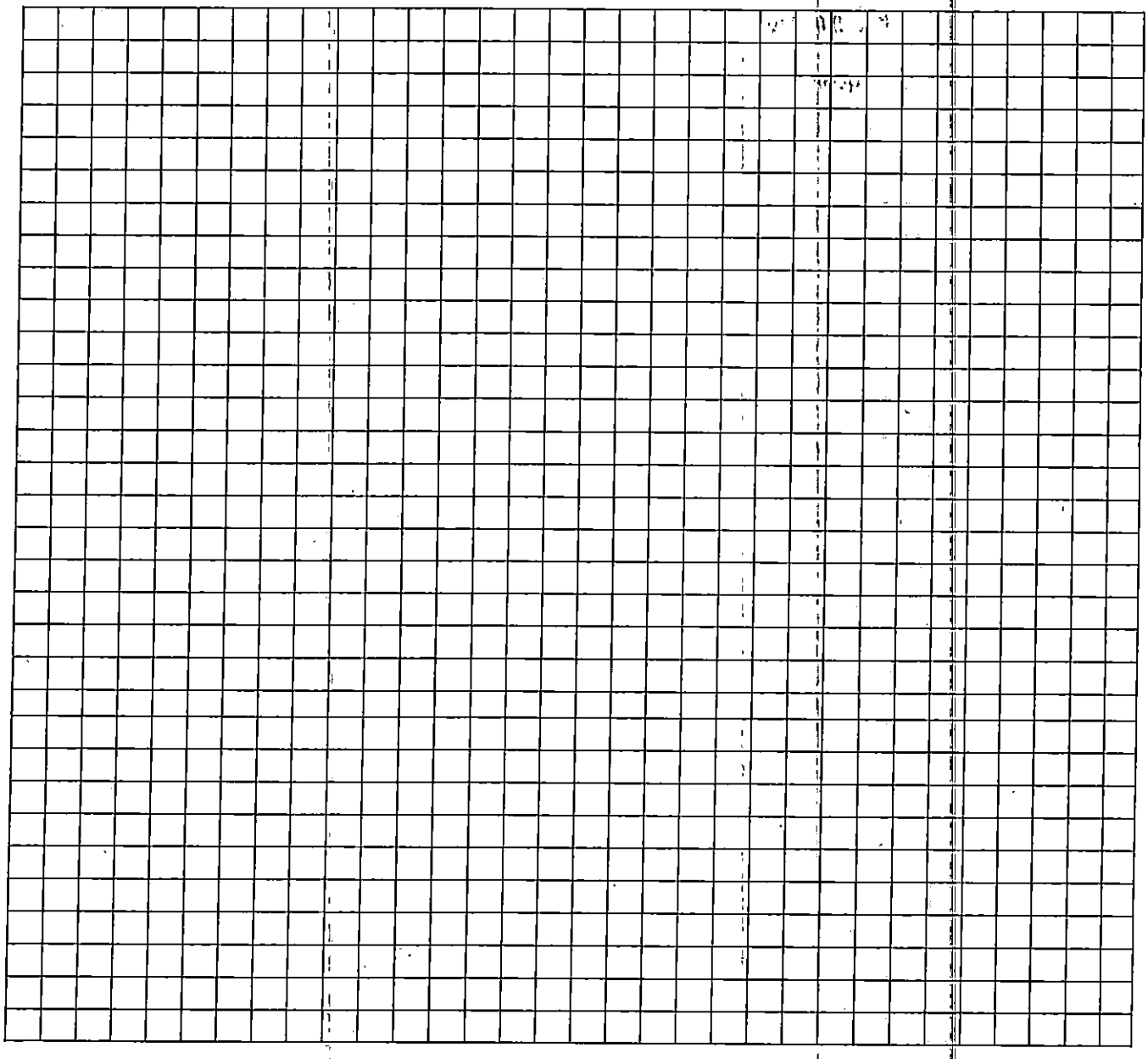
File #: _____

## 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: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

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



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

Revised on: 12/15/10

617
#9956

From: Clyde Barnhardt clydebarnhardt@icloud.com
Subject: Fwd: See if this works application
Date: Oct 15, 2018 at 12:55:15 PM
To: Tammy tbarnhardt3@icloud.com

Sent from my iPhone

Begin forwarded message:

From: "Davenport, Bryan C." <Bryan.Davenport@mecklenburgcountync.gov>
Date: October 15, 2018 at 12:14:19 PM EDT
To: Clyde Barnhardt <clydebarnhardt@icloud.com>
Subject: RE: See if this works application

**MECKLENBURG COUNTY**
**HEALTH DEPARTMENT**

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

1. SEPTIC / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ○ ALTERATION ✓ REPAIR ○ MODIFIED PI

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 19701303
STREET ADDRESS: 11610 CRESTHILL DR.
CITY: MINT HILL
STATE: NC ZIP: 28227
SUBDIVISION NAME: CLEAR CREEK
LOT #: 11 LOT SIZE (acres): .475
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ✓ MINT HILL

4. BUILDING INFORMATION:
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HC
○ DOUBLE WIDE ○ MULTIPLE FA
✓ HOUSE ○ OTHER ___
HEATED SQUARE FOOTAGE: 2200
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH
✓ CRAWL SPACE ○ BASEMENT WITH

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDEI

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-LI*

☐ 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 DO

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

**10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ [1] ✓ UNKNOWN

**11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ [4] ✓ N/A

**12. PROPERTY OWNER:**

NAME: NANCY CHANDLER
ADDRESS: 11610 CRESTHILL DR.
CITY: MINT HILL,
STATE: NC ZIP: 28227
WORK PHONE:
MOBILE PHONE: 704-363-7286
FAX: 980-299-5871
E-MAIL: clydebarnhardt@icloud.com

**13. OWNER'S LEGAL REPRESENTATIVE, IF A**

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

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

image002.png
371 KB

**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 Cor invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand th responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a compli can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: (

60 months, complete plat = non-expiring. NC (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 reac certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of er necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the pro labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The p 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. I application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each applic

Nancy Chandler
Property Owner's or Owner's Legal Representative Signature

10/15/18
Date

---

*OFFICE USE ONLY*

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

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
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

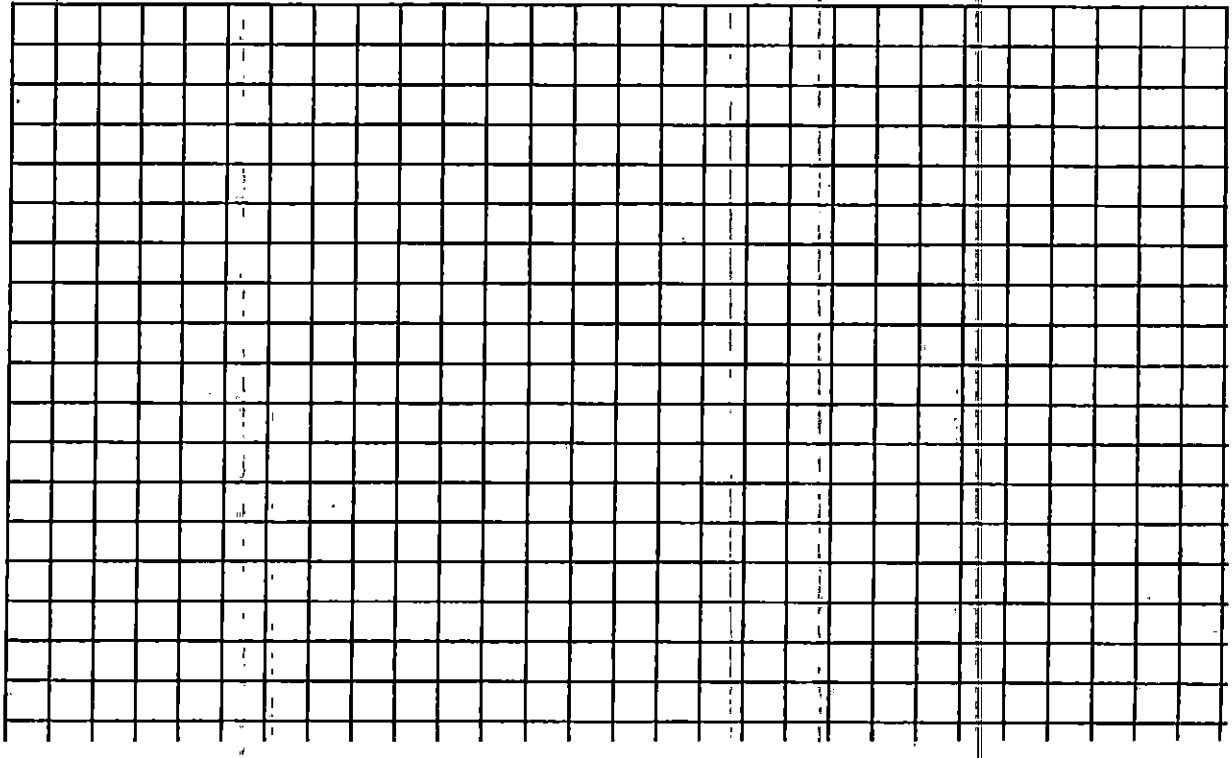
File #: _____

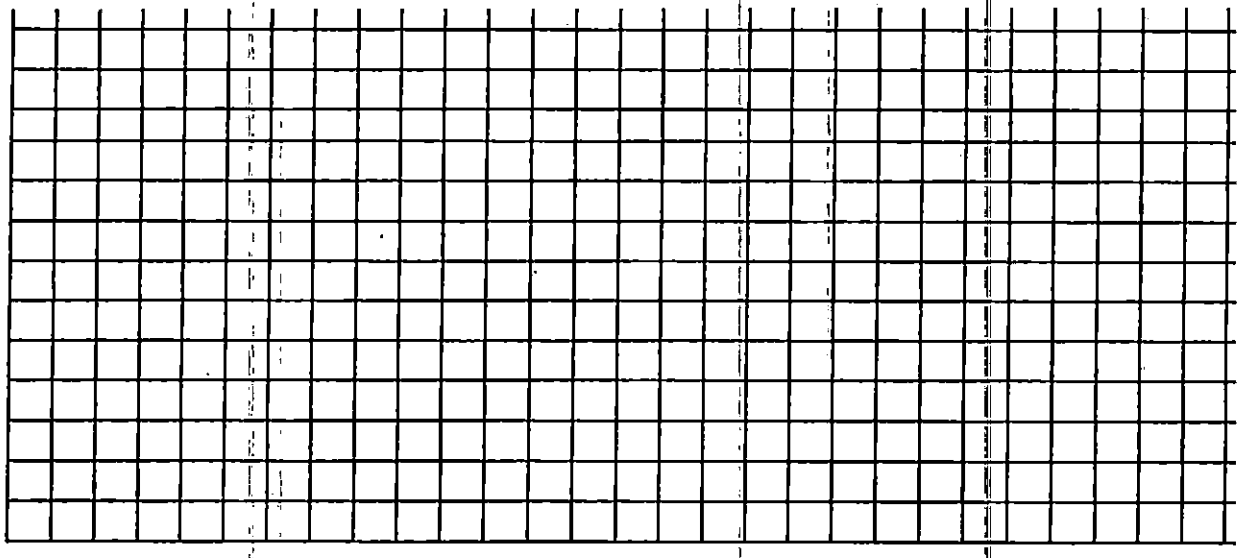
## PROPOSED PLOT PLAN

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

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____





Property Owner's or Owner's Legal Representative Signature

Date

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

Re

**From:** Clyde Barnhardt <clydebarnhardt@icloud.com>
**Sent:** Monday, October 15, 2018 5:55 AM
**To:** Davenport, Bryan C. <Bryan.Davenport@mecklenburgcountync.gov>
**Subject:** [External]Re: Repair application

pdf
application...system.pdf
254 KB

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

Sheet: 1 of 1
Property ID:
Lot #:
File #:
Code:

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

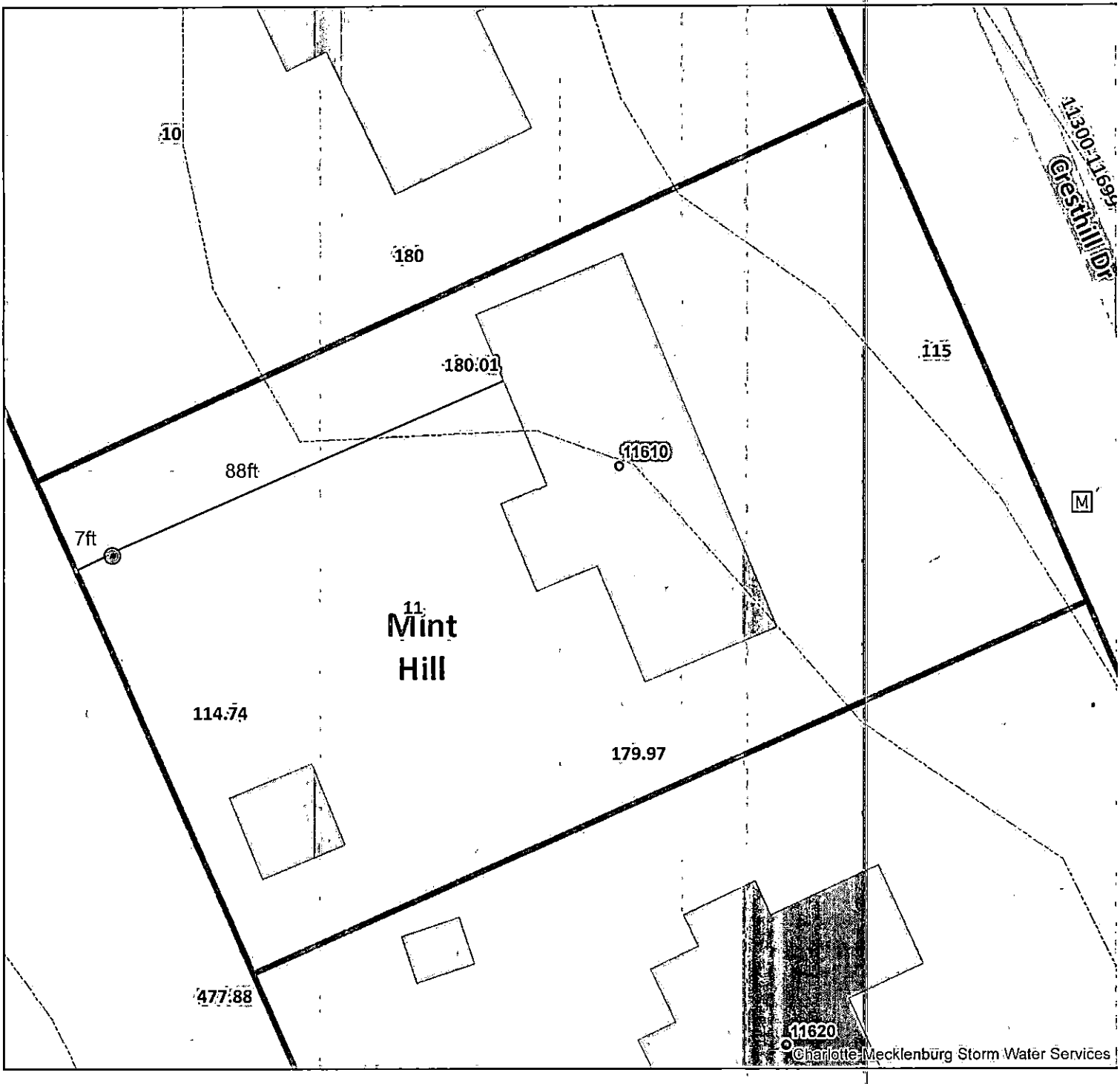
Owner: Nancy Chandler
Address: 11610 Cresthill Dr, Mint Hill
Applicant:
Date Evaluated: 10/17/18
Proposed Facility: SFR
Design Flow (.1949):
Property Size:
Location of Site: Same
Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Augur Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | SOIL MORPHOLOGY .1941 | | | OTHER PROFILE FACTORS | | | | |
|---|---|---|---|---|---|---|---|---|
| | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | .1941 Structure/ Texture | .1941 Consistence Mineralogy | .1942 Soil Wetness/ Color | .1943 Soil Depth | 1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
| | LS 2% | 0-8 | GL, sbk | SS, SP, Fr, SexP | >48 | 48 | Na | Na | .3/36 inches |
| | | 8-36 | C, sbk | SS, SP, Fr, SexP | | | | | |
| | | 36-48 | C, sbk | SS, SP, Fr, SexP | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | Na | PS |
| System Type(s) | Na | IIa |
| Site LTAR | Na | .3 |

Other Factors (.1946):
Site Classification (.1948): PS
Evaluated By: Bryan Davenport
Others Present:

# On-site Wastewater Improvement Permit Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:
PID #:
File #:
Soil Evaluation

Authorized Agent: Bryan Dargat Date: 10/17/18 Soil Location test

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fee

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 617 Permit #: 9956 Tax Parcel #: 97-013-03

Property Owner: Nancy Chandler

Job Location Address: 11610 Cresthill Dr

City: Mint Hill State: NC Zip Code: 28227

**Improvement Permit Issuance Date:** _____ **Construction Authorization Issuance Date** 10/17/18

Permission is hereby given to ☐ install ☐ alter ☑ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 360 GPD existing

Site LTAR: Na GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1000 gallons existing

Liquid Capacity of Dosing Tank: Nc 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: 36 inches

Bed Width: 8 feet

Total line length: 166 feet

# of Lines: 2 @ beds feet

Depth of Media: 12 inches (Type) ~~Tire chips/stone~~ Tire chips

Distribution Device: D-Box

2 beds
8x45x36
6x23x36

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

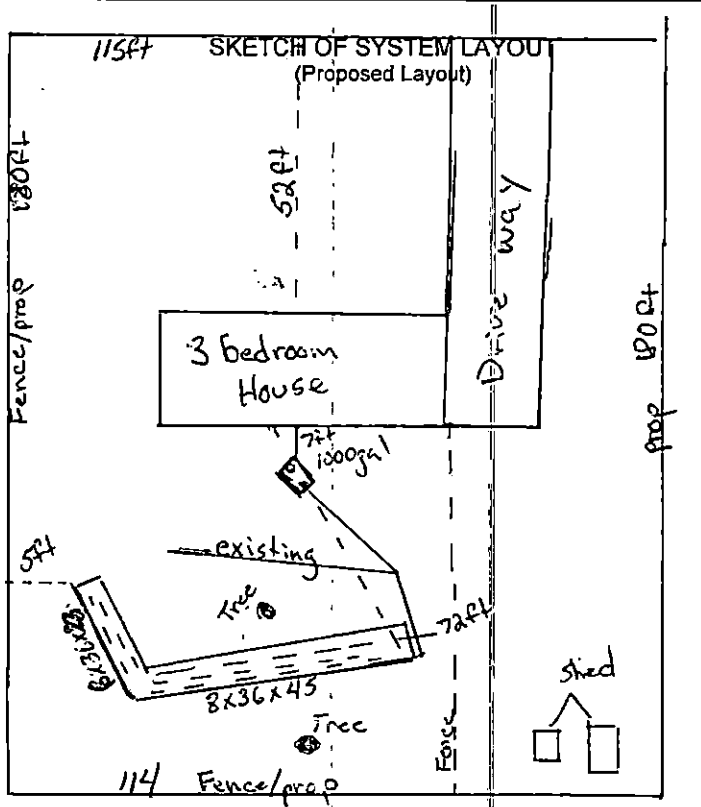
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 7 feet

Distance from Property Line: 5 feet

Distance from Water Supply Source: 90 feet




House built 1974 - 5ft property line

Comments: System Classification & Type: II a / G / Na / Na

2 beds 8x45x36 6x23x36 / Replace septic tank if integrity is damage or crack

Authorized Agent: Bryan Davenport Signature: Bryan Davenport

Owner Signature: Nancy Chandler Date: 10/17/18

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

# Septic System Pre-Construction Meeting Checklist

10325

File # 617 App # ~~9956~~ Tax Parcel # 197-013-03

Property Owner: Nancy Chandler Dr

Job Location Address: 11610 Cresthill Dr

City: ~~28227~~ Mint Hill State: NC Zip Code: 28227

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.**

Bryan Davenport — Authorized Agent

3/28/19 — Date

RCS — Others Present

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 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 #: 617 Permit #: ~~[illegible]~~ 10325 Tax Parcel #: 197-013-03

Property Owner: Nancy Chandler

Job Location Address: 11610 Cresthill

City: Charlotte State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 4-1-19 Contractor Name: RCS

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: Na gallons

Liquid Capacity of Septic Tank: Existing gallons Manufacture Na Effluent Pump Model: Na

Drainfield Installation ☑ 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) _____

Depth of Cover: _____ inches

Distribution Device: _____

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

Bed Depth: 36 inches

Bed Width: 8.5 feet 8'x84' Overflow Bed

Total line length: — feet

# of Lines: — @ — feet

Depth of Media: 12 inches (Type) Stone

Depth of Cover: 12 inches

Distribution Device: Overflow

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 16 feet

Distance from Water Supply Source: 10 feet

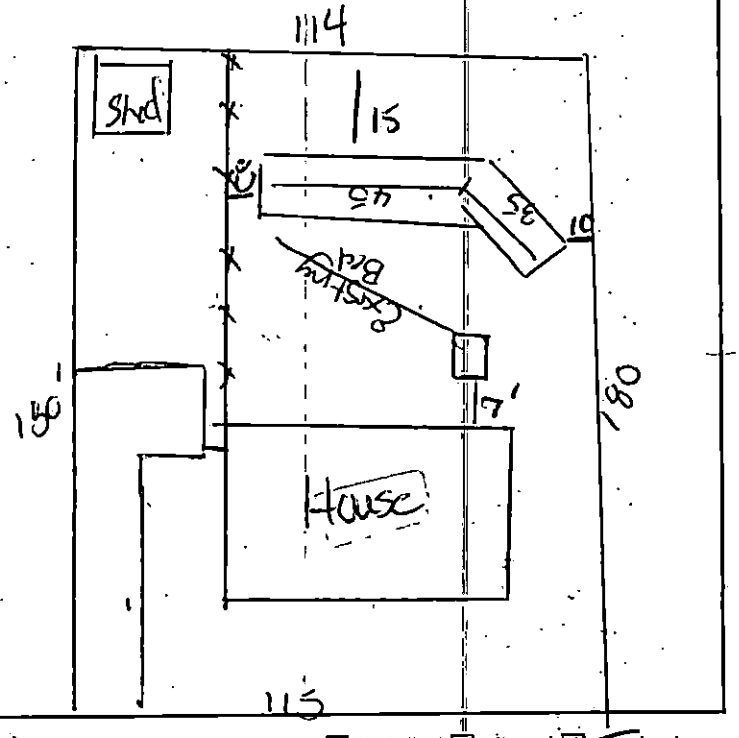
Inspection Dates

Tank(s) Inspected: Existing

Excavation Inspected: 4-1-19

Pump & Controls Inspected: Na

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: III g/Stone/g/Na/NA Overflow bed for failing System

DENR Authorized Agent: Heather Ray Signature: Heather Ray

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 617 Permit #: ~~2956~~ 10325 Tax Parcel #: 197-613-03

Property Owner: Nancy Chandler

Job Location Address: 11610 Cresthill dr

City: Charlotte State: NC Zip Code: 28227

**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: III g

*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: Heather Ray Date: 4-3-19

Signature: Heather Ray

0-8-CLSS, SP, VFr, Sexp

8-36 C, SS, SP, Fr, Sexp rock inclusions @ 36

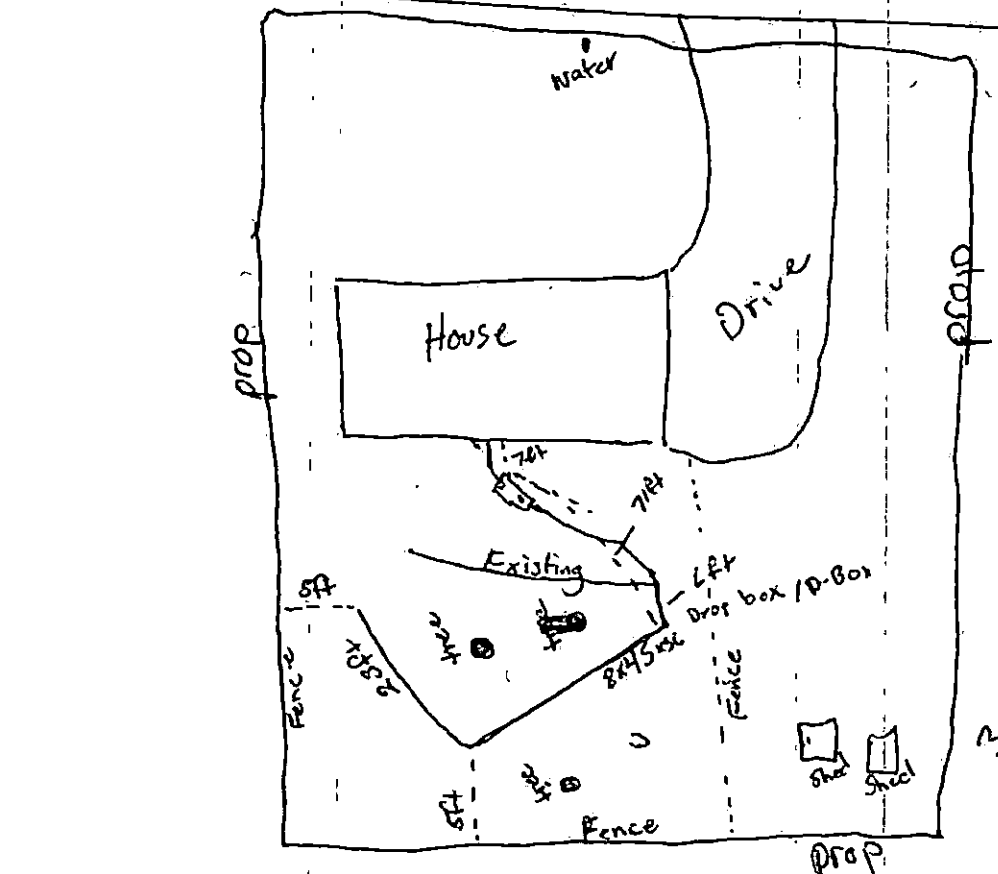
36-48 C, SS, SP, Fr, Sexp

LTAR 1.5

12-24 stone/Tire chips

replace tank if in poor condition

1,200




166 L.F

360 - 138 = 498 SqFt

3 - 2

