App. #: 7944

Septic Fee: 0.00

Date: 12/14/2015

CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES

FILE # 12807

Well Fee:

Date:

CRT[ ]

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

WELL / TYPE APPLICATION: ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: ☐ PO

STREET ADDRESS:

CITY: Charlotte

STATE: NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

TOWNSHIP: MECKLENBURG

General Comments:

BUILDING INFORMATION:

TYPE OF BUILDING:

○ SINGLE MOBILE HOME (S) ○ MODULAR HOME (M)

○ DOUBLE WIDE (D) ○ MULTIPLE FAMILY (U)

◉ HOUSE (H) ○ OTHER

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING

☐ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED:

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ○ Yes ◉ No

TYPE:

WATER SUPPLY:

MUNICIPAL ✓ PRIVATE WELL PUBLIC WELL SHARED WELL OTHER

PROPOSED USE OF WELL:

N/A IRRIGATION ● POTABLE (Drinking Water) OTHER

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

N/A ANY TYPE CONVENTIONAL ACCEPTED INNOVATIVE ALTERNATIVE OTHER

RANK:

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	◉ Yes ○ No	GRADING/SOIL REMOVAL PERFORMED	○ Yes ◉ No
EXISTING WASTEWATER SYSTEMS	◉ Yes ○ No	JURISDICTIONAL WETLANDS	○ Yes ◉ No
WELLS, SPRINGS, OR WATER LINES	◉ Yes ○ No	APPROVAL REQ'RD BY OTHER AGENCY	○ Yes ○ No
EASEMENTS OR RIGHT-OF-	Yes ● No	WASTEWATER OTHER THAN DOM. SEWAGE	Yes No

WAYS CHEMICAL/PETROLEUM STORAGE TANKS	◉ Yes ○ No	KNOWN UNDERGROUND CONTAMINATION	○ Yes ◉ No
WASTE STORAGE	○ Yes ◉ No	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ Yes ◉ No

PROPERTY OWNER:		**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:	NORTH CAROLINA ZIP:	STATE:	ZIP:
HOME PHONE:	WORK:	HOME PHONE:	WORK:
MOBILE:	FAX:	MOBILE:	FAX:
EMAIL:		EMAIL:	

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

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

PRINT Update Go to Front Counter Duplicate

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

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

File #: 12807 Permit #: 7944 Tax Parcel #: 139-231-02

Property Owner: Timothy Urton

Job Location Address: 9512 Ferguson Rd.

City: Charlotte State: NC Zip Code: 28227

Improvement Permit Issuance Date: 12/22/15 **Construction Authorization Issuance Date** 12/22/15

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: 480 GPD Site LTAR: .275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons Liquid Capacity of Dosing Tank: NA 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: 12' feet

Total line length: 45 feet

# of Lines: 2 @ 45 feet Tire Chip

Depth of Media: 24" inches (Type) IIa or Stone

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5' min feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 100+ feet 50'+ To Neighbors

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See Attached Site Plan

Comments: System Classification & Type: IIa (Tire Chip or Stone)

Authorized Agent: Bradley W. Hallman Signature: _____

Owner Signature: _____ Date: _____

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 #: 12807 Permit #: 7944 Tax Parcel #: 139-231-02

Property Owner: Timothy Urton

Job Location Address: 9512 Ferguson Rd

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 3/3/16 Contractor Name: Jimmy Lowery

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: .275 gallons

Liquid Capacity of Septic Tank: Existing gallons Manufacture Existing 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: _____

Inspection Dates

Tank(s) Inspected: 3/3/16 existing

Excavation Inspected: 3/3/16 e

Pump & Controls Inspected: Na

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

Bed Depth: 36 inches

Bed Width: 12 feet

Total line length: 50 feet

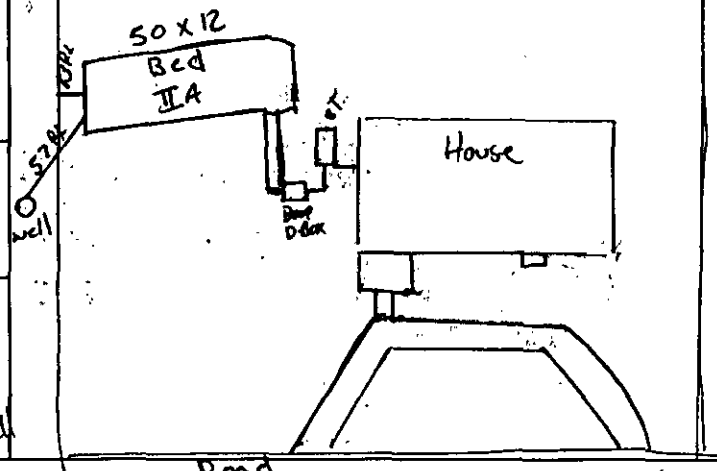
# of Lines: 2 @ 50 feet

Depth of Media: 24 inches (Type) IIA stone

Depth of Cover: 12" inches

Distribution Device: D-Box

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 13 feet

Distance from Water Supply Source: 100± feet 57ft from well

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: IIa / stone 18-24 inches GBD/G/Na/Na

DENR Authorized Agent: Bryan Davenport Signature: Bryan Davenport

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 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 #: 12807 Permit #: 7944 Tax Parcel #: 139-231-02

Property Owner: Timothy Urton

Job Location Address: 9512 Ferguson Rd

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: II A

*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: Bryan Davenport Date: 3/3/16

Signature: Bryan Davenport

Repair

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 12507
COUNTY: Meck

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Timothy Urton
ADDRESS: 9512 Ferguson Rd
PROPOSED FACILITY: House
LOCATION OF SITE: Same
WATER SUPPLY: ▫ Private ▫ Public ▫ Well ▫ Spring ▫ Other
EVALUATION METHOD: ▫ Auger Boring ▫ Pit ▫ Cut

APPLICATION DATE: 12/22/15
DATE EVALUATED: 3/23/16
PROPOSED DESIGN FLOW (.1949):
PROPERTY SIZE:
PROPERTY RECORDED:
TYPE OF WASTEWATER: ▫ Sewage ▫ Industrial Process ▫ Mi

PROFILE NO.	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1945 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-48	C	SS, SP, Fr, Scxp	>48	Na	Na	Na	.3 PS
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	~~PS~~	PS
System Type(s)	~~IIa~~	IIa
Site LTAR	~~.3~~	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Brad Hallman
OTHER(S) PRESENT: Bryan Davenport

SEE INSTRUCTIONS ON BACK

Date Received 9-21-22 ICAR (S) Application No. 12807

T C No 139-231-02

Map Date 4/17/21

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to existing Septic

1) Install or Construct 2) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge

3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home Yes ___ No
Recreational 2 Yes ___ No
4 No. of Bedrooms 3
5 Expected Use - Max No Employees ___
6 Washing Machine ___Yes ___No
7 Garbage Disposal ___Yes ___No
8 Dishwasher ___Yes ___No
9 Water Supply
a Individual Well X
b Governmental System ___
c Community System
1 Well source ___
2 Governmental source ___
10 Sewage System
House located within 200 feet of public sewer ___Yes ___No
House located within 200 feet of community sewer ___Yes ___No
11 FHA Case No ___
12 VA Case No ___

13) NAME OF OWNER Christ Church Baptist Trustees
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 1012 Fenimore Rd

15) PHONE NO Home ___ Office ___

16) LOCATION OF SYSTEM 1012 Fenimore Rd
STREET OR COUNTY ROAD

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? YES NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION ___

OWNER Trustee Building Committee

END-5-76

Health Department's Copy

Serial No. 1194

LA No. 12807

Date Issued September 21, 1977

T C. No. 139-231-02

Map Date 4-19-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Clear Creek Baptist Church
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 9512 Ferguson Road, Charlotte, NC ZIP _____

LOCATION OF LOT 9512 Ferguson Road
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 12807. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed altered and/or repaired in the same area where the soil investigation was run
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

** Add one bath to Parsonage - use existing system.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

LOCATION Brownhill Circle OWNER Godley Const Co WHITE _____ COLORED _____

ADDRESS _____ OCCUPANT _____ WHITE _____ COLORED _____

PRIVY:
Type _____ wood _____ concrete
Number _____
New _____ date _____
Repaired _____ date _____

WATER SUPPLY:
Source municipal
If well, type
_____ (Bored)
_____ (Drilled)
_____ (Dug)

Distance from nearest pollution _____ ft.

SEPTIC TANK:
Material Pre Cast
Dimensions 1000 gal
Volume 1000 gal
Type secondary treatment 300' nitrification line
No. of bedrooms unknown
Permit Number 3577
Approved
Approved by
Contractor or Plumber Steele & Kinchloe H & S Grading
Address Charlotte, N. C
Remarks Perc Rate ∠60

FHA CASE NUMBER _____

VA CASE NUMBER _____

10' X 75' plus 10' X 5' X 2' stone filter trench used

Date 8/3/50
Date _____

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 8 58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.

