Supervisor/Administrative Professional Checklist

Repair

New Septic ☐ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

- Tank Replacement Only

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

- Septic File Complete

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

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

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

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

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

Certified operator contract is on file. ☐ _____

14758

#11194

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: 139-127-05
STREET ADDRESS: 14713 August LN
CITY: Charlotte
STATE: NC **ZIP:** 28227
SUBDIVISION NAME: Arlington Forest
LOT #: 77 **LOT SIZE (acres):** .47

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: 1430
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? 4/24/20 ☐ N/A

12. PROPERTY OWNER:
NAME: VAV Carolinas
ADDRESS: 4005 Edgeview DR
CITY: Indian Trail
STATE: NC ZIP: 28079
WORK PHONE: _____
MOBILE PHONE: 704.421.8645
FAX: _____
E-MAIL: vtilestone@yahoo.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Valeriy Solodyankin - Realtor
ADDRESS: 12917 Helena Cir
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: 704.222.5226
FAX: _____
E-MAIL: valeriysolo@gmail.com

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. VS (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.

Valeriy Solodyankin

Property Owner's or Owner's Legal Representative Signature

04/13/2020
03:36 PM EDT

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

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

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 **Valeriy Solodyankin** is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

14713 August LN Charlotte NC.
Number Street Town
(Or Parcel Number)

Vav Carolinas - Vitali Belii
Property Owner (print name)

VAV CAROLINAS LLC
Property Owner (signature)

04/14/2020
03:22 PM EDT
Date

File #: _____

PROPOSED PLOT PLAN

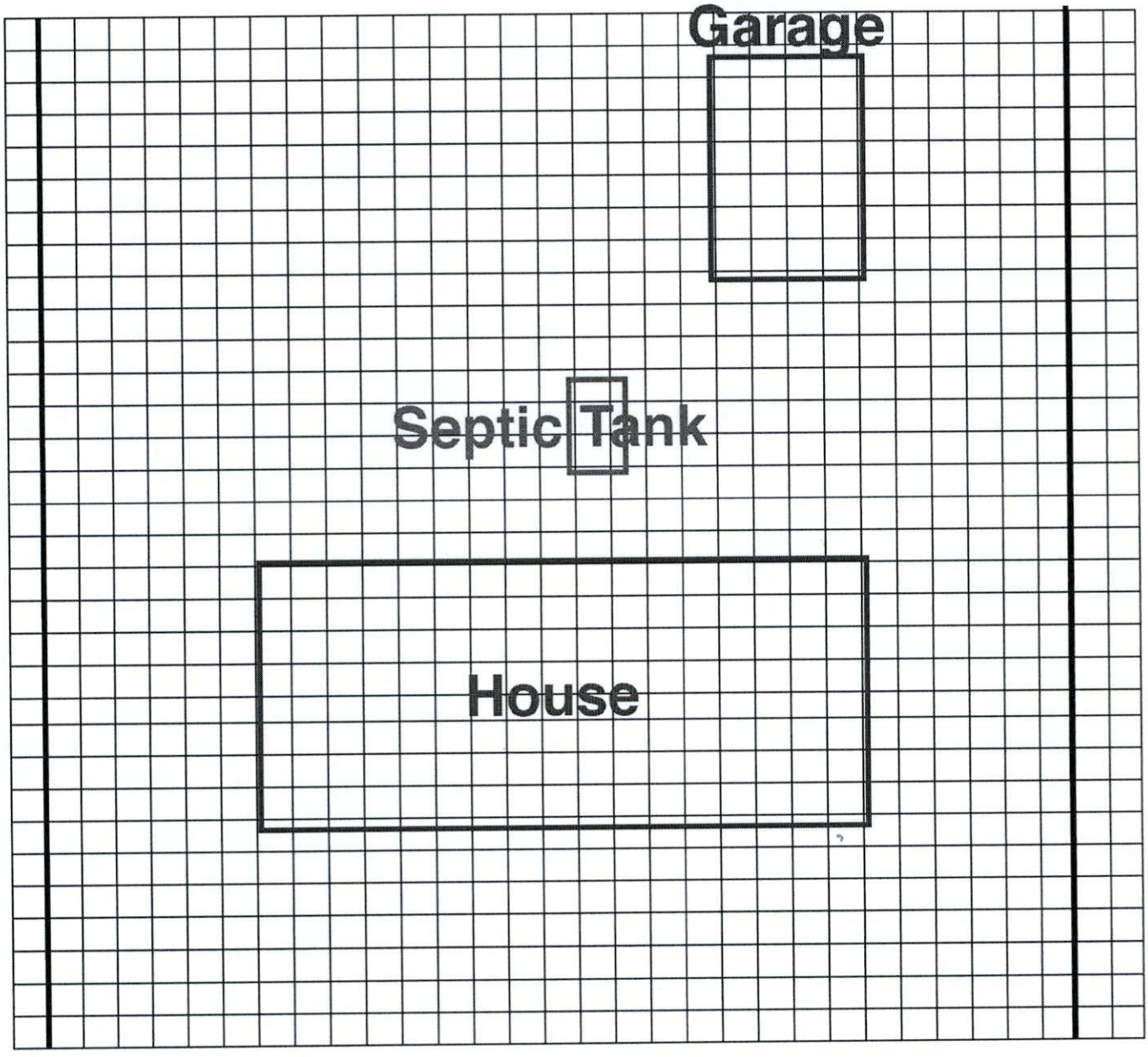
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 14713 August LN

Tax Parcel #: 139-127-05

Subdivision Name: Arlington Forest

Lot #: 77



Valeriy Solodyankin

Property Owner's or Owner's Legal Representative Signature

04/13/2020
03:36 PM EDT

Date

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

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 #: 16758 Permit #: 11194 Tax Parcel #: 139-127-05

Property Owner: VaV Carolinas

Job Location Address: 14713 August Lane

City: Charlotte State: NC Zip Code: 28227

Improvement Permit Issuance Date: _____ **Construction Authorization Issuance Date** 4-21-2020

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

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

Liquid Capacity of Septic Tank: 1000 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: _____

Tank only

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

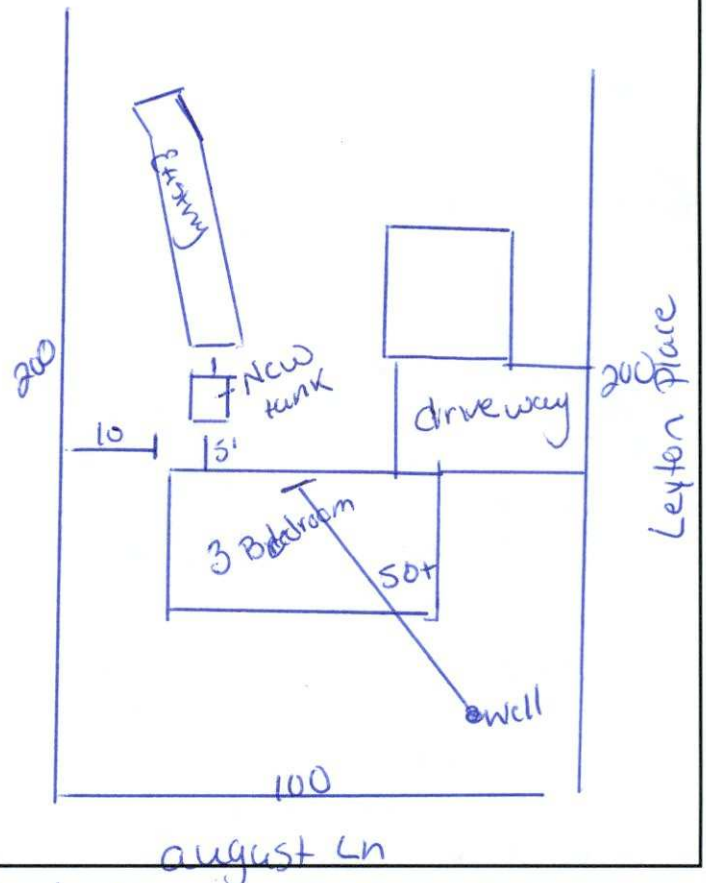
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Pump & Crush old tank. Install New 1000 gallon tank & reconnect to Existing System

Authorized Agent: Heather Ray Signature: Heather Ray

Owner Signature: _____ Date: _____

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 #: 16758 Permit #: 11194 Tax Parcel #: 139-127-05

Property Owner: VaV Carolinas

Job Location Address: 14713 August Ln

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 5/11/20 Contractor Name: Carolina Septic

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

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture NA Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: _____ inches Tank Only

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet * Existing drain field

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

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

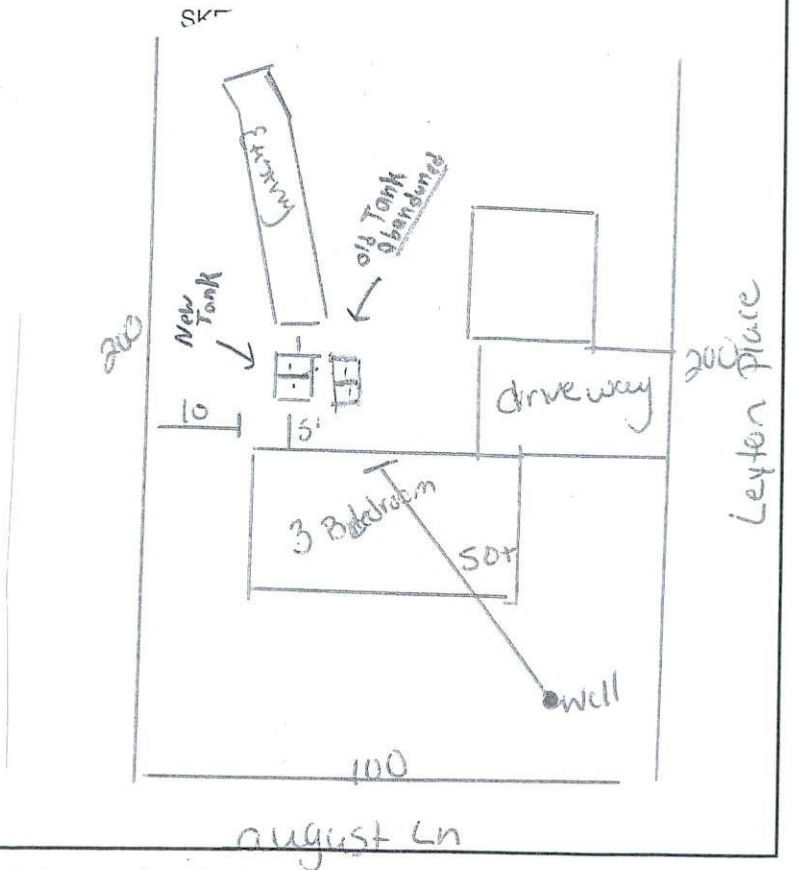
Distance from Water Supply Source: >50 feet

Inspection Dates

Tank(s) Inspected: 5/8/20

Excavation Inspected: NA

Pump & Controls Inspected: NA



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: Tank only Infiltrator 1000 gallon tank

DENR Authorized Agent: Braedon Shelton REHS Signature: Braedon Shelton 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 #: 16758 Permit #: 11194 Tax Parcel #: 139 127 05

Property Owner: VAV Carolinas

Job Location Address: 14713 August Ln

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: Tank ONLY

*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: Infiltrator Tank installed. Connected to existing drain field.

DENR Authorized Agent: Braedon Shelton Date: 5/11/20

Signature: Braedon Shelton 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 #: 16758 Permit #: 11194 Tax Parcel #: 139 127 05

Property Owner: VAV Carolinas

Job Location Address: 14713 August Ln

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.

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System Classification: Tank ONLY

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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: Infiltrator Tank installed. Connected to existing drain field.

DENR Authorized Agent: Braedon Shelton Date: 5/11/20

Signature: Braedon Shelton REHS

SEE INSTRUCTIONS ON BACK

Date Received 5/1/97

ICAR(S) Application No. 14758

T C. No. PO 139-127-05

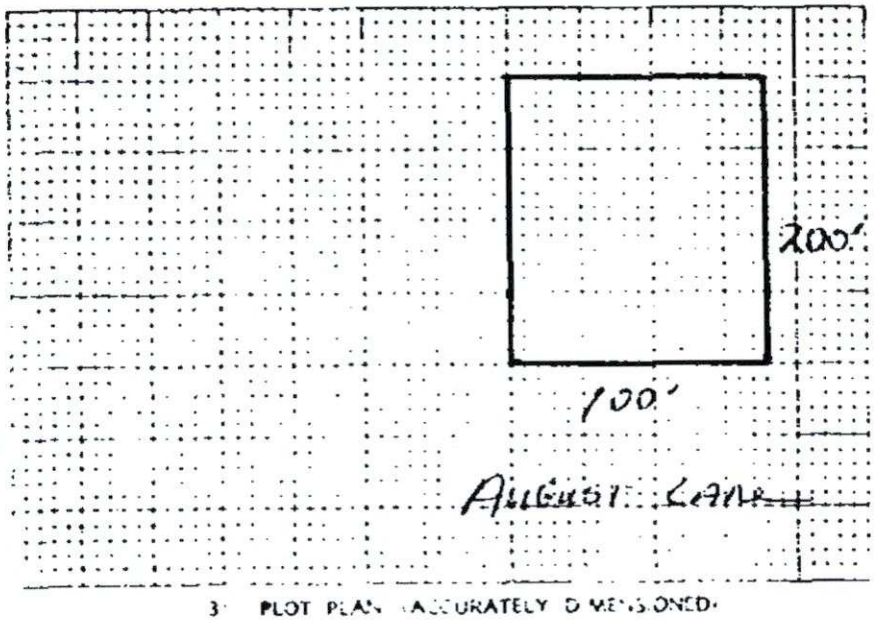
Map Date 1-14-97

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

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
Residence ✓ Yes ___ No
4) No of Bedrooms 3
5) Business Use Max No Employees ___
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ✓ Yes ___ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
a) Individual Well ✓
b) Governmental System ___
c) Community System
Well Source ___
2) Governmental source ___
Sewage System
Home is/is not within 200 feet of public sewer Yes ___ No
Home is/is not within 200 feet of community sewer ___ Yes ___ No
10) EHA Case No ___
11) LA Case No ___

13) NAME OF OWNER Thomas (LAST) Edward (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 942 N. Sharon Amity Road 28211

15) PHONE NO Home 366-2117 Office 365-1414

16) LOCATION OF SYSTEM East Lane (STREET OR COUNTY ROAD) & S. Hampton Dr

17) SUBDIVISION Arrington Forest Lot No 35 Block No 13

Map Book No 10 Page No 32, 139 & 141

18) DEED REFERENCE -- DEED BOOK 3032 AT PAGE 17

19) HAS A SOIL INVESTIGATION BEEN PERFORMED ✓ YES ___ NO DATE RUN 11/20/96 (P.S.)

20) PERMIT NUMBER (If Issued) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents thereof 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.

4/23/97
DATE OF APPLICATION

Thomas E Edward
OWNER

DHS 5-76

Environmental Health Department's Copy

Serial No. 2979

LA No. 14758

Date Issued May 2, 1979

T. C. No. po 139-127-05

Map Date 1/14/77

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 Mahan, James E.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 427 N. Sharon Amity Road ZIP

LOCATION OF LOT August Lane (August Lane)
(STREET OR COUNTY ROAD)

SUBDIVISION Arlington Forest LOT NO 75 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 14758 . 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

M. L. Gentry
Environmentalist

John R. Atkisson
Environmental Health Director, or Authorized Section Head

EHD 5-76 *System to be based on 0.6 gallons per square feet

Environmental Health Department's Copy

R

Date Issued 6/18/80

Serial No. 4009

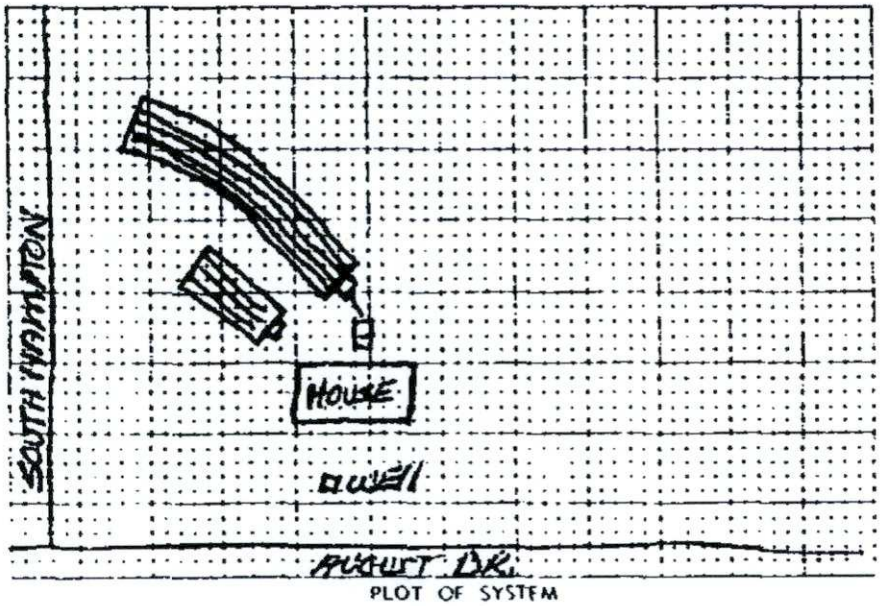
ICAR (S) Permit No. 14758

T C No 0139-127-05

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 14758, dated 5/1/79 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 7/25/80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.I. 31

Liquid Capacity of Tank 1500 gal

Tank Construction P.C. CONC.

Absorption and/or Nitrification Lines

Total Line Length 495'+125'

Number of Lines 3+4

Distance from House >10'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER JAMES MAHAN

LOCATION OF PROPERTY SOUTH HAMPTON Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments 15'X99'X17" of STONE for Septic TANK
12'X32'X17" of STONE for Washing MACHINE field

Adam Wofield
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

DISTRICT

Environmental Health Department's Copy

C of A (s) No. 14758

Date Issued 6/19/80 Serial 3702 T. C. No. po139-127-05

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner MAHAN (LAST) JAMES (FIRST) ____ (MIDDLE)

Location of Property SOUTH HAMPTON ROAD

Application Number 14758 Permit Number 14758

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material P.C. CONC.

Total Length of Drain Tile 495'+125' Number of Lines 5+4

Depth of Filter Material 17" Cover Depth >18"

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — Tank Inspected 6/19/80 (DATE)

Nitrification Field Inspected 6/19/80 (DATE)

Washing Machine Line Inspected If Applicable 6/19/80 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect at the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit as in addition to those listed below under comments. This Certificate of Approval 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.

Comments ____

Adam Wingfield
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Apt. 14758

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

(Ground Absorption Sewage Disposal)

OWNER: Thomas L. Singer
ADDRESS: 1100 Dogwood Trail Pinetta Fl.
COUNTY:
LOCATION OF SITE: S. Hampton Dr. : Regent Dr. #35

DATE REQUESTED:
PLAT NO.: C.S. 23-127-05
LOT SIZE: 20,000 Sq Ft

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS 2-4% U	S PS U	S PS U	S PS U +
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S (PS) Clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	(S) PS 48' U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	S = 4' PS = Rock U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) = 4' PS = Water U	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) Moderate U	S PS U	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Provisionally Suitable			
SOIL SERIES				

S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments:

Described By: Mike Leggett

Title: Environmental Health Date: Dec 19, 1978

DHS Form 2601 (2/77)
Sanitation

Serial No. 2346

PTR No. 14758

Date Issued November 29, 1978

T C. No. po 139-127-05

Map Date 1/14/77

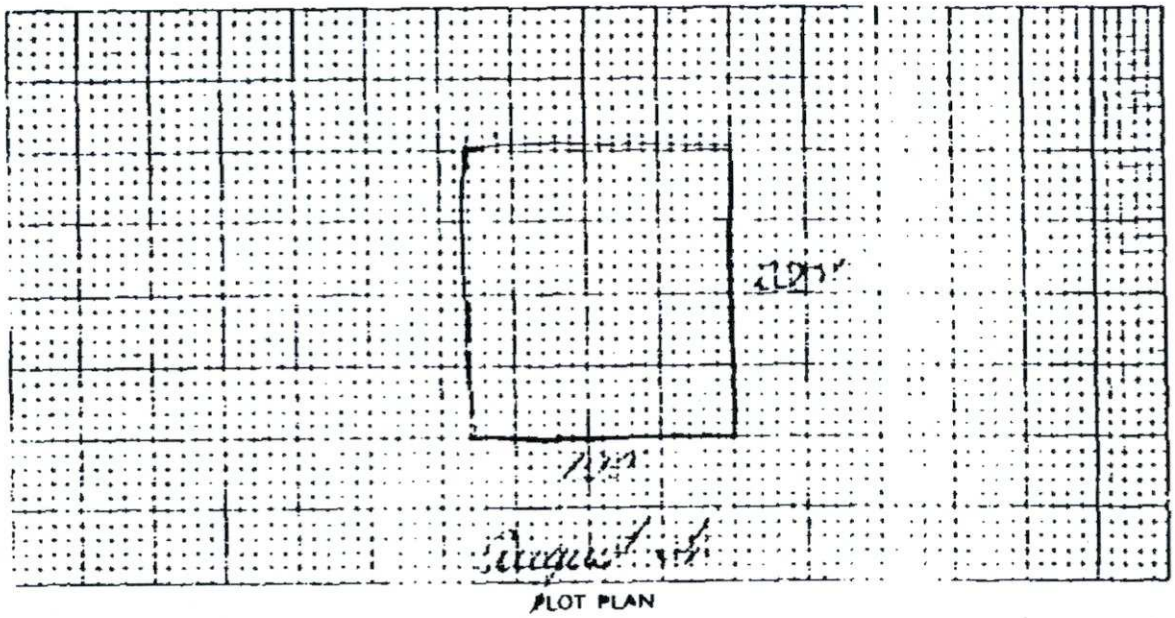
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Shoupe, (LAST) Thomas (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 1100 Dooley Drive, Charlotte, N.C. ZIP 28212

LOCATION OF PROPERTY South Hampton Dr., and August Lane (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 75 BLOCK NO



PLOT PLAN

The [illegible] soil investigation and onsite investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The soil investigation was conducted under the direction of the lot as indicated on the above plat.

The permeability rate determined by the investigation was provisionally suitable the said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions

1. Approval must be obtained prior to any [illegible] from the Mecklenburg County Department of Environmental Health for the [illegible] of building [illegible] the wastewater treatment system on the said lot.
2. The size of the septic tank and the length of the absorption lines installed must be determined by the Mecklenburg County Department of Environmental Health in accordance with the provisions listed above, and on the application for the [illegible] thereof.
3. [illegible] system installation on the [illegible].
4. [illegible] which [illegible] Department of Environmental Health [illegible] acceptable for [illegible].

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources Division of Health Services and the Mecklenburg County Board of Commissioners which were in effect on the date hereof and it is understood that at any time in the future the [illegible] system does not meet the laws and regulations as changed such that this approval would not have been granted had the new laws, rules and regulations been in effect on the issue date.

John R Adkisson
Environmental Health Director or Authorized Section Head

Eddie Reynolds, Environmentalist

Environmental Health Department

Date Received 9/15/78

APT No. 14758

T. C. No. 139-127-05

Map Date 1-31-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Sharpe (LAST) Thomas (FIRST) L. (MIDDLE)

2) ADDRESS OF OWNER 1100 Dooley Dr. Charlotte, N.C. ZIP 28212

3) PHONE NO Home 537-0779 Office

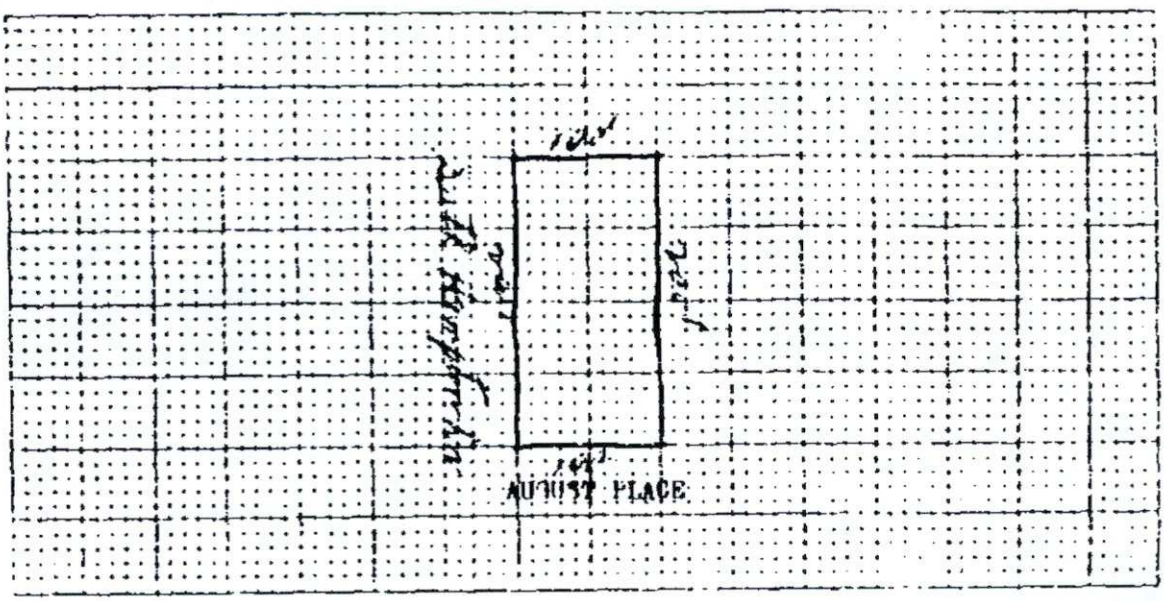
4) LOCATION OF PROPERTY South Hampton Dr. & August Lane (STREET OR COUNTY ROAD)

5) SUBDIVISION Arlington Forest LOT NO 75 BLOCK NO

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 3032 PAGE NO 17

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation 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.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Cornelia G. Sharpe
OWNER

EHS-5-76

Environmental Health Department's Copy