FEE: 0.00

DATE: 7/3/2019

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 10230B

PERMIT NUMBER: 10230B

PARCEL NUMBER: 05318203

JOB LOCATION INFORMATION

ADDRESS: 3715 BARONWOOD LN

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28214

ISSUED TO: BICHLIEN ROUNG & THANG NGO

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 4/4/2019

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER , AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

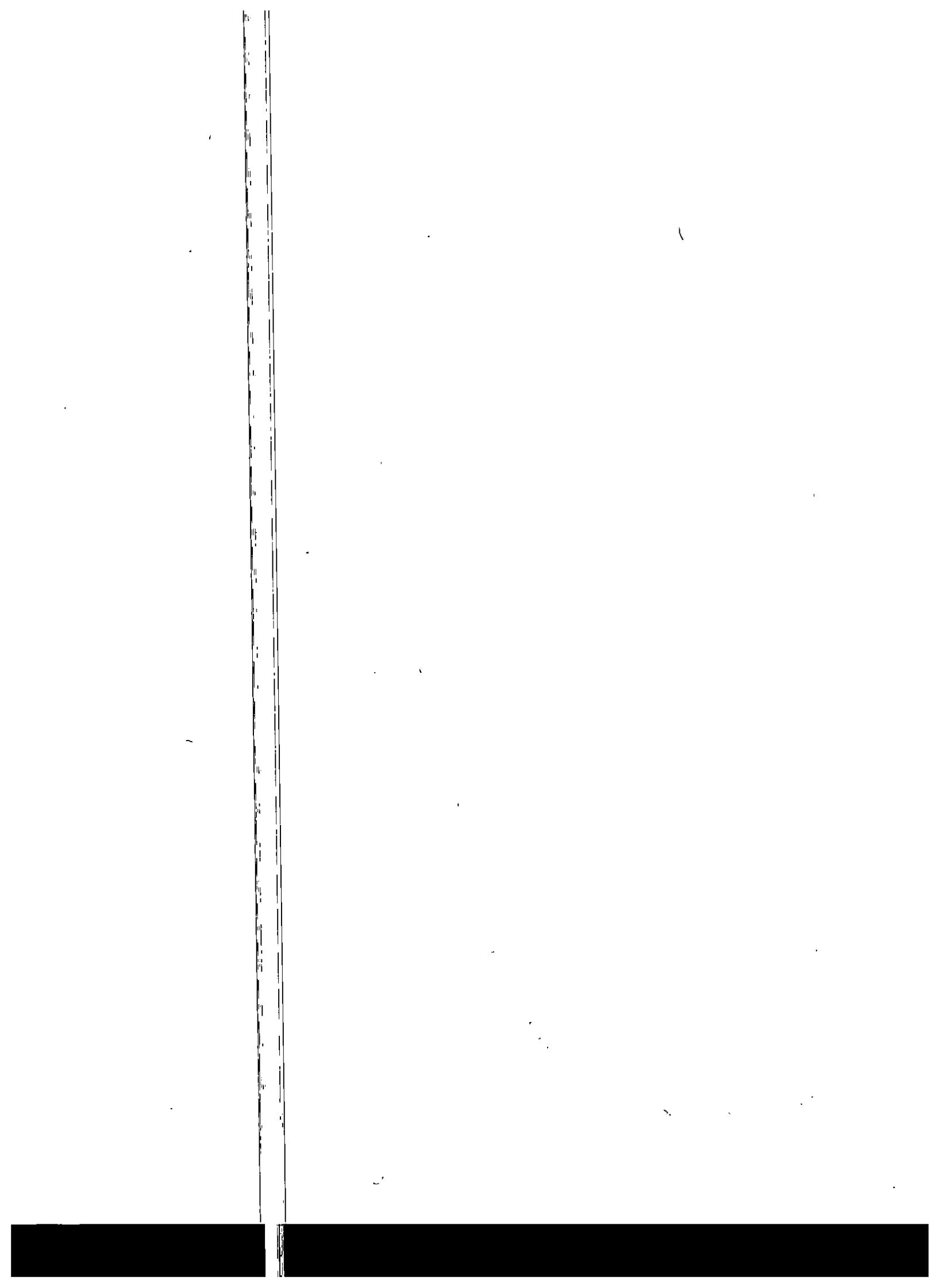
2. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature April Bumgarner

[redacted] [redacted] [redacted]



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

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

File #: 10230B Permit #: 10267 Tax Parcel #: 053-182-03

Property Owner: Bichlien Troung & Thanh NGO

Job Location Address: 3715 Baron Wood LN

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 4-4-19 **Contractor Name:** Jeremy Hildreth

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

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

Drainfield Installation ☒ N/A Tank only

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: _____ 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: 10' feet

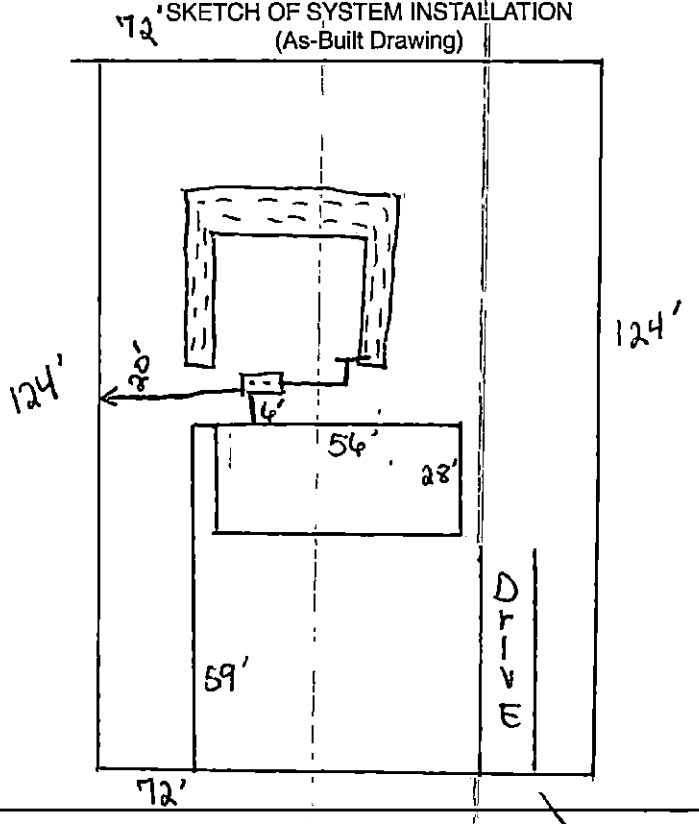
Inspection Dates

Tank(s) Inspected: 4-4-19

Excavation Inspected: N/A

Pump & Controls Inspected: N/A

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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

DENR Authorized Agent: April Bumgarner Signature: April Bumgarner



Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(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. ☒ Pool Signature received. ☐ _____

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

Certified operator contract is on file. ☐ _____

O.K. to release final Holds. Only had to replace the septic tank.

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 10230B WASPS App #: 10267

Primary ES assigned to project: April Bumgarner

Secondary ES assigned to project:

Project Type: New System ☐ Alteration ☒ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Numbe	Bedrooms, employees, seats, etc. indi	ted?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench	th indicated?		Yes ☐	No ☐	N/A ☐
.1937(g)	Trench	dth indicated?		Yes ☐	No ☐	N/A ☐
.1937(g)	Trench	gth indicated?		Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Propose	existing well shown?		Yes ☐	No ☐	N/A ☑
130A-336(a)(1)	Property	ne lengths shown?		Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/	purtenance setbacks shown fi	h fixed points?	Yes ☑	No ☐	N/A ☐

Operati Permit

.1937(i)	System t	e as described in table V(a) of r	e .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditio	for system performance, operation, maintena	e, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorizati	ssued	Yes ☐	No ☐	N/A ☐
Installation approval issu		Yes ☐	No ☐	N/A ☐
Operation permit issued		Yes ☐	No ☐	N/A ☐
Other related documenta		Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments: Instal ng a new tank and re-connecting to the existing dr field.

Please send for signatures.

IA issued date: _____

OP issued date: 4/4/1

Review performed by: Jenny Mack Rose

Date performed: 4/8/19

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/25/19
Receipt #: 116332
Check / Auth #: CHARGE
Received By: PLACILJ

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: X38006
Contractor: 1ST CHOICE HOUSING, INC
Attn:
Address: 2008 EAST ROSEVELT BLVD
Address:
City/State/Zip: MONROE, NC 28112

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 3715 BARONWOOD LN		1	300.00	300.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
300.00	4.06	6.12			

CUSTOMER REFUND REQUEST FORM

Please fill out this form and fax it back to 704-336-6894 or mail it to 700 N Tryon St, Suite 211, Charlotte NC 28202 or email it to: WellReg@MeckNC.gov

CONTACT INFORMATION	
NAME	Johnny Helton
MAILING ADDRESS	
PHONE NUMBER	704-634-8054
EMAIL ADDRESS	johnny@1stchoicemonroe.com
PERMITTING ADDRESS	
REFUND AMOUNT	100.00

PLEASE GIVE A DETAILED EXPLANATION OF THE REASON(S) WHY YOU ARE REQUESTING A REFUND.

Signature

Date

10230B
#10267

MECKLENBURG COUNTY
HEALTH DEPARTMENT

25 MAR '19 PM 3:05

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

25 MAR '19 PM 3:06

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: 05318203
STREET ADDRESS: 3715 BARONWOOD LN
CITY: Charlotte
STATE: NC ZIP: 28214
SUBDIVISION NAME: Westwood Forest
LOT #: 105 LOT SIZE (acres): .21 ac
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:
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: NA
NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: NA

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 6-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? 9/10/2014 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☒ N/A

12. PROPERTY OWNER:
NAME: Bichlien Truong + Thang Ngo
ADDRESS: 4337 Owls Peach DR
CITY: Charlotte
STATE: NC ZIP: 28278
WORK PHONE:
MOBILE PHONE: 980 253 7722
FAX:
E-MAIL: bichlien.truong@toshiba.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: JOHNNY HELTON
ADDRESS: 2008 E Roosevelt BLVD
CITY: Monroe
STATE: NC ZIP: 28112
WORK PHONE: 704 225 8850
MOBILE PHONE: 704 634 8054
FAX: 704 225 8480
E-MAIL: johnny@1stchoicemonroe.com

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.

Na (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.

_____ 3/25/19
Property Owner's or Owner's Legal Representative Signature — Date

1st Choice Housing, LLC

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: _____

CWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

File #: _____

PROPOSED PLOT PLAN

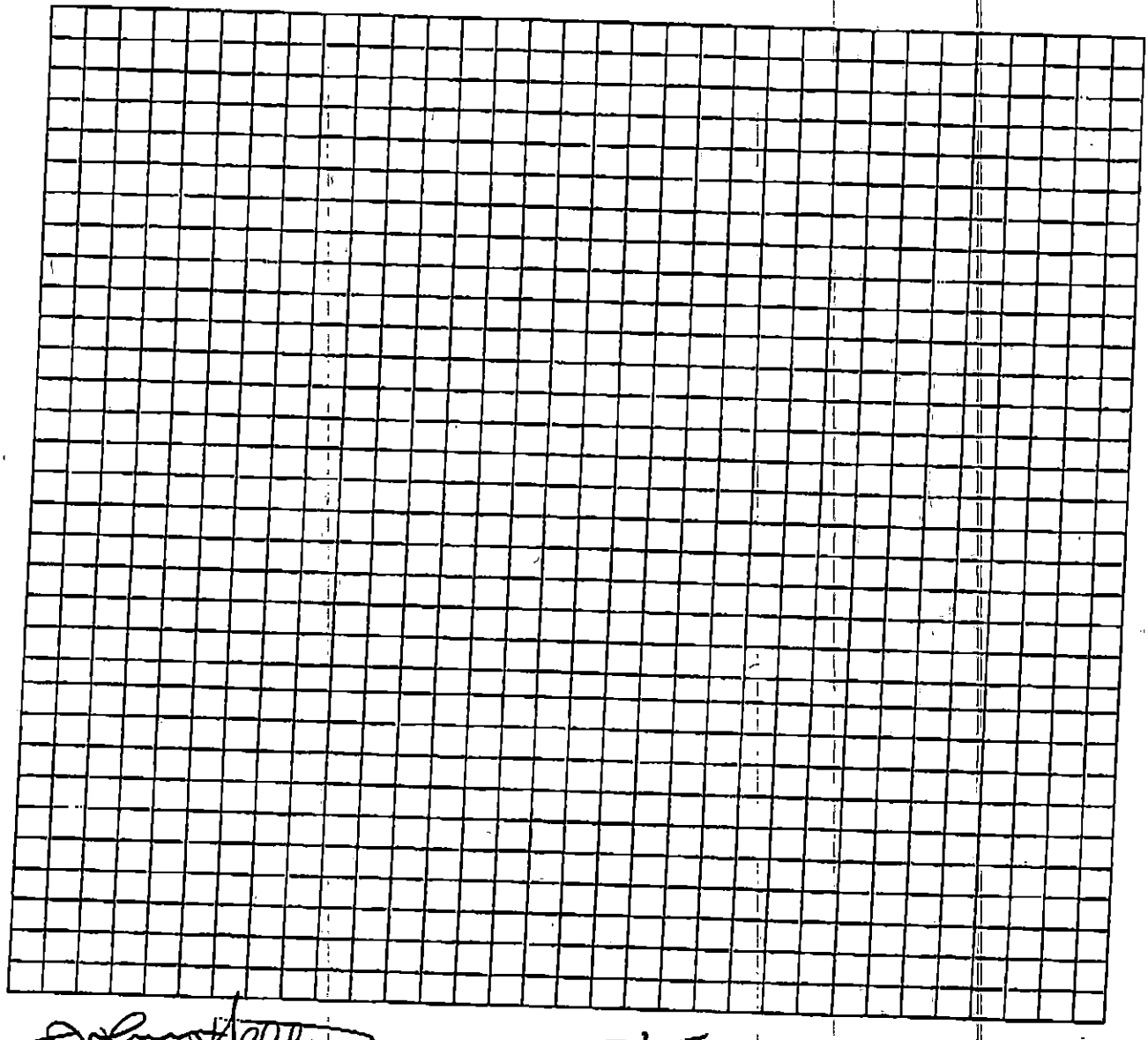
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 3715 BARONWOOD LN

Tax Parcel #: 05318203

Subdivision Name: Westwood Forest

Lot #: 105



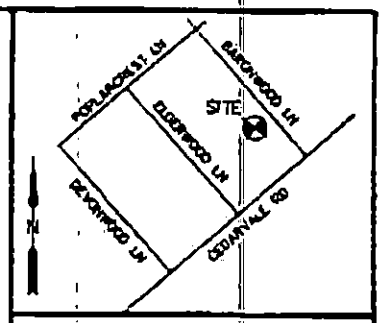
Property Owner's or Owner's Legal Representative Signature

3/25
Date

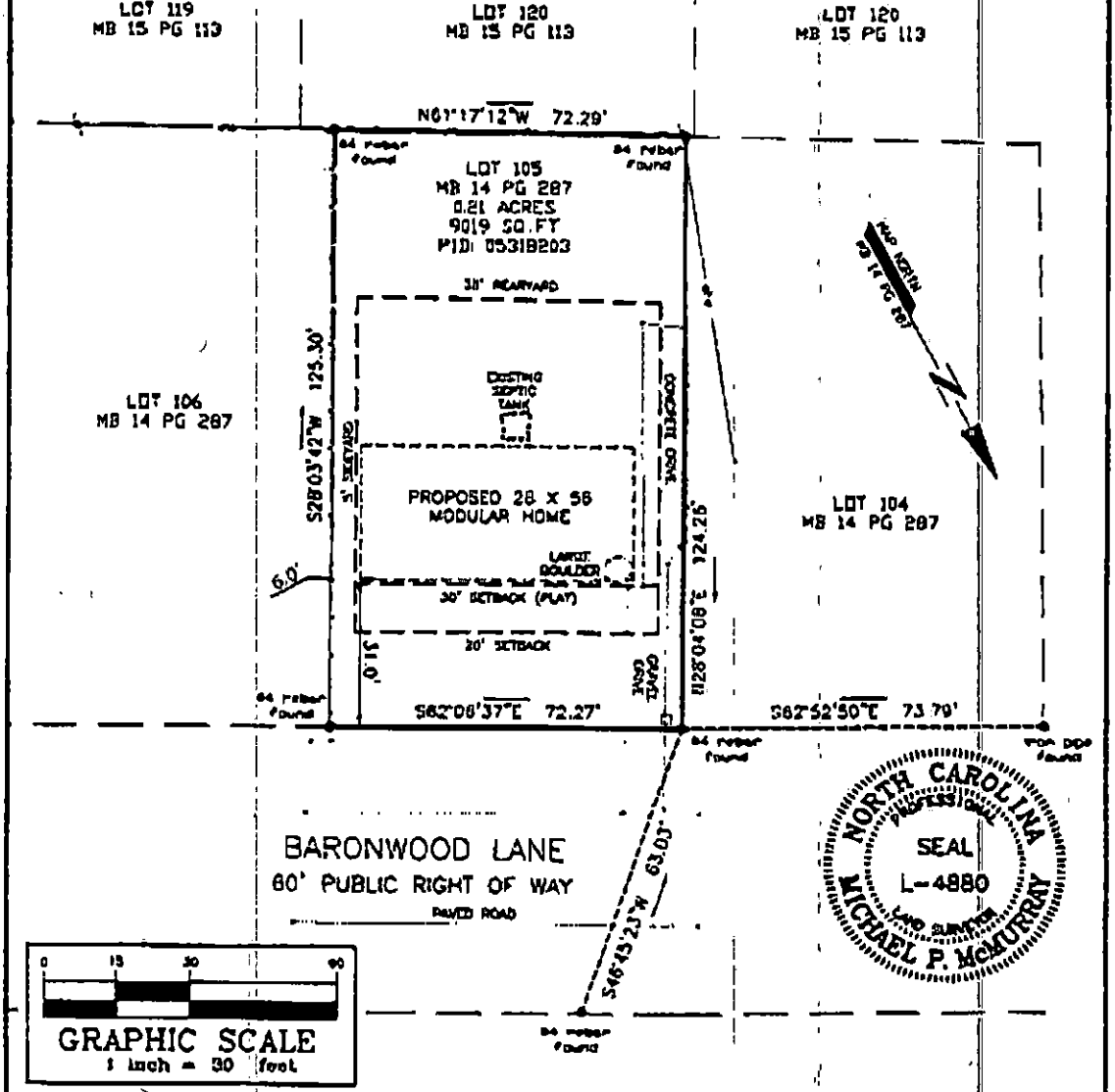
See Survey

SURVEY NOTES:

- AREA DETERMINED BY COORDINATE METHOD.
- PROPERTY DESCRIPTION RECORDED IN DEED BOOK 29480 PAGE 516.
- THIS SURVEY WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE REPORT
- PROPERTY SUBJECT ALL EASEMENTS AND RESTRICTIONS OF RECORD.
- ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES.
- PROPERTY DOES NOT LIE IN A SPECIAL FLOOD HAZARD AREA, (FIRM MAP NO. 3710450500M, EFFECTIVE AS OF 09-02-2015).
- CITY OF CHARLOTTE ZONING: R-MH, MAIN SETBACKS, AS SHOWN HEREON.
- MAP BOOK 14 PAGE 287 HAS A 30 FOOT FRONT YARD SETBACK



VICINITY MAP NO SCALE



NORTH CAROLINA PROFESSIONAL SEAL L-4880 LAND SURVEYOR MICHAEL P. McMURRAY

BOUNDARY AND PHYSICAL RESURVEY OF:

3715 BARONWOOD LANE
LOT 105 WESTWOOD FOREST
MAP BOOK 14 PAGE 287
CITY OF CHARLOTTE
MECKLENBURG COUNTY, NORTH CAROLINA

OWNERS: Bichlien T. Truong, Thong Y. Ngo, Chi Y. Ngo

MCMURRAY LAND SURVEYING INC. C-3906
MICHAEL P. MCMURRAY, NCPLS L-4880
318 E. OLD HIGHWAY 74, MONROE, N.C.
mcmurraypls@gmail.com
704-254-2736

I hereby certify that this map was drawn under my supervision from an actual survey made under my supervision; that the ratio of precision or positional accuracy is 1:10,000+; that the boundaries not surveyed are shown as broken lines plotted from information found in (references as shown), and that this map meets the requirements of the Standards of Practice for Land Surveying in North Carolina (21 NCAC 56, 1600). Witness my original signature, license number, and seal, this 21st day of February, 2019.

Michael P. McMurray — Professional Land Surveyor

L-4880 — License Number

This survey is of an existing parcel of land.

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 #: 10230B Permit #: 10267 Tax Parcel #: 053-182-08

Property Owner: Bichlien Troung & Thanh NGO

Job Location Address: 3715 Baronwood LN

City: Charlotte State: NC Zip Code: 28214

Improvement Permit Issuance Date: N/A **Construction Authorization Issuance Date** 3-26-19

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: N/A GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1000 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☒ N/A Tank only

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: _____ 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 _____

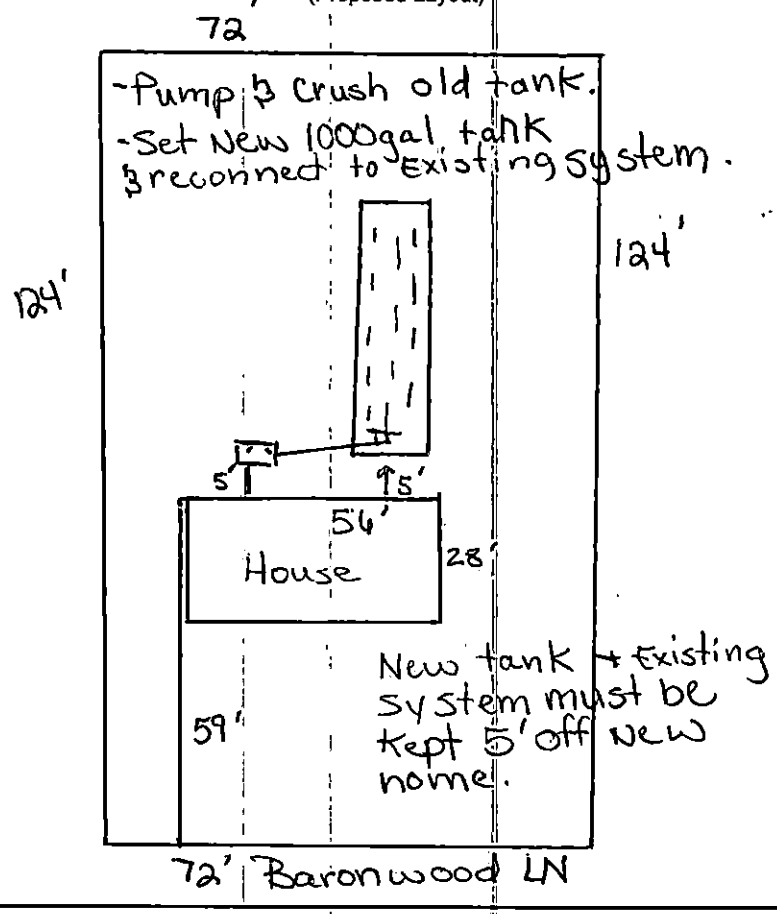
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Tank only

Authorized Agent: April Bumgarner Signature: April Bumgarner

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

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

File #: 10230B Permit #: 10267 Tax Parcel #: 053-182-03

Property Owner: Bichlien Troung & Thanh NGO

Job Location Address: 3715 Baronwood LN

City: Charlotte State: NC Zip Code: 28214

Improvement Permit Issuance Date: N/A Construction Authorization Issuance Date 3-26-19

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: N/A GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☒ N/A Tank only

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: _____ 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 _____

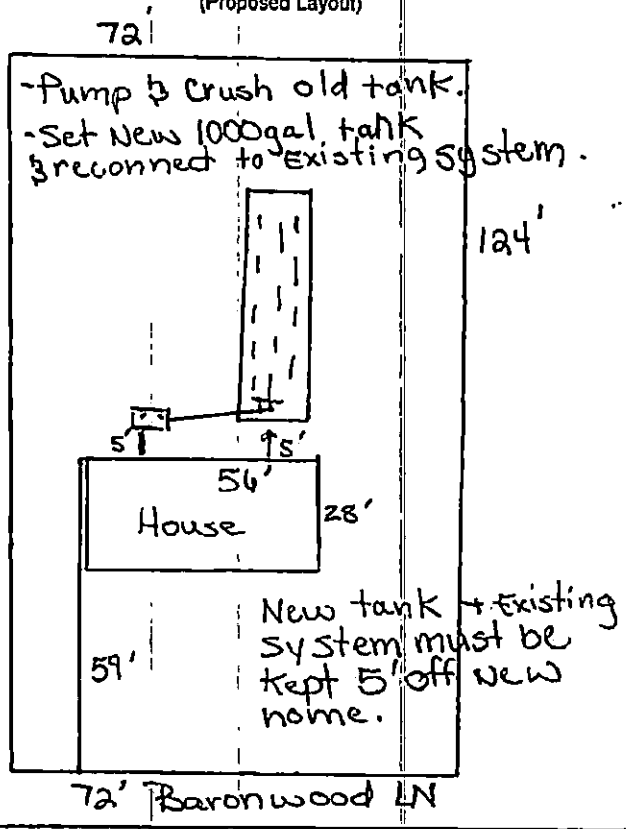
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Tank only

Authorized Agent: Apri/Bumgarner Signature: April Bumgarner

Owner Signature: [signature] Date: 3/28/19

2008 E Roosevelt Blvd
Monroe, NC 28112
Phone (704) 225-8850
Fax (704) 225-8480

1ST CHOICE HOME CENTERS
1st Choice Housing, Inc.

Fax

To: April Bumgardner Mecklenburg Co. Health Dept From: Johnny Helton

Fax: 1st Choice Home Centers
2008 East Roosevelt Blvd.
Monroe, NC 28112
704-225-8850-Phone
704-225-8480-Fax
Phone: www.1stchoicemonroe.com

Pages: 5 Pages Including Cover Sheet

Date: 3/25/19

Re: 3715 Barnwood Ln Charlotte NC CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Call me for payment.
704 225 8850
or cell 704 634 8054

704 336 6894

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

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

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 QAD 3/15/19 Initial/Date

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

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

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

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

Septic file complete ☐ _____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

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

Certified operator contract is on file ☐ _____

10230B
#10248

14 MAR '19 PM 2:19

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
( ) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
(●) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Johnny Helton
ADDRESS: 2008 E. Roosevelt Blvd
CITY: Monroe
STATE: NC ZIP: 28112
PHONE: (704) 225-8850
ALTERNATE PHONE:
E-MAIL: johnny@1stchoicemonroe.com

PROPERTY OWNER: ( ) SAME AS PERSON FILING APPLICATION
NAME: Bichlien T. Truong
ADDRESS: 4337 Owls perch Drive
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: (704) 401-9985
ALTERNATE PHONE: (980) 253-7722
E-MAIL: lientruong36@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 05318203
STREET ADDRESS: 3715 Baronwood Ln
CITY: Charlotte
STATE: NC ZIP: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:
Westwood Forest
LOT #: 105

WATER SUPPLY:
(●) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
( ) HOUSE (●) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ( ) N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
( ) BEDROOM ( ) BATHROOM ( ) KITCHEN ( ) DINING ROOM ( ) LIVING ROOM ( ) DEN
( ) GARAGE ( ) SUNROOM ( ) PORCH ( ) DECK ( ) OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
( ) DETACHED GARAGE ( ) DETACHED GARAGE WITH PLUMBING ( ) POOL HOUSE ( ) SHOP ( ) BARN
( ) STORAGE SHED ( ) DETACHED PORCH / DECK ( ) OTHER

*The undersigned, owner, or legal agent for the 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Johnny Helton — Owner's/Agent's Signature
3/14/19 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

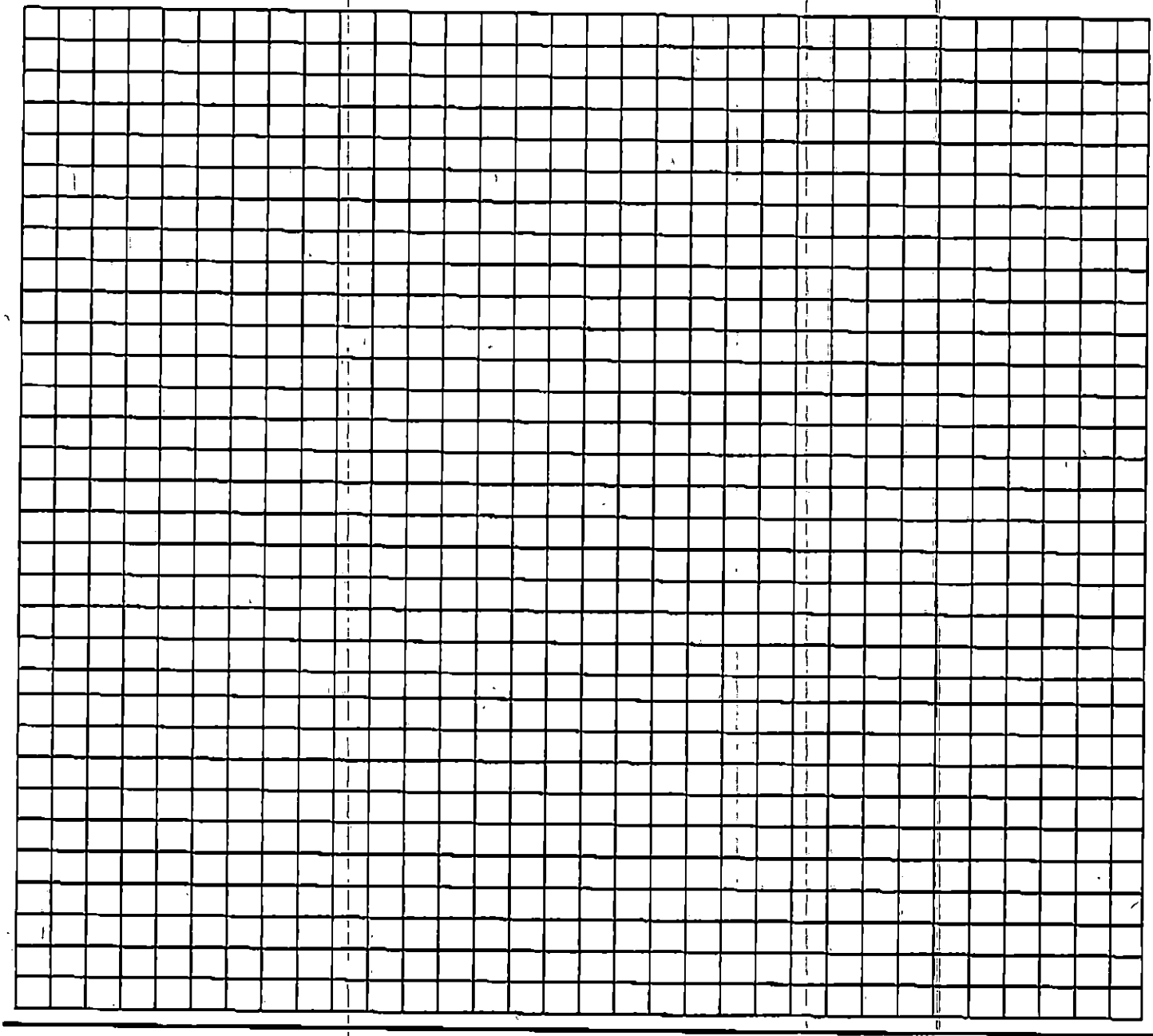
File #: _____

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.

See Attached Survey

Street Address: 3715 Baronwood Lane Tax Parcel #: 05318203



*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 and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

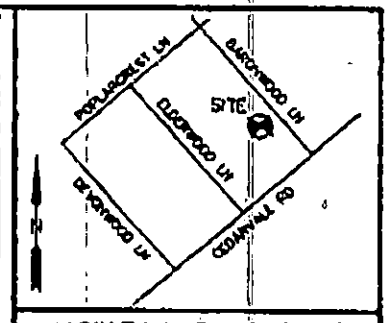
- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

REHS Signature _____ Date _____

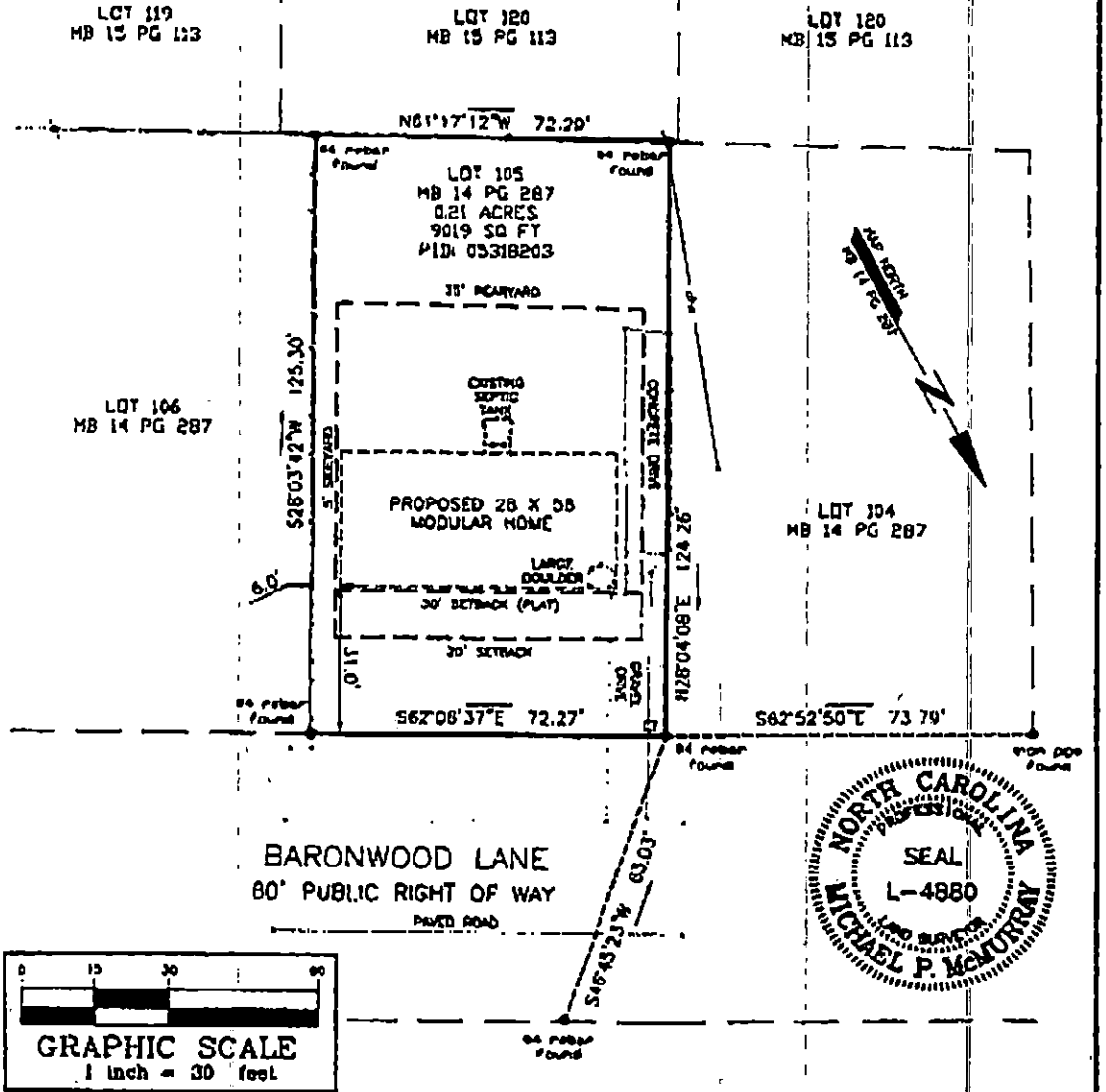
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

SURVEY NOTES:

- AREA DETERMINED BY COORDINATE METHOD
- PROPERTY DESCRIPTION RECORDED IN DEED BOOK 29480 PAGE 516.
- THIS SURVEY WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE REPORT
- PROPERTY SUBJECT ALL EASEMENTS AND RESTRICTIONS OF RECORD.
- ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES.
- PROPERTY DOES NOT LIE IN A SPECIAL FLOOD HAZARD AREA, (FIRM MAP NO. 3710450500M, EFFECTIVE AS OF 09-02-2015).
- CITY OF CHARLOTTE ZONING: R-MH, MAIN SETBACKS, AS SHOWN HEREON.
- MAP BOOK 14 PAGE 287 HAS A 30 FRONT YARD SETBACK.



VICINITY MAP NO SCALE



BOUNDARY AND PHYSICAL RESURVEY OF:

3715 BARONWOOD LANE
LOT 105 WESTWOOD FOREST
MAP BOOK 14 PAGE 287
CITY OF CHARLOTTE
MECKLENBURG COUNTY, NORTH CAROLINA

OWNERS: BaNien T. Truong, Thong Y Ngo, Chi Y. Ngo

MCMURRAY LAND SURVEYING INC. C-3906
MICHAEL P. MCMURRAY, NCPLS L-4880
318 E. OLD HIGHWAY 74, MONROE, N.C.
mcmurrayplls@gmail.com
704-254-2736

I hereby certify that this map was drawn under my supervision from an actual survey made under my supervision; that the ratio of precision or positional accuracy is 1:10,000+; that the boundaries not surveyed are shown as broken lines plotted from information found in (references as shown), and that this map meets the requirements of the Standards of Practice for Land Surveying in North Carolina (21 NCAC 56. 1600). Witness my original signature, license number, and seal, this 21st day of February, 2019.

Michael P. McMurray — Professional Land Surveyor

L-4880 — License Number

This survey is of an existing parcel of land.

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
JOHNNY HELTON

Bill To:

JOHNNY HELTON
6801 PINE LAKE LN

Charlotte, NC 28227

Single Payment

Transaction Date: 03/14/2019 10:56 AM Pacific Time
Pay Method: VISA **********5366
Approval #: 013344
Trace Number: 0c6e92e8-3f0b-4da9-84e6-4ad9a02516dd
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/14/19
Receipt #: 116185
Check / Auth #: VISA 013344
Received By: ABDUSAI

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: HELTON, JOHNNY
Attn:
Address: 6801 PINE LAKE LN
Address:
City/State/Zip: CHARLOTTE, NC 2827

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 3715 BARONWOOD LN		1	100.00	100.00

Outstanding Balances

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

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

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

3715 Baronwood Ln Charlotte
Number Street Town
(Or Parcel Number)

BICHLIEN T. TRUONG
Property Owner (print name)

Property Owner (signature)

3/14/2019
Date