

11127 ARTHUR AUTEN RD

02301113

12/31/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 26238

PERSON FILING APPLICATION:

NAME: BREWER (last) John (first) A. (mi)

ADDRESS: 11127 ARTHUR AUTEN Rd PHONE: (__) 875-1750

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 023-011-13

STREET ADDRESS: 11127 ARTHUR AUTEN Rd.

HUNTERSVILLE NC 28078

ZONING:

PROPERTY OWNER:

NAME: BREWER (last) JOHN (first) A. (mi)

ADDRESS: 11127 ARTHUR AUTEN Rd PHONE: (__) 875-1750

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

1956

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Living Rm

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: John A Brewer Date: 12-1-99

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... OK to use existing system.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Joe a. Knight 12/3/99
Environmentalist Date

WATER : 122791

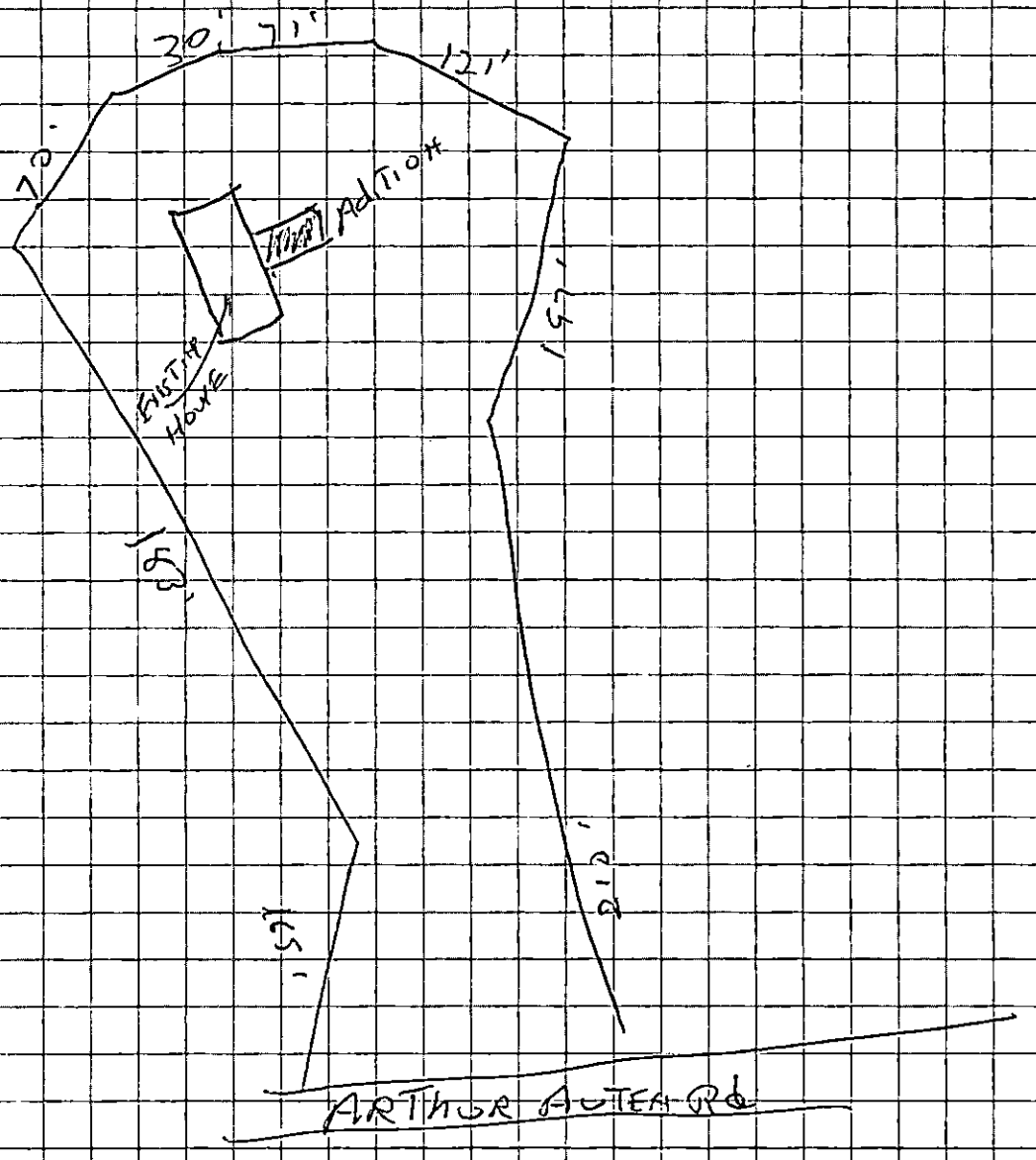
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2623B

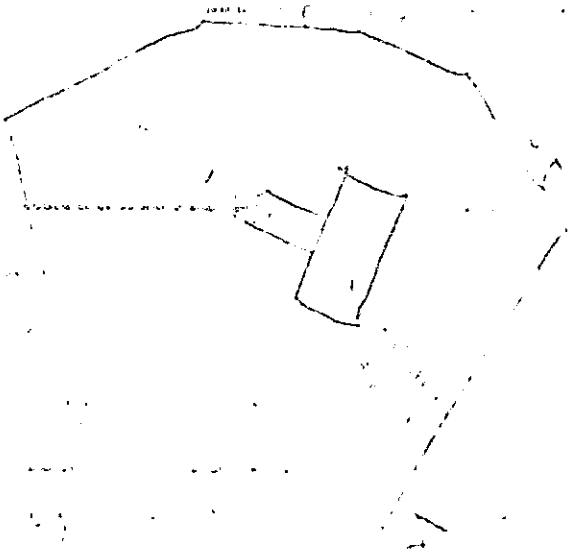
TC: 023-011-13

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy



INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2623B

Pd 50.00 ck# 4454 8/6/98 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: John A. Brewer (last) (first) (mi)
ADDRESS: 11127 Arthur Auten Rd. PHONE: (__) 875-1750
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Brewer (last) John (first) A. (mi)
ADDRESS: 11127 Arthur Auten Rd. PHONE: (__) 875-1750
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-011-13
STREET ADDRESS: 11127 Arthur Auten Rd. Huntersville, NC 28078
ZONING:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

1956

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Porch

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: John A Brewer Date: 7-6-98

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

Use Existing System

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Kelly Rundell 8-7-98
Environmentalist Date

WATER : 1227

KR

COPY

PROPOSED PLOT PLAN

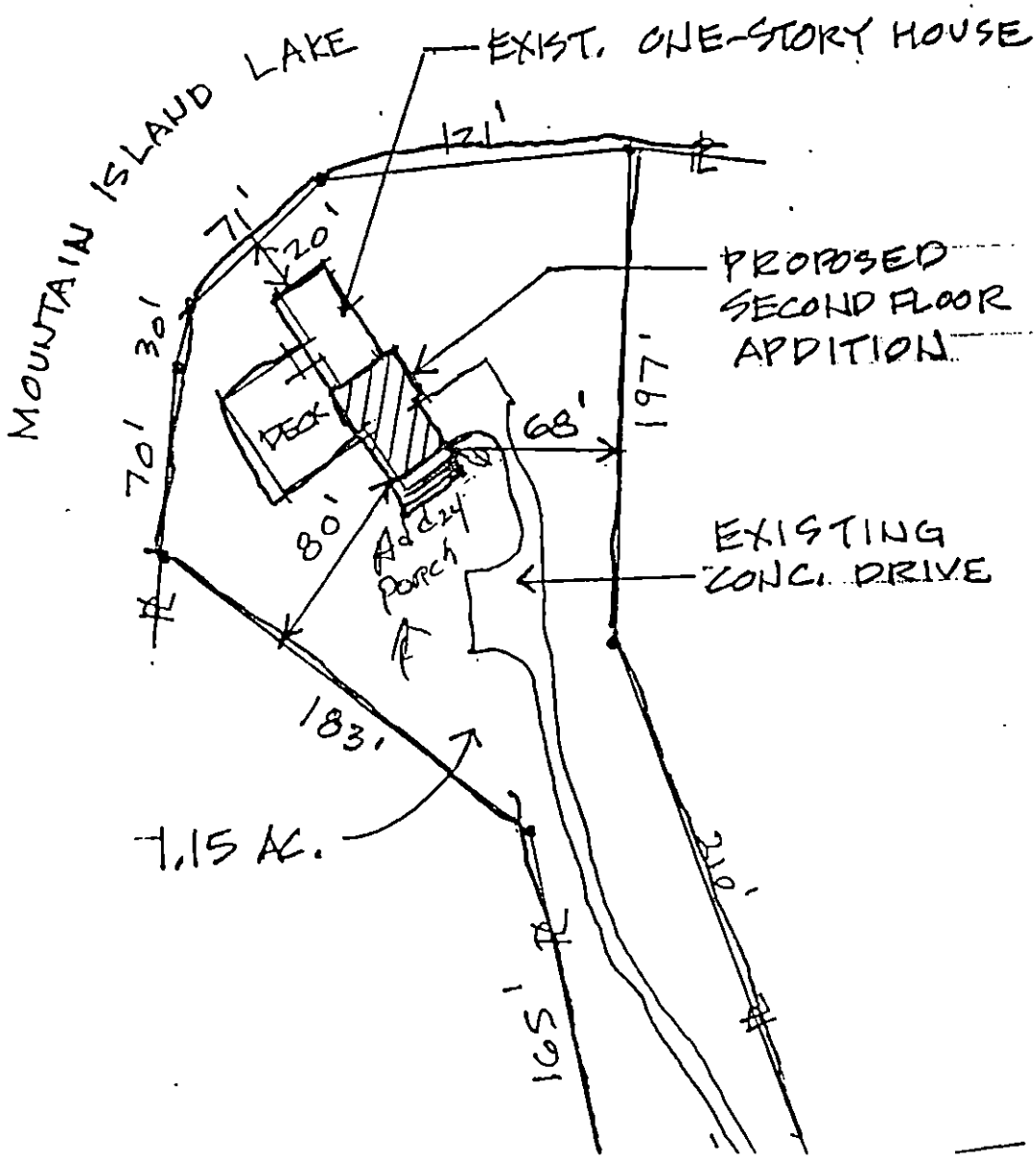
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2623B

TC: 023-011-13

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned.

- PLOT PLAN -



OWNER/AGENT SIGNATURE

DATE 7-6-98

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

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 #: 2623B Permit #: _____ Tax Parcel #: 023-011-13

Property Owner: Ralph C Brewer

Job Location Address: 11127 Arthur Auten Road

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 10/16/17 Contractor Name: Christenbury

Permitted Design Flow: 240 GPD Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: Existing gallons Effluent Pump Model: N/A

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: N/A

Excavation Inspected: N/A 10/16/2012

Pump & Controls Inspected: N/A

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

Bed Depth: TA 24" 40-60" inches

Bed Width: 15' feet

Total line length: 30' feet

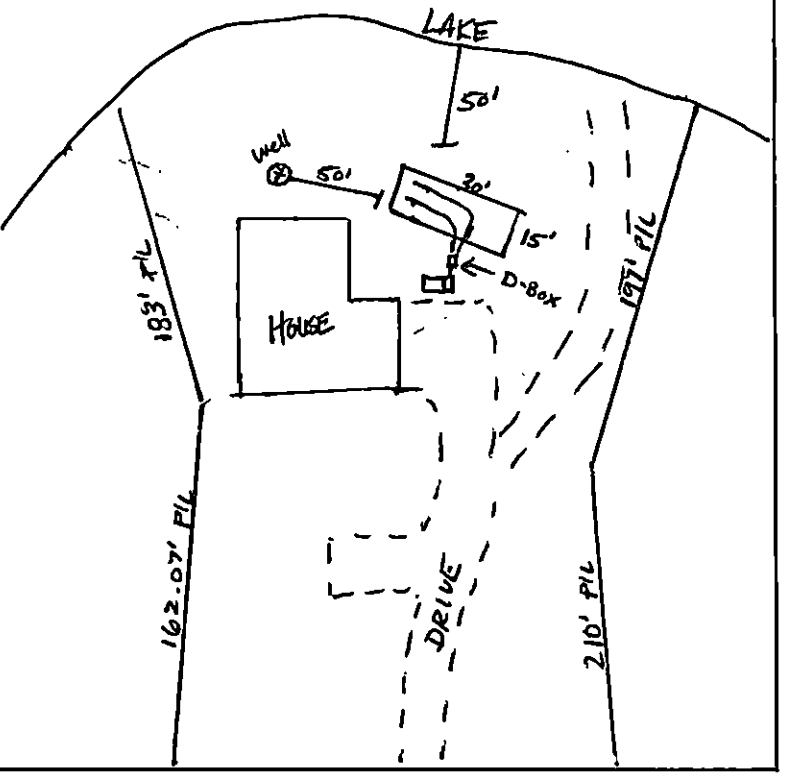
# of Lines: 2 @ 30 feet

Depth of Media: 24" inches (Type) _____

Depth of Cover: 16"-36" inches

Distribution Device: _____

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: >10' feet

Distance from Water Supply Source: >50' feet

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: II, Conventional System Repair – Tire Chips Bed System.

TCHP, 6, NA, NA

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael REHS.

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 #: 2623B Permit #: _____ Tax Parcel #: 023-011-13

Property Owner: Ralph C Brewer

Job Location Address: Arthur Anten Rd (11127)

City: Huntersville State: NC Zip Code: 28078

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: IFa

*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: Jeremy Michael Date: 10/16/12

Signature: Jeremy Michael REHS

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

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 2623B Permit #: _____ Tax Parcel #: 023-011-13

Property Owner: RALPH C BREWER

Job Location Address: ~~11316~~ ARTHUR ALTEN ROAD (11127)

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 10/8/12

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 approval is granted based upon the application information submitted to our office. All work shall be completed on or before 12/8/12, after which date this approval shall be null and void. 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: 240 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: N/A gallons

MT. ISLAND LAKE

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: 40 inches

Bed Width: 12 feet

Total line length: 160 feet

# of Lines: 4 @ 40 feet

Depth of Media: 24 inches (Type) STONE OR CHIPS

Distribution Device: D-BOX

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

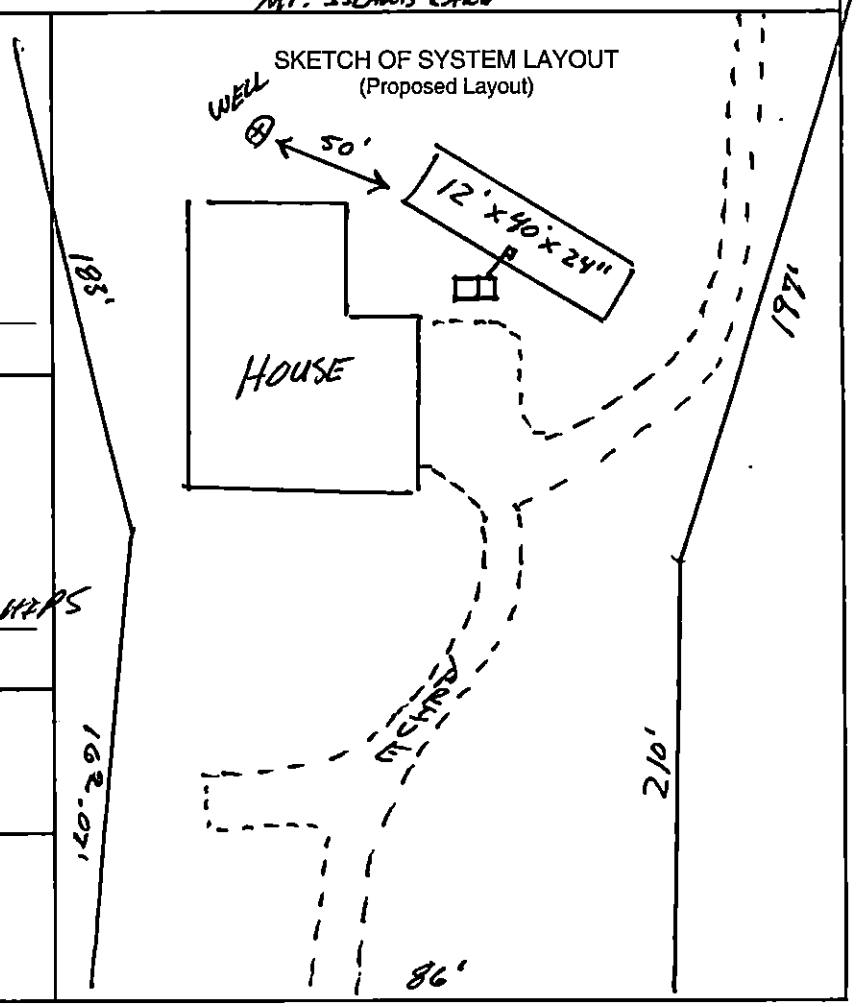
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: ~~750~~ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIa Conventional System REPAIR

DENR Authorized Agent: Jeremy Michael REHS Signature: Jeremy Michael REHS

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

Page 1
Property ID: 2301113
Lot #:
File #: 2623B
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Chris Brewer
Applicant: Chris Brewer
Address: 11127 Arthur Auten Road
Date Evaluated: 10/8/2012
Proposed Facility: Residence
Design Flow (.1949) 240 GPD
Property Size: 1 acre
Location of Site: 11127 Arthur Auten Road
Property Recorded: 1950
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
PIT	LS	0-14	FILL	FILL	>52" TO SOIL WETNESS	52" +	NA	NA	IV
#1	8%	14-17	GRAVEL	GRAVEL LAYER					0.3 G/D/FT2
		17-52	SBK/C	FI/S/P/SEXP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	II a	II a
Site LTAR	0.3	0.3

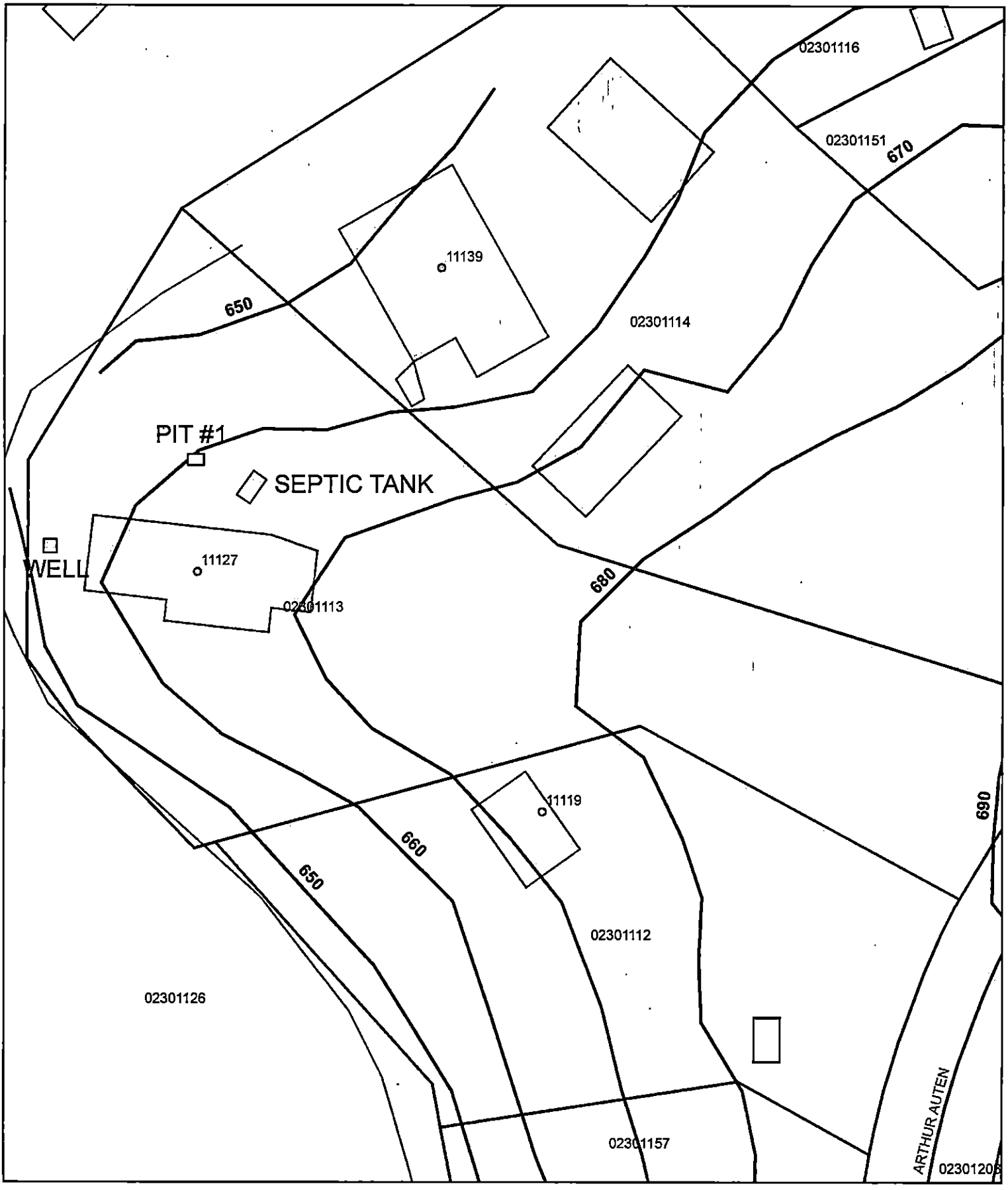
Other Factors (.1946):
Soil Evaluation By: Jeremy Michelone, REHS
Others Present: Chris Brewer
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michelone, REHS
Others Present: Chris Brewer

Jeremy Mic, REHS

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	



Map Created By: JEREMY MICHELONE, REHS
Map Created On: 10/8/12

0 15 30 60 Feet

2623B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App# 5864

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: 02301113
STREET ADDRESS: 11127 Arthur Auten Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: —
LOT #: _____ LOT SIZE (acres): 2.8
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: 3500
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☑ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A

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

6. WATER SUPPLY: ○ MUNICIPAL ☑ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ○ N/A ○ IRRIGATION ☑ POTABLE (DRINKING WATER) ○ OTHER _____

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

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

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

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

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

12. PROPERTY OWNER:

NAME: Ralph Christopher Brewer
ADDRESS: 11127 Arthur Auten Rd
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704-875-8424
MOBILE PHONE: 704-564-1040
FAX: 704-875-8427
E-MAIL: cbe@brewercoinc.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

Revised on: 12/15/10

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.

CB (Initial here for septic system applications)

15. WELL PERMIT APPLICATION: N/A

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.

Chad Breeze — 10/8/2012

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: lwa

GWS FILE NUMBER ASSIGNED: 26238

APPLICATION ID NUMBER ASSIGNED: 5864

COMMENTS:

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

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: 704-336-5103 Fax: 704-336-6894
http://groundwater.charmeck.org

Homeowner/Tenant Interview Form

Please fill out completely to aid in the evaluation of your failing septic system.

Name: Chris Brewer Date: 10/8/2012

Address: 11127 Arthur Auten Rd Phone: 704-564-1040 (Home/Cell)
Huntersville, NC 28078 704-875-8424 (Work)

Email: cb@brewercoinc.com

When was the septic system installed? _____ Permit/File #: _____

Who installed the septic system? _____

When was the septic tank last pumped? 9-2012

Who pumped the septic tank? Stanley

How often have you had the tank pumped? Every couple of years

Where are the septic tank and drain field located on the property?

Side of house

Briefly describe the problem you are experiencing with the septic system:

busted lines

When did you first notice the problem? 9-2012

Does the problem seem to be linked to certain events (heavy rains, doing laundry, guests staying over, etc.)?

Yes ☐ No ☑

Explain:

How many people are living in the house? 2 Adults _____ Teens _____ Children

How much water do you use each day (provide estimate in gallons)? 30

Is the property served by public water? Yes ☐ No ☑

If yes, on average how much is your monthly water bill? $ Ø well

Do you have a dishwasher? Yes ☑ No ☑ How many times per week is it used? 2

Do you have a garbage disposal? Yes ☐ No ☑ How many times per week is it used? _____

Do you have a washing machine? Yes ☑ No ☐ How many times per week is it used? 2

Do you use "in tank" or "in bowl" toilet sanitizer products? Yes ☐ No ☑

Do you have a water softener unit or water treatment system installed? Yes ☐ No ☑

If yes, where does the system drain? _____

Are any household cleaning chemicals put down the drain? Yes ☐ No ☑

If yes, please indicate what types of chemicals: _____

Are any other types of chemicals (paints, solvents, oils, etc.) put down the drain? Yes ☐ No ☑

If yes, please indicate what types of chemicals: _____

Have any new water using fixtures been added in the house since the septic system was installed? Yes ☑ No ☐

If yes, please indicate what type of fixtures have been added: faucets

Excluding sinks, showers, bathtubs, and toilets please list any other plumbing fixtures (spa, whirlpool, etc.) that are in the house:

Ø

Do you have an in-ground irrigation system? Yes ☑ No ☐

If yes, how often is the system used during a one week period? once

Has any site work been done at the property or to the house since you moved in? Examples include: gutter drains, swimming pool installation, basement remodel/finish, landscaping, paving of driveway, etc.

Please describe:

no

Are there underground utilities located on the property? Yes ☐ No ☑

If yes, check ALL that apply: ☐ Power ☐ Phone ☐ Water ☐ Gas ☐ Cable TV

Chris Brewer

Signature

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

2623B

Date and Time: 9/10/2012 9:39:57 AM

Parcel ID #: 02301113 GIS ID #: 02301113	
Owner Name:	RALPH C BREWER
Mailing Address:	11216 ARTHUR AUTEN RD HUNTERSVILLE, NC 28078
Property Characteristics	
Legal Desc.:	NA
Land Area:	1 WF
Fire District:	23-HUNTERSVILLE RURAL
Special District:	FIRE SERVICE D
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM

Deed Reference(s) and Sales Price

26411-122 (4/11/2011) $0.00
16631-127 (12/31/2003) $0.00
04105-300 (9/12/1978) $0.00

Situs Addresses Tied to This Parcel

11127 ARTHUR AUTEN RD

Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: HUNTERSVILLE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2011 Annexation Area: NO	
Census Tract #: 62.07	
Parcel Falls Inside a Water Quality Buffer?: YES	
Post Construction District	
Jurisdiction:	Huntersville
District:	Catawba

875-1750

564-6040

FEMA Flood Information	
FEMA Panel #:	3710452900K
FEMA Flood Zone:	IN:VIEW FEMA FLOODPLAIN TO VERIFY
FEMA Panel Date:	03/02/2009
Community Flood Information	
Community Flood Zone:	IN:VIEW COMMUNITY FLOODPLAIN TO VERIFY
Regulated Watershed Information	
Watershed Name:	McDOWELL
Watershed Class:	CA-2 AND CA-4

Building Photography

PHOTO #1
Location: 11127 ARTHUR AUTEN RD



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

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MECKLENBURG COUNTY GIS

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Real Estate Lookup

Print Close

Parcel Information

Parcel ID	Account	Parent	Previous
02301113	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
BREWER RALPH C	11216 ARTHUR AUTEN RD	HUNTERSVILLE NC 28078

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
NA	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE D	HUNTERSVILLE RURAL	0

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
135400	360000	5200	500600				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Apr 11 2011			LESS $3000	IMP	26411 - 122	SPEC WARRNTY	26411-122	BREWER,JOHN A
Dec 31 2003			UNDER REVIEW	IMP	16631 - 127	MULT LISTING	16631-127	BREWER,JOHN A
Sep 12 1978	0			IMP	04105 - 300	WARRANTY D	04105-300	

Land Use

Use	Units	Type	Neighborhood	Assessment
R122	1.00	WF	C301	360000

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1956	11127 ARTHUR AUTEN RD UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	2653	2018	CRAWL SPACE	ALUM,VINYL -	AVERAGE 03	135400

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	ELECTRIC	1 - FP3	AC-CENTRAL		3	2		1

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1809
1	PORCH - ENCLOSED - FINISHED (HEAT)	209
1	PORCH - OPEN - FINISHED	155
1	GARAGE - FINISHED	480

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 21.00%				

Notes

Tax Year	Notes	Note Date

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1956	BOATHOUSE	1	8X24	1200
1	1956	PIER	1	5X45	1200
1	1956	BOAT RAMP	1	5X10	100
1	1956	DOCK	1	12X12	1000
1	1956	PATIO	1	260	400
1	1956	BOATHOUSE	1	10X20	1300

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred

Feb 8 2011	2011	Countywide Revaluation	500600	0
Jan 17 2003	2003	Countywide Revaluation	316600	0
Apr 2 2001	2001	Remodeled and/or New Addition	198200	
Apr 2 2001	2001	Remodeled Improvements and/or New Additi	198200	
Jan 5 1998	1998	Countywide Revaluation	189710	
Jan 2 1991	1991	Countywide Revaluation	157910	

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Mon Sep 10 09:35:53 EDT 2012



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Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 2623B WASPS App #: _____

Primary ES assigned to project: Jeremy Michelone

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 ☑	Repair
.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: 1 Were sufficient auger borings made?	Yes ☒	No ☐	N/A ☐	
.1939(d), .1955, .1956, .1957	LTAR 0.3	Yes ☐	No ☐	N/A ☐	
	Improvement Permit/Construction Authorization				
.1937(g)	Proposed System Type stated-Initial	Yes ☒	No ☐	N/A ☐	
130A-336(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)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☒	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☒	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☒	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☒	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☒	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☒	N/A ☑
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☑

Operation Permit

.1937(i)	System type as described in table V(a) of rule .1961	Yes ☒	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☒	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: 10/8/12

OP issued date: 10/16/12

Review performed by: JAM Date performed: 10/24/12