SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☑ REPAIR ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 1330B

Assigned Inspector: Heather Ray

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

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

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☒ Septic file complete: 7/24/23

☐ Release final hold in Winchester: _____

Comments: Tank Replacement Only - Complete

4330B #13728

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: 033R402
STREET ADDRESS: 2519 Primm Rd
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 3.00

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: 3,000
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

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

6. **WATER SUPPLY:** ◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

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

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

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

8A. **RANK:** ____ ____ ____ ____ ____

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

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

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

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

12. **PROPERTY OWNER:**

NAME: Vang or Nhia Hang
ADDRESS: 2519 Primm Rd
CITY: Charlotte
STATE: NC ZIP: 28216
WORK PHONE:
MOBILE PHONE: (704) 785-7853
FAX:
E-MAIL: nhiahang@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

Owner's Authorization form is required if legal representative is submitting application

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

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.

nh (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.

Nhia Hang
Property Owner's or Owner's Legal Representative Signature

3/2/23
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: _____

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

File #: _____

PROPOSED PLOT PLAN

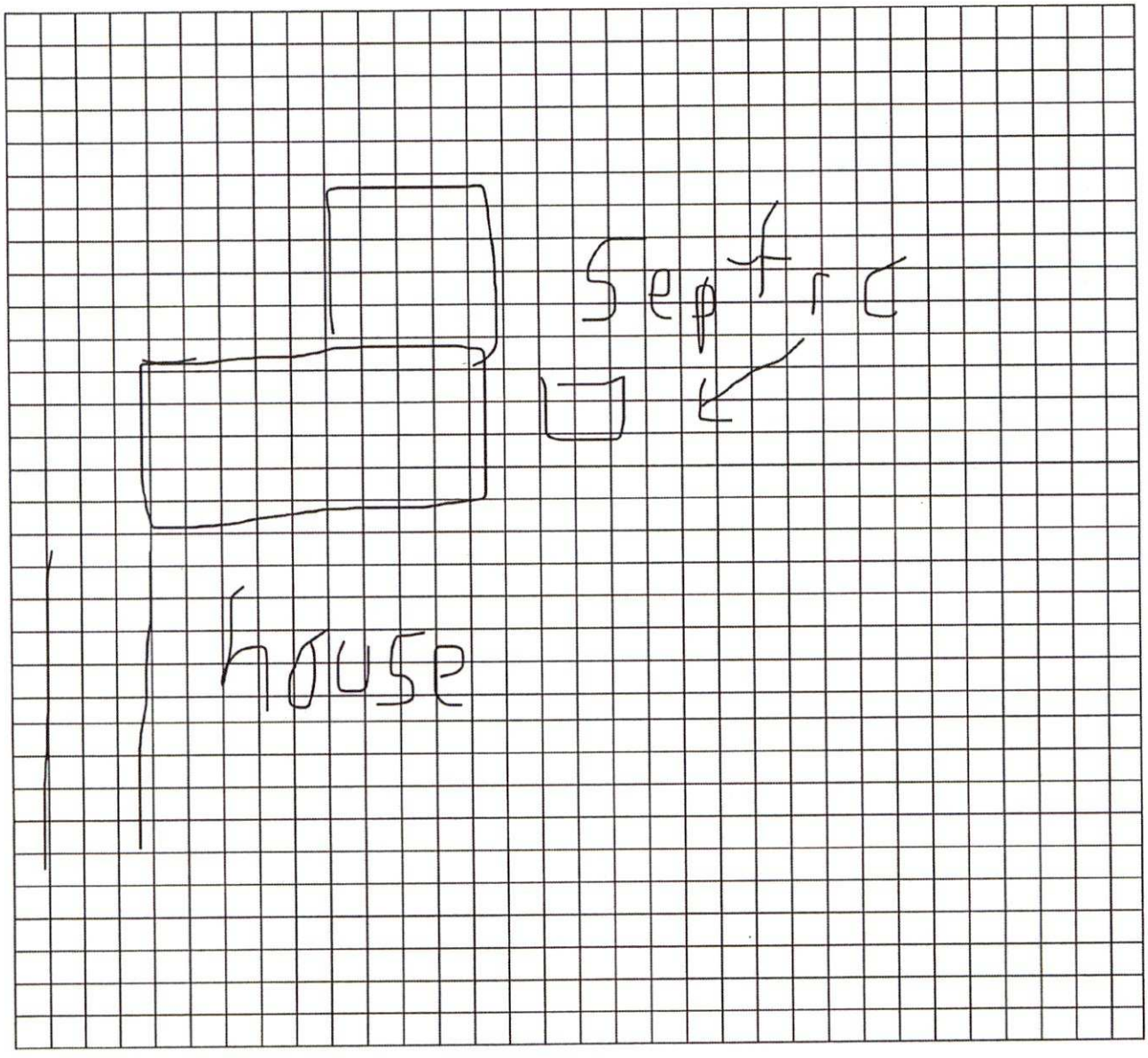
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 2519 Primm Rd, Charlotte, NC

Tax Parcel #: _____

Subdivision Name: _____

Lot #: _____



Nhia Hang

Property Owner's or Owner's Legal Representative Signature

3/20/20

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
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

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

File #: 4330B Permit #: 13728 Tax Parcel #: 03312402

Property Owner: Vang and Nhia Hang

Job Location Address: 2519 Primm Rd

City: Charlotte State: NC Zip Code: 28216

Improvement Permit Issuance Date: _____ **Construction Authorization Issuance Date:** 3/24/23

Permission is hereby given to **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 3/24/24. 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.

Permitted Design Flow: TBD GPD Site LTAR: _____ GPD/ft^2

Liquid Capacity of Septic Tank: Existing gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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

Bed Depth: _____ 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 _____

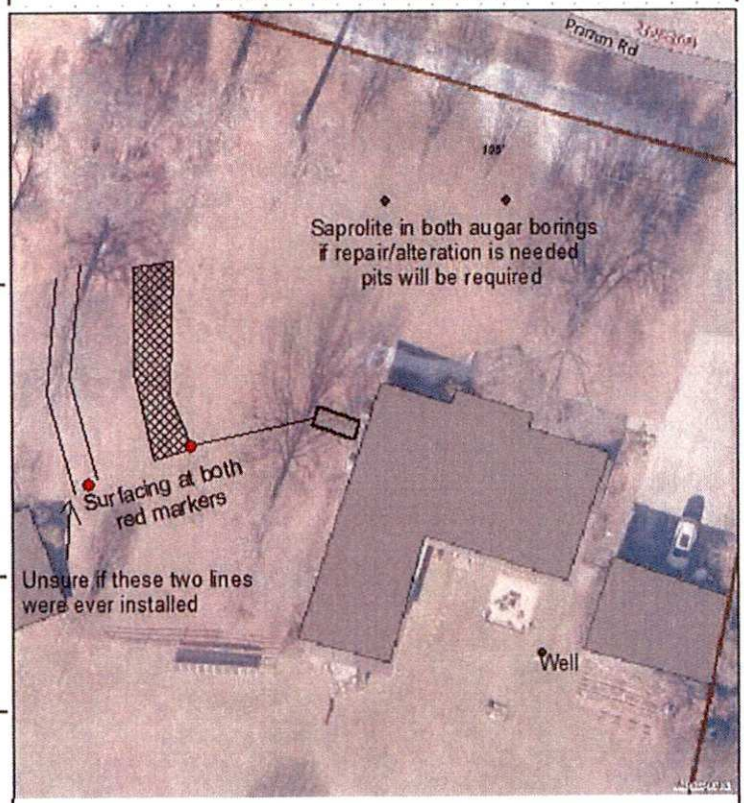
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100+ feet

SKETCH OF SYSTEM LAYOUT



Comments: System Classification & Type: Alteration permit was written in 2017 no record of install but owner was told work was completed. Investigate tank to drainfield connection. Investigate alteration area to see if system was installed

MUST CALL EHS(HEATHER RAY) PRIOR TO ANYWORK BEING CONDUCTED. 704-280-1485

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 #: 4330B Permit #: 13728 Tax Parcel #: 03312402

Property Owner: Tou Kou Vang & Thavy Yin

Job Location Address: 2519 Primm Rd

City: Charlotte State: NC Zip Code: 28216

Operation Permit Issuance Date: 7-7-23 Contractor Name: Greenway Solutions

Permitted Design Flow: 240 GPD Liquid Capacity of Dosing Tank: NA gallons

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

Drainfield Installation ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

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

Bed Depth: _____ 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

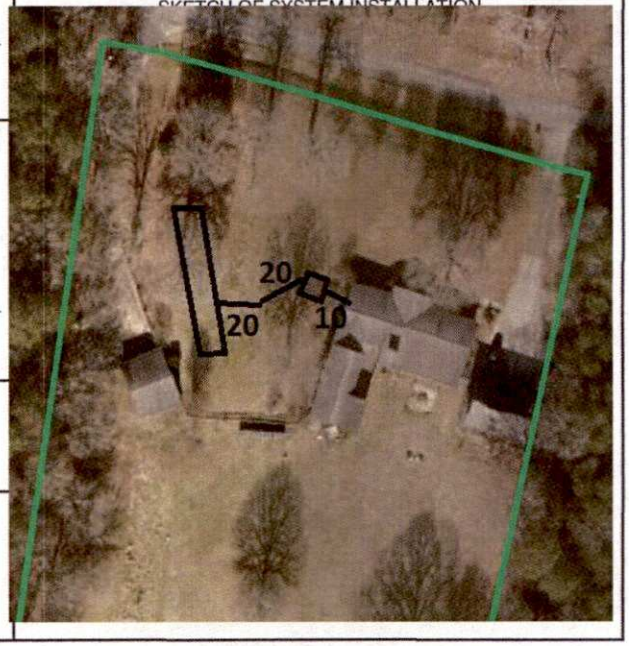
Inspection Dates

Tank(s) Inspected: 7-7-23

Excavation Inspected: NA

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION



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

DENR Authorized Agent: Heather Ray Signature: Heather Ray

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 #: 4330B Permit #: 13728 Tax Parcel #: 03312402

Property Owner: Tou Kou Vang & Thavy Yin

Job Location Address: 2519 Primm Rd

City: Charlotte State: NC Zip Code: 28216

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: _____

_____

_____

_____

DENR Authorized Agent: HEather Ray Date: 7-7-23

Signature: HEather Ray

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) as 11/2/17 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 ☑ JAM 11-8-2017

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. ☐ _____

Ellis, Loretta

From: Ellis, Loretta
Sent: Tuesday, January 09, 2018 12:56 PM
To: 'KATHY.LEPAGEJOHNSON@GMAIL.COM'
Subject: 2519 PRIMM RD
Attachments: Color0075.pdf

Second request, please sign the Improvement Permit and Drawing for 2519 PRIMM RD, and email back to me. Thank you

Loretta W. Ellis
Administrative Assistant III
Environmental Health Services
Mecklenburg County Health Department
Office 980-314-1680
Fax 704-336-6894
Email Loretta.Ellis@MecklenburgCountyNC.gov
http://Groundwater.charmeck.org
http://Meckpools.charmeck.org

File/ No answer @ number given

CONFIDENTIALITY NOTICE: This message and any attachments included are from the Mecklenburg County Health Department and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message. Thank you!

4330B
#9265

2 NOV '17 PM 1:30

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: 033-124-02
STREET ADDRESS: 2519 Primm Rd
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME: —
LOT #: _____ LOT SIZE (acres): _____
TOWNSHIP:
☒ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ☒ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
☒ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 2485
NUMBER OF BEDROOMS: 3 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: 1 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 Cheapest

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?** 11/11/17 ☐ N/A

12. **PROPERTY OWNER:**
NAME: David Ogden
ADDRESS: 276 E. Center Ave
CITY: Mooresville
STATE: NC ZIP: 28115
WORK PHONE: _____
MOBILE PHONE: ~~704~~ 937-657-3792
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

kathy.lepagejohnson@gmail.com

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.

_____ (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.

_____ 11-1-17

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

---

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

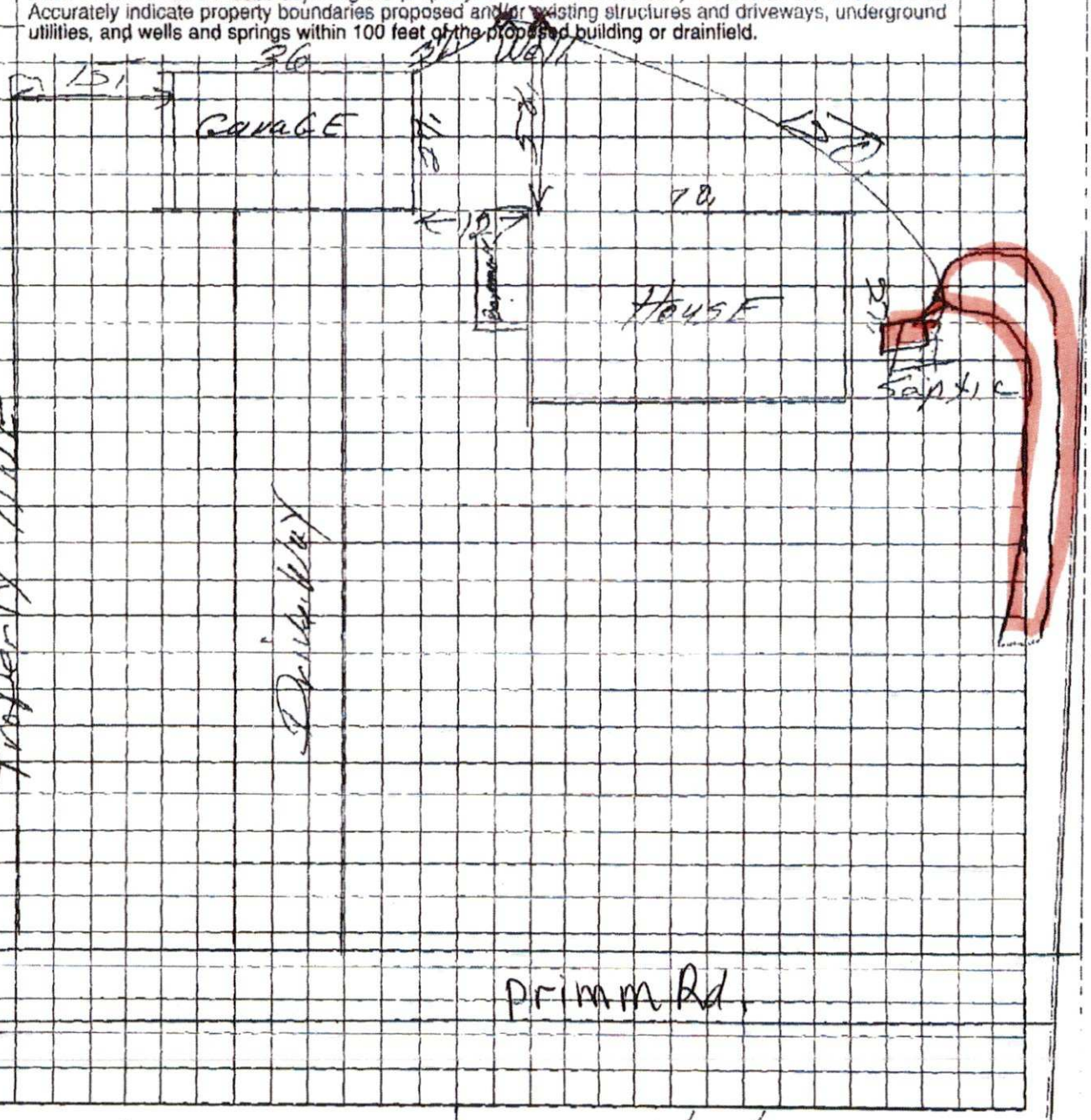
PROPOSED PLOT PLAN

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

FILE: 4330B

TC: 033-124-02

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.



OWNER/AGENT SIGNATURE

DATE 6/12/2000

APPROVAL DATE 6/12/2000

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

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

Property ID: 033-124-02
Lot #:
File #: 4330B
AppID: 9265

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Ronald Dunn
Applicant: David Ogden
Address: 2519 Primm Road Charlotte, NC 28216
Date Evaluated: 11/6/2017
Proposed Facility: 3 Bedroom House Design Flow (.1949) 360 GPD
Property Size: 3+ acres
Location of Site: 2519 Primm Road Charlotte, NC 28216
Property Recorded: 1967
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS 4%	0-6	GR/SCL	FR/NS/NP/SEXP	35" TO SOIL WETNESS	35	PS	NA	PS IV 0.2 G/D/FT2
		6-21	GR/SL	FI/S/P/SEXP					
		21-35	SBK/SCL	FI/S/P/SEXP					
2	LS 4%	0-8	GR/SL	FR/NS/NP/SEXP	33" TO SOIL WETNESS	33	PS	NA	PS IV 0.2 G/D/FT2
		8-20	SBK/SCL	FI/S/P/SEXP					
		20-33	SBK/SCL	FI/S/P/SEXP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IIIb
Site LTAR	0.2	0.2

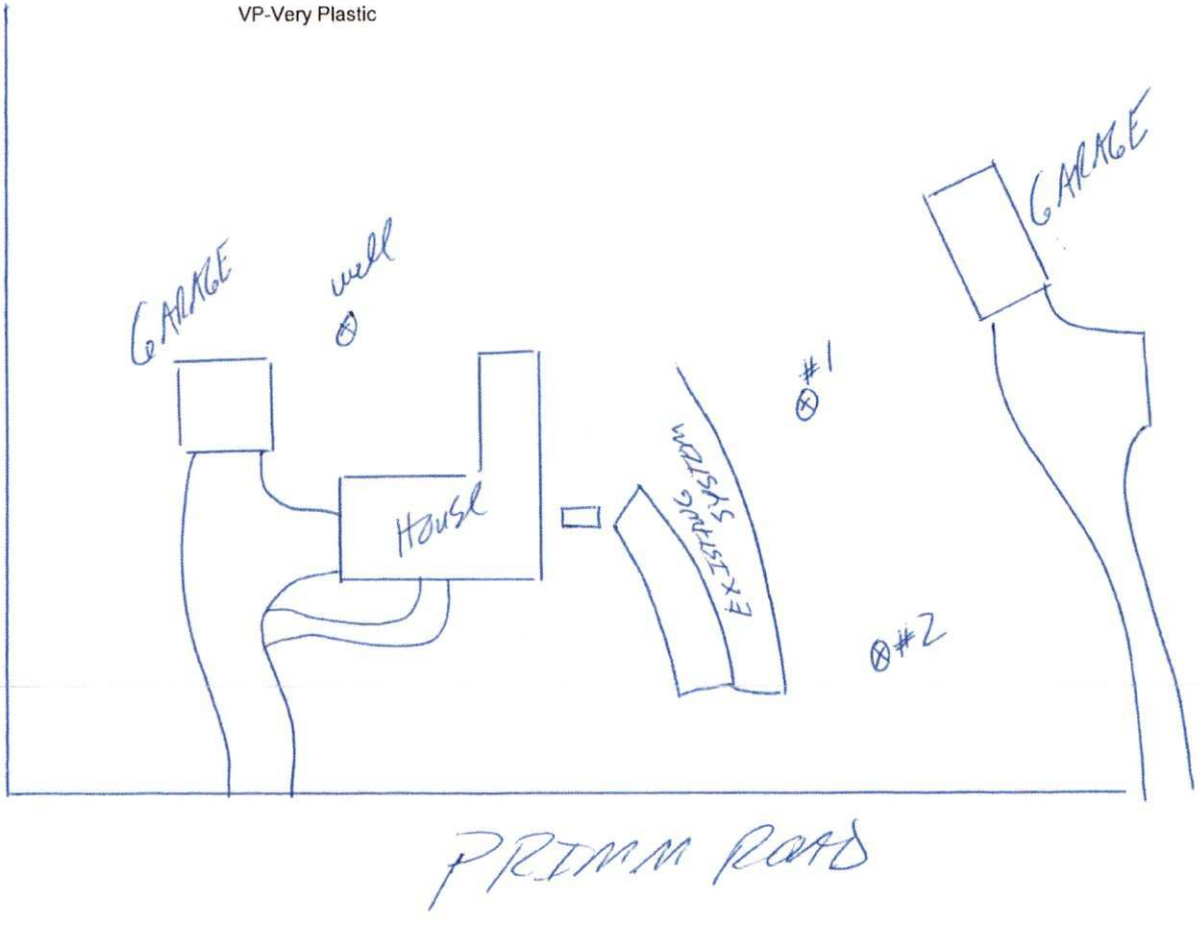
Other Factors (.1946):
Soil Evaluation By: Jeremy Michelone, REHS
Others Present: Mr. Ogden
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jeremy Michelone, REHS
Others Present: Mr. Ogden

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
SS-Shoulder Slope		LS-Loamy Sand	
LS-Linear Slope			
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6
NS-Nose Slope		L-Loam	
HS-Head Slope			
CC-Concave Slope	III	SI-Silt	0.6 - 0.3
CV-Convex Slope		SICL-Silty Clay Loam	
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	

Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

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	



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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30009265** GWS File #: **4330B** Tax Parcel #: **033-124-02**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 11/7/2022

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2985 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Water Supply: Municipal

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	120	LTAR (gpd/ft^2):	0.2	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	450	Total Trench Length (ft):	150
Maximum Trench Depth (in):	20	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Accepted **System Classification:** N/A

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.2	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1350	Total Trench Length (ft):	450
Maximum Trench Depth (in):	20	Depth of Media (in):	0	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michelone Signature: _____

Date Issued: 11/7/2017

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30009265** GWS File #: **4330B**

IV. Permit Conditions/Comments:

- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 25 feet from any foundation drain.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

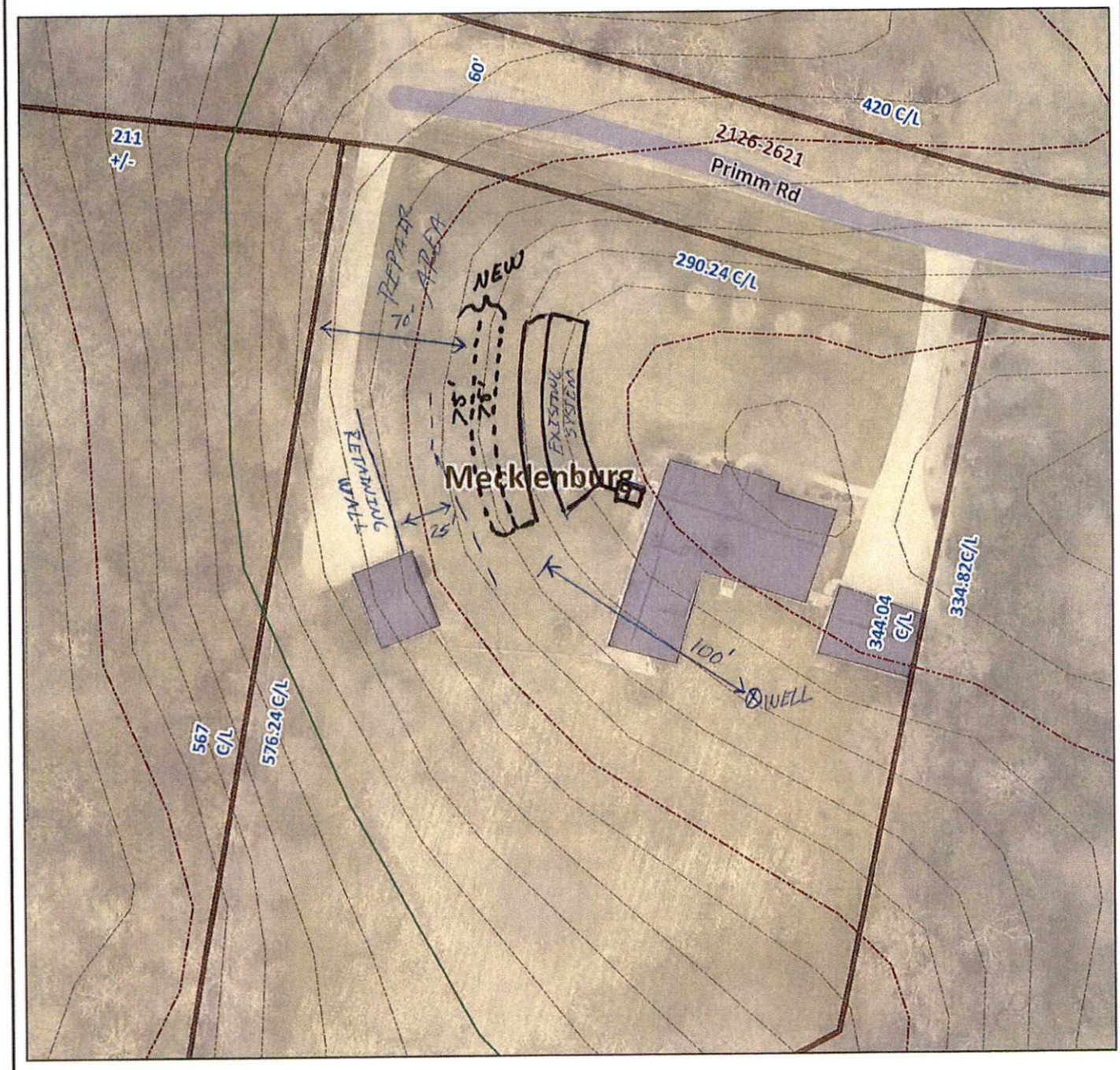
- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 11/7/2017

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

→ ALTERATION FOR 4 1 Bedroom ADDITION
→ 0.2 LTAR
→ INSTALL 2 LINES x 75' (150 TLF)
→ TYPE IIIg 25% REDUCTION

Permit #: 90965
PID #: 033-124-02
File #: 43308

→ 20" MAX TRENCH DEPTH
→ PROPERTY DOES NOT REQUIRE 100% REPAIR

Authorized Agent: Jimmy Mack, REHS Date: 11/7/17

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 feet

Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	4330B
WASPS App #:	9265
Primary ES assigned to project:	Jeremy Michelone
Secondary ES assigned to project:	
Project Type:	Alteration
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/02/17	**Amount:**	300.00
Receipt #:	108068	**Tendered:**	300.00
Check / Auth #:	CHECK 128	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: OGDEN, DAVID
Attn:
Address: 276 E CENTER DR
Address:
City/State/Zip: MOORESVILLE, NC 28115

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 2519 PRIM RD		1	300.00	300.00

----------Outstanding Balances----------

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

Wastewater Solutions & Design ,

4711 Rocking Horse Dr
Maiden, NC 28650

Invoice

Date	Invoice #
10/30/2017	1842

Bill To
Vang hang & Nhia Hang 2519 Primm Rd Charlotte, NC 28216

Description	Amount
Inspect the Septic System at 2519 Primm Rd Charlotte, NC	325.00

Thank you for your business.

Total $325.00

Phone #	E-mail
980 429 1580	rwilliams9534@bellsouth.net

WASTEWATER SOLUTIONS & DESIGN
Russell B Williams " Wastewater Specialist "
4711 Rocking Horse Dr
Maiden, NC 28650
ph. 980-429-1580
fax, 828-428-3028
E-mail rwilliams9534@bellsouth.net

SEPTIC INSPECTION

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Property Address: 2519 Primm Rd (Street)
Charlotte (City) NC (St) 28216 (Zip)

Current owner of Record: Robert Ogden

Inspection requested by: ☐ Owner of record ☒ Other Name: Buyer, Vang Hang + Nhia Hang
Company: C/o Meredith Curley, Mooresville Realty
Phone: 704 728 1409

Date of Inspection: 10-30-17 **# bedrooms or design flow:** 3 **MLS #:**

☐ Copy of Operations permit from Mecklenburg County Environmental Health attached
☒ Operations permit not available

Type of water supply ☒ Well ☐ Public Water ☐ Community Water ☐ Other:

1. **System components setbacks:**

7 ft. from house or structure	Required separation:	5	ft.
100+ ft. from well if applicable	Required separation:	50	ft.
10+ ft. from water line if applicable	Required separation:	10	ft.
10+ ft. from property line	Required separation:	5	ft.
NA ft. from surface water	Required separation:	50	ft.
NA ft. from swimming pool	Required separation:	15	ft.
___ ft. from OTHER:	Required separation:	~	ft.

2. **Septic tank details:**

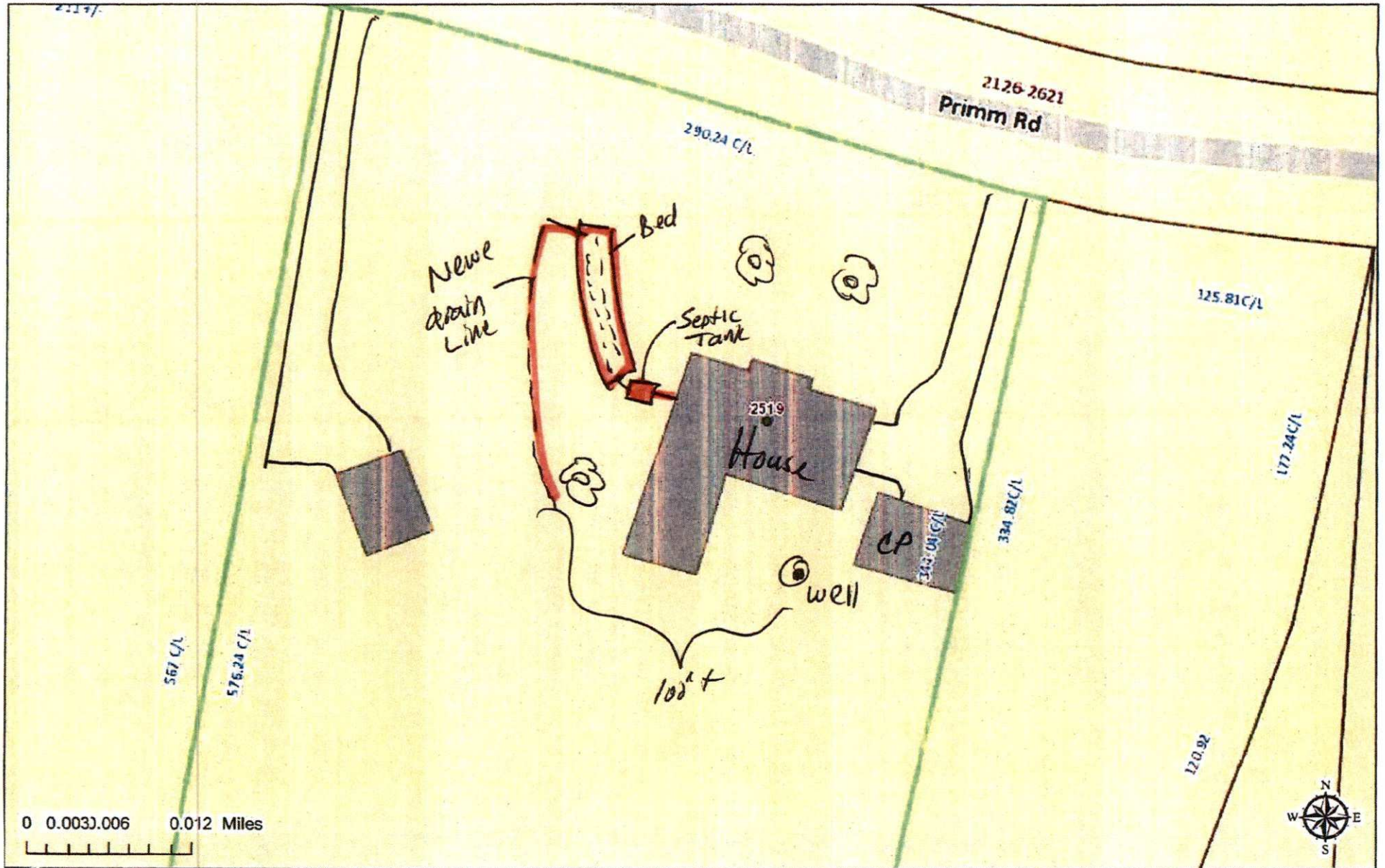
Able to locate tank: ☒ yes ☐ no If no, explain:
Approximate depth from ground surface to tank access: 16 inches
Access riser(s) present: ☐ yes ☒ no N.A.
Tank lids intact: ☒ yes ☐ no If no, explain: Only Inlet Lid
Tank has baffle wall: ☐ yes ☒ no N.A.
Influent from facility to tank confirmed: ☒ yes ☐ no If no, explain:
Outlet T is present: ☐ yes ☐ no If no, explain: (?) - No Outlet Lid
Effluent screen present: ☐ yes ☐ no N.A. X
Effluent exits the tank through the outlet: ☒ yes ☐ no If no, explain:
Roots present in tank: ☐ yes ☒ no If yes, describe:
Evidence of infiltration: ☐ yes ☒ no If yes, describe:
Evidence of exfiltration: ☐ yes ☒ no If yes, describe:
Structural integrity (Check all that apply): ☐ No problems noted ☐ Exposed reinforcement ☒ Corrosion ☐ Cracks ☐ Deformation ☐ Other:
Date tank was last pumped ☒ unknown
Percent of liquid depth occupied by solids (sludge plus scum) measured in tank 20 %

This septic tank was or was not opened on the inlet and outlet side access ports to examine the condition of the interior of the septic tank and access lids. The effluent is then examined by an instrument to determine by cross section the amount of sludge and scum in the septic tank. The sludge and scum are measured and together make up the solid portion of the tank. If the solids make up more than 33% of the liquid capacity of the septic tank ,the tank should be pumped.

Polaris 3G Map – Mecklenburg County, North Carolina

Septic System Site Plan

Date Printed: 10/30/2017 11:24:07 PM



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

Phil 0

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$100 CK# 3563 6/12/00 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 4330B

PERSON FILING APPLICATION:
NAME: Combs (last) Catherine (first) F (mi)
ADDRESS: 2519 Grimm Rd PHONE: (704) 395-0860
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY OWNER:
NAME: Combs (last) Edsel & Catherine (first) R or 7 (mi)
ADDRESS: 2519 Grimm Rd PHONE: (704) 395-0860
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 033-124-02
STREET ADDRESS: _____
ZONING: _____

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):

[redacted] 1967

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

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

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: Catherine Combs Date: 6/12/2000

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.

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

... Approval granted for a detached garage & partial basement addition (no plumbing)
Use existing System

Phila S Walker RS 6/20/2000
Environmentalist Date

WATER : 122791

3. System includes a dosing tank: ☐ yes (complete this section) ☒ no
Approximate depth from surface to top of tank _____ inches
Access risers: ☐ yes ☐ no If no, explain: _____
Structural integrity (Check all that apply): ☐ No problems noted ☐ Exposed reinforcement ☐ Corrosion
☐ Cracks ☐ Deformation ☐ Other: _____

NA 4. Dosing device: ☐ pump ☐ siphon

NA 5. Control panel: ☐ yes ☐ no If no, explain: _____
Panel integrity (Check all that apply): ☐ No problems noted ☐ Melted wires ☐ Corrosion
☐ Cracks ☐ Leakage ☐ No conduit seal ☐ Other: _____
Panel working: ☐ yes ☐ no If no, explain: _____
Pump or siphon working ☐ yes ☐ no If no, explain: _____
☐ Unable to operate pump due to lack of electricity at site at time of inspection

6. System requires an NC Certified Subsurface Operator per Rule .1961: ☐ yes ☒ no
If yes, Operator Name _____ Cert. #: _____ Phone _____
Copy of most recent operator report attached ☐ yes ☐ no

7. Type of drainfield: ☒ Trench ☒ Bed ☐ Other: Old Bed - 3'x75'+ Newer Trench
Nature of media: Stone
Type of distribution: ☒ Gravity ☐ Pressure-dosed gravity ☐ Pressure – LPP ☐ Pressure – Drip
☐ Other: _____
Evidence of past or current surfacing at time of inspection: ☐ yes ☒ no If yes, describe: _____
Large trees or other vegetation noted over or near drainfield area: ☒ yes ☐ no If yes, describe: shrubs Next to tank
Encroachments: ☐ yes ☒ no If yes, describe: _____
Evidence of traffic over drainfield: ☐ yes ☒ no If yes, describe: _____
Designated repair/reserve area free of encroachments: If no, describe: (Ok)

8. Advanced pretreatment: ☐ yes ☒ no If yes, describe: _____
Functioning in accordance with manufacturer specifications: ☐ yes ☐ no ☐ Not determined. If no, explain: _____
Functioning in accordance with permit requirements: ☐ yes ☐ no ☐ Not determined. If no, explain: _____

9. Other components not covered above: /

10. Proper surface and subsurface water diversion over and around system components: ☒ yes ☐ no If no explain: _____

11. Other pertinent facts noted during inspection (attach additional sheets as needed): system appears to be functioning ok. There is no outlet lid on this style of tank. A small repair has been added the the drainfield.

Inspector Name: Russell B. Williams Certification #: 3137-I
Address: 4711 Rocking Horse Dr. Maiden, NC 28650
Phone: 980-429-1580
Inspector Signature: Russell B. Williams Date: 10-30-17

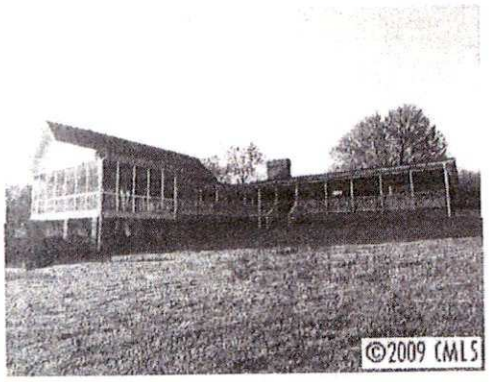
Cross Property Agent Full

2519 Primm Road, Charlotte NC 28216

List Price: **$398,000**

CMLS#:	**852841**	Category:	**Single Family**	Parcel ID:	033-124-02
Status:	**Withdrawn**	Tax Location:	**Mecklenburg**	County:	**Mecklenburg**
Subdivision:	**Oakdale**	Tax Value:	**$211,500**	Zoning:	**R3**
Zoning Desc:	**Residential Acreage**			Deed Ref:	**8167-383**
Legal Desc:	**na**			Lot/Unit #:	
Approx Acres:	**3.04**	Approx Lot Dim:	**290x344x344x576**		
Lot Desc:				Elevation:	

375,000



General Information

Type:	**1 Story Basement**
Style:	**Transitional**
Construction Type:	

HLA

		Unheated Sqft	
Main:	**2,617**	Main:	**0**
Upper:	**0**	Upper:	**0**
Third:	**0**	Third:	**0**
Lower:	**0**	Lower:	**0**
Bsmnt:	**368**	Bsmnt:	**0**
Above Grade:	**2,617**		
Total:	**2,985**	Total:	**0**

Additional Sqft: **2,126**

Additional Information

Prop Fin:	**Cash, Conventional**
Assumable:	**No**
Occupant Type:	

School Information

Elem:	**Unspecified**
Middle:	**Unspecified**
High:	**Unspecified**

Bldg Information

Beds:	**3**
Baths:	**2/1**
Year Built:	**1967**
New Const:	**No**
Prop Compl Date:	
Construct Status:	
Builder:	
Model:	

Publicly Maint Rd:

Room Information

Room Level	Beds	Baths	Room Type
Main	**3**	**2/1**	**Bathroom(s), Bedroom(s), Breakfast, Den, Great Rm, Kitchen, Laundry, Master BR**
Basement	**0**	**0/0**	**Den**

Features

Parking:	**Garage - 4+ Car, Detached Garage**
Driveway:	**Concrete**
Laundry:	**Utility Room, 1st Floor**
Foundation:	**Basement, Crawl Space**
Fireplaces:	**Yes, Great Room, Gas Logs**
Floors:	**Tile, Wood**
Equip:	**Dishwasher, Disposal, Microwave, Ice Maker Connection, Self Cleaning Oven, Ceiling Fan(s), Security System, Gas Range/Electric Oven, Cooktop Gas**
Interior Feat:	**Attic Stairs Fixed, Wet Bar, Whirlpool**
Exterior Feat:	**Building - Storage Shed/Outbuilding, Building - Workshop, Deck, Fenced Yard**
Exterior Const:	**Brick Veneer Full**
Porch:	**Other, Screened**

2/3

Doors/Windows:
Fixtures Exceptions: **No**

Main Level Garage:

Roof:

Utilities

Sewer:	**Septic Tank**
HVAC:	**Heat Pump - AC, Heat Pump - Heat**
Water:	**Well, City Water**
Wtr Htr:	**Electric**

Remarks

Public Remarks: **What a great home! A truly beautiful setting, you must see the fully fenced backyard from the covered back porch or screen porch! Fully remodeled w/ new master wing & basement den added in recent years. Hardwood floors throughout, tile floors in baths & basement den. 2 detached garages (3 car & 2 car). 1,822 sqft of garage/shop space. 300 sqft walk-up storage over 3 car garage. You have to see!**

Instructions: **Lockbox/Key, Showing Service**

Directions: **From I-77 or I-85, Take Brookshire Frwy (Hwy 16) north, (R) on Oakdale, bare (R) on Miranda (at post office), (L) on Primm, Last house on left.**

Listing/Agent/Office Information

DOM:	**161**	CDOM:	**161**	TOM Dt:	
Mkt Dt:	**04/15/09**	UC Dt:		DDP-End Date:	
Agent/Own:	**No**				
For Appointment Call:	**704-549-0002**			List Type:	**Exclusive Right**
Listing Agent:	Robert Spivey (13675)			Agent Phone:	**704-995-7192**
Listing Office:	Century 21 Murphy & Rudolph (9375)			Office Phone:	**704-399-4848**
Co-List Agent:	Kim Long (17113)			Co-List Agent Ph:	**704-507-6061**
Co-List Office:	Century 21 Murphy & Rudolph (9375)			Co-List Office Ph:	**704-399-4848**
Buyer Agency:	**3%**	Sub Agency:	**3%**	Transaction Broker:	
Named Prosp:	**No**	Dual/Var:	**No**	Seller Name:	**Combs**
Web Url:				Full Service:	**Yes**

Expiry Dt:
With Dt: **09/25/09**

Bonus:

Prepared By: Kathy Byrnes

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2519 Primm Rd, Charlotte, NC 28216-8773, Mecklenburg County

Owner Information

Owner:	Ogden Robert E	Tax Billing Zip:	28216
Tax Billing Address:	2519 Primm Rd	Tax Billing Zip+4:	8773
Tax Billing City & State:	Charlotte, NC	Owner Occupied:	Yes

Location Information

School District :	Charlotte-Mecklenburg Schools	Carrier Route:	R059
Subdivision:	Wynfield Forest Sec 02 Map 01	Zoning:	R3
Township:	County	Neighborhood Code:	Long Creek-D301
Census Tract:	61.05	Location Influence:	Rural

Tax Information

Parcel ID:	033-124-02	Tax Area:	05
% Improved:	70%		

Assessment & Tax

Assessment Year	2016	2015	2014
Assessed Value - Total	$313,500	$313,500	$313,500
Assessed Value - Land	$93,200	$93,200	$93,200
Assessed Value - Improved	$220,300	$220,300	$220,300
YOY Assessed Change ($)	$0	$0	
YOY Assessed Change (%)	0%	0%	
Market Value - Total	$313,500	$313,500	$313,500
Market Value - Land	$93,200	$93,200	$93,200
Market Value - Improved	$220,300	$220,300	$220,300

Tax Year	Total Tax	Change ($)	Change (%)
2014	$3,368		
2015	$3,425	$57	1.71%
2016	$3,460	$35	1.02%

Characteristics

Land Use - Universal :	SFR	Heat Type:	Hot Air
Land Use - County :	Single Family Res. - Rural Ac	Heat Fuel Type:	Gas
Lot Acres:	3.041	Fireplaces:	1
Lot Sq Ft:	132,466	Interior Wall:	Plywood Panel
Year Built:	1967	Floor Cover:	Hardwood
Total Units:	1	Basement Type:	Tax: Finished MLS: Basement, Crawl Space
# of Buildings:	1	Basement Sq Feet:	360
Building Type:	Residential	Foundation:	Crawl Space
Stories:	1	Exterior:	Brick
Building Sq Ft:	Tax: 2,882 MLS: 2,985	Roof Material:	Asphalt
Total Building Sq Ft:	3,930	Roof Shape:	Gable
Heated Sq Ft:	2,882	Parking Type:	Type Unknown
Ground Floor Sq Ft:	2,522	Garage Sq Ft:	576
Bedrooms:	Tax: 4 MLS: 3	No. Parking Spaces:	MLS: 3
Total Baths:	3	Porch:	Finished/Open Porch
Full Baths:	2	Porch Sq Ft:	120
Half Baths:	1	Patio Type:	Terrace
Total Rooms:	6	Patio/Deck 1 Sq Ft:	120
Cooling Type:	Central	Condition:	Average

Features

Feature Type	Unit	Size/Qty	Year Built
Garage	S	912	1990
Garage	S	576	1990
Terrace	S	264	1995
Terrace	S	120	1995

Building Description	Building Size
Base	2,522
Bsmt Finished	360
Open Porch Fin	120
Open Porch Fin	480

Scr Porch Finish	448

Estimated Value

RealAVM™ (1):	**$342,710**	Confidence Score (2):	**73**
RealAVM™ Range:	**$287,876 - $397,544**	Forecast Standard Deviation (3):	**16**
Value As Of:	**09/14/2017**		

(1) RealAVM™ is a CoreLogic® derived value and should not be used in lieu of an appraisal.
(2) The Confidence Score is a measure of the extent to which sales data, property information, and comparable sales support the property valuation analysis process. The confidence score range is 60 - 100. Clear and consistent quality and quantity of data drive higher confidence scores while lower confidence scores indicate diversity in data, lower quality and quantity of data, and/or limited similarity of the subject property to comparable sales.
(3) The FSD denotes confidence in an AVM estimate and uses a consistent scale and meaning to generate a standardized confidence metric. The FSD is a statistic that measures the likely range or dispersion an AVM estimate will fall within, based on the consistency of the information available to the AVM at the time of estimation. The FSD can be used to create confidence that the true value has a statistical degree of certainty.

Listing Information

MLS Listing # :	**852841**	MLS Current List Price :	**$398,000**
MLS Status :	**Withdrawn**	MLS Orig. List Price :	**$398,000**
MLS Status Change Date :	**09/25/2009**	Listing Agent Name:	**13675-Robert Spivey**
MLS Listing Date :	**04/15/2009**	Listing Broker Name:	**CENTURY 21 MURPHY & RUDOLPH**

Last Market Sale & Sales History

Sale Date:	**07/29/2016**	Owner:	**Ogden Robert E**
Recording Date:	**07/29/2016**	Seller:	**Combs Catherine F**
Sale Price:	**$324,000**	Deed/Page:	**31036-848**
Price Per Square Feet:	**$112.42**	Deed Type:	**Warranty Deed**

Sale Date	07/29/2016	06/1995	07/1988
Recording Date	07/29/2016	06/02/1995	
Sale Price	$324,000	$130,000	$89,000
Buyer Name	Ogden Robert E	Combs Edsel Ray Sr & Combs Catherine F	
Seller Name	Combs Catherine F	Johnson Garfield & Evelyn M	
Deed/Page	31036-848	8167-383	5820-875
Document Type	Warranty Deed	Grant Deed	Warranty Deed

Mortgage History

Mortgage Date	07/29/2016	04/18/2011	01/24/2006	02/01/2001	07/31/1998
Mortgage Amount	$238,000	$344,900	$368,000	$28,600	$133,000
Mortgage Lender	Pnc Mtg	Jp Morgan Chase Bk	Coldwell Banker Mtg	First Union Nat'l Bk	Bank Of Union
Mortgage Type	Resale	Refi	Refi	Refi	Refi

Mortgage Date	06/02/1995
Mortgage Amount	$132,600
Mortgage Lender	Wieland Fin'l Svcs
Mortgage Type	Resale

Courtesy of Kathy Byrnes, CAROLINA MULTIPLE LISTING SERVICES INC
The data within this report is compiled by CoreLogic from public and private sources. The data is deemed reliable, but is not guaranteed. The accuracy of the data contained herein can be independently verified by the recipient of this report with the applicable county or municipality.

Property Detail