App. #: 10045

Fee: 100.0000

Date: 12/3/2018

CRT[ ]

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

MECKLENBURG COUNTY HEALTH DEPARTMENT

Groundwater & Wastewater Services

FILE #: 10167B

TYPE APPLICATION:

(●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC AND WELL

( ) ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE ( ) EXCHANGE MOBILE HOME - SAME # OF BEDROOMS

( ) ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (●) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION

NAME: HIEP PHAM

ADDRESS: 2116 SAM WILSON ROAD

CITY: CHARLOTTE

STATE: NORTH CAROLINA ZIP: 28214

PRIMARY PHONE: 704-995-6643 ALTERNATE PHONE:

EMAIL: SERVANTHEARTMD@GMAIL.COM

JOB LOCATION INFORMATION:

TAX / PARCEL #: 05314308

STREET ADDRESS: 2116 SAM WILSON RD

CITY: CHARLOTTE NC ZIP: 28214

SUBDIVISION OR MOBILE HOME PARK NAME: LOT #: 0

PROPERTY OWNER: [ ] Same as Filer

NAME: HIEP PHAM

ADDRESS: 2116 SAM WILSON ROAD

CITY: CHARLOTTE

STATE: NORTH CAROLINA

ZIP: 28214

PRIMARY PHONE: 704-995-6643

ALTERNATE PHONE:

EMAIL: SERVANTHEARTMD@GMAIL.COM

General Comments:

WATER SUPPLY:

[ ] MUNICIPAL (M) [ ] PUBLIC (C) [✓] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

( ) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY

( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE ( ) OTHER

NUMBER OF BEDROOMS: 0

NUMBER OF OCCUPANTS: 0

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

NUMBER OF EMPLOYEES PER SHIFT: 1

NUMBER OF SHIFTS: 3

INDUSTRIAL WASTES?: ( ) YES (●) NO

UNDERGROUND STORAGE TANKS?: ( ) YES (●) NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

[ ] BEDROOM [ ] BATHROOM [ ] KITCHEN [ ] DINING ROOM [ ] DEN [ ] GARAGE

[ ] SUNROOM [ ] PORCH [ ] DECK [✓] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

[ ] DETACHED GARAGE [ ] DETACHED GARAGE WITH PLUMBING [ ] POOL HOUSE [ ] SHOP [ ] BARN

[ ] STORAGE SHED [ ] DETACHED PORCH/DECK [ ] OTHER

Print Update Go to Front Counter

Meets all setbacks.
home approved for 6 residents + 1 employee.
April Bumgarner, 2-7-19

WASTEWATER SOLUTIONS & DESIGN
Russell B Williams " Wastewater Specialist "
4919 E. Maiden Rd.
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: 2116 Sam Wilson Rd (Street) Charlotte (City) NC (St) 28214 (Zip)

Current owner of Record: Hiep Pham SERVANTHEARTMD@GMAIL.com

Inspection requested by: ☒ Owner of record ☒ Other Name: Hiep (Henry) Pham
Company: 4317 Horseshoe Bend Matthews NC 28104
Phone: 704-995-6643

Date of Inspection: 1-25-19 **# bedrooms or design flow:** _____ **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: _____
old well / New Connection

1. **System components setbacks:**

5 ft. from house or structure	Required separation:	5	ft.
50+ 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.
0 ft. from OTHER: Deck	Required separation:	5	ft.

2. **Septic tank details:**

- **Able to locate tank:** ☒ yes ☐ no If no, explain: _____
- **Approximate depth from ground surface to tank access:** 8 inches
- **Access riser(s) present:** ☐ yes ☒ no N.A. ___
- **Tank lids intact:** ☒ yes ☐ no If no, explain: _____
- **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: Fallen Off
- **Effluent screen present:** ☐ yes ☐ no N.A. X
- **Effluent exits the tank through the outlet:** ☐ yes ☒ no If no, explain: water level 8" below outlet
- **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.

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: 6' X 30' plus -
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: _____
Encroachments: ☐ yes ☒ no If yes, describe: _____
☒ Evidence of traffic over drainfield: ☐ yes ☐ no If yes, describe: (NO) But Garage was built over half of main drain field.
Designated repair/reserve area free of encroachments: If no, describe: (O.K.)

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: There is a seperate wash water system. Need to see if the washer is still plumbed to the seperate system.

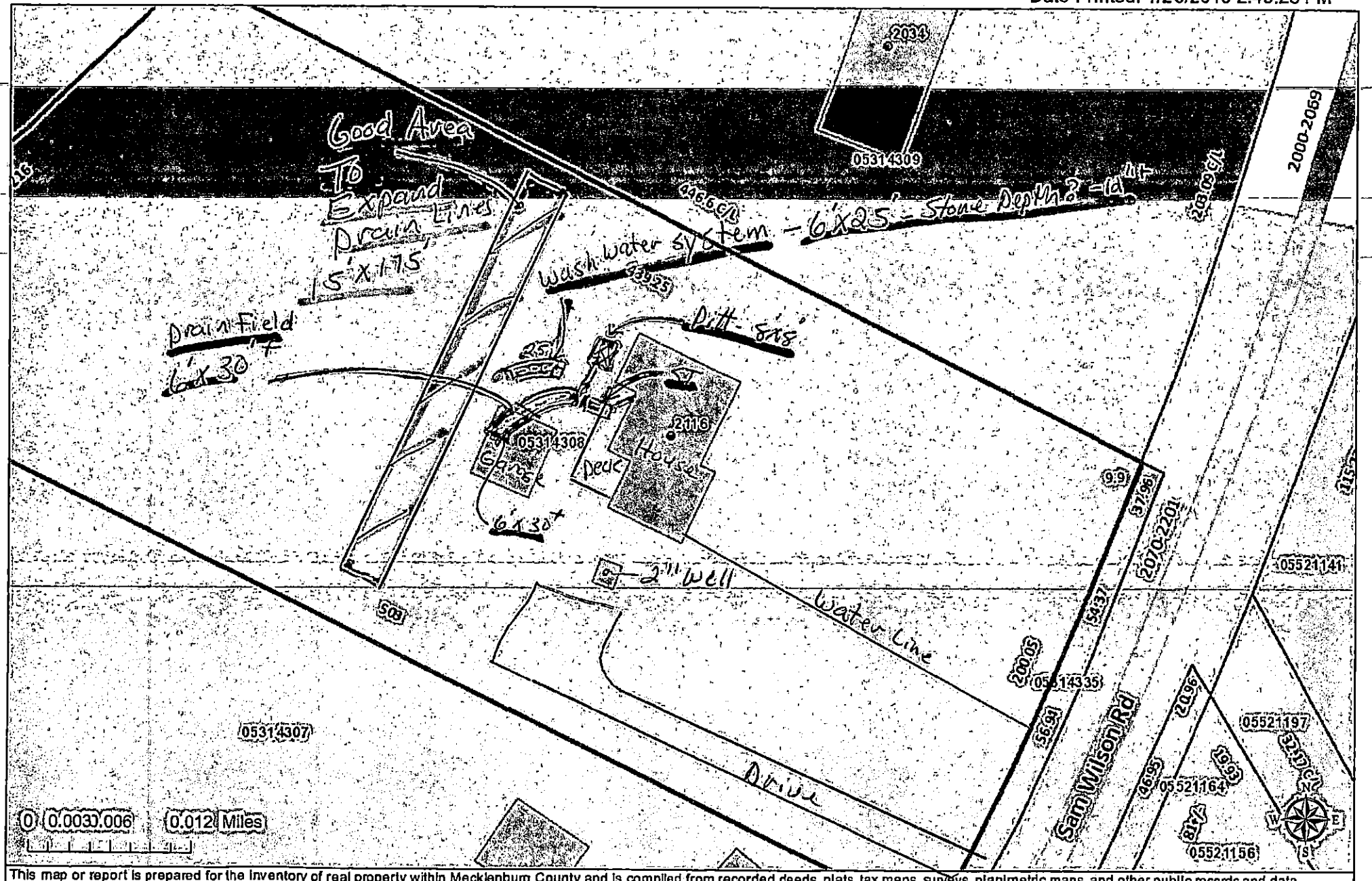
10. Proper surface and subsurface water diversion over and around system components: ☒ yes ☐ no If no explain: _____

11. Other pertinent facts noted during inspection (attach additional sheets as needed): The system appears to have been working. A pit was added at some time (see site plan). A New outlet Tee should be installed.

Inspector Name: Russell B. Williams Certification #: 3137-I
Address: 4919-E. Maiden Blvd. Maiden, NC 28650
Phone: 980-429-1580
Inspector Signature: Russell B. Williams Date: 1-25-19

Polaris 3G Map – Mecklenburg County, North Carolina
Septic Site Plan

Date Printed: 1/26/2019 2:49:28 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.

(1)

0
L
VFr
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C
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10-36"
C
Fr sp

(2)

0-8"
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8-24"
C1
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