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 #: 18520 Permit #: 6228 Tax Parcel #: 141.08227

Property Owner: Paul Story

Job Location Address: 5227 Eagle Lake Dr, South

City: Charlotte State: NC Zip Code: 28217

Operation Permit Issuance Date: 5/31/13 Contractor Name: Steve Autry

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: existing gallons Effluent Pump Model: Liberty 1/2 HP

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: 10 feet

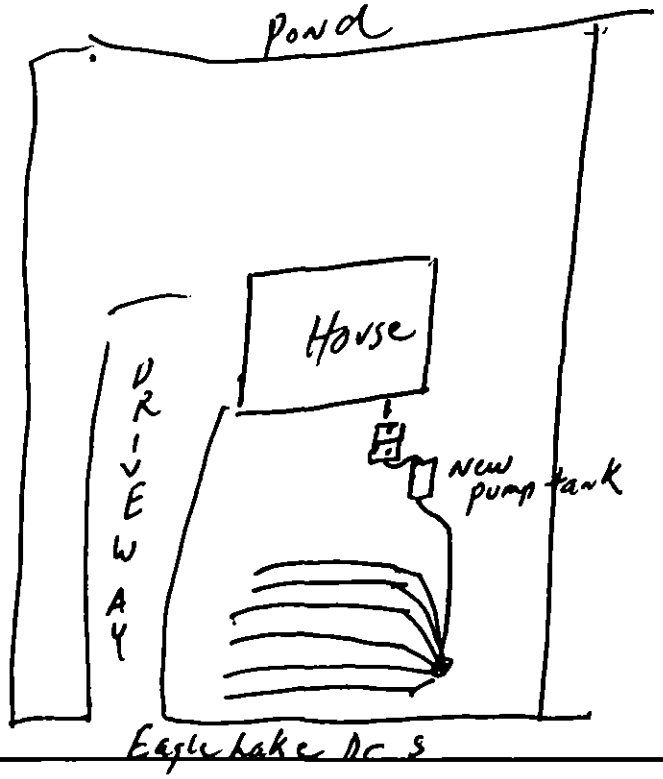
Inspection Dates

Tank(s) Inspected: 5/31/13

Excavation Inspected: NA

Pump & Controls Inspected: 5/31/13

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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

Repair to existing system / Replace pump tank

DENR Authorized Agent: Phillo Walker Signature: Phillo Walker REHS

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

File #: 18520 Permit #: 6228 Tax Parcel #: 141 082 27

Property Owner: Paul Story

Job Location Address: 5227 Eagle Lake Dr, South

City: Charlotte State: NC Zip Code: 28217

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: III b

*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: Replace pump tank and upgrade electrical box

DENR Authorized Agent: Phil Walker Date: 5/31/13

Signature: Phil Walker REHS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 18520 Permit #: 6228 Tax Parcel #: 141 082 27

Property Owner: Paul Story

Job Location Address: 5227 Eagle Lake Dr, South

City: Charlotte State: NC Zip Code: 28217

Installation Approval Issuance Date: 5/30/13

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 6/30/13, 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: 360 GPD
Site LTAR: NA GPD/ft² (For new installations only.)
Liquid Capacity of Septic Tank: Existing gallons
Liquid Capacity of Dosing Tank: 1000 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: _____

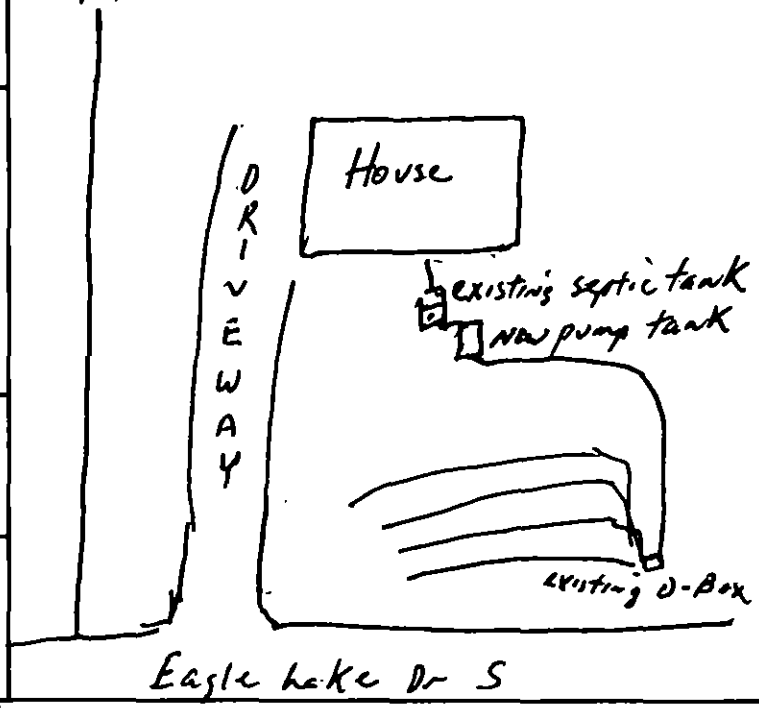
Bed Design *(For Repair Installations ONLY.)* ☒ N/A
Bed Depth: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Distribution Device: _____

Water Supply Source
☐ Municipal ☒ Private Well ☐ Community Well
☐ Other _____

Minimum System Setbacks
Distance from Building Foundation: 10 feet
Distance from Property Line: 10 feet
Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install new 1000 Gal pump tank and upgrade electrical box.



Comments: System Classification & Type: Type IIIb

DENR Authorized Agent: Philo Walker Signature: Philo Walker REHS

Mecklenburg County
Land Use & Environmental Services Agency

SERVICE REQUEST SUMMARY

Service Request

Service Request ID #	19411
Department	Groundwater Services
Description	*Request for Service*
Status	In Progress
Incident Address.	5227 EAGLE LAKE DR SOUTH
Incident Location	
Incident City	Charlotte
Incident Zip	28217
Jurisdiction	COUNTY
Submitted To	WALKER, PHILO
Date Initiated	5/22/2013 12:51:34 PM
Initiated By	SADER, LINDA
Date Dispatched	5/22/2013 12:51:34 PM
Dispatched To	WALKER, PHILO
Date Investigation Completed	
Closed By	
Problem Details	Autry's went out and determined there are a number of problems with the system. Realtor stated that they left things uncovered for you and she wants to know what needs to be done. Please call Sue Boynton at 704-564-8139.
Comments	By WALKER, PHILO: 5/28/2013 10:05:11 AM 5/23/13 SPOKE WITH SUE BOYNTON. EXPLAINED TO MRS BOYNTON THAT WE COULD NOT REQUIRE THAT THE SEPTIC TANK NEEDED TO BE REPLACED BECAUSE OF ROOTS IN THE TANK. I TOLD HER WE WOULD COME OUT IF THE SEPTIC SYSTEM WAS FAILING. MRS BOYNTON STATED THAT THE SYSTEM WAS NOT FAILING. STEVE AUTRY CALLED AND INDICATED THAT THE SEPTIC SYSTEM WAS NOT FAILING BUT THERE WAS A LOT OF ROOTS IN THE SEPTIC TANK.
Total Labor Cost	$0.00

Associated Work Orders

Work Order Id	WO Status	Description	WO Address

Initiated By	Actual Start Date	Actual Finish Date	Submit To

Custom Fields

Field	Value

18520 Attn: Philip Walker

App #6228

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

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 / SYSTEM APPLICATION: ☐ N/A ☐ NEW SYSTEM ☐ ALTERATION ☑ REPAIR ☐ MODIFIED PILOT PLAN – Replace P. Tank

2. WELL / WELL APPLICATION: ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 141-082-27
STREET ADDRESS: 5227 Eagle Lake Dr.
CITY: Cor
STATE: NC ZIP: 28217
SUBDIVISION NAME: Eagle Lake
LOT #: LOT SIZE (ACRES):
TOWNSHIP:
☑ 0-MECKLENBURG ☐ 5-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-WEST HILL
☐ 2-DAVIDSON ☐ 8-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☑ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO REPAIR 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 New pump Tank

8A. RANK: ___ ___ ___ ___ ___

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF SOME PLEASE INDICATE SUPPORTIVE DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☐ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☐ YES	☐ NO	JURISDICTIONAL WETLANDS	☐ YES	☐ NO
WELLS, CISTERNS, 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 THIS PROPERTY ORIGINALLY ORDERED AND RECORDED? _____ ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Neil Hoy
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:

13. OWNER'S LEGAL REPRESENTATIVE IF APPLICABLE:
NAME: Peter Autry
ADDRESS: 8918 Byrum Dr.
CITY:
STATE: ZIP: 28217
HOME PHONE: 704-357-1250

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 hereto 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 locating of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. This 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. ~~JS~~ (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 hereto 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 locating of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. This 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.

Property Owner or Designated Representative Signature MARK STORY 5/29/13

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UNSCALED SITE PLAN SUBMITTED

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

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

APPLICATION PROCESSED BY: lwa

GMS FILE NUMBER ASSIGNED: 18520

APPLICATION ID NUMBER ASSIGNED: 10228

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 210 CHARLOTTE, NC 28202, OFFICE 704-336-5103, FAX: 704-336-5804