MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

August 17, 2016

Jason Chaney
22336 John Gamble Road
Cornelius, NC 28031

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 22336 John Gamble Road
Health Department File Number: **16646**

Dear Property Owner or Owner's Agent:

On August 16, 2016, the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule 1900. and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated July 29, 2016, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- X The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☐ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,

Jeremy Michelone, REHS
Environmental Specialist

Encl: (1) Application

16646

9 AUG 16 AM 8:15

#8431

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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

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

PERSON FILING APPLICATION:
NAME: Jason Chaney
ADDRESS: 22336 John Gamble Rd.
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 704-451-4456
ALTERNATE PHONE: 704-906-4424
E-MAIL: AmandasChaney@gmail.com

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION
NAME: Jason Chaney
ADDRESS: 22336 John Gamble Rd.
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 704-451-4456
ALTERNATE PHONE: 704-906-4424
E-MAIL: AmandasChaney@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 00116307
STREET ADDRESS: 22336 John Gamble Rd.
CITY: Cornelius
STATE: NC ZIP: 28031

SUBDIVISION OR MOBILE HOME PARK NAME: Country Club Shores #3
LOT #: 7

WATER SUPPLY:
☒ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

RESIDENTIAL PROPERTY TYPE: ○ N/A
☒ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER _____

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

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

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

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

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature _____ Date 7/29/16

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

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

Revised on: 01/03/11

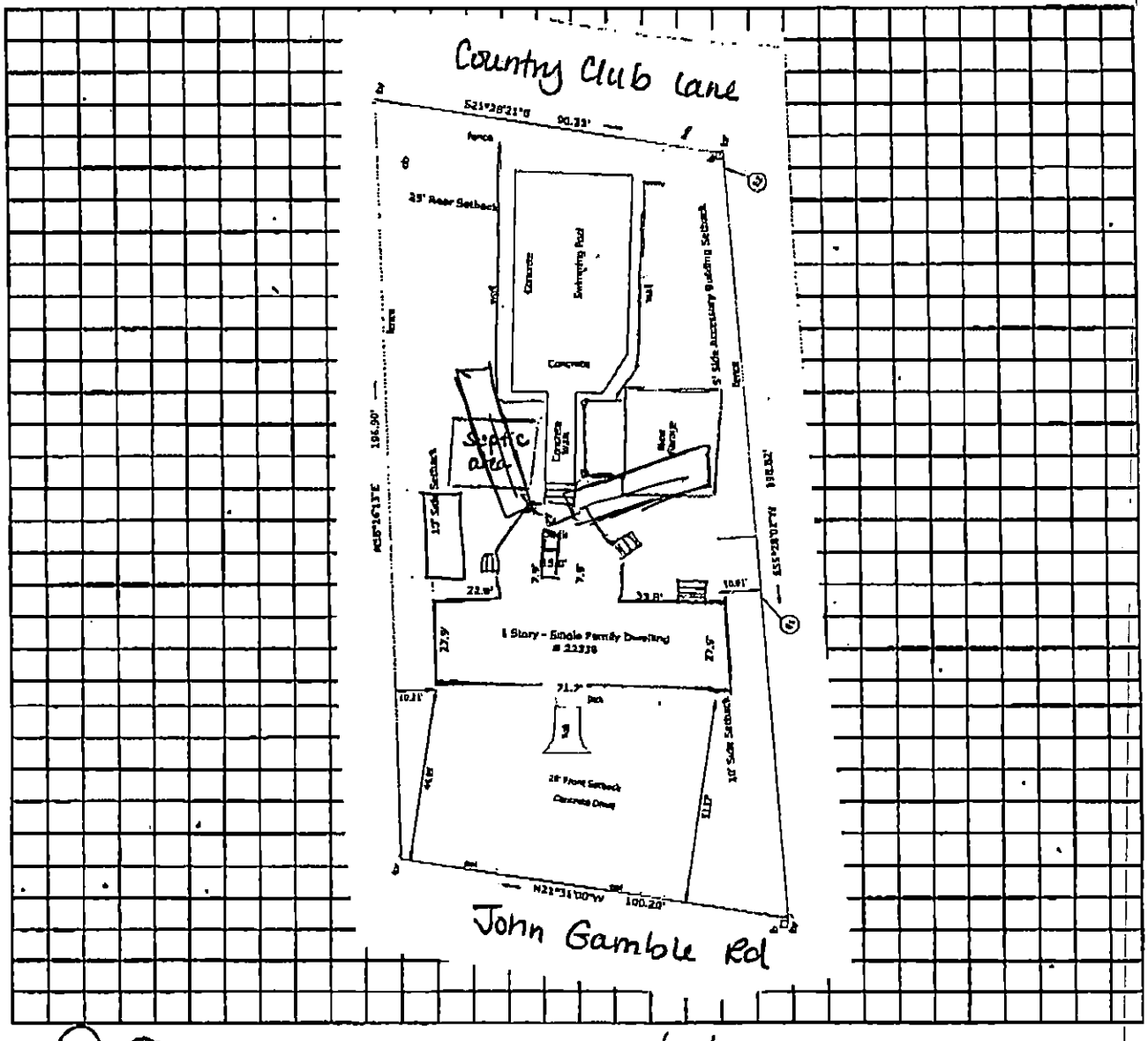
File #: _____

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: 22336 John Gamble Rd. Tax Parcel #: 00111e307

Subdivision Name: Country Club Shores #3 Lot #: 7



Property Owner's or Owner's Legal Representative Signature

7/29/14
Date

UES Denied: Garage would be under existing drainfield

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-8894

Revised on: 12/15/10

8/11/16

* * * Journal (Aug. 8. 2016 4:11PM) * * *

1)
2)

(TX)

Date	Time	Destination	Mode	TXtime	Page	Result	User Name	File No.
Jul. 20.	3:50PM	7044032629	G3TESM	0'35"	P. 1	OK		0206
Jul. 21.	11:38AM	7044032629	G3TESM	0'34"	P. 2	OK		0207
	2:42PM	7048712474	G3TESM	0'13"	P. 1	OK		0212
	3:00PM	7043982605	G3TESM	0'15"	P. 1	OK		0215
Jul. 27.	9:32AM	97043990973	G3TESM	0'18"	P. 1	OK		0248
Jul. 28.	11:21AM	3362185711	G3TESM	0'20"	P. 1	OK		0260
Aug. 2.	9:16AM	7044032629	G3TESM	0'35"	P. 2	OK		0280
	10:20AM	7043933388	G3TESM	0'27"	P. 1	OK		0281

(RX)

Date	Time	Sender	Mode	RXtime	Page	Result	User Name	File No.
Jul. 21.	12:24PM	17042268805	G3RED	2'52"	P. 5	OK		0209
	1:59PM	7043982605	G3RES	0'30"	P. 2	OK		0211
	2:47PM	7048712474	G3RES	0'16"	P. 1	OK		0214
	3:05PM	7043982605	G3RES	0'55"	P. 5	OK		0217
Jul. 22.	8:20AM	7048968633	G3RES	0'48"	P. 2	OK		0219
	8:56AM	17042268805	G3RED	0'41"	P. 1	OK		0221
	3:02PM	704 358 0100	G3RES	1'24"	P. 4	OK		0223
Jul. 25.	10:24AM		G3RES	0'54"	P. 2	OK		0233
	11:57AM		G3RES	0'16"	P. 1	OK		0235
	12:14PM		G3RES	0'33"	P. 3	OK		0237
	12:17PM		G3RES	0'17"	P. 1	OK		0239
Jul. 26.	10:45AM		G3RES	0'17"	P. 1	OK		0241
	10:52AM	7043980087	G3RED	1'28"	P. 2	OK		0243
	3:10PM		G3RED	2'18"	P. 1	OK		0245
Jul. 27.	9:21AM		G3RES	0'18"	P. 1	OK		0247
	11:31AM	7049873382	G3RES	1'48"	P. 3	OK		0251
	12:45PM	913-967-8849	G3RED	0'24"	P. 1	OK		0253
	5:51PM		G3RED	0'44"	P. 1	OK		0255
Jul. 28.	8:27AM	BankofAmerica-WestRI	G3RED	2'08"	P. 3	OK		0257
	10:18AM	7045395515	G3RES	0'56"	P. 2	OK		0259
	1:09PM	7083147140	G3RED	0'36"	P. 2	OK		0262
	3:41PM		G3RES	2'01"	P. 4	OK		0264
Jul. 29.	4:13PM	17045287355	G3RED	0'37"	P. 2	OK		0266
Aug. 1.	7:26AM	7043982605	G3RES	1'06"	P. 5	OK		0268
	7:51AM	913-967-8849	G3RED	0'53"	P. 1	OK		0270
	11:25AM	704 733 9407	G3RED	3'06"	P. 4	OK		0272
	12:44PM	18664106311	G3RD	7'04"	P. 6	OK		0275
	5:33PM	17042268805	G3RED	2'40"	P. 6	OK		0277
Aug. 2.	8:34AM		G3RED	1'21"	P. 1	OK		0279
	2:44PM		G3RES	2'18"	P. 13	OK		0283
Aug. 3.	11:41AM	7046755498	G3RES	0'47"	P. 3	OK		0286
	2:33PM	7045413297	G3RES	1'00"	P. 3	OK		0288
Aug. 4.	9:16AM	7043982605	G3RES	1'07"	P. 6	OK		0290
	9:17AM	7043982605	G3RES	1'45"	P. 7	OK		0292
	9:19AM	7043982605	G3RES	1'11"	P. 5	OK		0294
Aug. 5.	8:45AM		G3RED	2'36"	P. 1	OK		0296
	11:10AM		G3RES	0'17"	P. 1	OK		0298
	11:14AM	7048823804	G3RES	0'31"	P. 1	OK		0300
	1:30PM	704 583 8458	G3RED	2'30"	P. 5	OK		0302
	3:09PM	7042895348	G3RES	0'39"	P. 2	OK		0304
Aug. 8.	9:25AM		G3RES	0'18"	P. 1	OK		0306
	4:10PM	1111	G3RES	0'50"	P. 2	OK		0309

TX Count 000024

RX Count 000347

# : Batch	C : Confidential	$: Transfer	P : SEP Code
M : Memory	L : Send later	@ : Forwarding	E : ECM
S : Standard	D : Detail	F : Fine	U : Super Fine
) : Reduction	H : Stored/D. Server	* : LAN-Fax	+ : Delivery
Q : RX Notice Req.	A : RX Notice	N : NGN	: Mail
: IP-FAX	: Folder		

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/10/16
Receipt #: 101433
Check / Auth #: VISA 122213
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: CHANEY,AMANDA
Attn:
Address: 22336 JOHN GAMBLE RD
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 22336 JOHN GAMBLE RD		1	100.00	100.00

Outstanding Balances

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
AMANDA CHANEY

Bill To:

AMANDA CHANEY
22336 JOHN GAMBLE RD

Cornelius, NC 28031

Single Payment

Transaction Date: 08/10/2016 1:21 PM Pacific Time
Pay Method: VISA **********7860
Approval #: 122213
Trace Number: 6af88c13-99f1-449e-8cb3-7fc6f0067694
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

SEE INSTRUCTIONS ON BACK

Date Received 11/10/80

ICAR(S) Application No. 16646

T. C. No. 001-163-07

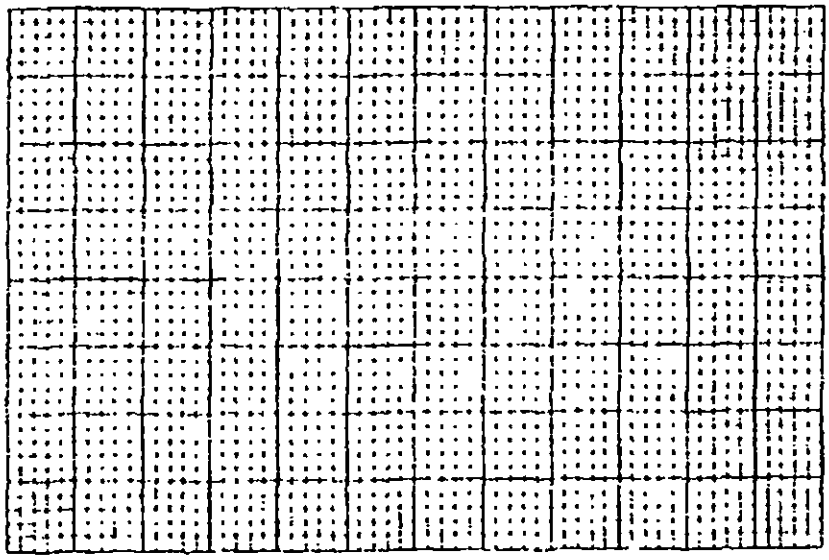
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair on individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No

4) No of Bedrooms 3
5) Business Use — Max No Employees _____
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1 Well source _____
2 Governmental source _____
10) Sewage System.
House located within 200 feet of public sewer ___ Yes ___ No
House located within 200 feet of community sewer ___ Yes ___ No
11) FHA Case No _____
12) VA Case No. _____

13) NAME OF OWNER Miley (LAST) Ronald (FIRST) Eugene (MIDDLE)

14) ADDRESS OF OWNER Rt #2 Box 409 Denver, NC 28037

15) PHONE NO. Home 827-2771 Office 892-3321 or 3322

16) LOCATION OF SYSTEM County Club Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION County Club Shores #3 Lot No. #57 Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____ P.S.

19) HAS A SOIL INVESTIGATION BEEN RUN? .. ✓ YES .. ___ NO DATE RUN 2-27-80

20) PTR NUMBER (See Instructions) . _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true

DATE OF APPLICATION _____

Ronald E. Miley
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 11-14-80

Serial No. 4363

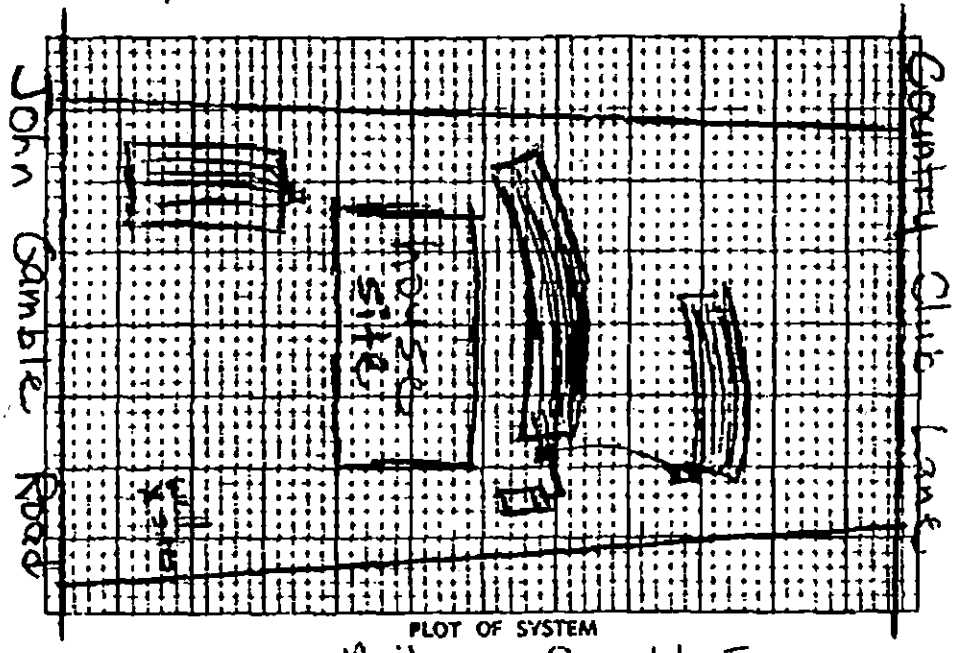
ICAR(S) Permit No. 16646

T C No 001-163-07

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 16646, dated 11-10-80 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 12-14-80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gallons

Tank Construction precast concrete

Absorption and/or Nitrification Lines

Total Line Length 495' + 125'

Number of Lines 5+5 + 4

Distance from House >5'

Distance from Property Line >5'

Distance from Well >50' (not in use)

NAME OF OWNER Riley, Ronald Eugene

LOCATION OF PROPERTY Country Club Lane lot 7

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments: 15'wide × 60'long × 17" of stone - then overflow to a 15'wide × 39'long × 17" of stone
12'wide × 32'long × 17" of stone for washer

Division or Section Head

Mike Sexton
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 166446

Date Issued 3/24/81 Serial 4396 T C No. 001-163-07

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner MILEY (LAST) RONALD EUGENE (FIRST) (MIDDLE)

Location of Property COUNTRY CLUB LANE LOT 7

Application Number 166446 Permit Number 166446

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material P/conc

Total Length of Drain Tile 495'+125' Number of Lines 5+4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source >50'

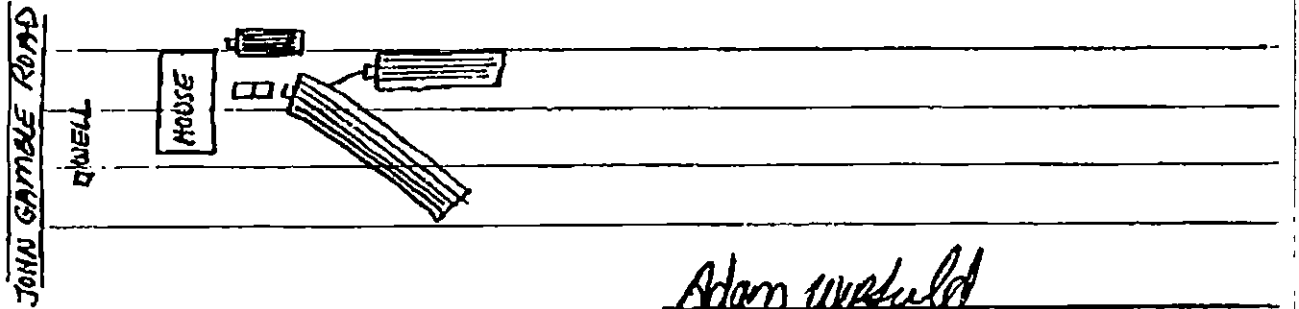
Excavation Inspected — (DATE) Tank Inspected 3/24/81 (DATE)

Nitrification Field Inspected 3/24/81 (DATE)

Washing Machine Line Inspected, If Applicable 3/24/81 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been I installed or constructed, ... altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments FINAL APPROVED



Adam Wyfield
Environmentalist

EHD-S-76

Environmental Health Department's Copy