SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 14961

Assigned Inspector: Braedon

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☑ Alteration Fees $300: LP 6/13/24 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: 7/5/24 ☑ Signature received: 7/5/24

☐ 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: 8/29/24

☐ Release final hold in Winchester: _____

Comments:

Please send the Constant design as well.

14961

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: 13905117
STREET ADDRESS: 8906 Glencroft Road
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Glencroft
LOT #: 10 LOT SIZE (acres): 0.57

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: 6

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?** 2/9/79 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Chris McIntyre
ADDRESS: 8906 Glencroft Road
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: (980) 800-3170
FAX: _____
E-MAIL: cmmcintyre85@yahoo.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 Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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.

CM _____ (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.

Chris McIntyre _____ _____

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
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

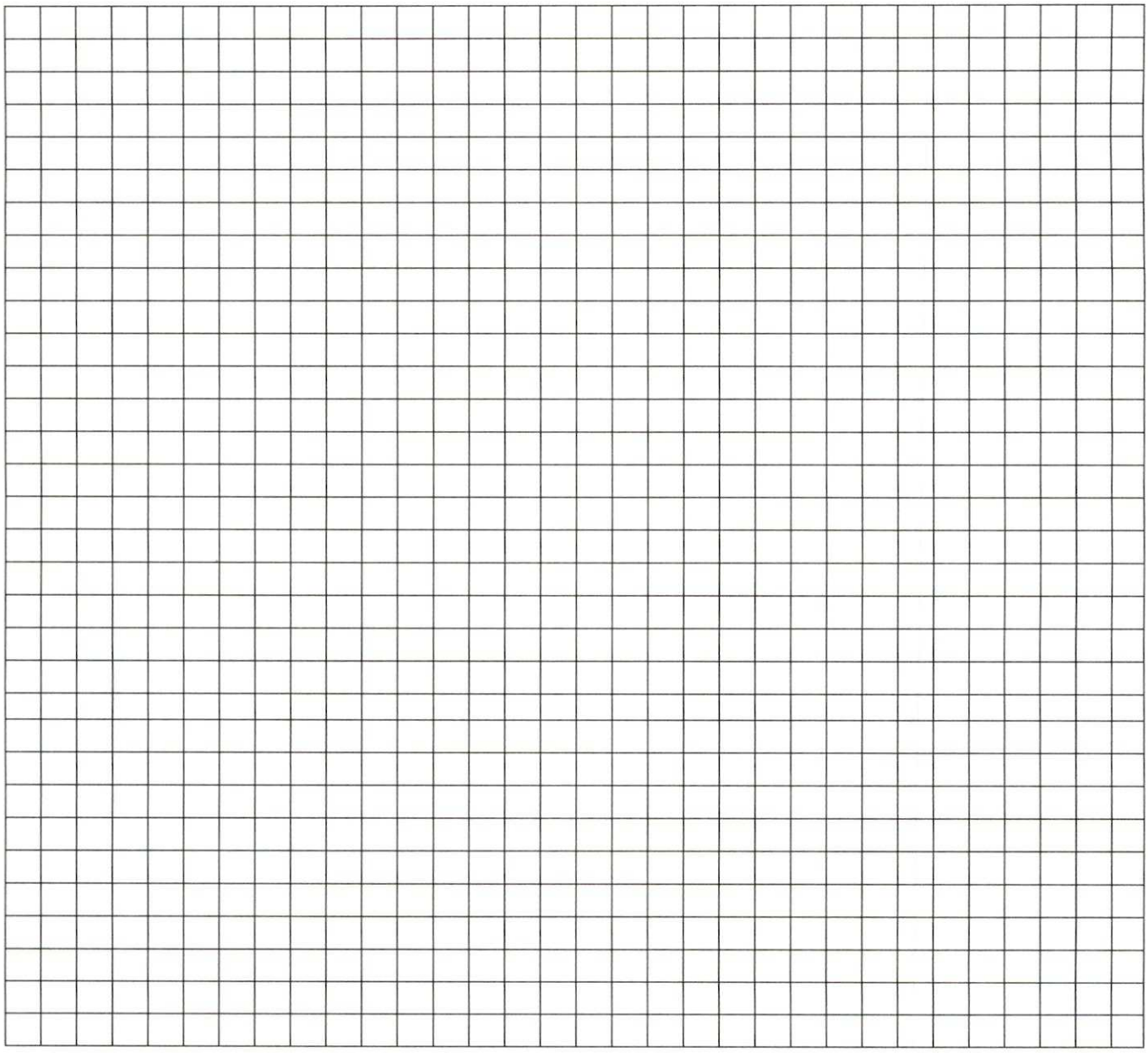
File #: _____

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: 8906 Glencroft Road Tax Parcel #: 13905117

Subdivision Name: Glencroft Lot #: 10



Chris McIntyre Digitally signed by Chris McIntyre DN: C=US, E=cmcintyre@truehomesusa.com, CN=Chris McIntyre Date: 2024.06.05 15:44:47-04'00' 6/5/24

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/13/24
Receipt #: 149452
Check / Auth #: MC 03075Z
Received By: PLACILJ

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: CHRIS MCINTYRE
Attn:
Address: 8906 GLENCROFT RD
Address:
City/State/Zip: MINT HILL, NC 28227

Item	Description	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 8906 GLENCROFT RD	1	300.00	300.00

Permit#

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
225.00		2,512.50			

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

Property ID:
Lot #: 10
File # 14961
AppID: 14363

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Swanson Capital Group LLC
Address: 716 Farmers Mill Ln
Facility: alteration 3 to a 4 bedroom house
Location of Site: **8906 Glencroft rd**
Water Supply: [ ] Public [X] Individual [X] Well
Evaluation Method: [x] Auger Boring [] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Design Flow (.1949): 360 to **480** adding **120**

Applicant: owner
Date Evaluated: 2/8/24 and 2/15/24
Property Size: 0.5
Property Recorded: Pre 1983
[ ] Spring [ ] Municipal
[ ] Cut
[ ] 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	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Auger	L	0-27"	wblk, C	fi,s,p,sexp	7.5YR				slope correction=21"	IV	
#1	**16%**	27"+	wblk, C	vfi,vs,vp,exp	7/1	NA	NA	NA	expansive	PS	**Drip depth**
					27"				27"+	.22	
Auger	L	0-33"	wblk, C	fi,s,p,sexp	2.5YR					IV	
#2	**12%**				7/1	33"	NA	NA	slope correction=20"	PS	**Drip depth**
					25"					.25	
	L	0-48"	wblk, C	fi,s,p,sexp						IV	
#3	7%					48"+	NA	NA		PS	**34"**
										.3	

Description	Initial System	Repair System
Available Space (.1945)	PS	U
System Type(s)	IIIB	
Site LTAR (gpd/sq ft)	.3	

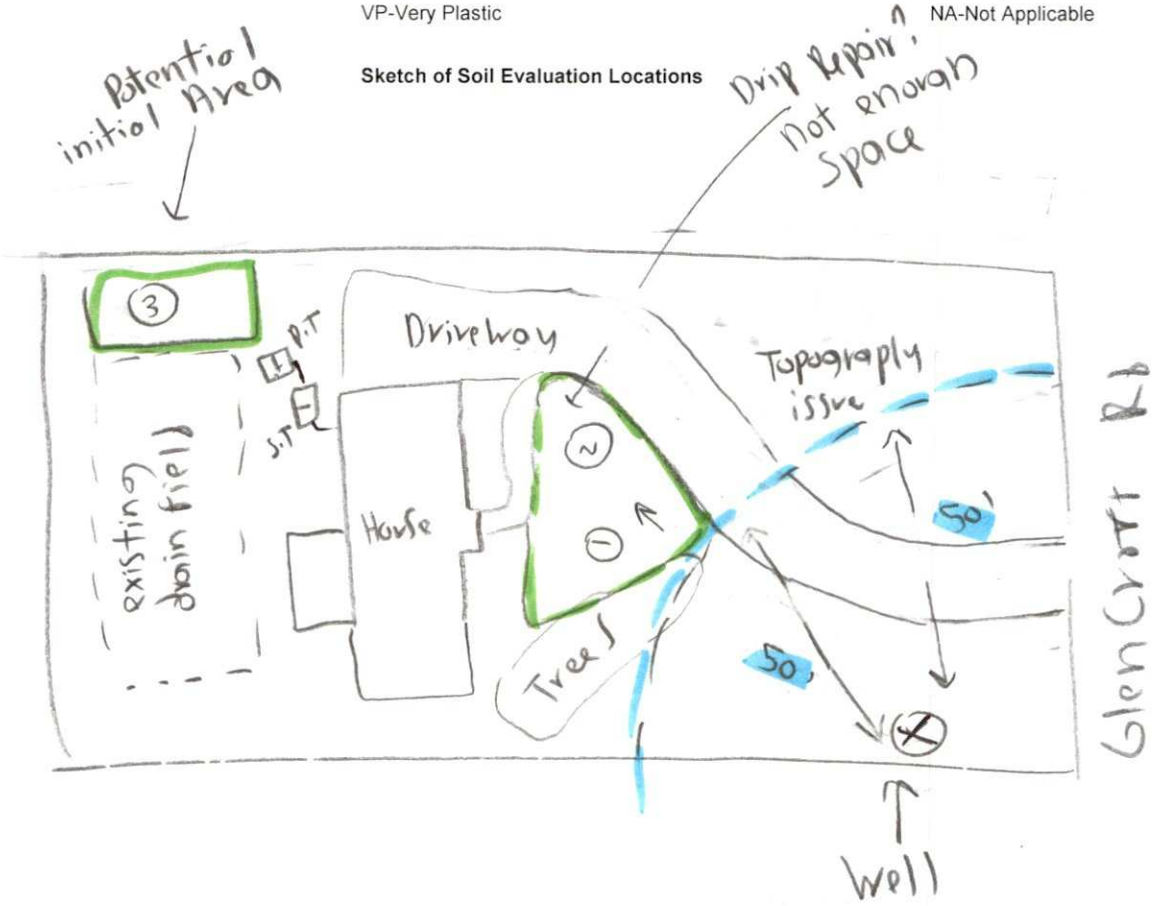
Other Factors (.1946):
Soil Evaluation By: Braedon Shelton
Others Present:
Site Classification (.1948): U
Site Evaluation By: Braedon Shelton
Others Present:

Not enough space to design 1 bedroom septic repair (lot deeded prior to 1983)
Due to soil depth/slope correction, bumps repair system to drip irrigation.
Unable to design the required square footage

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Sketch of Soil Evaluation Locations



15A NCAC 18E .0508 AVAILABLE SPACE[14]

(a) Sites shall have available space to allow for the installation of the initial wastewater system and repair area for a system identified or approved in Sections .0900, .1500, or .1700 of this Subchapter. The available space provided shall meet all required setbacks in Sections .0600 or .1200 of the Subchapter and provide access to the wastewater system for operation and maintenance activities. A site with sufficient available space shall be suitable.

(b) If the site does not have available space for both an initial wastewater system and repair area it shall be unsuitable.

(c) The repair area requirement of Paragraph (a) of this Rule shall not apply to a lot or tract of land which meets the following:

(1) described in a recorded deed or a recorded plat on January 1, 1983;

(2) insufficient size to satisfy the repair area requirement of Paragraph (a) of this Rule, as determined by the authorized agent;

(3) DDF is no more than 480 gallons for a single-family dwelling unit or a single facility; and

(4) the proposed facility will generate DSE.

(d) Although a lot or tract of land may be exempt from the repair area requirement under Paragraph (c) of this Rule, the authorized agent shall determine if there is any available space for the repair area. The authorized agent shall determine the maximum feasible repair area available, and that repair area shall be specified on the IP, CA, and OP.

(e) If a site meets any of the following criteria, a repair area shall be required, even if the site is exempt from the repair area requirement of Paragraph (c) of this Rule:

(1) proposed increase in flow or wastewater strength to an existing facility permitted under the exemption of Paragraph (c) of this Rule; or

(2) any new initial wastewater system is proposed on a lot or tract of land on which the exemption in Paragraph (c) of this Rule was previously utilized.

(f) Notwithstanding the criteria for when a repair area is required in accordance with Paragraph (e) of this Rule, a site shall remain exempt from the repair area requirements of Paragraph (a) of this Rule when all of the following conditions are met:

(1) an owner submits an application to the LHD for an increase in flow to an existing facility permitted in accordance with Paragraph (c) of this Rule and the facility DDF remains less than or equal to 480 gpd of DSE;

(2) there is sufficient available space for the existing system to be modified pursuant to the Rules of this Subchapter;

(3) the site for the existing system complies with the Rules of this Subchapter and the existing system is not malfunctioning in accordance with Rule .1303(a)(2) of this Subchapter; and

(4) the conditions set forth in Paragraph (d) of this Rule are met.

(g) Prior to the issuance of the IP, the proposed dispersal field shall be field located and staked on-contour, as applicable, to verify that initial and repair wastewater systems can be installed in the area delineated. The dispersal field may be installed level but off contour if an authorized agent has determined that there is sufficient vertical separation to a LC along the entire trench length in accordance with Rule .0901(g)(2) of this Subchapter.

(h) The initial and repair area shall not be altered so that the wastewater system specified on the IP, CA, and OP cannot be installed and function as permitted.

(i) A wastewater system certified in accordance with NSF/ANSI Standard 350 or that has data from a two-year field demonstration documenting that the wastewater system meets NSF/ANSI Standard 350 or better may eliminate the requirement for a repair area when installed in Group I soils. A wastewater system that does not have a repair area in accordance with this Paragraph shall only be used to treat DSE, shall meet a TN effluent standard of 20 mg/L, and shall be classified as a Type VI(b) pursuant to Table XXXII of Rule .1301(b) of this Subchapter.

History Note: Authority G.S. 130A-335(e) and (f); S.L. 2015-147, s.1. s.1; S.L. 2023-77, s.13.

MECKLENBURG COUNTY

Raynard Washington, PhD, MPH **Health Department**

(704) 336-4700

Health Director

IMPROVEMENT PERMIT DENIAL

Date: **February 20th, 2024**

Owner's Name	**Swanson Capital Group LLC**
Owner's Street Address	**716 Farmers Mill Ln**
Owner's City, Zip Code	**Weddington, NC 28104**

Re: Application for improvement Permit for property located at **8906 Glencroft rd. (13905117)**

Health Department file # ***14961***

Dear **Swanson Capital Group LLC**:

The Mecklenburg County Health Department, Environmental Health Division, on **02/08/24 and 02/15/24** evaluated the above-referenced property at the site designated on the plat/site plan

that accompanied your alteration Improvement Permit application. According to your application the existing house has a three-bedroom septic system with a design wastewater flow of 360 gallons per day. The site was proposed to add 1 bedroom to the existing house to make the house a four-bedroom house. The evaluation was to add an additional design wastewater flow of **120** gallons per day.
The evaluation was done in accordance with the laws and rules governing on-site wastewater systems in General Statutes 130A-333 to 345 and 15A NCAC 18E.
Based on the criteria set out in 15A NCAC 18E .0501 through .0602, the evaluation indicated that the site is **UNSUITABLE** for an on-site wastewater system. Therefore, we must deny your request for an Improvement Permit. A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .0502)
- ☐ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .0503)
- ☐ Unsuitable soil wetness condition (Rule .0504)
- ☐ Unsuitable soil depth (Rule .0505)
- ☐ Unsuitable saprolite (Rule .0506)

MECKLENBURG COUNTY

Raynard Washington, PhD, MPH **Health Department**

(704) 336-4700

Health Director

☐ Presence of restrictive horizon (Rule .0507)
☒ **Insufficient space for septic system and repair area (Rule .0508)**
*Unable to design the required sq footage for the repair area.
☐ Unsuitable for meeting required setbacks (Rule .0601 or .0602)
☐ Other (*Cite applicable rule*):

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water, or inside your structure.

The site evaluation included consideration of possible site modifications, as well as use of all possible systems approved under 15A NCAC 18E. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil such as off-site to additional property.

For the reasons set out above, the property is currently classified UNSUITABLE, and no Improvement Permit shall be issued for this site in accordance with Rule .0509(a) and (d).

A site classified as UNSUITABLE may be classified as SUITABLE if written documentation is provided that meets the requirements of Rule .0509(b) or (c). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as SUITABLE.

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the Department of Health and Human Services' Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 1711 New Hope Church Rd, Raleigh, NC 27609. To get a copy of a petition form, you may write the Office of Administrative Hearings, call the office at 984-236-1850, or download it from the OAH web site at http://www.oah.nc.gov. The petition for a contested case hearing must be filed in accordance with the provision of General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. General Statute 130A-335(g) provides that your hearing will be held in the county where your property is located.

MECKLENBURG COUNTY

Raynard Washington, PhD, MPH
Health Director

Health Department

(704) 336-4700

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **02/20/2024**. Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, **you are required** by General Statute 150B-23 to serve a copy of your petition on the Registered Agent for the Department of Health and Human Services: Julie Cronin, Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in General Statute 150B-23 that you send a copy to the Office of General Counsel, Department of Health and Human Services.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Brandon Shute

Signature of Authorized Agent

Enclosures: *(Enclose copy of site evaluation and Rule .0509)*

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

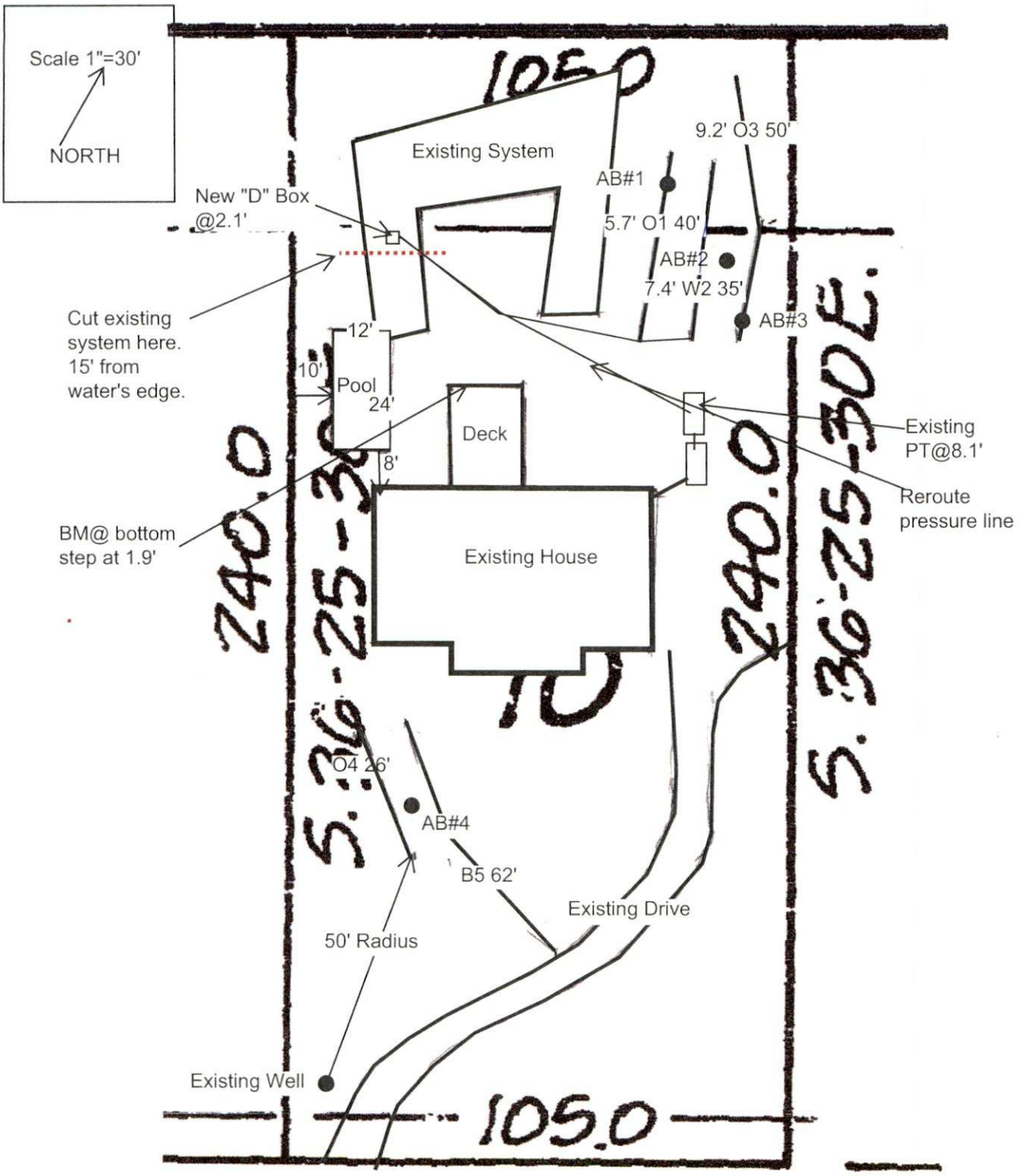
MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887

Reference: 8906 Glencroft Road; Glencroft Lot 10;
PID 13905117
Mecklenburg County, NC

House Footprint: Existing
Building Setbacks: Unknown
Water Source: Private Well
Number of Bedrooms: 3-360 GPD
Proposed Initial LTAR: 0.3 GPD/FT2
Suggested Initial System Type: 25% Reduction plus existing gravel bed.
Repair System LTAR: 0.3 gpd/ft2
Repair System Type: 25% Reduction
Distribution: Pump to "D" Box
System Flow: Existing
Dosing Volume: Existing
Pump Run Time: Existing
Elevation Head: 11.0'
Friction Head: Existing
Total Dynamic Head: TBD – **The pump should be tested during installation of the alteration.**
Supply Line Length: 72'
Proposed Trench Bottom Depth: 24"
Septic/ Pump tank size: 1500 gallon Septic Tank Existing and 1000 gallon Pump Tank Existing

Line	Design Length	Actual Length	Elevation
Existing System	**Existing**	**Existing**	**2.1'**
Orange 1	**40'**	**40'**	**5.7'**
White 2	**35'**	**35'**	**7.4'**
Orange 3		50'	9.2'
Orange 4		26'	
Blue 5		62'	

Initial System: Existing Bed plus 75' 25% Reduction **Repair System:** 138' 25% Reduction
Pump Tank: 8.1' **BM:** 1.9' see site plan


Scale 1"=30'
NORTH
105.0
Existing System
9.2' O3 50'
AB#1
New "D" Box
@2.1'
5.7' O1 40'
AB#2
7.4' W2 35'
AB#3
Cut existing
system here.
15' from
water's edge.
12'
10'
Pool
24'
Deck
8'
Existing
PT@8.1'
Reroute
pressure line
BM@ bottom
step at 1.9'
240.0
S. 36-25-30 E.
Existing House
240.0
S. 36-25-30 E.
O4 26'
AB#4
B5 62'
Existing Drive
50' Radius
Existing Well
105.0

<u>Comments:</u> The purpose of this evaluation is to modify the existing system to allow for the construction of a pool.

- MA&A is proposing to alter the existing system to allow the construction of a pool. The existing system should be cut 15' from the water's edge. This results in approximately 160ft2 being removed from the existing system.
- The square footage lost is being proposed as 25% reduction downhill of the existing system. 225 ft2 is being proposed.
- **The cut edge of the existing system should be sealed with bentonite to prevent any bleed through.**
- A gate valve should be installed just before the "D" box on the pressure line to be able to control the flow of effluent into the "D" box.
- A new "D" box should be installed in the area shown on the site plan. The existing system should be fed first and then the new 25% reduction. Speed levelers should be used to allow the existing bed to fill up first before spilling over into the new 25% reduction.
- The pressure line should be re-routed to the new "D" box.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 13905117; Lot 10 Glencroft; 8906 Glencroft Road
COUNTY: Mecklenburg

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Chris McIntyre DATE EVALUATED: 5/2024
ADDRESS: 8906 Glencroft Road Mint Hill, NC 28227
PROPOSED FACILITY: 3-Bedroom House PROPOSED DESIGN FLOW (.0400): 360 gpd PROPERTY SIZE: 0.57Acres
LOCATION OF SITE: 8906 Glencroft Road Mint Hill, NC PROPERTY RECORDED:03/24/1975
WATER SUPPLY: ☐ Public ☒ Single Family Well ☐ Shared Well ☐ Spring ☐ Other WATER SUPPLY SETBACK: 50'
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .0505 SOIL DEPTH	OTHER PROFILE FACTORS .0506 SAPRO CLASS	OTHER PROFILE FACTORS .0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0503 SLOPE CORRECTION
AB 1	L 11-12%	0"-10"	Fill			48"			0.3	4"
		10"-48"	R C SBK	SS SP FR SEXP						
AB 2	L 11-12%	0"-10"	Fill			42"		Floater Rock at 42"	0.3	4"
		10"-16"	Br CL WSBK	SS SP FR SEXP						
		16"-42"	R C SBK	SS SP FR SEXP						
AB 3	L 11-12%	0"-10"	Fill			48"			0.3	4"
		10"-20"	RBr CL WSBK	SS SP FR SEXP						
		20"-48"	R C SBK	SS SP FR SEXP						
AB 4	L 11-12%	0"-20"	Br CL WSBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 33"-48"		0.3	4"
		20"-33"	R C SBK	SS SP FR SEXP						
		33"-48"	R CL WSBK	SS SP FR SEXP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	Existing plus 225ft²	414 ft²
System Type(s)	25% Reduction Gravel Existing	25% Reduction
Site LTAR	0.3	0.3
Maximum Trench Depth	24"	24"

SITE CLASSIFICATION (.0509):
EVALUATED BY:
OTHER(S) PRESENT:

Comments:

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

HORIZON DEPTH In inches below natural soil surface

DEPTH OF FILL In inches from land surface

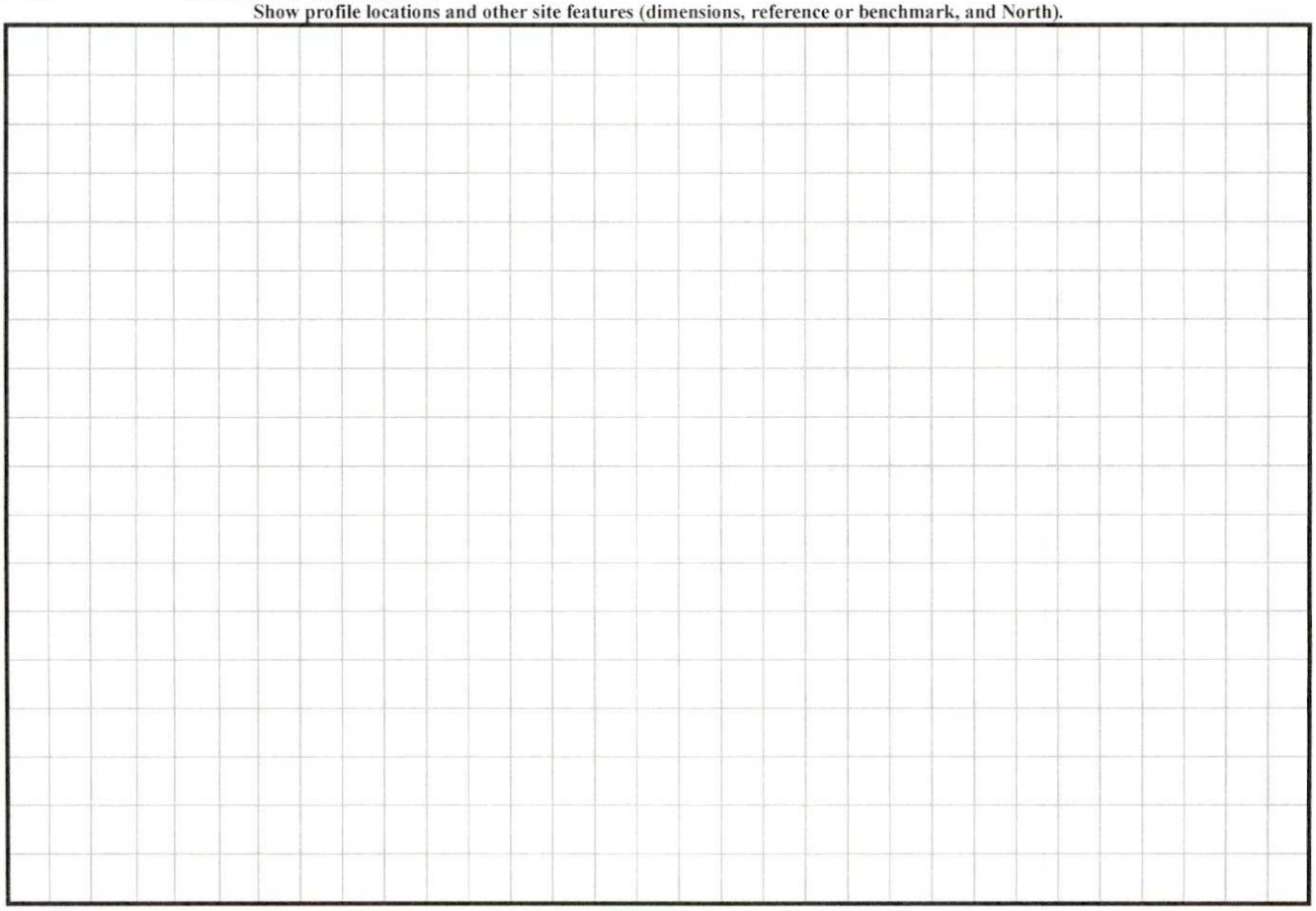
RESTRICTIVE HORIZON Thickness and depth from land surface

SAPROLITE S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.

SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION S (Suitable) or U (Unsuitable)

Show profile locations and other site features (dimensions, reference or benchmark, and North).



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 for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30014739 GWS File #: 14961 Tax Parcel #: 139-051-17

- 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. 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):** 6/28/2029

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 3000 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Basement With Plumbing Water Supply: Community

II. Initial System Type: Pump to Accepted Cutting off Section of existing System. Making up difference (see below) **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd): Existing 360' LTAR (gpd/ft^2): .3 Septic Tank Size (gal): Existing Pump Tank Size (gal): Existing

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 225 Total Trench Length (ft): 751

Maximum Trench Depth (in): 24 Depth of Media (in): 12 Distribution Device: Distribution Box

III. Repair System Type: Pump to Accepted Repair exempt **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): — LTAR (gpd/ft^2): .3 Septic Tank Size (gal): Existing Pump Tank Size (gal): Existing

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 414 Total Trench Length (ft): 138'

Maximum Trench Depth (in): 24 Depth of Media (in): 12 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.
- Adding Pool to Property. Cutting off 160 ft^2 of existing System. Making up difference with adding 75' of Accepted Lines.

Authorized Agent: Braedon Shelton Owner/Legal Agent: _____ Print Name

Signature: Braedon Shelton Signature: _____

Date Issued: 6/28/2024

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 for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30014739 GWS File #: 14961

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- 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.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Cutting ooff a portion of the existing bed, to install a pool. Replacing the cut off portion of the bed with accepted 75' of line. LSS desing attached
- Bring P.T up to today's standard. Noma 4x box required

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:

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braedon Shelton

Signature: Braedon Shelton

Date Issued: 6/28/2024

Owner/Legal Agent: _____
Print Name

Signature: _____

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 for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30014739 GWS File #: 14961 Tax Parcel #: 139-051-17

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- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

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Initial System Specifications:

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Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 995 Total Trench Length (ft): 751

Maximum Trench Depth (in): 24 Depth of Media (in): 12 Distribution Device: Distribution Box

III. Repair System Type: Pump to Accepted Repair exempt **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): — LTAR (gpd/ft^2): .3 Septic Tank Size (gal): Existing Pump Tank Size (gal): Existing

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 414 Total Trench Length (ft): 138'

Maximum Trench Depth (in): 24 Depth of Media (in): 12 Distribution Device: Distribution Box

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.
- Adding Pool to Property. Cutting off 160ft^2 of existing System. Making up difference with adding 75' of Accepted Lines.

Authorized Agent: Braedon Shelton Owner/Legal Agent: _____

Print Name

Signature: Braedon Shelton Signature: Chris McIntyre Digitally signed by Chris McIntyre DN: C=US, E=cmcintyre@truehomesusa.com, CN=Chris McIntyre Date: 2024.07.05 11:59:29-04'00'

Date Issued: 6/28/2024

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 for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30014739 GWS File #: 14961

IV. Permit Conditions/Comments:

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- Cutting ooff a portion of the existing bed, to install a pool. Replacing the cut off portion of the bed with accepted 75' of line. LSS desing attached
- Bring P.T up to today's standard. Noma 4x box required

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: Braedon Shelton

Signature: Braedon Shelton

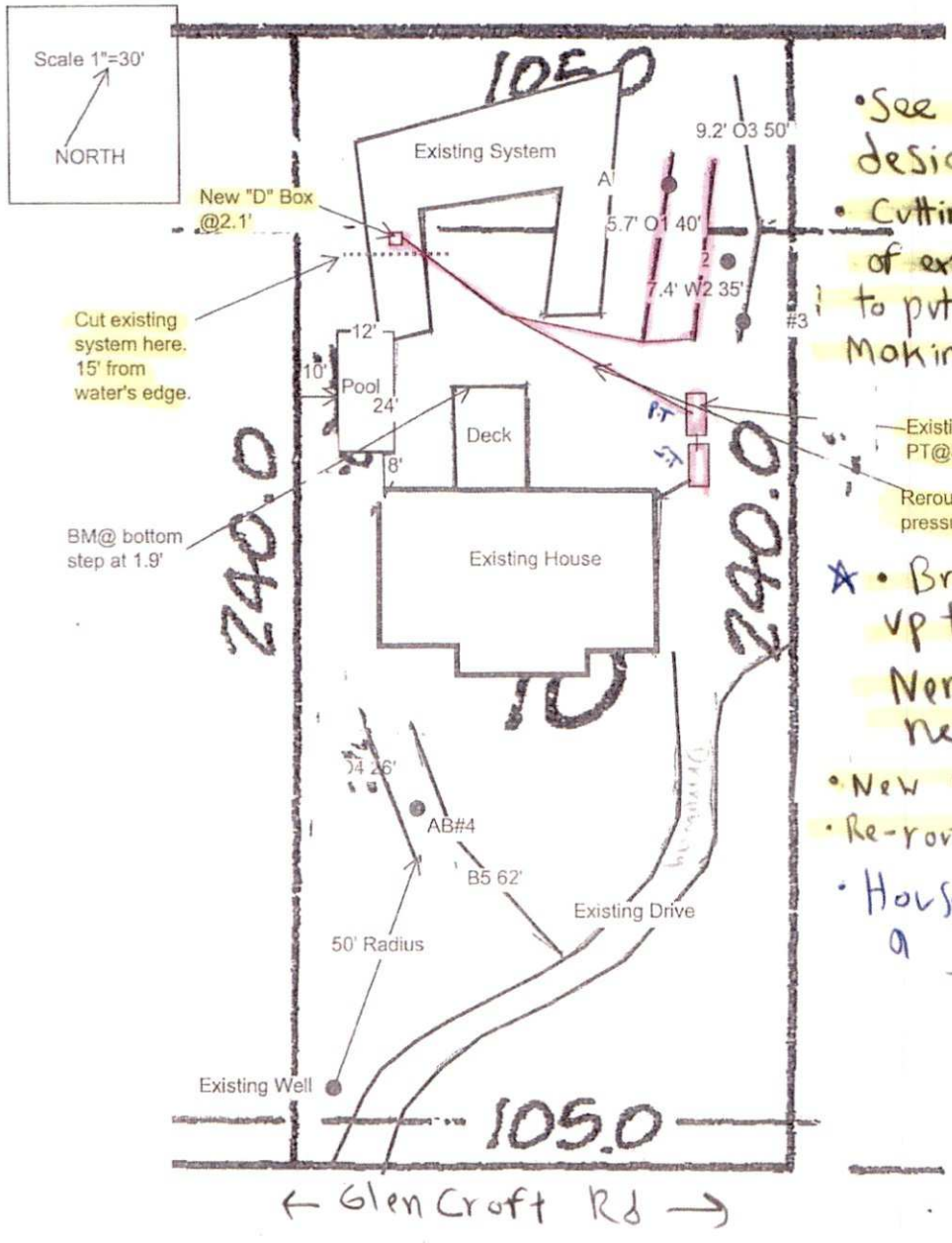
Date Issued: 6/28/2024

Owner/Legal Agent: _____

Print Name

Signature: Chris McIntyre Digitally signed by Chris McIntyre DN: C=US, E=cmcintyre@truehomesusa.com, CN=Chris McIntyre Date: 2024.07.05 12:00:03-04'00'

On-site Wastewater Improvement Permit Diagram



- See Attached LSS design for specifics
- Cutting off section of existing drainfield to put in a pool, making up sq. footage by adding 75' of Accepted Line
- ★ Bring pump tank up to today's standards Nema 4x box needed.
- New D-Box
- Re-route pressure Line
- House is staying a 3 Bedroom

Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:
PID #: 13905117
File #: 14961

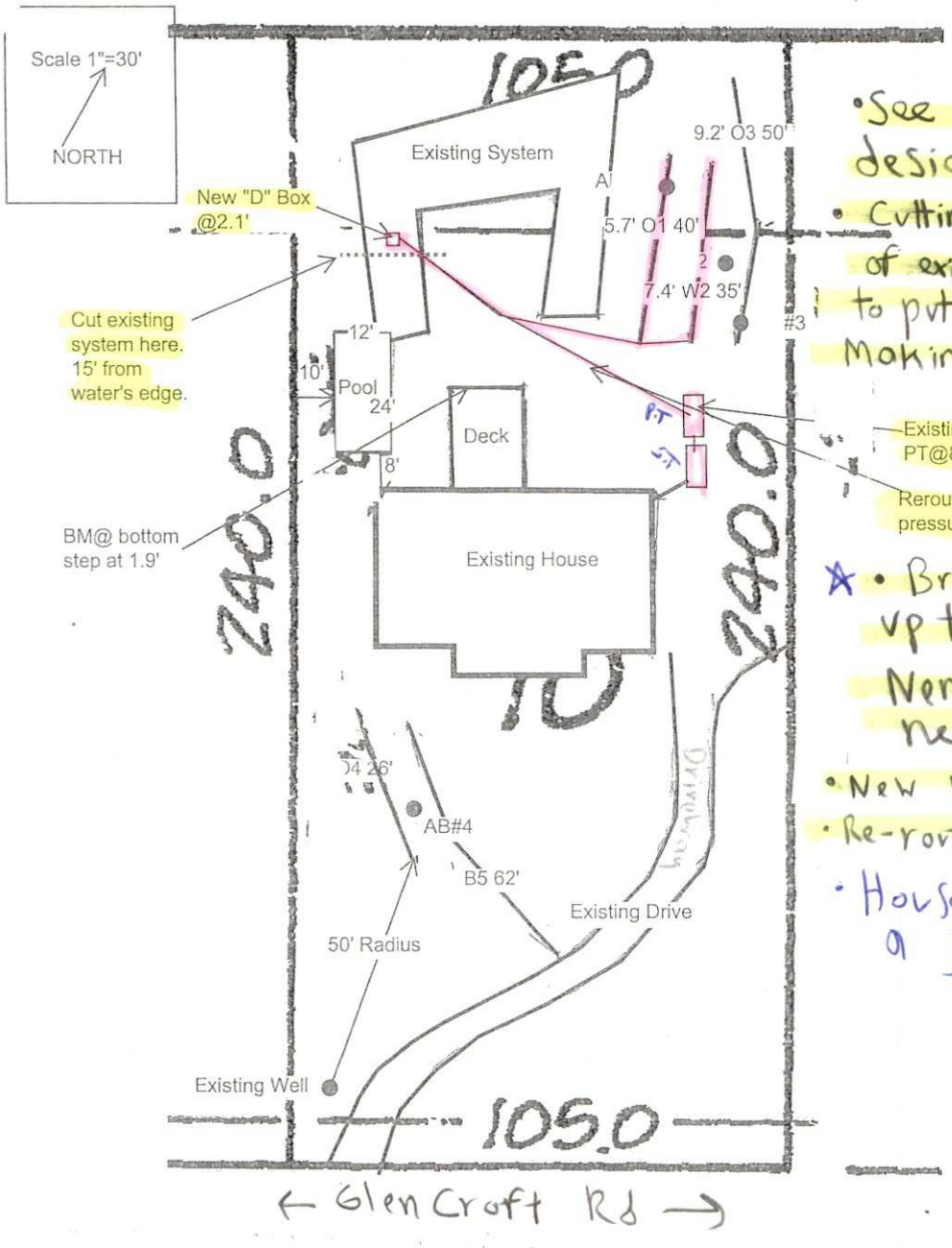
Authorized Agent: Braedon Shelton Date: 6/29/24

Owner/ Legal Agent: Chris McIntyre Date:

Digitally signed by Chris McIntyre
DN: C=US, E=cmcintyre@truehomesusa.com, CN=Chris McIntyre
Date: 2024.07.05 12:00:43-04'00'

1 inch = 30'

On-site Wastewater Improvement Permit Diagram



- See Attached LSS design for specifics
- Cutting off section of existing drainfield to put in a pool, making up Sq. footage by adding 75' of Accepted Line
- ★ Bring Pump tank up to today's standards Nema 4x box needed.
- New D-Box
- Re-route pressure Line
- House is staying a 3 Bedroom

Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:
PID #: 13905117
File #: 14961

Authorized Agent: Braedon Shelton Date: 6/20/24

Owner/ Legal Agent: _____ Date: _____

1 inch = 30'

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 14961 App# 14739 Tax Parcel# 139-051-17

Property Owner: Christopher MCintyre

Job Location Address: 8906 GlenCroft Rd.

City: Charlotte State: NC Zip Code: 28227

1. Does System design match facility, flow & wastewater characteristics?

   ☒YES ☐ NO

   Comments: _____

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☒ YES ☐ NO

   Comments: _____

   _____

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☐ YES ☐ NO

   Comments: _____

   _____

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Braedon Shelton — Authorized Agent

8/20/24 — Date

Steve Autry — Others Present

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 #: 14961 Permit #: 14739 Tax Parcel #: 139-051-17

Property Owner: Christopher McIntyre

Job Location Address: 8906 GlenCroft Rd

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 8/27/24 Contractor Name: Steve Autry

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

Liquid Capacity of Septic Tank: existing gallons Tank Manufacture existing Effluent Pump Model: Liberty

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 75 feet → (38', 38')

# of Lines: 2 @ _____ feet

Depth of Media: 12 inches (Type) Infiltrator Quick-4

Depth of Cover: ≥ 6 inches

Distribution Device: D-Box

Inspection Dates

Tank(s) Inspected: 8/20/24

Excavation Inspected: 8/20/24

Pump & Controls Inspected: 8/20/24

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) _____

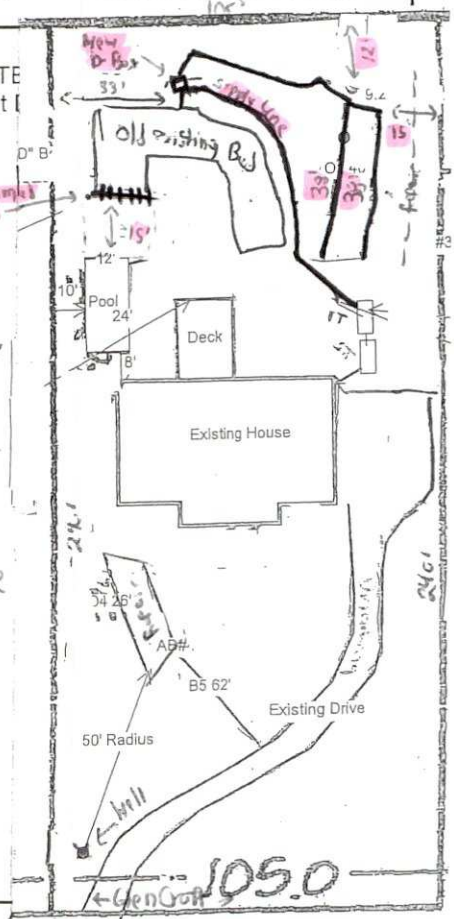
Depth of Cover: _____ inches

Distribution Device: _____

Re-connected to existing Bed

SKETCH OF SYSTE (As-Built

- Cut off 160 ft² of existing Bed Dammed it off
- Installed New Supply Line, D-Box, 2 New accepted chamber Lines 38', 38'
- New pump in PT
- New control panel installed.
- 3 Bedroom House cut off section of existing system to install a pool.
- LSS design



Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: ≥ 5 feet

Distance from Property Line: ≥ 10 feet

Distance from Water Supply Source: ≥ 50 feet

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☒ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: III b / 9 / N/A / N/A. (III b / P / CHAN36 / NA / NA)

DENR Authorized Agent: Braedon Shelton Signature: Braedon Shelton

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 #: 14961 Permit #: 14739 Tax Parcel #: 139-051-17

Property Owner: Christopher McIntyre

Job Location Address: 8906 GlenCroft Rd

City: Charlotte State: NC Zip Code: 28227

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: Existing S.T + P.T + Bed. Cut off section of existing Bed, D-Box supply line. New supply line, New D-Box + 2 new accepted Chamber Lines (make up the difference of what was cut off) for pool.

DENR Authorized Agent: Braedon Shelton Date: 8/27/24

Signature: Braedon Shelton

MECKLENBURG COUNTY
HEALTH DEPARTMENT

14961 #14363

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: 13905117
STREET ADDRESS: 8906 Glencroft Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Glencroft Sec 01-B
LOT #: 10 LOT SIZE (acres): .5
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: 2579
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 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: 3

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?** 03/05/24 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Anthony Swanson
ADDRESS: 716 Farmer Mill Ln
CITY: Weddington
STATE: NC ZIP: 28104
WORK PHONE:
MOBILE PHONE: 9802988831
FAX:
E-MAIL: anthony@swansoncg.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:

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.

als (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.

Anthony Swanson
Property Owner's or Owner's Legal Representative Signature

01/16/24
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
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680. FAX: 704-336-6894 Email: Wellreq@MecklenburgCountyNC.gov

Revised on: 4/20/17

File #: _____

PROPOSED PLOT PLAN

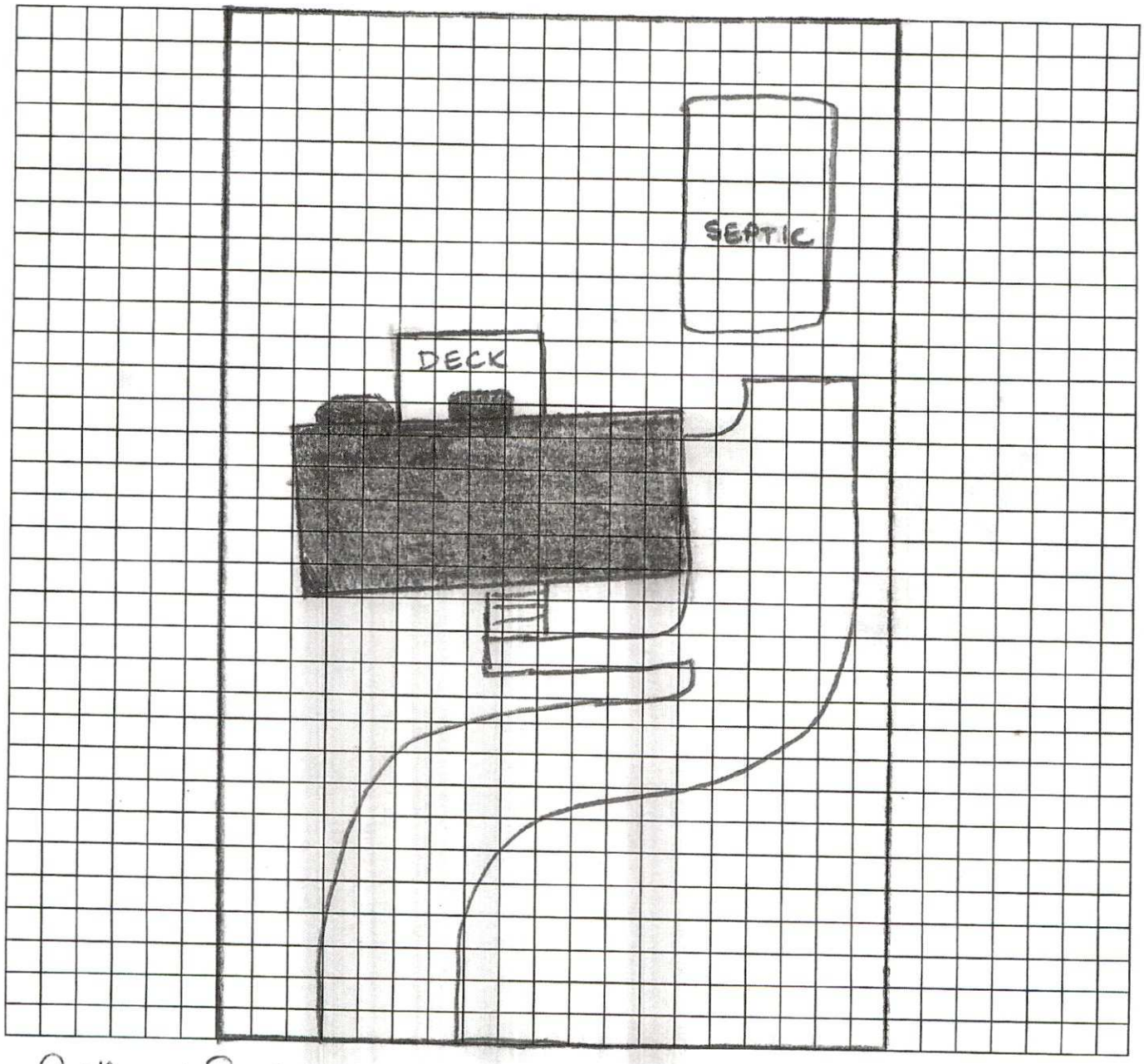
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 8906 Glencroft Rd

Tax Parcel #: 13905117

Subdivision Name: Glencroft Sec 01-B

Lot #: 10



Anthony Swanson

Property Owner's or Owner's Legal Representative Signature

01/16/24

Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/16/24	**Amount:**	300.00
Receipt #:	145996	**Tendered:**	300.00
Check / Auth #:	VISA 09123D	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: ANTHONY SWANSON
Attn:
Address: 716 FARMER MILL LN
Address:
City/State/Zip: WEDDINGTON, NC 28104

Item	Description	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 8906 GLENCROFT RD	1	300.00	300.00
Permit#				

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,200.00				555.00	