8139B PW 4516

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 / 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: 055-294-01
STREET ADDRESS: 7116 Whitside LN
CITY: CHARLOTTE
STATE: NC ZIP: 28214
SUBDIVISION NAME:
LOT #: 5 & 6 LOT SIZE (acres): 1965
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☒ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER ____
HEATED SQUARE FOOTAGE: 3,000
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☒ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: ____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: ____

6. WATER SUPPLY: ☒ MUNICIPAL ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER ____

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

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED):
☐ N/A ☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER ____

8A. RANK: ____ ____ ____ ____ ____

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

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

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Jun 23-1998 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ____ ☒ N/A

12. PROPERTY OWNER:
NAME: JENNIFER KARNWIE
ADDRESS: 7116 Whitside LN
CITY: CHARLOTTE
STATE: NC ZIP: 28214
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 704-649-0046
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

5/26/10 House plumbing already on city sewer. Owner decided to connect washer line into existing plumbing.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6634

Washer Drain REPAIR

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. JK (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.

[signature] 2-8-10

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 FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____ JC

GWS FILE NUMBER ASSIGNED: 8139B

APPLICATION ID NUMBER ASSIGNED: 4516

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-5654

02-08-10

ATTEN: PHILO Walker

Per Dan conv. for Washer drain.

Field Repair-

I Submit my Home Owner application for MINOR REPAIR.

From: Jennifer Karnwie
704-649-0046
7116 Whitside LN
Charlotte, NC 28214

Internal Use Only:
☐ Registration
☐ Disinfection
Initials: _____
Date: _____

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services
Well Registration & Disinfection Notification Form for MINOR Repairs

Well has already been registered with Mecklenburg County Groundwater & Wastewater Services:
☐ Yes ☐ No

Well Registration

Type of well: ☑ Private water supply well ☐ Public water supply well

Well being registered by:
☐ Homeowner ☐ Representative ☐ Consultant ☐ Tenant ☐ Well Driller ☐ Legal agent for property owner

Well Location:
Address 7116 whitside LN
City CHARLOTTE
State NC Zip 28214

Property Owner Information:
Name: JENNIFER KARNWIE
☑ Same address as well location address
Address _____
City _____
State _____ Zip _____

Contact Information:
Name JENNIFER KARNWIE
Phone1 704-649-0046 Phone2 704-393-2550
E-mail _____

Well Information:

Drinking water wells currently in use on this property:	✓	Drinking water wells NOT currently in use on this property:	____
Irrigation wells currently in use on this property:	____	Irrigation wells NOT currently in use on this property:	____
Geothermal wells currently in use on this property:	____	Geothermal wells NOT currently in use on this property:	____
Other wells currently in use on this property:	____	Other wells NOT currently in use on this property:	____
Homes/businesses connected to this well:	____	# Persons drinking well water daily:	____

Property Use:
☑ Single-family dwelling ☐ Multi-family dwelling ☐ Business ☐ Other
☐ Do you have concerns about your water?
☐ Do you want to have your water tested?

Disinfection Notification

Well Contractor / Pump Installer responsible for work performed: BOYD W Christenbury
Well Contractor / Pump Installer phone number: 704-363-0155
Type of repair work performed: Washer Drain Problem
Date repair work completed: _____ Date well disinfected: _____

Authorized Agent's Signature _____ 01-25-10 Date

Return completed form to: Mecklenburg County /Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202

Home owner
Needs washer drain repair

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jennifer Karwic — APPLICATION DATE 2/8/10
ADDRESS: 716 Whitside Ln — DATE EVALUATED: 5/14/10
PROPOSED FACILITY: — — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: —
LOCATION OF SITE: same as above — PROPERTY RECORDED: —
WATER SUPPLY: • Private • Public • Well • Spring • Other ___
EVALUATION METHOD: • Auger Boring • Pit • Cut — TYPE OF WASTEWATER: • Sewage • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	CS	0-8	GR/CL	fr/se-sp/ss/sp	48"	48	NA	None	.3
		8-25	SBK/C	fi/se-sp/s/p					
		25-48	SBK/CL	fr/se-sp/ss/sp					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		IIa
Site LTAR		.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: J Walker
OTHER(S) PRESENT: W Chesterburg

COMMENTS: ___

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

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

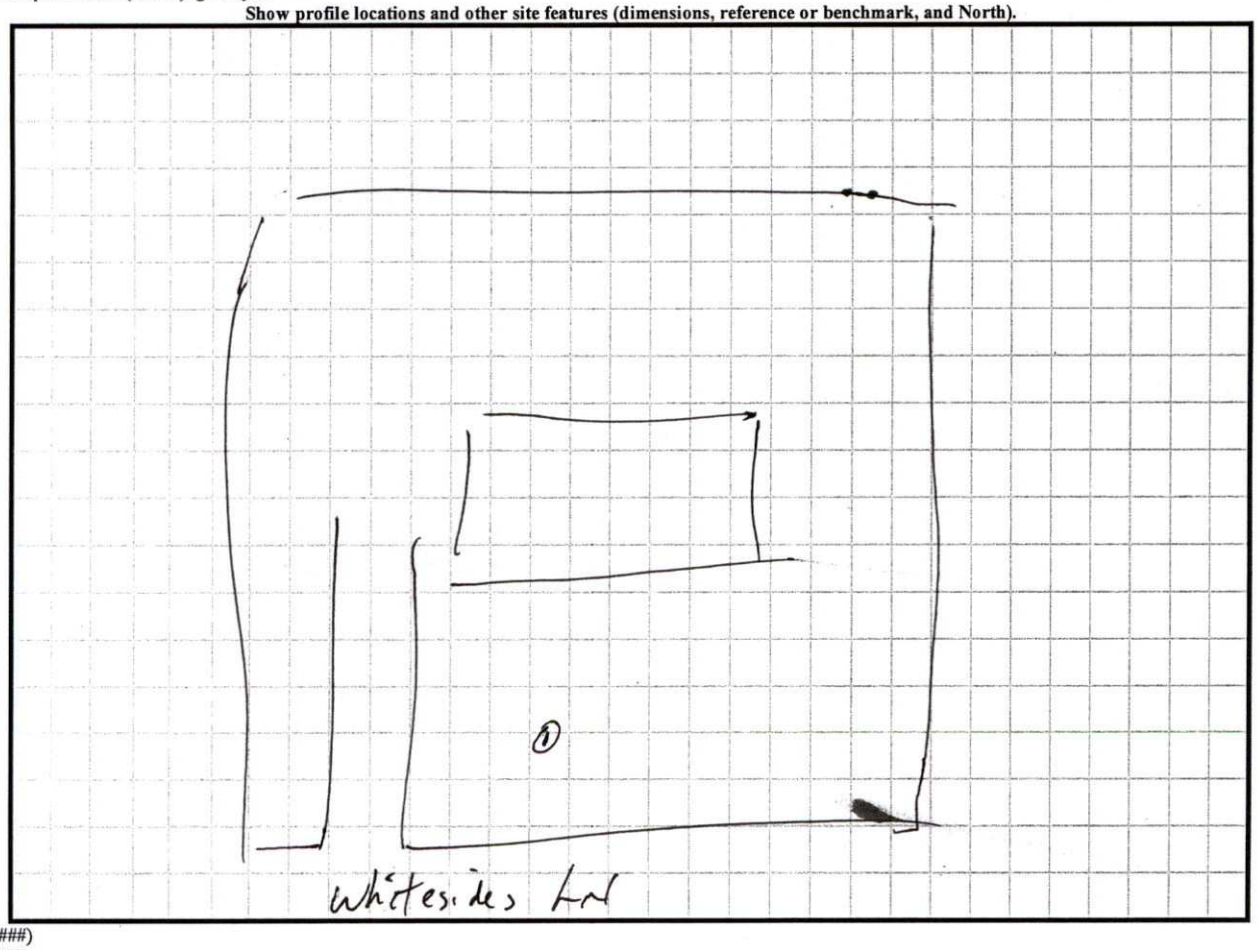
NOTES

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)
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), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



DENR (######)
Review (#####)

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: 704-336-5103 Fax: 704-336-6894
http://groundwater.charmeck.org

Homeowner/Tenant Interview Form

Please fill out completely to aid in the evaluation of your failing septic system.

Name: Jennifer Karwwie Date: 5-4-10

Address: 7116 Whitside Ln Phone: 704-649-0046 (Home/Cell)

Charlotte, NC 28214 _____ (Work)

Email: _____

When was the septic system installed? _____ Permit/File #: _____

Who installed the septic system? _____

When was the septic tank last pumped? _____

Who pumped the septic tank? _____

How often have you had the tank pumped? _____

Where are the septic tank and drain field located on the property?

City ~~sewer~~ sewer

Briefly describe the problem you are experiencing with the septic system:

washer drain back up - no drain of little

When did you first notice the problem? 3 years ~~ago~~

Does the problem seem to be linked to certain events (heavy rains, doing laundry, guests staying over, etc.)?

Yes ☑ No ☐

Explain: Very slow drain flow when Rain + washing -

How many people are living in the house? 2 Adults 2 Teens _____ Children

How much water do you use each day (provide estimate in gallons)? —

Is the property served by public water? Yes ☐ No ☑

If yes, on average how much is your monthly water bill? $_____

Do you have a dishwasher? Yes ☐ No ☒ How many times per week is it used? _____

Do you have a garbage disposal? Yes ☐ No ☒ How many times per week is it used? _____

Do you have a washing machine? Yes ☒ No ☐ How many times per week is it used? _____

Do you use "in tank" or "in bowl" toilet sanitizer products? Yes ☒ No ☐

Do you have a water softener unit or water treatment system installed? Yes ☐ No ☒

If yes, where does the system drain? _____

Are any household cleaning chemicals put down the drain? Yes ☐ No ☒

If yes, please indicate what types of chemicals: _____

Are any other types of chemicals (paints, solvents, oils, etc.) put down the drain? Yes ☐ No ☒

If yes, please indicate what types of chemicals: _____

Have any new water using fixtures been added in the house since the septic system was installed? Yes ☐ No ☒

If yes, please indicate what type of fixtures have been added: _____

Excluding sinks, showers, bathtubs, and toilets please list any other plumbing fixtures (spa, whirlpool, etc.) that are in the house:

_____

Do you have an in-ground irrigation system? Yes ☐ No ☒

If yes, how often is the system used during a one week period? _____

Has any site work been done at the property or to the house since you moved in? Examples include: gutter drains, swimming pool installation, basement remodel/finish, landscaping, paving of driveway, etc.

Please describe: Hooked up to city sewer 4 YRS AGO

Are there underground utilities located on the property? Yes ☒ No ☐

If yes, check ALL that apply: ☒ Power ☒ Phone ☐ Water ☒ Gas ☒ Cable TV

Signature