Garrett, Kimberly

From: cityworks@mecklenburgcountync.gov
Sent: Wednesday, July 09, 2014 10:10 AM
To: Garrett, Kimberly
Subject: Request #19700 has been created for your review

Mecklenburg County
Land Use & Environmental Services Agency

SERVICE REQUEST SUMMARY

Service Request

Service Request ID #	19700
Department	Groundwater Services
Description	Sewage Complaint
Status	In Progress
Incident Address	14705 E ROCKY RIVER RD
Incident Location	
Incident City	Davidson
Incident Zip	28036
Jurisdiction	
Submitted To	GARRETT, KIMBERLY
Date Initiated	7/9/2014 10:09:55 AM
Initiated By	SADER, LINDA
Date Dispatched	7/9/2014 10:09:55 AM
Dispatched To	GARRETT, KIMBERLY
Date Investigation Completed	
Closed By	
Problem Details	Tank lid cracked. This morning, water is backing up in sink. Need repair permit.
Comments	
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
SEWAGE ON WATER BODY?	
SEWAGE IN STORM DRAIN?	
ANY WATER WELLS NEARBY?	
SURFACE SAMPLE COLLECTED?	

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

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

File #: 5864 A Permit #: _____ Tax Parcel #: 003-361-07

Property Owner: Darin Wettengel

Job Location Address: 14705 E Rocky River Rd

City: Davidson State: NC Zip Code: 28036

Installation Approval Issuance Date: 7/11/14

reduced 1 island put in risers

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 _____, 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: n/a GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: unknown gallons

Liquid Capacity of Dosing Tank: n/a gallons

Didn't install new tank Jerry Lynch

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 _____

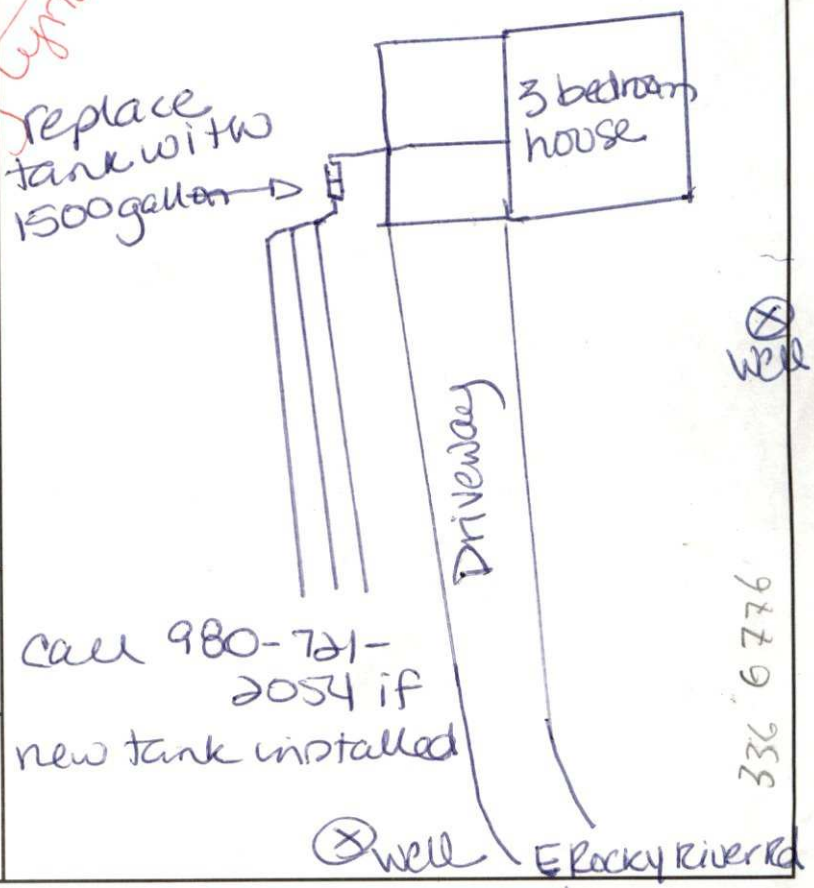
Minimum System Setbacks

Distance from Building Foundation: >5 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



call 980-721-2054 if new tank installed

Comments: System Classification & Type: Replace tank with new 1500g tank - with risers & effluent filter

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS