Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	11226
WASPS App #:	8226
Primary ES assigned to project:	April Bumgarner
Secondary ES assigned to project:	
Project Type:	Repair
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	N/A
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	N/A
Corrections/modifications needed?	No
Comments:	
IA issued date:	
OP Issued date:	
Review performed by:	Jeremy Michael
Date performed:	9/16/2016

Created at 9/16/2016 8.43 AM by Michael, Jeremy
Last modified at 9/16/2016 8.43 AM by Michael, Jeremy

Close

Mecklenburg County Health Department

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Hand Deliver

Owner: Nikolay & Tatyana Kravchuk

Mailing Address: 8920 Gosnell DR
Charlotte, NC 28227

Occupant:

Location: 8920 Gosnell DR
Charlotte, NC 28227

☒ Residence ☐ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Public Health or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance with applicable laws and rules.

On April 5, 2016 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation(s)

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify):*

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **May 13, 2016** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies, including but not limited to: Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130A-22(c)], Suspension or Revocation of Permits [G.S. 130A-23], and Criminal Penalties [G.S. 130-25].

Mecklenburg County – Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

MECKLENBURG COUNTY
HEALTH DEPARTMENT

11226
#8224

10 MAY '16 PM 4:13

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: 139-222-28
STREET ADDRESS: 8920 Gosnell DR
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: N/A
LOT #: _____ LOT SIZE (acres): .42
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: 2700
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? August 2007 ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Nikolay and Tatyana Kravchuk
ADDRESS: 8920 Gosnell DR
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: (704) 989-3329
FAX: _____
E-MAIL: tatyanakravchuk@hotmail.com

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

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

Revised on: 12/15/10

2016-05-10 19:31 OR Desk >> 7043841310 p 2/3

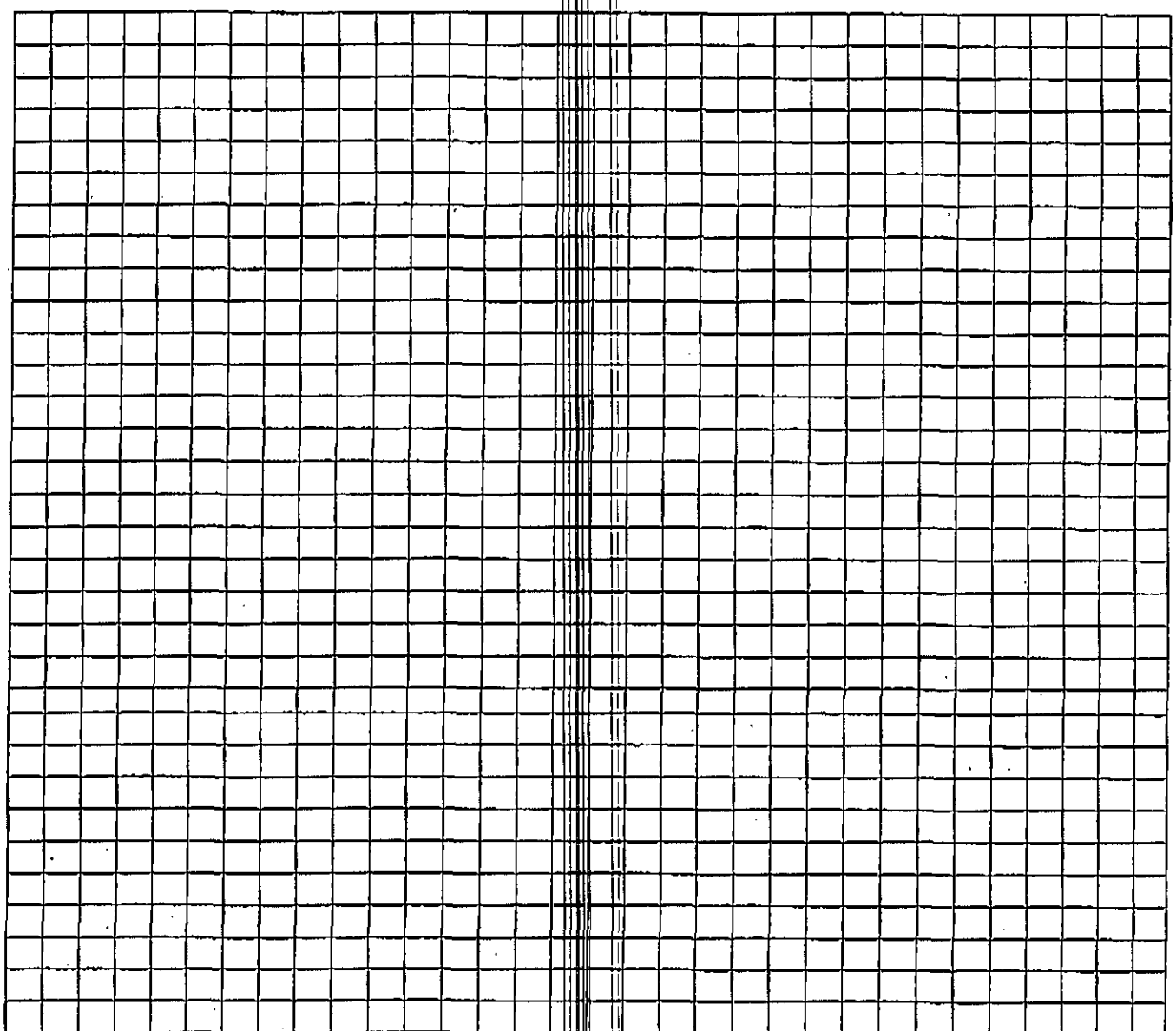
File #: _____

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: 8920 Gosnell DR. Tax Parcel #: 139-222-28

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

5-10-16
Date

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

Revised on: 12/15/10

2016-05-10 19:32 OR Desk >> 7043841310 p 3/3

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___

PROPERTY ID #: ___

COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ~~Re~~ Nikolay Kravchuk — APPLICATION DATE: ___

ADDRESS: 8920 Gosnell Dr — DATE EVALUATED: ___

PROPOSED FACILITY: Residenc — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: ___

LOCATION OF SITE: ___ — PROPERTY RECORDED: ___

WATER SUPPLY: ☒ Private ▫ Public ▫ Well ▫ Spring ▫ Other ___

EVALUATION METHOD: ☒ Auger Boring ▫ Pit ▫ Cut — TYPE OF WASTEWATER: ☒ Sewage ▫ Industrial Process ▫ Mixe

PROFILE	1940 LANDSCAPE POSITION / SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE / TEXTURE	1941 CONSISTENCE / MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS / COLOR	1943 SOIL DEPTH	1955 PATRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LL 2%	0-32"	C SBK	Fi SS SP SE XP	Yellow Brn mottles	47"	N/A	NA	PS .25
		32-48"	C SBK	F: SP SE XP	Wetness @ 47"				
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	✓
System Type(s)		11a
Site LTAR	.25	.25

OTHER FACTORS (.1946): ___

SITE CLASSIFICATION (.1948): Best professional Judgment

EVALUATED BY: April Bumgarner Jeremy Mill

OTHER(S) PRESENT: ___

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.

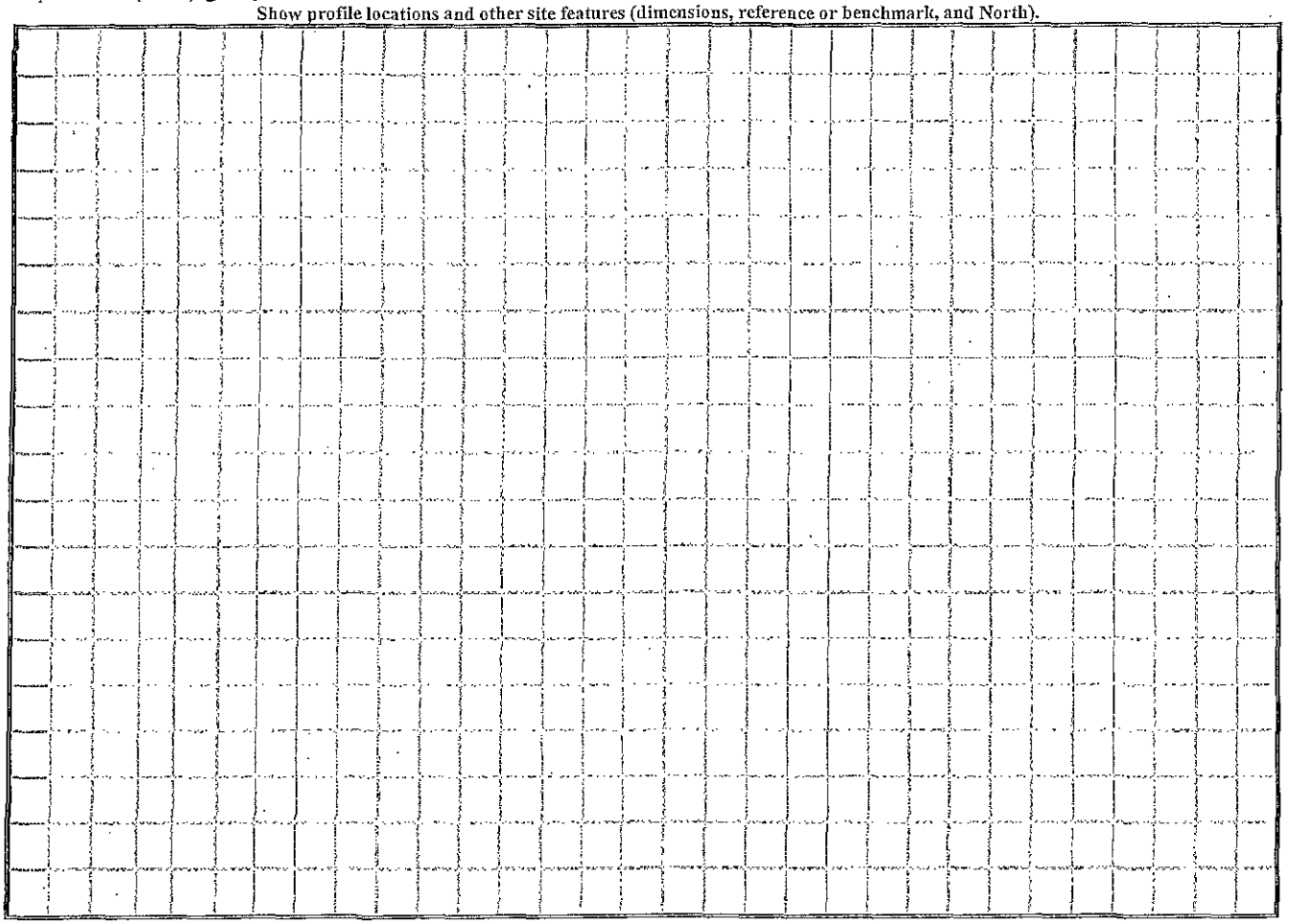
NOTES

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 (#####)

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 11226 Permit #: 11226 Tax Parcel #: 139-222-28

Property Owner: NikoLay Kravchuk

Job Location Address: 8920 Gosnell Dr

City: Charlotte State: NC Zip Code: 28227

Improvement Permit Issuance Date: 5-17-16 **Construction Authorization Issuance Date** 5-17-16

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 permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. 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: _____ GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: N/A 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: 48" inches

Bed Width: 9' feet

Total line length: 50 feet

~~# of Lines:~~ 1 Bed 9' 2 lines @ _____ feet

Depth of Media: See Attached inches (Type) _____

Distribution Device: Drop Boxes

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)

See Attached

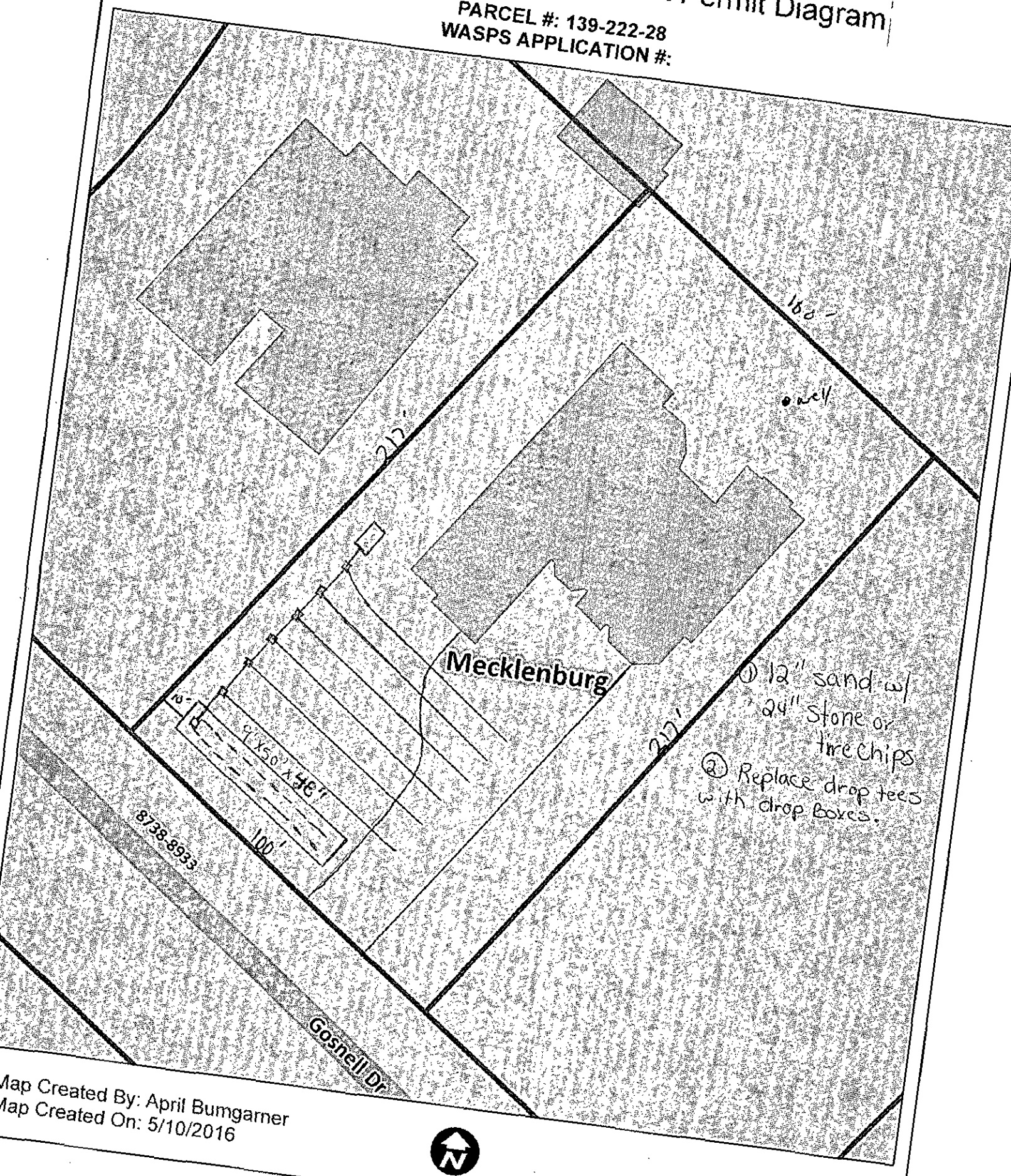
Comments: System Classification & Type: II a

Authorized Agent: April Bumgarner Signature: April Bumgarner, REHS

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram

PARCEL #: 139-222-28
WASPS APPLICATION #:



Map Created By: April Bumgarner
Map Created On: 5/10/2016

N

1 inch = 30 feet

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 11226 App # 8226 Tax Parcel # 139 222 28

Property Owner: Nikolay Kravchuk

Job Location Address: 8920 Gosnell Dr

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.**

April Burmgarner
Authorized Agent

9-14-16
Date

Robert Laney
Others Present

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 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 #: 11226 Permit #: 8226 Tax Parcel #: 139-222-28

Property Owner: Nikolay Kravchuk

Job Location Address: 8920 Gosnell Dr

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 9-14-16 Contractor Name: Robert Laney

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: Existing gallons Manufacture Existing Effluent Pump Model: N/A

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: 48 inches

Bed Width: 6 feet

Total line length: 45 feet

# of Lines: _____ @ _____ feet

Depth of Media: 24" inches (Type) Stone 12" sand

Depth of Cover: 12 inches

Distribution Device: Drop Box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10' feet

Distance from Property Line: 5' feet

Distance from Water Supply Source: 100 feet

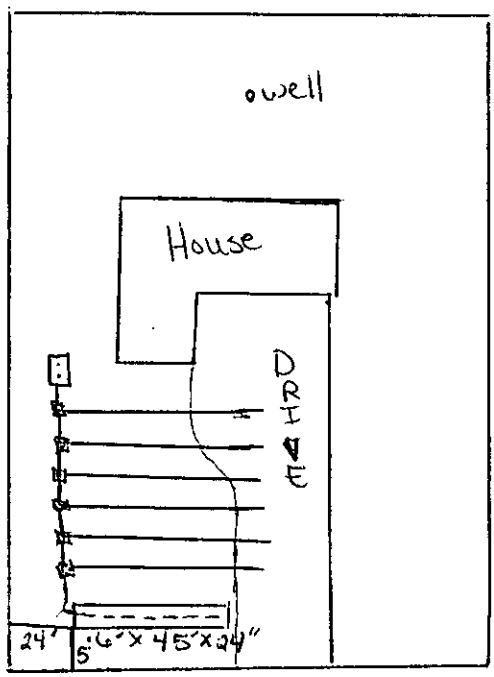
Inspection Dates

Tank(s) Inspected: Existing

Excavation Inspected: 9-13-16 & 9-14-16

Pump & Controls Inspected: N/A

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: II a / GBD / g / NA / NA

* Contractor called & said a dump truck had driven over approx. 5' of new system. Robert Laney

DENR Authorized Agent: April Bumgarner Signature: April Bumgarner, REHS

& through middle section of old system; to deliver 2 loads of dirt.

AB. 9-15-16 @ 1:40pm

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 #: 11226 Permit #: 8226 Tax Parcel #: 139-222-28

Property Owner: Nikolay Kravchuk

Job Location Address: 8920 Gosnell Dr

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: II a

*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:

DENR Authorized Agent: April Bumgarner Date: 9-14-16

Signature: April Bumgarner

Bumgarner, April

From: Hager, Chad Michael <Chad.Hager@duke-energy.com>
Sent: Monday, May 09, 2016 2:21 PM
To: Bumgarner, April
Subject: 8920 Gosnell Dr

Duke energy is ok with the septic drain under our distribution line as long as it is at least 15' from our existing pole. If drain is damaged during repairs to our facilities, Duke will not take responsibility. Thanks

Chad Hager
Engineering Technologist II
Duke Energy Carolinas, LLC
2530 E WT Harris Blvd
Charlotte, NC 28213
(704) 582-8064

DUKE ENERGY

September 2, 2015

Mr. James A. Wells
18425 Rosapenny Rd
Charlotte, NC

Dear Mr. Wells:

Duke Energy of the Carolinas, LLC is granting permission for you to extend and maintain your sewer drain lines in Duke Energy of the Carolinas, LLC Right of Way at 18425 Rosapenny Rd as part of Tax Map Parcel No. 21731103. Duke Energy of the Carolinas, LLC will not be responsible for any damage to your drain fields that may occur while maintaining our power lines.

Please note that this permission applies only to the distribution power lines on the above referenced property. It is null and void for any adjacent property owners.

Sincerely,

Dillon Barber
Distribution Engineering Technologist

APPROVED PLANT MATERIALS THAT CAN BE PLANTED ON DUKE ENERGY'S ELECTRIC TRANSMISSION RIGHTS-OF-WAY

Plant materials below 15feet in height are approved for planting on Duke Energy's Electric Transmission Rights-of-Way in order to maintain the reliability of these major power lines that serve the public. The following lists of plants generally do not exceed 15feet in mature height in the service area of Duke Energy's Electric Transmission under the environmental conditions that exist on our rights-of-way. However, if any approved plants exceed the 15foot limit, they will be subject to removal.

This is not an all-inclusive list.

Note that some species have cultivars that exceed 15feet in mature height and some that will not.

Botanical Name	Common Name	Mature Height
Aesculus parvifolia	Bottlebrush Buckeye	15'
Amelanchier canadensis	Serviceberry	15'
Ternstroemai (Cleyara) japonica	Japanese Cleyera	10'
Camellia sasanqua	Sasanqua	10'
Corylopsis glabescens	Fragrant Winterhazel	15'
Corylus americana	American Filbert	15'
Cotinus coggygria	Common Smoketree	15'
Exochorda racemosa	Pearlbush	15'
Hamamelis mollis	Chinese Witchhazel	15'
Hamamelis vernalis	Vernal Witchhazel	10'
Hibiscus syriacus	Rose-of-Sharon	10'
Hydrangea quercifolia	Oak-leafed Hydrangea	12'
Ilex cornuta burfordi nana	Dwarf Burford Holly	10'
Ilex crenata	Japanese Holly	10'
Ilex verticillata	Winterberry	15'
Juniperus chinensis 'Hetzi'	Hetzi Juniper	12'
Kolkwitzia amabilis	Beautybush	10'
Lagerstroemia india (cultivars under 15-ft)*	Crepe Myrtle*	15'
Loropetallum chinense	Loropetallum	12'
Prunus 'Holly Jolivette'	Holly Jolivette Flowering Cherry	15'
Punica granatum	Pomegranate	15'
Syringa vulgaris	Common Lilac	15'
Viburnum burkwoodi	Burkwood Viburnum	10'
Viburnum dilatatum	Linden Viburnum	10'
Viburnum plicatum var. tomentosum	Doublefile Viburnum	10'
Viburnum prunifolium	Blackhaw Viburnum	15'
Viburnum rhytidophylloides	Lantanaphyllum Viburnum	12'
Viburnum rhytidophyllum	Leatherleaf Viburnum	15'
Viburnum sargenti	Sargent's Viburnum	15'
Viburnum tinus	Lauristinus Viburnum	8'
Vitex negundo	Chasetree	15'

***Crepe Myrtle Cultivars That Generally Do Not Exceed 15-Feet Mature Height**

Acoma	Osage
Apalachee	Pecos
Caddo	Sioux
Comanche	Tonto
Hopi	Yuma
Lipan	Zuni

Revised: 10/09

Duke Energy SM

ELECTRIC TRANSMISSION RIGHTS-OF-WAY GUIDELINES/RESTRICTIONS
VALID FOR NORTH CAROLINA AND SOUTH CAROLINA

This list of rights-of-way restrictions has been developed to answer the most frequently asked questions about property owner use of Duke Energy's electric transmission rights of way. This list does not cover all restrictions or all possible situations. You should contact the Asset Protection Right-of-Way Specialist if you have additional concerns about the rights of way. This list of restrictions is subject to change at any time and without notice. Duke Energy reserves all rights conveyed to it by the right-of-way agreement applicable to the subject property. All activity within the rights of way shall be reviewed by an Asset Protection Right-of-Way Specialist. It is strongly suggested that you contact Duke Energy and submit plans for approval prior to construction of any improvements within the rights of way.

1. Structures, buildings, manufactured homes, mobile homes and trailers, satellite signal receiver systems, swimming pools (and any associated equipment and decking), graves, billboards, dumpsters, signs, wells, septic systems or storage tanks and systems (whether above or below ground), refuse of any type, flammable material, building material, wrecked or disabled vehicles and all other objects (whether above or below ground) which may, in Duke Energy's opinion, interfere with the electric transmission right of way, in any way, are not allowed within the rights-of-way limits. Transformers, telephone/cable pedestals (and associated equipment), and fire hydrants are not allowed. Manholes, water valves, water meters and backflow preventors are not permitted.
2. Fences shall not be attached to poles or towers. Fences shall not exceed 10 feet in height and shall be installed greater than 25 feet from poles, towers and guy anchors. Fences shall not parallel the centerline within the rights of way but may cross from one side to the other at any angle not less than 30 degrees with the centerline. If a fence crosses the rights of way, a gate (16 foot wide gate at each crossing) shall be installed by the property owner, per Duke Energy's specifications, to allow free access required by Duke Energy equipment.
3. Contact Duke Energy and obtain written approval before grading or filling on the rights of way. Grading (cuts or fill) shall be no closer than 25 feet from a pole or tower leg, and the slope shall not exceed 4:1 on the rights of way. Grading or filling within the rights of way or near a structure, which will prevent free equipment/vehicle access, or creates ground to conductor clearance violations, will not be permitted. Sedimentation control, including re-vegetation, is required per state regulations.
4. Streets, roads, driveways, sewer lines, water lines, and other utility lines, or any underground facilities shall not parallel the centerline within the rights of way, but may cross, from one side to the other, at any angle not less than 30 degrees with the centerline. No portion of such facility shall be located within 25 feet of Duke Energy's supporting structures. Intersections of roads, driveways, or alleyways are not permitted within the rights of way.
5. Any drainage feature that allows water to pond, causes erosion, directs storm water toward the rights of way, or limits access to or around a structure is prohibited.
6. Contact Duke Energy prior to the construction of lakes, ponds or retention facilities, etc. within the rights-of-way limits.
7. Duke Energy does not object to parking within the rights of way, provided that:
    a. A barrier, sufficient to withstand a 15 mph vehicular impact, shall be erected by the party constructing the parking area to protect the pole, tower or guy anchor. The barrier shall be located in such a manner as to restrict parking to at least 5 feet from the structure.
    b. Any access areas, entrances, or exits shall cross (from one side to the other) the rights of way at or near right angles to the centerline, and shall not pass within 25 feet of any structure. Parking lot entrances/exits cannot create an intersection within the right of way.
    c. Lighting structures within the rights-of-way limits must be approved by Duke Energy before installing. Total height may not exceed 15 feet.
    d. Signs and other attachments to Duke Energy structures are prohibited.

8. Duke Energy Carolinas will not object to certain vegetation plantings as long as:
    a. It does not interfere with the access of existing structures or the safe and reliable operation and maintenance of the line.
    b. With prior written approval, Duke Energy Carolinas does not object to plants, shrubs and trees that are of a species that will not exceed, at maturity, fifteen (15) feet in height.
    c. Duke Energy Carolinas reserves the right to object to the planting of all plants, shrubs and trees within the right of way easement that may interfere with the proper operation and maintenance of the line.
    d. Duke Energy Carolinas may exercise the right to cut "danger trees" outside the rights of way limits as authorized by the right of way agreement applicable to the subject property and as required to properly maintain and operate the transmission line.

We hope this is useful information. If you have additional questions or plan any activity not mentioned above, please contact:

Duke Energy Representative: _____

Telephone number: _____

Form 02191 (5/02/2008)

Duke Energy®

Mail Code: TV02C
610 Toddville Rd.
Charlotte, NC 28214
Phone: 704-382-2664

October 19, 2012

Mecklenburg County Health Department
249 Billingsley Road
Charlotte, NC 28211

Attn: County Health Inspectors

For several years you have partnered with Duke Energy in helping to prevent the installation of septic systems (tanks and drain fields) within the transmission rights of way. Your efforts have been a tremendous success, and we thank you. Your help in reducing the number of encroachments has been tremendous. As you are aware, these rights of ways are purchased easements that specifically prohibit "structures and other obstacles" from being placed within the Rights of Ways.

We recognize that your personnel staff may have changed since we last contacted you. In addition, we recognize that new construction by residential developers has decreased and you may not be involved in as many septic field requests as you were several years ago. Therefore, we would like to bring you up to date on the Duke Energy policy as it relates to septic systems.

Duke Energy prohibits septic systems (i.e. septic tanks, septic drain lines, absorption pits, repair fields, etc) on Duke Energy Transmission Rights of Way. Facilities installed within the right of way are subject to severe damage by our vehicles. There is heavy equipment working on these Rights of Way during the construction phase of a transmission line, as well as ongoing maintenance. This could cause damage to both the tanks and the drain lines. Duke is NOT responsible for damage, since the recorded easement expressly prohibits such installations.

As the County agent that approves the location of septic system requests, Duke wants you to be aware that any septic tank or drain line installed on these Rights of Way are subject to being inadvertently dug up, compacted, or otherwise destroyed. This may cause raw sewage to be exposed to the environment. In some instances, where this damage has happened, customers have stated to us that the County provided the permit and told them where to install the system.

I have attached a map of our Asset Protection employees that can assist you in determining the proper width of a right of way. The widths are typically 68 feet, 150 feet, and 200 feet, but can vary. It is not our expectations that you police the rights of way, but to partner with Duke Energy to insure your customers, which are also our customers, are provided with excellent customer service that eliminates potential expenses which could have been avoided.

Our Asset Protection employees are always available for your staff meetings to discuss our policy and process. Again, THANK YOU for the help you have given to Duke Energy in the past. It is very much appreciated.

Please feel free to call them if you have any questions.

Sincerely,

Douglas A Gould
Manager Central Operations-Asset Protection
Office: 704-382-3504
doug.gould@duke-energy.com

Raymond E. Williams, Jr.
Asset Protection Specialist
Office: 704-382-2664
REWilliams@dukeenergy.com

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 11226 WASPS App #: 1756

Primary ES assigned to project: DL

Secondary ES assigned to project:

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law				
	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☑
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☑
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?	T ☑		
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 3			
	Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.3	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☑
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☑
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐

Operation Permit

.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: 5-11

OP issued date: 5-21

Review performed by: KR Date performed: 5-23-07



8920 GOSNELL DR

13922228

6/18/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

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 #: 11226 Permit #: 11226 Tax Parcel #: 139-222-28

Property Owner: VALERIY SOLO

Job Location Address: 8920 COGNELL DR.

City: MINT HILL State: NC Zip Code: 28227

Operation Permit Issuance Date: 5/11/07 Contractor Name: BOBBY MACARUER

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A INNOVATIVE 25% REDUCTION

Trench Depth: 16 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ 60 feet

Depth of Media: N/A inches (Type) 111a

Depth of Cover: 12 inches

Distribution Device: DROP TEE

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: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet

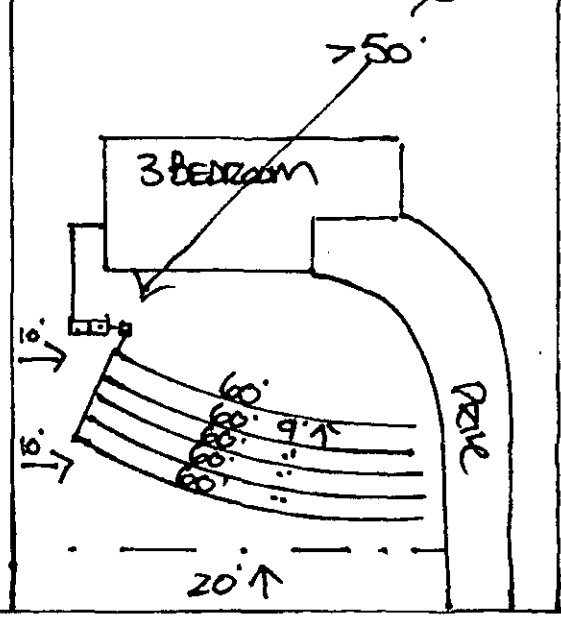
Inspection Dates

Tank(s) Inspected: 5/11/07

Excavation Inspected: 5/11/07

Pump & Controls Inspected: N/A

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: 111a, INNOVATIVE, 25% REDUCTION. @ 5 LINES INSTALLED @ 60' ea. 750' FROM WELL. 710 FROM PROPERTY LINE

DENR Authorized Agent: DAVID CORNELIUS, Signature: _____

* 8" SOIL CAP OVER FINISHED GRADE, 100% REPAIR NOT REQUIRED.

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 #: 11226 Permit #: 11226 Tax Parcel #: 139-222-28

Property Owner: VALERIY SOLO

Job Location Address: 8920 COGNELL DR.

City: MINT HILL State: NC Zip Code: 28227

Installation Approval Issuance Date: 5/11/07

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 6/11/07, 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: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A INNOVATIVE

Trench Depth: 15 inches 25% REDUCTION

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ 60 feet

Depth of Media: N/A inches (Type) IIIa

Distribution Device: D-Box

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 _____

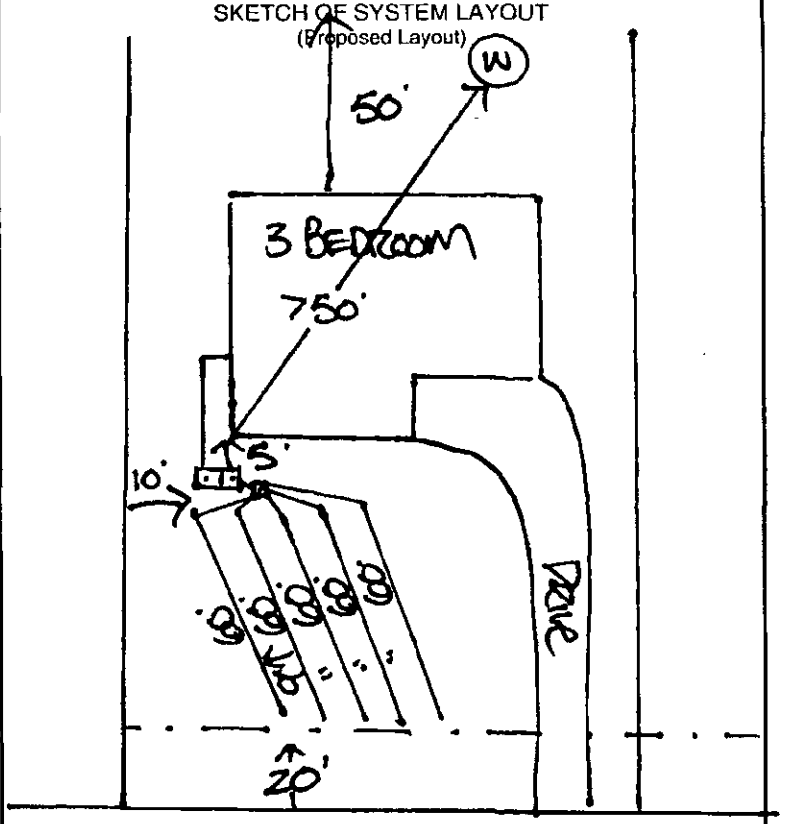
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIa, INNOVATIVE, 25% REDUCTION. INSTALL 5 LINES @ 60' ea. 750 FROM WELL, 7½' FROM PROPERTY LINE 1500 GAL SEPTIC TANK. 100% REPAIR NOT REQUIRED. maintenance operation

DENR Authorized Agent: DAVID CORNELIUS Signature: [signature] REHS

PROPOSED PLOT PLAN

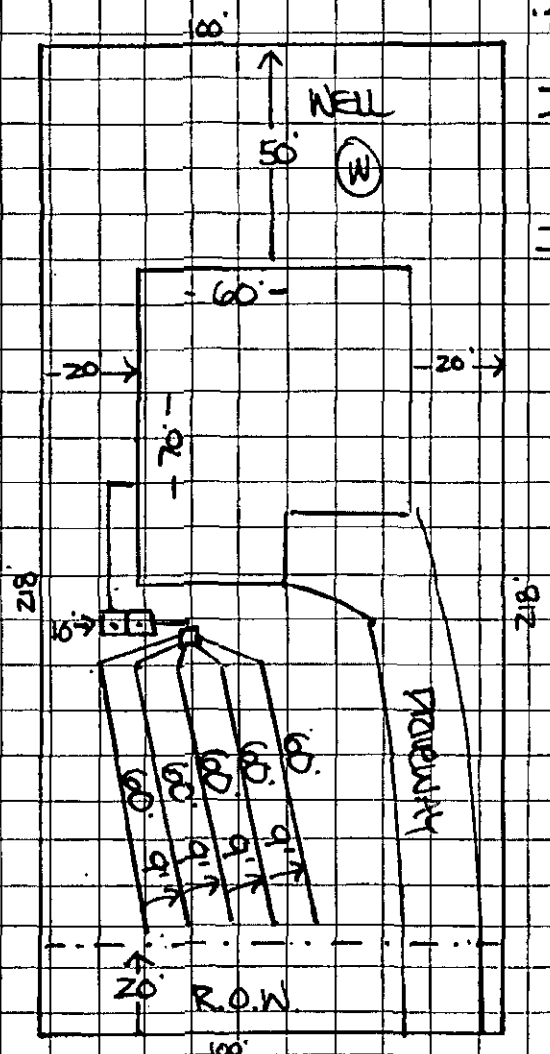
1"=40'

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 11226

TC: 139-222-28

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



* SEPTIC SYSTEM DESIGN FOR A 3 BEDROOM.

INSTALL DRAINLINES SHALLOW @ 15" AND ON CONTOUR

INSTALL 8" OF CLAY LOAM CAP OVER DRAINFIELD AFTER INSTALLATION

TYPE III @ INNOVATIVE, 25% REDUCTION

INSTALL 5 LINES @ 60' EACH, 9' ON CENTER

1500 GAL SEPTIC TANK

LOCATE ALL PARTS OF SYSTEM
- 75' FROM WELL
- 10' FROM PROPERTY LINE
- 75' FROM HOUSE FOUNDATION

* 100% REPAIR NOT REQUIRED

OWNER/AGENT SIGNATURE

DATE 01.05.07

APPROVAL DATE 1/5/07

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001756** GWS File #: **11226** Tax Parcel #: **109-304-35**

- 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. The Construction Authorization is **NOT** transferable. 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):** 1/5/2012

Type of Installation: Residential - Modified Plot Plan Lot Number: 46

Structure Type: HOUSE Size (ft^2): 2700 # Bedrooms: 3 # Occupants: 7

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Innovative or Experimental **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	15	Depth of Media (in):	N/A	Distribution Device:	Distribution Box		

III. Repair System Type: N/A **System Classification:**

Repair System Specifications:

Design Flow (gpd):	0	LTAR (gpd/ft^2):	0.0	Septic Tank Size (gal):	0	Pump Tank Size (gal):	N/A
Trench Width (ft):	0	Trench Spacing (ft):	0	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	0	Distribution Device:	N/A		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: David Cornelius Owner/Legal Agent: Valery Solo

Print Name

Signature: Signature:

Date Issued: 1/5/2007

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30001756 GWS File #: 11226

IV. Permit Conditions/Comments:

- All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to issuance of an Operation Permit.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: David Cornelius

Signature: David Cornelius, RS

Date Issued: 1/5/2007

Owner/Legal Agent: Valery Solo
Print Name

Signature: V. Solo

Permit Number: 11226 Tax Number: 134-222-28

- The 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. The Construction Authorization is NOT transferable. 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.

Basement	___ Yes	X No		___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X	Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)		9' Trench spacing (min. on centers)
yes Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)		15" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) THIS PERMIT REQUIRES AGREEMENT FORMS TO BE COMPLETED (2) INSTALL 8" OF CLAY LOAM CAP OVER DRAINFIELD.				
Repair Area System Type NOT REQUIRED. Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other		___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)		___ Maximum Trench Depth
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Departme
- This Improvement permit is transferable.

DEHNR Authorized Agent Date 12/30/02

X Julia Gavrilov 2-5-03
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** AC
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 12/30/02 PERMIT NO: 11226

PARCEL NO: 139-222-28

JOB LOCATION ADDRESS: 8920 GOSNELL DRIVE

PROPERTY OWNER: ANDREY GAVRILOV

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ DATE: 12/30/02

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 11226, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: (1) REQUIRES AGREEMENT FORMS,

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Yulia Gavrilov 2-5-03

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

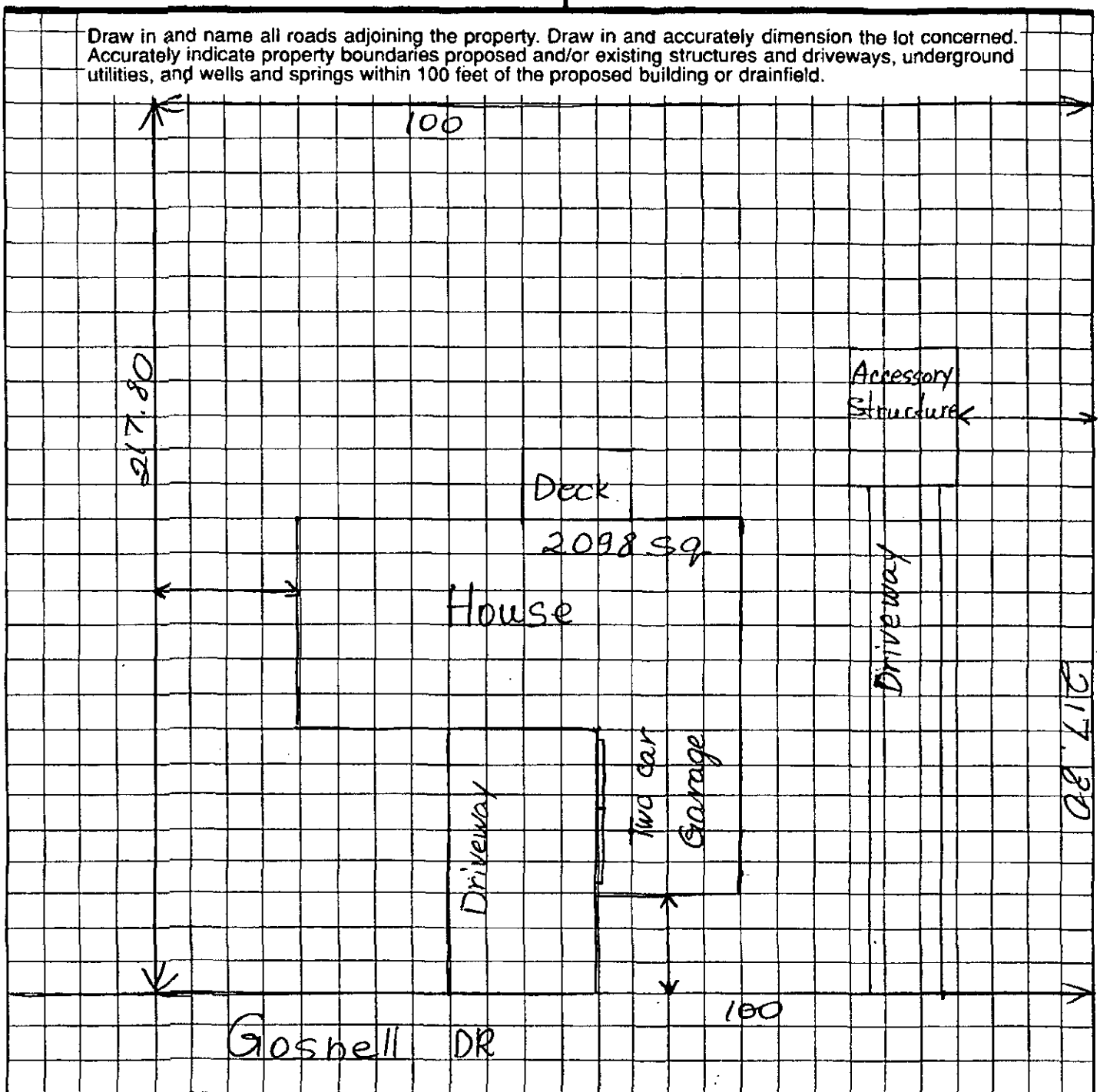
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11226

TC: 139-222-28

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Andrey Gavrilov
OWNER/AGENT SIGNATURE

DATE 10-11-02

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

FEE: 200.00 Ck # 105
DATE: 10-8-02 SC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 11226

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-222-28

STREET ADDRESS: 8920 Grosnell DR

SUBDIVISION OR MOBILE HOME PARK NAME: Charlotte NC 28227

LOT NUMBER: #46 BA

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
X 7 MINT HILL

HEATED SQUARE FOOTAGE: 2098

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Gavrilov (FIRST) Andrey (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 3603 Trappers Run DR	DAYTIME PHONE: ( ) —
CITY: Matthews STATE: NC ZIP: 28105	
DAYTIME PHONE: (704 531 - 7358	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Andrey Gavrilov DATE: 10-09-02

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

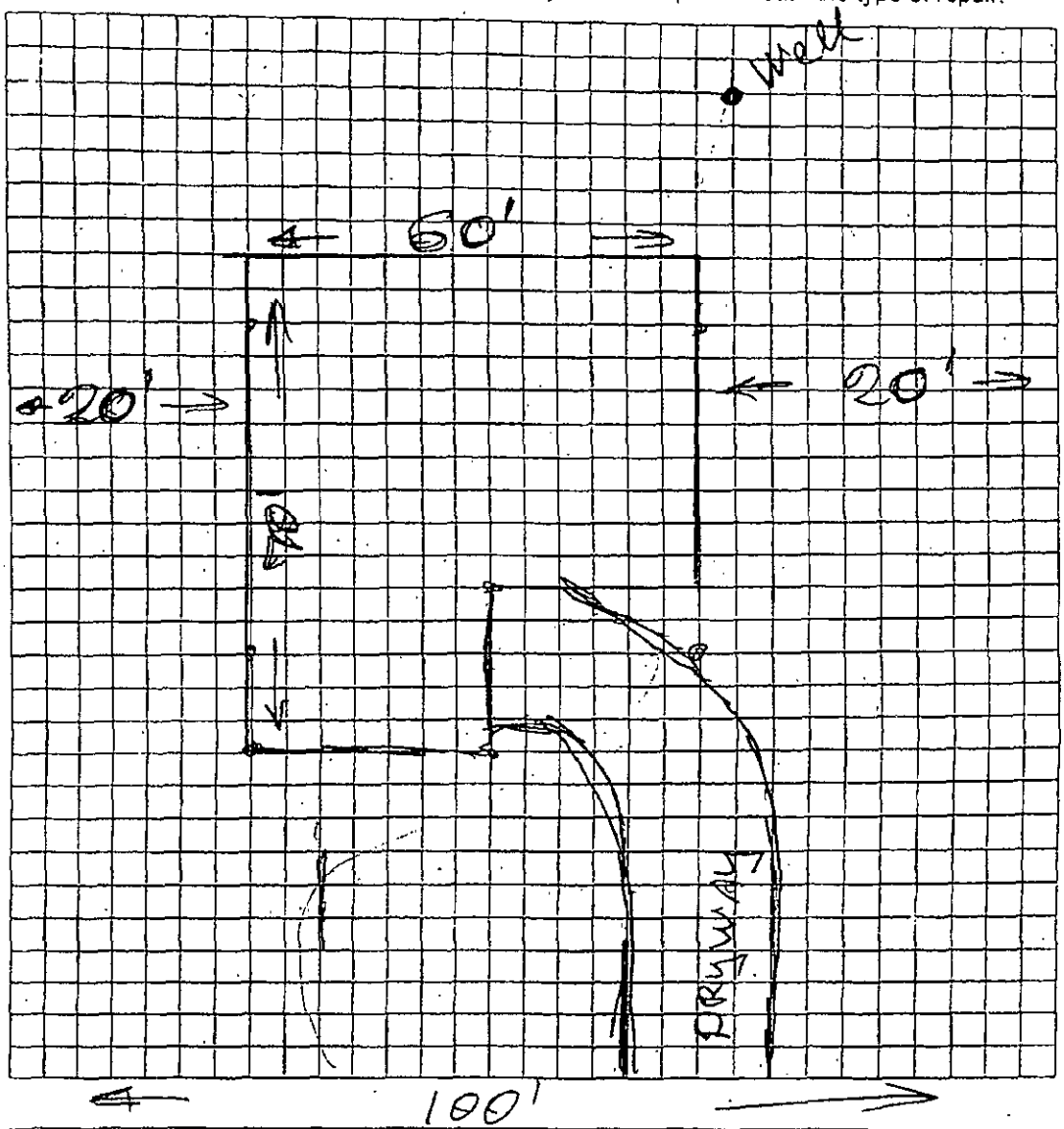
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 11226
Date _____

COPY

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature
Date

LBC 12/15/04

#1756

GWS – RES. APP 07/05

SEPTIC FEE: 400 CK 350
DATE: 12/27/06
CRT [ ]
New Owner

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 11226

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☒ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT DC

JOB LOCATION INFORMATION:

TAX/PARCEL #: 139-222-28
STREET ADDRESS: 8920 Gosnell RR.
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 46
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☑ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 2,700
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 7

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Kravchuch Nikolay Tatyana
ADDRESS: 5619 Beaver dam LN.
CITY: Mint hill
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE:
MOBILE PHONE: (704) 726 1779 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Valeriy Solo
ADDRESS: 5618 Beaver dam LN.
CITY: Mint hill
STATE: NC ZIP: 28227.
HOME PHONE: (704) 545 8838 WORK PHONE: (704) 726 1779
MOBILE PHONE (704) 726 1779 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

"An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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.

Valeriy 12.27.06
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

"A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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.

V. 12.27.06.
Owner's/Agent's Signature Date

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

07 04
07 03

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

Sheet: 1
Property ID: 139-222-28
Lot #: 46-B
File #: 11226
Code: 2

A CJ

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Andrey Gavrilov
Applicant:
Address: 3603 Trappers Run, Matthews, N. C. 28105
Date Evaluated: 10/21/2002
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .5a
Location of Site: 8920 Gosnell Drive
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-6	GR/SICL	FR/SEXP/SS/SP	>22" TO SOIL WETNESS	>22	N/A	NONE	IV
		6-22	SBK/SIC	FI/SEXP/S/P	PROFILE CLASS INC.				
		BORING TERMINATED @22",FLOATER ROCK							
2	"	0-6	GR/SICL	FR/SEXP/SS/SP	>33" TO SOIL WETNESS	33	"	"	US, IV .3GPD/FT^2
		6-33	SBK/SIC	FI/SEXP/S/P					
3	LS, 10	0-5	GR/SICL	FR/SEXP/SS/SP	>30" TO SOIL WETNESS	30	"	"	"
		5-22	SBK/SIC	FI/SEXP/S/P					
		22-26	M/SICL	FR/SEXP/SS/SP					
		26-30	SBK/SICL	"					
4	"	0-4	GR/SICL	"	>17" TO SOIL WETNESS	17	"	"	US, IV
		4-17	SBK/SIC	FI/SEXP/S/P					
5	"	0-4	GR/SICL	FR/SEXP/SS/SP	>27" TO SOIL WETNESS	27	"	"	US, IV .15GPD/FT^2 LPP
		4-18	SBK/SIC	FI/SEXP/S/P					
		18-27	SBK/SICL	FR/SEXP/SS/SP					
6	"	0-7	GR/SICL	"	>32" TO SOIL WETNESS	32	"	"	US, IV .3GPD/FT
		7-32	SBK/SIC	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	NA
System Type(s)	1 1/4	
Site LTAR	~~SEE COMMENT~~ 3	

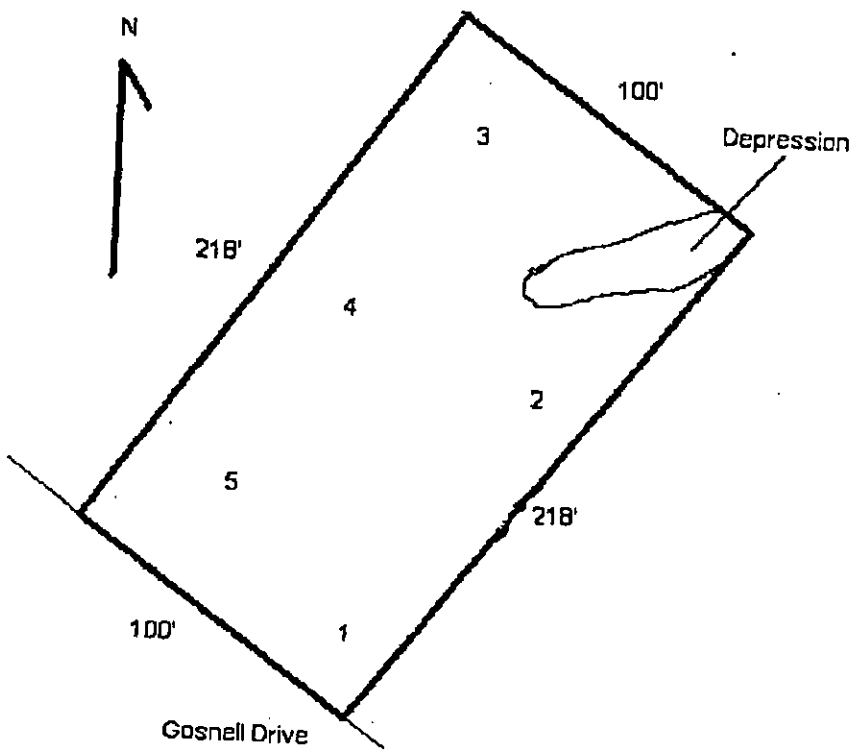
Other Factors (.1946): _____
Site Classification (.1948): ~~UNSUITABLE~~ PROV SUITABLE
Evaluated By: W. R. Martin, LSS, 10/21/02. W R Martin
Others Present:

FILE # 11226

COMMENTS accessory structure located differently on lot than on plot plan

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11226

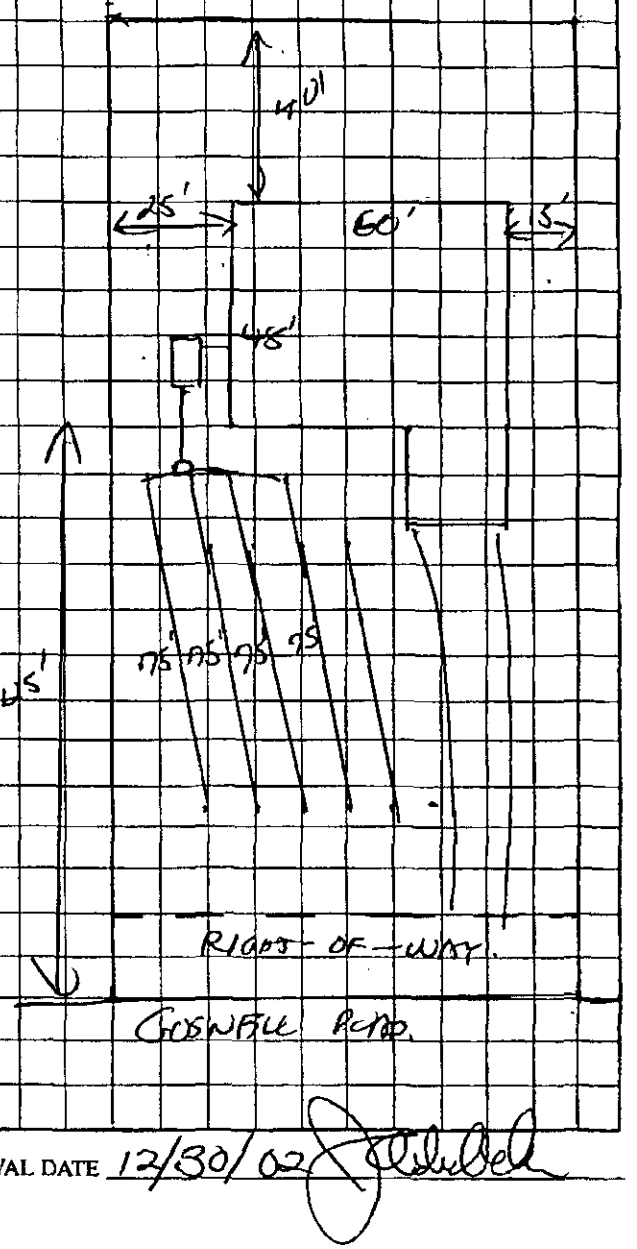
TC: 139-222-28

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

8920 GOSNELL DRIVE

SCALE 1" = 40'

1. INSTALL DRAINLINES SHALLOW 15" AND ON CONTOUR.
2. INSTALL 8" OF CLAY LOAM CAP OVER DRAINFIELD AFTER INSTALLATION.
3. THIS IS A TYPE III-C INNOVATIVE INSTALLATION, THAT ALLOWS A 25% REDUCTION IN TOTAL LINEAR FEET.
4. AGREEMENT FORMS MUST BE COMPLETED PRIOR TO ISSUING OF OPERATION PERMIT.
5. LOCATE ALL PARTS OF SEPTIC TANK SYSTEM AT LEAST 50' FROM ALL WELLS.



Yulia Gavrilov
OWNER/AGENT SIGNATURE

DATE 2-5-03

APPROVAL DATE 12/30/02

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Distribution line

0-32"
C w yellow Brown Mottles

Take out Ts

COPY

MECKLENBURG COUNTY
HEALTH DEPARTMENT

11226
#8994

10 MAY '16 PM 4:13

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: 139-222-28
STREET ADDRESS: 8920 Gosnell DR
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: N/A
LOT #: _____ LOT SIZE (acres): .42
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: 2700
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? August 2007 ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Nikolay and Tatyana Kravchuk
ADDRESS: 8920 Gosnell DR
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: (704)989-3329
FAX: _____
E-MAIL: tatyanakravchuk@hotmail.com

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

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

Revised on: 12/15/10

2016-05-10 19:31 OR Desk >> 7043841310 p 2/3

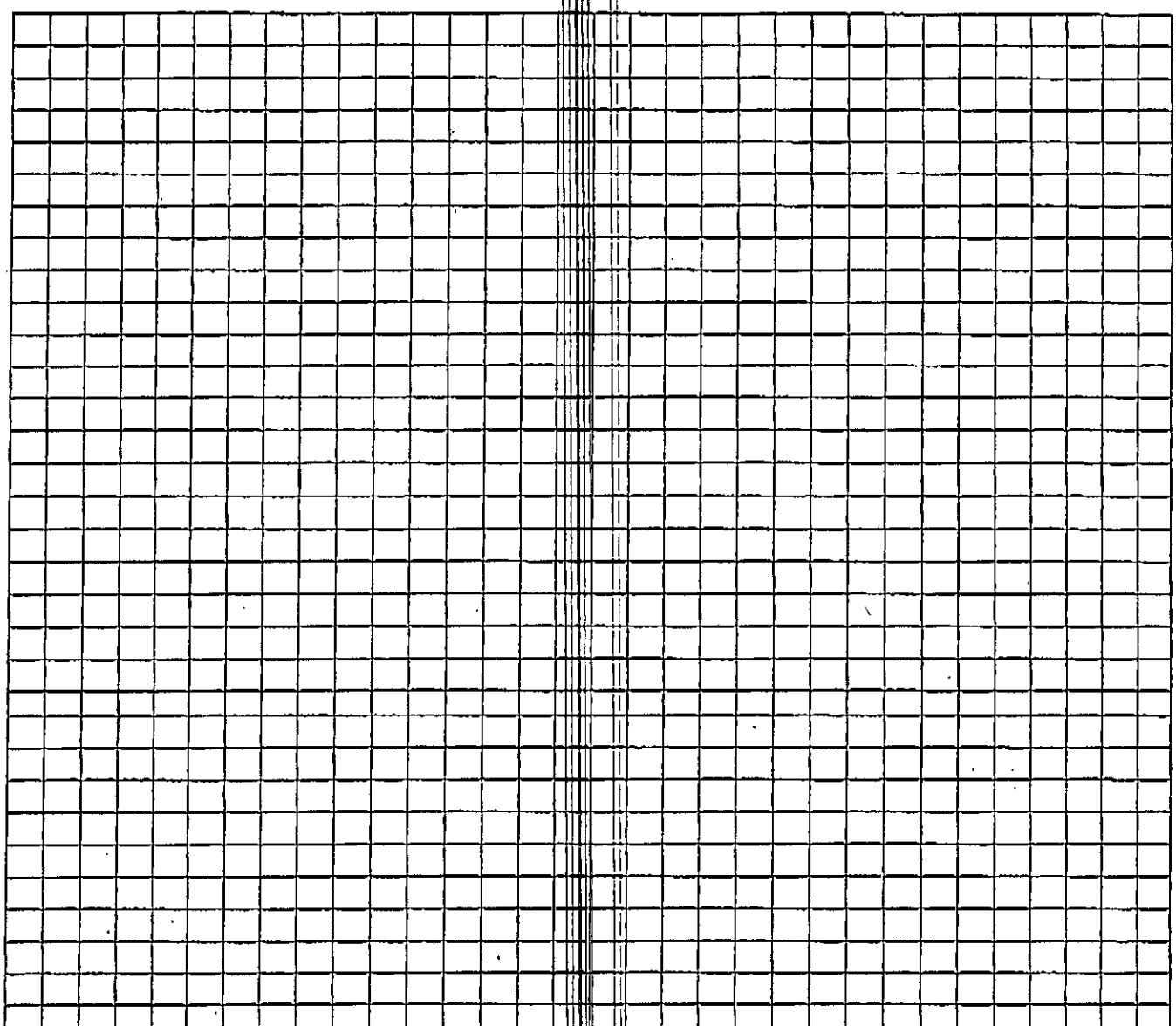
File #: _____

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: 8920 Gosnell DR. Tax Parcel #: 139-222-28

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

5-10-16
Date

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

Revised on: 12/15/10

2016-05-10 19:32 OR Desk >> 7043841310 P 3/3