#11038

10550 B

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:** O N/A O NEW SYSTEM O ALTERATION O REPAIR O MODIFIED PLOT PLAN
2. **WELL / TYPE APPLICATION:** ⊗ N/A O NEW WELL O MAJOR REPAIR O ABANDONMENT
3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 017-287-01
STREET ADDRESS: 12034 Blue Moon Ct
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: 13-M14-473 LOT SIZE (acres):

TOWNSHIP:
O MECKLENBURG O CORNELIUS ⊗ HUNTERSVILLE
O DAVIDSON O CHARLOTTE O PINEVILLE
O MATTHEWS O MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
⊗ SINGLE MOBILE HOME O MODULAR HOME
O DOUBLE WIDE O MULTIPLE FAMILY
O HOUSE O OTHER

HEATED SQUARE FOOTAGE: 840
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2

FOUNDATION TYPE:
O CONCRETE SLAB O BASEMENT WITH PLUMBING
⊗ CRAWL SPACE O 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:** O MUNICIPAL ⊗ PRIVATE WELL O PUBLIC WELL O SHARED WELL O OTHER ____
7. **PROPOSED USE OF WELL:** O N/A O IRRIGATION O POTABLE (DRINKING WATER) ⊗ OTHER Wash Dishes Take Bath
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	O YES ⊗ NO	GRADING/SOIL REMOVAL PERFORMED	O YES ⊗ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	⊗ YES O NO	JURISDICTIONAL WETLANDS	O YES ⊗ NO
WELLS, SPRINGS, OR WATER LINES	O YES ⊗ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	O YES ⊗ NO
EASEMENTS OR RIGHT-OF-WAYS	O YES ⊗ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	O YES ⊗ NO
CHEMICAL/PETROLEUM STORAGE TANKS	O YES ⊗ NO	KNOWN UNDERGROUND CONTAMINATION	O YES ⊗ NO
WASTE STORAGE	O YES ⊗ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	O YES ⊗ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 3-28-16 ☐ UNKNOWN
11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** ____ ☐ N/A

12. **PROPERTY OWNER:**

NAME: David Garmon
ADDRESS: 2962 Corriher Farm RD
CITY: Lincolnton
STATE: NC ZIP: 28092
WORK PHONE: 704-392-9501
MOBILE PHONE: 704-363-8418
FAX: 704-394-1405
E-MAIL: Dgarmon@themetrolinelandscape.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

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.

_____ (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.

David Harmon
Property Owner's or Owner's Legal Representative Signature

2-5-20
Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O 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:

File #: _____

PROPOSED PLOT PLAN

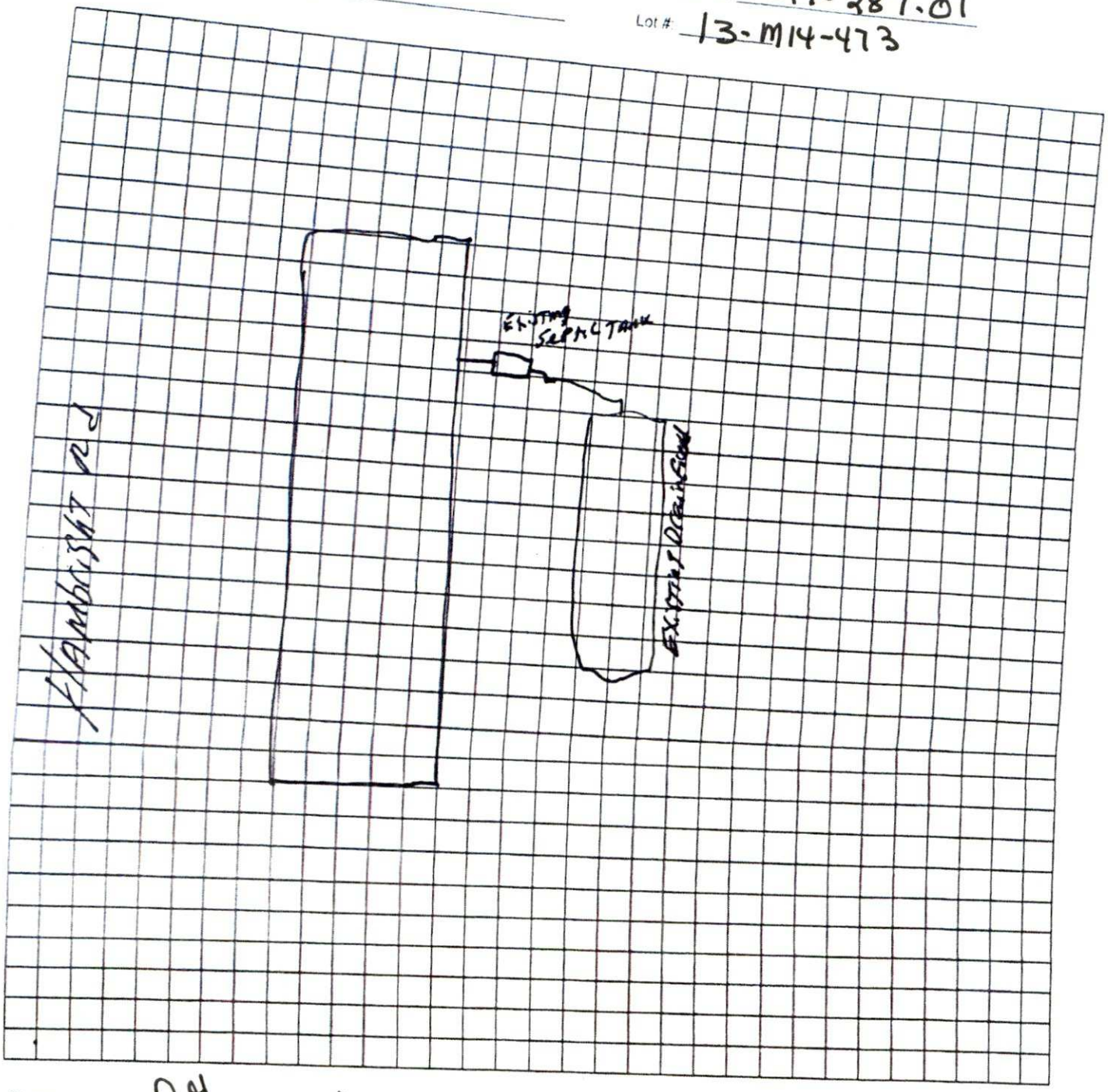
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 9430 Hambright Rd

Subdivision Name: _____

Tax Parcel #: 017-287.01

Lot #: 13-M14-473



David Garr

Property Owner's or Owner's Legal Representative Signature

2.5.20

Date

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Jack Smith is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 9430 Hambright Road Huntersville, NC
   Number Street Town
   (Or Parcel Number)

David Garmon
Property Owner (print name)

Property Owner (signature)

02-05-20
Date

THE METROLINA LANDSCAPE COMPANY

JACK SMITH
OPERATIONS

PHONE 704-392-9501
FAX 704-394-1405
MOBILE 704-634-9873

P.O. BOX 669003
CHARLOTTE, NC 28266
NEXTEL # 58665

jsmith@themetrolinalandscape.com

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

File #: 10550B Permit #: 11038 Tax Parcel #: 017-287-01

Property Owner: David Garman

Job Location Address: 12034 Blue Man Court

City: Huntersville State: NC Zip Code: 28078

Improvement Permit Issuance Date: _____ **Construction Authorization Issuance Date:** 2/18/20

Permission is hereby given to **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 ASAP. 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.

Permitted Design Flow: 240 GPD Site LTAR: 0.3 GPD/ft²

Liquid Capacity of Septic Tank: Existing gallons Liquid Capacity of Dosing Tank: — 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: 15 feet

Total line length: 200 feet

# of Lines: 5 @ 40 feet

Depth of Media: 24 inches (Type) STONE

Distribution Device: DROP BOX → D-BOX

Water Supply Source

☐ Municipal ☐ Private Well ☒ Community Well

☐ Other _____

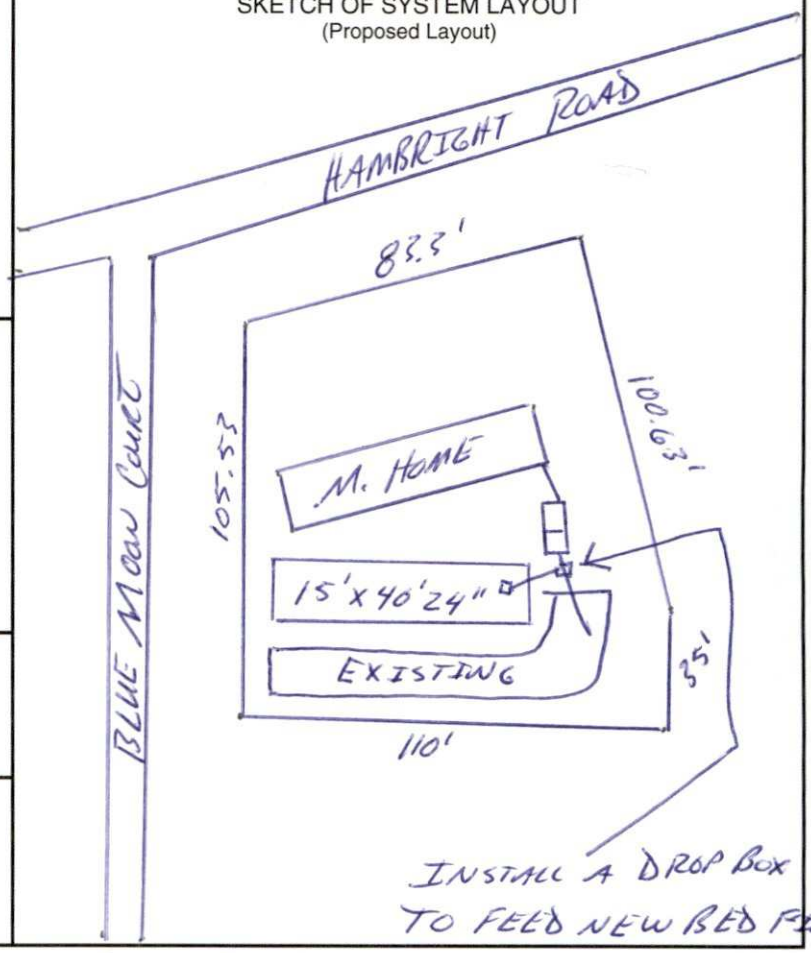
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIa Conventional System

Install 15'X40'X24" Bed

Authorized Agent: Jeremy Mecklenburg, REHS Signature: _____

Owner Signature: _____ Date: _____

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 #: 10550B Permit #: 11038 Tax Parcel #: 01728701

Property Owner: David Garmon

Job Location Address: 12034 Bluemoon Crt

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 01/6/2021 Contractor Name: Dellinger septic

Permitted Design Flow: 240 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: Existing gallons Tank Manufacture Existing Effluent Pump Model: NA

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: _____

Inspection Dates

Tank(s) Inspected: Existing

Excavation Inspected: 1/6/21

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Installed as signed on IP

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 48 inches

Bed Width: 15 feet

Total line length: 40 feet

# of Lines: 5 @ 40 feet

Depth of Media: 24 inches (Type) Stone

Depth of Cover: 20 inches

Distribution Device: Dbox

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: 10+ 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: IIb/g/stone/na/na

DENR Authorized Agent: Heather Ray Signature: Heather Ray

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

NC DHHS
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OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 10550B Permit #: 11038 Tax Parcel #: 01728701

Property Owner: David Garmon

Job Location Address: 12034 Bluemoon Crt

City: Huntersville State: NC Zip Code: 28078

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: IIa

*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: Heather Ray Date: 01/6/2021

Signature: Heather Ray

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OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 10550B Permit #: 11038 Tax Parcel #: 01728701

Property Owner: David Garmon

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☐ 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: Heather Ray Date: 01/6/2021

Signature: Heather Ray