# Supervisor/Administrative Professional Checklist

**New Septic** ☐ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

**New Septic Fees Paid:**

IP ($250.00) GC Initials/Date 5/15/06

CA ($200.00) VW Initials/Date 5/21/15

OP ($200.00) VW Initials/Date 5/21/15

(CA and OP fees need to be paid before a building permit can be issued)

**New Well Fee Paid:** $550.00 _____ Initials/Date

**Use Existing Fee Paid:** $100.00 _____ Initials/Date

**Alteration Fee Paid:** $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

**Modified Plot Plan Fee Paid:** $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☑ JAM 6-3-15
OK TO ISSUE CA

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☑ Signature received. ☑ JAM

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____




9820 BRIEF RD

19713105

LOT5

1/10/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007

*Barcode Font = IDAutomationHC39M*

## Groundwater & Wastewater Services
### Septic Project File & Data Review Worksheet

GWS File #: 6514B WASPS App #: 832

Primary ES assigned to project: [illegible] YJ

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? | | | |
| .1939(a) | Are the S/PS Profiles in system & in repair area? | Yes ☑ | No ☐ | N/A ☐ |
| & .1945(b) | Number of auger borings made: 4 | | | |
| | Were sufficient auger borings made? | Yes ☑ | No ☐ | N/A ☐ |
| .1939(d), .1955, .1956, .1957 | LTAR 2.85 | 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: _____

OP issued date: _____

Review performed by: RL Date performed: 8/6-07

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 #: 30000832 GWS File #: 6514B Tax Parcel #: 197-131-05

- *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):** 8/14/2012

Type of Installation: Residential - New System Lot Number: 5

Structure Type: HOUSE Size ($ft^2$): 0 # Bedrooms: 4 # Occupants: 3

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Approved **System Classification:** IIIg

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR (gpd/$ft^2$): | 0.275 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1309 | Total Trench Length (ft): | 436 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | N/A | Distribution Device: | Distribution Box | | |

III. Repair System Type: Pump to Approved **System Classification:** IIIb

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| *Design Flow (gpd):* | *480* | LTAR (gpd/$ft^2$): | *0.275* | *Septic Tank Size (gal):* | *1500* | *Pump Tank Size (gal):* | *1000* |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1309 | Total Trench Length (ft): | 436 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | N/A | Distribution Device: | Pressure Manifold | | |

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: Jeremy Michael Owner/Legal Agent: Terry Knotts
Print Name

Signature: Jeremy Michael Signature: Terry Knotts

Date Issued: 8/14/2007

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Signature: Jeremy Michael

Date Issued: 8/14/2007

Owner/Legal Agent: Terry Knotts
Print Name

Signature: Terry Knotts

# PROPOSED PLOT PLAN

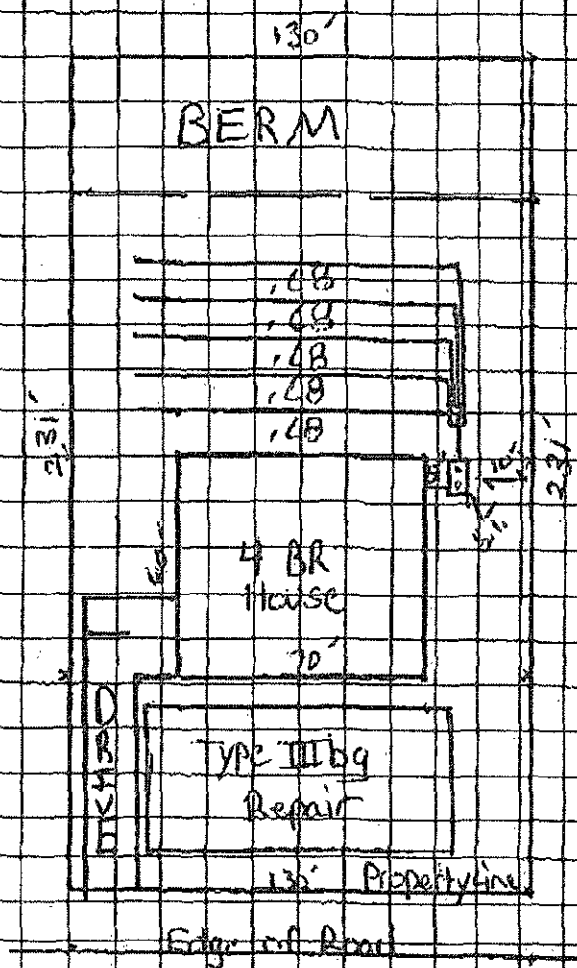
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

Lot #5

FILE: 6514B

TC: 147-131-05 PO

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.




SCALE 1"=50'

Septic System Design
4 Bedroom House
480 GPD
LTAR = 0.275
Total L.F = 435'
25% Reduction
Type III g

5 Lines @ 87'
Install Level on contour
9' on Centers
-1500 Gal Septic Tank
D-Box

Setbacks
5' off House Foundation & Deck
10' off Property lines
100' off any well

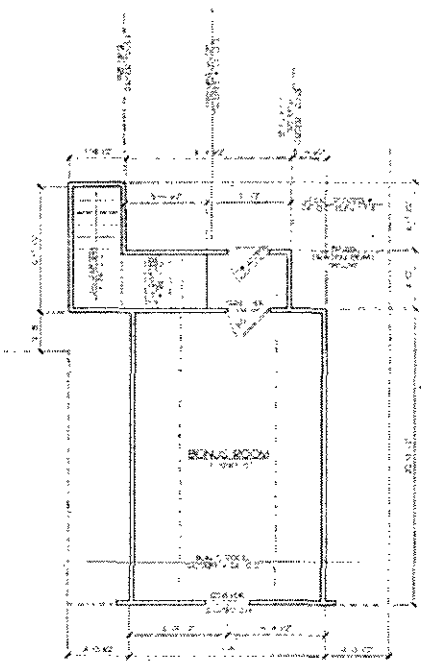
Side load Drive and Garage Only.

OWNER/AGENT SIGNATURE

DATE 5-20-15

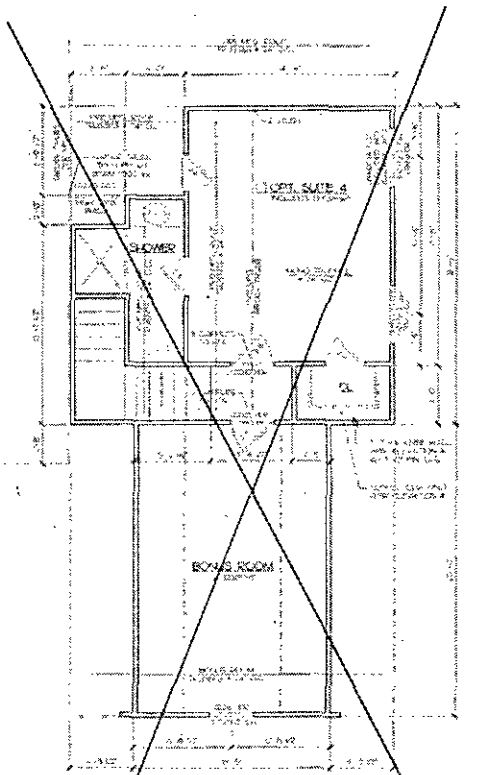
APPROVAL DATE Jeremy Michael 08/13/07

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



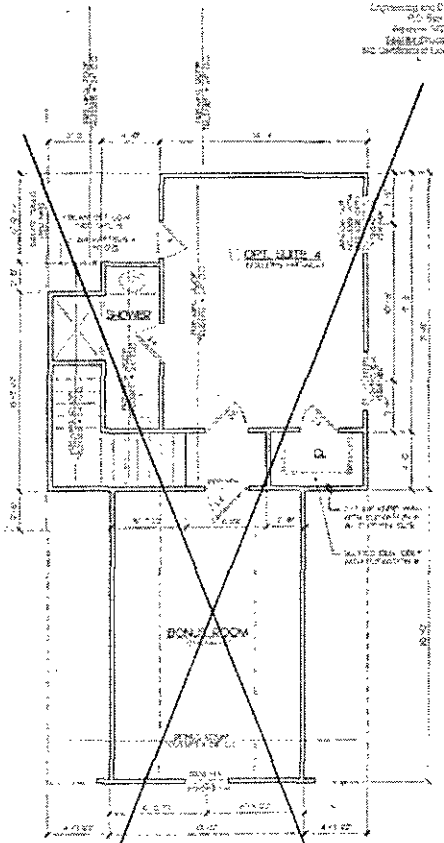

SECOND FLOOR PLAN
BONUS ROOM ONLY

WITH STRUCTURAL INFORMATION
FOR ELEVATIONS A,I,L,E ELEVATIONS




SECOND FLOOR PLAN
BONUS ROOM W/
SUITE 4 OPTION

WITH STRUCTURAL INFORMATION
FOR ELEVATIONS I, L, J




SECOND FLOOR PLAN
BONUS ROOM W/
SUITE 4 OPTION

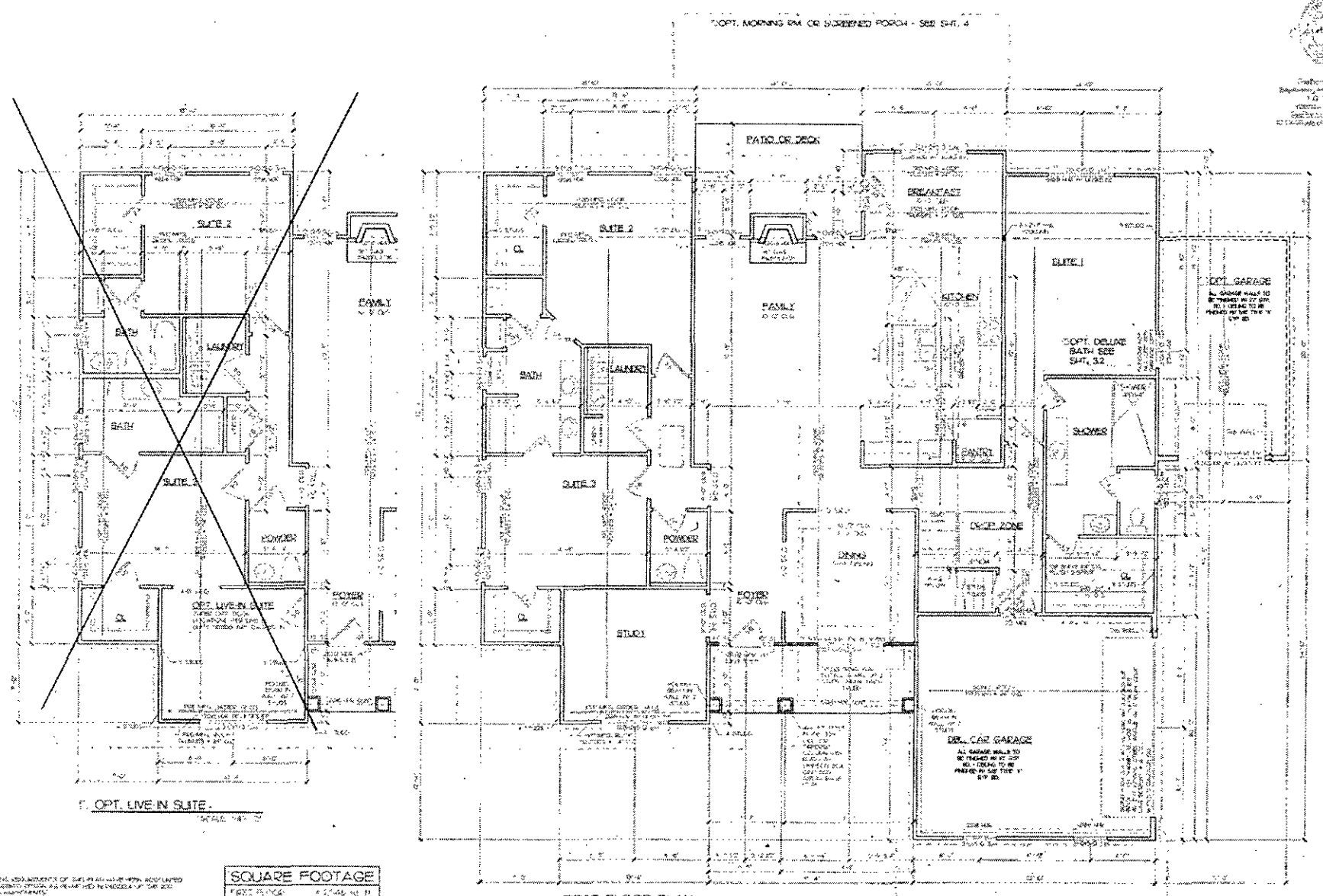
WITH STRUCTURAL INFORMATION
FOR ELEVATION J,I

Knotts Builders

THE LINVILLE

SECOND FLOOR PLAN / FIRST FLOOR OPTIONS

4




NOTES:

| SQUARE FOOTAGE | |
|---|---|
| FIRST FLOOR | [illegible] SQ. FT. |
| DECKS | [illegible] SQ. FT. |
| TOTAL HEATED | [illegible] SQ. FT. |
| OPT. SUITE 3 | [illegible] SQ. FT. |
| W/ SHOWER | |
| OPT. MORNING ROOM | [illegible] SQ. FT. |
| PORCH | [illegible] SQ. FT. |
| GARAGE / STOR. | [illegible] SQ. FT. |

NOTE: DOUBLE JOISTS DO NOT REQUIRE A DOUBLE STUD FOR SUPPORT UNLESS NOTED OTHERWISE

WITH STRUCTURAL INFORMATION FOR ELEVATION III

Knotts Builders

THE LINVILLE

FIRST FLOOR PLAN - ELEVATION III

3.1

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Print Name

Signature: Jeremy Michael Signature: _____

Date Issued: 8/14/2007

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Signature: Jeremy Michael

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Print Name

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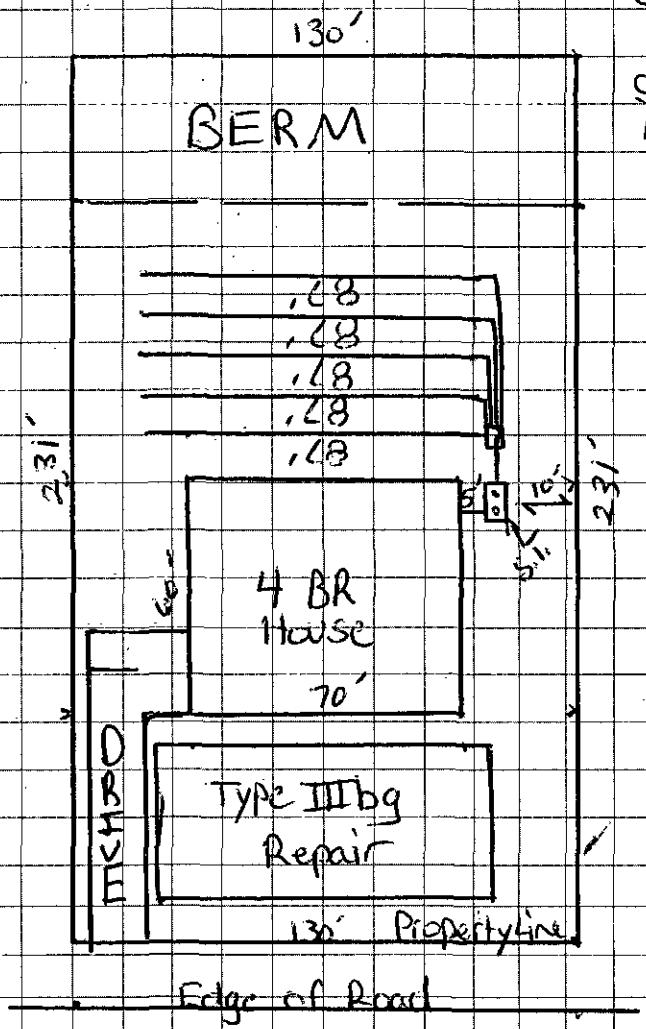
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FILE: 6514B

TC: 147-131-05 PO

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Setbacks.
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10' off Property lines
100' off any well

Side load Drive and Garage Only.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Jeremy Michael 08/13/07

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

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

Sheet: 1 of 2
Property ID: PO 197-131-05
Lot #: ~~32~~ 5
File #: 6514B
Code: 1

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

Owner: Angela B. Page
Applicant: J. Scot Collins
Address: 9900 Brief Road, Charlotte, N. C. 28227
Date Evaluated: 6/13/06
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .69a
Location of Site: 9820 Brief Road
Property Recorded:
Water Supply: [ ] Public [ ] 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 | 0-7 | GR/CL | FR/SEXP/SS/SP | >31" TO SOIL WETNESS | 31 | N/A | NONE | PS, IV |
| | | 7-26 | SBK/C | FI/SEXP/S/P | | | | | .275GPD/FT$^2$ |
| | | 26-31 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 2 | " | 0-5 | GR/CL | " | >48" TO SOIL WETNESS | 48 | " | " | PS, IV |
| | | 5-41 | SBK/C | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
| | | 41-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 3 | " | 0-6 | GR/CL | " | " | " | " | " | PS, IV |
| | | 6-48 | ABK/SBK/C | FI/SEXP/S/P | | | | | .275GPD/FT$^2$ |
| 4 | " | 0-5 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | PS, IV |
| | | 5-26 | SBK/C | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
| | | 26-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | III 9 | III 6 |
| Site LTAR | .275GPD/FT$^2$ | .275GPD/FT$^2$ |

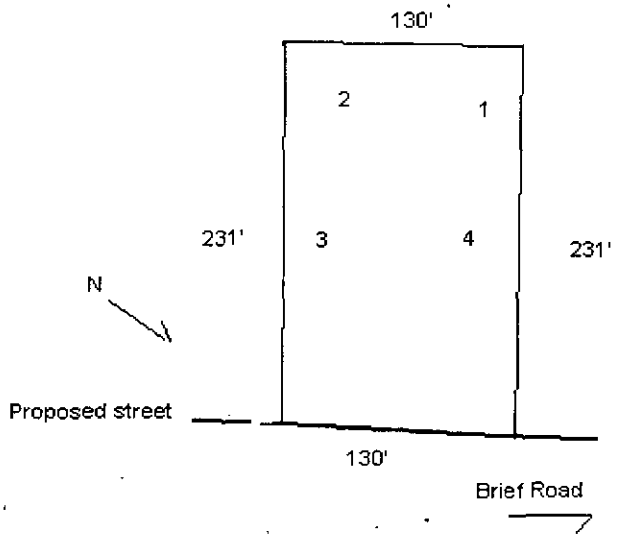
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 6/14/2006, W. R. Marlin
Others Present:

**COMMENTS:**
100% repair

| Landscape Position | Group | Texture | .1955 LTAR | Structure |
|---|---|---|---|---|
| R-Ridge | I | S-Sand | 1.2 - 0.8 | SG-Single Grain |
| SS-Shoulder Slope | | LS-Loamy Sand | | M-Massive |
| LS-Linear Slope | | | | CR-Crumb |
| FS-Food Slope | II | SL-Sandy Loam | 0.8 - 0.6 | GR-Granular |
| NS-Nose Slope | | L-Loam | | SBK-Subangular Blocky |
| HS-Head Slope | | | | ABK-Angular Blocky |
| CC-Concave Slope | III | SI-Silt | 0.6 - 0.3 | PL-Platy |
| CV-Convex Slope | | SICL-Silty Clay Loam | | PR-Prismatic |
| T-Terrace | | | | |
| FP-Flood Plain | | CL-Clay Loam | | |
| | | SCL-Sandy Clay Loam | | |
| | IV | SC-Sandy Clay | 0.4 - 0.1 | |
| | | SIC-Silty Clay | | |
| | | C-Clay | | |

| Consistence Moist | Consistence Wet | Mineralogy |
|---|---|---|
| VFR-Very Friable | NS-Non-Sticky | SEXP-Slightly Expansive |
| FR-Friable | SS-Slightly Sticky | EXP-Expansive |
| FI-Firm | S-Sticky | |
| VFI-Very Firm | VS-Very Sticky | |
| EFI-Extremely Firm | NP-Non-Plastic | |
| | SP-Slightly Plastic | |
| | P-Plastic | |
| | VP-Very Plastic | |

**Sketch of Soil Evaluation Locations**



## Walker, Valerie

**From:** Terry Knotts <Terryk@knottsdevelopment.net>
**Sent:** Thursday, May 21, 2015 2:54 PM
**To:** Walker, Valerie
**Subject:** RE: septic permit needed

Yes, thanks

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**From:** Walker, Valerie [mailto:Valerie.Walker2@mecklenburgcountync.gov]
**Sent:** Thursday, May 21, 2015 1:37 PM
**To:** Terry Knotts
**Subject:** RE: septic permit needed
**Importance:** High

Hello Mr. Knotts,

Just checking do we want the pay the rest of the septic fees. Which would be $400.00.

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**From:** Terry Knotts [mailto:Terryk@knottsdevelopment.net]
**Sent:** Wednesday, May 20, 2015 4:51 PM
**To:** Walker, Valerie
**Cc:** Hallman, Bradley
**Subject:** septic permit needed

Attached is the existing permit for lot 5 in Irongate.

Address is 8117 Caliterra Drive

Also attached is the floor plan for the house to be built. We will stay with the 4 bedroom permit as shown.

Please charge our county account for the construction permit fee. X43281

Thanks

Terry Knotts
Please call if you have questions 704-542-5486

FEE: 200.00
DATE:6/8/2015

**MECKLENBURG COUNTY**
**GROUNDWATER & WASTEWATER SERVICES**

**FILE NUMBER:** 6514B

**PERMIT NUMBER:** 30000832

**PARCEL NUMBER:** 19713120

**JOB LOCATION INFORMATION**

**ADDRESS:** 9820 BRIEF RD

**CITY:** CHARLOTTE **STATE: NC** **ZIP:** 28227

**ISSUED TO:** ANGELA B. PAGE

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 6/8/2015

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000832, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 05/21/15 | **Amount:** | 200.00 |
| **Receipt #:** | 94845 | **Tendered:** | 200.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | WALKEVA | | |

**Account Information**

**Account #:** X43281
**Contractor:** KNOTTS BUILDERS
**Attn:**
**Address:** P O BOX 687
**Address:**
**City/State/Zip:** PINEVILLE, NC 28134

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0734 | Septic Construction Authorizat<br>8117 CALITERRA DRIVE | | 1 | 200.00 | 200.00 |

----------Outstanding Balances----------

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 354.58 | | | | | |

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

**Date:** 05/21/15
**Receipt #:** 94844
**Check / Auth #:** CHARGE
**Received By:** WALKEVA

**Amount:** 200.00
**Tendered:** 200.00
**Returned:** 0.00

**Account Information**

**Account #:** X43281
**Contractor:** KNOTTS BUILDERS
**Attn:**
**Address:** P O BOX 687
**Address:**
**City/State/Zip:** PINEVILLE, NC 28134

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0703 | Septic Operational Permit<br>8117 CALITERRA DRIVE | | 1 | 200.00 | 200.00 |

----------Outstanding Balances----------

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 154.58 | | | | | |

GWS – RES. APP 07/05

SEPTIC FEE: 200 CC
DATE: 5/15/06
CRT [ ] gc

# 832

**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 # 65148

WELL FEE: _____
DATE: _____
CRT [ ]

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

**WELL / TYPE APPLICATION:** ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

**JOB LOCATION INFORMATION:**

TAX/PARCEL #: Portion of 19713105
STREET ADDRESS: 9820 Brief Road
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME: Undecided
LOT #: 25

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: n/a
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: n/a

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: Angela B. Page
ADDRESS: 9900 Brief Road
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 704.545.6375 WORK PHONE:
MOBILE PHONE: FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: J. Scot Collins
ADDRESS: 1101 Lester Mullis Road
CITY: Indian Trail
STATE: NC ZIP: 28079
HOME PHONE: 704.248.8493 WORK PHONE: 704.641.4470
MOBILE PHONE: FAX: 704.753.5898

**WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** n/a

**WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** within 30 days

*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.

J. Scot Collins 5/15/06
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.

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

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 #: **30000832** GWS File #: **6514B** Tax Parcel #: **197-131-05**

- 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):** 12/13/2011

Type of Installation: Residential - New System Lot Number: 32

Structure Type: HOUSE Size ($ft^2$): 0 # Bedrooms: 4 # Occupants: 3

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | 0.275 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A | | |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1309 | Total Trench Length (ft): | 436 | | |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | N/A | Distribution Device: | Distribution Box | | | | |

**III. Repair System Type:** Innovative or Experimental **System Classification:** IIIg

Repair System Specifications:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | 0.275 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A | | |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1309 | Total Trench Length (ft): | 436 | | |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | N/A | Distribution Device: | Distribution Box | | | | |

**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: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 12/13/2006

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 #: **30000832** GWS File #: **6514B**

**IV. Permit Conditions/Comments:**

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

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: _____

Date Issued: 12/13/2006

Owner/Legal Agent: _____
Print Name

Signature: _____

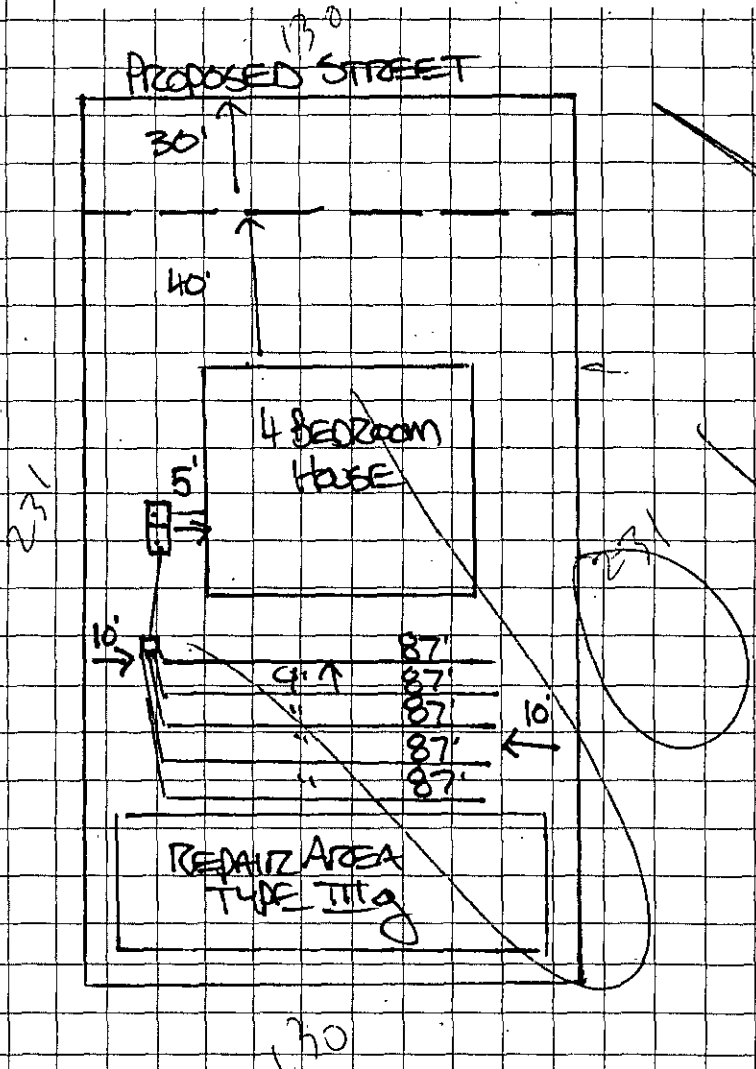
# PROPOSED PLOT PLAN

1" = 50'

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

LOT #~~32~~ 5
COLLINS-BRIEF RD
FILE: 65148
TC: 147-131-05

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 4 BEDROOM HOUSE; 480 GPD
- LTAR = 0.275
- TOTAL LINEAR FT = 435
- INNOVATIVE; 25% REDUCTION TYPE IIIg

INSTALL - 5 LINES @ 87'

- PLACE LINES LEVEL, ON CONTOUR & ON 9' CENTERS

- 1500 GAL SEPTIC TANK
- D-BOX

SETBACKS:
KEEP ALL PARTS OF SYSTEM
> 5' FROM HOUSE FOUNDATION
> 10' FROM PROPERTY LINE.
> 100' FROM ANY WELL.

REPAIR AREA = TYPE IIIg

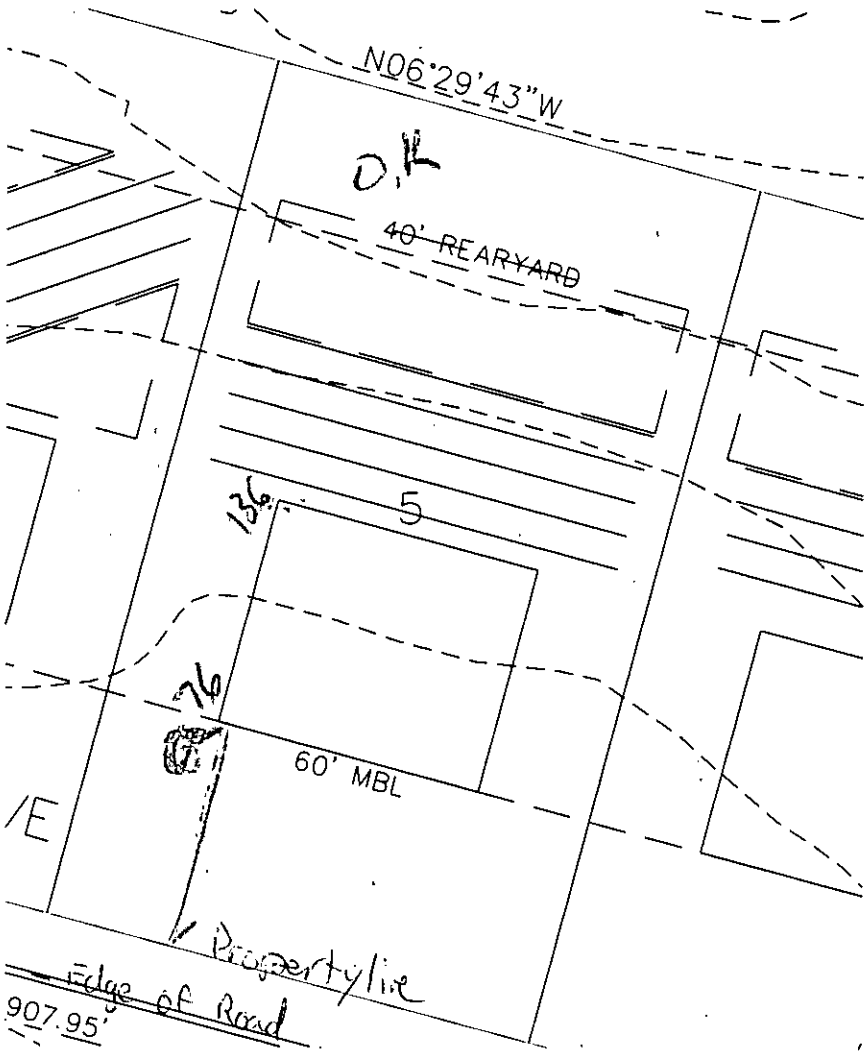
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 12/13/06

Lynn Collins, RS

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

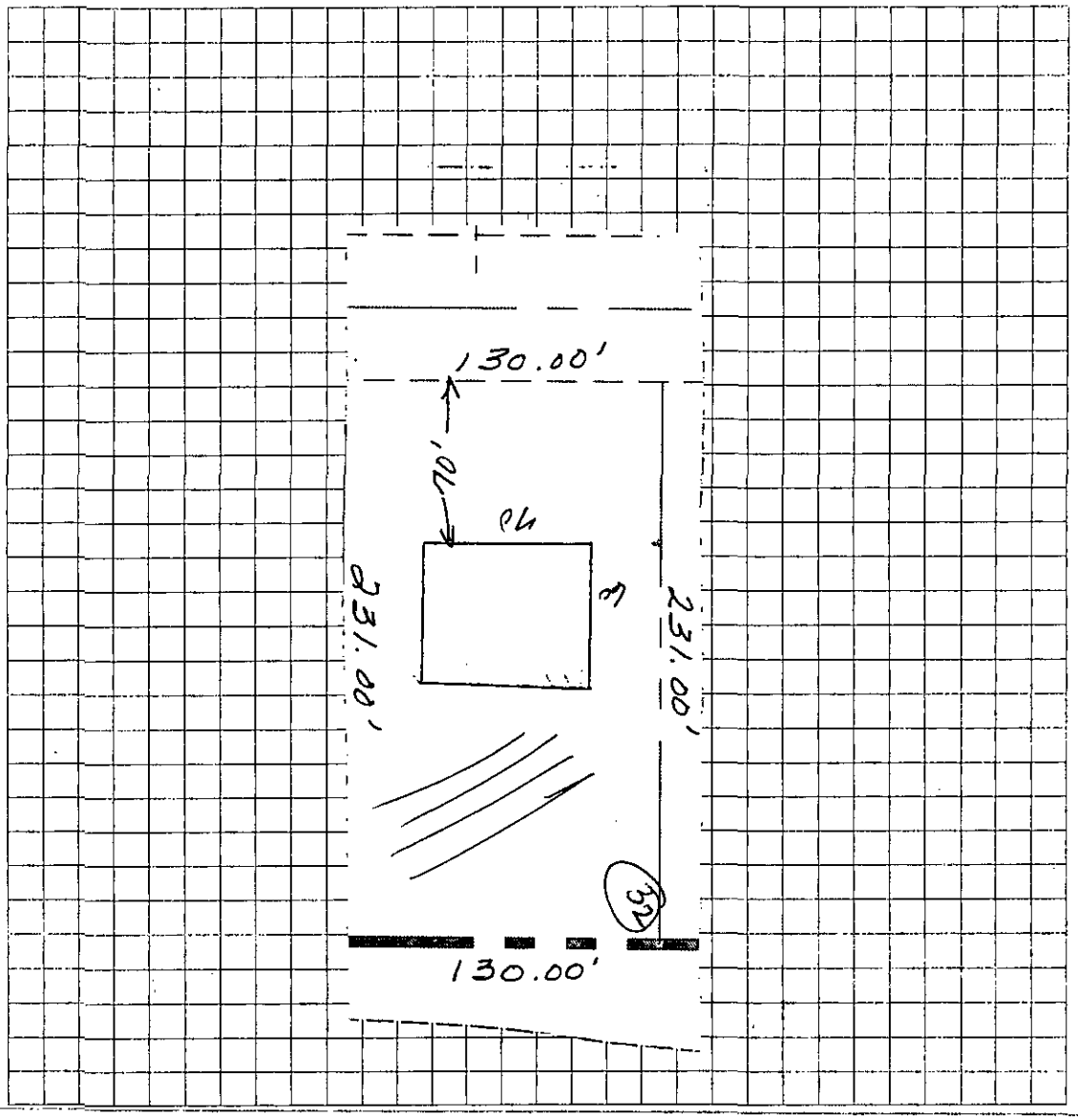

N06°29'43"W
O.K
40' REARYARD
136
5
76
60' MBL
/E
Property line
Edge of Road
907.95'

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 # 6514B
Date_____

# 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