Groundwater & Wastewater Services: Septic Project File & D

Edit Response | Delete Response | Manage Permissions | Workflows | Alert Me

GWS File #:	9962B
WASPS App #:	9524
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?	N/A
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	N/A
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?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
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 Autho ion: 130A-336(a)(1) - Property line lengths sho ?	Yes
Improvement Permit/Construction Autho ion: 130A-336(a) - Facility/appurtenance setba shown from fixed points?	N/A
Corrections/modifications needed?	No
Comments:	
IA issued date:	1/14/19
OP Issued date:	3/28/19
Review performed by:	Jeremy Michael
Date performed:	11/19/2018

Created at 11/19/2018 10:16 AM by Michael my
Last modified at 11/19/2018 10:16 AM by Mic L Jeremy

Close

26 MAR '18 PM 2:15

99628
#9524

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: ○ 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: 14116126
STREET ADDRESS: 6836 Dixie River Road
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): _____
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: _____
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

6. WATER SUPPLY: ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

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

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

8A. RANK: ___ ___ ___ ___ ___

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

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

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1970 ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Mary J Cosby
ADDRESS: 6836 Dixie River Rd
CITY: Charlotte
STATE: NC ZIP: 28278
WORK PHONE: 980-237-2236
MOBILE PHONE: 704-763-0687
FAX: _____
E-MAIL: Mary Cosby@aol.com

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

tosylvester@gmail.com

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.

MJC (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.

Mary D. Poole
Property Owner's or Owner's Legal Representative Signature

3-21-18
Date

OFFICE USE ONLY

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

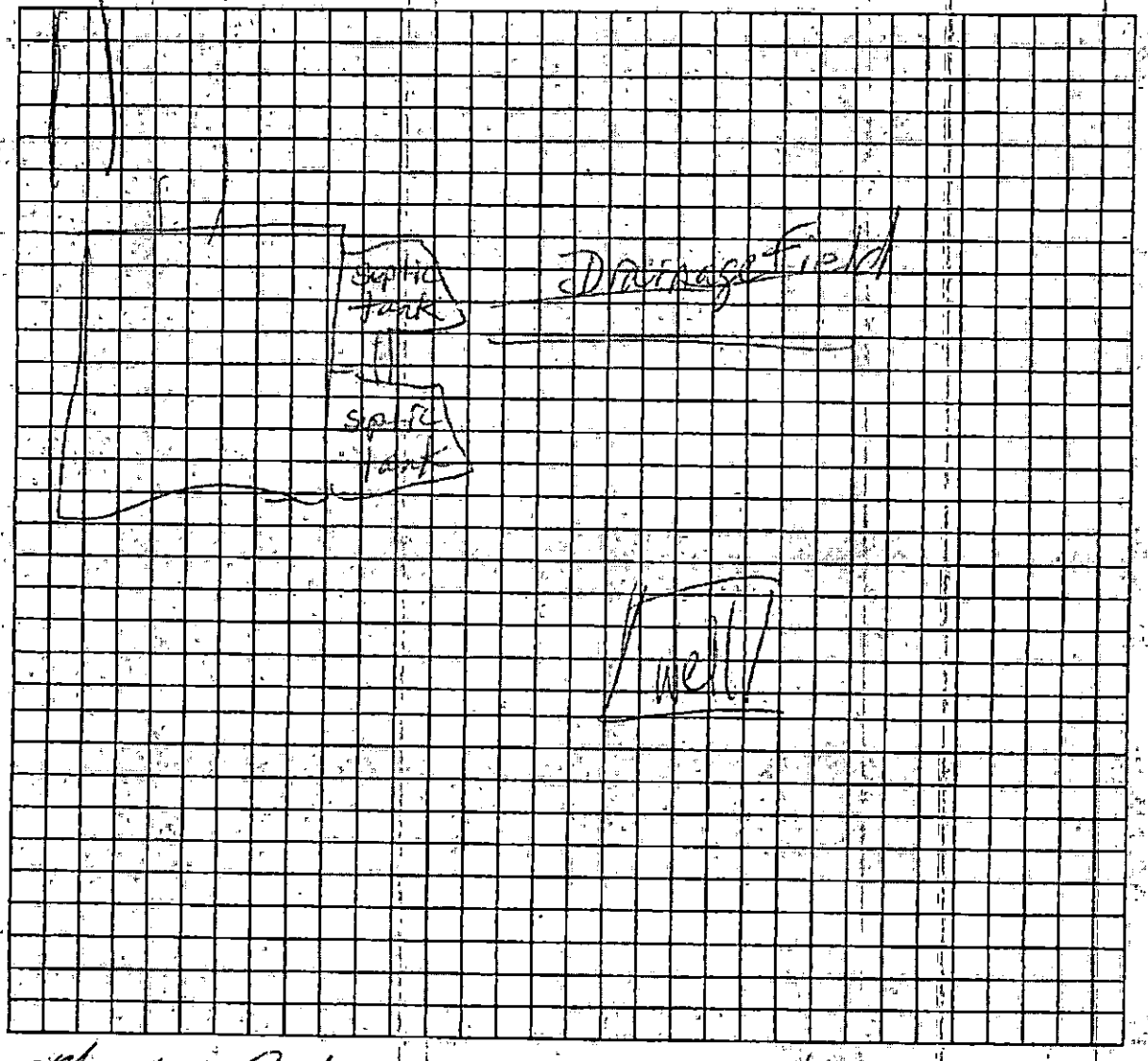
File #: _____

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: 6836 Dixie River Rd. Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

3-21-14
Date

5 -48

ss/sp/fi-fi/sexp

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

Sheet:
Property ID: 1441-161-26
Lot #:
File #: 9962B
Code:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Mary J Cosby
Applicant: Same
Address: 6836 Dixie River Rd
Date Evaluated: 3/29/2018
Proposed Facility: SFR
Design Flow (.1949): 240
Property Size:
Location of Site: Same
Property Recorded:
Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Augur 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	.1942 Soil Wetness/ Color	OTHER PROFILE FACTORS .1943 Soil Depth	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L/3-4%	0-48	C/sbk	ss/sp/fi-fr/sexp	NA	48'	NA	NA	PS/0.03

Description	Initial System	Repair System
Available Space (.1945)	NA	PS
System Type(s)	NA	IIa
Site LTAR	NA	0.03

Other Factors (.1946):
Site Classification (.1948):
Evaluated By: Bradley W Hallman
Others Present:

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 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 #: 99628 Permit #: 9524 Tax Parcel #: 141-161-26

Property Owner: Mary J Cosby

Job Location Address: 6836 Dixie River Rd

City: Charlotte State: NC Zip Code: 28278

Improvement Permit Issuance Date: 11-19-18 **Construction Authorization Issuance Date** _____

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: 240 GPD Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 36" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 4 @ 50 feet

Depth of Media: 12 inches (Type) 25% Reduction

Distribution Device: Drop Box/End Caps

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: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

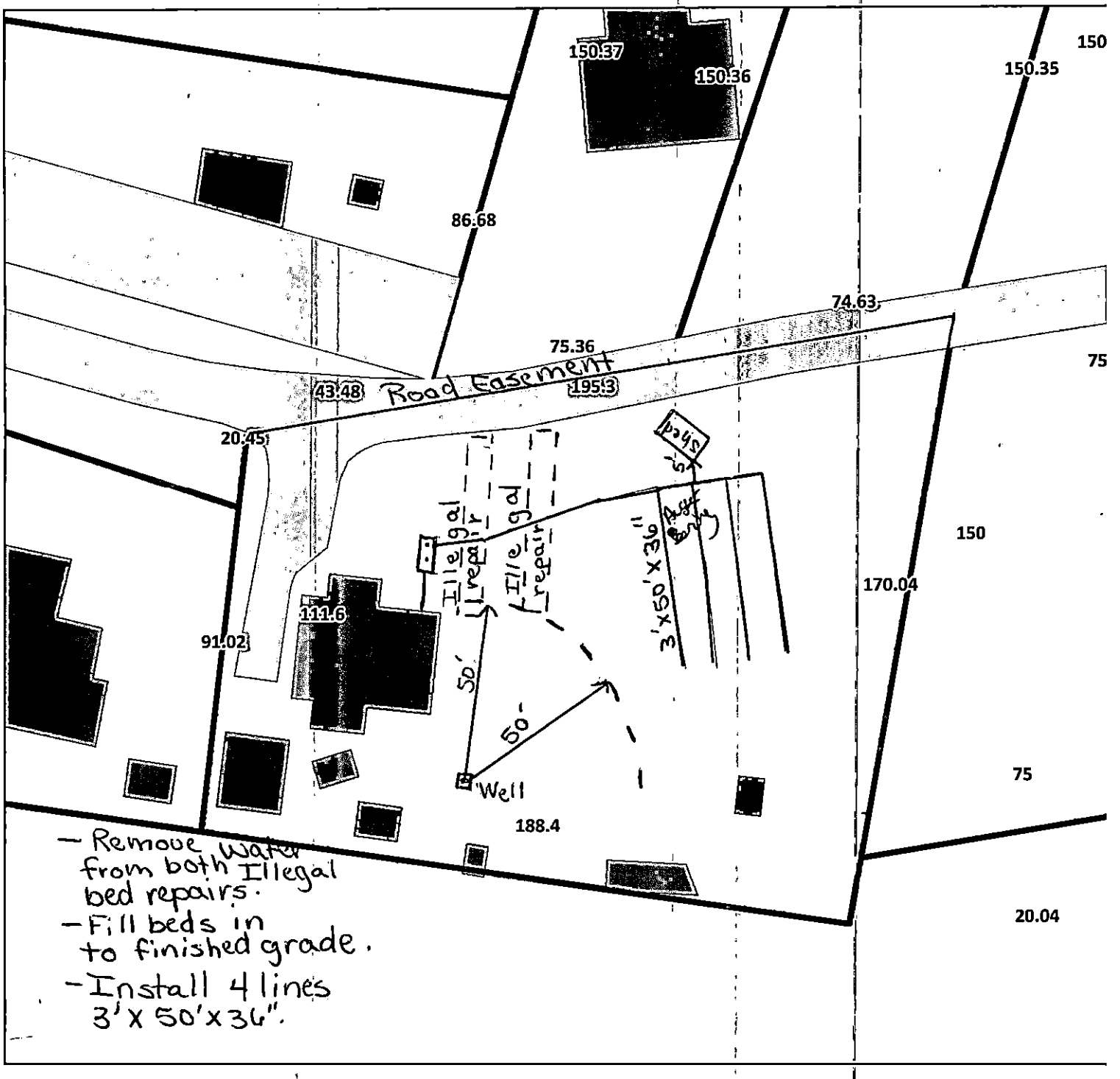
See Attached

Comments: System Classification & Type: IIIg

Authorized Agent: April Bumgarner Signature: April Bumgarner

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 9524
PID #: 141-161-26
File #: 9962B

Authorized Agent: April Burrgamer Date: 11-19-18

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 99628 App # 9524 Tax Parcel # 141-161-26

Property Owner: Mary Cosby

Job Location Address: 6836 Dixie River Rd

City: Charlotte State: NC Zip Code: 28278

1. **Does System design match facility, flow & wastewater characteristics?**

   ☐ YES ☐ NO N/A Repair

   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 Bumgarner — Authorized Agent

1-16-19 — Date

Bobby Howell — Others Present

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
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 #: 9962B Permit #: 9524 Tax Parcel #: 141-161-26

Property Owner: Mary Cosby

Job Location Address: 16836 Dixie River Rd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 3-28-19 Contractor Name: Bobby Howell

Permitted Design Flow: 240 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: 36" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: ~~50~~ 200LF feet

# of Lines: 4 @ 50 feet

Depth of Media: 12 inches (Type) IQ4

Depth of Cover: 24 inches

Distribution Device: End Cap

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: 48' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 50' feet

Inspection Dates

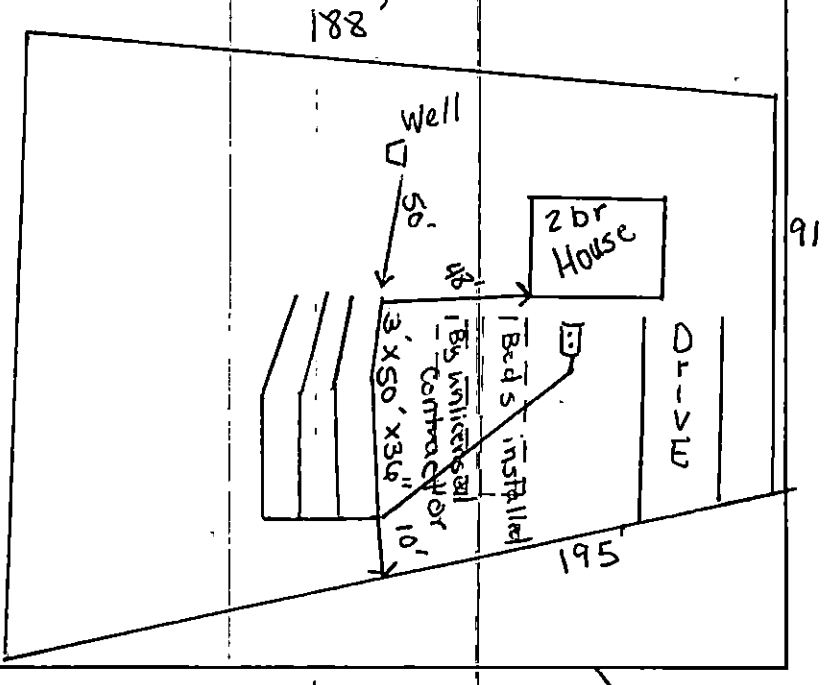
Tank(s) Inspected: NA

Excavation Inspected: 3-28-19

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

- Beds were pump out & filled in. 3-28-19.



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: IIIg/IQ4/g/NA/NA

DHHS Authorized Agent: April Bumgarner Signature: April Bumgarner

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 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 #: 99628 Permit #: 9524 Tax Parcel #: 141-161-26

Property Owner: Mary Cosby

Job Location Address: 6836 Dixie River Rd

City: Charlotte State: NC Zip Code: 28278

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: III-g

*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: 3-28-19

Signature: April Bumgarner

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 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 #: 99623 Permit #: 9529 Tax Parcel #: 141-161-26

Property Owner: Mary J. Cosby

Job Location Address: 6836 Dixie River Rd

City: Charlotte State: NC Zip Code: 28278

Improvement Permit Issuance Date: N/A **Construction Authorization Issuance Date** 3/29/18

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: 240 GPD Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing 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: 36" inches

Bed Width: (2) 6' feet

Total line length: (2) 45' feet

# of Lines: 2 @ 45 feet IIa

Depth of Media: 24" inches (Type) Stone/TCP

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

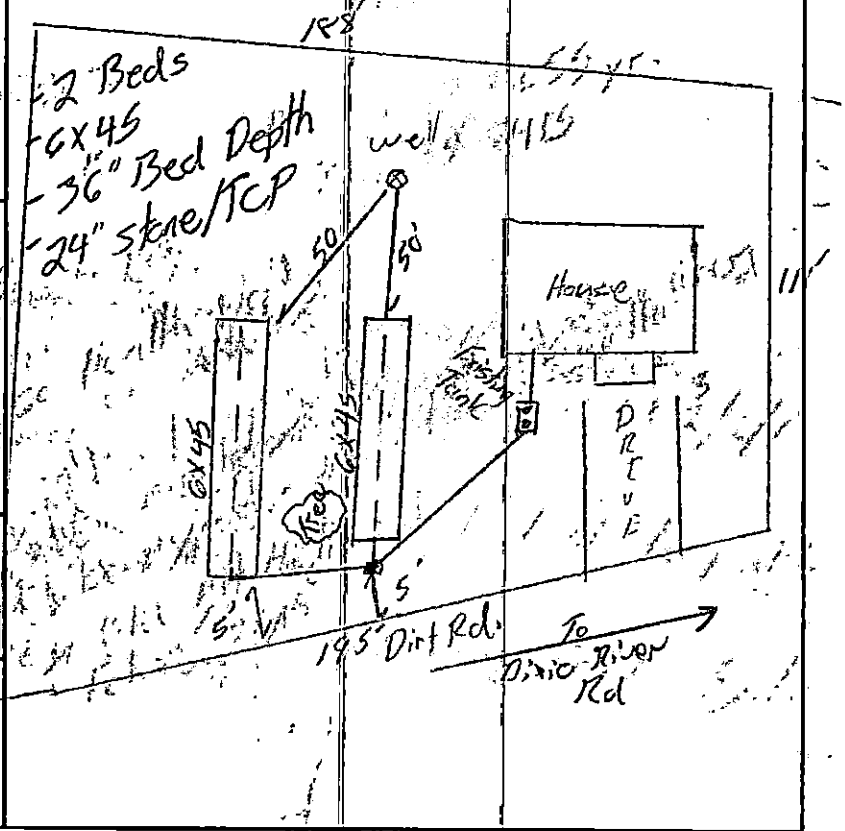
Minimum System Setbacks

Distance from Building Foundation: Existing feet

Distance from Property Line: 5' feet

Distance from Water Supply Source: 50' feet

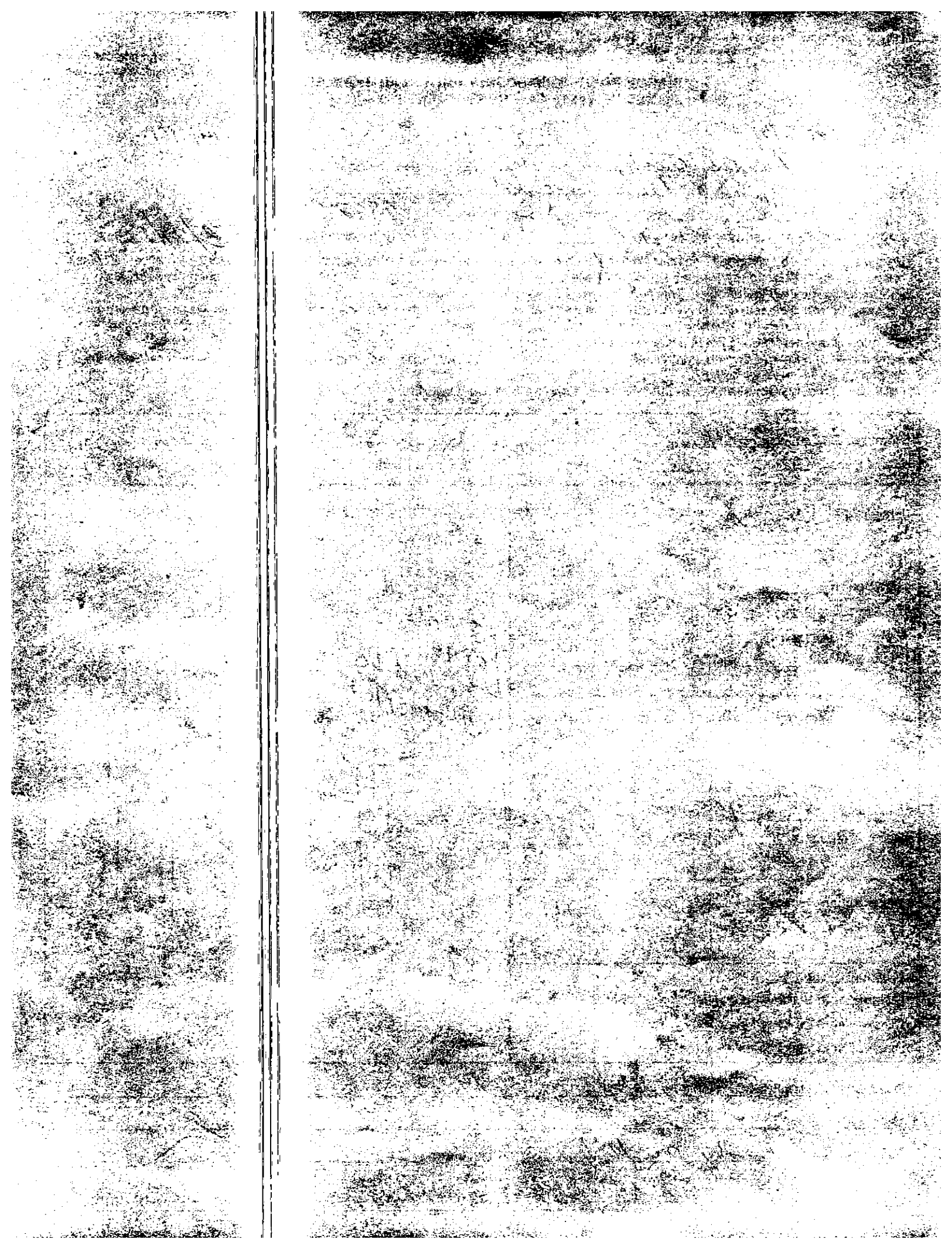
SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIa Stone/TCP

Authorized Agent: Bradley W. Hallman Signature: _____

Owner Signature: Mary Cosby Date: 3/29/18



Court

N.C. Department of Environment & Natural Resources / Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

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

Owner: Mary J Cosby

Mailing Address: 6836 Dixie River Rd.
Charlotte, NC 28278

Occupant: Owner

Location: 6836 Dixie River Rd.
Charlotte, NC 28278

☒ Residence ☐ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services 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.

On March 7, 2018 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 **April 10, 2018** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130A-22], Suspension or Revocation of Permits [G.S. 130A-23], and Criminal Penalties [G.S. 130-25].

For questions regarding this notice you should contact Bradley W Hallman at 704-201-7983.

Notice Issued: 3/9/18 (Date)

DENR/DEH Authorized Agent

Compliance: 3/28/19 (Date)

April Burngarner
DENR/DEH Authorized Agent

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

File No.
18CR 214518

Law Enforcement Case No. | LID No. | SID No. | FBI No.

CRIMINAL SUMMONS

Offense
I M-SEWAGE DISPOSAL VIOLATION

STATE OF NORTH CAROLINA

MECKLENBURG County

In The General Court Of Justice
District Court Division

THE STATE OF NORTH CAROLINA VS.

Name And Address Of Defendant
MAY J. COSBY
6836 DIXIE RIVER ROAD

CHARLOTTE NC 28278
MECKLENBURG

Race	Sex	Date Of Birth	Age
B	F		65

Social Security No. | Drivers License No. & State

Name Of Defendant's Employer

Offense Code(s)	Offense In Violation Of G.S.
I 6046	I 130A-335

Date Of Offense
11/28/2017

Complainant (Name, Address Or Department)
BRADLEY HALLMAN
700 N TRYON ST
SUITE 211
CHARLOTTE NC 28202
MECKLENBURG (704) 201-7983

Names & Addresses Of Witnesses (Including Counties & Telephone Nos.)

To the defendant:
I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above you unlawfully and willfully did WHILE OWNING OR CONTROLLING A BUSINESS LOCATED AT 6836 DIXIE RIVER ROAD, CHARLOTTE, N.C. 28278; TAX PARCEL 1410161-26, FAILED TO MAINTAIN A SANITARY SYSTEM OF SEWAGE DISPOSAL AS REQUIRED UNDER G.S. 130A-335(A), RULE 1961(A)1

This act was in violation of the law referred to in this Criminal Summons. This Summons is issued upon information furnished under oath by the complainant listed. You are ORDERED to appear before the Court at the location, date and time indicated below to answer to the charge. If you fail to appear, an order for your arrest may be issued and you may be held in CONTEMPT OF COURT. Arrest and/or contempt for failure to appear is in addition to any sentence which may be imposed for the crime charged.

☒ The undersigned finds the following cause to set a court date more than one month from the issue of this summons:
SERVICE TIME

Signature	Location Of Court	Court Date
L B DIGGS	Mecklenburg County Courthouse; 1130 832 EAST FOURTH ST CHARLOTTE,NC 28202	06/26/2018

☐ Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan

Date Issued: 05/02/2018

☒ Magistrate ☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

Court Time: 1:00 ☐ AM ☒ PM

(over)

OTHER AGENCY COPY - NOT FOR SERVICE

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If this Criminal Summons is not served within ninety (90) days or by the date the defendant is directed to appear, whichever is earlier, it must be returned to the Clerk of Court in the county in which it was issued with the reason for the failure of service noted thereon.

RETURN OF SERVICE

I certify that this Criminal Summons was received and served as follows:

Date Received	Date Served	Time Served ☐ AM ☐ PM	Date Returned

☐ By personally serving this Criminal Summons on the defendant.

☐ This Criminal Summons WAS NOT served for the following reason:

Signature Of Officer Making Return	Name Of Officer (type or print)

Department Or Agency Of Officer

REDELIVERY/REISSUANCE

Date	Signature	☐ Dep. CSC ☐ Assist. CSC ☐ CSC

☐ The above clerk finds the following cause to set a court date more than one month from reissue:

RETURN FOLLOWING REDELIVERY/REISSUANCE

I certify that this Criminal Summons was received and served as follows:

Date Received	Date Served	Time Served ☐ AM ☐ PM	Date Returned

☐ By personally serving this Criminal Summons on the defendant.

☐ This Criminal Summons WAS NOT served for the following reason:

Signature Of Officer Making Return	Name Of Officer (type or print)

Department Or Agency Of Officer

APPEAL ENTRIES

☐ The defendant, in open court, gives notice of appeal to the ☐ District ☐ Superior Court.

☐ The current pretrial release order is modified as follows:

Date	Signature Of District Court Judge Or Magistrate

WAIVER OF PROBABLE CAUSE HEARING

The undersigned defendant, with the consent of his/her attorney, waives the right to a probable cause hearing.

Date Waived	Signature Of Defendant
	Signature Of Attorney

District Attorney	☐ Waived ☐ Not Indigent ☐ Denied	Attorney For Defendant	☐ Appointed ☐ Retained	PRIOR CONVICTIONS: No./Level: 0 ☐ I (0) ☐ II (1-4) ☐ III (5+)

PLEA: ☐ guilty ☐ no contest _____ VERDICT: ☐ guilty _____ M.CL. ☐A1 ☐1 ☐2 ☐3
☐ guilty ☐ no contest _____ ☐ guilty _____ M.CL. ☐A1 ☐1 ☐2 ☐3
☐ guilty ☐ no contest _____ ☐ guilty _____ M.CL. ☐A1 ☐1 ☐2 ☐3
☐ not guilty _____ ☐ not guilty _____

JUDGMENT: The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea; on the above verdict, it is **ORDERED** that the defendant: ☐ pay costs and a fine of $_____.

☐ be imprisoned for a term of _____ days in the custody of the ☐ sheriff. ☐ MCP. ☐ DACJJ.* Pretrial credit _____ days served.

☐ Work release ☐ is recommended. ☐ is not recommended. [☐ is ordered. *(use form AOC-CR-602)*]

☐ The Court finds that a ☐ longer ☐ shorter period of probation than that which is specified in G.S. 15A-1343.2(d) is necessary.

☐ Execution of the sentence is suspended and the defendant is placed on unsupervised probation* for _____ months, subject to the following conditions: (1) commit no criminal offense in any jurisdiction. (2) possess no firearm, explosive or other deadly weapon listed [illegible] defendant for suitable employment, and abide by all rules of the institution. (4) satisfy child support and family obligations, as required by the Court. (5) pay to the Clerk the costs of court and any additional sums shown below.

Fine	Restitution**	Attorney's Fee	Community Service Fee	Other
$	$	$	$	$

Name(s), address(es), and amount(s) for aggrieved party(ies) to receive restitution: **(NOTE TO CLERK: *Record SSN or Tax ID No. of aggrieved party(ies) on AOC-CR-382, "Certification Of Identity (Victims' Restitution)/Certification Of Identity (Witness Attendance).")*

☐ 6. complete _____ hours of community service during the first _____ days of probation, as directed by the judicial services coordinator, and pay the fee prescribed by G.S. 143B-708 within _____ days.
☐ 7. not be found in or on the premises of the complainant or _____.
☐ 8. not assault, communicate with or be in the presence of the complainant or _____.
☐ 9. provide a DNA sample pursuant to G.S. 15A-266.4. (AOC-CR-319)
☐ 10. Other: _____

It is **ORDERED** that this: ☐ Judgment is continued upon payment of costs.
☐ case be consolidated for judgment with _____.
☐ sentence is to run at the expiration of the sentence in _____.

☐ **COMMITMENT:** It is **ORDERED** that the Clerk deliver two certified copies of this Judgment and Commitment to the sheriff and that the sheriff cause the defendant to be retained in custody to serve the sentence imposed or until the defendant shall have complied with the conditions of release pending appeal.

PROBABLE CAUSE:

☐ Probable cause is found as to all Counts except _____, and the defendant is bound over to Superior Court for action by the grand jury.

☐ No probable cause is found as to Count(s) _____ of this Criminal Summons and the Count(s) is dismissed.

Date	Name Of District Court Judge Or Magistrate (type or print)	Signature Of District Court Judge Or Magistrate

CERTIFICATION

I certify that this Judgment is a true and complete copy of the original which is on file in this case.

Date	Date Delivered To Sheriff	Signature	☐ Dep. CSC ☐ Asst. CSC ☐ Clerk Of Superior Court

*NOTE: *If DWI, use AOC-CR-342 (active) or AOC-CR-310 (probation). If active sentence to DACJJ, use AOC-CR-602. If supervised probation, use AOC-CR-604.*

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ATTACHMENT 2

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
REQUEST FOR APPROVAL AND RECORD OF LEGAL ACTION

LOG NO:

DATE: 05 / 01 / 18 (MONTH / DAY / YEAR)

SECTION: (AQ, WQ, FOOD, DC, MILK, POOL, S&HW, OPWD, VC)

TO: **DIRECTOR**

Request approval for initiation of (circle one): CS, CW, AI, CV, OTHER:

Against: Mary Cosby

Violation: NC SEWAGE RULE .1961a1A

Circumstances: (Outline Briefly) Outstanding septic system violation. Effluent discharging to ground through straight pipe. Owner has made contact with Mecklenburg County Health Dept and has a valid repair permit issued. At this point system is still in a failing status.

ENVIRONMENTALIST

Violation Notices (D

NOV sent to

30 day compli

Other Contacts:

Plum 5 Star Line Plumbing

Mary Cosby

704 763-0689

Phil 704 756-0035

ved for proceeding with action:

visor: Jeremy Michael

DATE: 5/1/2018

on Manager: Barb Britt

DATE: 5/1/2018

tor:

DATE:

THE ENTIRE FILE MUST ACCOMPANY THIS FORM.

File No.

Law Enforcement Case No. | LID No. | SID No. | FBI No.

MISDEMEANOR CRIMINAL SUMMONS

Offense
Sanitary System failing and discharging sewage

THE STATE OF NORTH CAROLINA VS.

Name And Address Of Defendant
May J cosby

6836 Dixie River Rd

Charlotte NC 28278
Mecklenburg

Race	Sex	Date Of Birth	Age
B	F		65

Social Security No. | Drivers License No. & State

Name Of Defendant's Employer

Offense Code(s)	Offense In Violation Of G.S.
6046	130A-335(a) Rule .1961(a)1

Date Of Offense
11/28/2017

Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card)

Complainant (Name, Address Or Department)
Bradley W Hallman
Mecklenburg County Health Dept
700 N Tryon St
Charlotte NC 28202
Mecklenburg 704-201-7983

Names & Addresses Of Witnesses (Including Counties & Telephone Nos.)
Bradley W Hallman
Mecklenburg County Health Dept
700 N Tryon St
Charlotte NC 28202
Mecklenburg

☐ Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan

Date Issued

STATE OF NORTH CAROLINA

Mecklenburg County

In The General Court Of Justice
District Court Division

To the defendant:

I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above you unlawfully and willfully did

While owning or controlling a business located at 6836 Dixie River Rd, Charlotte, NC 28278; Tax parcel 141-161-26, Failed to maintain a sanitary system of sewage disposal as required under G.S 130A-335(a), Rule.1961(a)1

This act was in violation of the law referred to in this Criminal Summons. This Summons is issued upon information furnished under oath by the complainant listed. You are ORDERED to appear before the Court at the location, date and time indicated below to answer to the charge. If you fail to appear, an order for your arrest may be issued and you may be held in CONTEMPT OF COURT. Arrest and/or contempt for failure to appear is in addition to any sentence which may be imposed for the crime charged.

☐ The undersigned finds the following cause to set a court date more than one month from the issue of this summons: _____

Signature | Location Of Court | Court Date | Court Time ☐ AM ☐ PM

☐ Magistrate ☐ Deputy CSC
☐ Assistant CSC ☐ Clerk Of Superior Court

(Over)

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If this Criminal Summons is not served within ninety (90) days or by the date the defendant is directed to appear, whichever is earlier, it must be returned to the Clerk of Court in the county in which it was issued with the reason for the failure of service noted thereon.

RETURN OF SERVICE

I certify that this Criminal Summons was received and served as follows:

Date Received	Date Served	Time Served ☐ AM ☐ PM	Date Returned

☐ By personally serving this Criminal Summons on the defendant.

☐ This Criminal Summons WAS NOT served for the following reason:

Signature Of Officer Making Return	Name Of Officer (Type Or Print)

Department Or Agency Of Officer

REDELIVERY/REISSUANCE

Date	Signature	☐ Dep. CSC ☐ Assist. CSC ☐ CSC

☐ The above clerk finds the following cause to set a court date more than one month from reissue:

RETURN FOLLOWING REDELIVERY/REISSUANCE

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☐ By personally serving this Criminal Summons on the defendant.

☐ This Criminal Summons WAS NOT served for the following reason:

Signature Of Officer Making Return	Name Of Officer (Type Or Print)

Department Or Agency Of Officer

APPEAL ENTRIES

☐ The defendant, in open court, gives notice of appeal to the Superior Court.

☐ The current pretrial release order is modified as follows:

Date	Signature Of District Court Judge

AOC-CR-113, Side Two, Rev. 4/14
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District Attorney ☐ Waived ☐ Not Indigent ☐ Denied | Attorney For Defendant ☐ Appointed ☐ Retained

PRIOR CONVICTIONS: No./Level: 0 ☐ I (0) ☐ II (1-4) ☐ III (5+)

PLEA: ☐ guilty ☐ guilty ☐ guilty ☐ not guilty
☐ no contest ☐ no contest ☐ no contest

VERDICT: ☐ guilty ☐ guilty ☐ guilty ☐ not guilty
M.C.L. ☐ A1 ☐ 1 ☐ 2 ☐ 3
M.C.L. ☐ A1 ☐ 1 ☐ 2 ☐ 3
M.C.L. ☐ A1 ☐ 1 ☐ 2 ☐ 3

JUDGMENT: The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea; on the above verdict it is ORDERED that the defendant: ☐ pay costs and a fine of $ _____.

☐ be imprisoned for a term of _____ days in the custody of the ☐ sheriff. ☐ MCP. ☐ DAC.* Pretrial credit _____ days served.

☐ Work release ☐ is recommended. ☐ is not recommended. [☐ is ordered. *(use form AOC-CR-602)*]

☐ The Court finds that a ☐ longer ☐ shorter period of probation, than that which is specified in G.S. 15A-1343.2(d), is necessary.

☐ Execution of the sentence is suspended and the defendant is placed on unsupervised probation* for _____ months, subject to the following conditions: 1. commit no criminal offense in any jurisdiction. 2. possess no firearm, explosive or other deadly weapon listed in G.S. 14-269. 3. remain gainfully and suitably employed or faithfully pursue a course of study or of vocational training, that will equip the defendant for suitable employment, and abide by all rules of the institution. 4. satisfy child support and family obligations, as required by the Court. 5. pay to the Clerk the costs of court and any additional sums shown below.

Fine	Restitution**	Attorney's Fee	Community Service Fee	Other
$	$	$	$	$

**Name(s), address(es), and amount(s) for aggrieved party(ies) to receive restitution: NOTE TO CLERK: *Record SSN or Tax ID. No. of aggrieved party(ies) on AOC-CR-382, "Certification Of Identity (Victims' Restitution)/Certification Of Identity (Witness Attendance)."*

☐ 6. complete _____ hours of community service during the first _____ days of probation, as directed by the judicial services coordinator, and pay the fee prescribed by G.S. 143B-708 within _____ days.

☐ 7. not be found in or on the premises of the complainant or _____.

☐ 8. not assault, communicate with or be in the presence of the complainant or _____.

☐ 9. provide a DNA sample pursuant to G.S. 15A-266.4. (AOC-CR-319)

☐ 10. Other: _____

It is ORDERED that this: ☐ Judgment is continued upon payment of costs.

☐ sentence is to run at the expiration of the sentence in _____.

☐ **COMMITMENT:** It is ORDERED that the Clerk deliver two certified copies of this Judgment and Commitment to the sheriff and that the sheriff cause the defendant to be retained in custody to serve the sentence imposed or until the defendant shall have complied with the conditions of release pending appeal.

Date	Name Of District Court Judge (Type Or Print)	Signature Of District Court Judge

CERTIFICATION

I certify that this Judgment is a true and complete copy of the original which is on file in this case.

Date	Date Delivered To Sheriff	Signature	☐ Dep. CSC ☐ Asst. CSC ☐ CSC

*NOTE: *If DWI, use AOC-CR-342 (active) or AOC-CR-310 (probation). If active sentence to DAC, use AOC-CR-602. If supervised probation, use AOC-CR-604.*

CRIMINAL COMPLAINT FOR A WARRANT OR SUMMONS

Complaint Number: _____

VICTIM INFORMATION

Name: Bradley W Hallman RACE: W Sex: M Date of Birth: 10/13/72

Home Address: _____ Home Phone: _____

City/State: _____

Work; Name of Company: Mecklenburg County Health Dept Work Phone: 704-201-7983

Address: 700 N. Tryon St

City/State: Charlotte, NC 28202

What hours/days do you work? 8-5

SUSPECT INFORMATION

Name: Mary J Cosby RACE: B Sex: F Date of Birth: 65 yrs old (approx)

Home Address: 6836 Dixie River Rd Home Phone: _____

City/State: Charlotte, NC 28278

Work: Name of Company: _____ Work Phone: _____

Address: _____

City/State: _____

What hours/days do you work? _____

QUESTIONS ABOUT THE INCIDENT

1. What did the suspect do? Wastewater violation 130A-335(a), Rule .1961 (a)(1)(A): Surface discharge of wastewater
2. If property damage, give amount. UNK
3. Why did the suspect do this? UNK
4. Where did this happen? 6836 Dixie River Rd, Charlotte, NC
5. When did this happen? Time: 10:00 Date: March 7, 2018
6. Who was with the suspect when this happened?

Name:	Address:	Phone

7. Who was with you?

Name:	Address:	Phone

8. Who else was there?

Name: Address: Phone

9. What do you want the cc rts to do? Order owner to repair system (Valid permit has been issued)

10. Have you ever taken a w rrant out on the suspect? *If* yes, state what charge, when *and* what happened in court.

NO

11. Has the suspect ever tak n a warrant out on you? If yes, state what charge, when, and what happened in court.

NO

12. What is your relationship the suspect?

____	Husband/Wife	____	Child/Parent	____	Employee/Employer
____	Ex-Spouse	____	Family Member	____	Acquaintance
____	Girlfriend/Boyfriend	____	Friend	____	Stranger
____	Ex-Girlfriend/Ex-boyf end	____	Neighbor	X	Other (Explain)

Environmental Health S ecialist Mecklenburg County Govt.

13. Did you call the police ab t this complaint? NO

14. Did the police make a re rt? NO When?

15. Was the victim hospitaliz ? NO Where?

How long? Did defendant have a weapon?

OTHER INFORMATION

THE INFORMATION PROVI D IN THIS CRIMINAL COMPLAINT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

5/1/18
Date

Magistrate Comments:

POLARIS 3G PARCEL OWNERSHIP AND GIS SUMMARY

Date Printed: 05/01/2018

Identity	
Parcel ID	GIS ID
14116126	14116126

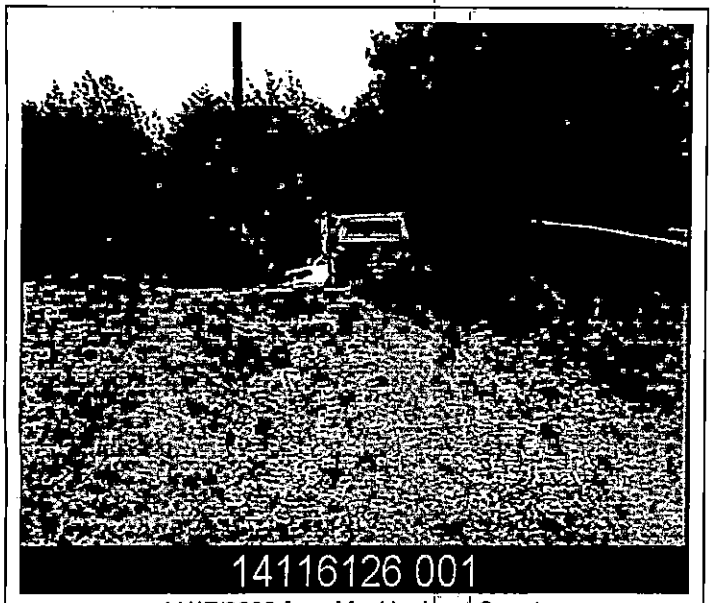
Property Characteristics	
Legal desc	NA
Land Area	0.612 GIS Acres
Fire District	STEELE CREEK #1
Special District	FIRE SERVICE A
Account Type	INDIVIDUAL
Municipality	MECKLENBURG COUNTY-UNINCORPORATED
Property Use	SINGLE FAMILY RESIDENTIAL

Zoning
Contact appropriate Planning Department or see Map.

Water Quality Buffer	
Parcel Inside Water Quality Buffer	No

FEMA and Community Floodplain	
FEMA Panel#	3710450200K
FEMA Panel Date	03/02/2009
FEMA Flood Zone	OUT:VIEW FEMA FLOODPLAIN TO VERIFY
Community Flood Zone	OUT:VIEW COMMUNITY FLOODPLAIN TO VERIFY

Situs Addresses Tied to Parcel
6836 DIXIE RIVER RD UNINC



11/17/2000 from Mecklenburg County

Ownership	
Owner Name	Mailing Address
MARY JANE COSBY	6838 DIXIE RIVER RD CHARLOTTE NC 28208

Deed Reference(s) and Sale Price		
Deed	Sale Date	Sale Price
19926-931	01/24/2006	$0.00
16446-372	11/18/2003	$0.00
03232-365	02/02/1971	$0.00

Site Location	
ETJ Area	Charlotte
Charlotte Historic District	No
Charlotte 6/30/2011 Annexation Area	No
Census Tract #	59.01

Post Construction District	
Jurisdiction	Charlotte
District	Western Catawba

Stream Watershed Districts	
Stream Watershed Name	BEAVERDAM

Regulated Drinking Watershed Districts	
Watershed Name	LOWER LAKE WYLIE
Watershed Class	CA

Built-Upon Area Restriction	
Limit on amount of Built-Upon Area	Yes
Allowed Built-Upon Area	0.00 sq ft

This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary