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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5095B Permit #: _____ Tax Parcel #: 113 251 04

Property Owner: John Brown

Job Location Address: 10901 Windy Grove Road

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 5/5/11

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 6/5/11, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 360 GPD Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: existing gallons Liquid Capacity of Dosing Tank: NA 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: 250 feet

# of Lines: 5 @ 50 feet

Depth of Media: 36 inches (Type) Tire Chips

Distribution Device: D-BOX

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

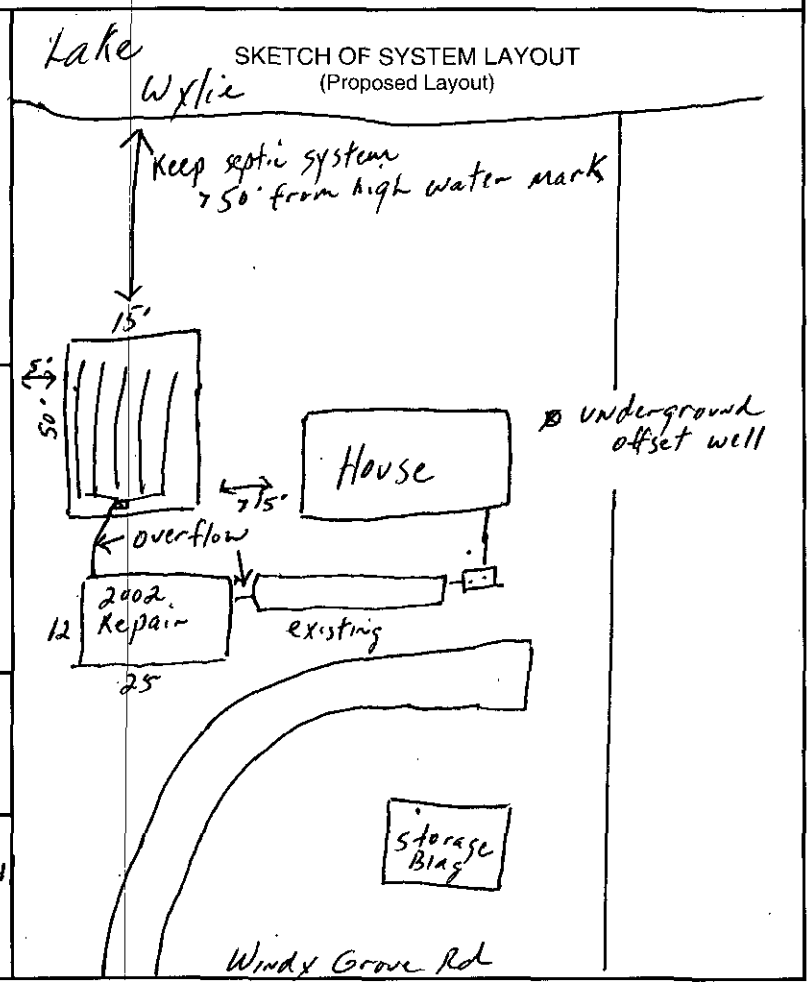
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5-15' feet

Distance from Property Line: 5 feet

Distance from Water Supply Source: 50 feet well Ø



Comments: System Classification & Type: Type IIa Gravity Tire Chip Bed w/overflow

Bed System: 15'wd x 50'long x 36" Tire chips Keep septic system >50' from wells & >15 from (R) side of house foundation (basement)

DENR Authorized Agent: Philo Walker RS Signature: Philo Walker RS

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

File #: 5095B Permit #: _____ Tax Parcel #: 113 251 04

Property Owner: John Brown

Job Location Address: 10901 Windy Grove Rd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 6/2/11 Contractor Name: Stanley Septic

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: NA gallons

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: 6/2/11

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See installation Approval

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

Bed Depth: 48 inches

Bed Width: 15 feet

Total line length: 250 feet

# of Lines: 5 @ 50 feet

Depth of Media: 36 inches (Type) Tire Chips

Depth of Cover: 12 inches

Distribution Device: D Box

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: 50 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: Ia Gravity Tire Chip Bed Repair TCHP, G, NA, NA

DENR Authorized Agent: Philo Walker RS Signature: Philo Walker RS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5095B Permit #: _____ Tax Parcel #: 113 25104

Property Owner: John Brown

Job Location Address: 10901 Windy Grove 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: 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: Gravity Tire Chip Bed Repair

DENR Authorized Agent: Philo Walker RS Date: 6/2/11

Signature: Philo Walker RS

5095B

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

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: 113-251-04
STREET ADDRESS: 10901 Winey Grove Rd.
CITY: Charlotte NC 28278
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): .5
TOWNSHIP:
☑ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 3500
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT 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? _____ ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: John Brown
ADDRESS: 10901 Winey Gr. Rd
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: 704-392-8337
WORK PHONE: 704-377-2551
MOBILE PHONE: 980-721-9117
FAX: 704-372-5342

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

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

Revised on: 7/1/08

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.

_____ _____

Property Owner's or Owner's Legal Representative Signature Date

---

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

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

Revised on: 7/1/08

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.

John Brown — 5-5-2011

Property Owner's or Owner's Legal Representative Signature — 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: lws

GWS FILE NUMBER ASSIGNED: 5095B

APPLICATION ID NUMBER ASSIGNED: 5060

COMMENTS:

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

Revised on: 12/15/10

5095B

ATTACHMENT 23

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: 704-336-5103 Fax: 704-336-6894
http://groundwater.charmeck.org

Homeowner/Tenant Interview Form

Please fill out completely to aid in the evaluation of your failing septic system.

Name: JOHN BROWN

Date: 5-5-2011

Address: 10901 WINDY GR. RD
CHARLOTTE NC 28278

Phone: 704-392-8337 (Home/Cell) 980-721-9119
704-377-2551 (Work)

Email: jbrown@campbell-brown.com

When was the septic system installed? _____

Permit/File #: _____

Who installed the septic system? _____

When was the septic tank last pumped? 4-30-2011

Who pumped the septic tank? STANLEY

How often have you had the tank pumped? OVER 9 YEARS

Where are the septic tank and drain field located on the property?

FRONT RIGHT TANK FRONT LEFT FIELD

Briefly describe the problem you are experiencing with the septic system:

BACKUP

When did you first notice the problem? 4-30-2011

Does the problem seem to be linked to certain events (heavy rains, doing laundry, guests staying over, etc.)?

Yes ☒ No ☐

Explain: WHEN 3 PEOPLE TOOK SHOWERS AND TWO LOADS OF CLOTHES

How many people are living in the house? 3 Adults _____ Teens _____ Children

How much water do you use each day (provide estimate in gallons)? _____

Is the property served by public water? Yes ☐ No ☒

If yes, on average how much is your monthly water bill? $_____

If yes, on average how much is your monthly water bill? $_____

Do you have a dishwasher? Yes ☑ No ☐ How many times per week is it used? 2

Do you have a garbage disposal? Yes ☑ No ☐ How many times per week is it used? 0

Do you have a washing machine? Yes ☑ No ☐ How many times per week is it used? 4

Do you use "in tank" or "in bowl" toilet sanitizer products? Yes ☐ No ☑

Do you have a water softener unit or water treatment system installed? Yes ☑ No ☐

If yes, where does the system drain? yard

Are any household cleaning chemicals put down the drain? Yes ☐ No ☑

If yes, please indicate what types of chemicals: _____

Are any other types of chemicals (paints, solvents, oils, etc.) put down the drain? Yes ☐ No ☑

If yes, please indicate what types of chemicals: _____

Have any new water using fixtures been added in the house since the septic system was installed? Yes ☑ No ☐

If yes, please indicate what type of fixtures have been added: Toilet

Excluding sinks, showers, bathtubs, and toilets please list any other plumbing fixtures (spa, whirlpool, etc.) that are in the house:

Do you have an in-ground irrigation system? Yes ☑ No ☐

If yes, how often is the system used during a one week period? 1 Time Week

Has any site work been done at the property or to the house since you moved in? Examples include: gutter drains, swimming pool installation, basement remodel/finish, landscaping, paving of driveway, etc.

Please describe:

Are there underground utilities located on the property? Yes ☑ No ☐

If yes, check ALL that apply: ☐ Power ☐ Phone ☐ Water ☑ Gas ☐ Cable TV

X _____
Signature

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: John Brown — APPLICATION DATE 5/5/11
ADDRESS: 10901 Windy Grove Rd — DATE EVALUATED: 5/5/11
PROPOSED FACILITY: 10901 Windy Grove Rd PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: —
LOCATION OF SITE: 10901 Windy Grove Rd — PROPERTY RECORDED: —
WATER SUPPLY: • (Private) • Public • Well • Spring • Other ___
EVALUATION METHOD: • (Auger Boring) • Pit • Cut — TYPE OF WASTEWATER: • (Sewage) • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-7	gr/cl	fr/sexp/ss/sp	>48" To Soil Wetness	48"	NA	None	.3
		7-34	sBK/c	fi/sexp/s/p					
		34-48	sBK/cl	fi/fi/sExp/ss/sp					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		IIa
Site LTAR		.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Philo Walker
OTHER(S) PRESENT: ___

COMMENTS: ___

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

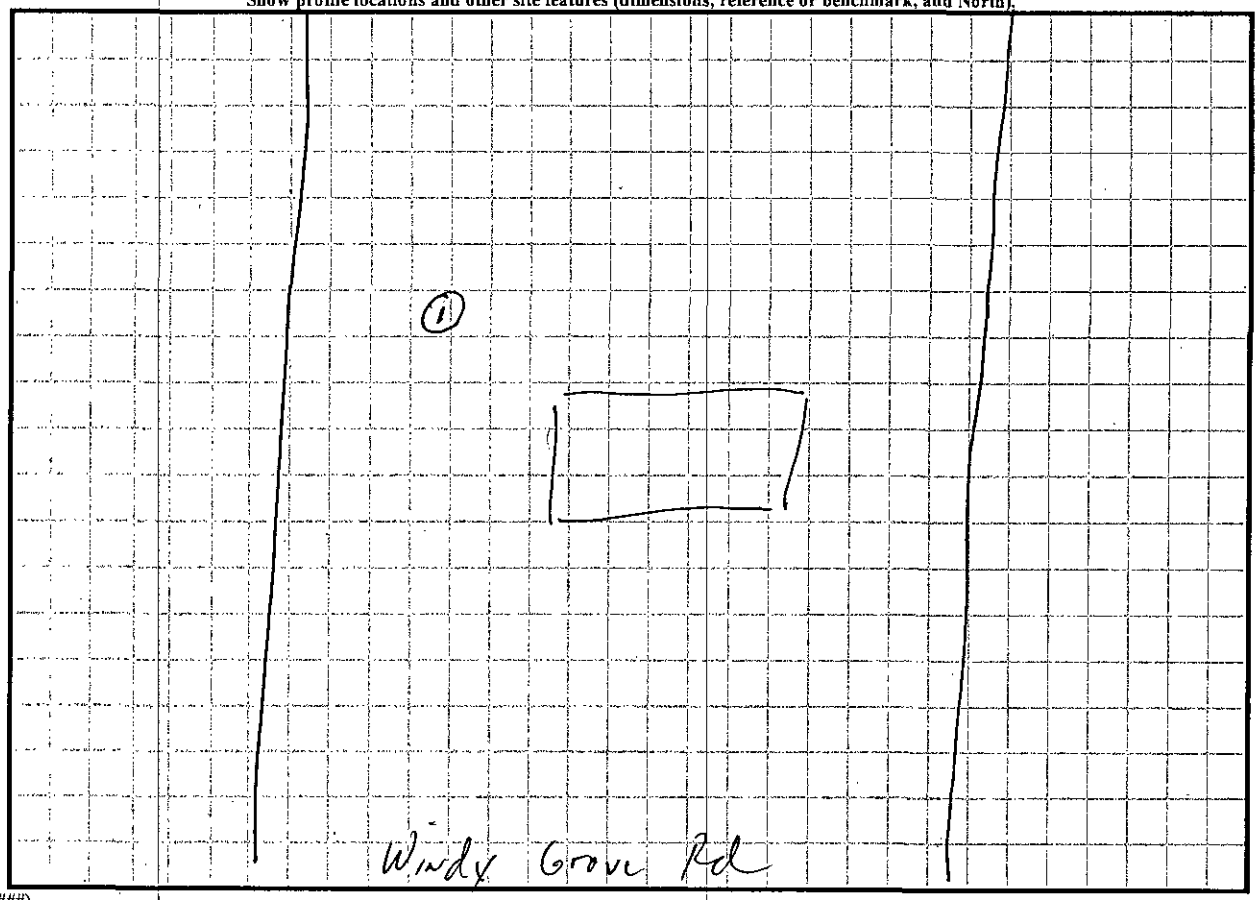
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

FEE: _____

DATE: _____

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

Repair

I J CRT

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

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

FILE #: 50958

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 113-25-04

STREET ADDRESS: 10901 Windy Grove Rd

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 47A Sec 36

TOWNSHIP (CHECK ONE): 1965

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: (LAST) Brown (FIRST) John (MI) M.

ADDRESS: 10901 Windy Grove Rd

CITY: Charlotte STATE: NC ZIP: 28278

DAYTIME PHONE: (704 392-8337

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? /

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: John M Brown DATE: 10-9-02

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

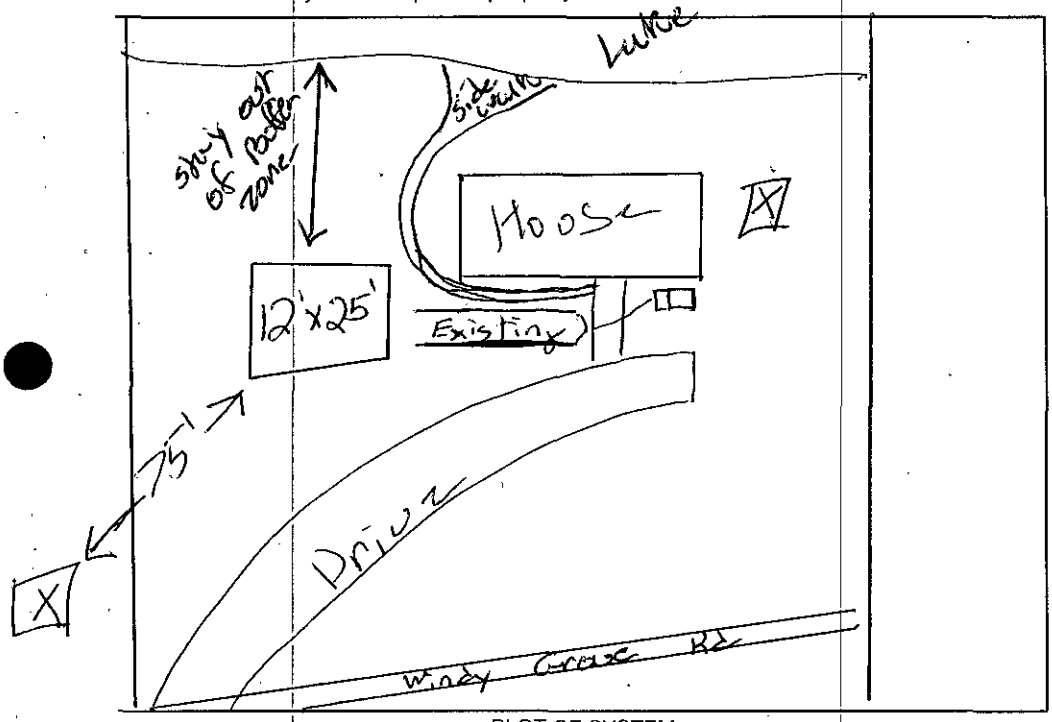
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 50558 DATE: 10/04/02

TC: 113-25-1014 ☐ L

SERIAL Nº 18994

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction existing PVC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 12' Bed feet

Trench Walls Scored and Porous yes

Total Line Length 25' feet

Number of Lines 4 (Bed)

Depth of Stone 24" inches

Distance from House >10' feet

Distance from Property Line >5' feet

Distance from Well >50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER John Brown

LOCATION OF PROPERTY 10901 Windy Grove Road

Comments: _____

Environmental Health Specialist RS

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

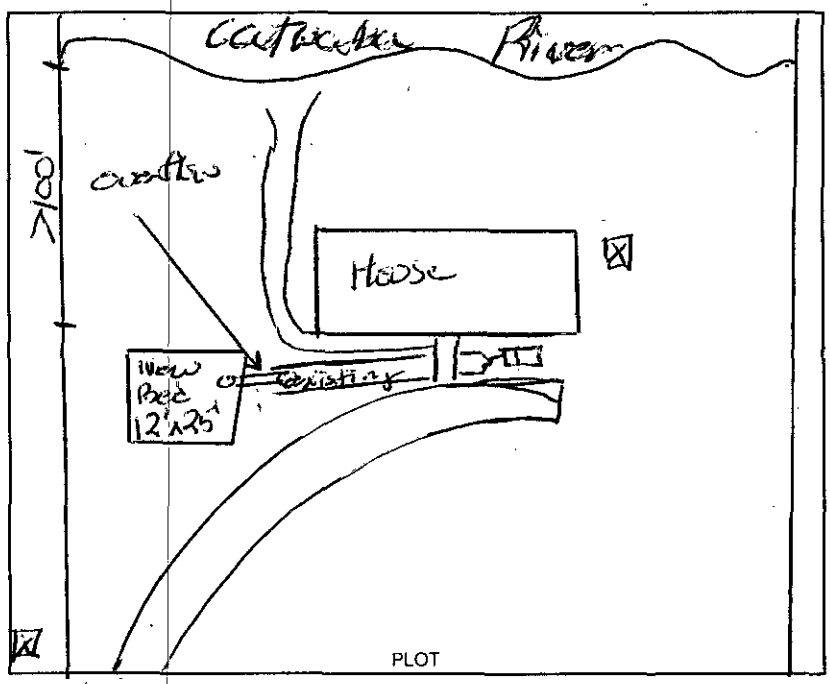
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 50956 DATE: 10/14/02
TC: 113-25-104 ☒ L ☐ CRT
SERIAL Nº 18782

Name of Owner John Brown Juris.:
Address of Property 10401 Windy Grove Road

Inspection Data:

Tank Material existing
Total Length of Drainfield 100'
Number of Lines Bed 12'@25'
Cover Depth 12"-18"
Water Supply Source well
Distance to Water Source >50'
Excavation Inspected 10/14/02
Tank(s) Inspected existing
Wash Line Inspected N/A
High Water Alarm Inspected N/A



Design 2002, Repair, 18" Stone, overflow CTR# Steve

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☐ installed or constructed ☒ altered or repaired
☒ in accordance with the permit issued ☐ as detailed in the plot above
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. This issuance of this
☐ Certificate of Completion ☒ 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. 1990 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/revocation of this permit.

COMMENTS: Do not water grass over drainfield

Brenda Sorey R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

2011 RECON

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5095B WASPS App #: _____

Primary ES assigned to project: PW

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: 1			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR .3	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

IA issued date: 5 5 11

OP issued date: 6 2 11

Review performed by: IR Date performed: 5 11 - 11

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5095B Permit #: _____ Tax Parcel #: 113 25 104

Property Owner: John Brown

Job Location Address: 10901 Windy Grove Road

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 5/5/11

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 6/5/11, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 360 GPD

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

Liquid Capacity of Septic Tank: existing gallons

Liquid Capacity of Dosing Tank: NA 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: 250 feet

# of Lines: 5 @ 50 feet

Depth of Media: 36 inches (Type) Tire Chips

Distribution Device: D-BOX

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

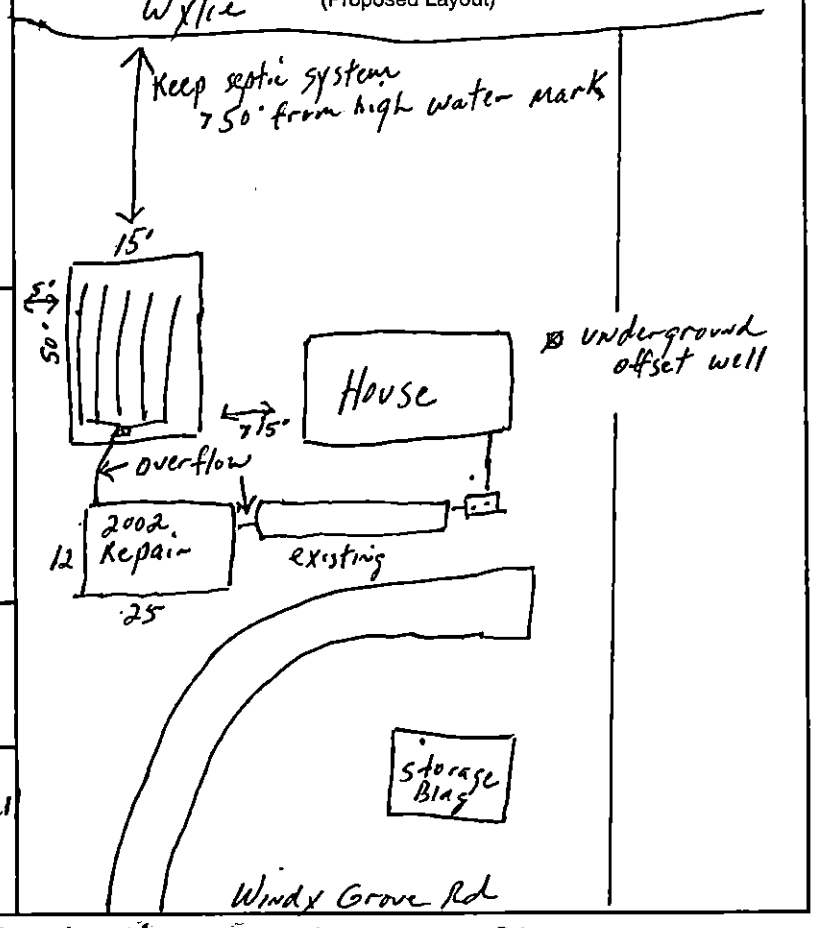
Distance from Building Foundation: 5-15' feet

Distance from Property Line: 5 feet

Distance from Water Supply Source: 50 feet

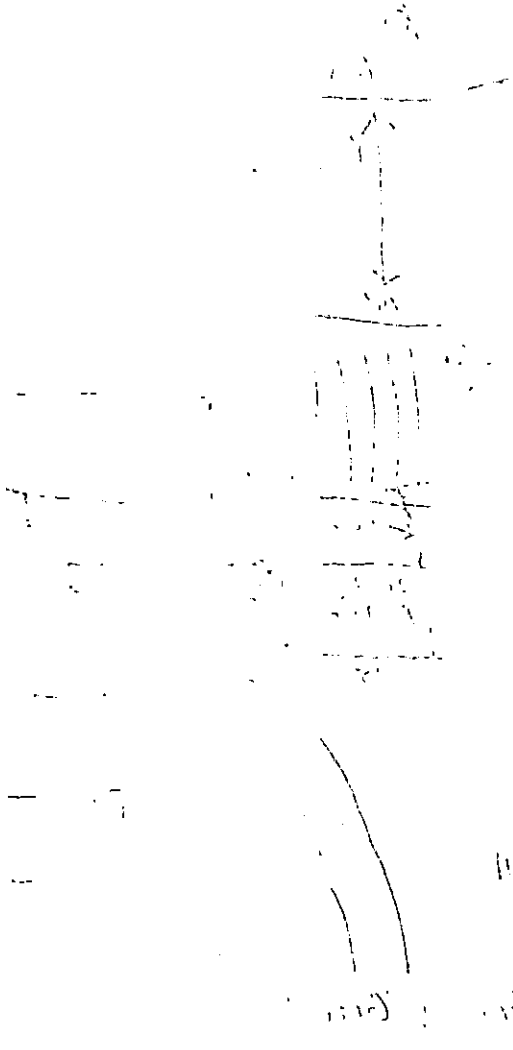
well Ø

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type IIa Gravity Tire Chip Bed w/overflow
Bed System 15'wd x 50'long x 36" Tire chips Keep septic system ≥50' from wells & ≥15 from (R) side of house foundation (basement)

DENR Authorized Agent: Philo Walker RS Signature: Philo Walker RS



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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5095B Permit #: _____ Tax Parcel #: 113 251 04

Property Owner: John Brown

Job Location Address: 10901 Windy Grove Rd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 6/2/11 Contractor Name: Stanley Septic

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: NA gallons

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: 6/2/11

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

see installation Approval

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

Bed Depth: 48 inches

Bed Width: 15 feet

Total line length: 250 feet

# of Lines: 5 @ 50 feet

Depth of Media: 36 inches (Type) Tire Chips

Depth of Cover: 12 inches

Distribution Device: D Box

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: 50 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: IIa Gravity Tire Chip Bed Repair TCHP, G, NA, NA

DENR Authorized Agent: Philo Walker RS Signature: Philo Walker RS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5095B Permit #: _____ Tax Parcel #: 113-25104

Property Owner: John Brown

Job Location Address: 10901 Windy Grove 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: 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: Gravity Tire Chip Bed Repair

DENR Authorized Agent: Philo Walker RS Date: 6/2/11

Signature: Philo Walker RS

5095B

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

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: 113-251-04
STREET ADDRESS: 10901 Winey Grove Rd.
CITY: Charlotte NC 28278
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): .5
TOWNSHIP:
☑ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 3550
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT 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? _____ ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: John Brown
ADDRESS: 10901 Winey Gr. Rd
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: 704-392-8337
WORK PHONE: 704-377-2551
MOBILE PHONE: 980-721-9117
FAX: 704-372-5342

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

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

Revised on: 7/1/08

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.

_____ _____

Property Owner's or Owner's Legal Representative Signature Date

---

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

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

Revised on: 7/1/08

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.

JMB (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.

John Bom — 5-5-2011

Property Owner's or Owner's Legal Representative Signature — 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: lws

GWS FILE NUMBER ASSIGNED: 5095B

APPLICATION ID NUMBER ASSIGNED: 5060

COMMENTS:

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

Revised on: 12/15/10

5095B

ATTACHMENT 2:

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: 704-336-5103 Fax: 704-336-6894
http://groundwater.charmeck.org

Homeowner/Tenant Interview Form

Please fill out completely to aid in the evaluation of your failing septic system.

Name: JOHN BROWN Date: 5-5-2011

Address: 10901 WINDY GR. RD Phone: 704-392-8337 (Home/Cell) 980-721-9119
CHARLOTTE NC 28278 704-377-2551 (Work)

Email: jbrown@campbell-brown.com

When was the septic system installed? _____ Permit/File #: _____

Who installed the septic system? _____

When was the septic tank last pumped? 4-30-2011

Who pumped the septic tank? STANLEY

How often have you had the tank pumped? OVER 9 YEARS

Where are the septic tank and drain field located on the property?

FRONT RIGHT TANK FRONT LEFT FIELD

Briefly describe the problem you are experiencing with the septic system:

BACKUP

When did you first notice the problem? 4-30-2011

Does the problem seem to be linked to certain events (heavy rains, doing laundry, guests staying over, etc.)?

Yes ☒ No ☐

Explain: WHEN 3 PEOPLE TOOK SHOWERS AND TWO LOADS OF CLOTHES

How many people are living in the house? 3 Adults _____ Teens _____ Children

How much water do you use each day (provide estimate in gallons)? _____

Is the property served by public water? Yes ☐ No ☒

If yes, on average how much is your monthly water bill? $_____

If yes, on average how much is your monthly water bill? $_____

Do you have a dishwasher? Yes ☑ No ☐ How many times per week is it used? 2

Do you have a garbage disposal? Yes ☑ No ☐ How many times per week is it used? 0

Do you have a washing machine? Yes ☑ No ☐ How many times per week is it used? 4

Do you use "in tank" or "in bowl" toilet sanitizer products? Yes ☐ No ☑

Do you have a water softener unit or water treatment system installed? Yes ☑ No ☐

If yes, where does the system drain? Yard

Are any household cleaning chemicals put down the drain? Yes ☐ No ☑

If yes, please indicate what types of chemicals: _____

Are any other types of chemicals (paints, solvents, oils, etc.) put down the drain? Yes ☐ No ☑

If yes, please indicate what types of chemicals: _____

Have any new water using fixtures been added in the house since the septic system was installed? Yes ☑ No ☐

If yes, please indicate what type of fixtures have been added: Toilet

Excluding sinks, showers, bathtubs, and toilets please list any other plumbing fixtures (spa, whirlpool, etc.) that are in the house:

_____

Do you have an in-ground irrigation system? Yes ☑ No ☐

If yes, how often is the system used during a one week period? 1 Time Week

Has any site work been done at the property or to the house since you moved in? Examples include: gutter drains, swimming pool installation, basement remodel/finish, landscaping, paving of driveway, etc.

Please describe:

Are there underground utilities located on the property? Yes ☑ No ☐

If yes, check ALL that apply: ☐ Power ☐ Phone ☐ Water ☑ Gas ☐ Cable TV

X _____
Signature

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: John Brown — APPLICATION DATE 5/5/11
ADDRESS: 10901 Windy Grove Rd — DATE EVALUATED: 5/5/11
PROPOSED FACILITY: 10901 Windy Grove Rd — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: —
LOCATION OF SITE: 10901 Windy Grove Rd — PROPERTY RECORDED: —
WATER SUPPLY: (Private) • Public • Well • Spring • Other _____
EVALUATION METHOD: (Auger Boring) • Pit • Cut — TYPE OF WASTEWATER: (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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-7	gr/cl	Fr/sexp/ss/sp	~48" To soil wetness	48"	NA	None	.3
		7-34	SBK/C	Fi/sexp/s/p					
		34-48	SBK/C/	Fr/Fi/sExp/ss/sp					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		IIa
Site LTAR		.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Phil Walker
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

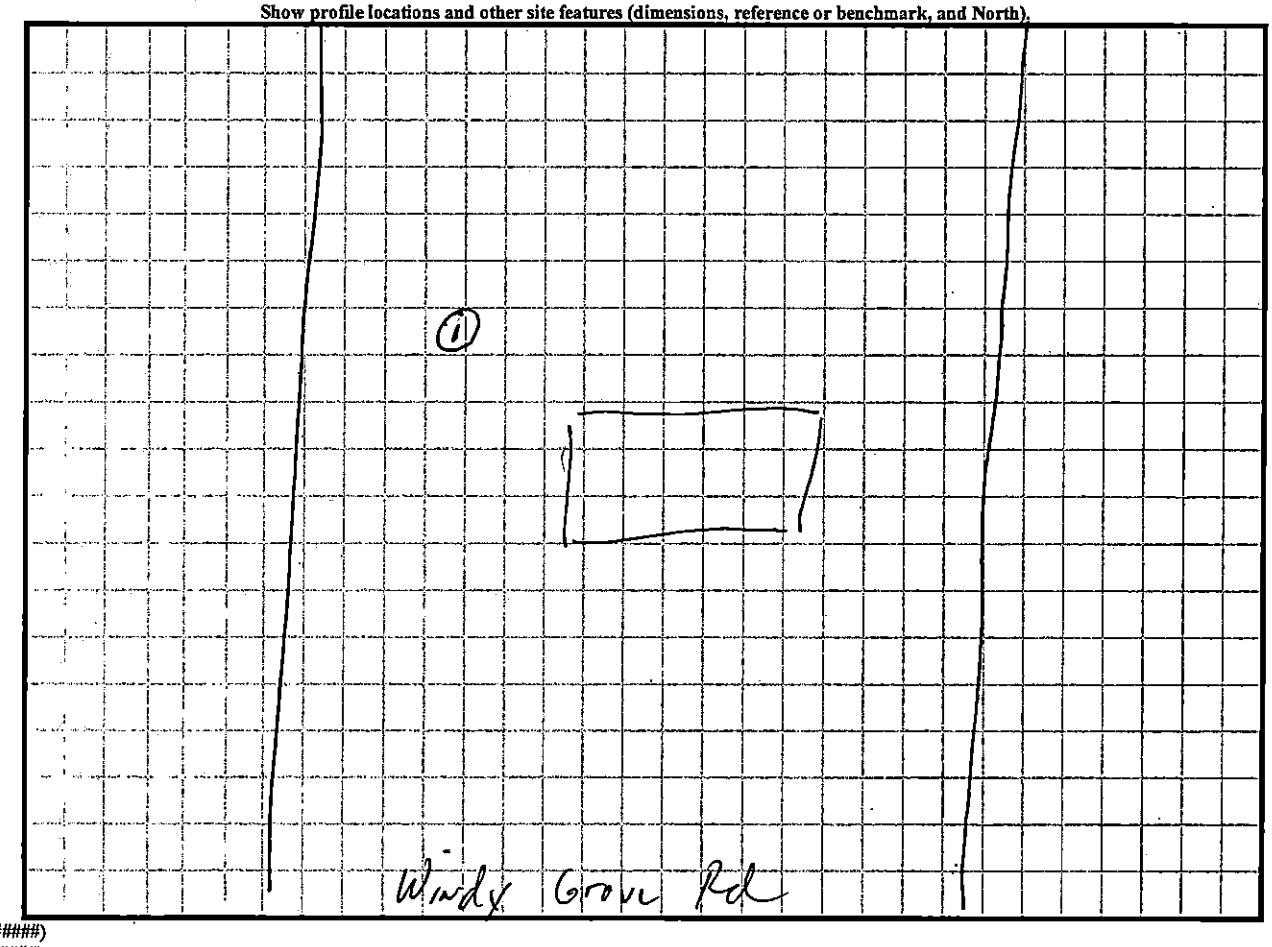
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)