5863

Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

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

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 Luis 2/17/14 Initials/Date

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

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

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

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

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

Send permit for signature. ☐ Signature received. ☐ _____

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

Certified operator contract is on file. ☐ _____

5863 App # 6666

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: 217 222 18
STREET ADDRESS: 16421 BUNCH WALNUTS RD
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: 2163
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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: ROBERT D. + KATHERINE B. KAYLOR
ADDRESS: 16421 BUNCH WALNUTS RD
CITY: CHARLOTTE
STATE: NC ZIP: 28278
WORK PHONE: 910-424-2210
MOBILE PHONE: 910-263-3281
FAX: 910-424-8227
E-MAIL: RDKEQUIPMENT@NCRRBIZ.COM

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

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

Revised on: 12/15/10

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. RK (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.

Robert D. Kaylor
Property Owner's or Owner's Legal Representative Signature

5-27-15
Date

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

DENR/DEH

ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Robert Kaylor — APPLICATION DATE 5/27/15
ADDRESS: 16421 Branch Walnuts Rd — DATE EVALUATED: 5/27/15
PROPOSED FACILITY: house — PROPOSED DESIGN FLOW (.1949): ___ — PROPERTY SIZE: —
LOCATION OF SITE: same — 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 6	0-8	wfgr/CL	ss sp fr sexp	*48	48	NA	S	PS 0.25
		8-20	wmsbk C	sp fr sexp					
		20-48	wbabk C	sp fr sexp					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		Ila
Site LTAR		0.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: P 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.

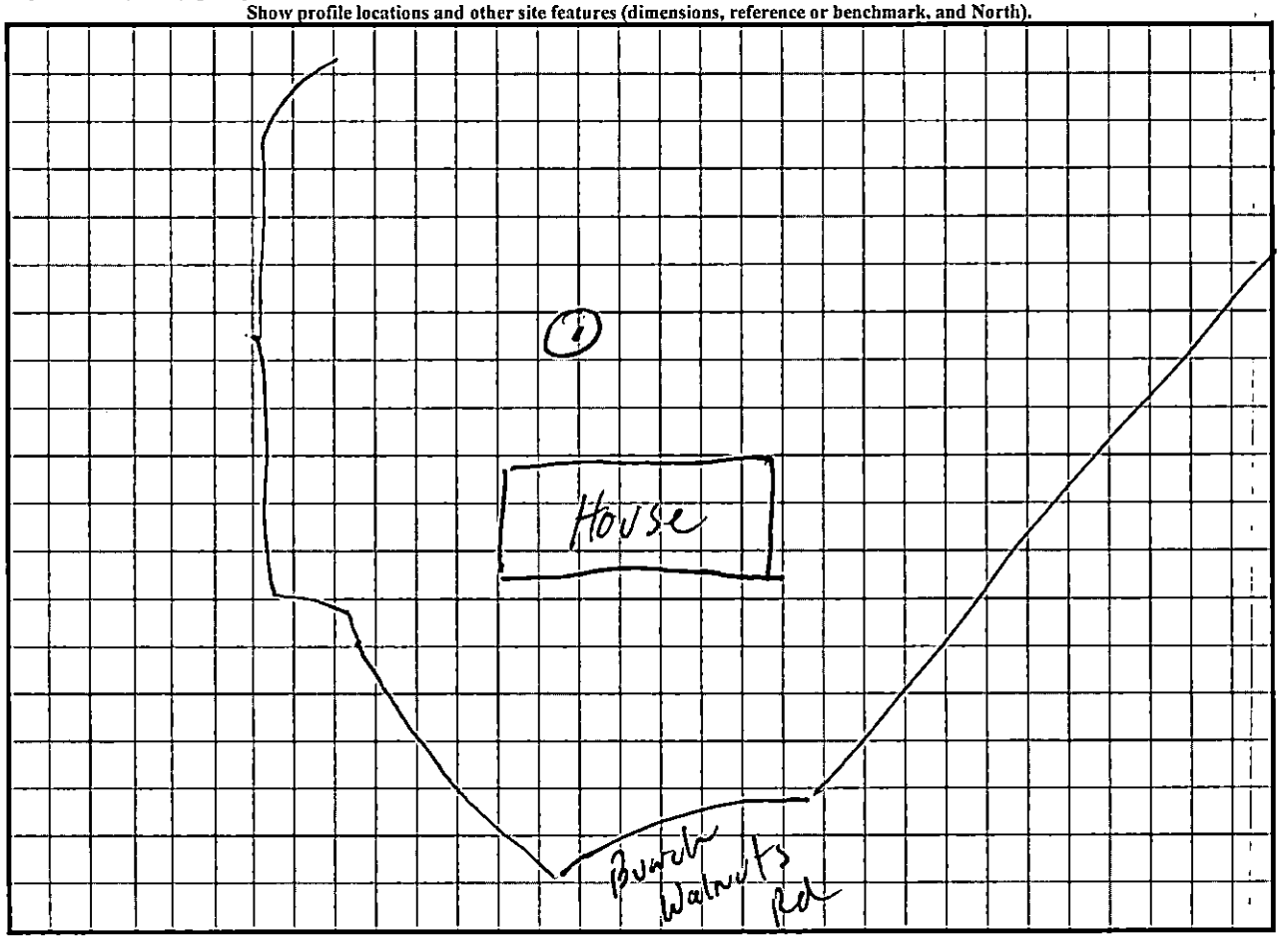
NOTES

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 (#####)

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5863 WASPS App #: 6666

Primary ES assigned to project: Philo Walker

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 ☑ Existing House	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 0.25	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 ☑ RPJ	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 ☑ Existing
	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: 5/27/15

OP issued date: 6/26/15

Review performed by: JAM Date performed: 7/7/15

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5863 Permit #: 6666 Tax Parcel #: 217 222 18

Property Owner: Robert & Katherine Kaylor

Job Location Address: 16421 Bunch Walnuts Rd

City: Charlotte State: NC Zip Code: 28278

Improvement Permit Issuance Date: 5/27/15 **Construction Authorization Issuance Date** 5/27/15

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

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

Permitted Design Flow: 360 GPD Site LTAR: .25 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: 12 feet

Total line length: 200 feet

# of Lines: 3 @ 67 feet

Depth of Media: 24 inches (Type) Tire Chips

Distribution Device: D Box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

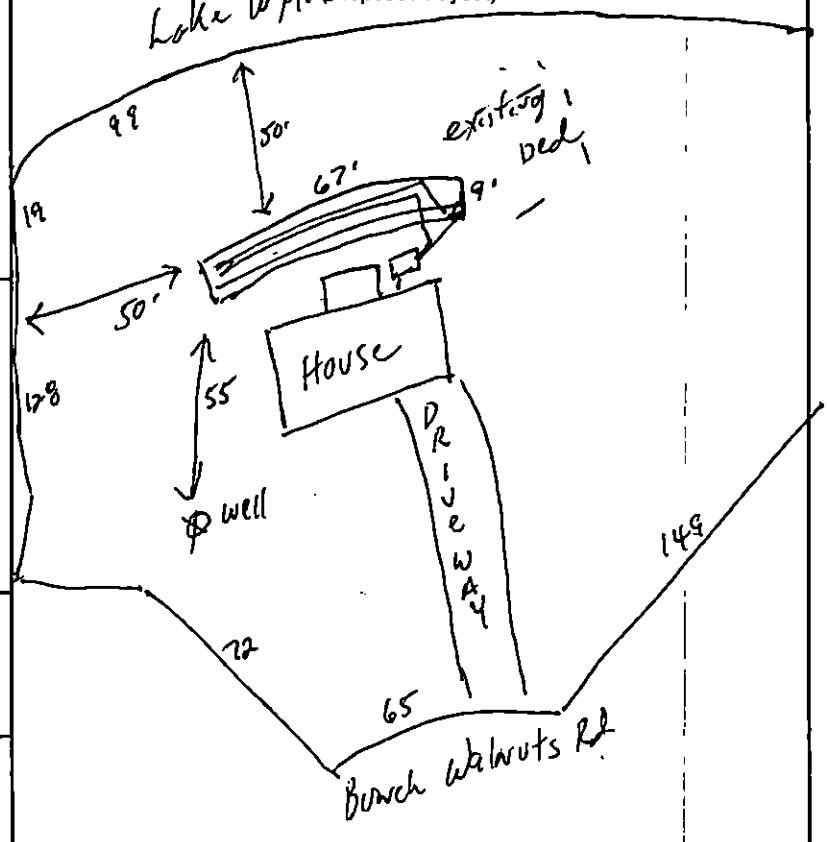
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT (Proposed Layout)



Comments: System Classification & Type: IIa, Gravity tire chip bed 9'wd x 67'x 24" stone

Authorized Agent: Philo Walker Signature: Philo Walker REHS

Owner Signature: Robert Kaylor Date: 6-26-15

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5863 Permit #: 6666 Tax Parcel #: 217 222 18

Property Owner: Robert & Katherine Kaylor

Job Location Address: 16421 Bunch Walnuts Rd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 6/26/15 Contractor Name: Steve Autry

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: NA gallons

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

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

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

Bed Depth: 48 inches

Bed Width: 12 feet

Total line length: 180 feet

# of Lines: 4 @ 60 feet

Depth of Media: 24 inches (Type) Tire Chips

Depth of Cover: 24 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

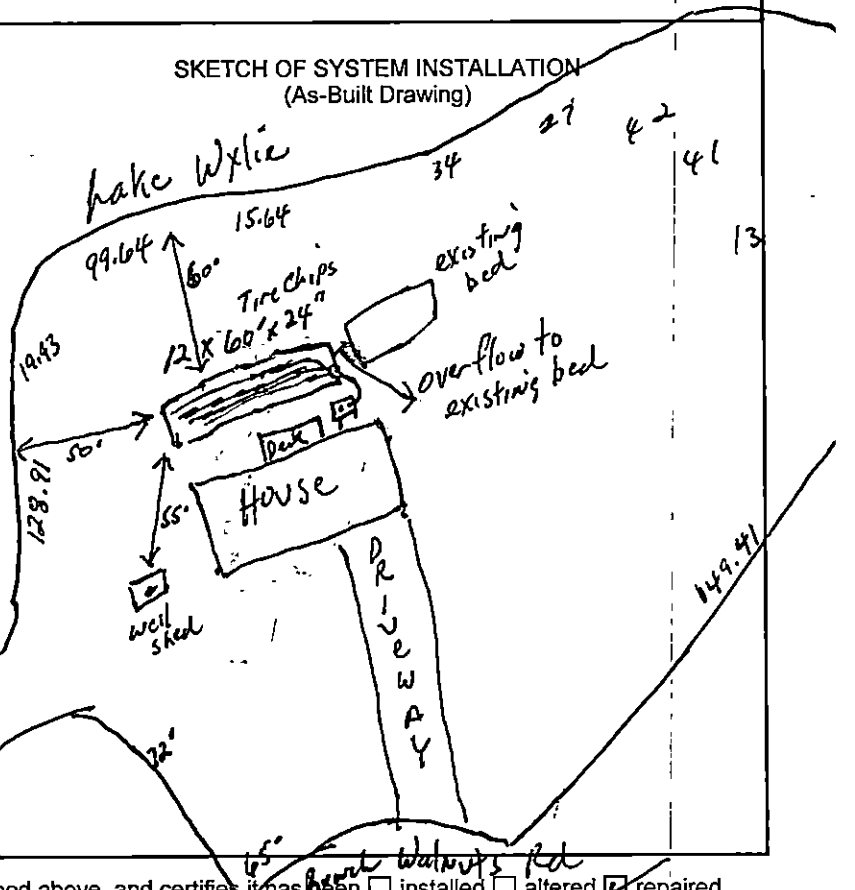
Inspection Dates

Tank(s) Inspected: NA

Excavation Inspected: 6/26/15

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☑ repaired ☑ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIa, Gravity Tire Chip Bed Repair TCHP, G, NA, NA

DENR Authorized Agent: Phil Walker Signature: Phil Walker REHS

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 #: 5863 Permit #: 6666 Tax Parcel #: 217 222 18

Property Owner: Robert & Katherine Kaylor

Job Location Address: 16421 Bunch Walnuts 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: Repair, Gravity Tire Chip Bed

DENR Authorized Agent: Philo Walker Date: 6/26/15

Signature: Philo Walker REHS

lot 44

Serial No. 3640

Date Issued 5/1/73

ICAR(S) Permit No. 5906

T. C. PR No. 2-17-131-036

Map Date 2-14-23

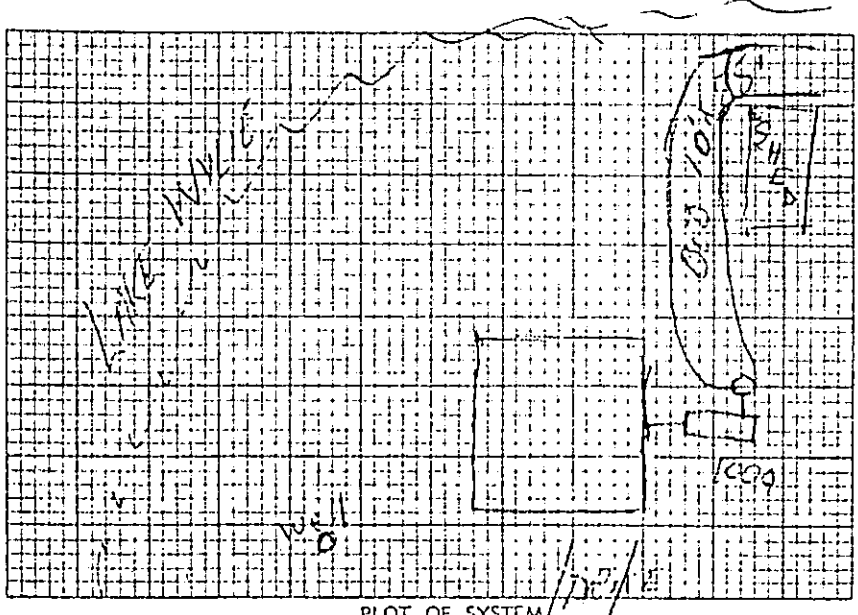
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X 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 application 5906, dated 4-3-73 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before MAY 1, 1973 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 58

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 300

Number of Lines 4

Distance from House 10'

Distance from Property Line 10' min

Distance from Well 50' min

NAME OF OWNER William R. Cruse

LOCATION OF PROPERTY Red Fox Club Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: C. H. Allen - 5/3/73

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 3282

Date Issued 5/6/73

T. C. No. 217-131-035

Map Date 2/14/73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner CRUSE (LAST) WILLIAM (FIRST) R. (MIDDLE)

Location of Property RED EGG CLUB RD.

Application Number 5906 Permit Number 5906

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300 Number of Lines 4

Depth of Filter Material 17" Cover Depth 12"-18"

Water Supply Source IND WELL Distance from Water Source 65'

Excavation Inspected 5/4/73 (DATE) Tank Inspected 5/4/73 (DATE)

Nitrification Field Inspected 5/4/73 (DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ____ installed or constructed; ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments: C.H. HELEN 45' TO 'L' THEN 36"

Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

5863



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
21722218	INDIVIDUAL		21722218A

Owner(s)

Owner Name	Mailing Address	City/State
KAYLOR ROBERT D	6639 FAIRHOPE CT	CHARLOTTE NC 28277
KAYLOR KATHERINE B WIFE	6639 FAIRHOPE CT	CHARLOTTE NC 28277

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
L44 SEC 42 M17-506	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	0

Total Parcel Assessment

Building	Land	Features	Total
2300	270000	5100	277400

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Jan 8 2010	89500	179	OTHER	IMP	WARRANTY D	25346-036	BLANKENSHIP,MALCOM B
Jan 1 1975	107500		OTHER	IMP	DEED STAMPS	08006-574	CRESCENT RESOURCES I

Land Use

Use	Units	Type	Neighborhood	Assessment
R122	1	WF	V705	270000

Building Information

Bldg	Description	Type	Year	Property Location
1	Manufactured	MFD HOME-DW	1978	16421 BUNCH WALNUTS RD UNINC

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	1344	1344	CRAWL SPACE	MODULAR MTL -	AVERAGE 03	2300

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-NO-DUCT	OIL/WD/COAL		AC-WALL UNIT		3	2		0

Sub Area

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1344

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 61.00%				RV - 95.00%

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1995	PIER	1	4X16	300
1	1995	DOCK	1	12X16	1300
1	1995	BOAT SLIP/CO	1	13X26	1800
1	1936	STORAGE	1	6X15	400
1	1995	DECK	1	240	1300

Notes

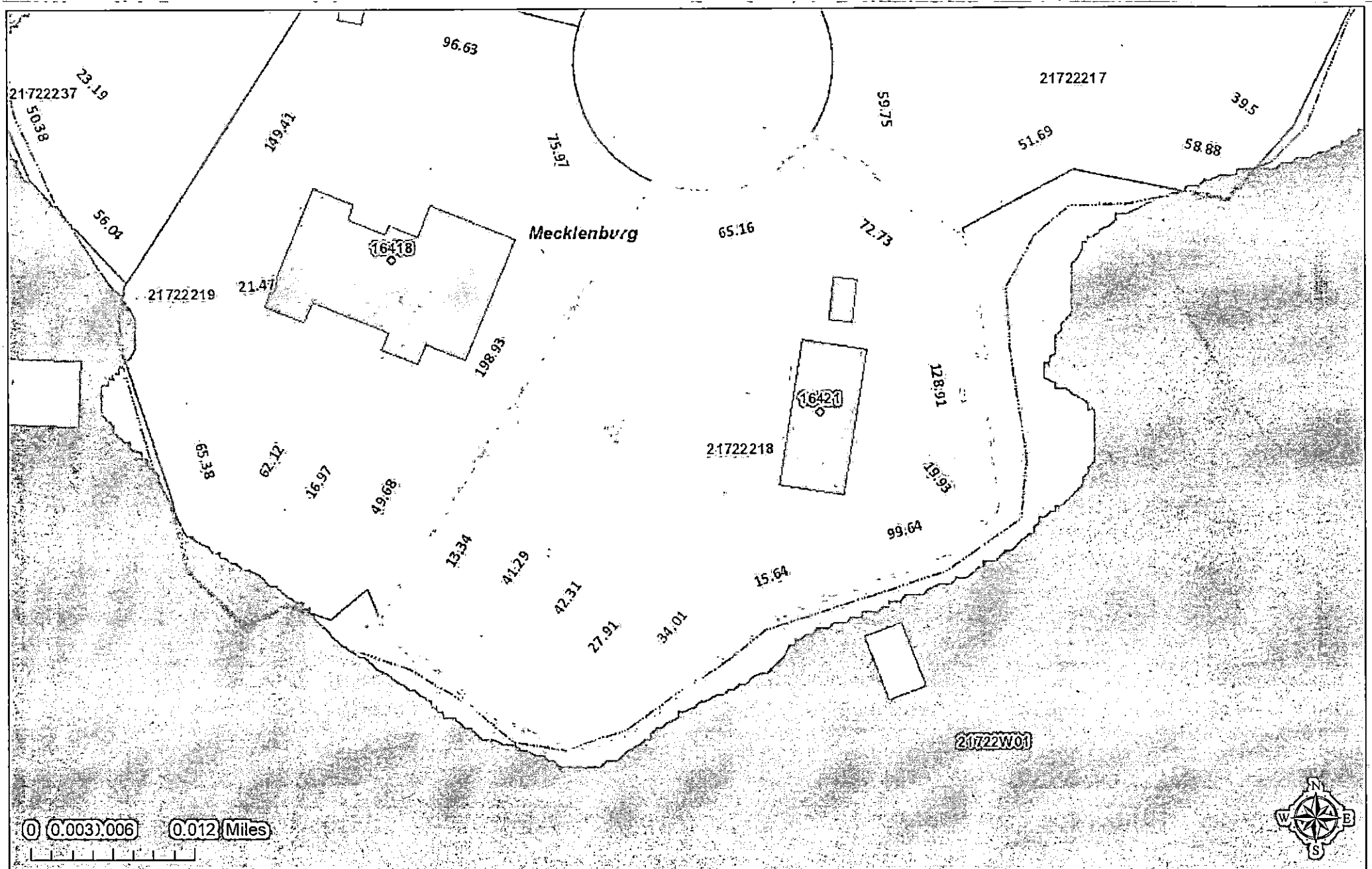
Tax Year	Notes	Note Date
2011	Informal Review Request Received	04/21/2011

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	330800	0
Jan 17 2003	2003	Countywide Revaluation	203600	0
Mar 20 1998	1998	Countywide Revaluation	169870	
Jun 28 1996	1996	Equalization of Value	169490	
Apr 14 1995	1995	Combining of Real Estate Parcels	192390	

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 7/1/2015 4:02:11 PM



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 information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

5863 App #6666

MECKLENBURG COUNTY HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ✓ SEPTIC ONLY ○ WELL ONLY ○ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ✓ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: ROBERT D. KAYLOR
ADDRESS: 6639 FAIRHOPE CT.
CITY: Charlotte
STATE: NC ZIP: 28277
PHONE: 704 846 9427
ALTERNATE PHONE: 910 263 3281
E-MAIL: RDKEQUIPMENT@NCRR.BIZ.COM

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: 21223218
STREET ADDRESS: 11621 BUNCH WALNUTS RD.
CITY: Charlotte
STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME: _____
LOT #: _____

WATER SUPPLY:
○ MUNICIPAL ✓ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

RESIDENTIAL PROPERTY TYPE: ○ N/A
✓ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER _____

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS: _____
EMPLOYEES PER SHIFT: _____
OF SHIFTS: _____
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER _____

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ✓ OTHER NEW HOME

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Robert Kaylor — Owner's/Agent's Signature
2-15-14 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

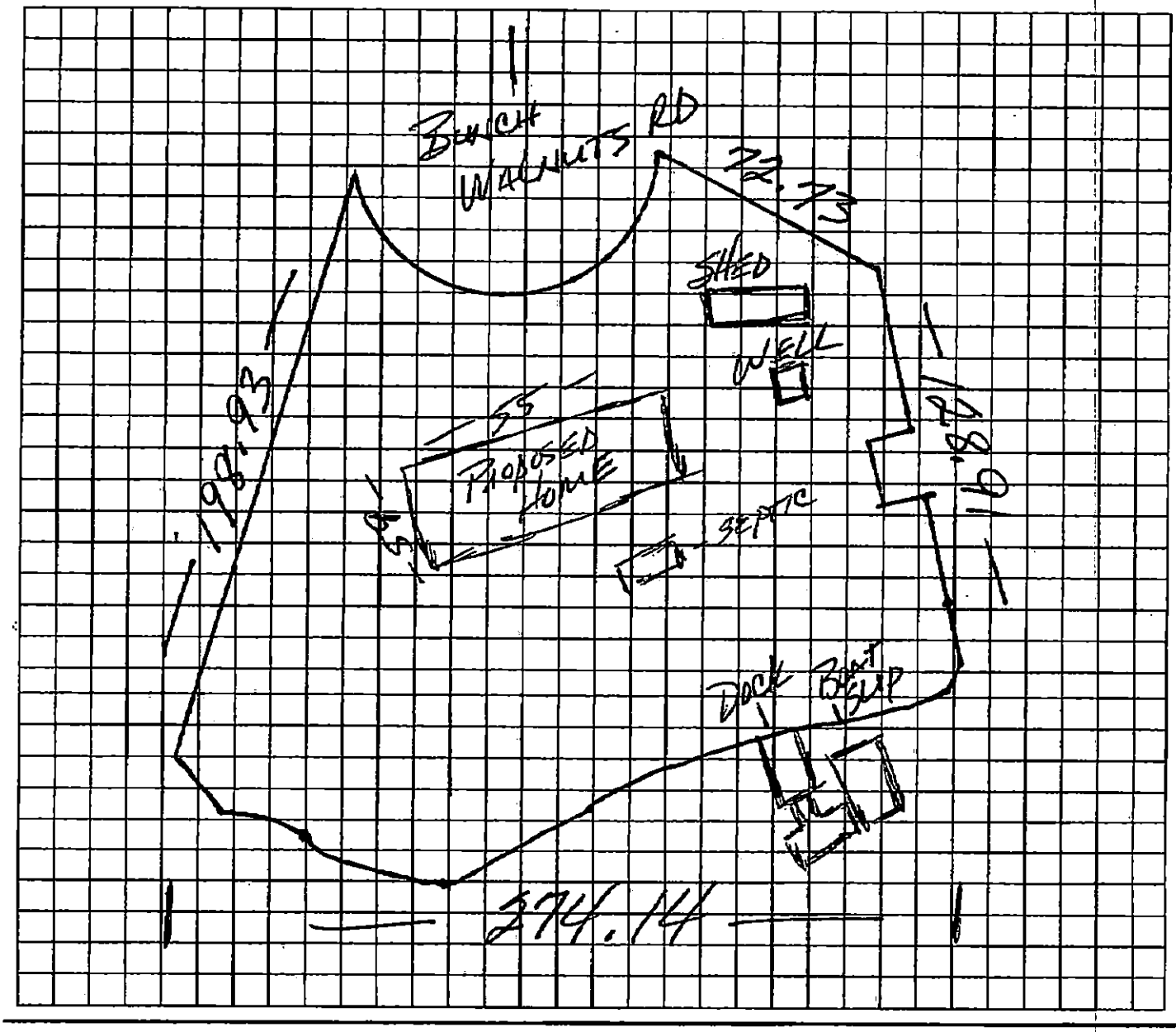
Revised on: 01/03/11

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: 11621 BUNCH WALNUTS RD Tax Parcel #: 21722218



"The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

OK to use existing system for 3 bedroom home

Joshua R. Sellers 04-28-14

REHS Signature Date

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

Revised on: 01/03/11

Date Received 4 3 23

APT No. 5906

T C No 217-131-03 E

Map Date 2 14 23

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CRUSE (LAST) William (FIRST) RoBerT (MIDDLE)

2) ADDRESS OF OWNER Rt. 1, Box 125 B, Pineville, N. C. ZIP 28134

3) PHONE NO. Home 588-0242 Office None

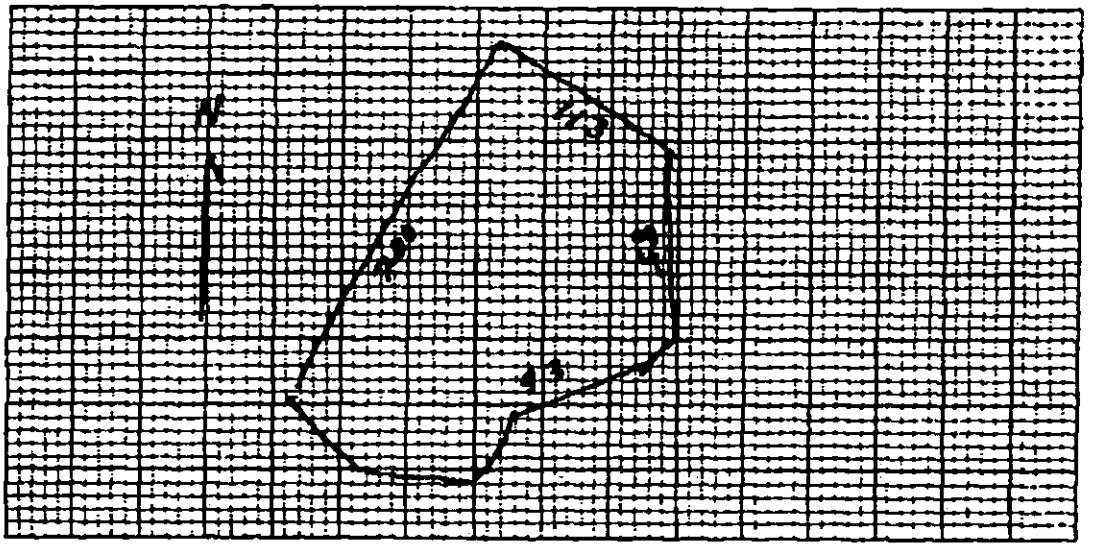
4) LOCATION OF PROPERTY Red Fox Club Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 44 Section ~~BLOCK~~ NO. 42

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

William R. Cruse
OWNER

FORM NO. E-1-11-1-78

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No 5906
P.O.
T C No. 217-131-03 E

Date Issued April 4, 1973

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

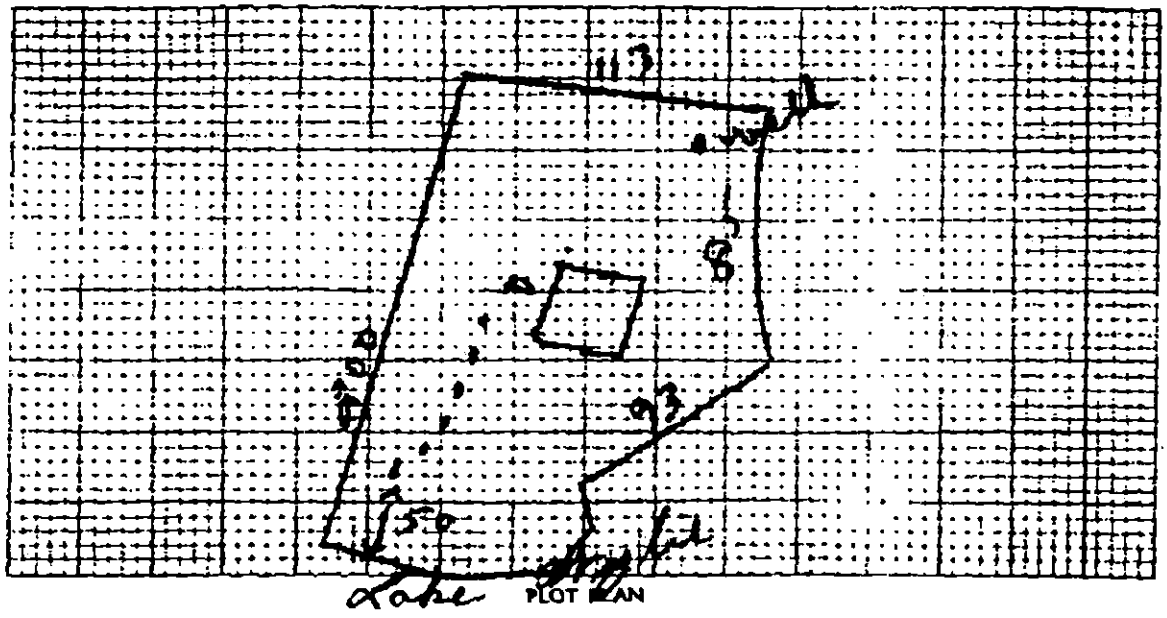
PERCOLATION TEST REPORT

NAME OF OWNER Cruse (LAST) William (FIRST) Robert (MIDDLE)

ADDRESS OF OWNER Route 1, Box 125-B, Pineville, N.C. ZIP 28134

LOCATION OF PROPERTY Red Fez Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 44 BLOCK NO Section 42



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot

The percolation rate determined by the test was 58 min/in The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater teratment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

John R. Robinson

Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4-3-73

ICAR(S) Application No 5906

T C No 217-131-03E

Map Date 2-14-73

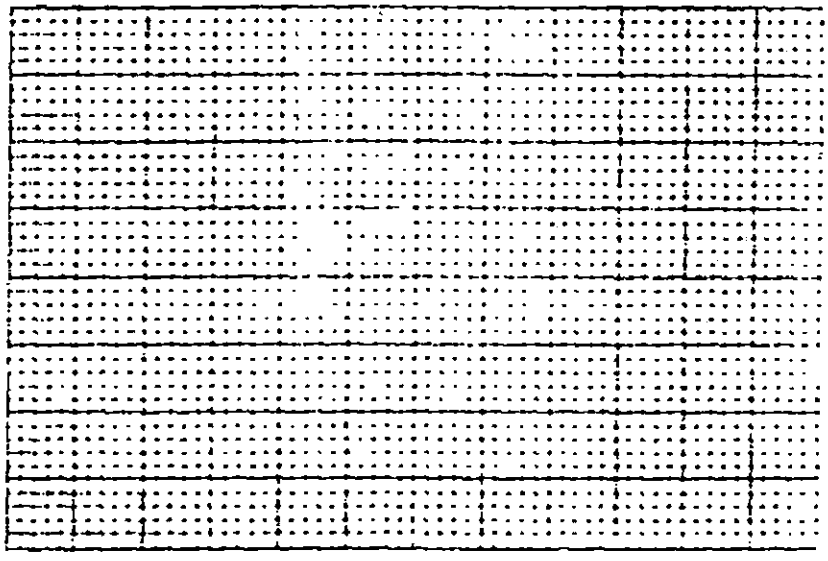
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) X Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4 No of Bedroom 1

5 Business Use - Max No Employees

6 Washing Machine Yes ✓ No

7 Garbage Disposer Yes ✓ No

8 Dishwasher Yes ✓ No

9 Water Supply
A Individual well ✓
B Government system
C Community system
1 Well owned
2 Government

Sewage System
Private septic tank & absorption field
or public sewer Yes ✓ No
Private septic tank & absorption field
community sewer Yes ✓ No

11 FHA Case No

12 VA Case No

13) NAME OF OWNER Crouse (LAST) William (FIRST) Robert (MIDDLE)

14) ADDRESS OF OWNER Rt 6, Box 125 B, Pineville N.C. 28134

15) PHONE NO Home 588-0242 Office None

16) LOCATION OF SYSTEM Red Fox Club Road (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 44 Section Block No. 42

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? _____ YES _____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION

William R. Crouse
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 4, 1973

Serial No. 2694

LA No. 5906
P.O.
T. C. No. 217-131-03 E

Map Date 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Cruse (LAST) William (FIRST) Robert (MIDDLE)

ADDRESS OF OWNER Route 1, Box 125-B, Pineville, N.C. ZIP 28134

LOCATION OF LOT Red Fez Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 44 BLOCK NO. Section 42

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 58 min/in on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 5906. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

John R. Atkinson
Environmentalist

R. L. McMillan
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 5/1/73 Serial No. 3640 ICAR(S) Permit No. 5906

T. C. P. No. 2-12-131-036

Map Date 2-16-73

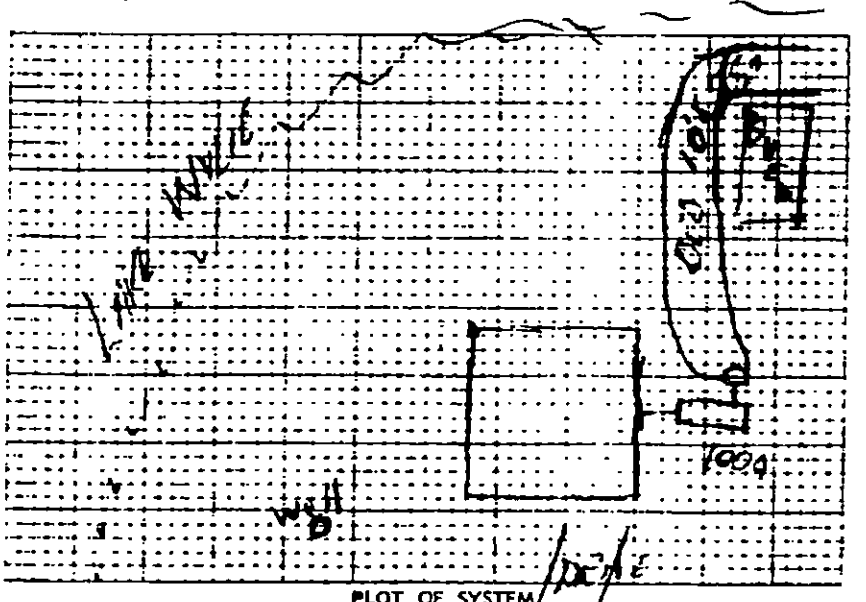
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X 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 application 5906 dated 4-3-73 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before May 1, 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 58

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 300

Number of Lines 4

Distance from House 10'

Distance from Property Line 10' Rear

Distance from Well 50' Up Hill

NAME OF OWNER William H. Cruse

LOCATION OF PROPERTY Red Fox Club Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used

Comments: C. H. Allen 5/3/73

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO E-5-4-1-71

...MENTS COPY

Date Issued 5/4/73

Serial No. 3282

C of A (s) No. 5906

T. C. No. 217-131-035

Map Date 2/14/73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner CRUSE (LAST) William (FIRST) P. (MIDDLE)

Location of Property RED FOX CLUB RD.

Application Number 5906 Permit Number 5906

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300 Number of Lines 4

Depth of Filter Material 17" Cover Depth 12"-18"

Water Supply Source Ind Well Distance from Water Source 65'

Excavation Inspected 5/4/73 (DATE) Tank Inspected 5/4/73 (DATE)

Nitrification Field Inspected 5/4/73 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments: C.H. HILLEN 45' TO 'L' THEN 36"

L R Bingham
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8/15/78

ICAR(S) Application No 5906

T C No. 217-222-12

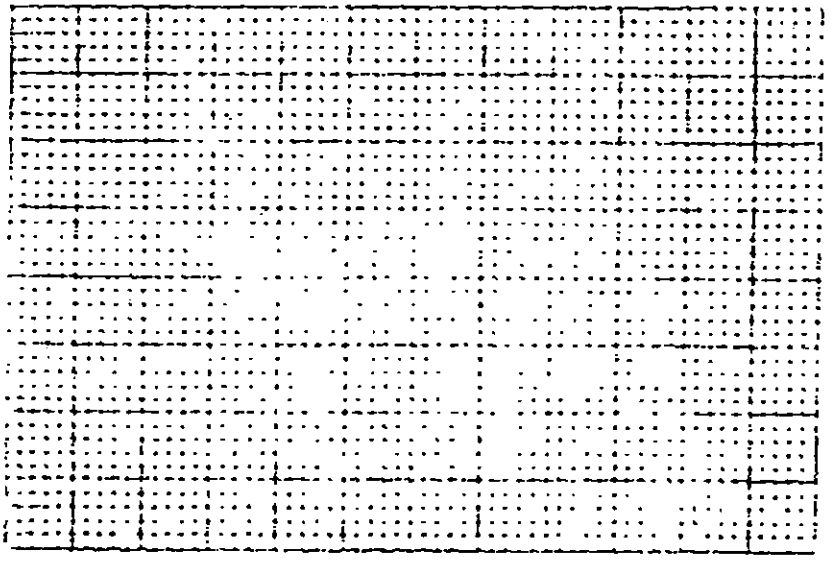
Map Date 8-6-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to Adding McAdden Annex

1) Install or Construct 2) N/A Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home X Yes ___ No
Residence ___ Yes ___ No

5) No of Bedrooms 3

6) Business Use – Max No Employees ___

7) Washing Machine ✓ Yes ___ No

8) Garbage Disposal ___ Yes ✓ No

9) Dishwasher ___ Yes ✓ No

10) Water Supply
A Individual Well ✓
B Governmental System ___
C Community System
1 Well Source ___
2 Governmental Source ___

11) Sewage System
House located within 200 feet of public sewer ___ Yes ___ No
House located within 200 feet of community sewer ___ Yes ___ No

12) FHA Case No ___

13) VA Case No ___

1 Existing 1 Replacing 3 Bdrms

(13) NAME OF OWNER CRUSE (LAST) William (FIRST) ROBERT (MIDDLE)

(14) ADDRESS OF OWNER Rt. 1, Box 125 B, Rd Fox Chase Rd, Pineville NC 28134

(15) PHONE NO Home 588-0242 Office 333-8702

(16) LOCATION OF SYSTEM off Rd Fox Chase Rd, on Bright Cove, between R2 & R3 roads.
(STREET OR COUNTY ROAD)

(17) SUBDIVISION ___ Lot No 44 Sect/Block No 42

Map Book No 15 Page No. 504

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___
1000 gal tank 300' line in 1973

19) HAS A SOIL INVESTIGATION BEEN RUN? YES NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

8/15/78
DATE OF APPLICATION

William R. Cruse
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 2126

LA No. 5906

Date Issued 8/15/78

T. C. No. 217-222-18

Map Date 8-6-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Cruse (LAST) William (FIRST) Robert (MIDDLE)

ADDRESS OF OWNER Route 1, Box 125 B, Red Fez Club Road, Pineville, N. C. 28134

LOCATION OF LOT Bunch Walnuts Road (STREET OR COUNTY ROAD)

SUBDIVISION Lake Wylie LOT NO. 44 BLOCK NO. Sect. 42

MAP BOOK NO. 15 PAGE NO. 506

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 5906. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

*May use existing system to add Modular home

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

North Carolina Department of Health and Human Services
Division of Public Health

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Penelope Slade-Sawyer
Division Director

Onsite Water Protection Branch
April 25, 2014

Robert D. Kaylor
6639 Fairhope Ct
Charlotte, NC 28277

Re: Approval No. JMB362

Private Well Located Less than 25' from Building Perimeter [Rule 15A NCAC 2C .0107(a)(2)(M)]

Property location:
16421 Bunch Walnuts Rd
Charlotte, NC 28278

Dear Mr. Kaylor:

On April 17, 2014 the On-site Water Protection Branch received your request for a variance from the Well Construction standards, Title 15A North Carolina Administrative Code Subchapter 2C .0100. The request for a variance concerns a water supply well on the referenced property that currently serves a single family dwelling and that home will be replaced with a new home that will be within twenty five feet of the well,

Specifically, the variance request grants you permission to use an existing water supply well at a distance closer than the twenty five foot setback to a building perimeter. Achieving the twenty five foot setback would be difficult given the challenges of the property.

Based upon information provided by the Mecklenburg County Health Department and the property owner, it is my finding that based upon current conditions as the site exist today (as well as the current proposal for use of the structure) you meet the conditions necessary for approval of a variance as specified by 15A NCAC .0118 (a) (1) and (2). On that basis and if the following conditions are met, the requested variance is approved:

1) The well/wellhead shall meet all current 2C. 0100 standards, including but not limited to being **properly grouted**, terminated at least 12" above land surface, properly sealed, having a thread-less sample tap etc.
2) The well shall be sampled for the same parameters of a newly constructed well. If samples indicate contaminants, further repairs/treatment may be required.
3) No potential sources of groundwater contamination shall be stored near the well-head.
4) No termite treatment shall be applied within twenty five feet of the well unless alternative methods are approved by the health department.

The granting of this variance is for the well location only. It in no way relieves the owner or agent from other requirements of the North Carolina Well Construction Standards including, but not limited to the requirements in 15A NCAC 2C .0113(b) to repair or to abandon any well which acts as a source or channel for the migration of contamination. This approval does not imply sufficient water quality. Further, the approval does not relieve your responsibility to comply with any other applicable Federal, State, or local laws or regulations.

If you have any questions regarding this variance, please contact me at (828) 713-3335.

Sincerely,

John Brooks

John M. Brooks R.E.H.S, MS

North Carolina Department of Health and Human Services

Division of Public Health

1931 Mail Service Center • Raleigh, North Carolina 27699-1931

Beverly Eaves Perdue, Governor
Lanier Cansler, Secretary

Jeffrey P. Engel, M.D.
State Health Director

Application for a Variance to the 2C.0100 Well Construction Standards

1. Name of well/property owner: Robert P. Kaylor
   Mailing Address: 6639 Fair Hope Ct. Charlotte, NC 28277
   Telephone Number(s): (704) 846-9427 (C) (910) 263-3281

2. Location of proposed well: 16421 Bunch Walnuts Rd.
   Parcel ID# 21722218 (road, community, subdivision, lot number, etc.)
   Address: 16421 Bunch Walnuts Rd Charlotte NC 28278
   County: Mecklenburg Parcel ID Number: 21722218

3. Purpose (circle one): (private drinking water supply) / irrigation
4. Name of Drilling Contractor & Company:
   Certification No.: _____ Telephone Number(s):
   Address:

5. Reason for Variance Request (cite setback or section of 2C that will be varied from): Resident would like to remove existing home and replace with a new home. Existing home is 14ft. from well new home would be 15ft.

Provide the following information as attachments to this application:

1. A map showing general location of the property (include road names, NC State Route number, distances, any key landmarks) to aid in finding the well location.
2. Detailed site map with scale showing location of proposed well relevant to septic system(s), building foundations, property lines, water bodies, potential sources of contamination, other wells, etc.
3. Submit a copy of the local well permit application and site evaluation map.
4. Any other information relevant to the variance request (i.e. a well construction diagram showing proposed well liner or atypical construction materials/methods).

Robert Kaylor

Signature of Well/Property Owner **Date**

Joshua R. Sellers R.S. 3-24-14

Signature of Environmental Health Specialist **Date**

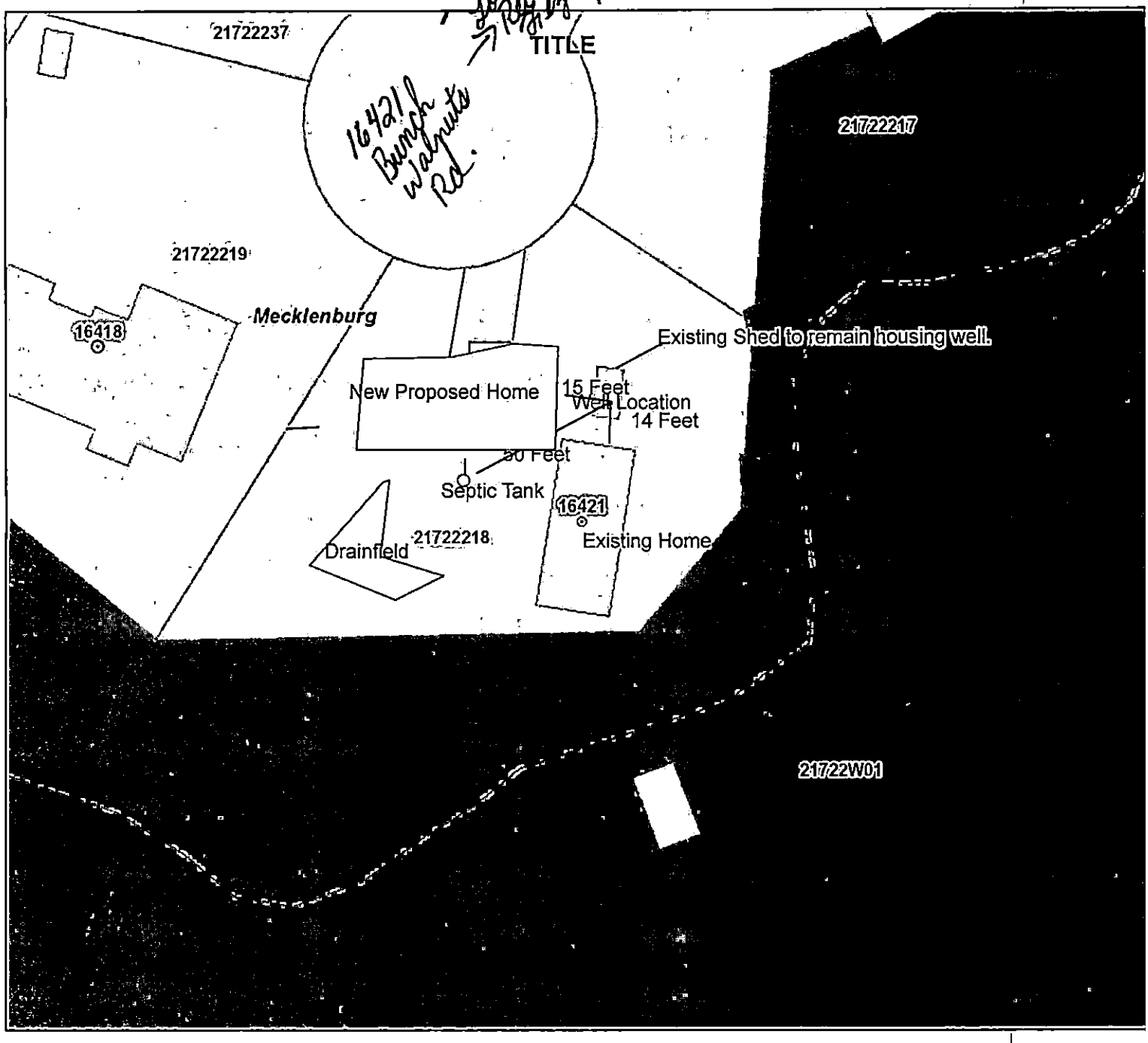
By 15A NCAC 2C .0118, the Division of Public Health may require submittal of information deemed necessary to make a decision on the variance, may impose conditions as part of the decision, and shall respond to the request within 30 days of receipt. If the applicant is dissatisfied with the variance decision, it may be contested by filing a petition under G.S. 150B-23 within 60 days after receipt of the decision.

Approval of a variance will require that additional construction requirements beyond those specified in 15A NCAC 2C .0107 be met.

NCPH North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.

dhhs

On-site Water Protection Branch– Ted Lyon, Head
1642 Mail Service Center, Raleigh, North Carolina 27699-1642
Phone: 919-733-2895 \ FAX: 919-715-3227 \ Internet: www.deh.enr.state.nc.us/oswp_new/new1/index.htm



Well Permit Plot Plan

Permit # ~~10000894~~ File# ~~8894B~~ PID#~~20938219~~

ADDRESS: ~~6406 Eagle Glenn~~
~~Charlotte, NC 28210~~

Owner /Legal Agent (Print Name) Date

Signature

Authorized Agent (Print Name) Date

Signature

WEll Setbacks :
>10 Feet From Property Lines Unless Noted
> 25 Feet From Building Foundation and sewer Tap
>50 Feet From Surface Water and Retention Ponds
>100 Feet From Sanitary Sewer Lines/Septic systems (in no case <50 Feet)
Well Location Must Be Outside :
Utility Right of Way/Easement/Swim Buffer/Fema Floodplain/Communtiy Flood Hazard

Map Created By:Joshua R. Sellers R.S.
Date:03/07/14

0 0.005 0.01 0.02 Miles

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/17/14
Receipt #: 87381
Check / Auth #: VISA 131927
Received By: SADERLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: KAYLOR ROBERT
Attn:
Address: 6639 FAIRHOPE CT
Address:
City/State/Zip: CHARLOTTE, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 16421 BUNCH WALNUTS RD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
640.00	380.00	295.00		889.65	