

2624 SADLER RD

11327127

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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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 #: 3249B Permit #: _____ Tax Parcel #: 113-271-27

Property Owner: Marsat

Job Location Address: 2624 Sadler Rd

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 8/15/06 Contractor Name: Steve Autry

Permitted Design Flow: ~~360~~ GPD

Liquid Capacity of Septic Tank: N/A gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: Barnes 1/2 hp

Drainfield Installation ☐ N/A

Trench Depth: 30-40" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ 60, 60, 70, 70, 30 feet

Depth of Media: 12" inches (Type) S2 Flow

Depth of Cover: 20" inches

Distribution Device: Drop Boxes

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >25' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: >50' feet

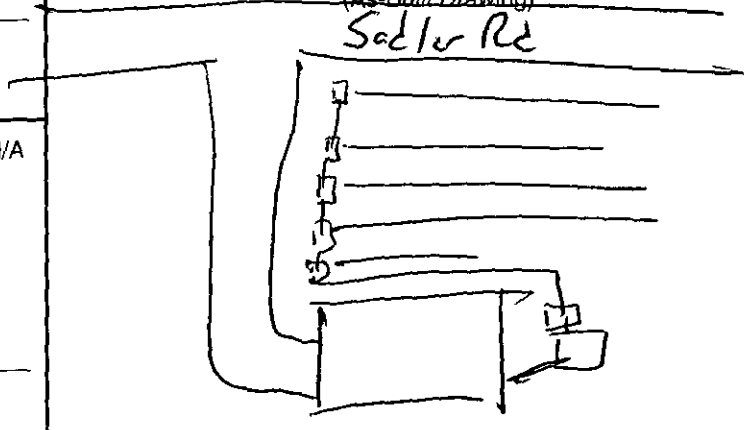
Inspection Dates

Tank(s) Inspected: 8/15/06

Excavation Inspected: 8/15/06

Pump & Controls Inspected: 8/15/06

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



- Repair
- Installed New 1000 gal pump tank
- Existing Septic TANK
- Barnes 1/2hp pump

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: IIIbg

DENR Authorized Agent: Zach Peter Signature: Mark J. Peters ESHS

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 #: 3249B Permit #: _____ Tax Parcel #: 113-271-27

Property Owner: Margaret Thomas

Job Location Address: ~~17204 Nr~~ 2624 Sadler Rd

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 8/14/06

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 9/14/06, 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: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: N/A Existing gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30-48" inches

Trench Width: 3' feet

Line Spacing: 9 feet (O.C.)

Total line length: 290' feet

# of Lines: 5 @ 60, 60, 70, 70, 30 feet

Depth of Media: 12 inches (Type) EZ Flow Chamber

Distribution Device: Drop Boxes

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

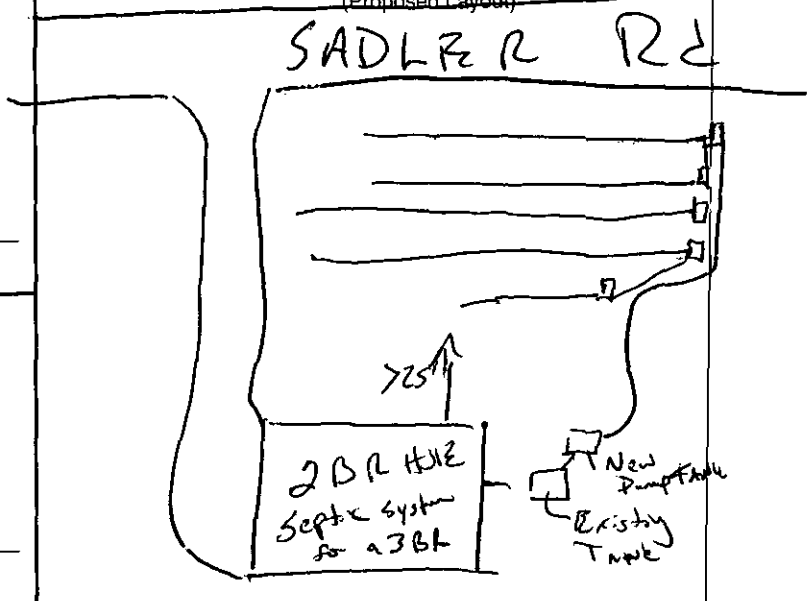
Minimum System Setbacks

Distance from Building Foundation: >25' feet Top of House

Distance from Property Line: >10' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



- Install New TANK (Pump)
- Drop Boxes
- 290' of line.

Comments: System Classification & Type: III 6s

DENR Authorized Agent: Zach Peterson Signature: [signature] ES/KS

#1221

GWS -- RES. APP 07/05

SEPTIC FEE: _____
DATE: _____
CRT [ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 3249B

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

WELL / TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT 2 inch

JOB LOCATION INFORMATION:

TAX/PARCEL #: 113-27-27
STREET ADDRESS: 2624 Sadler Rd
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 40 Sec C

TOWNSHIP:
☑ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL 1943

BUILDING INFORMATION:

TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 1500
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS 'N THE RESIDENCE:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Margaret Thomas
ADDRESS: 17204 North Meadowview Ct.
CITY: 9 Mile Falls, WA.
STATE: WA ZIP: 99026
HOME PHONE: 7042878358 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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

Margaret Thomas 7-31-06
Owner's/Agent's Signature Date

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

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

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6834

JK

DK00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P/O 50' ch 104 8/1/94 DK CRT

3249B

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: THOMAS (last) MARGARET (first) R (mi)
ADDRESS: 2624 Sadler PHONE: (704) 399-9466
CITY: Charlotte STATE: NC ZIPCODE: 28208

Date:

PROPERTY OWNER:
NAME: THOMAS (last) MARGARET (first) R (mi)
ADDRESS: 2624 Sadler Rd PHONE: 704-399-9466
CITY: Charlotte STATE: NC ZIPCODE: 28208

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-271-27
STREET ADDRESS: 2624 Sadler Rd
Charlotte, NC 28208
ZONING: R-5

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Mutate Con
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[X] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: Margaret R Thomas Date: 4 Aug 1994

NOTICE:

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 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.

...May use existing system to add utility room with plumbing for washer

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Lindsay Kuss R.S. 8/10/94
Environmentalist Date

D Newell for S. David 8/25/94
Director or Authorized Section Head Date

WATER : 122791

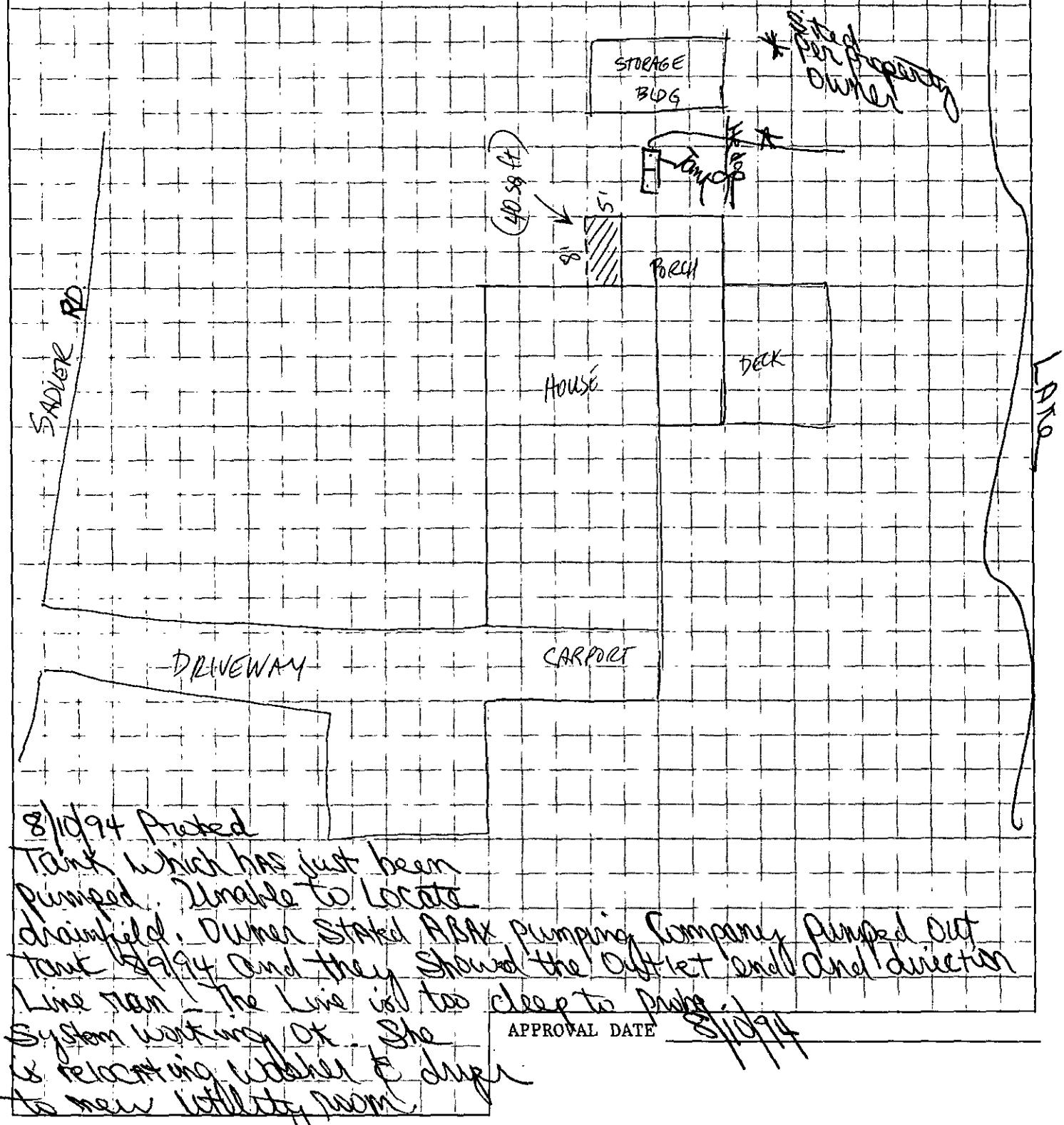
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3248

TC: 113-27-27

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



8/10/94 Probed Tank which has just been Pumped. Unable to locate drainfield. Owner Stated ABAX pumping Company Pumped out tank 8/9/94 and they showed the Outlet end and direction Line ran. The Line is too deep to probe. System working OK. She is relocating Washer & dryer to new Utility room.

APPROVAL DATE 8/10/94

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	THOMAS RESIDENCE **Name of Establishment**	3249B **Permit/Project No.**
2426 SADLER RD **Location**	RESIDENCE **Type of Establishment**	360 **Design Flow**
MARGARET THOMAS **Owner/Agent**	17204 N MEADOWVIEW **Address** NINE MILE FALLAS WA 99026	**Phone**
Operator	**Address**	**Phone**
IIIb **System Type**	7/12/11 **Date of Inspection**	7/12/16 **Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☐	☒	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☐	☐	☐	INACCESSIBLE
b. High-water alarm present and operating properly?	☐	☐	☐	"
c. Floats/pipe/valves/disconnects in good working condition?	☐	☐	☐	"
d. Control panel enclosure/components in good condition?	☐	☐	☐	"
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:
GOOD

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

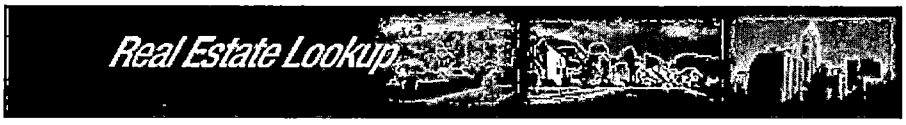
***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:
*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.
*Please visit http://groundwater.charmeck.org for additional information.

DATE: 7/12/11

SIGNED: Philo Walker RS AGENT
Division of Environmental Health

Printed Name: PHILO WALKER RS
Phone #: 704-336-5570



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
11327127	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
THOMAS MARGARET R	17204 N. MEADOWVIEW	NINE MILE FALLAS WA 99026

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L40 SEC 36 M18-44	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #1	0

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
95200	250000	11300	356500				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Jun 1 1994	122500		LIFE ESTATE	IMP	07798 - 409	DEED STAMPS	07798-409	EDWARDS E NORMAN &WF

Land Use

Use	Units	Type	Neighborhood	Assessment
R122	1.00	WF	L302	250000

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1943	2624 SADLER RD UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1.5 STORY	1	1670	1606	CRAWL SPACE	WOOD ON SHTG -	AVERAGE 03	95200

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	HEAT PUMP	ELECTRIC		AC-CENTRAL		2	2		0

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	880
1	PORCH - OPEN - FINISHED	64
1	PORCH - ENCLOSED - FINISHED (HEAT)	352
1	UPPER STORY - FINISHED	374

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 26.00%				

Notes

Tax Year	Notes	Note Date

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1943	STORAGE	1	13X20	1100
1	1943	BOAT RAMP	1	6X7	0
1	1943	BOATHOUSE	1	17X22	2400
1	2000	DECK	1	458	3100
1	2003	DOCK	1	15X20	3600
1	2003	PIER	1	4X30	1100

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	356500	0
Oct 13 2004	2004	Imp/Addn/Remod Completed for Tax Year	266300	0
Oct 13 2004	2004	Improvement/Addition/Remodeled Completed	266300	0
Mar 21 2003	2003	Countywide Revaluation	262800	0
Mar 15 2002	2002	Imp/Addn/Remod Completed for Tax Year	196210	
Mar 15 2002	2002	Improvement/Addition/Remodeled Completed	196210	
Apr 2 2001	2001	Bldg/Addn/Remod/Partially Completed	180400	
Apr 2 2001	2001	Building Partially Complete	180400	
Jan 5 1998	1998	Countywide Revaluation	176680	
Apr 14 1995	1995	Remodeled and/or New Addition	154410	
Apr 14 1995	1995	Remodeled Improvements and/or New Additi	154410	
Mar 18 1994	1994	Reviewed - No change in value	154410	
Jan 2 1991	1991	Countywide Revaluation	154410	

38247

Mecklenburg County Groundwater & Wastewater Services
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NC DENR
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City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 8/15/06 Contractor Name: Steve Autry

Permitted Design Flow: ~~N/A~~ 360 GPD

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Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: Barnes 1/2 hp

Drainfield Installation ☐ N/A

Trench Depth: 30-40" inches

Trench Width: 3 feet

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Depth of Media: 12" inches (Type) S2 Flow

Depth of Cover: 20" inches

Distribution Device: Drop Boxes

Inspection Dates

Tank(s) Inspected: 8/15/06

Excavation Inspected: 8/15/06

Pump & Controls Inspected: 8/15/06

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

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Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

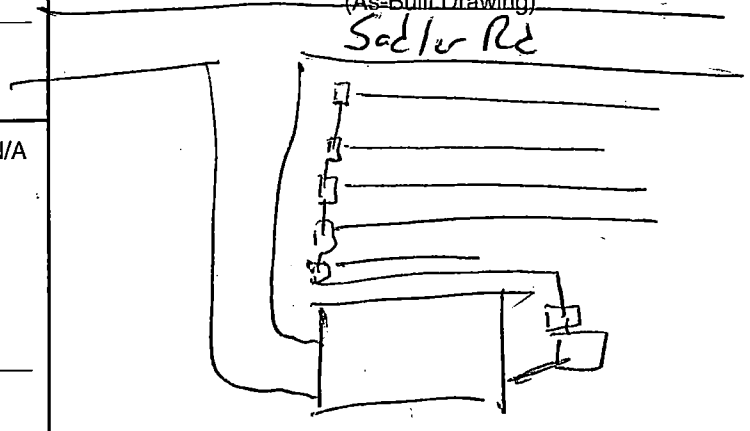
System Installation Setbacks

Distance from Building Foundation: >25' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



- Repair
- Installed New 1000 gal pump tank
- Existing Septic TANK
- Barnes 1/2hp pump

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: IIIbg

DENR Authorized Agent: Zach Potter Signature: Zach Potter ES/HS

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 #: 3249B Permit #: _____ Tax Parcel #: 113-271-27

Property Owner: Marsret

Job Location Address: 2624 Sadler Rd

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 8/15/06 Contractor Name: Steve Autry

Permitted Design Flow: ~~N/A~~ 360 GPD

Liquid Capacity of Septic Tank: N/A gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: Barnes 1/2 hp

Drainfield Installation ☐ N/A

Trench Depth: 30-40" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ 60, 60, 70, 70, 30 feet

Depth of Media: 12" inches (Type) #2 Flow

Depth of Cover: 20" inches

Distribution Device: Drop Boxes

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >25' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: >50' feet

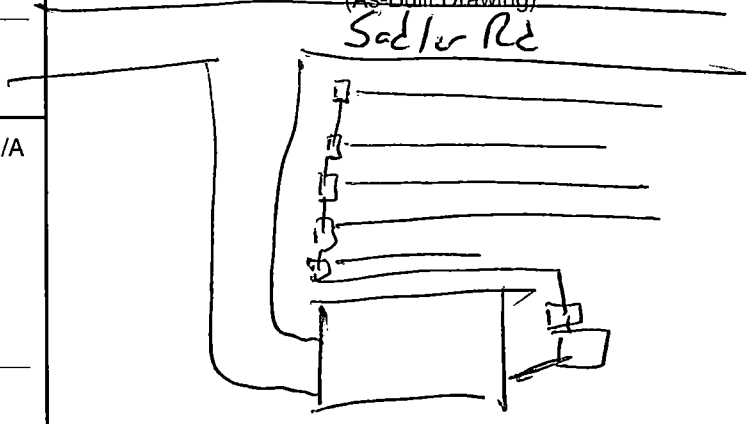
Inspection Dates

Tank(s) Inspected: 8/15/06

Excavation Inspected: 8/15/06

Pump & Controls Inspected: 8/15/06

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



- Repair
- Installed new 1000 gal pump tank
- Existing Septic TANK
- Barnes 1/2 hp pump

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Comments: System Classification & Type: III 6s

DENR Authorized Agent: Zach Peter Signature: Zach Peter EHS