App. #: 9915

Septic Fee: 300.00

Date: 9/19/2018

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY HEALTH DEPARTMENT GROUNDWATER & WASTEWATER SERVICES

Well Fee:

Date:

FILE # 4846B

SEPTIC / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ● ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ● N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 00743110 ☐ PO

STREET ADDRESS: 715 Davidson Run Rd

CITY: Davidson

STATE: NC ZIP: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 2

TOWNSHIP: MECKLENBURG

General Comments:

BUILDING INFORMATION:

TYPE OF BUILDING:

○ SINGLE MOBILE HOME (S) ○ MODULAR HOME (M)

○ DOUBLE WIDE (D) ○ MULTIPLE FAMILY (U)

● HOUSE (H) ○ OTHER

HEATED SQUARE FOOTAGE: 4966

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 12

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☑ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: 3

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ○ Yes ● No

TYPE:

WATER SUPPLY:

✓ MUNICIPAL PRIVATE WELL PUBLIC WELL SHARED WELL OTHER

PROPOSED USE OF WELL:

● N/A IRRIGATION POTABLE (Drinking Water) OTHER

PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST 5-LEAST DESIRED)*:

N/A ✓ ANY TYPE CONVENTIONAL ACCEPTED INNOVATIVE ALTERNATIVE OTHER

RANK:

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

BURIED CABLES, LANDFILLS, STUMPHOLES	● Yes ○ No	GRADING/SOIL REMOVAL PERFORMED	● Yes ○ No
EXISTING WASTEWATER SYSTEMS	● Yes ○ No	JURISDICTIONAL WETLANDS	○ Yes ● No
WELLS, SPRINGS, OR WATER LINES	● Yes ○ No	APPROVAL REQ'RD BY OTHER AGENCY	○ Yes ● No
EASEMENTS OR RIGHT-OF-	● Yes No	WASTEWATER OTHER THAN DOM. SEWAGE	Yes ● No

WAYS CHEMICAL/PETROLEUM STORAGE TANKS	○ Yes ◉ No	KNOWN UNDERGROUND CONTAMINATION	○ Yes ◉ No
WASTE STORAGE	○ Yes ◉ No	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ Yes ◉ No

PROPERTY OWNER:		**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**	
NAME:	Scott & Amy Dill	NAME:	Lloyd Hartsell
ADDRESS:	715 Davidson Run Ln	ADDRESS:	
CITY:	Davidson	CITY:	
STATE:	NORTH CAROLINA	STATE:	NORTH CAROLINA
ZIP:	28036	ZIP:	
HOME PHONE:		HOME PHONE:	
WORK:		WORK:	
MOBILE:		MOBILE:	704 363 5727
FAX:		FAX:	
EMAIL:		EMAIL:	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 11 / 28 / 2001 ☐ UNKNOWN

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

PRINT Update Go to Front Counter Duplicate

FEE: 200.00
DATE: 7/9/2021

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 4846B

PERMIT NUMBER: 4846B

PARCEL NUMBER: 00743110

JOB LOCATION INFORMATION

ADDRESS: 715 DAVIDSON RUN LN

CITY: DAVIDSON **STATE: NC** **ZIP:** 28036

ISSUED TO: SCOTT & AMY DILL

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 10/10/2018

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30009915, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature _____

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

Septic System Pre-Construction Meeting Checklist

File # 48462 App # 30009915 Tax Parcel # 007-431-10

Property Owner: Scott & Amy Dill

Job Location Address: 715 Davidson Run Lane

City: Davidson State: NC Zip Code: 28036

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

   ☒ YES ☐ NO

   Comments: _____

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☒ YES ☐ NO

   Comments: _____

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☒ YES ☐ NO

   Comments: _____

* If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Kim Garrett, REHS — Authorized Agent

12/4/18 — Date

Richard Abernathy — Others Present

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 48463 Permit #: 30009915 Tax Parcel #: 007-431-10

Property Owner: Scott & Amy Bill

Job Location Address: 715 Davidson Run Lane

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 12/5/18 **Contractor Name:** Richard Abernathy #1013

Permitted Design Flow: 720 GPD = 6 bedrooms KG Liquid Capacity of Dosing Tank: n/a gallons

Liquid Capacity of Septic Tank: 1500 gallons existing Manufacture n/a Effluent Pump Model: n/a

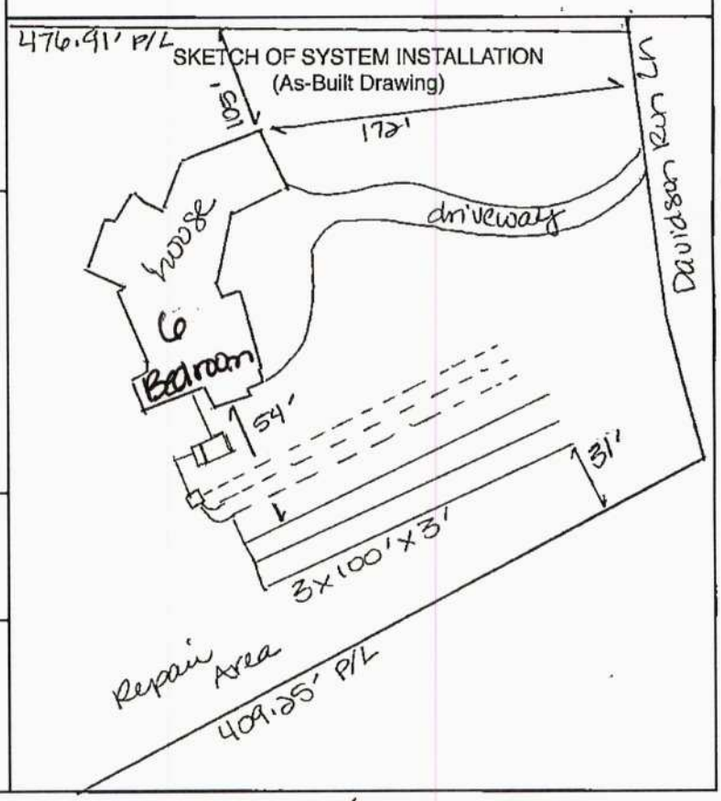
Drainfield Installation ☐ N/A
- Trench Depth: 36 inches
- Trench Width: 3 feet
- Line Spacing: 9 feet (O.C.)
- Total line length: 300 feet
- # of Lines: 3 @ 100 feet
- Depth of Media: 18 inches (Type) chambers
- Depth of Cover: 24 inches
- Distribution Device: D-box, end caps

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: >10 feet
- Distance from Property Line: >10 feet
- Distance from Water Supply Source: >10 city water feet

Inspection Dates
- Tank(s) Inspected: n/a
- Excavation Inspected: 12/5/18
- Pump & Controls Inspected: n/a



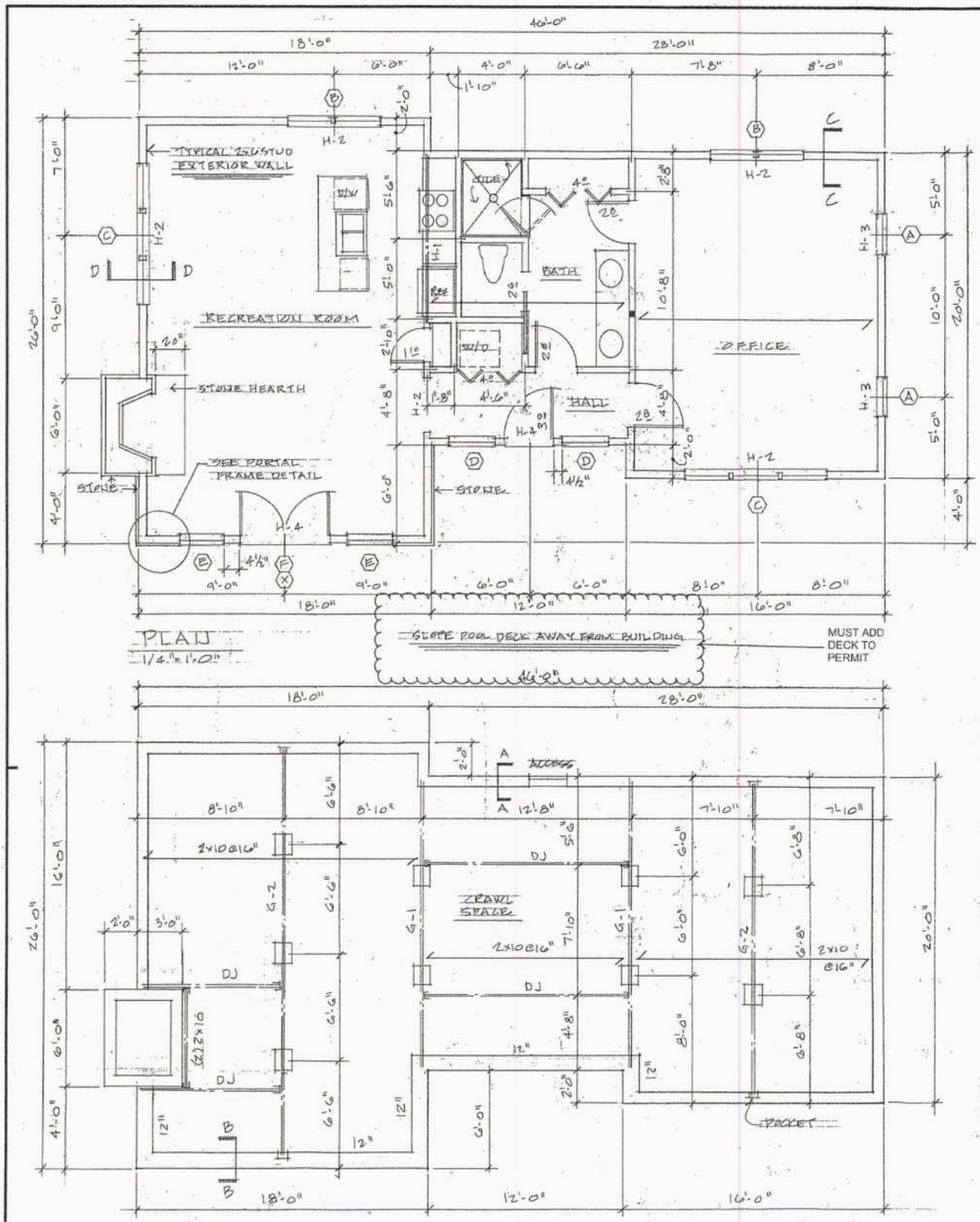
The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" 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 operated properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments" This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

Comments: System Classification & Type: IIIg, EQ4, gravity, n/a, n/a

note: Speed levelers in D-box

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS



APPROVED AS NOTED

REVIEWED FOR COMPLIANCE WITH THE 2012 NC RESIDENTIAL CODE. THIS AUTHORIZATION SHALL NOT BE CONSTRUED TO PERMIT ANY VIOLATIONS OF LOCAL, STATE, OR FEDERAL LAWS.

PLANS REVIEWED BY:

Dwayne A. Hayward
09/28/2016

Crawl Space

This is a closed crawl space in accordance with the requirements of 2012 NC Residential Code Section R409, particularly the provision of moisture vapor control per R409.5

Window Schedule

	W x H	
A	2-8 x 5-0	Single Casement *
B	(2) 3-0 x 6-0	Double Casement
C	(3) 3-0 x 6-0	Triple Casement
D	3-0 x 6-0	Fixed
E	3-0 x 6-0	Fixed
F	(4) 3-0 x 2-0	Fixed transoms over E and X
G	3-0 diameter	Circular fixed window
X	6-0 x 7-0	Double Patio Door

* Emergency exit.

Windows and doors to match existing house. Sizes are nominal, depending on manufacturer.

Provide Lo-E glass, screens, operating hardware. Provide tempered glass and fall protection devices where required by Code.

See elevations for handing.