


9407 SNOW RIDGE LN

14111136

5/9/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
*Barcode Font = IDAutomationHC39M*

# MECKLENBURG COUNTY

## Land Use & Environmental Services Agency
## Groundwater & Wastewater Services

December 5, 2008

Rahul Bhushan
9407 Snow Ridge Lane
Charlotte, NC 28278

Dear Property Owner:

Re: Septic System Inspection

Enclosed you should find a copy of the report for the septic system inspection conducted at 9407 Snow Ridge Lane on December 4, 2008.

If you have questions regarding the report please contact me at (704) 353-0139.

Sincerely,

Chris Sherrill, RS
Environmental Specialist

Enclosures (1):

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

## Inspection of Engineered Subsurface Wastewater System

| | | |
|---|---|---|
| Mecklenburg County<br>**Health Department** | Bhusan Residence<br>**Name of Establishment** | 3472A<br>**Permit/Project No.** |
| 9407 Snow Ridge Rd<br>**Location** | Residence<br>**Type of Establishment** | 360 gpd<br>**Design Flow** |
| Rahul Bhusan<br>**Owner/Agent** | **Address** | **Phone** |
| **Operator** | **Address** | **Phone** |
| IIIb<br>**System Type** | 12/4/08<br>**Date of Inspection** | 12/2013<br>**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? | ☒ | ☐ | ☐ | |
| 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:**

Compliant

**SUMMARY OF REPAIRS REQUIRED AT THIS TIME:**

Mow vegetation around pump tank riser.

Cobwebs found in control panel. Keep box accessible and use preferred tar sealant around conduit wires exiting panel.

***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: 12/5/08

SIGNED: _____ AGENT

Division of Environmental Health

Printed Name: Chris Sherrill, RS, LSS

Phone #: 704-353-0139

MECKLENBURG COUNTY HEALTH DEPARTMENT
*Environmental Health Division*
*Groundwater & Wastewater Services*

May 27, 2005

Constance Rogers
9407 Snow Ridge Lane
Charlotte, NC 28208

Dear Ms. Rogers:

Re: Bacteriological Well Sample Results / Septic Inspection Report

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 9407 Snow Ridge Lane on May 23, 2005. The laboratory analysis of the well water sample was reported to be NEGATIVE for total coliform bacteria.

Enclosed you should also find a copy of the report for the septic system inspection that was conducted on May 23, 2005.

Please contact me at (704) 336-5568 if you have any questions.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosures: (2)

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

**Laboratory Analysis Report**
Report Date/Time: 5/26/2005 13:58

# LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY #: 05050463

| Sample ID | Location Description | Collection Type | Sample Date/Time | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Parameter | | Result | Units | RL | Method | Start Date/Time | Analyst |
| AB37370 | GWS-3472A | Grab | 5/23/2005 | 10:20 | | | | |
| | **Total Coliform** | | **absent** | **P/A** | | SM 9223B | 5/24/2005 10:35 | KEK |
| | Comment: | | | | | | | |
| AB37370 | GWS-3472A | Grab | 5/23/2005 | 10:20 | | | | |
| | **E. COLI-PA** | | **absent** | **P/A** | | SM 9223B | 5/24/2005 10:35 | KEK |
| | Comment: | | | | | | | |

Laboratory Supervisor: WKONeQ / KGB

Laboratory Certifications:McAlpine N.C.DENR Cert No.148; Brookshire N.C.DENR Cert No.162; Hal Marshall N.C.DENR Cert No. 192, N.C.DHHS Laboratory No.37527

# CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

**Hal Marshall Laboratory,** 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

## CHAIN OF CUSTODY RECORD



CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 9407 Snow Ridge Ln., Charlotte, NC 28208

LAB CODE (circle one): REAL PRIV NEW TNC MPL (PME) OTHER

**Send Report To:** Trevor Thomason
700N Tryon St. Ste. 205
Charlotte, NC 28202

COC#: 05050463

Sampled By (Print Name): Trevor Thomason

AB31372

| SAMPLE ID | Sample Collector's Initials | Sample Collection: Begin Date and Time | Sample Collection: End Date and Time | Chlorinated System | Sample Temperature: Collection Temp | Sample Temperature: Receipt Temp | Sample Type: Depth Composite | Sample Type: Auto Composite | Sample Type: Hand Comp | Sample Type: Grab | Sample Containers: Plastic | Sample Containers: Glass | Sample Containers: # Containers | Chemical Preservative: None | Chemical Preservative: HNO3 | Chemical Preservative: H2SO4 | Chemical Preservative: NaOH | Chemical Preservative: HCl | Chemical Preservative: Na2S2O3 | Chemical Preservative: pH Correct | Analyses Requested: Total Coliform | Nitrate | Nitrite | Nitrate + Nitrite | Fluoride | Hardness | Metals | Fecal Coliform | Fecal Strep | Pest/PCB, EPA 608 | Herb, EPA 8151 | VOA, EPA 8260 | Semis, EPA 8270 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GWS-3472A | KT | 5/23/2005 10:20 | | N | | ICE | | | | X | 100 ml | | 1 | | | | | | X | X | X | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
|---|---|---|---|
| | | 5/24/05 | 0955 |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |

Form Revision 05; effective 03/15/2005

CODES: REAL=REAL ESTATE TRANSACTION PRIV=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR NEW=NEW WELL (PERMIT)

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

## Inspection of Engineered Subsurface Wastewater System

| | | |
|---|---|---|
| Mecklenburg County | Rogers Residence | 3472A |
| **Health Department** | **Name of Establishment** | **Permit/Project No.** |
| 9407 Snow Ridge Ln., Charlotte 28208 | 3-Bedroom House | 360 GPD |
| **Location** | **Type of Establishment** | **Design Flow** |
| Constance Rogers | Same as location address | (704) 877-9929 |
| **Owner/Agent** | **Address** | **Phone** |
| N/A | N/A | N/A |
| **Operator** | **Address** | **Phone** |
| IIIb | 5/23/2005 | May 2010 |
| **System Type** | **Date of Inspection** | **Next Inspection Due** |

| | Yes | No | N/A | Comments: |
|---|---|---|---|---|
| **1. ESTABLISHMENT:** | | | | |
| a. Type, size, and sewage flow in accordance with permit? | ☒ | ☐ | ☐ | 1. Small trickle into pump tank. Check toilets for leaks. |
| **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? ..... | ☒ | ☐ | ☐ | 3.a. Trim tree away from pump tank |
| b. Tanks and access manholes structurally sound, watertight? | ☒ | ☐ | ☐ | riser. |
| 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? | ☒ | ☐ | ☐ | 5.a. Measured <4" of solids in pump tank. |
| **A. PUMP SYSTEMS:** | | | | |
| a. Required pumps present, operating, and cycling properly? | ☒ | ☐ | ☐ | |
| 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? | ☒ | ☐ | ☐ | 5.A.d. Electrical conduit damaged. |
| 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? | ☐ | ☐ | ☒ | |

**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? | ☒ | ☐ | ☐ | 6.e. Keep grass mowed in drain field. |
| 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:**

No problems detected with system operation at the time of inspection.

No sewage observed on ground surface at time of inspection.

**SUMMARY OF REPAIRS REQUIRED AT THIS TIME:**

None

***REPAIR WITHIN N/A DAYS.**

**SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:**

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

1. Repair broken conduit at contol panel.

DATE: 5/24/2005

SIGNED: _____ AGENT

Division of Environmental Health

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 03/03/05 | **Amount:** | 85.00 |
| **Receipt #:** | 32971 | **Tendered:** | 85.00 |
| **Check / Auth #:** | CHECK 2457 | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** 200000
**Contractor:** ROGERS CONSTANCE
**Attn:**
**Address:** 9407 SNOW RIDGE LANE
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28278

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0743 | Hmeownr Maint Inspec-Type IIIB<br>FILE 3472A/PH 704-877-9929 | | 1 | 85.00 | 85.00 |

----------Outstanding Balances----------

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|

## Mecklenburg County

Agency: LUESA: Residential
700 N Tryon St
Charlotte, NC 28202

10/31/2002

To:
Elwood Thomas
Red Eyed Clothing
5817 Shinning Oak Ln
Charlotte, NC 28269

3972A
141-111-36 Lot 10
1993

Customer Project: 9407 Snow Ridge
Project Number: 14460
9407 Snow Ridge Ln
Mecklenburg, NC

**Re: Project Cancellation**

This letter serves to acknowledge that your project has been cancelled either per your request or due to extended inactivity. You may request a reactivation of this project by contacting the Coordinator during normal business hours. Requests for project reactivation must be completed before December 31st of this year.

Thank you,

Debbie Padgett

Project Coordinator
704-336-8983
padgedt@co.mecklenburg.nc.us

Acct. # X31244

AC

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

XT CRT

Paid 100 8/26/02

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202 3472A
(704)336-5102 Date printed

PERSON FILING APPLICATION: The Carolina Building Group

NAME: Fodd (last) Anthony (first) (mi)

company ADDRESS: 5810 Monroe Rd PHONE: (704) 331-9034

CITY: Chlt STATE: NC ZIPCODE: 28210

Date: 8/26/02 RJ

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 141.111.36

STREET ADDRESS:

ZONING:

PROPERTY OWNER:

NAME: Rogers (last) Constance (first) (mi)

ADDRESS: 9407 Snowridge Ln PHONE: (704) 588-1358

CITY: Chlt STATE: NC ZIPCODE: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Sunroom

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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

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)
☒ 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: Anthony Fodd Date: 8-23-02

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.

...System is ok to use for sunroom addition

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

Environmentalist 9/11/02 Date

WATER : 122791

1460

Placed into Brandon's box 8/26/02 3:30p RJ

Payment [redacted]

Debbie 63803

# *MECKLENBURG COUNTY*
# *LAND USE AND ENVIRONMENTAL SERVICES*
## *Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 08/26/02 | **Amount:** | 100.00 |
| **Receipt #:** | 10090 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | FOSTERV | | |

**Account Information**

**Account #:** X31244
**Contractor:** CAROLINA BUILDING GROUP INC
**Attn:**
**Address:** 1225 -H GRAPHIC COURT
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28206

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | MH Exc/Add/Repl w/o System Mod<br>~~5810 Monroe rd.~~ 9407 Snowridge Ln | | 1 | 100.00 | 100.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 1,154.13 | | | | | |

AUG-25-2000 16:34 MES PERMITS 704 336 3823

CAROLINA BUILDING GROUP

**RESIDENTIAL PLOT PLAN FOR INTERNET PERMIT APPLICATION**

**For Department Use**
PERMIT #

**LOCATION/SITE DATA**
9407 (N,S,E,W) SNOW RIDGE (Street Name) LN (Av,Rd,St)
Street #
Project/Subdivision Name _____ Phase _____ Section _____
Lot # _____ Block # _____ Land Area (sq. ft.) _____

**OWNER INFORMATION**
Owner: CONSTANCE ROGERS Address: 9407 SNOW RIDGE LN. Phone # 704 588-1358
City: CHARLOTTE State NC Zip 28278

**FOR DEPARTMENT USE**
Tax Parcel # _____ Tax Jurisdiction _____
Zoning _____ Juris _____ Map # _____ R/W _____
Special (Circle) C D N P S Flood Plain Yes Flood Elev _____ Fire Dist. Yes
Lot: Corner Through Front Street (if different) _____
Minimum Setbacks: Front _____ Left Side _____ Right Side _____ Rear _____
Remarks: _____

**PROJECT DATA**
Type Work:
New (Addition) Accessory

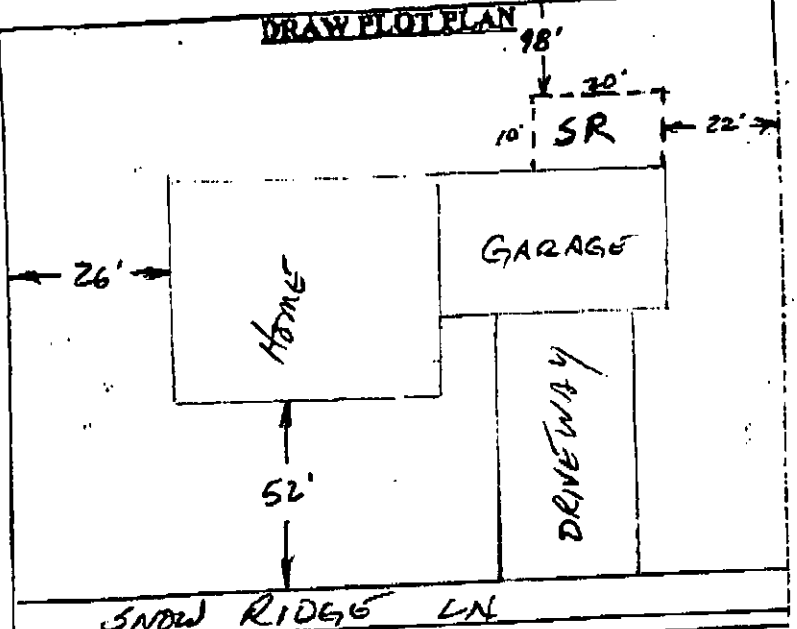
Project Description:
Single Family (detached)
Duplex Modular
Garage Other SCREEN ROOM

Area (sq. ft.):
Heated _____ Unheated 200'
Deck(s) _____

CAROLINA BUILDING GROUP

*Note: This plot plan must be faxed to 336-3823 before your Internet permit will be processed.*

**DRAW PLOT PLAN**




ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Eddie Thomas 08-23 EDDIE THOMAS Fax # 704 377 5764
Applicant's Signature Date Print Applicant's Name

MECKLENBURG COUNTY ENGINEERING & BUILDING STANDARDS DEPARTMENT
P. O. Box 31097, Charlotte, NC 28231-1097 • (704) 336-3803 • Fax # (704) 336-3823
Abbreviations: C = Conditional Use N = Non-Conforming S = Special Use Permit
D = Historic District P = Historic Property

For Department Use
Zoning Approved By
Initial Date

File # 3472A
T.C.# 141.111.36

# PROPOSED PLOT PLAN

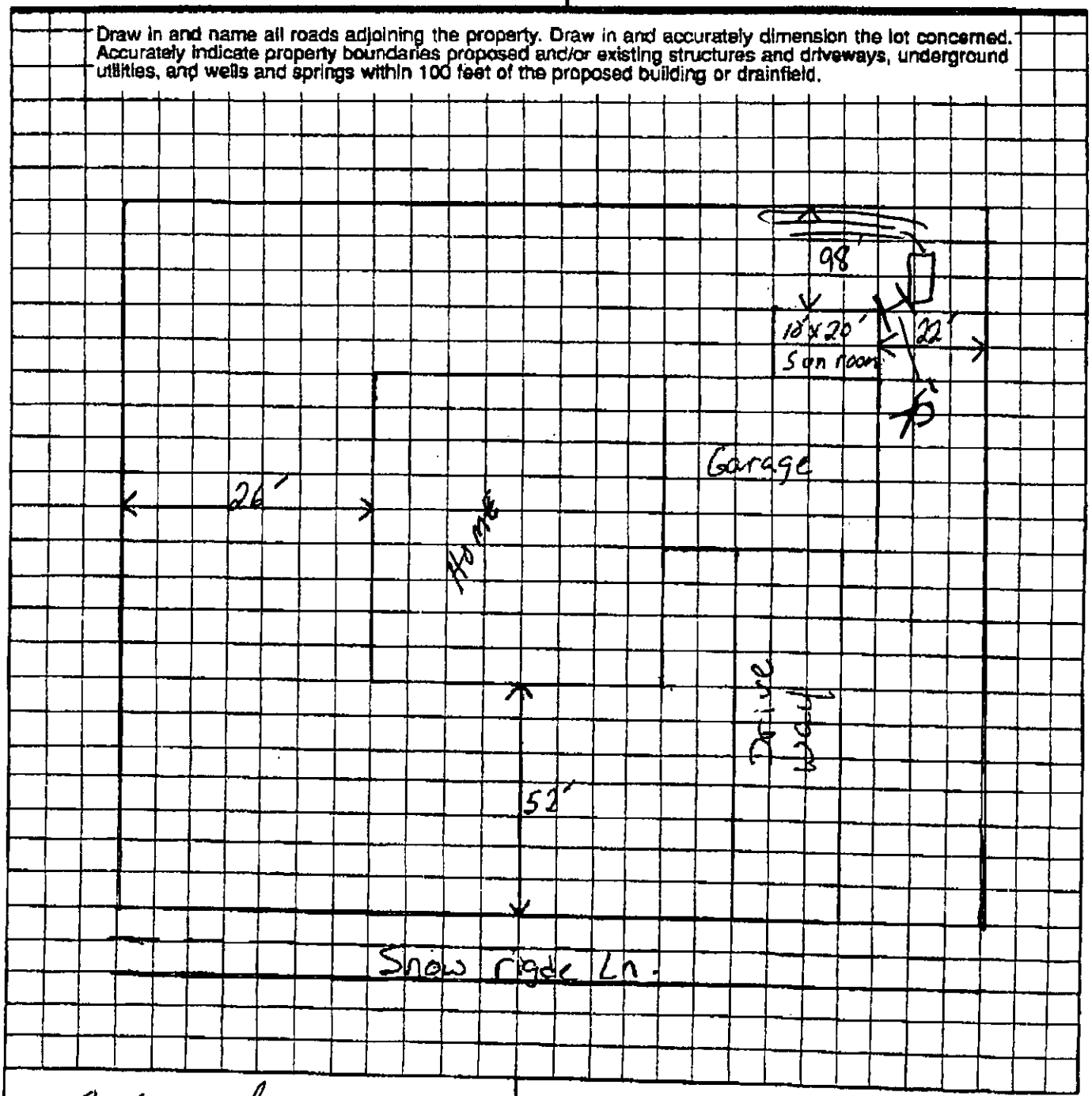
COPY

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

FILE: _____

TC: _____

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.




Country Food
OWNER/AGENT SIGNATURE

DATE 8-23-02

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

# Mecklenburg Country Public Health Laboratory

## Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

TTO inspection

## Microbiological Analyses

Owner, System or Establishment: Andrew Johnson

Address: 9407 Snow Ridge Lane

Charlotte, NC Zip: 28208

Collected By: L. Thompson

Date Collected: 3-8-99 Time: 12:15 AM PM

Sample Source: outside tap

Date Delvd. to Lab: 3-8-99 Time: 1:30 AM PM

Delivered By: L. Thompson ☒ Delivered on Ice Initials LBT

**Type of Sample**

***Potable Water***

☒ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

***Treatment*** ☐ Chlorinated ☒ Nonchlorinated

☒ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify)

***Nonpotable Water***

☐ Surface ☐ Monitoring Well

☐ Storm ☐ Other (specify)

***Analysis Requested:*** ☒ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify)

☐ Food Analysis (specify)

Comments:

## Laboratory Analysis Report

***Method:*** _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Absent / 100 ml.

Fecal Coliform absent / 100 ml.

Fecal Strep _____ / 100 ml.

Enterococcus _____ / 100 ml.

Non-Coliform _____ / 100 ml.

Plate Count _____ / gm. or ml.

Coliform Count _____ / gm. or ml.

Pseudomonas aeruginosa _____ / 100 ml.

***Laboratory Comments:***

Date Received: 3/8/99

Received By: TAB

Date Reported: 3-9-99

Analyst: DW/NEB Lab #: 892

Laboratory Identification #: 37518 DEHNR

#: 449 DWQ

L 1.14 1/92

Rev. 5/97

4319

White - Lab Report Copy

Yellow - Lab File Copy

Pd. 85.00
OK # 936
VW
3-3-99

# MAINTENANCE INSPECTION STATEMENT

# MECKLENBURG COUNTY HEALTH DEPARTMENT

**Andrew S. & Kerry K. N. Johnson**
**9407 Snow Ridge Lane**
**Charlotte, NC 28208**

**Please Make Check Payable To:**

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

***Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!***

## DESCRIPTION OF PROPERTY

| Name | Site Address | Tax Parcel | File Number | System Type |
|---|---|---|---|---|
| Andrew S. & Kerry K. N. Johnson | 9407 Snow Ridge Lane | 141-111-36 | 3472A | IIIB |
| | | | **Total Amount Due: $85.00** | |

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

## BILL INFORMATION

| Billing Date | Payment Due Date |
|---|---|
| 2/2/99 | 3/2/99 |

***Direct Questions Concerning This Bill To ..... (704) 336-5102***

☐ *Please check if you have a well.*

***Make Check Payable To Mecklenburg County Health Department***
***Your Canceled Check Is Your Receipt***

***DO NOT SEND CASH***

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

# INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg — Health Department
Name of Establishment: residence — Permit/Project No.: 3472A
Location: 9407 Snow Ridge Lane — Type of Establishment — Design Flow: 360gpd
Owner/Agent: Andrew S. Johnson, 9407 Snow Ridge Lane, Charlotte, NC — Address — Phone
Operator: N/A — Address — Phone
Remarks: LTP system

| | Yes | No | REMARKS |
|---|---|---|---|
| 1. ESTABLISHMENT: | | | |
| Type, size, and sewage flow in accordance with permit? | ☑ | ☐ | |
| 2. COLLECTION SYSTEM: | | | |
| No evidence of leaks into or out from sewer lines/manholes? | ☐ | ☐ | |
| Free of blockages/solids buildup in lines or manholes? | ☐ | ☐ | |
| 3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks): | | | |
| Tank risers accessible and surface water diverted? | ☑ | ☐ | |
| Tanks and access manholes structurally sound, watertight? | ☑ | ☐ | |
| Sanitary tee(s) in good working condition? | ☐ | ☐ | |
| Tanks pumped, cleaned out as needed? | ☐ | ☐ | Recommended that the septic tank be pumped |
| 4. RAW SEWAGE LIFT STATION (If Present): | | | |
| Required pumps present, operating, and cycling properly? | ☐ | ☐ | |
| High-water alarm present and operating properly? | ☐ | ☐ | |
| Floats/pipe/valves/disconnects in good working condition? | ☐ | ☐ | |
| Control panel enclosure/components in good condition? | ☐ | ☐ | |
| 5. EFFLUENT DOSING SYSTEM: | | | |
| Effluent appears clear, free of excess solids? | ☐ | ☐ | |
| PUMP SYSTEMS: | | | |
| Required pumps present, operating, and cycling properly? | ☑ | ☐ | * Pump has shifted off its base - recommended that the homeowner address this situation to prevent possible break in discharge line. |
| High-water alarm present and operating properly? | ☑ | ☑ | |
| Floats/pipe/valves/disconnects in good working condition? | ☑ | ☐ | |
| Control panel enclosure/components in good condition? | ☑ | ☐ | |
| Elapsed time readings: _____ _____ _____ _____ | | | |
| SIPHON SYSTEMS: | | | |
| No evidence of overflow or siphon leakage? | ☐ | ☐ | |
| Siphon(s) appear to be working/alternating properly? | ☐ | ☐ | |
| Bells and vents free of debris and in good condition? | ☐ | ☐ | |
| 6. GROUND ABSORPTION FIELDS: | | | |
| No evidence of effluent surfacing/reaching surface waters? | ☑ | ☐ | |
| Minimal ponding in subsurface trenches? | ☑ | ☐ | |
| Surface water being effectively diverted away? | ☑ | ☐ | |
| Diversions/ditches/swales/tile drains properly maintained? | ☑ | ☐ | |
| Line cover/vegetation adequate/maintained as needed? | ☑ | ☐ | |
| Protected from traffic, destructive uses? | ☑ | ☐ | |
| Distribution devices in good condition, working properly? | ☑ | ☐ | |
| Repair area properly reserved, maintained? | ☑ | ☐ | |
| LOW-PRESSURE PIPE DRAIN FIELDS: | | | |
| Turnups/cleanouts/valves intact and accessible? | ☐ | ☐ | |
| No effluent standing in lower laterals? | ☐ | ☐ | |
| Laterals free of excess solids, cleaned out as needed? | ☐ | ☐ | |
| Pressure head is properly adjusted? | ☐ | ☐ | |

OVERALL CONDITION AND OPERATION OF SYSTEM: _____

SUMMARY OF IMPROVEMENTS NEEDED:

| Improvement | Repair Within (Days) |
|---|---|
| | |

DATE: 3-8-99 SIGNED: Larry B. Thompson Jr., L.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

## SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

| Improvement | Repair Within (Days) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke *(circle one)* your operation permit/certificate of completion *(circle one)* 60 days from this date for the following violations: _____

_____
*[Law or Rule(s)]*

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

## IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation *(circle one)* of your operation permit/certificate of completion *(circle one)* for the following violations: _____

_____
*[Law or Rule(s)]*

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 ____

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

## INSTRUCTIONS

**Purpose:** Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

**Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

**Disposition:** This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

**Additional forms may be ordered from:**
Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

# Mecklenburg County
## Health Department

February 2, 1999

Andrew S. and Kerry K. N. Johnson
9407 Snow Ridge Lane
Charlotte, NC 28208

Dear Mr. and Mrs. Johnson:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1992 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. Your $85.00 will be used to establish an automated file system, create a geographical information system link, and more importantly, redirect our services for the greater good of the community. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

3472A

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

P&L 1.3. 300' Lr 11 93

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

(704)336-5102

Date: 1/13/93

**PERSON FILING APPLICATION:**
NAME: McInnis Construction Co. (last) (first) (mi)
ADDRESS: P.O. Box 422 PHONE: (__) 821-99
CITY: Indian Trail STATE: NC ZIPCODE: 28

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**
TAX/PARCEL NUMBER: 141-111-99
STREET ADDRESS: 9407 Snow Ridge Ln.
ZONING: _____

**PROPERTY OWNER:**
NAME: Winterglen, Inc. (last) (first) (mi)
ADDRESS: 5201 Monroe Rd PHONE: (__) 567983
CITY: Charlotte STATE: NC ZIPCODE: 282

SUBDIVISION OR MOBILE HOME PARK NAME: Winterglen Phase #1

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Hunters...
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint H...

LOT NUMBER: 10 LOT SIZE (in acres): 1/2 ±

**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)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or R)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHA...
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDR...
☐ REPAIR TO SYSTEM (R)

**RESIDENTIAL PROPERTY (Type Building, check one):**
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (H) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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'
☒ Private Well (P)

**FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):**
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☒ Home
☐ 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 HEA... DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: 1/13/93

**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 ... And Rules for Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is su... 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.

...Lift Pump is required
100% repair is required
& available on lot.

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISS...
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUA...

[signature] RS
Environmentalist Date

Director or Authorized Section Head Date

WATER :

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

5470

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3472-A DATE: 7/28/93

TC 41-11-92 PL GBT

SERIAL № 15163

Name of Owner DF Homes Construction Co. Juris.

Address of Property 9407 Shale Ridge Lane

**Inspection Data:**

Tank Material pcc

Total Length of Drainfield 400'

Number of Lines 5 @ varies

Cover Depth 24"

Water Supply Source well

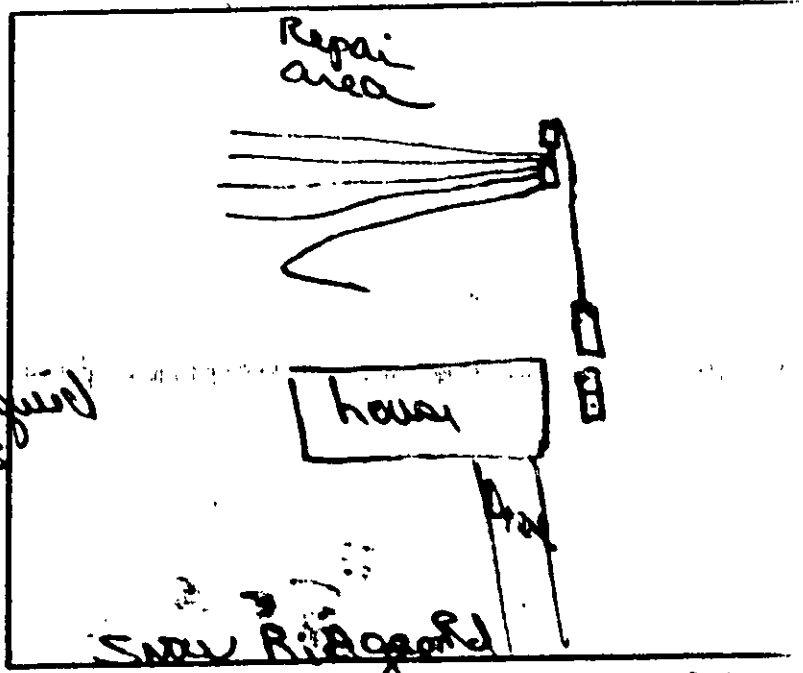
Distance to Water Source 100' SD required

Excavation Inspected 7/27/93, 7/28/93

Tank(s) Inspected 7/28/93

Wash Line Inspected

High Water Alarm Inspected 7/28/93




Design: 1993 1500st 1000 dt pl 1200SFT 12'G Pssd CTR# 281

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .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.

COMMENTS: Bowld Pump 3HP EP DH11A, model 3871

System designed for 3 bedroom

Type II

TYPE

Environmentalist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

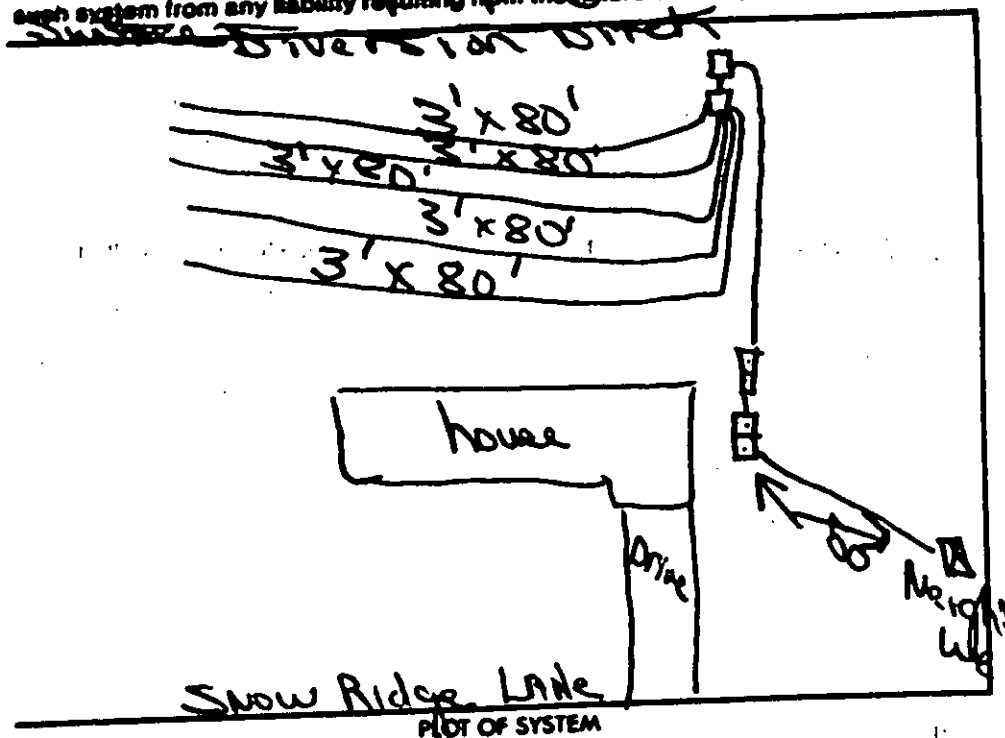
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3472A DATE: 7/26/93

TC: 141-111-99

SERIAL Nº 15166

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 11/23/92. All work shall be completed on or before 8/20/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallon
Liquid Capacity of Dosing Tank 1000 gallon
Tank Construction ASS

Absorption and/or Nitrification Lines:
Trench Width 3' fe
Total Line Length 400' fe
Number of Lines 5
Depth of Stone 12 inche
Distance from House 15' fe
Distance from Property Line 10' fe
Distance from Well >50 fe
NOT IN

NAME OF OWNER MC Home Construction Co.

LOCATION OF PROPERTY 9407 Snow Ridge Lane

Comments: Install 2 D Boxes With 5 trenches 3' x 80' x 12" Stone. NEMA 4 x Power Supply Required With Alarm System. Surface diversion Ditch required above systems. Run Lines on Contour

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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY