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 #: 3964A Permit #: _____ Tax Parcel #: 061 211 07

Property Owner: Kris Tyte

Job Location Address: 5411 Tuckaseegee Rd

City: Charlotte State: NC Zip Code: 28208

Operation Permit Issuance Date: 7/19/12 Contractor Name: Steve Autry

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: existing gallons

Liquid Capacity of Dosing Tank: NA gallons

Effluent Pump Model: NA

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: NA

Excavation Inspected: 7/19/12

Pump & Controls Inspected: NA

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

Bed Depth: 36 inches

Bed Width: 9 feet

Total line length: 120 feet

# of Lines: 3 @ 40 feet

Depth of Media: 20 inches (Type) Stone

Depth of Cover: 16 inches

Distribution Device: D Box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

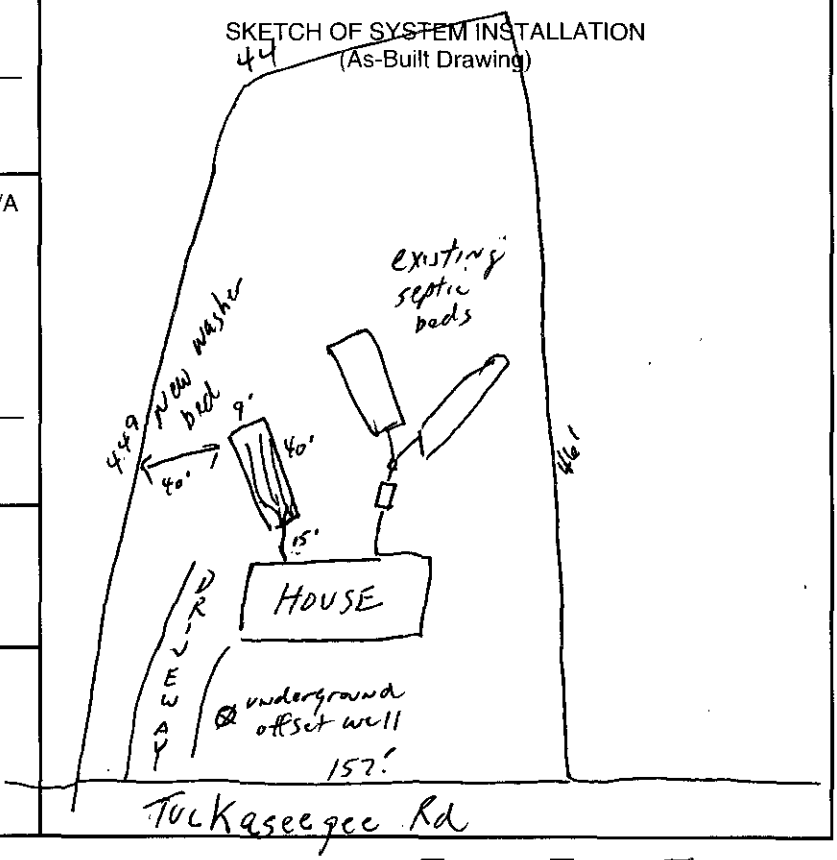
System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >50' feet

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: Type IIa Gravity Bed Repair GBD, G, NA, NA

DENR Authorized Agent: Philo Walker REHS Signature: Philo Walker REHS

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NC DENR
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On-Site Wastewater Section

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

File #: 3964A Permit #: _____ Tax Parcel #: 061 211 07

Property Owner: Kris Tyte

Job Location Address: 5411 Tuckaseegee Rd

City: Charlotte State: NC Zip Code: 28208

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, New Gravity Washer Bed Installed

DENR Authorized Agent: Philo Walker REHS Date: 7/19/12

Signature: Philo Walker REHS

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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 #: 3964A Permit #: _____ Tax Parcel #: 061 211 07

Property Owner: Kris Tyte

Job Location Address: 5411 Tuckaseegee Rd

City: Charlotte State: NC Zip Code: 28208

Installation Approval Issuance Date: 3/29/12

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 4/29/12, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

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

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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

Bed Depth: 36 inches

Bed Width: 9 feet

Total line length: 120 feet

# of Lines: 3 @ 40 feet

Depth of Media: 24 inches (Type) Tire Chips

Distribution Device: D Box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

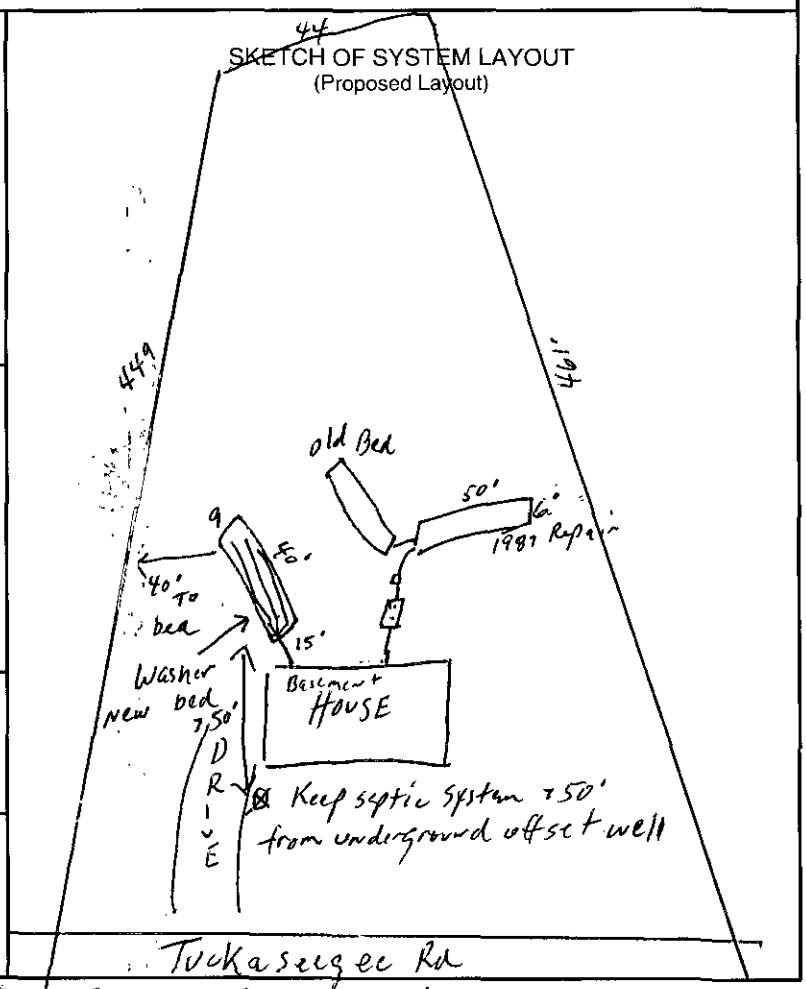
Minimum System Setbacks

Distance from Building Foundation: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type IIa Gravity Tire Chip Bed for Washer
Install Bed System 9'wd x 40'long x 24" Tire Chips / Keep septic system 7 50' from underground offset well / Keep bed 715' from house foundation (basement)

DENR Authorized Agent: Philo Walker REHS Signature: Philo Walker REHS

DENR/DEH

ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kyle Tate 4 — APPLICATION DATE 3/29/12
ADDRESS: 5411 Tuckaseegee Rd — DATE EVALUATED: 3/29/12
PROPOSED FACILITY: House # — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: —
LOCATION OF SITE: 5411 Tuckaseegee Rd — PROPERTY RECORDED: —
WATER SUPPLY: • (Private) • Public • Well • Spring • Other ___
EVALUATION METHOD: • (Auger Boring) • Pit • Cut — TYPE OF WASTEWATER: • (Sewage) • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 2	0-7	Gr/SCl	Fr/sexp/ss/sp	>48	48"	NA	None	.3
		4-28	sbK/C	fr/sexp/S/P					
		28-48	sbK/CL	Fr/sexp/ss/sp					
2									
3									
4									

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

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

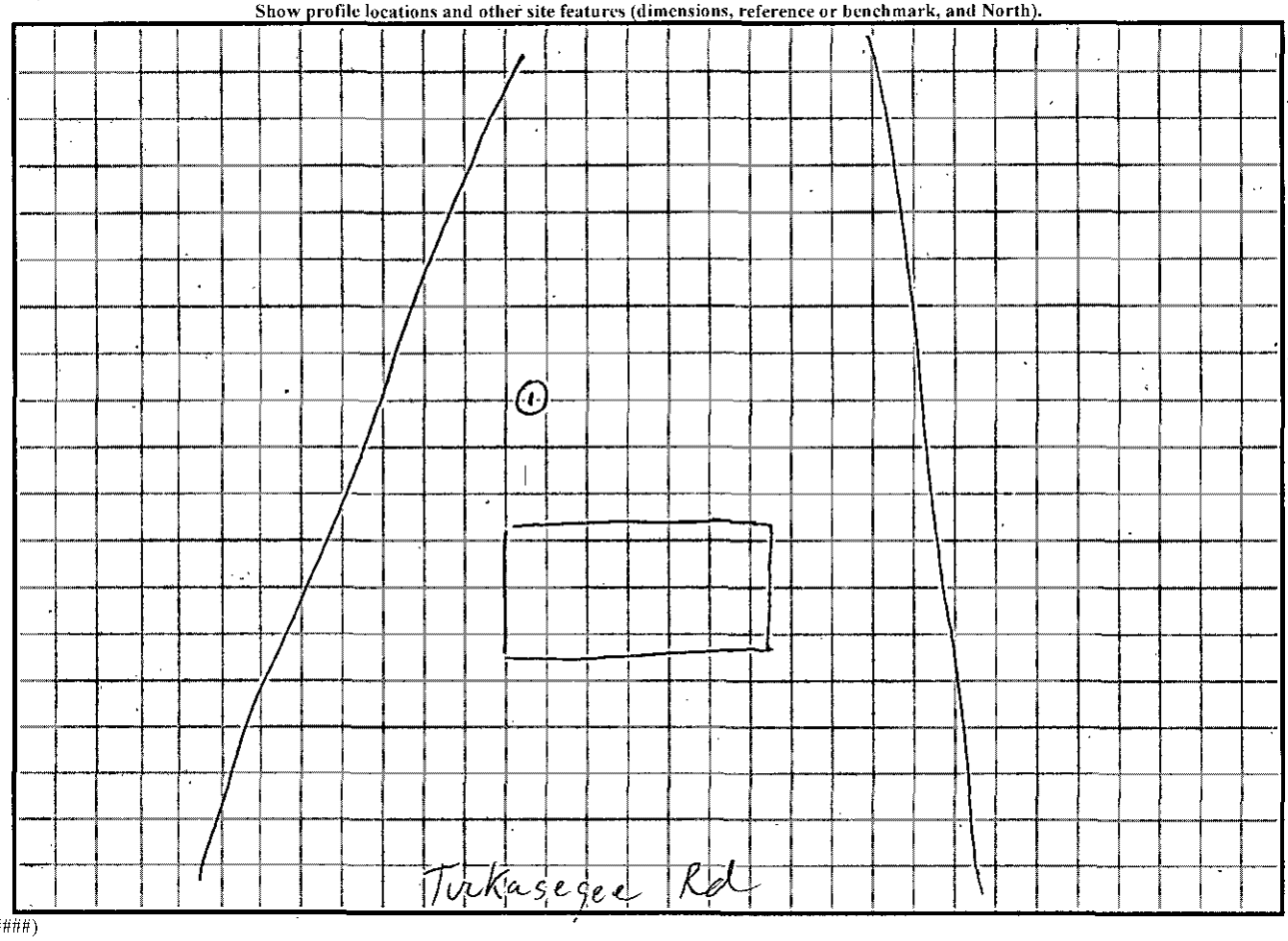
NOTES

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 (#####)

3964A

MECKLENBURG COUNTY HEALTH DEPARTMENT

5536

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: 06121107

STREET ADDRESS: 5411 TUCKASEEGEE RD

CITY: CHARLOTTE

STATE: NC ZIP: 28208

SUBDIVISION NAME: N/A

LOT #: _____ LOT SIZE (acres): 1.04

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: 1,620

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 8

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: Kris Tylo

ADDRESS: 5411 Tuckaseegee Rd

CITY: Charlotte

STATE: NC ZIP: 28208

WORK PHONE: (704) 512-7463

MOBILE PHONE: (704) 780-8588

FAX: _____

E-MAIL: kristyte@yahoo.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.*

KT (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.

KT (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.

Kris Lytle
Property Owner's or Owner's Legal Representative Signature

3/30/12
Date

OFFICE USE ONLY

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

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

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED _____

APPLICATION PROCESSED BY: lws

GWS FILE NUMBER ASSIGNED: 3964A

APPLICATION ID NUMBER ASSIGNED: 5536

COMMENTS:

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

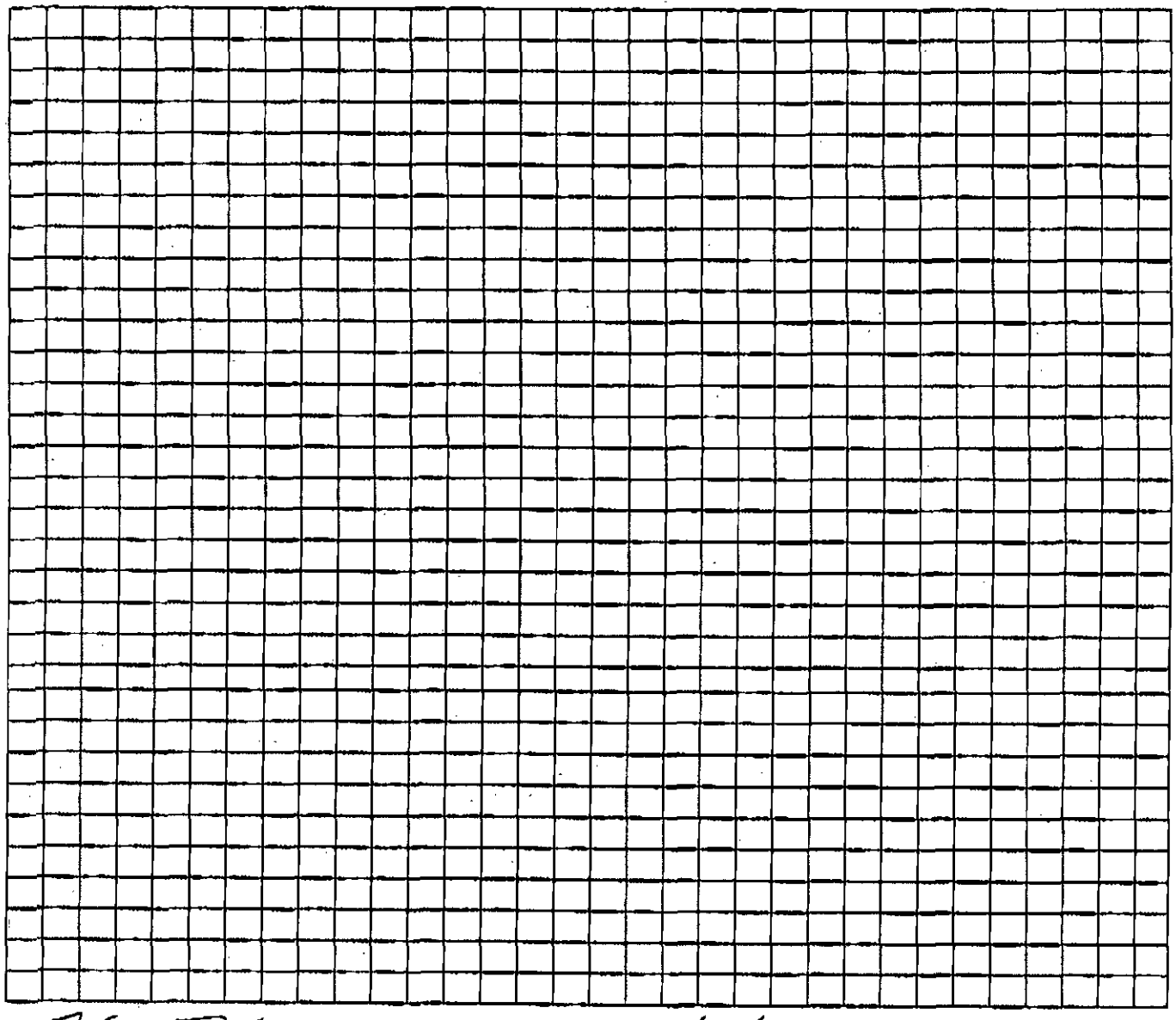
File #: _____

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: 5411 Tuckaseegee Rd. Tax Parcel #: 06121107

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

3/30/2012
Date

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

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

Homeowner/Tenant Interview Form

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

Name: Kris Tyte Date: 3/30/2012

Address: 5411 Tuckaseegee Rd. Phone: (704) 780-8558 (Home/Cell)

Charlotte, NC 28208 (704) 512-7463 (Work)

Email: kristyte@yahoo.com

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

Who installed the septic system? Unknown

When was the septic tank last pumped? Jan 2011

Who pumped the septic tank? Autry Septic

How often have you had the tank pumped? Once every two years

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

In back of the house, descending toward the back of the property.

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

Standing water in yard which has been corrected. The remaining portion of the job is to run new fields for excess water from washing machine.

When did you first notice the problem? 8/1/2009

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

Yes ☐ No ☑

Explain:

How many people are living in the house? 4 Adults ____ Teens 2 Children

How much water do you use each day (provide estimate in gallons)? 400

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

If yes, on average how much is your monthly water bill? $ n/a

Do you have a dishwasher? Yes ☑ No ☐ How many times per week is it used? 3

Do you have a garbage disposal? Yes ☑ No ☐ How many times per week is it used? 7

Do you have a washing machine? Yes ☑ No ☐ How many times per week is it used? 14

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

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

If yes, where does the system drain? n/a

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

If yes, please indicate what types of chemicals: n/a

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

If yes, please indicate what types of chemicals: n/a

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

If yes, please indicate what type of fixtures have been added: n/a

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

None

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

If yes, how often is the system used during a one week period? n/a

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

Please describe:

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

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

Kris Fyfe

Signature

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

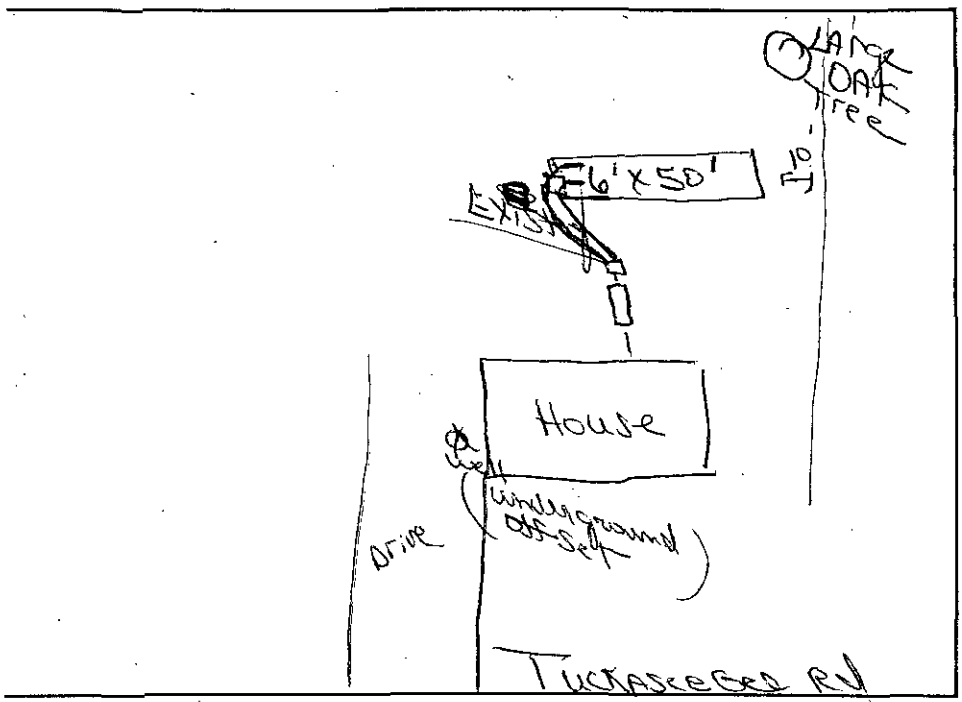
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3964A DATE: 10/6/87

TC: 061-211.07 ☐ L

SERIAL Nº 11323

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 9/24/87. All work shall be completed on or before 11/6/87, 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 Department of Environmental Health 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 ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Repair Data

Absorption and/or Nitrification Lines:

Trench Width (1) 6' Bed feet

Total Line Length 100' feet

Number of Lines 2

Depth of Stone 17" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NAME OF OWNER Berryhill Jr. Henry Lee

LOCATION OF PROPERTY 541 Tuckaseegee Rd.

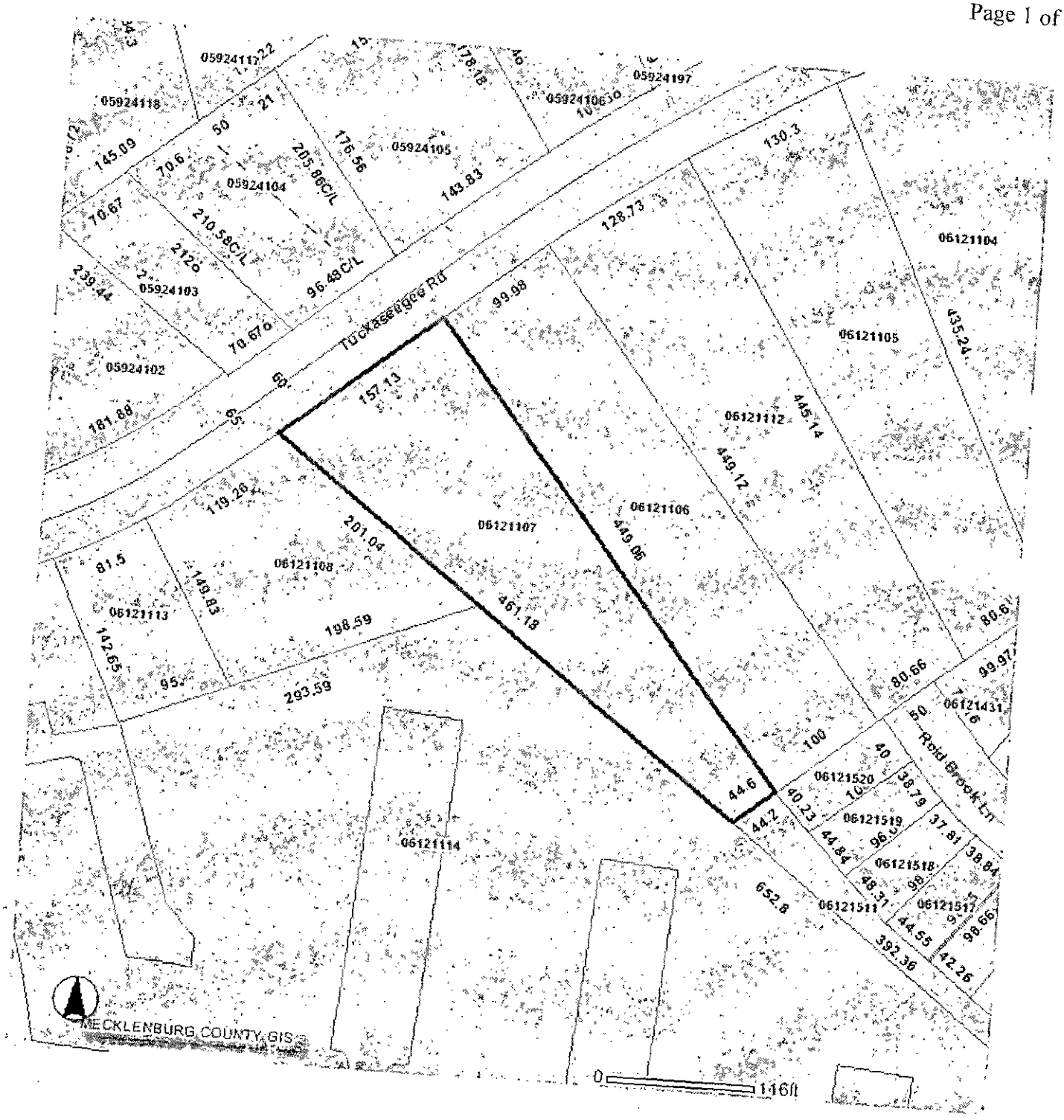
Comments: Tie into existing D. Box - run new bed with 2 lines Bed 6'x50' 17" Stone Straw Cover.

Division or Section Head

Judy J. Kiser R.S.
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY


Tuckaseegee Rd
Rold Brook Ln
05924117
05924118
05924197
05924106
05924105
05924104
05924103
05924102
06121104
06121105
06121112
06121106
06121107
06121108
06121113
06121114
06121520
06121519
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201.04
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293.59
652.8
392.36
MECKLENBURG COUNTY GIS
0
116ft

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 3964A
TC: 061-211-07
SERIAL: Nº 14593
☐ L ☐ CRT

JOB LOCATION

(1) ADDRESS: 5411 Tuckaseegee Road (STREET NO. / STREET) (2) FILE:
(3) JURISDICTION: (4) TAX PARCEL NO.:
(5) SUBDIVISION: (6) LOT: (7) BLOCK:

OWNER

(8) NAME: Henry Lee (FIRST) (MIDDLE) Berryhill, Jr. (LAST)
(9) MAILING ADDRESS: 231 Rosebud Street
(10) CITY: Corpus Christi (11) STATE: Texas (12) ZIP: 27601
(13) PHONE: (WORK) — (14) (HOME) (704) 394-4088

REQUEST

This request is for a(n):

(15) ☐ New permit
(16) ☑ Repair or alteration permit
(17) ☐ Authorization for mobile home exchange
(18) ☐ Other (specify)

DESIGN CRITERIA

System will serve:

(19) ☑ Residence (20) ☐ Mobile home
(21) ☐ Business or place of public assembly
(22) Number of bedrooms? 3
(25) Type?
(23) Maximum occupancy? 4
(26) Maximum number of employees?
(24) Basement? ☑ yes ☐ no
(27) Maximum number of seats?

WATER SUPPLY

(28) *Water supply from (present or proposed):*

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

(29) The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Cynthia B. McGowan
Date: Sept 24, 1987

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

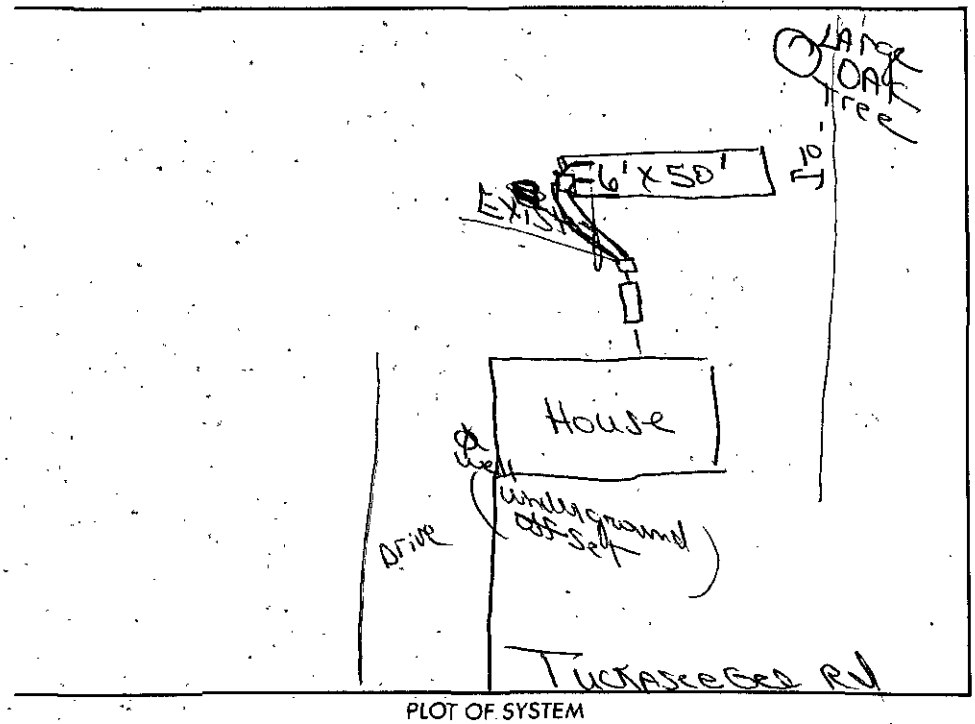
1200 BLYTHE BOULEVARD
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FILE: 3964A DATE: 10/6/87

TC: 061-211.07 ☐ L

SERIAL № 11323

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 9/24/87. All work shall be completed on or before 11/6/87, 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 Department of Environmental Health 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 ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Repair Data

Absorption and/or Nitrification Lines:

Trench Width (1) 6' Bed feet

Total Line Length 100' feet

Number of Lines 2

Depth of Stone 17" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NAME OF OWNER Berryhill, Jr. Henry Lee

LOCATION OF PROPERTY 5411 Tuckaseegee Rd

Comments: Tie into existing D-Box - run new bed with 2 lines Bed 6'x50' 17" Stone Straw Cover.

Division or Section Head

Judy J. Kiser R.S.
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
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PHONE (704) 376-4603

FILE: 3964A DATE: 10/6/87

TC: 061-211.07 ☐ L ☐ CRT

SERIAL Nº 10542

Name of Owner Berryhill Jr. Henry Lee Juris.:

Address of Property 5411 Tuckaseege Rd

Repair Data

Inspection Data:

Tank Material

Total Length of Drainfield 204 SF

Number of Lines 2 @ 34'

Cover Depth 2'

Water Supply Source Well

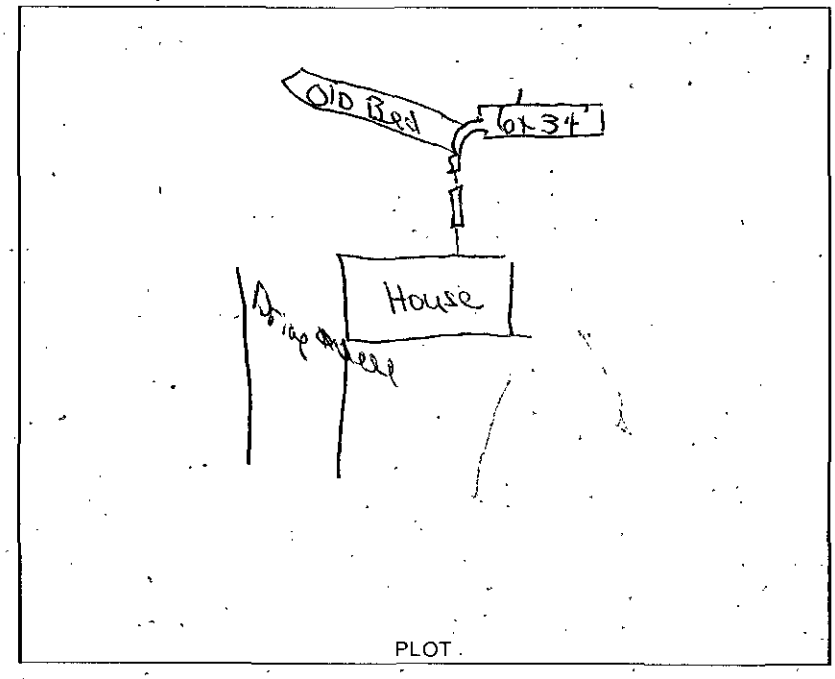
Distance to Water Source 50'+

Excavation Inspected 10/6/87

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected



PLOT

Design: 1987 Repair CTR#

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: 2 New Lines run from Existing D. Box to New 6'x34' bed. Dam built at ~~Intersection~~ Inter Section of Old & New bed to Allow for overflow from New bed back to Old bed Lines had deteriorated in Old bed and System was no receiving effluent

Judy J. Kyles R.S.
Environmentalist

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