4520!

8244B

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

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

New or existing

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 00313199

STREET ADDRESS: 20140 CHARDON ROAD

CITY: Davidson

STATE: NC ZIP: 28036

SUBDIVISION NAME:

LOT #: LOT SIZE (acres):

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☒ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE: 2300

NUMBER OF BEDROOMS: 2

NUMBER OF OCCUPANTS:

FOUNDATION TYPE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT 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: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

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?** July 12 2005 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** July 2011 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Alex A Porter
ADDRESS: 666 5th Ave - 34th Floor
CITY: New York
STATE: NY ZIP: 10103
HOME PHONE: 704)9870819
WORK PHONE:
MOBILE PHONE:
FAX:

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: John Tammaro
ADDRESS: 225 Roundway Dawn
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 980 722 -1116
FAX: 704 896 3630

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

Revised on: 7/1/08

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.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

_____ 22-NOV-10

Property Owner's or Owner's Legal Representative Signature — Date

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OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 250 cash DATE FEE RECEIVED: 12/2/10

WELL APPLICATION FEES RECEIVED: $ _____ #45201 DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 08244B

APPLICATION ID NUMBER ASSIGNED: 4876

COMMENTS:

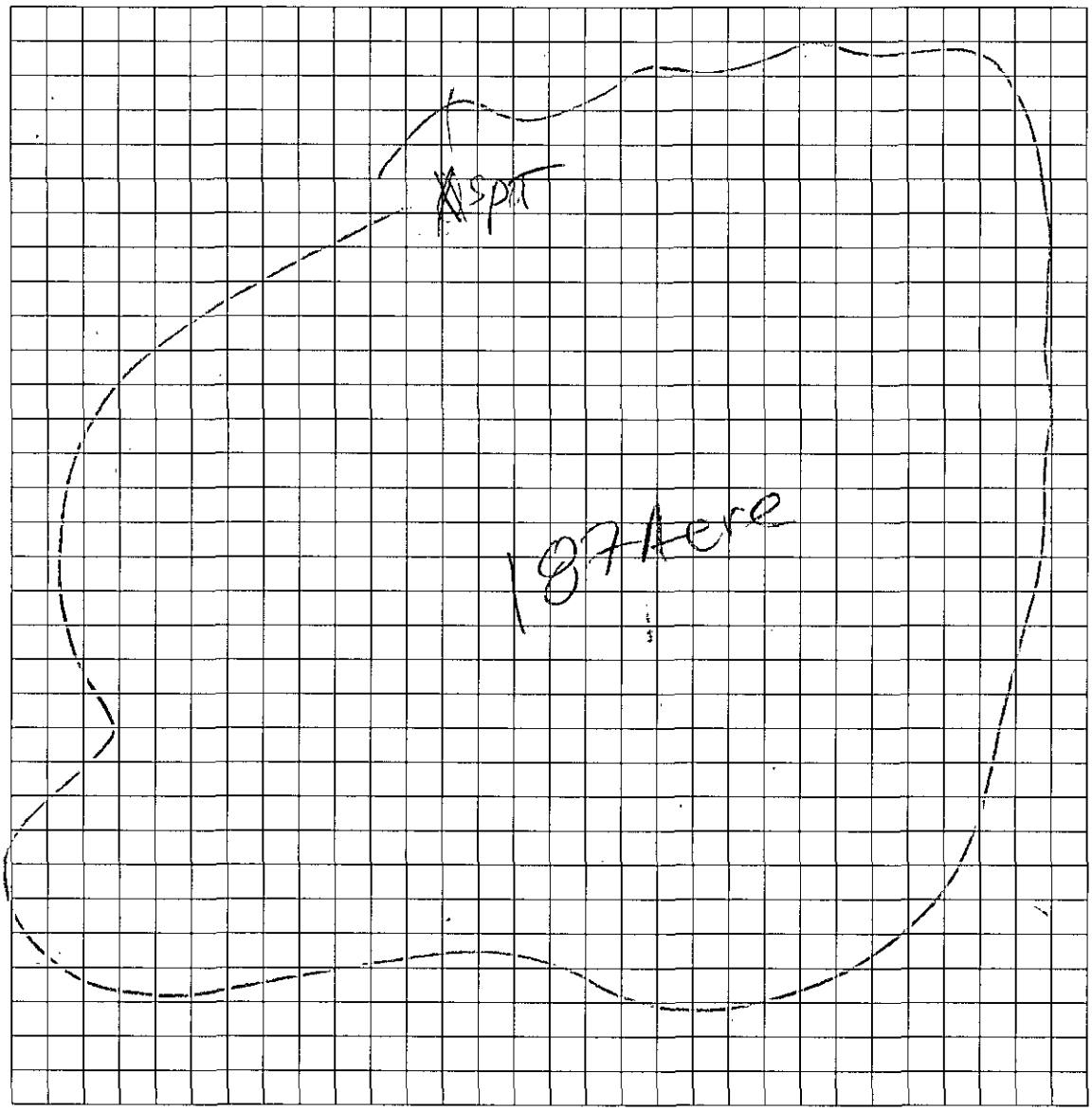
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

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

File #_____
Date_____

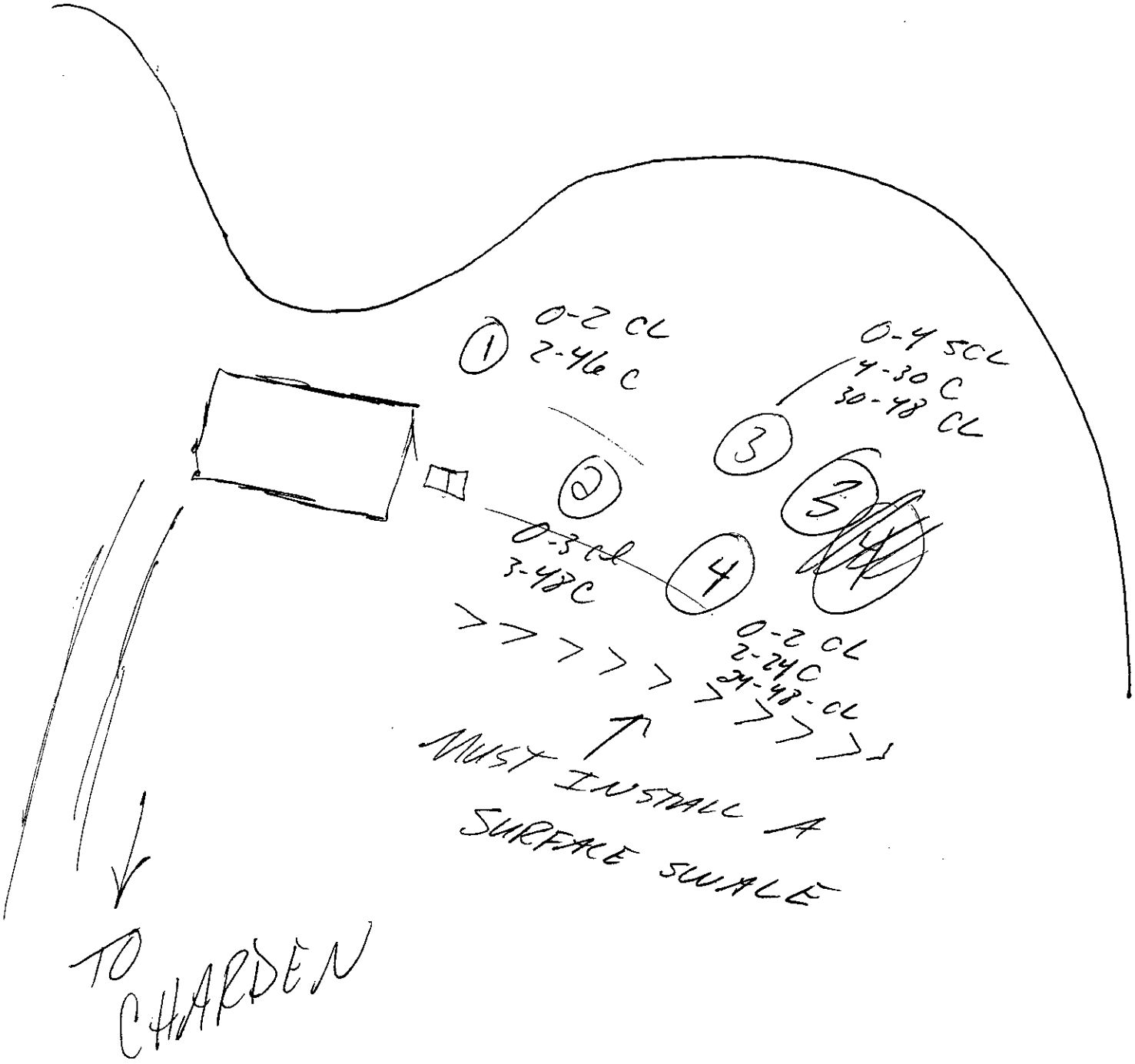
PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	
Date	23 Sept 10

LBC 12/15/04


1
0-2 CL
2-46 C
2
0-3 CL
3-43C
3
0-4 SCL
4-30 C
30-48 CL
4
0-2 CL
2-24C
24-48 CL
MUST INSTALL A
SURFACE SWALE
TO CHARDEN

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Page 1
Property ID: 313199
Lot #:
File #: 8244B
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Alex A. Porter
Applicant: John Tammaro II
Address: 666 5th Ave. 34th Floor New York, NY 10103
Date Evaluated: 12/6/10
Proposed Facility: Guest House Design Flow (.1949) 240 GPD
Property Size: 187 Acres
Location of Site: 2040 Charden Road Davidson, NC 28036
Property Recorded: 7/12/05
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	SOIL MORPHOLOGY .1941				b PROFILE FACTORS				
	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS	0-2	GR/CL	FR/SS/SP/SEXP	>46" TO SOIL WETNESS	46"	NA	NA	PS
	7%	2-46	SBK/C	FI/S/P/SEXP					GROUP IV
									0.3 GPD
2	LS	0-3	GR/CL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS
	9%	3-48	SBK/C	FI/S/P/SEXP					GROUP IV
									0.3 GPD
3	LS	0-4	GR/SCL	FR/SS/SP/SEXP	>48"TO SOIL WETNESS	48"	NA	NA	PS
	8%	4-30	SBK/C	FI/S/P/SEXP					GROUP IV
		30-48	SBK/SCL	FI/S/P/SEXP					0.3 GPD
4	LS	0-2	GR/CL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48"	NA	NA	PS
	8%	2-24	SBK/C	FI/S/P/SEXP					GROUP IV
		24-48	SBK/CL	FI/S/P/SEXP					0.3 GPD

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III g	III g
Site LTAR	0.3 GPD	0.3 GPD

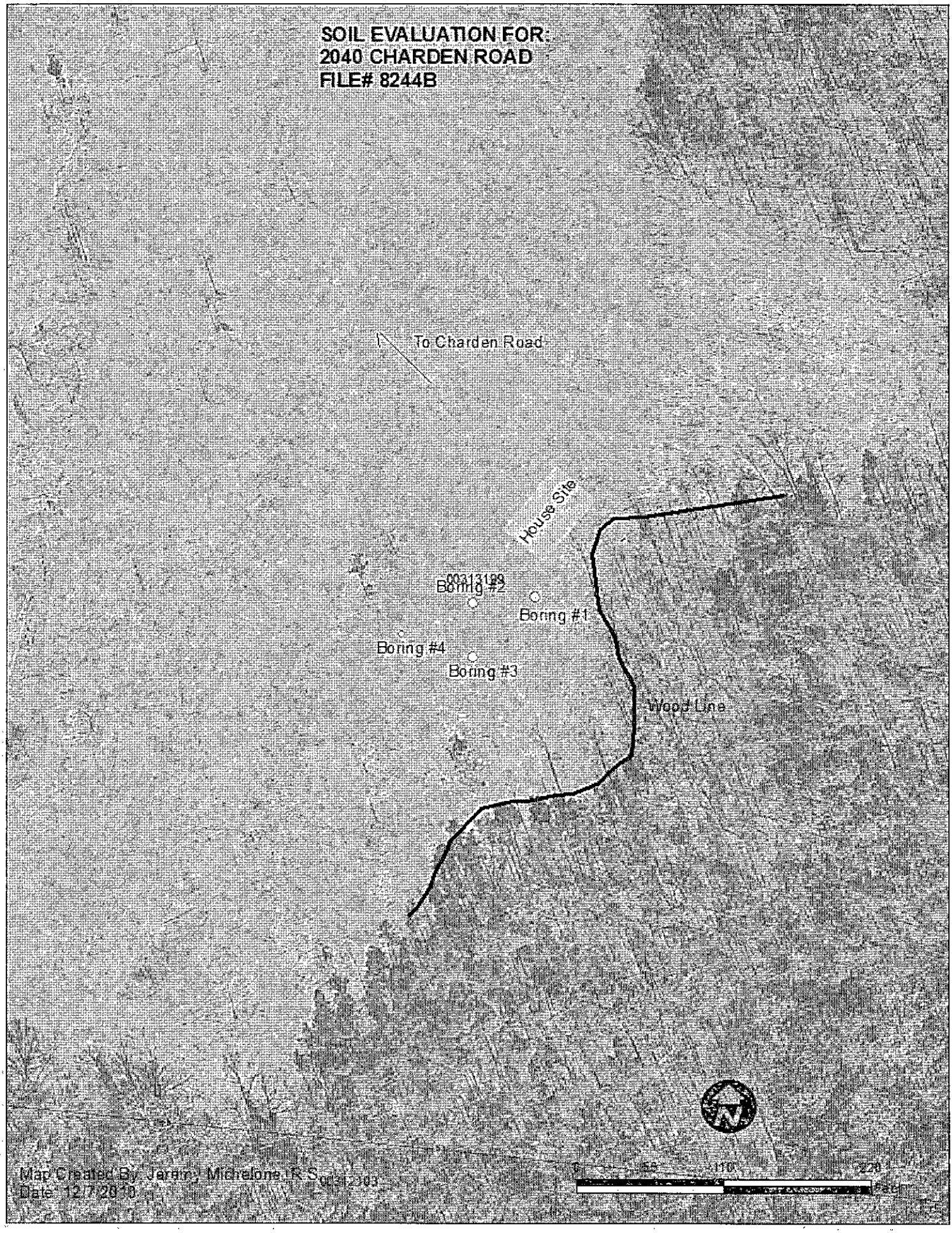
Other Factors (.1946):
Soil Evaluation By: Jeremy Michelone, R.S.
Others Present: John A. Tammaro
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michelone, R.S.
Others Present: John A. Tammaro

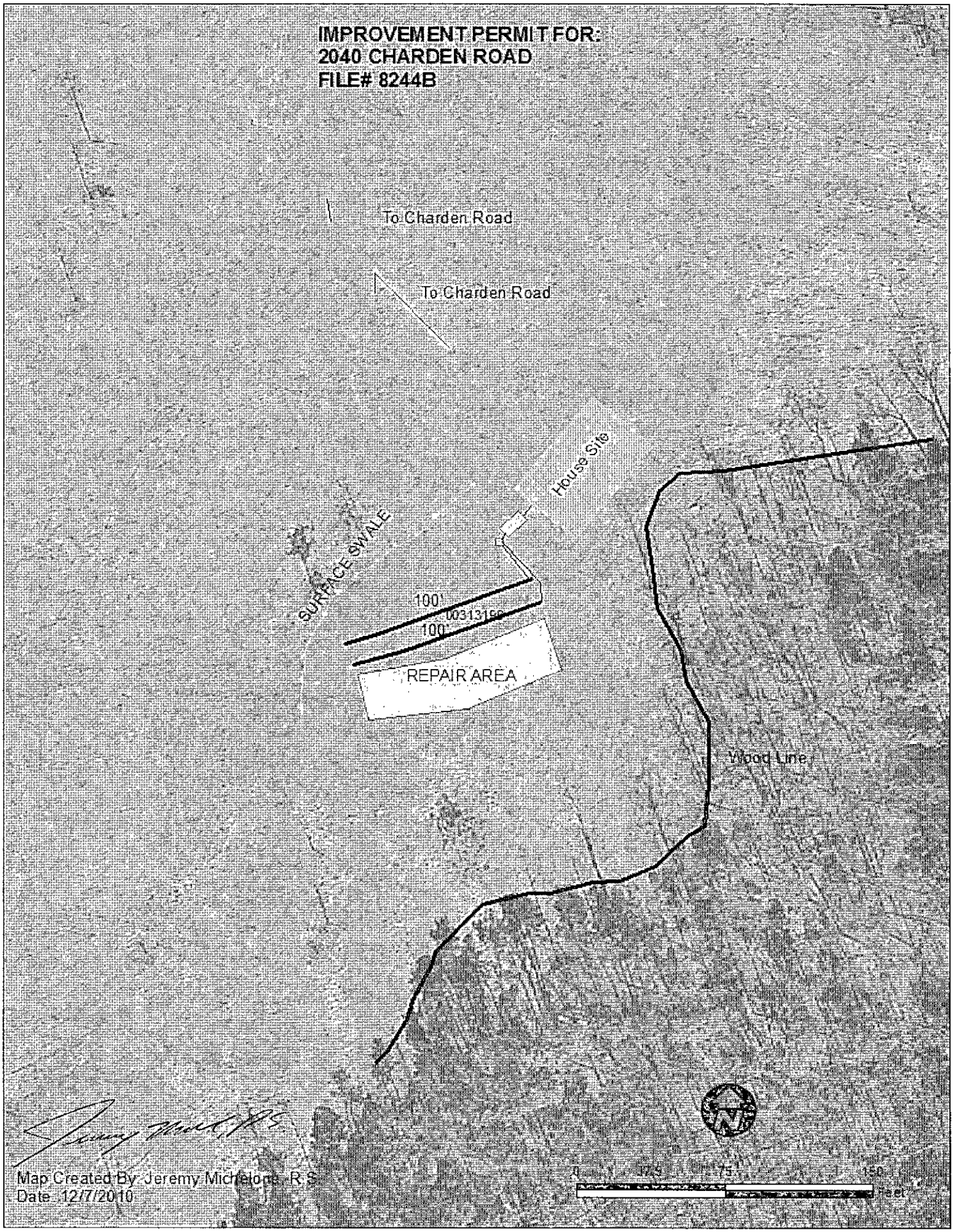
Jeremy Michelone, R.S. 12/7/10

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	


SOIL EVALUATION FOR:
2040 CHARDEN ROAD
FILE# 8244B
To Charden Road
House Site
Boring #2
Boring #1
Boring #4
Boring #3
Wood Line
Map Created By: Jaren J. Michelone, R.S.
Date: 12/7/2018
0
55
110
220
Feet


IMPROVEMENT PERMIT FOR:
2040 CHARDEN ROAD
FILE# 8244B
To Charden Road
To Charden Road
House Site
SURFACE SWALE
100'
100'
REPAIR AREA
Wood Line
Map Created By: Jeremy Michelone, R.S.
Date: 12/7/2010
0
75'
150
Feet

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30004876** GWS File #: **8244B** Tax Parcel #: **003-131-99**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 12/7/2015

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2300 # Bedrooms: 2 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Approved **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Conventional **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michelone, R.S. Signature: _____

Date Issued: 12/7/2010

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30004876** GWS File #: **8244B**

IV. Permit Conditions/Comments:

- All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to issuance of an Operation Permit.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: _____

Date Issued: 12/7/2010

Owner/Legal Agent: _____
Print Name

Signature: _____