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 #: 2706A Permit #: 4773 Tax Parcel #: 001-022-26

Property Owner: DINESH PATEL

Job Location Address: 16218 Henry Lane

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 9/8/11 Contractor Name: GUNTER GRADING / TRACY LAWING

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: 1500 gallons

Liquid Capacity of Septic Tank: 1500 gallons Effluent Pump Model: _____

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: _____

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: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >50' feet

Inspection Dates

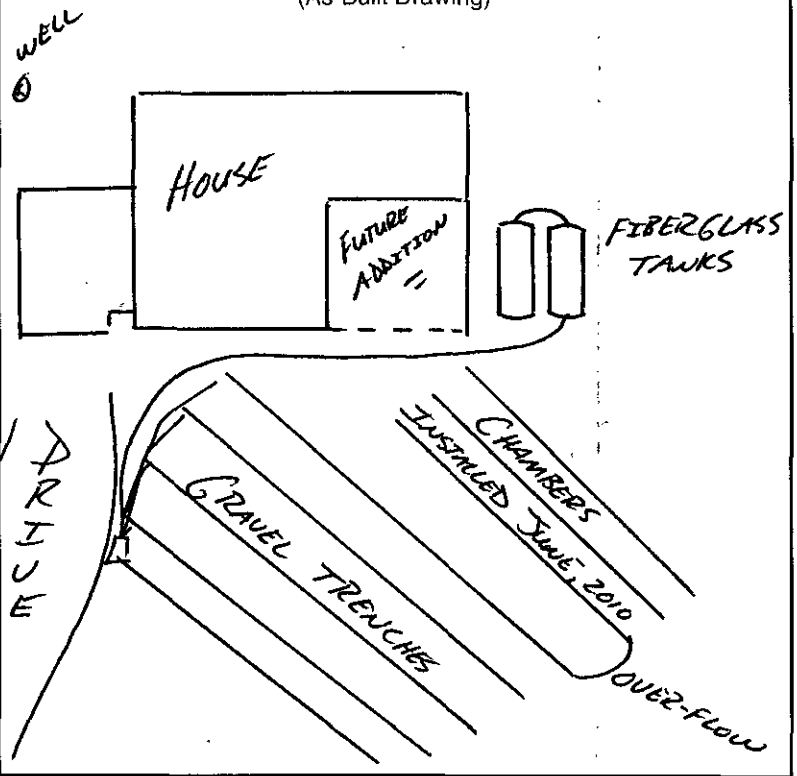
Tank(s) Inspected: 2/1/11

Excavation Inspected: _____

Pump & Controls Inspected: 9/8/11

LAKE NORMAN

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: IIIb, GTR, Pressure, NA, NA

→ GUNTER GRADING INSTALLED THE TANKS / TRACY LAWING INSTALLED ALARM

DENR Authorized Agent: Jeremy Mcclain, R.S. Signature: Jeremy McClain, R.S.

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 #: 2706A Permit #: 4773 Tax Parcel #: 001-022-26

Property Owner: Dinesh Patel

Job Location Address: 16218 Henry Lane

City: Huntersville State: NC Zip Code: 28078

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: IIIb

*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:

DENR Authorized Agent: Jeremy Michelin, R.S. Date: 9/8/11

Signature: Jeremy Michelin, R.S.

THIS IS TO CERTIFY THAT ON THE 29TH DAY OF AUGUST, 1991 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, EASEMENTS, AND THE IMPROVEMENTS IF ANY ARE SHOWN HEREON.

Revised June 30, 1994 to change Subdivision name.

REVISED TO SHOW EASEMENT 9.02.94

Jack R. Christian
REGISTERED SURVEYOR
JACK R. CHRISTIAN & ASSOCIATES
413 1/2 N. TRYON ST. CHARLOTTE, N.C.
PHONE 704-332-4783
FIRM 217
FILE "HENRY"

NORTH CAROLINA REGISTERED SEAL L-2624 LAND SURVEYOR JACK R. CHRISTIAN

LAKE NORMAN
HENRY LN
HWY #73
GILEAD RD
BEATTIES FORD RD
VICINITY MAP

WOOD BOAT DOCK
LAKE NORMAN
PROPERTY LINE= 760 CONTOUR
WATER EDGE
S 47°06'12" E 14.51'
S 52°08'12" E 62.83'
S 79°44'12" E 73.89'
N 89°40'00" E 47.28'
N 65°00'20" E 10.67'
S 77°07'21" E 4.87'
N 74°47'39" E 29.43'
N 68°39'39" E 44.43'
N 55°47'39" E 24.52'
N 37°22'38" E 09.22'
N 61°40'39" E 29.30'
N 43°00'29" W 137.59'
N.I.P.
DEED ADDITION
6' ACCESS EASEMENT DEED 6332 P.141
10' SIDEYARD SETBACK
S 41°14'30" W 178.68'
LOT 5
LOT 6
LOT 7
1 STORY STUCCO
CONCRETE WALK
CONCRETE DRIVE
ASPHALT DRIVE
GRAVEL DRIVE
WOOD DRIVE
35' MINIMUM BLDG LINE
4' GRAVEL WALK
5' UTILITY ESMT
E.I.P.
DUKE POWER TRANSF. PAD
L=58.41' 21.48' N 49°33'30" W
HENRY LANE
PAVED 100' R/W
GRAPHIC SCALE
SURVEY OF
LOT 6 GILEAD WOODS
LESLEY TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA
SCALE 1"=30'
THE PROPERTY OF: WILLIAM C. WYATT & ELLEN LARSEN WYATT
MAP RECORDED IN BOOK AT PAGE OFFICE RECORDERS IN DEED DATE

This fax was received by the Allen Tate FaxServer.

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 001-022-26
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: William Clawson
APPLICATION DATE:
ADDRESS: 18375 Bernhardt Road Denton, NC 27239
DATE EVALUATED: 6/7/10
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 600
PROPERTY SIZE: 1 acre
LOCATION OF SITE: 16218 Henry Lane
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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 5%	0-6	SCL/GR	FR/SS/SP/SOMP	>43" TO soil wetness	43"	NA	NA	P.S. 0.3 g/d/ft² IV
		6-43	C/SBK	FI/S/P/SOMP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	P.S.	P.S.
System Type(s)	III6	IIIa
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): P.S.
EVALUATED BY: Jerry Mullis R.S.
OTHER(S) PRESENT: Bill Clawson,

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)

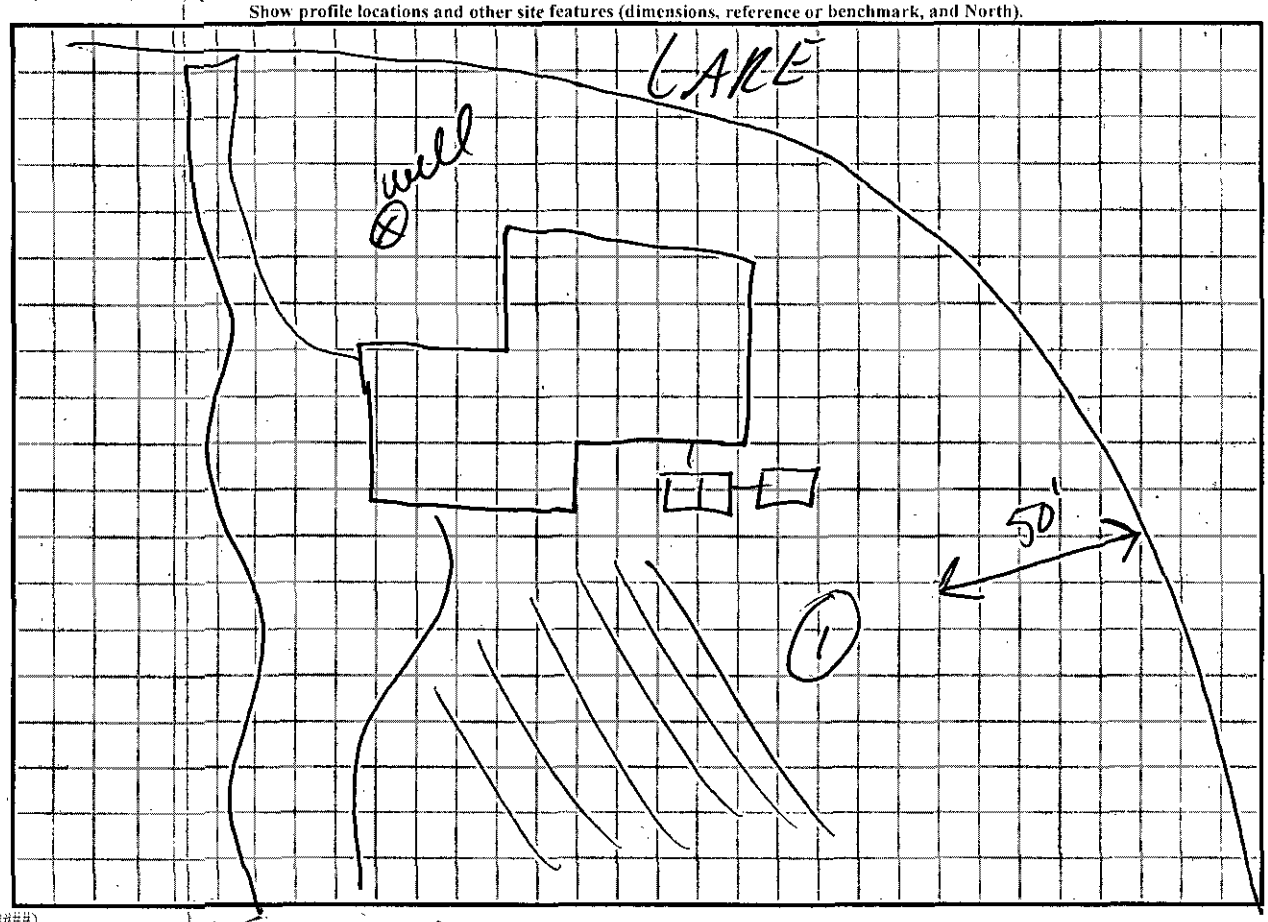
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

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 (######)

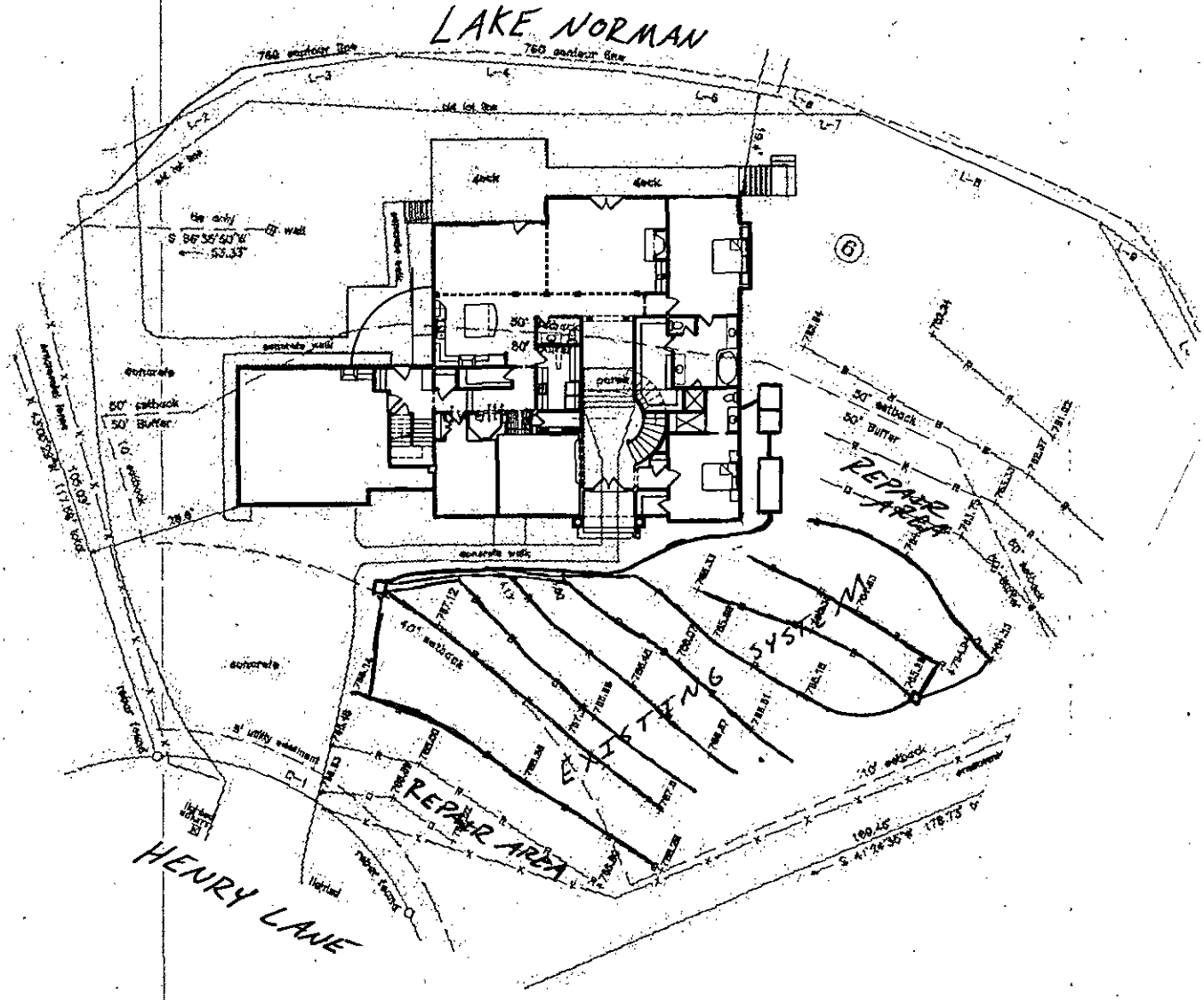
Review (#####)

Henry Lane

File # 2706A

Permit # 4773

Parcel # 001-022-26



1. Properly abandon the existing septic tank & pump tank.
2. Install 1500 gallon septic tank.
3. Install 1500 gallon pump tank.
4. Tie all the new plumbing into the existing pump line.

Jimmy Mercer, RS. 12/15/10

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **2706A** Tax Number: **00102226**

- The 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.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	**600** Max gallons/day wastewater flow	**EXIS** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** Gallon septic tank	**EXIS** Total trench length (ft)	**NA** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	**1500** Gallon pump tank	**12** Depth of media (in)	

Any surface water present: **YES** Type: **LAKE NORMAN** Minimum separation distance (ft): **50'**

Additional conditions: **Properly abandon existing septic & pump tanks. Install new 1500 gallon septic tank & 1500 gallon pump tank.**

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

1002 Absorption Area (ft^2) **334** Total trench length (ft)	**PB** Depth of media (in)	**9** Trench spacing (min. on centers) (ft)	**30** Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

Jimmy Mack R.S. 12/15/10

DENR Authorized Agent Date

Owner/Agent Signature Date

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

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Tue Jun 8 08:53:32 EDT 2010



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Mecklenburg County, North Carolina

POLARIS

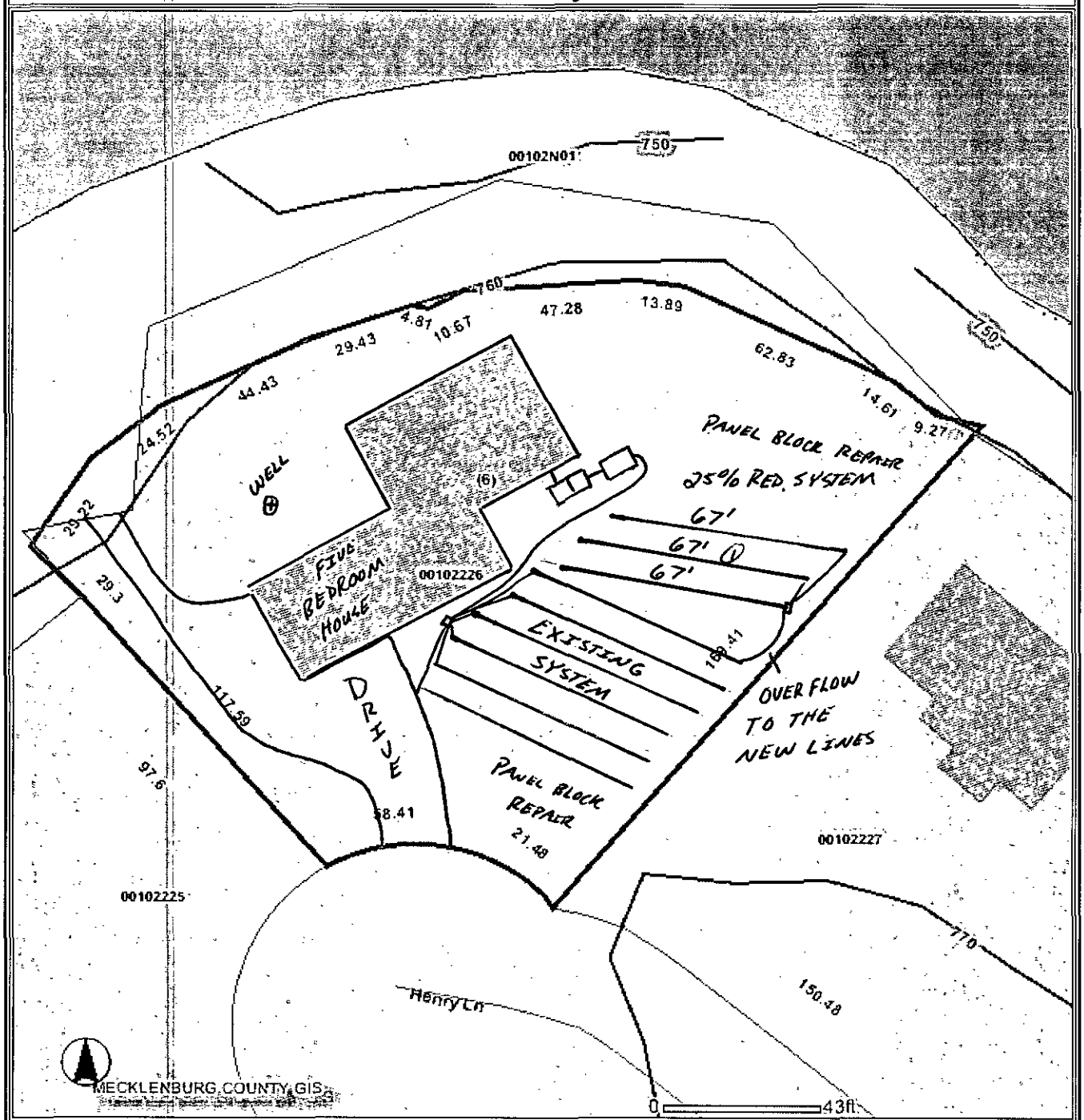
Property Ownership Land Records Information System

Date Printed: Tue Jun 8 08:53:32 EDT 2010

2706A

4/65

16218 Henry Lane



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Jenny Mullis 6/9/10

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **2706A** Tax Number: **00102226**

- The 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.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	**600** Max gallons/day wastewater flow	**600** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	**EXIS** Gallon septic tank	**200'** Total trench length (ft)	**30** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	**EXIS** Gallon pump tank	**12** Depth of media (in)	

Any surface water present: **YES** Type: **Lake Norman** Minimum separation distance (ft): **50**

Additional conditions: **System alteration for the addition of two bedrooms which were added without a permit.**
Install 3 lines @ 67' x 3'.
200 TLF.

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

667 Absorption Area (ft^2) **333** Total trench length (ft)	**NA** Depth of media (in)	**8** Trench spacing (min. on centers) (ft)	**30** Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

Jerry Mills, R.S. 6/9/10
DENR Authorized Agent Date

Owner/Agent Signature Date

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

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 2706A Permit #: 4655 Tax Parcel #: 001-022-26

Property Owner: Bill Clawson

Job Location Address: 16218 Henry Lane

City: Huntersville State: NC Zip Code: 28078

Installation Approval Issuance Date: 6/16/10

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 7/16/10, 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: 600 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons Liquid Capacity of Dosing Tank: Existing gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 3 @ 67' feet

Depth of Media: 12 inches (Type) 25% Rock

Distribution Device: over-flow

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

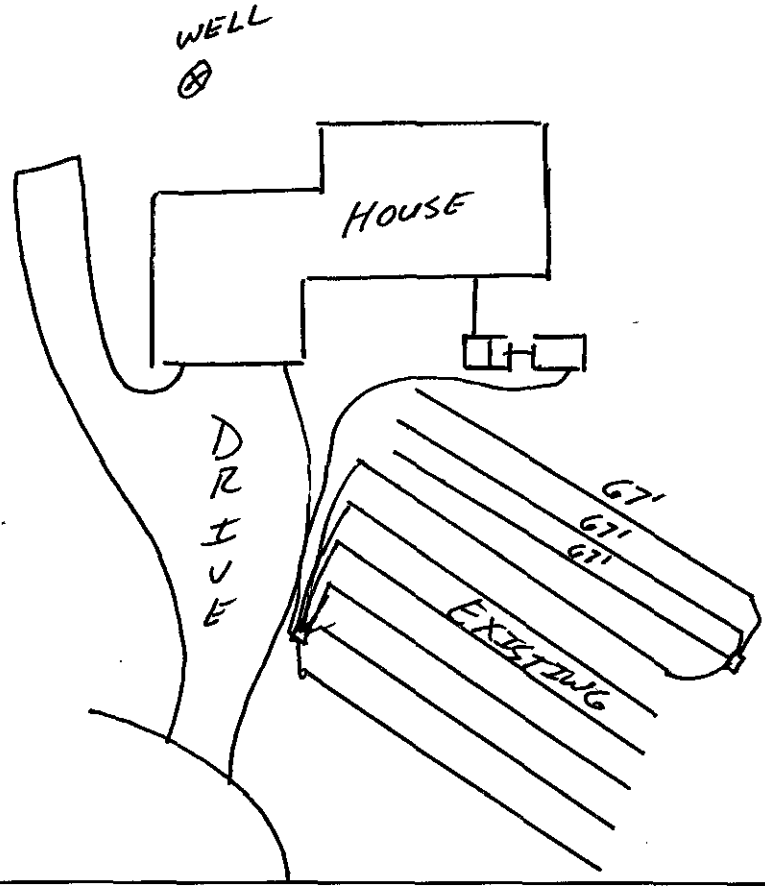
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III6

System alteration for a two bedroom addition (5 Total)

DENR Authorized Agent: Jeremy Nicholson, R.S. Signature: Jeremy Nicholson

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 #: 2706A Permit #: 4655 Tax Parcel #: 001-022-26

Property Owner: Bill Clawson

Job Location Address: 16218 Henry Lane

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 6/24/10 Contractor Name: F.S. ERVIN

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: Existing gallons

Liquid Capacity of Septic Tank: Existing gallons Effluent Pump Model: Existing

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 3 @ 67' feet

Depth of Media: 12 inches (Type) IQ4W

Depth of Cover: 18 inches

Distribution Device: D-Box

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: >5' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: >50' feet

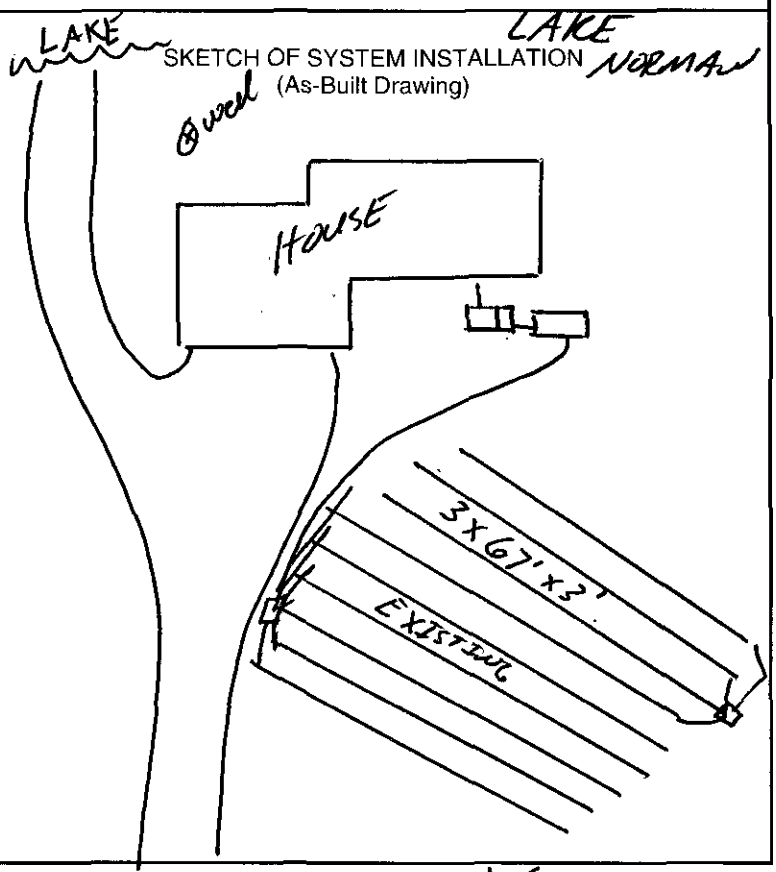
Inspection Dates

Tank(s) Inspected: —

Excavation Inspected: 6/24/10

Pump & Controls Inspected: —

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: IIIb, IQW4, Pressure, NA, NA

System alteration for the addition of two bedrooms that were previously added.

DENR Authorized Agent: Jeremy Michelone Signature: Jeremy Michelone, R.S.

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 #: 2706A Permit #: 4655 Tax Parcel #: 001-022-26

Property Owner: Bill Clawson

Job Location Address: 16218 Henry Lane

City: Huntersville State: NC Zip Code: 28078

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: IIIb

*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: System alteration for the addition of two bedrooms that were previously added without proper permitting.

DENR Authorized Agent: Jeremy Mickelson R.S. Date: 6/24/10

Signature: Jeremy Mick, R.S.

2706A JPM 4655

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

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 00102226
STREET ADDRESS: 16818 Henry Lane
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: Island Woods
LOT #: 6 LOT SIZE (acres): .79
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 5-CORNELIUS ☒ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 8-MATTHEWS

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: [illegible]
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 2
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: ____ 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? _____ ☒ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☒ N/A

12. PROPERTY OWNER:

NAME: Michelson + Allyson
ADDRESS: 16818 Henry Lane
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: 704-896-[illegible]
WORK PHONE: 704-895-[illegible]
MOBILE PHONE: ____
FAX: ____

"The undersigned, owner, or legal agent for the owner, of the property described above a acknowledges that the contents of same are true, and authorizes the Mecklenburg Count processing this request.

[signature] 6-1-10
Owner's/Agent's Signature Date

"The undersigned, an authorized agent of the Mecklenburg County Health Departmen Location contained in this document. This approval is granted in accordance with the Treatment and Disposal in effect at the time of issuance of the permit and is subject t

- 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.

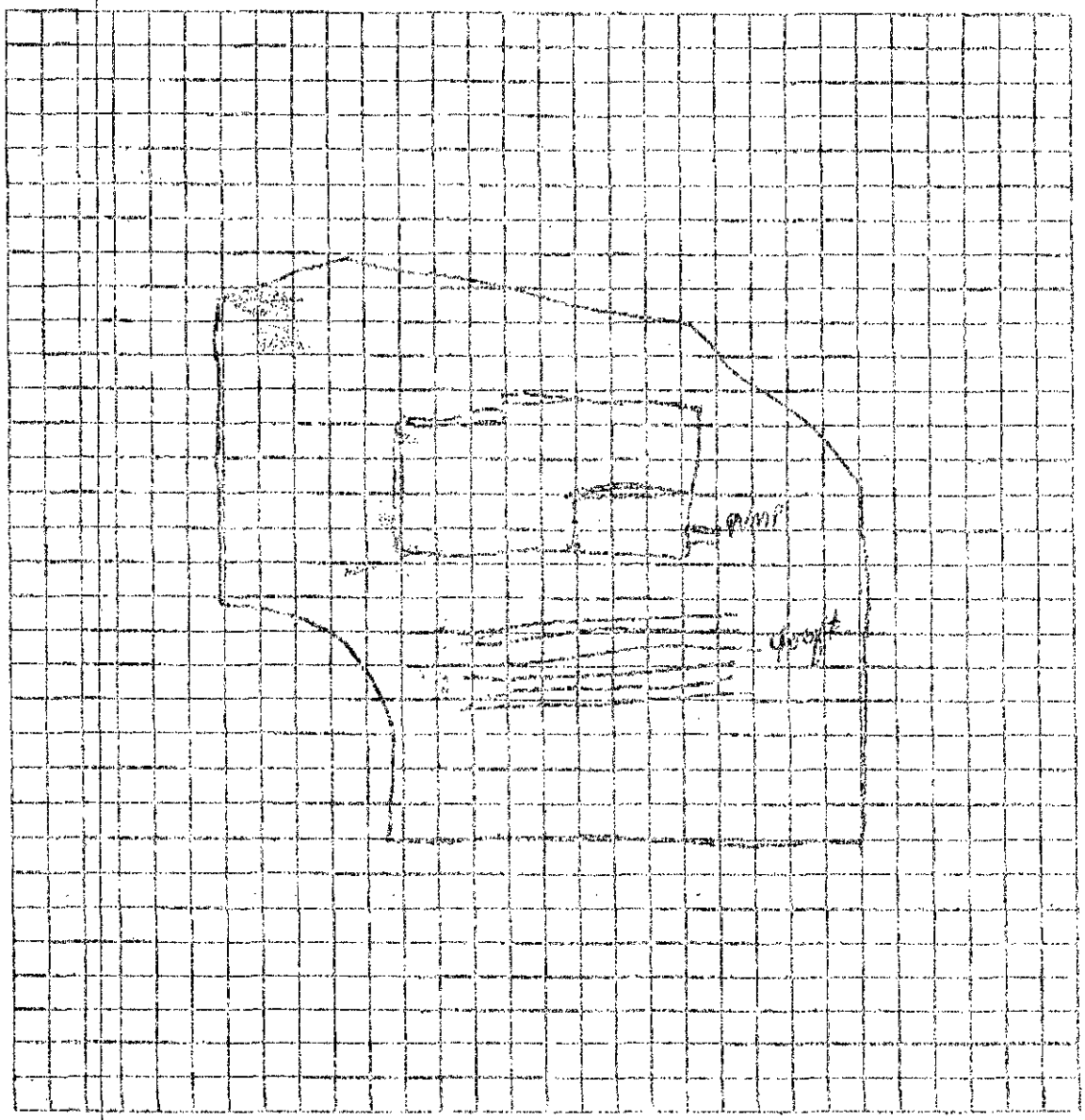
☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

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) 336-5994

File # 2706A
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	6-1-10

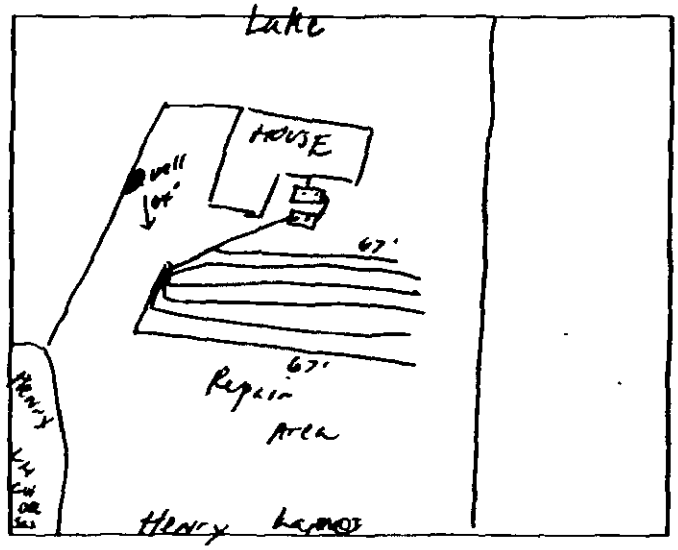
CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2706 A DATE: 10/31/89
TC: 001-022-26 ☒ L ☐ CRT
SERIAL № 12187

Name of Owner Gilead Woods Inc (Toney Lee) Juris.:
Address of Property 16218 Henry Ln

Inspection Date:
Tank Material PCV
Total Length of Drainfield 400
Number of Lines 6 @ 67'
Cover Depth 8"
Water Supply Source Com well
Distance to Water Source 7100
Excavation Inspected 10/31/89
Tank(s) Inspected 10/31/89
Wash Line Inspected NA
High Water Alarm Inspected 10/31/89



Design: 1989 1500 ST, 1000 DT, CON, 1200 SFT, 12" Gravel trail CTR# 74

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: System designed for 3 bedroom house.

Philo A. Walker
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

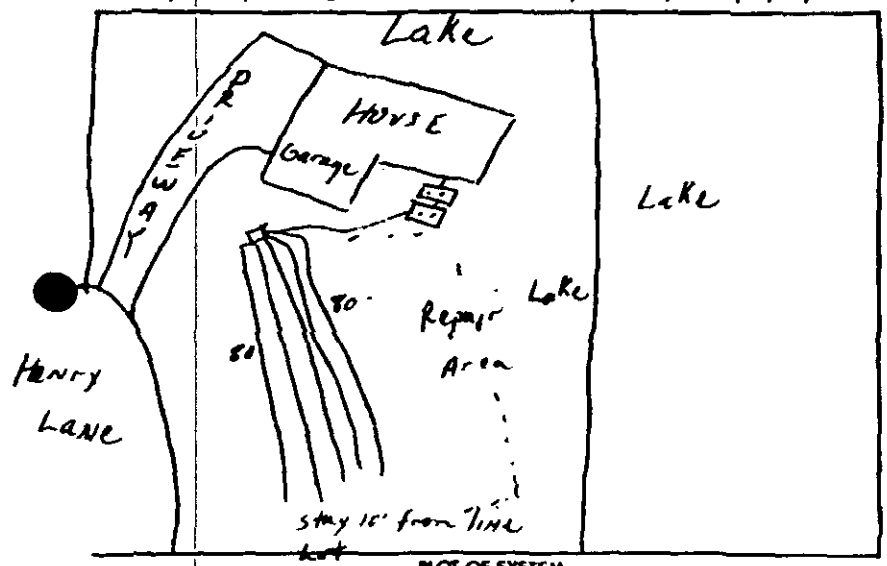
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2706A DATE: 9/15/89

TC: 001 022 26 ☐ L

SERIAL Nº 12944

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 6/1/89. All work shall be completed on or before 10/15/89, 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 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Gilead Woods

LOCATION OF PROPERTY 16218 Henry Ln

Comments: 5 Trenches x 80' x 3' x 12" stone
stay 10' from property line, Lift station required

S. D. Daniel
Division or Section Head

Philo A. Walker
Environmentalist

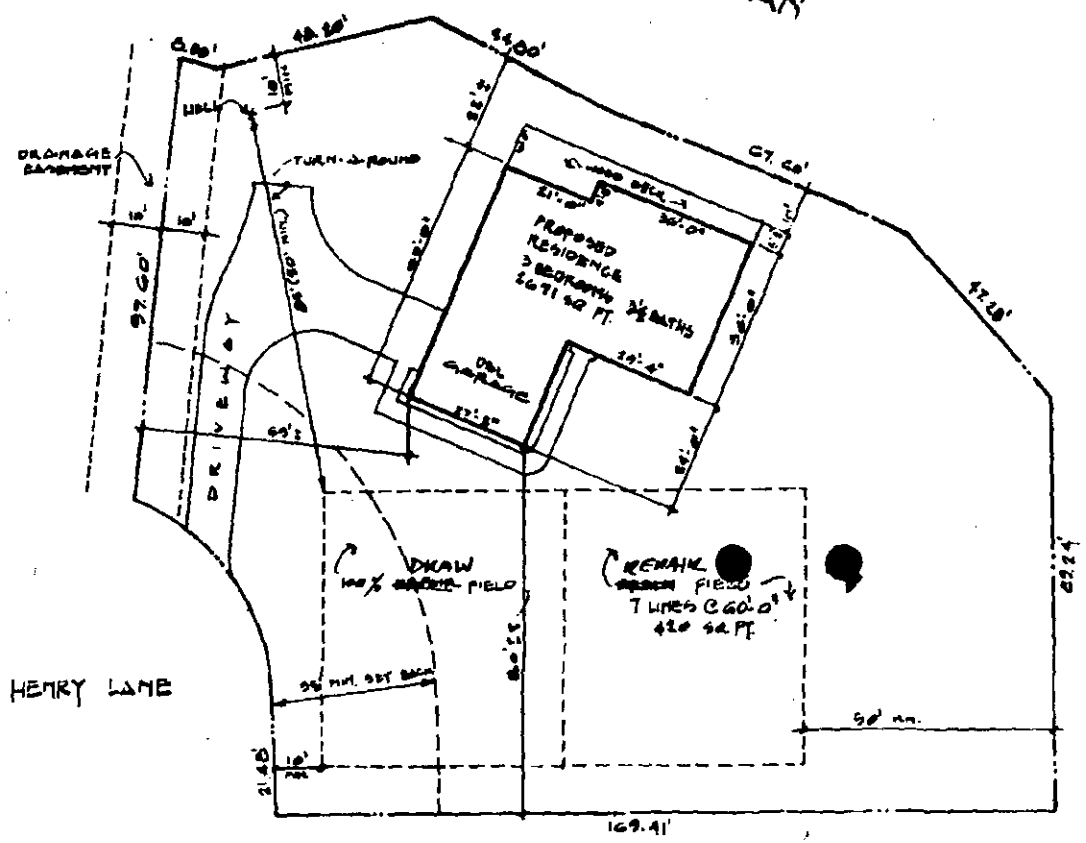
* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

FILE # 2706A
SER. NO 16556

TAX ID. 001-022-26
16218 HENRY LA.

NORMAN



LOT 6 - GILEAD WOODS

SCALE REVISED NO SCALE

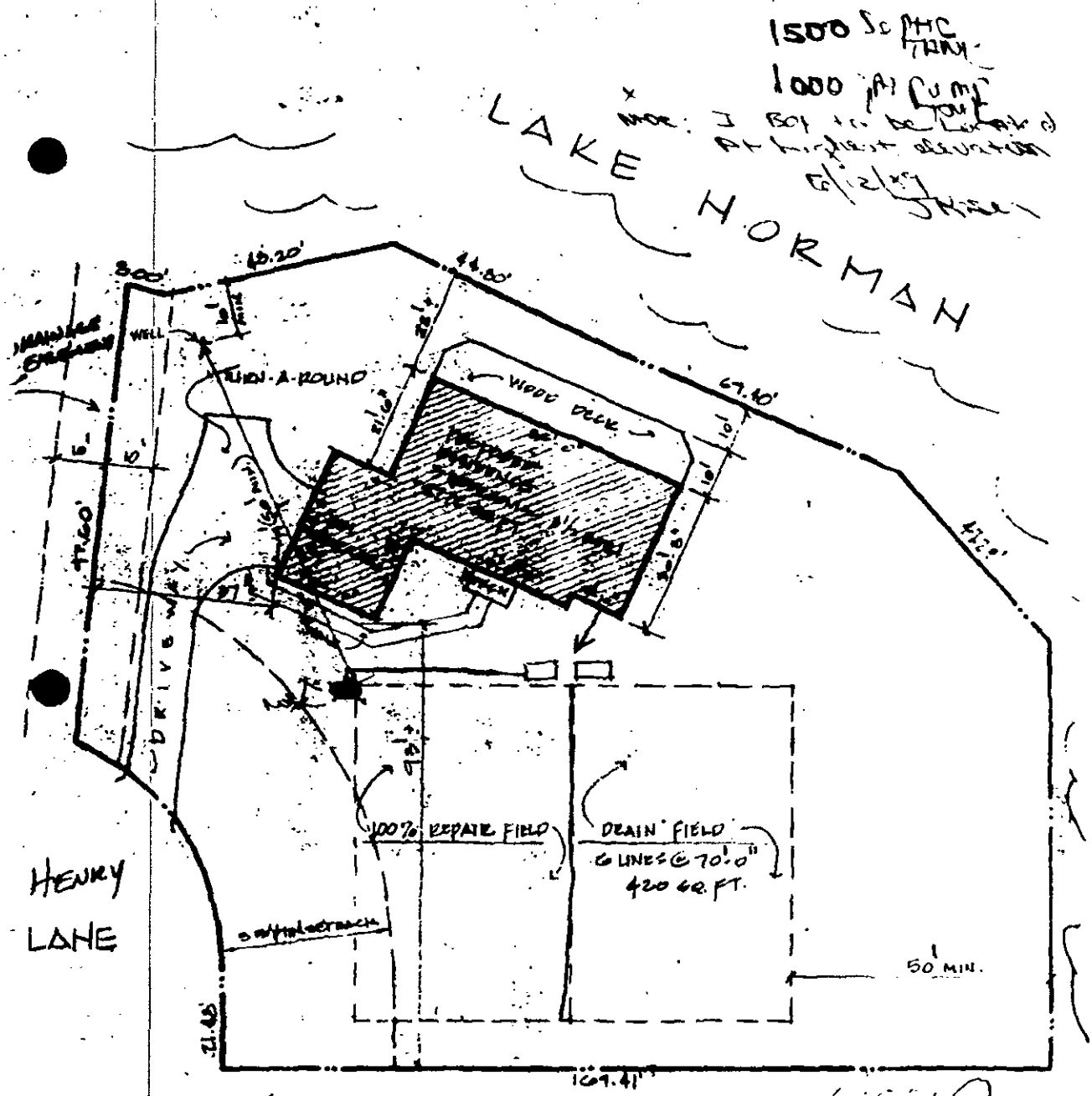
ABLE DRAFTING SERVICE

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUL
ENVIRONMENTAL HEALTH
DIVISION

REVISED PLAN
6/30/89

GILEAD WOODS A JOINT VENTURE

334-4722



LOT 6 - GILEAD WOODS

SCALE 1"=20'-0"

REVISED - NO SCALE

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 2706A Action 1
SITE EVALUATION REPORT
SERIAL NUMBER 11783 Parcel: 001-022-14 PO PC

Location: Henry Lane

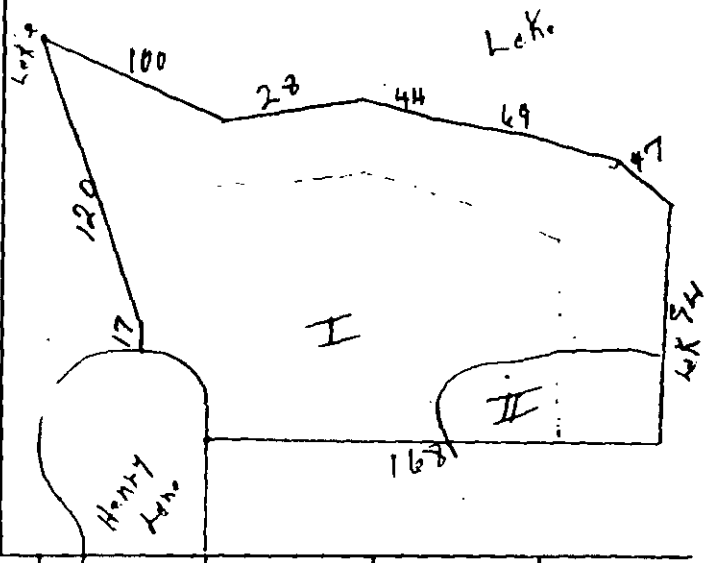
Subdivision:

Lot: 6 Block: Acres: .75 ±

Owner: Gilead Woods
Address: 1712 Cleveland Ave.
Charlotte, N. C. 28203

Comments: Area limited

Described by: W. B. Ramsey
Date: 10-14-87



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-6	S PS (U) 2-10	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U 2 rates	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40	S PS (U) Various	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U *	S PS (U)	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa Cecil	IVa Gwinett Appl				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 2706A ✓
TC: _____
SERIAL: № 16556 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 16216 (STREET NO) HENRY LANE (STREET) ② FILE: _____
③ JURISDICTION: MECK. ④ TAX PARCEL NO.: 001-022-26
⑤ SUBDIVISION: GILEAD WOODS ⑥ LOT: 6 ⑦ BLOCK: _____

OWNER

⑧ NAME: GILEAD WOODS A JOINT VENTURE OF K100/BLYTHE FRANK, LEE (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 726 RIVER OAKS CT.
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28226
⑬ PHONE: (WORK) 334-4722 ⑭ (HOME) 362-2466

REQUEST

This request is for a(n):
⑮ ☒ New permit ⑰ ☐ Autherization for mobile home exchange
⑯ ☐ Repair or alteration permit 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? 7 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Clinton Trunk – Gilead Woods. Partner
Date: June 1, 1989

IMPROVEMENT PERMIT

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 permit is issued by this Department.

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

Environmental Specialist — Date: 6/12/89
Director or Authorized Section Head — Date: 6-13-89

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