## Groundwater & Wastewater Services
### Septic Project File & Data Review Worksheet

GWS File #: 7982 WASPS App #: 4574

Primary ES assigned to project: PW

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☑ Modified Plot Plan ☐

**I. File Review:**

| Rule or Law | Permit Application | | | |
|---|---|---|---|---|
| .1937(d) | Is the Application complete | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is there a Site plan/Plat with application | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is the Facility shown? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Are appurtenances shown | Yes ☑ | No ☐ | N/A ☐ |
| | **Site Evaluation Information** | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1940 (a-g) | Slope % Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Texture Class Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Structure type Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Consistence Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Mineralogy Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(3) | Soil Wetness Condition Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(6) | Sufficient Available Space Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1937(m) | Are the Profile Locations Shown? | | | |
| .1939(a) | Are the S/PS Profiles in system & in repair area? | Yes ☐ | No ☐ | N/A ☐ |
| & .1945(b) | Number of auger borings made: _____ | | | |
| | Were sufficient auger borings made? | Yes ☐ | No ☐ | N/A ☐ |
| .1939(d), .1955, .1956, .1957 | LTAR | Yes ☐ | No ☐ | N/A ☐ |
| | **Improvement Permit/Construction Authorization** | | | |
| .1937(g) 130A-336(a) | Proposed System Type stated-Initial | Yes ☐ | No ☐ | N/A ☐ |
| .1945(b) | Proposed System Type stated-Repair | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336 (a)(3) | System location identifiable by setbacks - Initial | Yes ☐ | No ☐ | N/A ☐ |
| .1937(g) .1945(b) | System components shown – Initial | Yes ☐ | No ☐ | N/A ☐ |
| .1945(b) | Repair area shown | Yes ☐ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Does System design match facility, flow & WWcharacteristics? | Yes ☐ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is System design consistent with soil/site conditions? | Yes ☐ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is the System located in the approved area? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a) | Is the Design flow (gpd) indicated? | Yes ☐ | No ☐ | N/A ☐ |

| | | | | |
|---|---|---|---|---|
| 130A-336(a) | Number of Bedrooms, employees, seats, etc. indicated? | Yes ☐ | No ☐ | N/A ☐ |
| .1937(g) | Trench depth indicated? | Yes ☐ | No ☐ | N/A ☐ |
| .1937(g) | Trench width indicated? | Yes ☐ | No ☐ | N/A ☐ |
| .1937(g) | Trench length indicated? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Proposed/existing well shown? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Property line lengths shown? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a) | Facility/appurtenance setbacks shown from fixed points? | Yes ☐ | No ☐ | N/A ☐ |
| | **Operation Permit** | | | |
| .1937(i) | System type as described in table V(a) of rule .1961 | Yes ☐ | No ☐ | N/A ☐ |
| .1937(i) | Conditions for system performance, operation, maintenance, monitoring and reporting. | Yes ☐ | No ☐ | N/A ☐ |

**II. WASPS Review:**

| | | | |
|---|---|---|---|
| Construction authorization issued | Yes ☐ | No ☐ | N/A ☐ |
| Installation approval issued | Yes ☐ | No ☐ | N/A ☐ |
| Operation permit issued | Yes ☐ | No ☐ | N/A ☐ |
| Other related documentation | Yes ☐ | No ☐ | N/A ☐ |

# Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: 2 12 09

OP issued date: 2 12 09

Review performed by: KR Date performed: 2/5/09

79828

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

4074

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: 047 065 13
STREET ADDRESS: 7243 Ridge LN. Rd.
CITY: Charlotte
STATE: NC ZIP: 28262
SUBDIVISION NAME:
LOT #: P13 B5 LOT SIZE (acres): 1.960
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: 2880
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5
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? _____ ☐ UNKNOWN

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

12. PROPERTY OWNER: Oscar and Fanci Thomas
NAME:
ADDRESS: 7243 Ridge LN. Rd
CITY: Charlotte
STATE: NC ZIP: 28262
HOME PHONE: 704-957-7022
WORK PHONE:
MOBILE PHONE:
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY.
STATE. ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

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.

Janice H. Nonis
Property Owner's or Owner's Legal Representative Signature

2-12-09
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: $ NA DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 79826

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

Revised on: 7/1/08

WO# 7649 7982B File # OCT 22, 2008

N.C. Department of Environment & Natural Resources / Division of Environmental Health

# NOTICE OF VIOLATION
# ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Hand Deliver

Owner: OSCAR AND FANCI THOMAS

Mailing Address: 7243 RIDGE LANE RD
CHARLOTTE, NC 28262

Occupant: OSCAR AND FANCI THOMAS

Location: 7243 RIDGE LANE RD
CHARLOTTE , NC 28262

☒ Residence ☐ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On September 22, 2008 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

**Violation/s**

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify)*:
PUMP SEPTIC TANK

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify)*:

If the wastewater violation is not brought into compliance by **November 5, 2008** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 140-25].

For questions regarding this notice you should contact PHILO WALKER RS at 704-201-7673.

Notice Issued: 10/3/08
Date

Philo Walker RS
DENR/DEH Authorized Agent

Compliance: 21209
Date

DENR/DEH Authorized Agent

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

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 7982B Permit #: 4047 Tax Parcel #: 047 065 13

Property Owner: Oscar & Fanci Thomas

Job Location Address: 7243 Ridge Lane Rd

City: Charlotte State: NC Zip Code: 28262

**Installation Approval Issuance Date:** 2/12/09

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 3/12/09, 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: - GPD

Site LTAR: - 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: _____ 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 _____

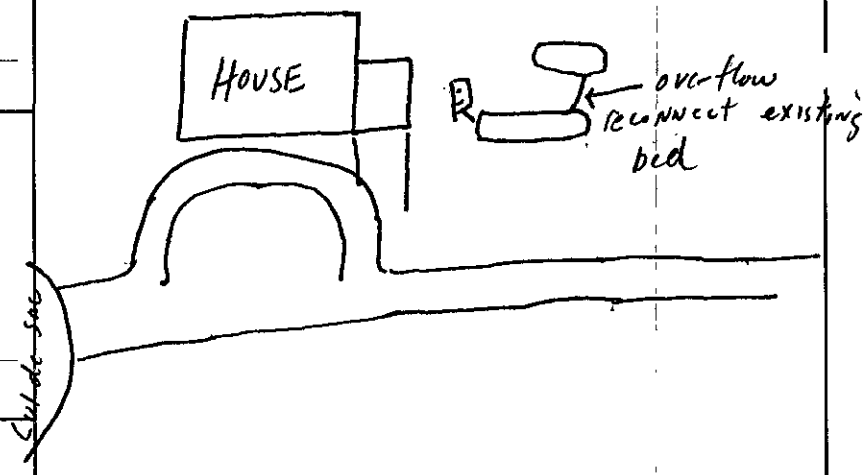
Minimum System Setbacks

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: IIa Replace 2 lids on existing septic tank. Add gravel to existing bed and overflow to reconnect existing 2nd bed drainfield GBD, G, NA, NA

DENR Authorized Agent: Philo Walker Signature: Philo Walker

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 #: 7982B Permit #: 4074 Tax Parcel #: 047 065 13

Property Owner: Oscar & Fanci Thomas

Job Location Address: 7243 Ridge Lane Rd

City: Charlotte State: NC Zip Code: 28262

**Operation Permit Issuance Date:** 2/12/09 Contractor Name: Steve Autry

Permitted Design Flow: — GPD

Liquid Capacity of Septic Tank: existing 2 lids Replaced 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: _____

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: 25' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: >50' feet

Inspection Dates

Tank pumped on 1/23/09

Tank(s) Inspected: Lids inspected 2/12/09

Excavation Inspected: overflow inspected 2/12/09

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

see installation approval

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 IIg GBO, C, NA, NA

DENR Authorized Agent: Philo Walker RS Signature: Philo Walker RS