

9316 MORGAN GLENN DR

13904132

12/21/2007

duponbj

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

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Toma Residence	1480B
Health Department	**Name of Establishment**	**Permit/Project No.**
9316 Morgan Glenn Dr., Charlotte 28227	3-Bedroom House	360 GPD
Location	**Type of Establishment**	**Design Flow**
Alex & Alisa Toma	Same as location address	
Owner/Agent	**Address**	**Phone**
N/A		
Operator	**Address**	**Phone**
IIIb	11/07/06	October 2011
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☐	☒	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5a. Measured < 4" of solids in dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	5.A.c. Small leak at check valve.
d. Control panel enclosure/components in good condition?	☒	☐	☐	5.A.d. Debris inside panel.
e. Elapsed time readings: _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	Drain field located in rear yard.
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. No problems detected with system operation at the time of inspection.
2. No sewage observed on ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

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

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*Please visit http://groundwater.charmeck.org for additional information.

1. Seal control panel to prevent moisture & insect entry.
2. Repair small leak at check vakve union in dosing tank, may need new gasket.

***$85 PAYMENT FOR INSPECTION HAS NOT BEEN RECEIVED.

DATE: 11/07/2006

SIGNED: _____ R.S. AGENT
Division of Environmental Health

Trevor Thomason, (704) 336-5568

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

1480 B

Date and Time: 9/18/2006 11:58:42 AM

Parcel ID #: 13904132 GIS ID #: 13904132	
Owner Name:	ALEKSANDRA I TOMA AND ALISA V TOMA
Mailing Address:	9316 MORGAN GLENN DR CHARLOTTE, NC 28227
Property Characteristics	
Legal Desc.:	L46 M26-997
Land Area:	0.75AC
Fire District:	10-MINT HILL
Special District:	FIRE SERVICE F
Account Type:	INDIVIDUAL
Municipality:	7-MINT HILL
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
08896-979 (1/16/1997) $158,000.00 08733-473 (9/10/1996) $0.00	

Building Photography

PHOTO #1
Location: 9316 MORGAN GLENN DR



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Situs Addresses Tied to This Parcel

9316 MORGAN GLENN DR	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: MINT HILL	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 57.07	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3705390212E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	CLEAR
Watershed Class:	

Powered by

MECKLENBURG COUNTY GIS

ALEX
ALISA

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

COPY

Mecklenburg County
Health Department

May 29, 2002

Aleksandra and Alisa Toma
9316 Morgan Glenn Drive
Charlotte, NC 28228

Dear Mr. and Mrs. Toma:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 9316 Morgan Glenn Dr., Charlotte, North Carolina, was completed on 5/8/02. The results of this inspection are enclosed.

During our inspection a bacteriological as well as two inorganic water samples were taken of your private water supply. The laboratory analysis of the well water sample was reported to be negative for coliform bacteria. The results of the inorganic samples are not yet available; these results will be mailed to you as soon as they are received from the State Laboratory. I have enclosed a copy of the inspection report, microbiological analysis results and additional information regarding the proper care and maintenance of your septic system.

Our records indicate that the $85.00 fee for this service has not been received. Please return the enclosed invoice with your payment.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

RSI

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Report
Microbiological Analysis Results
Septic System Owner's Guide
Inspection Invoice

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG CO. | | 14808
Health Department | Name of Establishment | Permit/Project No.

9316 MORGAN GLENN DRIVE | RESIDENCE | 360 GPD
Location | Type of Establishment | Design Flow

ALEKSANDRA & ALISA TOMA | 9316 MORGAN GLENN DR. |
Owner/Agent | Address | Phone

N/A | |
Operator | Address | Phone

Remarks TYPE IIIB

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	WE RECOMMEND PUMPING OUT TANKS
Tanks and access manholes structurally sound, watertight?	☑	☐	EVERY 3-5 YEARS. SUSPENDED SOLIDS
Sanitary tee(s) in good working condition?	☐	☐	CAN EVENTUALLY CAUSE SYSTEM FAILURE.
Tanks pumped, cleaned out as needed?	☐	☑	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☑	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	LOOKS GOOD!
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING

*WATER SAMPLES TAKEN FROM WELL HEAD.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 5/8/02 SIGNED: [signature] RSI AGENT

Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

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

violations: _____
[Law or Rule(s)]

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

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

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

_____
[Law or Rule(s)]

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

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

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

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

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

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

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

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Mecklenburg County
Health Department

July 11, 2002

Aleksandra and Alisa Toma
9316 Morgan Glenn Drive
Charlotte, NC 28228

Dear Mr. and Mrs. Toma:

Our records indicate that the fee payment for the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 9316 Morgan Glenn Dr., Charlotte, NC is past due.

Please return the enclosed bill with payment by 8/11/02.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

PAYMENT PAST DUE- SECOND NOTICE

Aleksandra and Alisa Toma
9316 Morgan Glenn Drive
Charlotte, NC 28228

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Aleksandra and Alisa Toma	9316 Morgan Glenn Dr.	13904132	1480B	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/4/02

Payment Due Date: **PAYMENT PAST DUE –SECOND NOTICE**

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County Health Department Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, NC 28211

Microbiological Analyses

Owner, System, or Establishment: ALEKSANDRA & ALISA TOMA

Address: 9316 MORGAN GLEN DR.

CHARLOTTE, NC Zip: 28278

Collected By: DAVID CORNELIUS
WELL HEAD

Date Collected: 5/8/02 Time: 12:00 AM/PM

Delivered To Lab By: DAVID CORNELIUS

Date Delivered To Lab: 5/8/02 Time: 3:05 AM/PM

Sample Contains Sodium Thiosulfate

☐ This is a compliance sample and the data will be reported to:

_____

Treatment:

☑ Initial Sample ☐ Chlorinated ☑ Nonchlorinated

☐ Recheck (Chlorinated) ☐ Recheck (Nonchlorinated) ☐ Other (Specify)_____

Type of Sample:

Potable Water

☑ Individual Well ☐ Community

☐ Non-community ☐ City

☐ Other (Specify)_____

Nonpotable Water

☐ Surface ☐ Monitoring Well

☐ Storm ☐ Other (Specify)_____

Temp Upon Collection:_____°C Initials_____

Temp Upon Receipt In Lab:_____°C Initials_____

Analysis Requested:

☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa ☐ Other (Specify)_____

Comments:_____

Laboratory Analysis Report

Method: Membrane Filter_____ Colilert ✓

Total Coliform Absent /100 ml

Fecal Coliform Absent /100 ml

Fecal Strep_____/100 ml

Enterococcus_____/100 ml

Plate Count_____/gm or ml

Pseudomonas aeruginosa_____/100 ml

Laboratory Comments:

Date Received: 5/8/02

Date Reported: 5/10/02

Received By: MCS

Analyst: MCS Lab #: 260

Laboratory Identification #: 37518 DEHNR

#: 449 DWQ

Rev. 2/01 **White—Lab Report Copy** **Yellow—Lab File Copy**

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Toma, Aleksandra & Alisa
Address: 9316 Morgan Glenn Dr.
Charlotte, NC **Zip:** 28227

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: David L. Cornelius
(704) 336-5101

Collected By: D.L. CORNELIUS **Date:** 5/8/02 **Time:** 12:00:00 PM

Location of sampling point: Well Head

Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	9	mg/l	5/10/02
Silver	<0.05	mg/l	5/10/02
Alkalinity as CaCO3	22	mg/l	5/10/02
Arsenic	<0.001	mg/l	5/10/02
Barium	<0.1	mg/l	5/10/02
Calcium	5.1	mg/l	5/10/02
Cadmium	<0.005	mg/l	5/10/02
Chloride	<5	mg/l	5/10/02
Chromium	<0.01	mg/l	5/10/02
Copper	<0.05	mg/l	5/10/02
Fluoride	<0.20	mg/l	5/10/02
Iron	<0.05	mg/l	5/10/02
Hardness as CaCO3 (Ca,Mg)	21	mg/l	5/10/02
Mercury	<0.0005	mg/l	5/10/02
Magnesium	2.1	mg/l	5/10/02
Manganese	<0.03	mg/l	5/10/02
Sodium	5	mg/l	5/10/02
Lead	<0.005	mg/l	5/10/02
pH	6.8	Std. unit	5/10/02
Selenium	<0.005	mg/l	5/10/02
Zinc	<0.05	mg/l	5/10/02

Date Received: 5/10/02 **Report Date:** 5/23/02 **Reported By:** DM
Today's Date: 5/24/02 **Ref:** 6442 **Login Batch:** 02050025 **Sample Number:** AA76884

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Toma, Aleksandra & Alisa
Address: 9316 Morgan Glenn Dr.
Charlotte, NC **Zip:** 28227
County: MECKLENB
Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21
ATTN: David L. Corneliu
(704) 336-5101
Collected By: D.L. CORNELIUS **Date:** 5/8/02
Location of sampling point: Well Head
Remarks:

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Other
Time: 12:00:00 PM

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	5/10/02
Nitrate as N	1.71	mg/l	5/10/02

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 9 °C
Date Received: 5/10/02 **Report Date:** 5/23/02
Today's Date: 5/24/02 **Reference:** 6454 **Login Batch** 02050025 **Sample Number:** AA76396
Reported By:

CERTIFICATE OF COMPLETION/OPERATION PERMIT

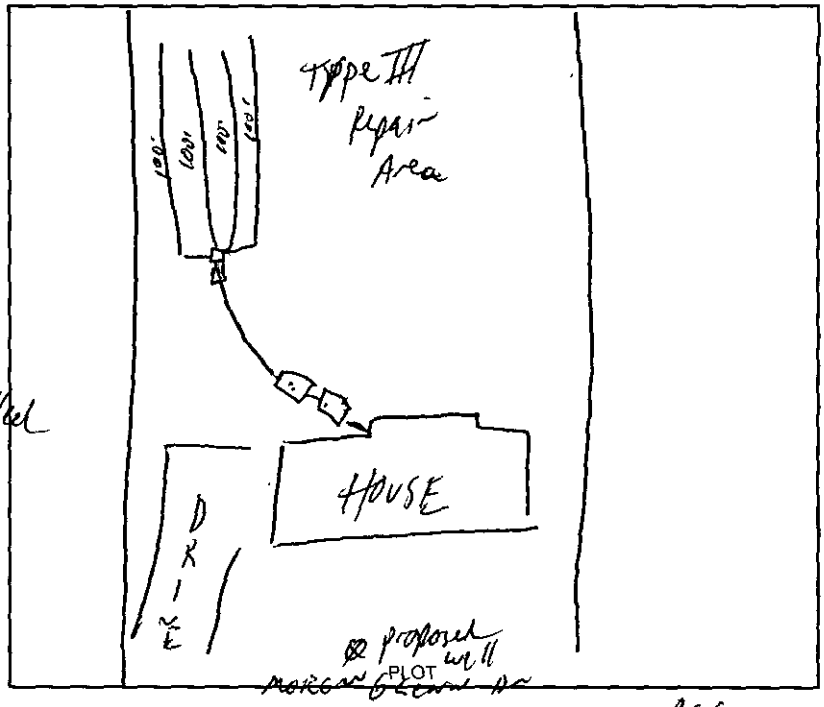
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1480B DATE: 10/23/96
TC: 139 041 32 ☐ L ☒ CRT
SERIAL Nº 16862

Name of Owner Dublin Homes Juris.:
Address of Property 9316 Morgan Glenn Dr

Inspection Data:

Tank Material PCC
Total Length of Drainfield 400'
Number of Lines 4 @ 100'
Cover Depth 12"
Water Supply Source well
Distance to Water Source >100' not installed
Excavation Inspected 10/23/96
Tank(s) Inspected 10/23/96
Wash Line Inspected plumb to tank
High Water Alarm Inspected 10/23/96



Design 1996, 1500 ST, 1000 DT, PI, CON, 1200 SFT, 12" stone cul CTR# RCS 90

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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/revocation of this permit.

COMMENTS: Septic system designed for 3 bedroom residence
Type III

Thilo A. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

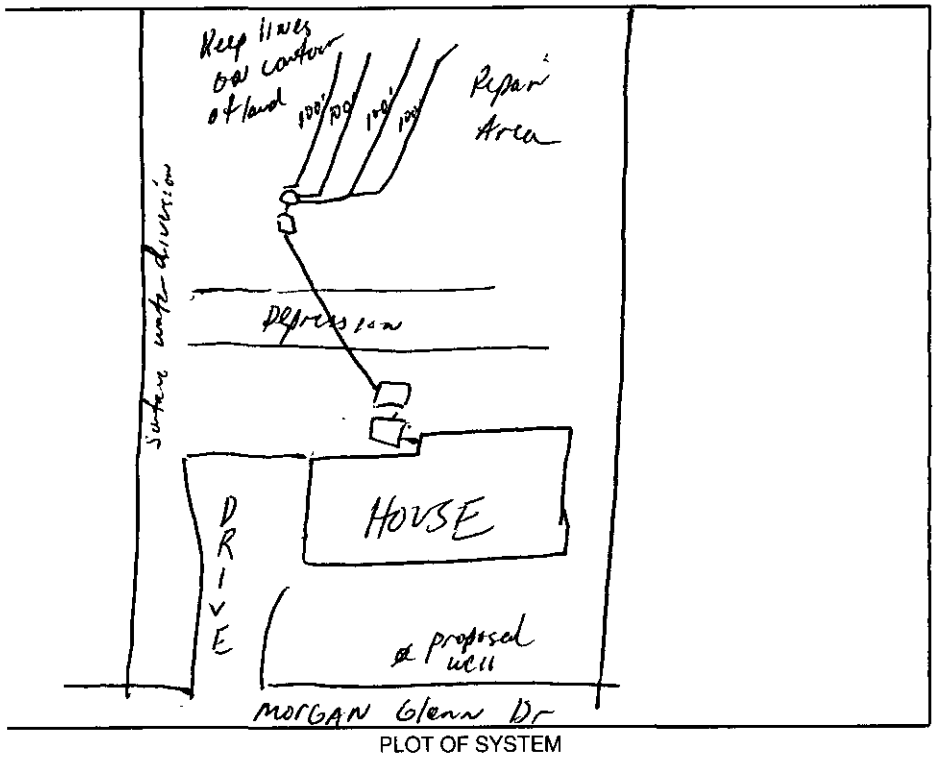
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1480 B DATE: 10/22/96

TC: 139 04/32 X400

SERIAL Nº 16999

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 7/29/96. All work shall be completed on or before 11/22/96, after which date this permit 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 the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 400' *feet*

Number of Lines 4 (100')

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 7100' feet
50' min

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

NAME OF OWNER Dublin Homes

LOCATION OF PROPERTY 9316 Morgan Glenn Dr

Comments: 1500 ST, 1000 PT, PI, 4 lines x 100' long x 3' wd x 12" stone drainfield to be installed out of depressed area Keep lines on contour of land

Phillip S. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CK # 8326

100 D

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 8/2/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7/29/96 **PERMIT NO:** 1480 B
PARCEL NO: 139 044 32

JOB LOCATION ADDRESS: 9316 Morgan Glenn
PROPERTY OWNER: Dublin Homes
BUILDING CONTRACTOR: John McNairie
SUBDIVISION NAME: Morgan Glenn
AUTHORIZATION ISSUED BY: Philo A. Walker R.S. **DATE:** 7/29/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1480 B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Lift pump required

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

John McNairie 7-29-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 1480B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139 041 32

- 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	
Type Primary Wastewater System Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on 9' centers)	
Yes Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank see plot plan	12" Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Lift pump required				
Repair Area System Type Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in eff at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Departm
- This Improvement permit is transferable.

Philo S. Walker R.S. 7/29/96
DEHNR Authorized Agent Date

John C McManus 7-29-96
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR
SUITE 211
700 N. TRYON ST
CHARLOTTE, N.C. 28202
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

46 MG

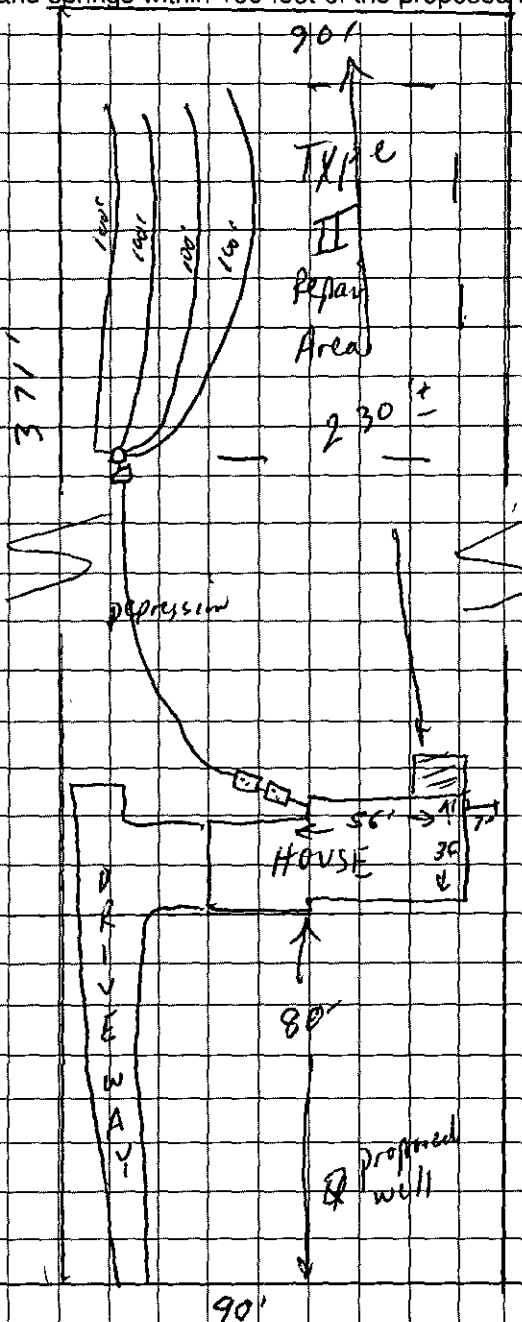
PROPOSED PLOT PLAN

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

FILE: 14808

TC: 139-041-32

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Lot 46 MG
9316 Meagan Glenn Dr

1500 ST
1000 DT

Lift pump requirement to be revaluated after lot cleared
French drain may eliminate depression area problem
4 lines x 100' long x 3' wd x 12" stone
400 TLF

Keep septic system > 50' from any well
7' from back right house corner to right property line
80' from front left house corner to front property line.

APPROVAL DATE PSW 7/29/96

OWNER/AGENT SIGNATURE [signature]

DATE 7/29/96

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

0460

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1 14608
139-041-32
L46

OWNER: Dublin Homes APPLICANT:
ADDRESS: 1221 Riverleigh Ft. Chas. APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: .75
LOCATION OF SITE: 9316 Morgan Glenn Dr. PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 3-10% 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	NS	0-4"	gr/cl	Fr/SEXP/SS/SP	7 41" TO Chroma 2 colors	41"	N/A	None	PS IV .39/17
		4-22"	SBK/c	Fr/SEXP/SS/P					
2	LS	0-6"	gr/cl	Fr/SEXP/SS/SP	7 41" TO Chroma 2 Colors	41"	N/A	None	PS IV .39/Fr
		6-30"	SBK/c	Fr-Fi/SEXP/SP					
		30-41"	SBK/cl	Fr/SEXP/SS/SP					
3	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	7 39" TO Chroma 2 Colors	39"	N/A	None	PS IV .39/Fr
		4-24"	SBK/c	Fr-Fi/SEXP/SP					
		24-39"	SBK/cl	Fr/SEXP/SS/SP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Limited PS	PS
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William B. Marlin 7-17-96
OTHER(S) PRESENT:

FEE: 100 + Ck # 1005

DATE: 7/2/96 gc

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE

| | CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 1980

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-041-32

STREET ADDRESS: 9316 MORGAN GLEN DR

SUBDIVISION OR MOBILE HOME PARK NAME: MORGAN GLEN

LOT NUMBER: 46

TYPE OF BUILDING, (CHECK ONE)

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 2100

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES	✓ NO	WELL SPRINGS OR WATERLINES	___ YES	✓ NO
EXISTING WASTE WATER SYSTEMS	___ YES	✓ NO	DESIGNATED WETLANDS	___ YES	✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES	✓ NO			

PROPERTY OWNER:

NAME: (LAST) DUBLIN HOMES (FIRST) (MI)

ADDRESS: 1221 IVERLEIGH TRAIL

CITY: CHARLOTTE STATE: NC ZIP 28270

DAYTIME PHONE: 704 846-6706

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) MCNANIE (FIRST) JOHN (MI) C.

DAYTIME PHONE: 704, 846-6706 FAX # 371-1500

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? SEPT 1995

THE UNDERSIGNED, OWNER, OR LEGAL AGENT FOR THE OWNER, OF THE PROPERTY DESCRIBED ABOVE AS THE "JOB LOCATION" HAS READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

SIGNED: John C McNanie DATE: 7/2/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 7/2/96

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 139-041-32

ASSIGNED ADDRESS 9316 Morgan Glenn Dr

EXISTING ADDRESS lot 46

PROJECT NAME Morgan Glenn

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	✓ *	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	✓
7.	DRIVEWAY PERMIT REQUIRED	*	✓

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Rob

OPWEAR 06-88

NEW ADDRESS ___ *

FORM 100

OMMENTS: 1006 Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(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)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL 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
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, refereuce or benchmark, and North).

1480B

