

13415 MAYES RD

00716207

6/11/08

marliwr

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 **Health Department**	Sanderson Residence **Name of Establishment**	9986 **Permit/Project No.**
13415 Mayes Rd., Huntersville 28078 **Location**	4-Bedroom House **Type of Establishment**	480 GPD **Design Flow**
Richard & Dawn Sanderson **Owner/Agent**	Same as location address **Address**	**Phone**
N/A **Operator**	**Address**	**Phone**
IIIb **System Type**	10/31/2005 **Date of Inspection**	October 2010 **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?	☒	☐	☐	3.a. Bolts rusted on dosing tank riser.
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?.....	☐	☐	☒	3.d. Recommend pumping every 3-5 yrs.
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?	☐	☐	☒	3.d. Could not measure solids level.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	5.A.b. Alarm mounted indoors.
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
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?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☐	☒	☐	6.b. Lower 2 drainlines
c. Surface water being effectively diverted away?	☒	☐	☐	receiving most of the effleunt. May
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	need to adjust speed levels in d-box
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	to modify flow to drainlines if
f. Protected from traffic, destructive uses?	☒	☐	☐	conditions worsen.
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:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

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

1. Replace rusted bolts on dosing tank riser.
2. Clear vegetation from contol panel and riser for dosing tank. Limited access to components during inspection.

*Note: Owner did not pay $85 inspection fee, therefore no well samples were collected.

DATE: 11/01/2005

SIGNED: _____, RST AGENT

Division of Environmental Health

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

9986

Date and Time: 8/16/2005 8:08:59 AM

Parcel ID #: 00716207 GIS ID #: 00716207	
Owner Name:	RICHARD G SANDERSON AND DAWN P SANDERSON
Mailing Address:	13415 MAYES RD HUNTERSVILLE, NC 28078
Property Characteristics	
Legal Desc.:	NA
Land Area:	13.54AC
Fire District:	09-CORNELIUS / LEMLEY
Special District:	FIRE SERVICE C
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
07921-661 (9/23/1994) $60,000.00	
Situs Addresses Tied to This Parcel	
13415 MAYES RD	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: HUNTERSVILLE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 63.01	
Parcel Falls Inside SWIM Buffer?: YES	
FEMA Flood Information	
FEMA Panel #:	370478047E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	ROCKY RIVER AND CLARKE
Watershed Class:	

Building Photography

PHOTO #1
Location: 13415 MAYES RD



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.

Powered by

Mecklenburg County GIS
Geographic Information Systems

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.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 9986 DATE: 10/6/95

TC: 007-162-07 ☐ L ☒ CRT

SERIAL Nº 16398

Name of Owner Richard-Dawn Sanderson Juris.:

Address of Property 1345 Mayes Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 5 @ 107'

Cover Depth 10"-24"

Water Supply Source Well

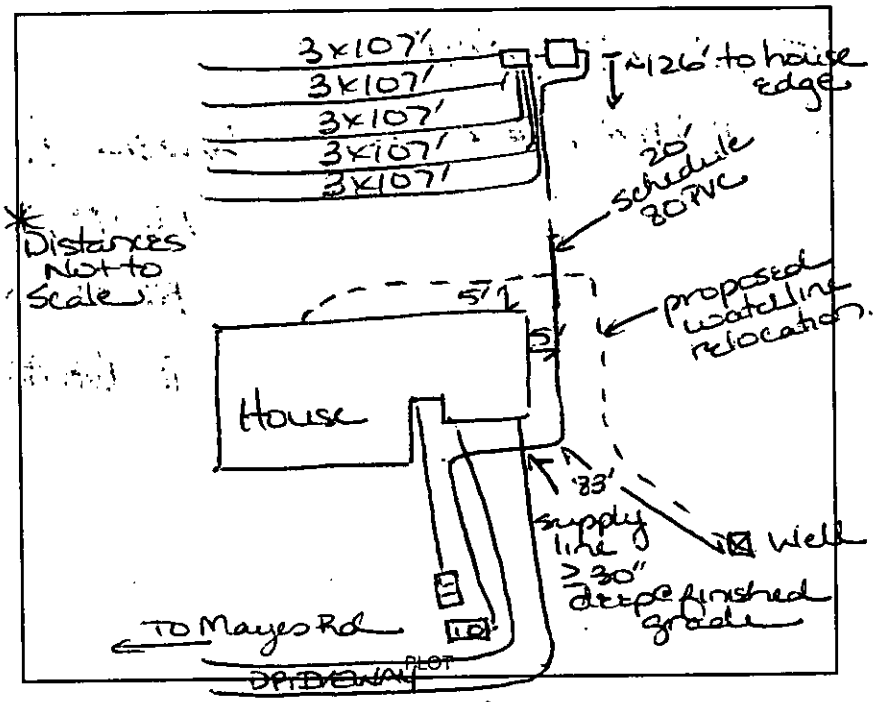
Distance to Water Source 33'

Excavation Inspected 8/05/95 & 9/1/95

Tank(s) Inspected 8/05/95

Wash Line Inspected NA

High Water Alarm Inspected 10/6/95



Design 1995 Pump to CON, 1500gST, 1000gPT, PI, 1605ft² 12'G cell-like CTR# 80 Claudius Morrison

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 Aurora Hydromatic SK60

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: Type III, 4 bedroom residence

Lisa B. Mialik, RS
Environmental Health Specialist

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

- RUSTED BOLTS ON PT RISER
- LIMITED ACESS TO PT RISER
- COULD NOT MEASURE
- PUMP TANKS?
- NO FEE PAID
- DRAIN FIELD OK - LOWER 2 LINES RECEIVING MOST OF EFFLUENT, MAY RESET SPEED LEVELS IN D-BOX TO BALANCE FLOW TO ALL LINES.

environmental DESIGN

landscape architecture
civil engineering
land planning

April 26, 2002

Mr. David Cornelius, R.S.I.
Environmental Health Division
Mecklenburg County Health Department
700 North Tryon Street, Suite 211
Charlotte, North Carolina 28202-2236

RE: Dawn and Richard Sanderson
13415 Mayes Road
file number 9986

Dear Mr. Cornelius:

Mr. and Mrs. Sanderson received a letter from you dated April 23, 2002, concerning inspection services of their type IIIb septic tank pumping system. You referenced paragraph (b) of the Administrative Code in your letter. Subsequent paragraphs address the responsibility of the management entity, etc. Mr. and Mrs. Sanderson understand from the Code, specifically Table V(b), that as homeowners they are the management entity for the system. In accordance with that responsibility, they have contracted with this firm to conduct yearly system inspections to ensure proper operation of the system.

Similarly, the Sanderson's recognize that paragraph (j) of the Administrative Code directs the local health department to conduct periodic inspections in accordance with the schedule listed in Table V(a). Therefore, the Sanderson's hereby request that your office submit a schedule of observations and tests to be performed, the standard of criteria to be analyzed, and the expertise of the personnel on the site to perform the inspection. It is of concern that this inspection will be nothing more than someone walking out to the site and verifying that sewerage is not running off overland. Until they receive this information, they will not consent to your entry onto their property. Also, they protest the invoicing of fees without being provided evidence of reputable, competent services being performed for such.

Upon receipt of the information requested, and review of such, we will respond with either a request for additional supporting documentation or with a suggested date for the

inspection. You should not attempt to perform the inspection without either the owner or one or our representatives on site.

We appreciate your understanding and cooperation and look forward to your response.

Sincerely,

Riley D. Burgess, Jr., PE
Principal

P.O. Box 309; Davidson, NC 28036 Phone: 704-896-8020 Fax: 704-892-5479 E-mail: r.burgess@edpa.net

Mecklenburg County
Health Department

April 23, 2002

Dawn and Richard Sanderson
13415 Mayes Road
Huntersville, NC 28078

Dear Mr. and Mrs. Sanderson:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence at 13415 Mayes Road, Huntersville, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by May 7, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

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

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Dawn and Richard Sanderson
13415 Mayes Road
Huntersville, NC 28078

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
Dawn and Richard Sanderson	13415 Mayes Road	00716207	9986	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: 4/23/02

Payment Due Date: 5/23/02

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

April 5, 2001

Dawn & Richard Sanderson
13415 Mayes Road
Huntersville, NC 28078

Dear Mr. Sanderson:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. The State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic system. In addition, if you have a well, bacterial and inorganic samples will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Kelly H, Randall, R.S., Supervisor
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Richard & Dawn Sanderson
13415 Mayes Road
Huntersville, NC 28078

Please Make Checks Payable To

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Dawn & Richard Sanderson	13415 Mayes Road	007-162-07	9986	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
4/05/2001	5/7/01

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 9986 DATE: 10/6/95

TC: 007-162-07 ☐ L ☒ CRT

SERIAL Nº 16398

Name of Owner Richard + Dawn Sanderson Juris.: _____

Address of Property 13415 Mayes Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 5 @ 107'

Cover Depth 10"-24"

Water Supply Source Well

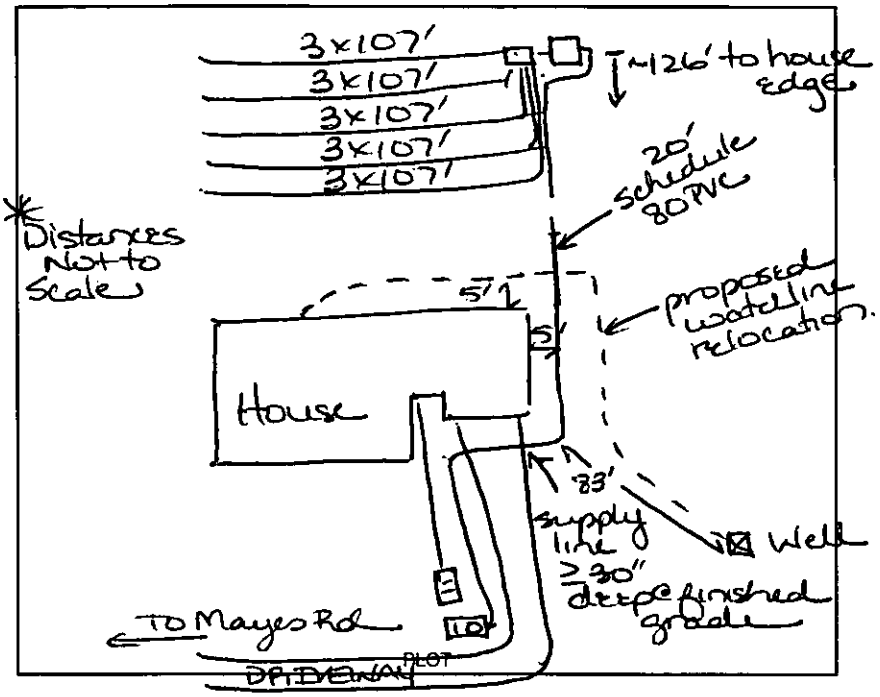
Distance to Water Source 83'

Excavation Inspected 8/25/95 + 9/1/95

Tank(s) Inspected 8/25/95

Wash Line Inspected NA

High Water Alarm Inspected 10/6/95



Design 1995 PumptoCON, 1500gST, 1000gPT, P1, 1605ft² 12"G cecil-like CTR# 80 Claudius Morrison

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 Aurora Hydromatic SK60

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: Type III, 4 bedroom residence

Lisa B. Mialik, RS
Environmental Health Specialist

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

~~300B~~ ~~9486~~ 9586

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Sanderson (last) Dawn (first) P. (mi)
ADDRESS: 3015 Northampton Dr PHONE: 704 552-9121
CITY: STATE: NC ZIPCODE:

PROPERTY OWNER:
NAME: Sanderson (last) Dawn + Richard (first) (mi)
ADDRESS: Same as PHONE: 704 552-9121
CITY: Above STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 007-162-07
STREET ADDRESS: 13415 Mayes Rd
ZONING:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: X Dawn P. Sanderson Date: X 10-31-94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... Lift station required

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Susan Bateman 11-2-94 Date
Environmentalist

Director or Authorized Section Head Date 3/21/95

WATER : 122791

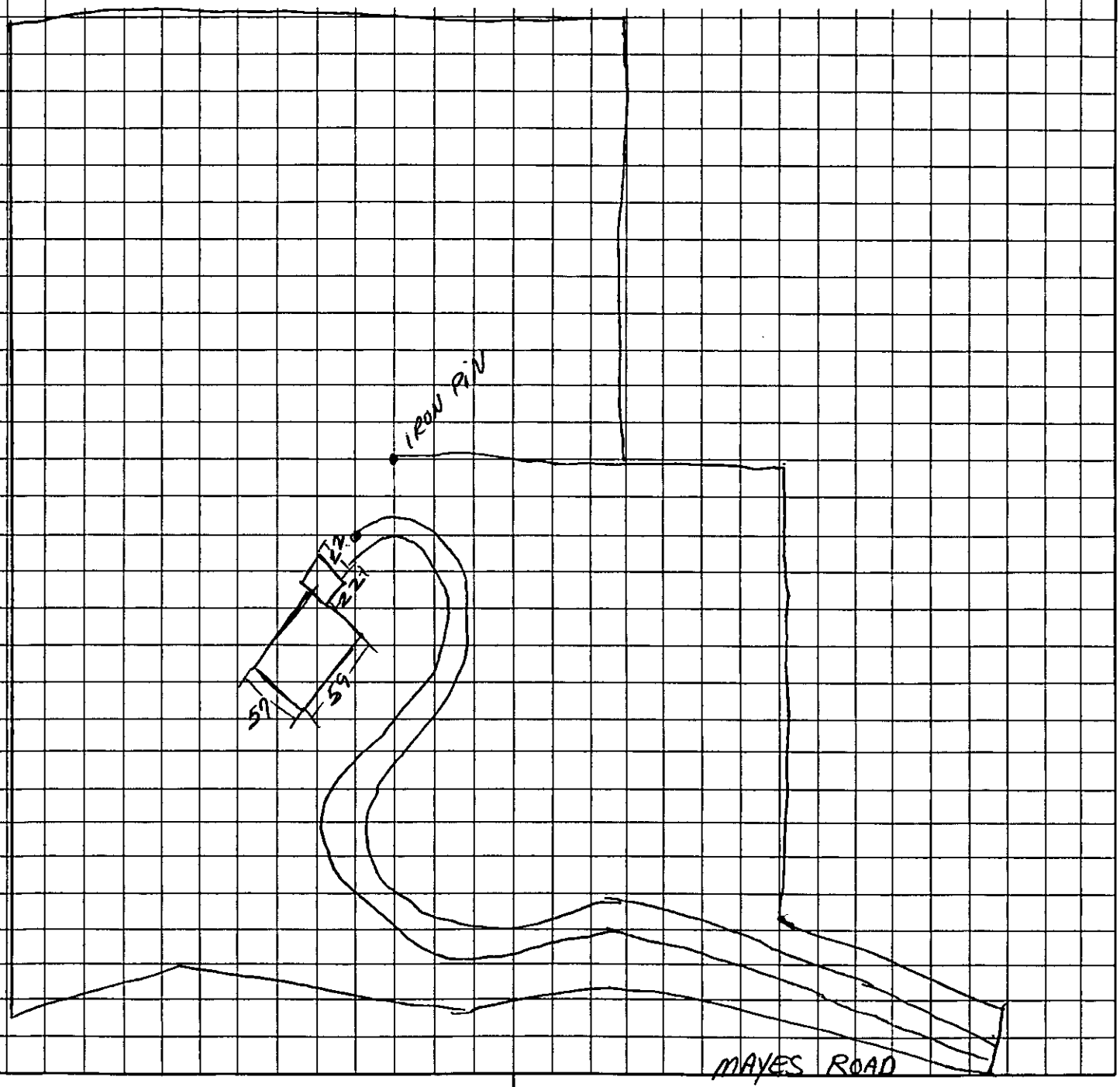
PROPOSED PLOT PLAN

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

FILE: 3007B 9986 9986

TC: 007-162-07

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

Improvement Permit

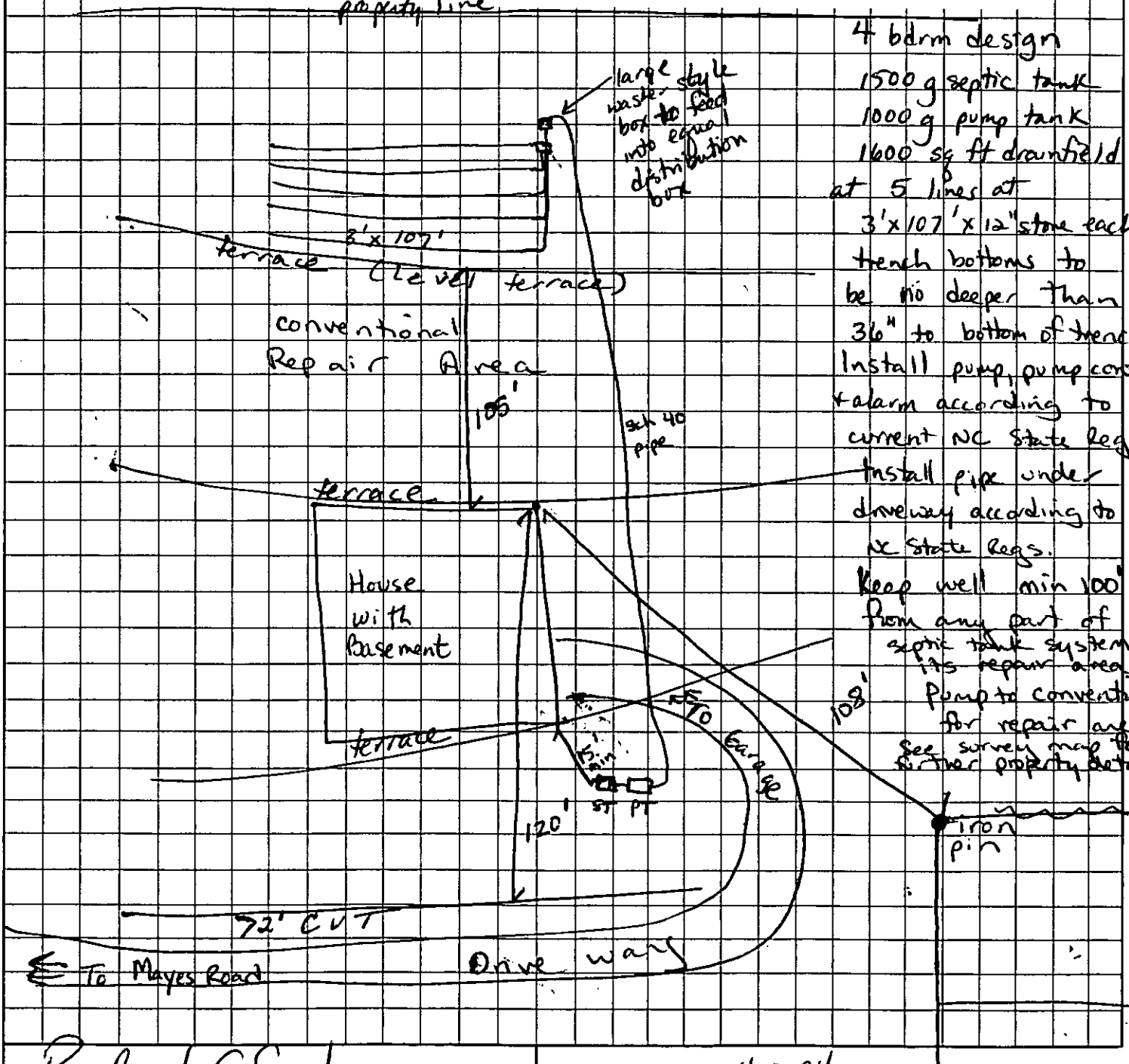
PROPOSED PLOT PLAN

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

FILE: ~~3001 B~~ 9986

TC: 007-162-07

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.



4 bdrm design
1500 g septic tank
1000 g pump tank
1600 sq ft drainfield
at 5 lines at
3' x 107' x 12" stone each
trench bottoms to
be no deeper than
36" to bottom of trench.
Install pump, pump controls
+ alarm according to
current NC State Regs.
Install pipe under
driveway according to
NC State Regs.
Keep well min 100'
from any part of
septic tank system or
its repair area.
Pump to conventional
for repair area.
See survey map for
further property details

Richard A Sanders
OWNER/AGENT SIGNATURE

DATE 3-17-95

APPROVAL DATE 11-2-94 BB

* Do not grade or disturb soil in area of drainfield area or repair area.

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

13400

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

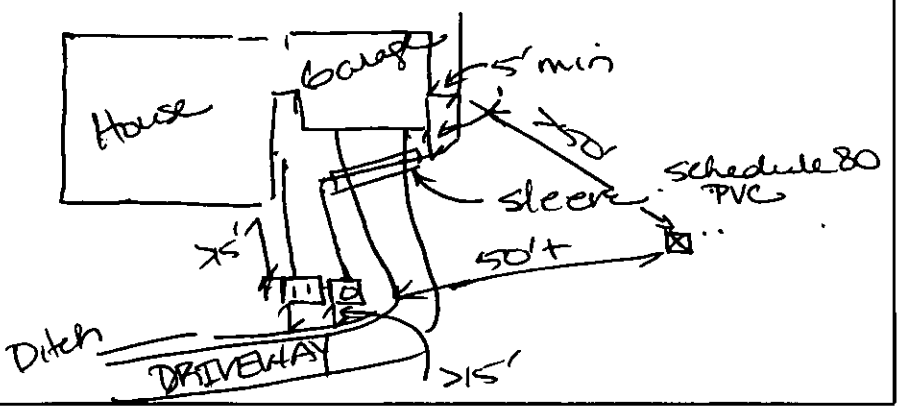
FILE: 9986 DATE: 8/4/95

TC: 007-162-07 ☐ L

SERIAL Nº 16348

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 10/31/94. All work shall be completed on or before 9/4/95, 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.

Install per Improvement Permit issued 11/4/94 (on file)



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 34-36" max

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 535 feet

Number of Lines 5@107' each

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

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

NAME OF OWNER Dawn + Richard Sanderson

LOCATION OF PROPERTY 13415 Mayes Road

Comments: (1) ~~Keep~~/Set septic tank + pump tank so that the tops of the tanks are no greater than 36 inches (below) from the ground surface.

(2) Encase supply line with schedule 80 pvc or ductile iron OR install greater than 30" below driveway grade.

Lisa B. Mialik, RS
Environmental Health Specialist

(3) Keep ST + PT >15' from ditch/2' cut @ driveway.

A Bateman for S Daniel, Program Chief 8-8-95

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20539

File: ~~3001 B~~ 9986 Action 1

Parcel: PO 007-162-07 ☐ PC

Location: 13415 Mayes Rd.

Subdivision:

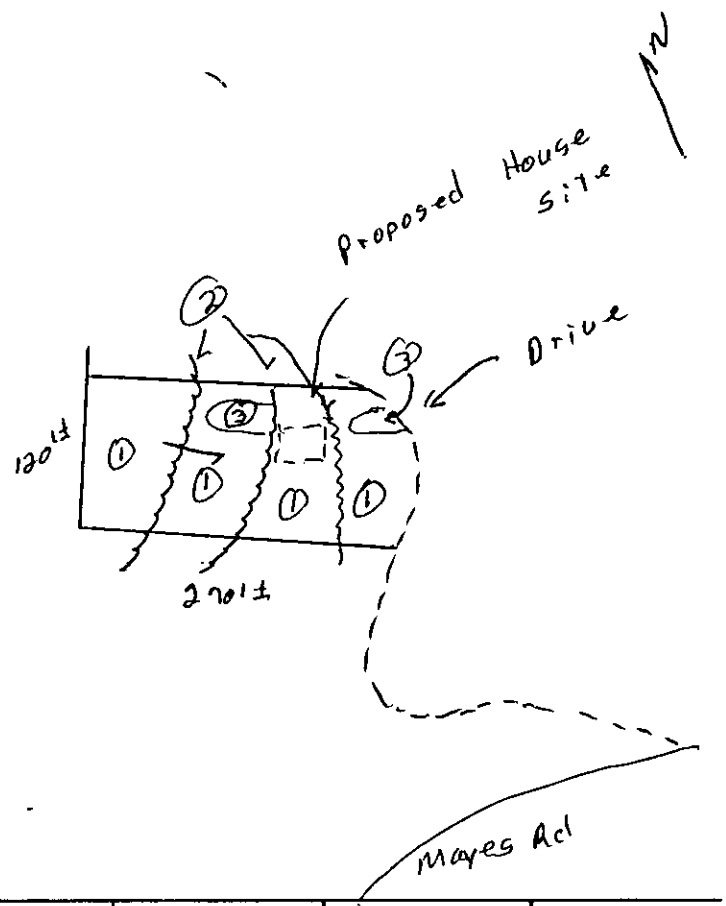
Lot: Block: Acres: Approx .75 ac.

Owner: Dawn & Richard Sanderson
Address: 3015 Northampton Dr.
Charlotte, N.C. 28210

Comments: 100% Repair, .3 gal/ft²/day LTAR - additional area potentially available, repair may need pump

Described by: William R. Marlin

Date: 11-1-94



***** 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 2-10%	S PS (U) Old Terraces	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub + Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" To soil Wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 46"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	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	III Iredell Like	Old Terraces	Depression			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Richard G. Sanderson, TELECOPIER # 892-5479

FROM: Lisa B. Mialik DATE 8/29/95
Meck. Co. Health Dept.

NUMBER OF PAGES TRANSMITTED: 8 (including cover sheet)

COMMENTS: I will contact you tomorrow morning to discuss this if you are available.

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[✓] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] _____

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236



LAWS AND RULES FOR SEWAGE TREATMENT AND DISPOSAL SYSTEMS

NORTH CAROLINA

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL HEALTH

ON-SITE WASTEWATER SECTION

EFFECTIVE JULY 1, 1982
AMENDED EFFECTIVE APRIL 1, 1993

With cafeteria, gym, and showers	15 gal/student
With cafeteria only	12 gal/student
With neither cafeteria nor showers	10 gal/student
Boarding Schools	60 gal/person
Service Stations	250 gal/water closet or urinal
24-hour Service Stations	325 gal/water closet
Stores, Shopping Centers, and Malls (Exclusive of food service and meat markets)	120 gal/1000 ft^2 of retail sales area
Stadium, Auditorium, Theater, Drive-in	5 gal/seat or space
Swimming Pools, Spas, and Bathhouses	10 gal/person

(c) An adjusted design daily sewage flow may be granted by the local health department upon a showing as specified in Subparagraphs (c)(1) through (c)(2) that a sewage system is adequate to meet actual daily water consumption from a facility included in Paragraph (b) of this Rule.

(1) Documented data from that facility or a comparable facility justifying a flow rate reduction shall be submitted to the local health department and the State. The submitted data shall consist of at least 12 previous consecutive monthly total water consumption readings and at least 30 consecutive daily water consumption readings. The daily readings shall be taken during a projected normal or above normal sewage flow month. A peaking factor shall be derived by dividing the highest monthly flow as indicated from the 12 monthly readings by the sum of the 30 consecutive daily water consumption readings. The adjusted design daily sewage flow shall be determined by taking the numerical average of the greatest ten percent of the daily readings and multiplying by the peaking factor. Further adjustments shall be made in design sewage flow rate used for sizing nitrification fields and pretreatment systems when the sampled or projected wastewater characteristics exceed those of domestic sewage, such as wastewater from restaurants or meat markets.

(2) An adjusted daily sewage flow rate may be granted contingent upon use of extreme water-conserving fixtures, such as toilets which use 1.6 gallons per flush or less, spring-loaded faucets with flow rates of one gallon per minute or less, and showerheads with flow rates of two gallons per minute or less. The amount of sewage flow rate reduction shall be determined by the local health department and the State based upon the type of fixtures and documentation of the amount of flow reduction to be expected from the proposed facility. Adjusted daily flow rates based upon use of water-conserving fixtures shall apply only to design capacity requirements of dosing and distribution systems and nitrification fields. Minimum pretreatment capacities shall be determined by the design flow rate of Table I of this Rule.

History Note: Statutory Authority G.S. 130A-335(e);
Eff. July 1, 1982;
Amended Eff. January 1, 1990; January 1, 1984.

.1950 LOCATION OF SANITARY SEWAGE SYSTEMS

(a) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following:

(1)	Any private water supply source, including any well or spring	100 feet;
(2)	Any public water supply source	100 feet;
(3)	Streams classified as WS-I	100 feet;
(4)	Waters classified as S.A. high water mark;	100 feet, from mean
(5)	Other coastal waters high water mark;	50 feet, from mean
(6)	Any other stream, canal, marsh, or other surface waters	50 feet;
(7)	Any Class I or Class II reservoir	100 feet, from

	normal pool elevation;	
(8)	Any permanent storm water retention pond pool elevation;	50 feet, from flood
(9)	Any other lake or pond normal pool elevation;	50 feet, from
(10)	Any building foundation	5 feet;
(11)	Any basement	15 feet;
(12)	Any property line	10 feet;
(13)	Top of slope of embankments or cuts of 2 feet or more vertical height	15 feet;
(14)	Any water line	10 feet;
(15)	Drainage Systems:	
	(A) Interceptor drains, foundation drains, and storm water diversions	
	(i) upslope	10 feet,
	(ii) sideslope	15 feet, and
	(iii) downslope	25 feet;
	(B) Groundwater lowering ditches and devices	25 feet;
(16)	Any swimming pool	15 feet;
(17)	Any other nitrification field (except repair area)	20 feet;

(b) Ground absorption sewage treatment and disposal systems may be located closer than 100 feet from a private water supply, except springs and uncased wells located downslope and used as a source of drinking water, for repairs, space limitations, and other site-planning considerations but shall be located the maximum feasible distance and in no case less than 50 feet.

(c) Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic. If effluent is to be conveyed under areas subject to vehicular traffic, ductile iron or its equivalent pipe shall be used. However, pipe specified in Rule .1955 (e) may be used if a minimum of 30 inches of compacted cover is provided over the pipe.

(d) In addition to the requirements of Paragraph (a) of this Rule, sites to be used for subsurface disposal for design units with flows over 3,000 gallons per day, as determined in Rule .1949 (a) or (b) of this Section, which include one or more nitrification fields with individual capacities of greater than 1,500 gallons per day, shall be located at least the minimum horizontal distance from the following:

(1)	Any Class I or II reservoir or any public water supply source utilizing a shallow (under 50 feet) groundwater aquifer	500 feet;
(2)	Any other public water supply source, unless determined to utilize a confined aquifer	200 feet;
(3)	Any private water supply source, unless determined to utilize a confined aquifer	100 feet;
(4)	Waters classified as SA from mean high water mark;	200 feet,
(5)	Any waters classified as WS-I	200 feet;
(6)	Any surface waters classified as WS-II, WS-III, B, or SB and	100 feet;
(7)	Any property line	25 feet.

(e) Collection sewers, force mains, and supply lines shall be located at least the minimum horizontal distance from the following:

(1)	Any public water supply source, including wells, springs, and Class I or Class II reservoirs	100 feet, unless constructed of leakproof pipe, such as ductile iron pipe with mechanical joints equivalent to water main standards, in which case the minimum setback may be reduced to 50 feet;
(2)	Any private water supply source, including wells and springs	50 feet, unless constructed of similar leakproof pipe, such as ductile iron pipe with mechanical joints equivalent to

		water main standards, in which case the minimum setback may be reduced to 25 feet;
(3)	Any waters classified as WS-I, WS-II, WS-III, B, SA, or SB	50 feet, unless constructed of similar leakproof pipe, such as ductile iron pipe with mechanical joints equivalent to water main standards, in which case the minimum setback may be reduced to 10 feet;
(4)	Any other stream, canal, marsh, coastal waters, lakes and other impoundments, or other surface waters	10 feet;
(5)	Any basement	10 feet;
(6)	Any property line	5 feet;
(7)	Top of slope of embankments or cuts of two feet or more vertical height	10 feet;
(8)	Drainage Systems:	
(A)	Interceptor drains, storm drains, and storm water diversions	5 feet;
(B)	Ground-water lowering ditches and devices	10 feet;
(9)	Any swimming pool	10 feet;
(10)	Any other nitrification field	5 feet.

(f) Sewer lines may cross a water line if 18 inches clear separation distance is maintained, with the sewer line passing under the water line. When conditions prevent an 18-inch clear separation from being maintained or whenever it is necessary for the water line to cross under the sewer, the sewer line shall be constructed of ductile iron pipe or its equivalent and the water line shall be constructed of ferrous materials equivalent to water main standards for a distance of at least ten feet on each side of the point of crossing, with full sections of pipe centered at the point of crossing.

(g) Sewer lines may cross a storm drain if:

(1) 12 inches clear separation distance is maintained; or

(2) the sewer is of ductile iron pipe or encased in concrete or ductile iron pipe for at least five feet on either side of the crossing.

(h) Sewer lines may cross a stream if at least three feet of stable cover can be maintained or the sewer line is of ductile iron pipe or encased in concrete or ductile iron pipe for at least ten feet on either side of the crossing and protected against the normal range of high and low water conditions, including the 100-year flood/wave action. Aerial crossings shall be by ductile iron pipe with mechanical joints or steel pipe. Pipe shall be anchored for at least ten feet on either side of the crossing.

(i) Septic tanks, lift stations, wastewater treatment plants, sand filters, and other pretreatment systems shall not be located in areas subject to frequent flooding (areas inundated at a ten-year or less frequency) unless designed and installed to be watertight and to remain operable during a ten-year storm. Mechanical or electrical components of treatment systems shall be above the 100-year flood level or otherwise protected against a 100-year flood.

History Note: Statutory Authority G.S. 130A-335(e) and (f);
Eff. July 1, 1982;
Amended Eff. January 1, 1990; October 1, 1982.

.1951 APPLICABILITY OF RULES

(a) Except as required in Paragraph (b) of this Rule, the minimum horizontal distance requirements in Rule .1950(a)(4), (11), (12), or (13) shall not apply to the installation of a single septic tank system serving a single-family residence not to exceed four bedrooms on a lot or tract of land:

(1) which, on July 1, 1977, is specifically described in a deed, contract, or other instrument conveying fee title or which is specifically described in a recorded plat; and

(2) which, on July 1, 1977, is of insufficient size to satisfy the minimum horizontal distance requirements in Rule .1950(a)(4), (11), (12), or (13) of this Section; and

(3) which, on the date system construction is proposed to begin, is not capable of being served by a community or public sewerage system.

(b) For those lots or tracts of land described in Rule .1951(a) of this Section, where any of the minimum horizontal distance requirements prescribed in Rule .1950(a)(4), (11), (12), or (13) of this Section can be met, such minimum horizontal distances shall be required.

(c) For those lots or tracts of land described in Rule .1951(a) of this Section, where a specific minimum horizontal distance requirement prescribed in Rule .1950(a)(4), (11), (12), or (13) of this Section cannot be met, the maximum feasible horizontal distance, as determined by the local agency, shall be required. Provided, however, that at least the following minimum horizontal distances shall be required in all cases:

(1) Rule .1950(a)(4) of this Section, the minimum horizontal distance shall be not less than 50 feet;

(2) Rule .1950(a)(11) of this Section, the minimum horizontal distance shall be not less than 8 feet;

(3) Rule .1950(a)(12) and (13) of this Section, the minimum horizontal distance shall be not less than 5 feet.

(d) All other provisions of this Section except as exempted by this Rule shall apply to the lots or tracts of land described in Rule .1951(a) of this Section. Any rules and regulations of the Commission for Health Services or any local board of health in effect on June 30, 1977, which establish greater minimum distance requirements than those provided for in this Section, shall remain in effect and shall apply to a lot or tract of land to which Rule .1950(a)(4), (11), (12), or (13) of this Section do not apply.

(e) It shall be the responsibility of any owner of a lot or tract of land, who applies for a permit required by Rule .1937 of this Section, and who seeks, under the provisions of Rule .1951(a) of this Section, to exempt his lot or tract of land from any of the minimum horizontal distance requirements of Rule .1950(a)(4), (11), (12), or (13) of this Section to provide to the local health department necessary records of title to the lot or tract of land for which the exemption is sought in order that the local agency may determine whether the applicant is entitled to any such exemption.

(f) For those lots or tracts of land which, on the effective date of this Section, are specifically described in a deed or recorded plat, and the minimum horizontal distance requirements prescribed in Rule .1950(a)(15)(B) cannot be met, the maximum feasible horizontal distance, as determined by the local health department, shall be required, but shall not be less than ten feet.

History Note: Statutory Authority G.S. 130A-335(e);
Eff. July 1, 1982;
Amended Eff. January 1, 1990.

.1952 SEPTIC TANK, DOSING TANK AND LIFT STATION DESIGN

(a) A septic tank or dosing tank shall be watertight, structurally sound, and not subject to excessive corrosion or decay. Septic tanks shall be of two-compartment design. The inlet compartment of a two-compartment tank shall hold between two-thirds and three-fourths of the total tank capacity. A properly designed dosing siphon or pump shall be used for discharging sewage effluent into nitrification lines when the total length of such lines exceeds 750 linear feet in a single system and as required for any pressure-dosed system. When the design daily flow from a single system exceeds 3,000 gallons per day or when the total length of nitrification lines exceeds 2,000 linear feet in a single system, alternating siphons or pumps shall be used which shall discharge to separate nitrification fields. The dose volume from pump or siphon systems shall be of such design so as to fill the nitrification lines from 66 percent to 75 percent of their capacity at each discharge except as required for low-pressure distribution systems. The discharge rate from dosing systems shall be designed to maximize the distribution of the effluent throughout the nitrification field. Septic tanks installed where the top will be deeper than 30 inches below the finished grade shall have an access manhole, with cover, extending to within six inches of the finished grade, having a minimum opening adequate to accommodate the installation or removal of the septic tank lid. Any system serving a design unit with a design sewage flow greater than 3,000 gallons per day shall have access manholes over each compartment and over the outlet sanitary tee. The access manholes shall extend at least to finished grade and be designed and maintained to prevent surface water inflow. The manholes shall be sized to allow proper inspection and maintenance. All dosing tanks shall have a properly functioning high-water alarm. The alarm shall be audible and visible by system users and weatherproof if installed outdoors. The alarm circuit shall be provided with a manual disconnect in a watertight, corrosion-resistant outside enclosure (NEMA 4X or equivalent) adjacent to the dosing tank.

(b) Minimum liquid capacities for septic tanks shall be in accordance with the following:

(1) Residential Septic Tanks (for each individual residence or dwelling unit):

Number of Bedrooms	Minimum Liquid Capacity	Equivalent Capacity Per Bedroom
3 or less	900 gallons	300 gallons
4	1,000 gallons	250 gallons
5	1,250 gallons	250 gallons

(2) Septic tanks for large residences, multiple dwelling units, or places of business or public assembly shall be in accordance with the following:

(A) The minimum liquid capacity of septic tanks for places of business or places of public assembly with a design sewage flow of 600 gallons per day or less shall be determined in accordance with the following: $V = 2Q$; where V is the liquid capacity of the septic tank and Q is the design daily sewage flow.

(B) Individual residences with more than five bedrooms, multiple-family residences, individual septic tank systems serving two or more residences, or any place of business or public assembly where the design sewage flow is greater than 600 gallons per day, but less than 1,500 gallons per day, the liquid capacity of the septic tank shall be designed in accordance with the following: $V = 1.17Q + 500$; where V is the liquid capacity of the septic tank and Q is the design daily sewage flow. The minimum liquid capacity of a septic tank serving two or more residences shall be 1,500 gallons.

(C) Where the design sewage flow is between 1,500 gallons per day and 4,500 gallons per day, the liquid capacity of the septic tank shall be designed in accordance with the following: $V = 0.75Q + 1,125$; where V is the liquid capacity of the septic tank and Q is the design daily sewage flow.

(D) Where the design sewage flow exceeds 4,500 gallons per day, the septic tank shall be designed in accordance with the following: $V = Q$; where V is the liquid capacity of the septic tank and Q is the design daily sewage flow.

(E) The minimum liquid capacity requirements of Subparagraph (b)(2) of this Rule shall be met by use of a single two-compartment septic tank or by two tanks installed in series, provided the first tank is constructed without a baffle wall and contains at least two-thirds of the total required liquid capacity.

(3) The minimum capacity of any septic tank shall be 750 gallons.

(c) The following are minimum standards of design and construction of pump tanks and pump dosing systems:

(1) The liquid capacity of a pump tank shall be considered as the entire internal volume with no additional requirement for freeboard. Pump tanks shall have a minimum liquid capacity in accordance with the following:

(A) Pump tanks for systems with nitrification fields installed in Soil Group I, II, or III soils, as defined in these Rules, shall have a minimum liquid capacity equal to two-thirds of the required septic tank liquid capacity.

(B) Pump tanks for systems installed in Group IV soils shall have a minimum liquid capacity equal to the required septic tank liquid capacity.

(C) The minimum liquid capacity of any pump tank shall be 750 gallons.

(D) An alternate method to determine minimum liquid capacity of a pump tank shall be to provide for the minimum pump submergence requirement (Subparagraph (c)(5) of this Rule), the minimum dose volume requirement (Paragraph (a) of this Rule), and the minimum emergency storage capacity requirement. The emergency storage capacity requirement is determined based on the type of facility served, the classification of surface waters which would be impacted by a pump tank failure, and the availability of standby power devices and emergency maintenance personnel. The emergency storage capacity shall be the freeboard space in the pump tank above the high-water alarm activation level plus the available freeboard space in previous tankage and in the collection system below the lowest ground elevation between the pump tank and the lowest connected building drain invert. The minimum emergency storage capacity for residential systems and other systems in full-time use on sites draining into WS-I, WS-II, WS-III, SA, SB, and B waters shall be 24 hours, without standby power, or 12 hours with standby power manually activated, or four hours with standby power automatically activated or with a high-water alarm automatically contacting a 24-hour maintenance service. The minimum emergency storage capacity for systems not in full-time use and for all systems at sites draining into all other surface

waters shall be 12 hours without standby power, or eight hours with standby power manually activated, or four hours with standby power automatically activated or with a high-water alarm automatically contacting a 24-hour maintenance service.

(E) Notwithstanding Paragraphs (c) (1) (A)-(D), other criteria for pump tank capacity may be approved by the local health department and the State for raw sewage lift stations, pressure sewer systems, and systems with design flows exceeding 3,000 gallons per day.

(2) The effluent pump shall be capable of handling at least one-half inch solids and designed to meet the discharge rate and total dynamic head requirements of the effluent distribution system. The pump shall be listed by Underwriter's Laboratory or an equivalent third party electrical testing and listing agency, unless the proposed pump model is specified by a registered professional engineer.

(3) Pump discharge piping shall be of Schedule 40 PVC or stronger material and adequately secured. Fittings and valves shall be of compatible corrosion-resistant material. A threaded union, flange, or similar disconnect device shall be provided in each pump discharge line. All submersible pumps shall be provided with a corrosion-resistant rope or chain attached to each pump enabling pump removal from the ground surface without requiring dewatering or entrance into the tank. Valves shall also be readily accessible from the ground surface.

(4) Antisiphon holes (three-sixteenth inch) shall be provided when the discharge or invert elevation of the distribution system is below the high-water alarm elevation in the pump tank, or in accordance with pump manufacturer's specifications. Check valves shall be provided when the volume of the supply line is greater than 25 percent of the dosing volume, or in accordance with pump manufacturer's specifications. When provided, the antisiphon hole shall be located between the pump and the check valve.

(5) Sealed mercury control floats or similar devices designed for detecting liquid levels in septic tank effluent shall be provided to control pump cycles. A separate level sensing device shall be provided to activate the high-water alarm. Pump-off level shall be set to keep the pump submerged at all times or in accordance with the manufacturer's specifications. A minimum of 12 inches of effluent shall be maintained in the bottom of the pump tank. The high-water alarm float shall be set to activate within six inches of the pump-on level. The lag pump float switch, where provided, shall be located at or above the high-water alarm activation level.

(6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

(7) For systems requiring duplex and multiplex pumps, a control panel shall be provided which shall include short-circuit protection for each pump and for the control system, independent disconnects, automatic pump sequencer, hand-off-automatic (H-O-A) switches, run lights, and elapsed time counters for each pump. Alarm circuits shall be supplied ahead of any pump overload or short circuit protective devices. The control panel must be in a watertight, corrosion-resistant enclosure (NEMA 4X or equivalent) unless installed within a weathertight building. The panel shall be protected from intense solar heating.

(8) Dual and multiple fields shall be independently dosed by separate pumps which shall automatically alternate. The supply lines shall be "H" connected to permit manual alternation between fields dosed by each pump. "H" connection valving shall be readily accessible from the ground surface, either from the pump tank access manhole or in a separate valve chamber outside the pump tank. Other equivalent methods of dosing dual or multiple fields may be approved by the State.

(9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

(d) Siphons and siphon dosing tanks may be used when at least two feet of elevation drop can be maintained between the siphon outlet invert and the inlet invert in the nitrification field distribution system.

(1) Siphon dosing tanks shall be designed in accordance with the minimum dose requirements in this

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

March 15, 1994

Joe L. Cannon
13501 Mayes Road
Huntersville, NC 28078

RE: Property located on 13415 Mayes Road
FILE: ~~3001B/9372A~~ 9986
PARCEL: 007-162-07P0

Dear Mr. Cannon:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 20222) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT 4400 9986 File: ~~3001 B/9372 A~~ Action 1

SITE EVALUATION REPORT

SERIAL NUMBER 20222

Parcel: PO 007-162-07 ☐ PC

Location: 13415 Mayes Road

Subdivision:

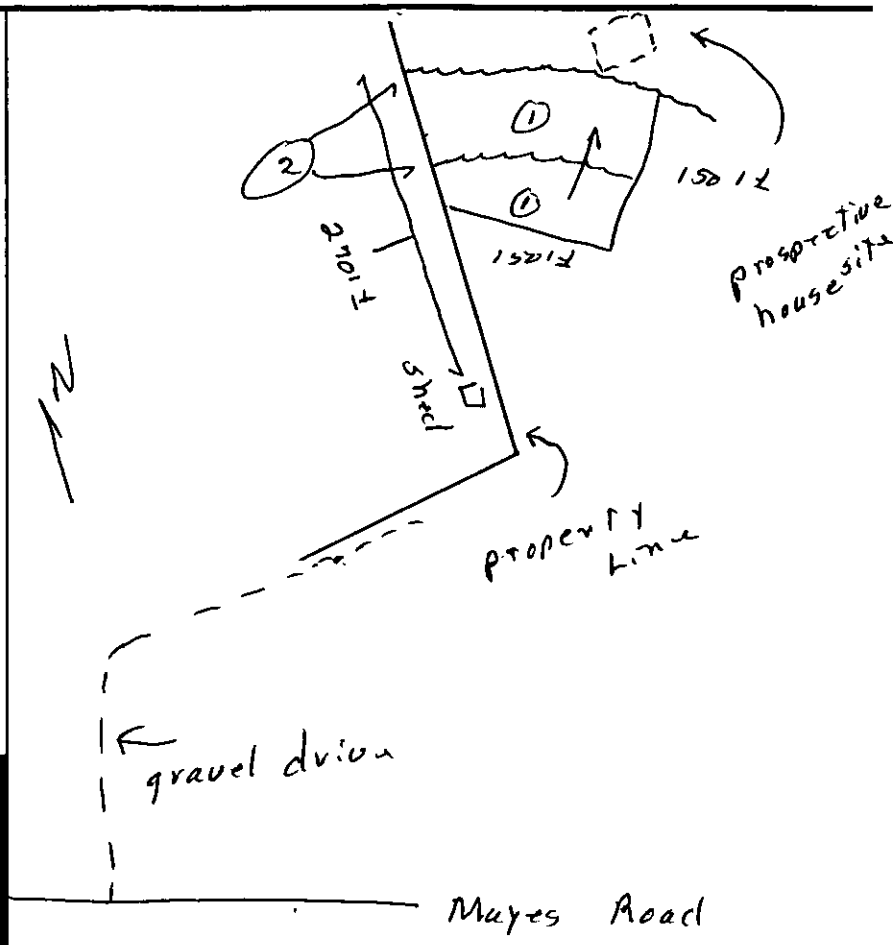
Lot: Block: Acres: Approx .5 ac.

Owner: Joe D. Cannon
Address: 13501 Mayes Road
Huntersville, N.C. 28078

Comments: .3 gal/ft2/day LTAR system will probably need pump, not sure if 100% repair is required.

Described by: William A. Medlin

Date: 3-14-94



***** 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 6-10%	S PS (U) Terraces	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub-Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >40" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"+	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	IV Cecil-like	Terraces				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

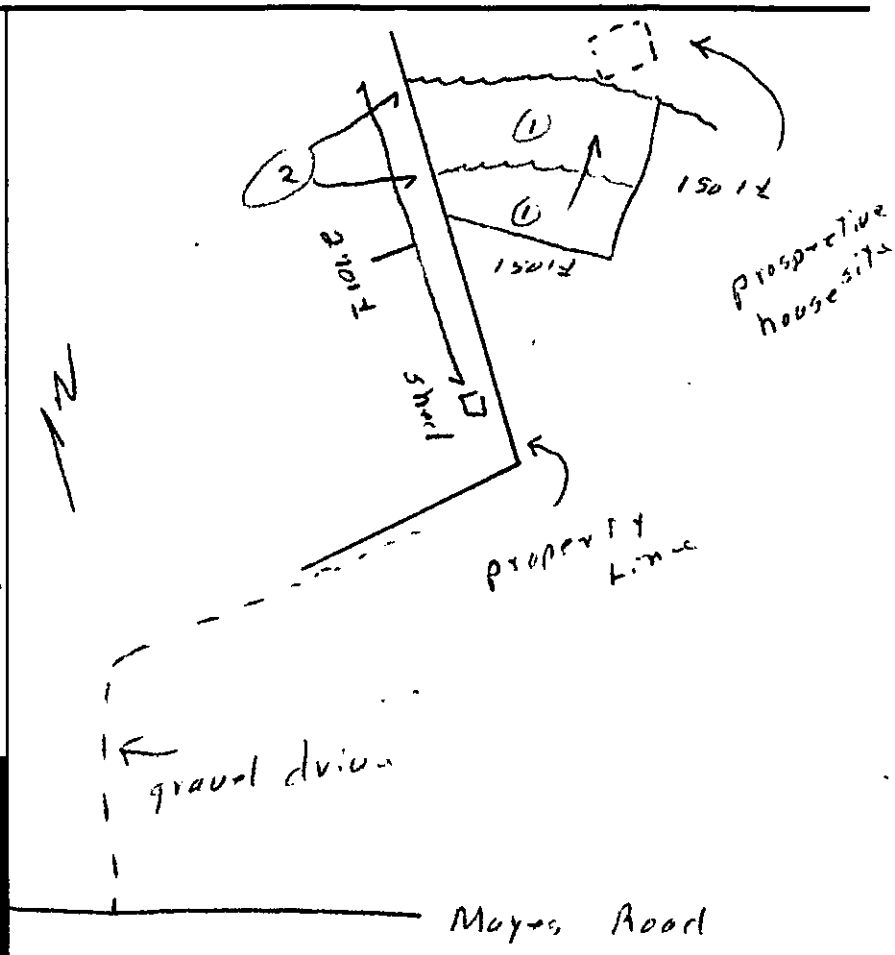
MECKLENBURG COUNTY HEALTH DEPARTMENT 4400 9986
SITE EVALUATION REPORT File: ~~3-1-94-13-12-A~~ Action 1
SERIAL NUMBER 20222 Parcel: PO 017-162-07 ☐ PC

Location: 13 415 Mayes Road
Subdivision:
Lot: Block: Acres: Approx .5 ac.

Owner: Joe D. Cannon
Address: 13501 Mayes Road
Huntersville, N.C. 28078 9986

Comments: ~~3 gal/4 BR/day + TAR system could probably meet pump, not sure if 100% repair is required.~~

Described by: William A. Marlin
Date: 3-14-94



***** 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 4-10%	S PS U Terraces	S PS U	S PS U	S PS U	S PS U
Texture	S PS U slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S PS U sub Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U >48" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 48"	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	IV Cecil-Lilo	Tryvatos				
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

9986

COPY

3/25/94

300B/4372A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Francis (last) Patricia (first) K (mi)

ADDRESS: 9225-14 Olmsted Dr. PHONE: (704) 555-5557

CITY: Charlotte STATE: NC ZIPCODE: 28262

Date: 2/14/94

PROPERTY OWNER:

NAME: Cannon (last) Joe (first) L. (mi)

ADDRESS: 13501 Mayes Rd PHONE: (__) _____

CITY: Huntersville, N.C STATE: ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 007-162-07

STREET ADDRESS: 13415 Mayes Rd.

ZONING: 00 6

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 12.11 12 acre checked

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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: Joe Cannon Date: 2-21-94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

9986 [redacted]

3/25/94 PD 300 LK495

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: FRANCIS (last) PATRICIA (first) K (mi)

ADDRESS: 5225-14 Olmsted Dr. PHONE: (704) 555-5557

CITY: Charlotte STATE: NC ZIPCODE: 28262

Date: 2/14/94

PROPERTY OWNER:

NAME: CANNON (last) JOE (first) L. (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 007-162-07

STREET ADDRESS: 13415 Mayes Rd.

ZONING: OO 6

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 12.11 Acres checked

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (O) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: Joe Cannon Date: 2-21-94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

... Lift station required

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

[signature] 11-2-94 issued

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

PG. 32

Tx# 007-162-07

File# 3001B/9372A

COPY

N.C. HWY. 73 DAVIDSON

PARTING OAKS LN.

CITY LIMITS

RD.

BARNHARDT

HUNTERSVILLE MAYES

DEWEESE

HOUSE SITE

TWP. RD.

1 23.339 AC.

2 2.33 AC.

3 25.56 AC±

4 1.00 AC

5 7 AC

6 10.72 AC.

7 12.11 AC.

8 1.384 AC.

9 41.58 AC.

10 17.987 AC.

10 AC.

11 8.111 AC.

12

15 4.761 AC

16

17 5.814 AC.

18

19

20 3.013 AC.

21 10.03 AC.

22

23

24

25

26

27 6.23 AC

162

#243

BK. 11

PG. 31

PG. 19

TAX LINE MAP BOOK 07 PAGE 16

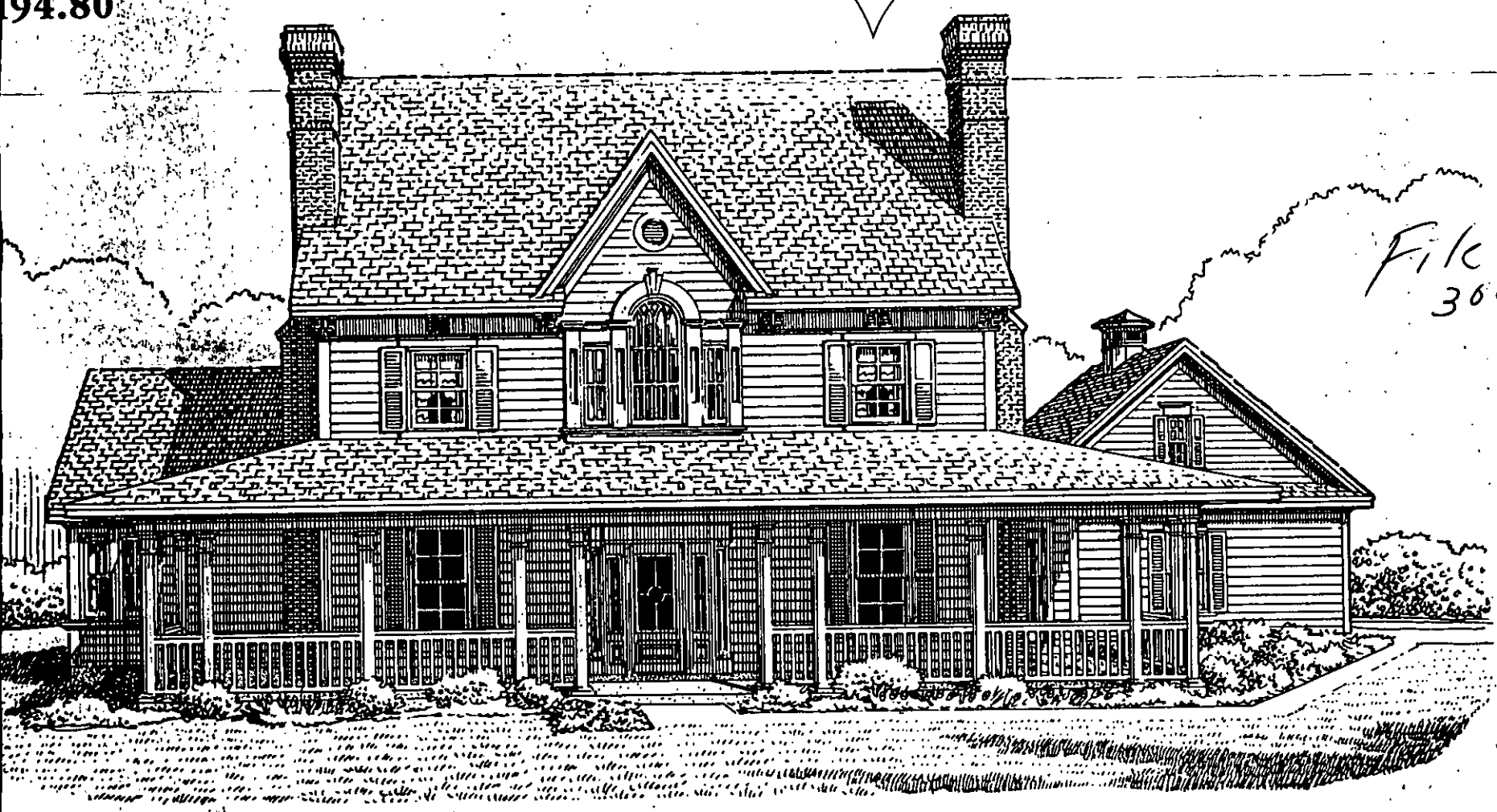
MECKLENBURG COUNTY, NORTH CAROLINA

REVISED 5-6-92 SCALE 1"=400'

FOR TAX PURPOSES ONLY

POON RIVER

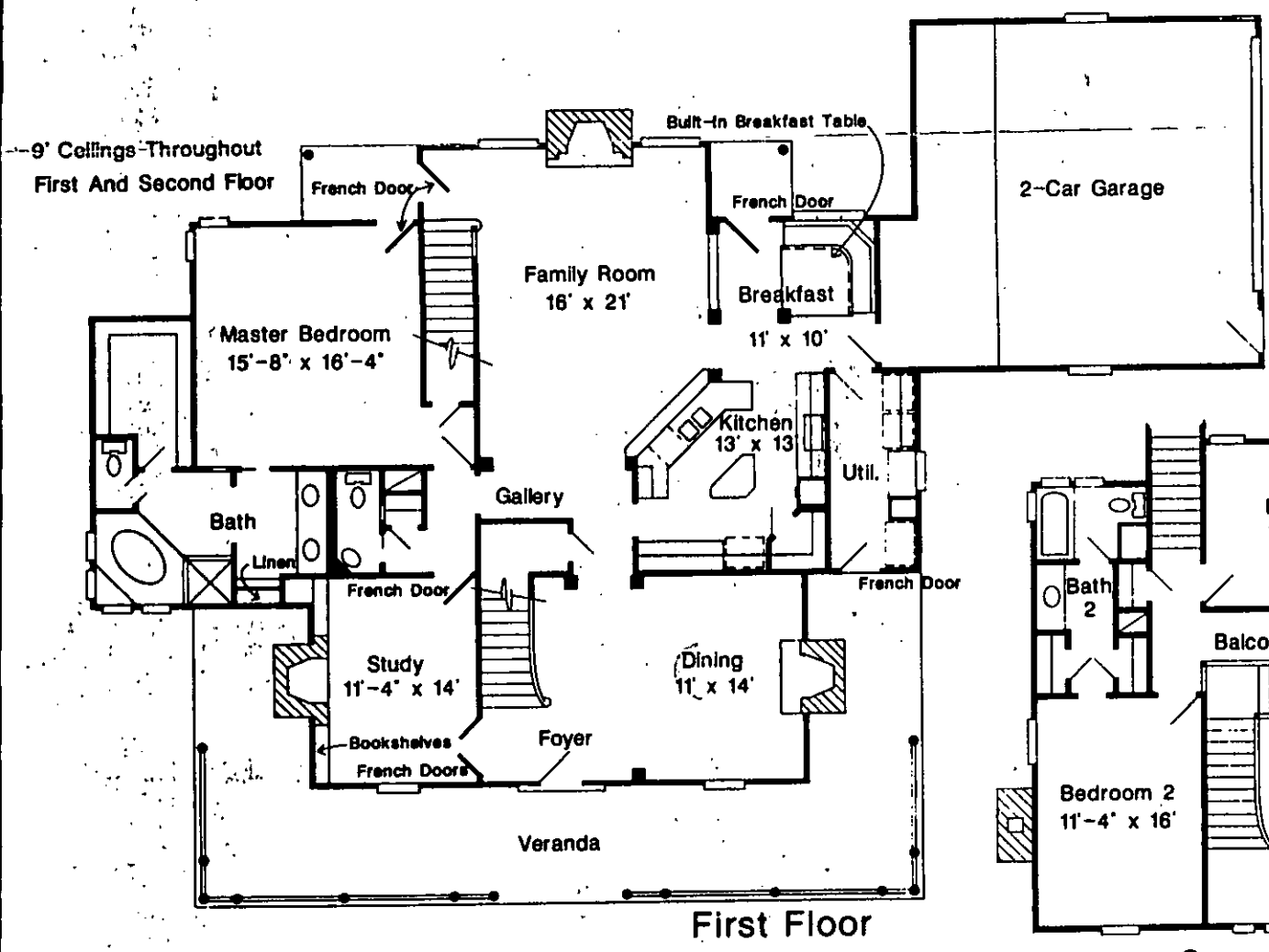
194.80

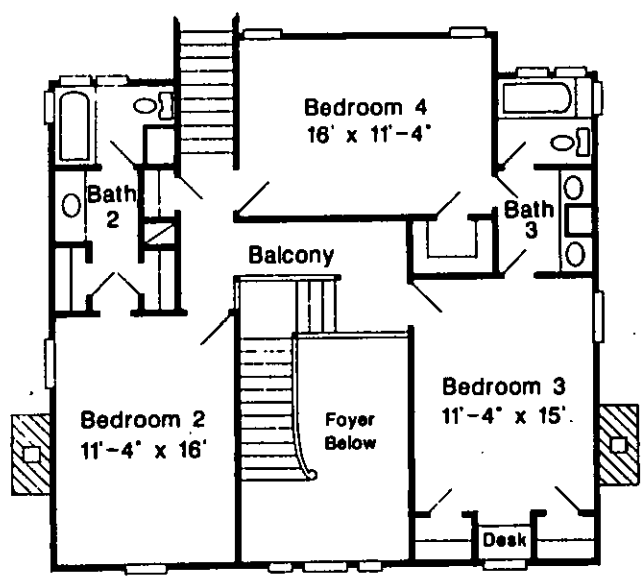


File 3601B

Although evocative of 19th-century rural American farmhouses, this home doesn't skimp on modern luxury.

Double French doors lead into an inviting study with raised paneling and a cozy fireplace surrounded by built-in bookshelves in this embracing Victorian. An angled center island and slanted counter space increase the kitchen's efficiency. Angled cabinetry can also be found in the first-floor master bedroom, where a corner tub fits into its segmented bathroom. A second staircase, accessible from the family room, leads to the second floor's three bedrooms.





Price Code: D
Total Sq. Ft.: 2,932
First Floor: 1,999
Second Floor: 933

HOUSE PLAN COPYRIGHTED BY LARRY W. GARNETT & ASSOC., INC.