


9848 FAIRVIEW RD

19708102

LOT 3

1/10/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

*Barcode Font = !DAutomationHC39M*

EHS DC Reviewer KR

6507 County Permit Review Worksheet

| Rule or Law | Permit Application | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| .1937(d) | Is the Application complete | ✓ | | | | | | | | | |
| .1937(d) | Is there a Site plan/Plat with application | ✓ | | | | | | | | | |
| .1937(d) | Is the Facilityshown? | ✓ | | | | | | | | | |
| .1937(d) | Are appurtenances shown | ✓ | | | | | | | | | |
| | **Site Evaluation Information** | | | | | | | | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | ✓ | | | | | | | | | |
| .1940 (a-g) | Slope % Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(2) | Texture Class Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(2) | Structure type Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(2) | Consistence Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(2) | Mineralogy Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(3) | Soil Wetness Condition Recorded? | ✓ | | | | | | | | | |
| .1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered? | ✓ | | | | | | | | | |
| .1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | ✓ | | | | | | | | | |
| .1939 (a)(6) | Sufficient Available Space Recorded? | ✓ | ✓ | | | | | | | | |
| .1937(m) | *Are the Profile Locations Shown?* | ✓ | | | | | | | | | |
| .1939(a) & .1945(b) | Are the S/PS Profiles in system & in repair area? | ✓ | | | | | | | | | |
| | Number of auger borings made: | ✓ | | | | | | | | | |
| | Were sufficient auger borings made? | ✓ | | | | | | | | | |
| .1939(d), .1955, .1956, .1957 | LTAR | .3 | | | | | | | | | |
| | **IP/CA** | | | | | | | | | | |
| G.S. 130A-336(a) & .1937(g) | Proposed System Type stated-Initial | ✓ | | | | | | | | | |
| .1945(b) | Proposed System Type stated-Repair | ✓ | | | | | | | | | |
| G.S. 130A-336(a)(3) | System location identifiable by setbacks - Initial | ✓ | | | | | | | | | |
| .1937(g) & .1945(b) | System components shown - Initial | ✓ | | | | | | | | | |
| .1945(b) | Repair area shown | ✓ | | | | | | | | | |
| .1937 (f)(g) | Does System design match facility, flow & WW characteristics? | ✓ | | | | | | | | | |
| .1937 (f)(g) | **Is System design consistent with soil/site conditions?** | ✓ | | | | | | | | | |
| .1937 (f)(g) | Is the System located in the approved area? | ✓ | | | | | | | | | |
| G.S. 130A-336(a) | Is the Design flow (gpd) indicated? | ✓ | ✓ | | | | | | | | |
| G.S. 130A-336(a) | **Number of Bedrooms, employees, seats, etc. indicated?** | ✓ | | | | | | | | | |
| .1937(g) | Trench depth indicated? | ✓ | ✓ | | | | | | | | |
| .1937(g) | Trench width indicated? | ✓ | | | | | | | | | |
| .1937(g) | Trench length indicated? | ✓ | | | | | | | | | |
| G.S. 130A-336(a)(1) | Proposed/existing well shown? | ✓ | ✓ | | | | | | | | |
| G.S. 130A-336(a)(1) | Property line lengths shown? | ✓ | ✓ | | | | | | | | |
| G.S. 130A-336(a) | **Facility/appurtenance setbacks shown from fixed points?** | ✓ | | | | | | | | | |
| | **OP** | | | | | | | | | | |
| .1937(i) | System type as described in table V(a) of rule .1961 | | | | | | | | | | |
| .1937(i) | Conditions for system performance, operation, maintenance, monitoring and reporting. | | | | | | | | | | |

*If system design is incorrect or inconsistent with site conditions, indicate why for each below*

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30000984** GWS File #: **6587B**

**IV. Permit Conditions/Comments:**

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

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

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

DENR Authorized Agent: David Cornelius

Signature: _____

Date Issued: 8/4/2006

Owner/Legal Agent: _____
Print Name

Signature: _____

# PROPOSED PLOT PLAN

1"=50'

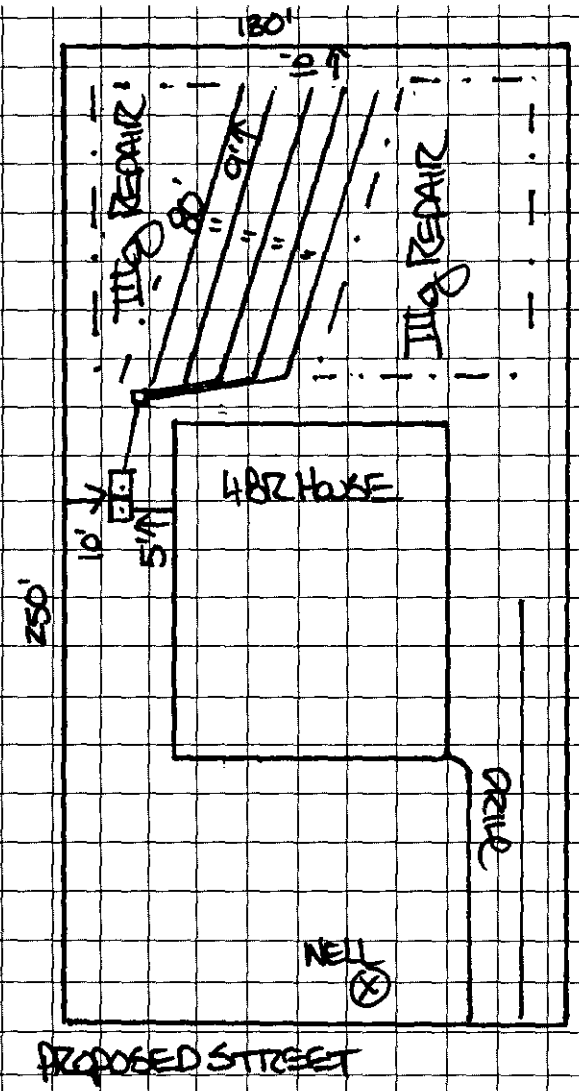
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

CARMEL BLOSS @218
LOT #3

FILE: 6587B

TC: PO 197-081-02

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.




- SEPTIC SYSTEM DESIGN FOR A 4 BEDROOM HOUSE
- 480 gpd MAX WW FLOW
- LTAR = 0.3 gpd/FT²

- INNOVATIVE, 25% REDUCTION TYPE IIIg

- INSTALL 5 LINES @ 80' ea. PLACE LEVEL, ON CONTOUR & ON 9' CENTERS.

- 1500 GAL ST
- D-BOX

TYPE IIIg REPAIR AREA

SETBACKS:
- ≥ 5' FROM BP HOUSE
- ≥ 10' FROM PROPERTY LINE
- ≥ 50' FROM KNOWN WELL.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 06/13/06 | **Amount:** | 3,200.00 |
| **Receipt #:** | 44522 | **Tendered:** | 3,200.00 |
| **Check / Auth #:** | CHECK 2243 | **Returned:** | 0.00 |
| **Received By:** | AIDOOJK | | |

**Account Information**

**Account #:** 200000
**Contractor:** CARMEL BROTHERS INC
**Attn:**
**Address:** 624-236 MATTHEWS-MINT HILL RD
**Address:**
**City/State/Zip:** MATTHEWS, NC 28105

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>FAIRVIEW ROAD LOT 1-16 | | 1 | 3,200.00 | 3,200.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|

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

Sheet: 1 of 2
Property ID: Po 197-081-02
Lot #: 3
File #: 6587B
Code: 1

# SOIL/SITE EVALUATION
# for ON-SITE WASTEWATER SYSTEM

Owner: Carmel Bros. Applicant:
Address: 624-236 Matthews-Mint Hill Road, Matthews, N. C. 28105 Date Evaluated: 6/23/06
Proposed Facility: Residence Design Flow (.1949): 480gpd Property Size: .75a
Location of Site: Off Fairview Road, Hwy. 218 Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | OTHER PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS, 6 | 0-6 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48+ | N/A | NONE | PS, IV |
| | | 6-48 | SBK/C | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
| 2 | " | 0-8 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 8-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 3 | " | 0-3 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 3-48 | SBK/C | FI/SEXP/S/P | | | | | |
| 4 | " | 0-7 | GR/CL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 7-48 | SBK/C | FI/SEXP/S/P | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | IT4 | IT4 |
| Site LTAR | .3GPD/FT$^2$ | .3GPD/FT$^2$ |

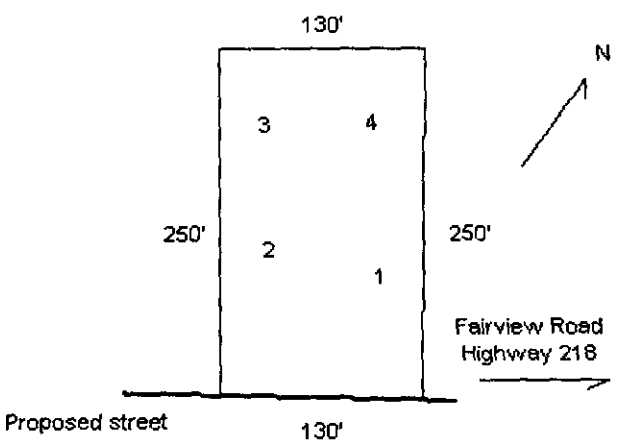
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 6/26/2006. W. R. Marlin
Others Present:

**COMMENTS:**
100% repair

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

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

**Sketch of Soil Evaluation Locations**



984

GWS – RES. APP 07/05

SEPTIC FEE: _____
DATE: _____
CRT [ ]

**PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**

WELL FEE: _____
DATE: _____
CRT [ ]

**FILE #** 605878

**SEPTIC / TYPE APPLICATION:** ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

**WELL / TYPE APPLICATION:** ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

**JOB LOCATION INFORMATION:**

TAX/PARCEL #: 19708102 / 19708102
STREET ADDRESS: ~~6224~~ Fairview Rd
CITY: Mint Hill
STATE: NC ZIP: 2
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 3
TOWNSHIP:

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

**BUILDING INFORMATION:**

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 2500 - 3400
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

**IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:**

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

**WATER SUPPLY:**

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

**PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES | ☑ NO | WELLS, SPRINGS, OR WATER LINES | ☐ YES | ☑ NO |
| EXISTING WASTEWATER SYSTEMS | ☐ YES | ☑ NO | DESIGNATED WETLANDS | ☐ YES | ☑ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES | ☑ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☑ NO |

**PROPERTY OWNER:**

NAME: Carmel Bros
ADDRESS: 624-236 Mathews-Mint Hill Rd
CITY: Mathews
STATE: NC ZIP: 28105
HOME PHONE: WORK PHONE: (704) 361-7149
MOBILE PHONE: FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

**WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?**

**WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?**

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

6/13/06
Owner's/Agent's Signature Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

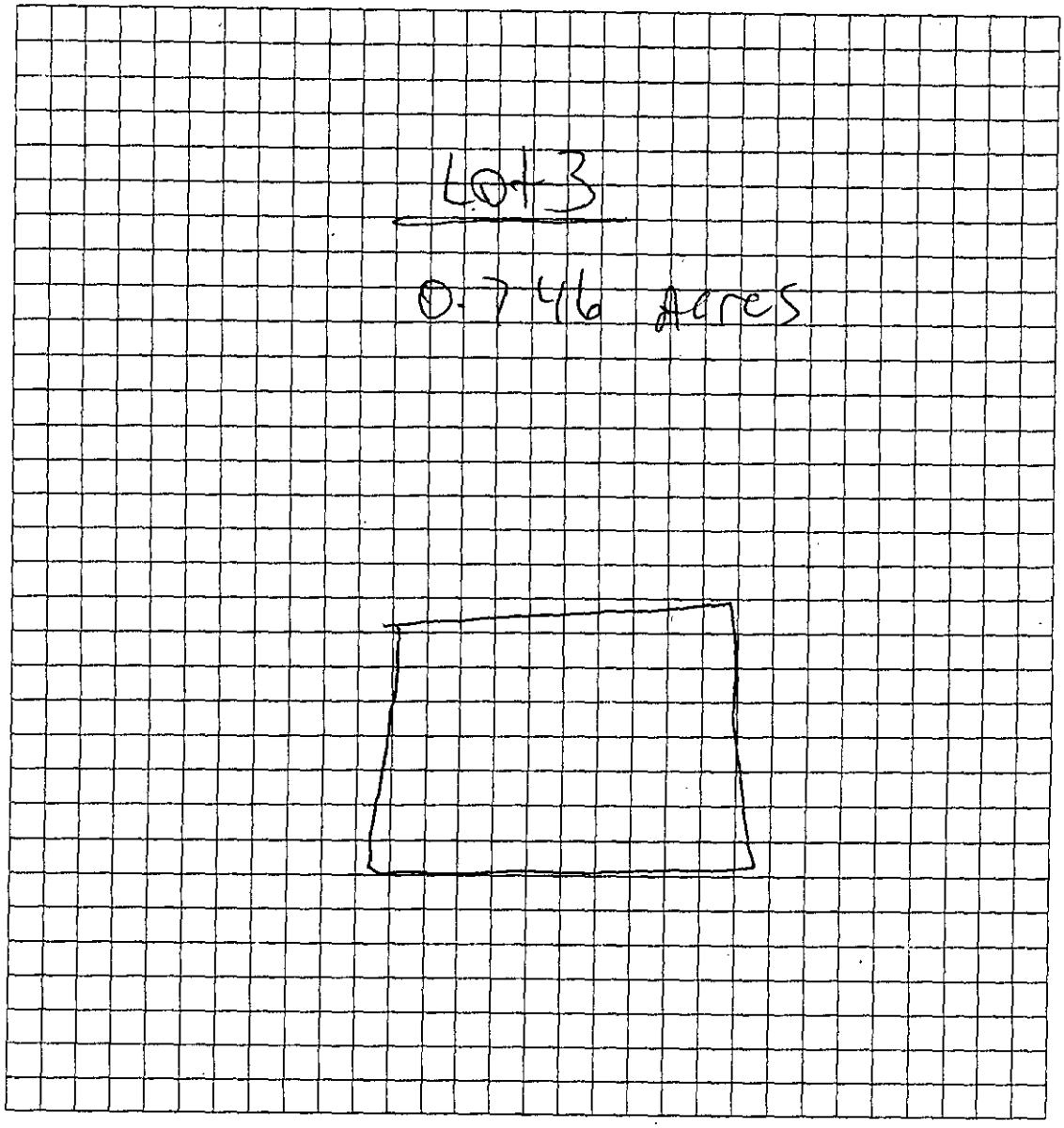
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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

File #_____
Date_____

## PROPOSED PLOT PLAN

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




| | |
|---|---|
| Owner/Agent Signature | |
| Date | 6/13/06 |

LBC 12/15/04

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30000984** GWS File #: **6587B** Tax Parcel #: **197-081-02**

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

**I. This Improvement Permit Shall:** Expire in Five (5) Years **Expiration Date (If Applicable):** 8/4/2011

Type of Installation: Residential - New System Lot Number: 3

Structure Type: HOUSE Size ($ft^2$): 3800 # Bedrooms: 4 # Occupants: 5

Building Foundation: Crawl Space Water Supply: Private Well

**II. Initial System Type:** Innovative or Experimental **System Classification:** IIIg

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR (gpd/$ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1200 | Total Trench Length (ft): | 400 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | N/A | Distribution Device: | Distribution Box | | |

**III. Repair System Type:** Innovative or Experimental **System Classification:** IIIg

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR (gpd/$ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1200 | Total Trench Length (ft): | 400 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | N/A | Distribution Device: | Distribution Box | | |

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

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

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

DENR Authorized Agent: David Cornelius Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 8/4/2006