$ 7130B #8582 X40924

22 JUL '16 AM11:59

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ⊙ N/A ○ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN
2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 01126112
STREET ADDRESS: 14527 Ramah Church rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: 3 LOT SIZE (acres):
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ⊙ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
⊙ HOUSE ○ OTHER
HEATED SQUARE FOOTAGE: 4,500
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
○ CONCRETE SLAB ⊙ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

6. **WATER SUPPLY:** ○ MUNICIPAL ⊙ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER
7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ⊙ POTABLE (DRINKING WATER) ○ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*
☑ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ⊙ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ⊙ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ⊙ NO	JURISDICTIONAL WETLANDS	○ YES ⊙ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ⊙ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ⊙ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ⊙ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ⊙ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ⊙ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ⊙ NO
WASTE STORAGE	○ YES ⊙ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ⊙ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** ☑ UNKNOWN
11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** ☑ N/A

12. **PROPERTY OWNER:**
NAME: Matthew and Elisa Holzbaur
ADDRESS: 637 Village Main Circle
CITY: Davidson
STATE: nc ZIP: 28036
WORK PHONE:
MOBILE PHONE: (609) 784-4625
FAX:
E-MAIL:

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

Trent Carter 704-201-6704

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

Revised on: 12/15/10

Carter Swilder1204@gmail.com

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring. tc (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Property Owner's or Owner's Legal Representative Signature

2/21/16
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/25/16	**Amount:**	100.00
Receipt #:	101207	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: X40924
Contractor: CARTER CUSTOM BUILDERS INC
Attn:
Address: 9149 BARNETT RD
Address:
City/State/Zip: CONCORD, NC 28027

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 14527 RAMAH CHURCH RD		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00					

Certificate of Survey and Accuracy

I, T. Riley Casey, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 11545, page 623) ; that the boundaries not surveyed are clearly indicated as drawn from information found in as shown Book _____, page ____; that the ratio of precision as calculated is 1:10,000 + ; that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my original signature, registration number and seal this 10 day of March, A.D., 2015.

_____

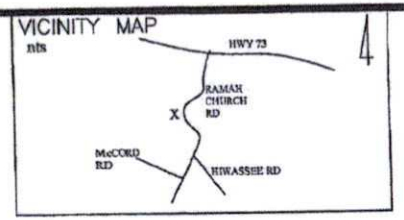
T. Riley Casey P.L.S, L-4896

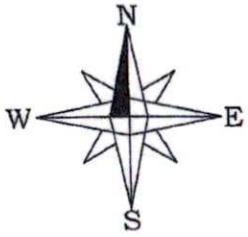
This is to certify that part of the property does not lie within a 100 year flood plain.

_____

T. Riley Casey PLS L-4896 03/10/2015

PRELIMINARY
FOR REVIEW ONLY
NOT FOR DEED DESCRIPTION



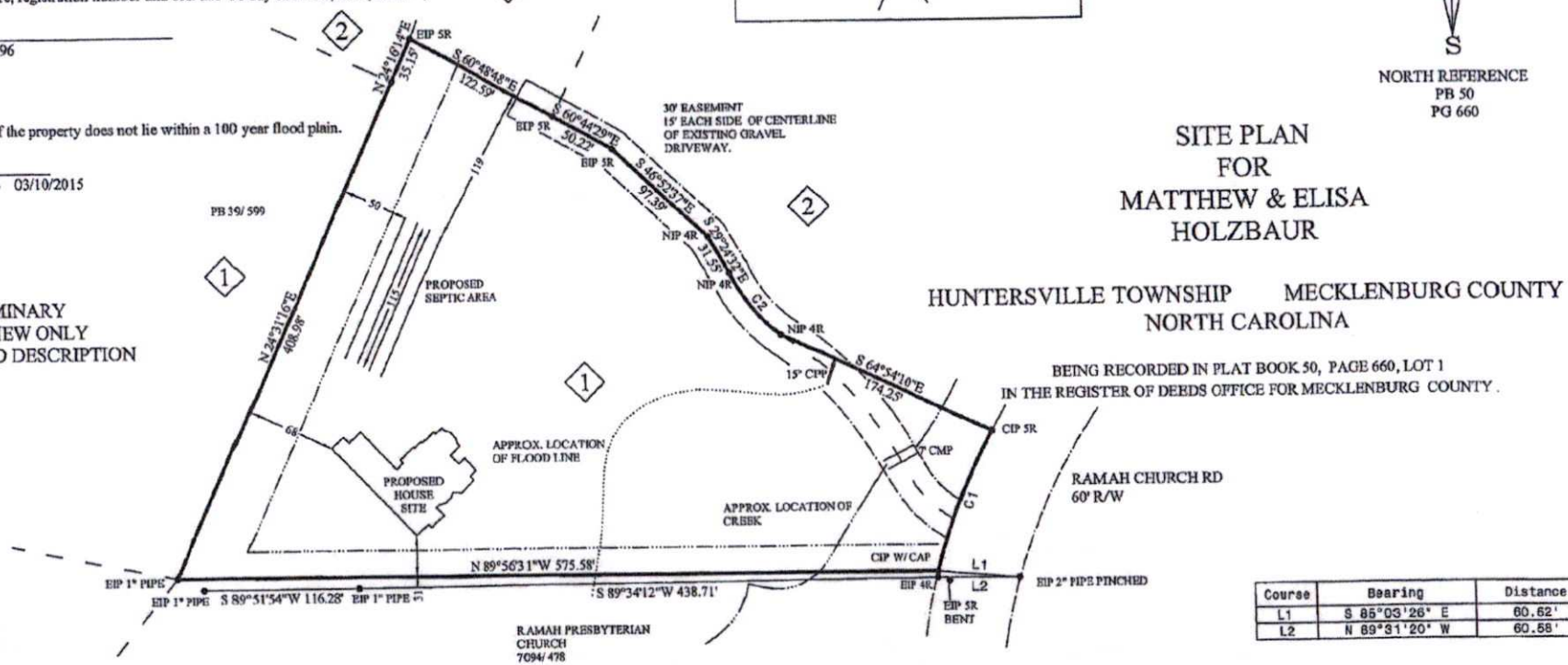


NORTH REFERENCE
PB 50
PG 660

SITE PLAN FOR MATTHEW & ELISA HOLZBAUR

HUNTERSVILLE TOWNSHIP MECKLENBURG COUNTY
NORTH CAROLINA

BEING RECORDED IN PLAT BOOK 50, PAGE 660, LOT 1
IN THE REGISTER OF DEEDS OFFICE FOR MECKLENBURG COUNTY .



Course	Bearing	Distance
L1	S 85°03'26" E	60.62'
L2	N 89°31'20" W	60.58'

LEGEND:

NIP	New Iron Pin
EIP	Existing Iron Pin
CIP	Control Iron Pin
PT	Point
RW	Right-of-way
PP	Power Pole
PL	Power Line
OHU	Overhead Utility
PED	Utility Pedestal
CO	Clean Out
WV	Water Valve
LP	Light Pole
PKS	PK Nail Set
PKF	PK Nail Found
WM	Water Meter
YI	Yard Inlet

DATA:
Total Acreage: 3.29 AC +/-
PIN #: 01126112
Subdivision: STANLEY D. PHILLIPS & WF., VALERIE A.
Lot #: 1
Job File: RAMAHCH03032015
Date: MARCH 10, 2015

Curve	Radius	Tangent	Length	Chord	Chord Bear.
C1	474.89'	57.01'	113.48'	113.21'	S 21°45'33" W
C2	117.10'	31.45'	61.45'	60.75'	S 38°54'02" E

100 0 100 200 300
GRAPHIC SCALE – FEET

HENLINE INC
LAND SURVEYORS
1991 MAIDEN SALEM RD
MAIDEN, NC 28650
(704) 740-5148

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 #: **30008382** GWS File #: **7130B** Tax Parcel #: **011-261-12**

- 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):** 10/11/2021

Type of Installation: Residential - Modified Plot Plan Lot Number: 3

Structure Type: HOUSE Size (ft^2): 4500 # Bedrooms: 4 # Occupants: 2

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): .35 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1029 Total Trench Length (ft): 343

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Drop Boxes

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): .35 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1029 Total Trench Length (ft): 343

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Drop Boxes

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Kim Garrett Owner/Legal Agent: _____
Print Name

Signature: Kim Garrett, REHS Signature: _____

Date Issued: 10/11/2016

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 #: **30008382** GWS File #: **7130B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The supply pipe shall be installed with a minimum of 30" of compacted cover over the pipe or properly sleeved under areas that are subject to vehicular traffic.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 15 feet from any foundation drain.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

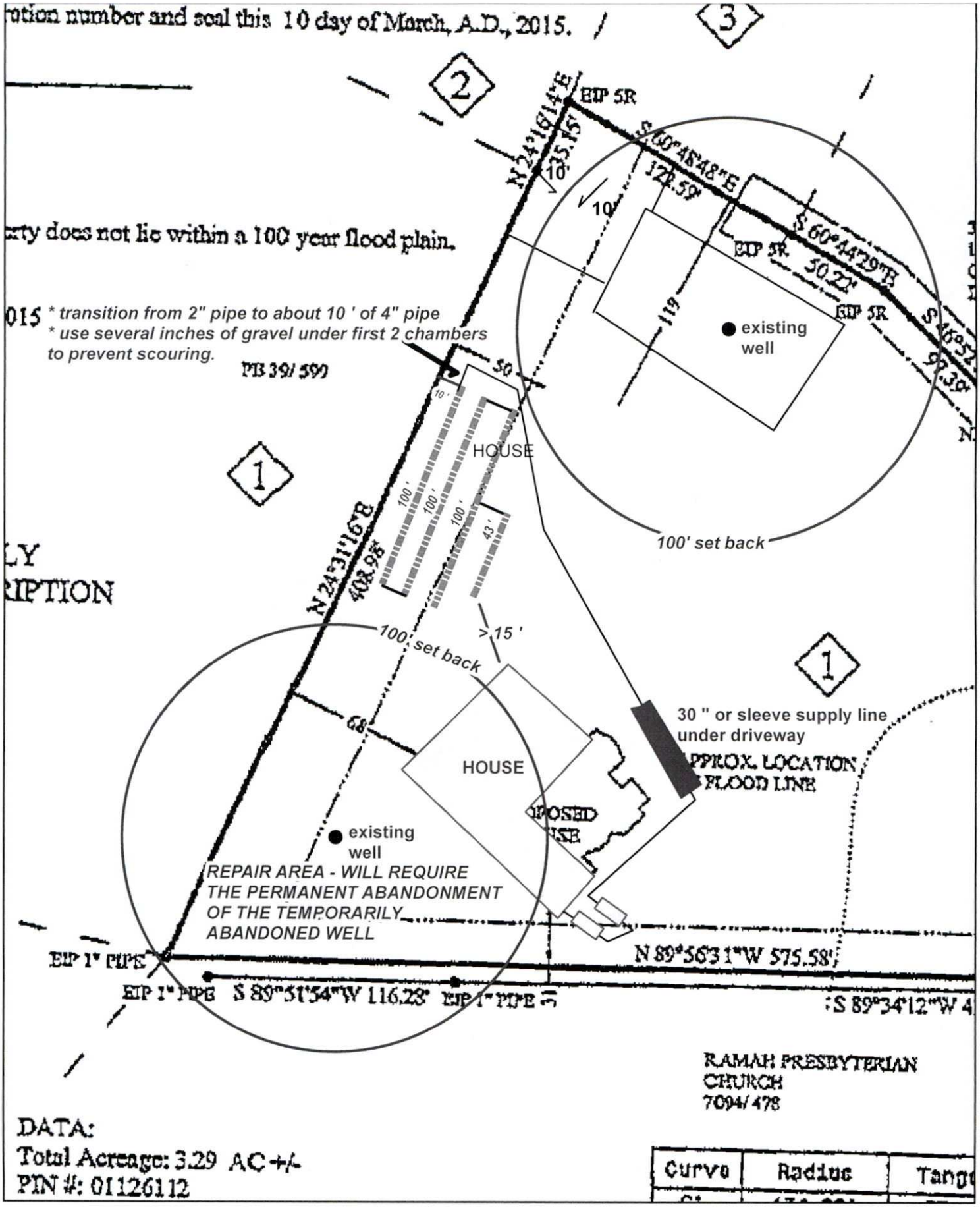
Authorized Agent: Kim Garrett

Signature: Kim Garrett

Date Issued: 10/11/2016

Owner/Legal Agent: _____
Print Name

Signature: _____



MODIFIED PLOT PLAN
10/11/16
14527 RAMAH CHURCH ROAD
HOLZBAUR, MATTHEW
FILE: 7130 B APP #: 8382

0 30 60 120 Feet

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

October 11, 2016

Matthew & Elisa Holzbaur
637 Village Main Circle
Davidson, NC 29036

RE: **Notice of Intent to Revoke Improvement Permit**

Dear Mr. Holzbaur:

The Mecklenburg County Health Department inspected the site for the on-site wastewater system improvement permit located at **14527 Ramah Church Road**, File # 7130 B, for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit # **30007664** conditions. As a result of this inspection, the Department has determined the following violations:

> A new application has been submitted for a 4-bedroom house Improvement Permit in order to relocate the septic system and repair area due to the addition of another water supply well on the property. Mecklenburg County has reviewed the proposal and new application and is ready to issue a new permit for the application dated October 11, 2016. The above referenced permit must be revoked first in order to issue the new one.

This is to notify you that based on these violations, the Department intends to ***Revoke*** your ***Improvement Permit*** 30 days from the date of this notice.

If the health department determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the current laws and rules necessary to obtain a new permit.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You have the right to a formal appeal of this decision by filing a petition for a contested case hearing with the Office of Administration Hearings, 6714 Mail Service Center, Raleigh, NC, 27699-6714. To obtain a petition form (H-06), you may write the Office of Administrative Hearings, call that office at (919) 431-3000 or get a copy of the petition form from their web site at www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provisions of North Carolina General Statutes 130A-24, 150B-23, and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335(g) provides that your hearing would be held in the county where your property is located.

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is October 11, 2016. Meeting the 30 day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you may request.

If you file a petition for a contested case with the Office of Administrative Hearings, you are required by law (NCGS 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may call or write the local health department if you need additional information or assistance.

Sincerely,

Kim Garrett

Kim Garrett, REHS
Environmental Specialist
Environmental Health Program
Mecklenburg County Health Department
980-721-2054
kimberly.garrett@mecklenburgcountync.gov

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

21 OCT 2016 (Date)

Owner: **Matthew & Elisa Holzbaur**

Address: **637 Village Main Circle**
Davidson, NC 28036

Subject: Voluntary Relinquishment of Administrative Appeal Rights

Improvement Permit #30007664
PID # 011-261-12

I, Elisa + Matt Holzbaur, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form, the previous permit issued on 5/27/15 for a 5-bedroom house improvement permit for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

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 #: **30008382** GWS File #: **7130B** Tax Parcel #: **011-261-12**

- 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):** 10/11/2021

Type of Installation: Residential - Modified Plot Plan Lot Number: 3

Structure Type: HOUSE Size (ft^2): 4500 # Bedrooms: 4 # Occupants: 2

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.35	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1029	Total Trench Length (ft):	343
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.35	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1029	Total Trench Length (ft):	343
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Kim Garrett Owner/Legal Agent: Matt + Elisa Holzbauer
Print Name

Signature: Kim Garrett, REHS Signature: Elisa H

Date Issued: 10/11/2016

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 #: **30008382** GWS File #: **7130B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The supply pipe shall be installed with a minimum of 30" of compacted cover over the pipe or properly sleeved under areas that are subject to vehicular traffic.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 15 feet from any foundation drain.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

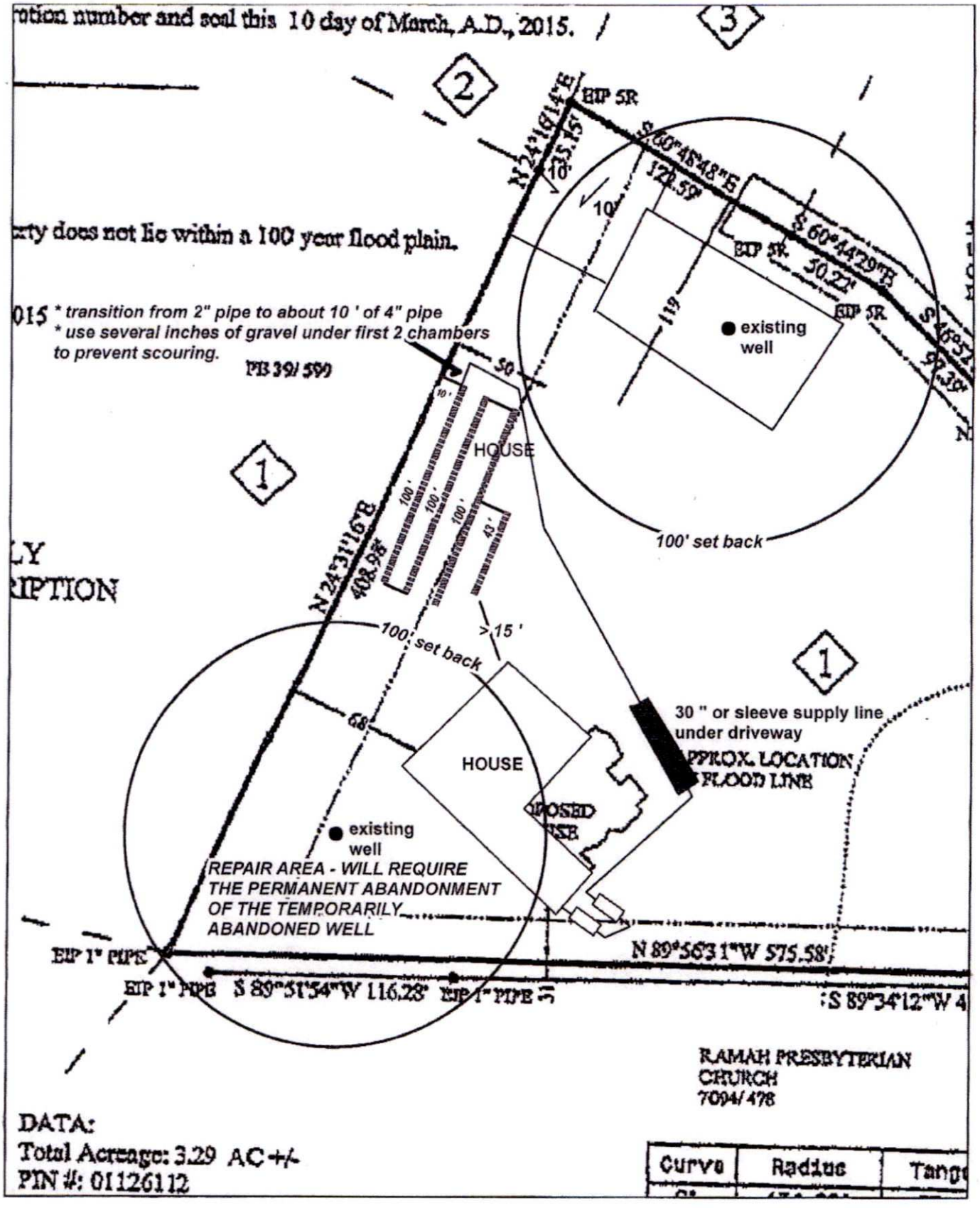
Authorized Agent: Kim Garrett

Signature:_____

Date Issued: 10/11/2016

Owner/Legal Agent: Matt + Elisa Holzbauer
Print Name

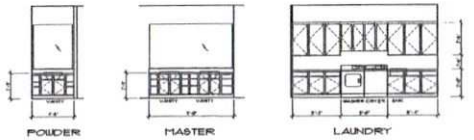
Signature: Elisa Holzbauer
Matt Holzbauer

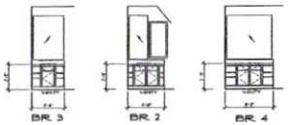


MODIFIED PLOT PLAN
10/11/16
14527 RAMAH CHURCH ROAD
HOLZBAUR, MATTHEW
FILE: 7130 B APP #: 8382

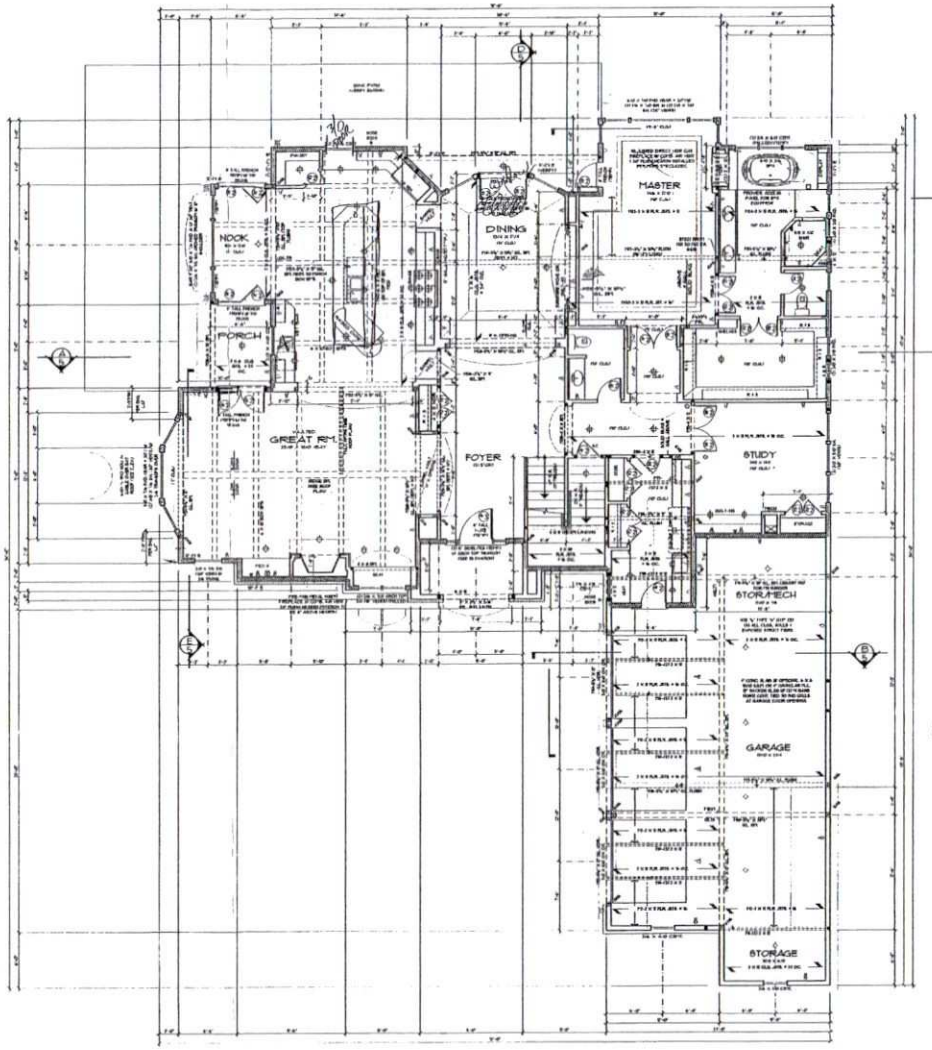
0 30 60 120 Feet







CABINET ELEVATIONS



MAIN FLOOR PLAN

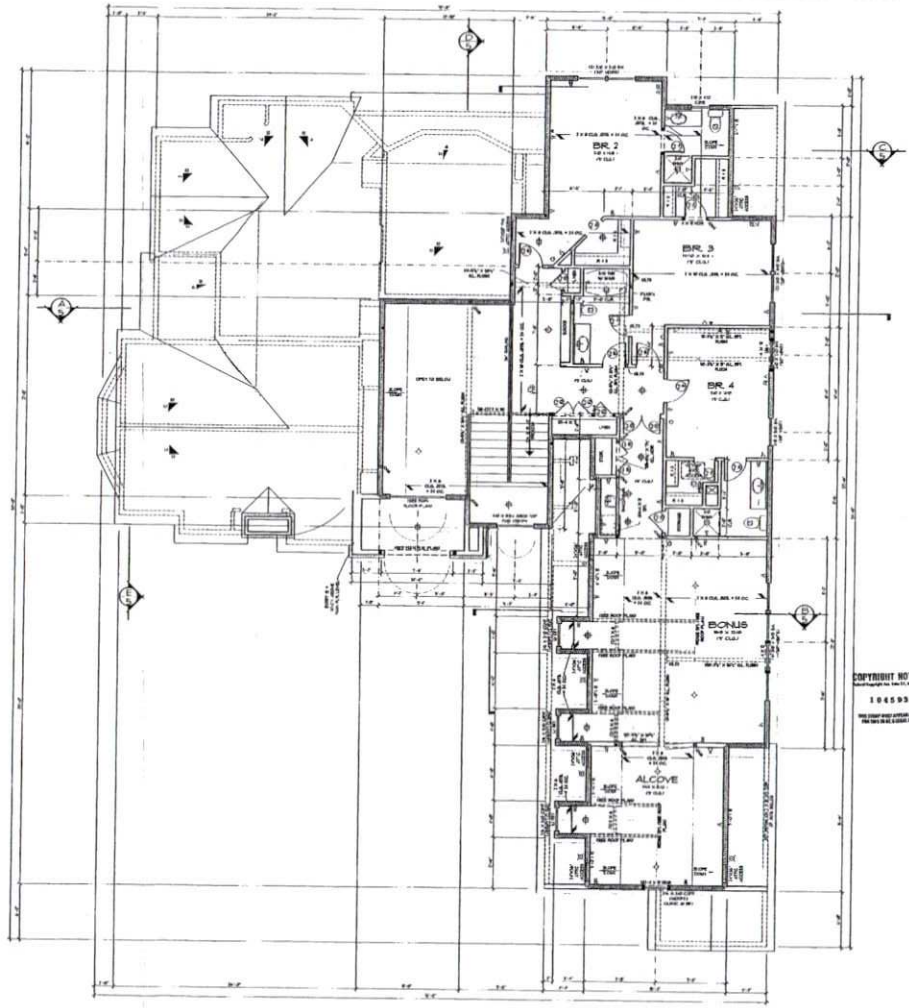


COPYRIGHT NOTICE

19455

Alsford COLLECTION

B2433
2 M



UPPER FLOOR PLAN

SCALE: 1/4" = 1'-0"

COPYRIGHT NOTICE
104595

Masonry COLLECTION

B2433
3 M

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

Septic System Pre-Construction Meeting Checklist

File # 7130 B App # 30008382 Tax Parcel # 011-261-12

Property Owner: Matthew & Eliza Holzhaur

Job Location Address: 14527 Ramah Church Rd

City: Huntersville State: NC Zip Code: 28078

1. **Does System design match facility, flow & wastewater characteristics?**

   ☒ YES ☐ NO

   Comments: _____

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☒ YES ☐ NO

   Comments: _____

   _____

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☒ YES ☐ NO

   Comments: _____

   _____

*** If "NO" is checked for any of the above the existing permit may need to be revoked.**

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. System shall not be installed while soils are in wet condition.

Kim Garrett, REHS — **Authorized Agent**

10/18/16 — **Date**

Kevin, Rowan Septic — **Others Present**

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7130 B Permit #: 30008382 Tax Parcel #: 011-261-12

Property Owner: Matthew & Elisa Holzbaur

Job Location Address: 14527 Ramah Church Road

City: Huntersville State: NC Zip Code: 28

Operation Permit Issuance Date: 10/18/16 Contractor Name: Kevin Kirkpatrick #2637 Rowan Septic

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Rowan Septic Effluent Pump Model: Zoeller N157-0 .4HP

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 344 feet

# of Lines: 3 @ 100 44 feet

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 24 inches

Distribution Device: pressure / end cap

Inspection Dates

Tank(s) Inspected: 10/18/16

Excavation Inspected: 10/18/16

Pump & Controls Inspected: 10/18/16, 11/14/16

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

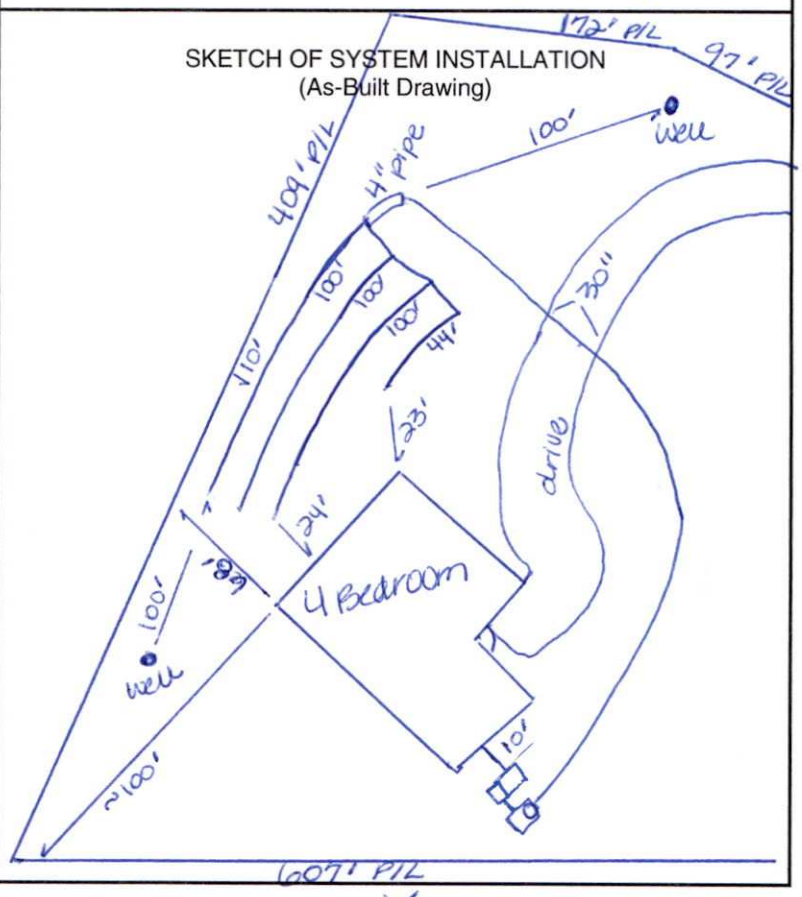
System Installation Setbacks

Distance from Building Foundation: >10 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >100 feet

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIb, pressure, IQ4, n/a, n/a

gravel placed under first chamber, supply line 30" depth crossing driveway

DHHS Authorized Agent: Kim Garrett REHS Signature: Kim Garrett, REHS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7130 B Permit #: 30008382 Tax Parcel #: 011-261-12

Property Owner: Matthew & Elisa Holzbaur

Job Location Address: 14527 Ramah Church Rd

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIb

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☒ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Kim Garrett, REHS Date: 10/18/16

Signature: Kim Garrett, REHS

FILE NUMBER: 7130B

Revised On: January 3, 2007

APPLICATION NUMBER: 2301

SEPTIC FEE: 200
DATE: 5/15/07
ck# 3678

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

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☑ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☒ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 011 26 112
STREET ADDRESS: Raman Church Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: 1 LOT SIZE (acres): 2.75
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☒ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 3500+
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

8A. RANK: ☒ ANY TYPE ☐ CONVENTIONAL 1 ☐ ACCEPTED 2 ☐ INNOVATIVE 3 ☐ ALTERNATIVE 4 ☐ OTHER ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED Trees Cleared	☒ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	JURISDICTIONAL WETLANDS	☐ YES	☒ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS (Gas)	☒ YES	☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☒ NO

10. PROPERTY OWNER:

NAME: Stan Phillips
ADDRESS: 14830 Jamestown Rd
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: 7048867475 WORK PHONE: 704 896 1909
MOBILE PHONE: 608 4253 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS: 896-7475
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Unsure
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? Done

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

4/30/17

Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certif that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Property Owner's or Owner's Legal Representative Signature Date

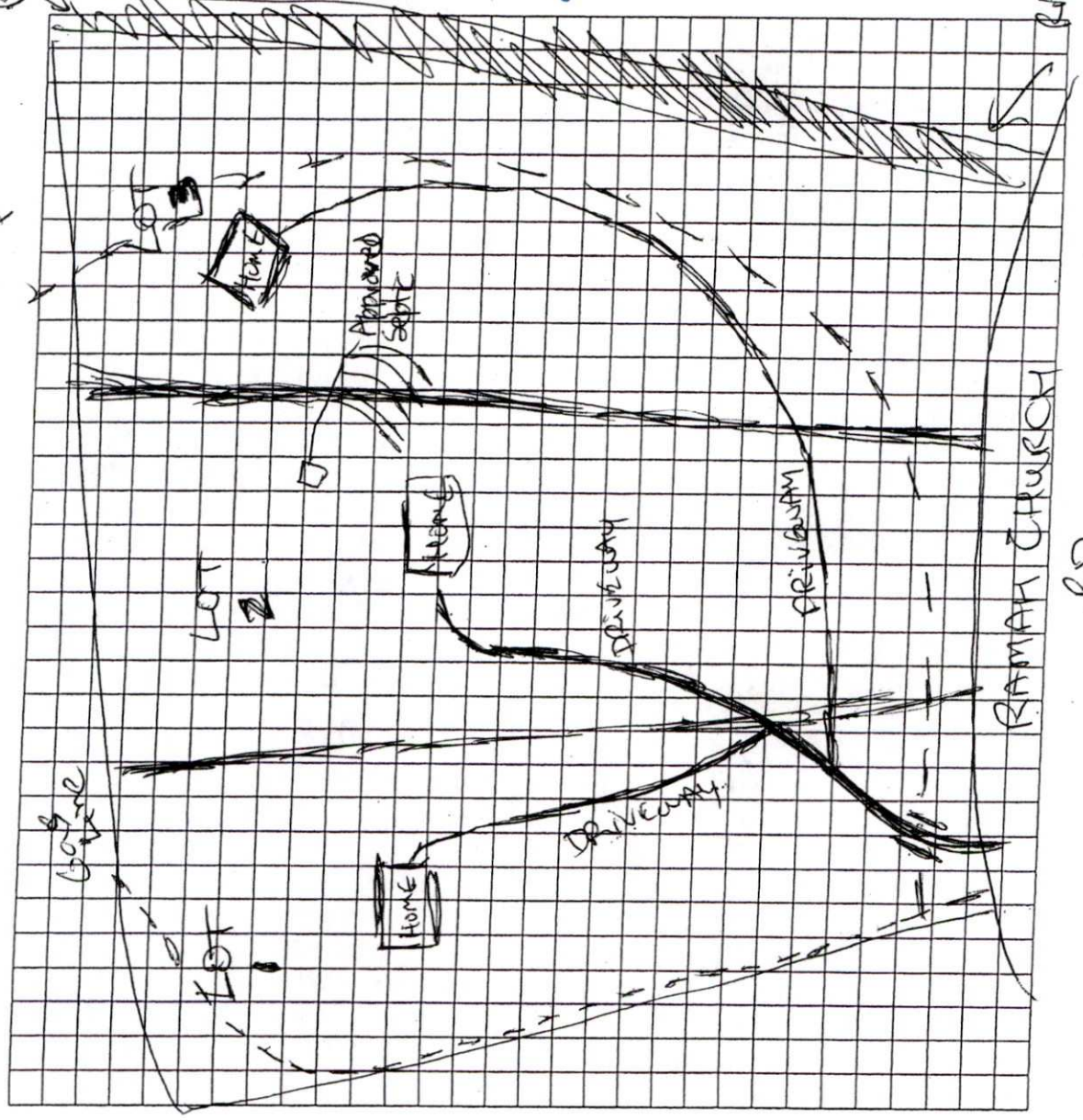
☐ SURVEY PLAT TO SCALE SUBMITTED ☒ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

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	Parcel 01126112
Date	4/30/07 8.17 acres total

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

VOID

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

Permit #: **30002301** GWS File #: **7130B** Tax Parcel #: **011-261-12**

- 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):** 12/26/2012

Type of Installation: Residential - New System Lot Number: 1

Structure Type: HOUSE Size (ft^2): 3500 # Bedrooms: 4 # Occupants: 4

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: Pump to Conventional **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.35 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1371 Total Trench Length (ft): 457

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

III. Repair System Type: Pump to Conventional **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.35 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1371 Total Trench Length (ft): 457

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

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: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michelone, R.S. Signature: _____

Date Issued: 12/26/2007

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

VOID

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30002301** GWS File #: **7130B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This Improvement Permit is being issued based on a supplemental soil investigation performed by staff from our office.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- The system must be water tested during the final inspection to verify proper operation and set system pressure.

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.

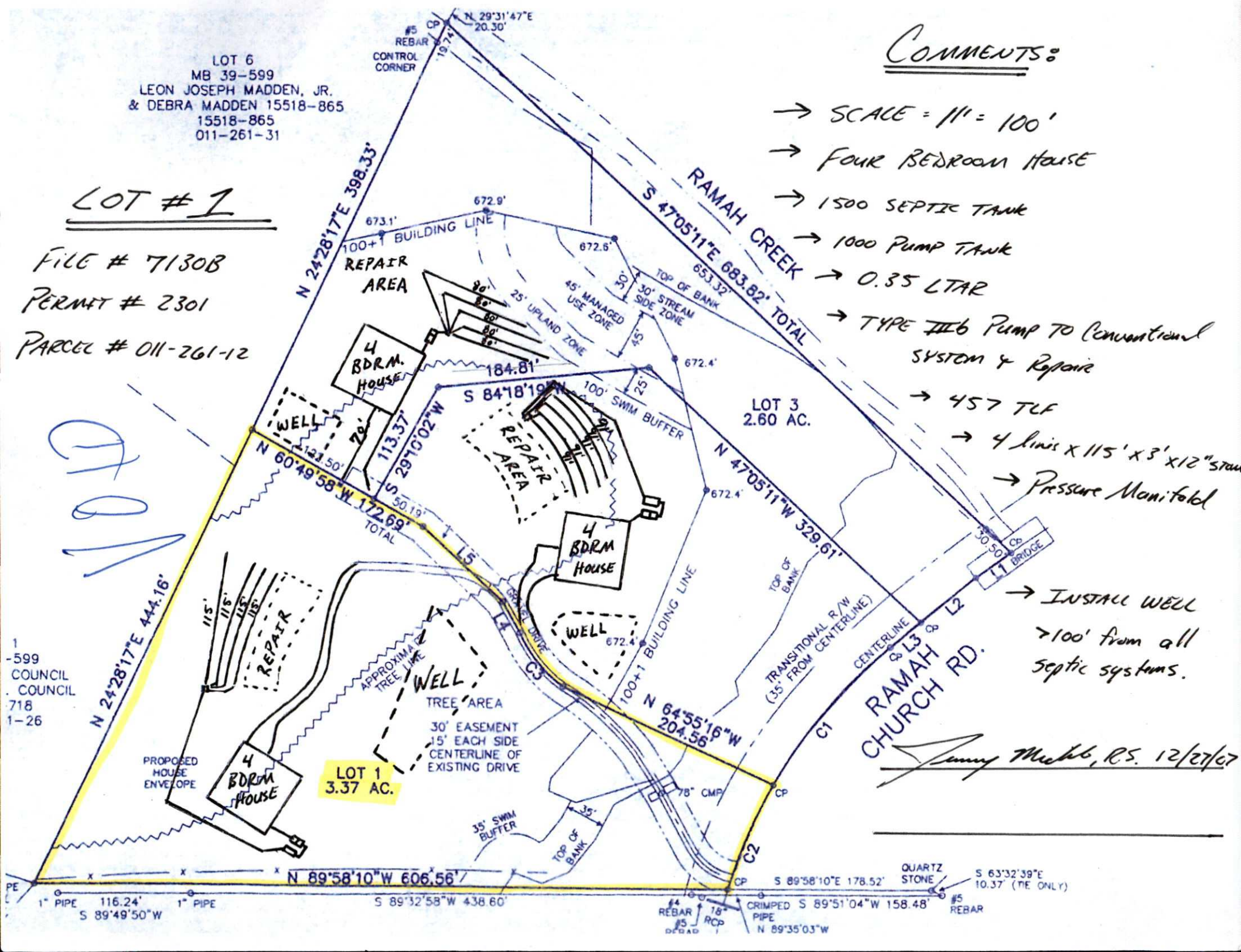
DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

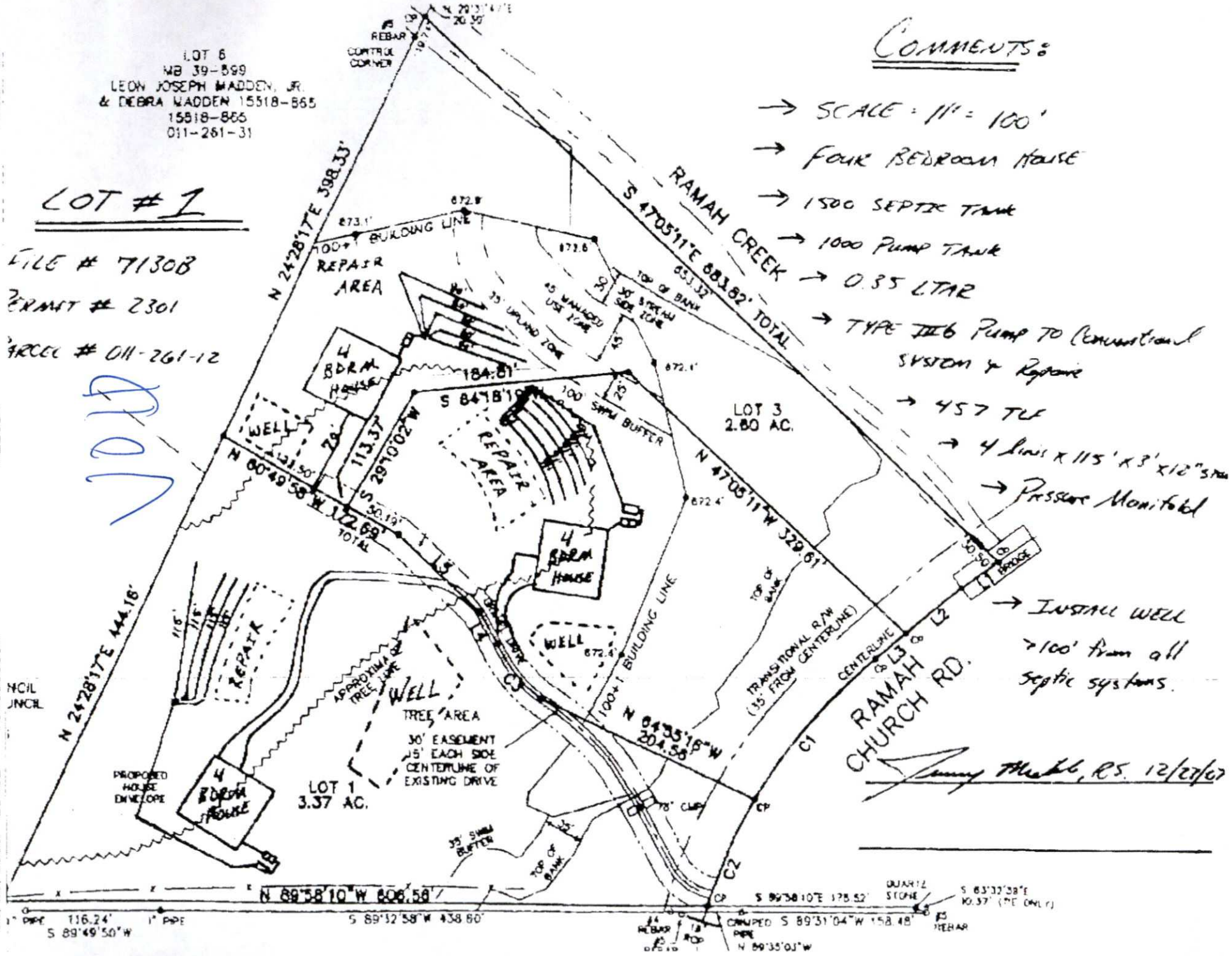
Date Issued: 12/26/2007

Owner/Legal Agent: _____
Print Name

Signature: _____


LOT 6
MB 39-599
LEON JOSEPH MADDEN, JR.
& DEBRA MADDEN 15518-865
15518-865
011-261-31
LOT #1
FILE # 7130B
PERMIT # 2301
PARCEL # 011-261-12
COMMENTS:
→ SCALE = 1" = 100'
→ FOUR BEDROOM HOUSE
→ 1500 SEPTIC TANK
→ 1000 PUMP TANK
→ 0.35 LTAR
→ TYPE III b PUMP TO CONVENTIONAL SYSTEM & REPAIR
→ 457 TLF
→ 4 lines x 115' x 3' x 12" stone
→ Pressure Manifold
→ INSTALL WELL >100' from all septic systems.
Jimmy Mabb, RS. 12/27/07
#5 REBAR CONTROL CORNER
N 29°31'47"E 20.30'
19.74'
N 24°28'17"E 398.33'
RAMAH CREEK
S 47°05'11"E 683.82' TOTAL
653.32'
672.9'
673.1'
672.6'
100+1 BUILDING LINE
REPAIR AREA
80' 80' 80' 80' 80'
25' UPLAND ZONE
45' MANAGED USE ZONE
30'
30' STREAM SIDE ZONE
TOP OF BANK
45'
672.4'
4 BDRM. HOUSE
184.81'
S 84°18'19"W
100' SWIM BUFFER
25'
LOT 3
2.60 AC.
WELL
70'
121.50'
113.37'
S 29°10'02"W
N 60°49'58"W 172.69' TOTAL
50.19'
REPAIR AREA
91' 91' 91' 91'
672.4'
N 47°05'11"W 329.61'
4 BDRM HOUSE
L5
L4
GRAVEL DRIVE
C3
WELL
672.4'
100+1 BUILDING LINE
TOP OF BANK
TRANSITIONAL R/W (35' FROM CENTERLINE)
30.50'
CP
BRIDGE
L1
L2
L3
CENTERLINE
RAMAH CHURCH RD.
C1
N 64°55'16"W 204.56'
115' 115' 115' 115'
REPAIR
APPROXIMATE TREE LINE
WELL
TREE AREA
30' EASEMENT 15' EACH SIDE CENTERLINE OF EXISTING DRIVE
N 24°28'17"E 444.16'
PROPOSED HOUSE ENVELOPE
4 BDRM HOUSE
LOT 1
3.37 AC.
78" CMP
CP
35' SWIM BUFFER
35'
TOP OF BANK
C2
N 89°58'10"W 606.56'
S 89°58'10"E 178.52'
QUARTZ STONE
S 63°32'39"E 10.37' (TIE ONLY)
1" PIPE
116.24'
S 89°49'50"W
1" PIPE
S 89°32'58"W 438.60'
#4 REBAR
#5 REBAR
18" RCP
CRIMPED PIPE
N 89°35'03"W
S 89°51'04"W 158.48'
#5 REBAR

PAGE 10
FLECIA
7048963394
02/21/2008 21:52



COMMENTS:

- → SCALE: 1" = 100'
- → FOUR BEDROOM HOUSE
- → 1500 SEPTIC TANK
- → 1000 PUMP TANK
- → 0.35 LTAR
- → TYPE III B PUMP TO CONVENTIONAL SYSTEM & REPAIR
- → 457 TLF
- → 4 LINES x 115' x 3' x 12" STONE
- → PRESSURE MONITORED
- → INSTALL WELL >100' FROM ALL SEPTIC SYSTEMS.

Jenny Mabb, RS. 12/27/07

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-8894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

VOID

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

Permit #: 30002301 GWS File #: 7130B Tax Parcel #: 011-261-12

- 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):** 12/26/2012

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

Structure Type: HOUSE Size (ft^2): 3500 # Bedrooms: 4 # Occupants: 4

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: Pump to Conventional **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.36	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1371	Total Trench Length (ft):	457
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Conventional **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.35	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1371	Total Trench Length (ft):	457
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

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: Jeremy Michelene

Signature: Jeremy Michelene

Date Issued: 12/26/2007

Owner/Legal Agent: Stan Phillips

Print Name

Signature:

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 211 Charlotte, NC 28202
Phone (704) 336-5103 Fax (704) 336-5894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

VOID

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

Permit #: 30002301 GWS File #: 7130B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This Improvement Permit is being issued based on a supplemental soil investigation performed by staff from our office.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- The system must be water tested during the final inspection to verify proper operation and set system pressure.

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: Jereroy Michelone

Signature: Jeremy Michelone

Date Issued: 12/26/2007

Owner/Legal Agent:: Stan Phillips
Print Name

Signature

File #: _____

PROPOSED PLOT PLAN

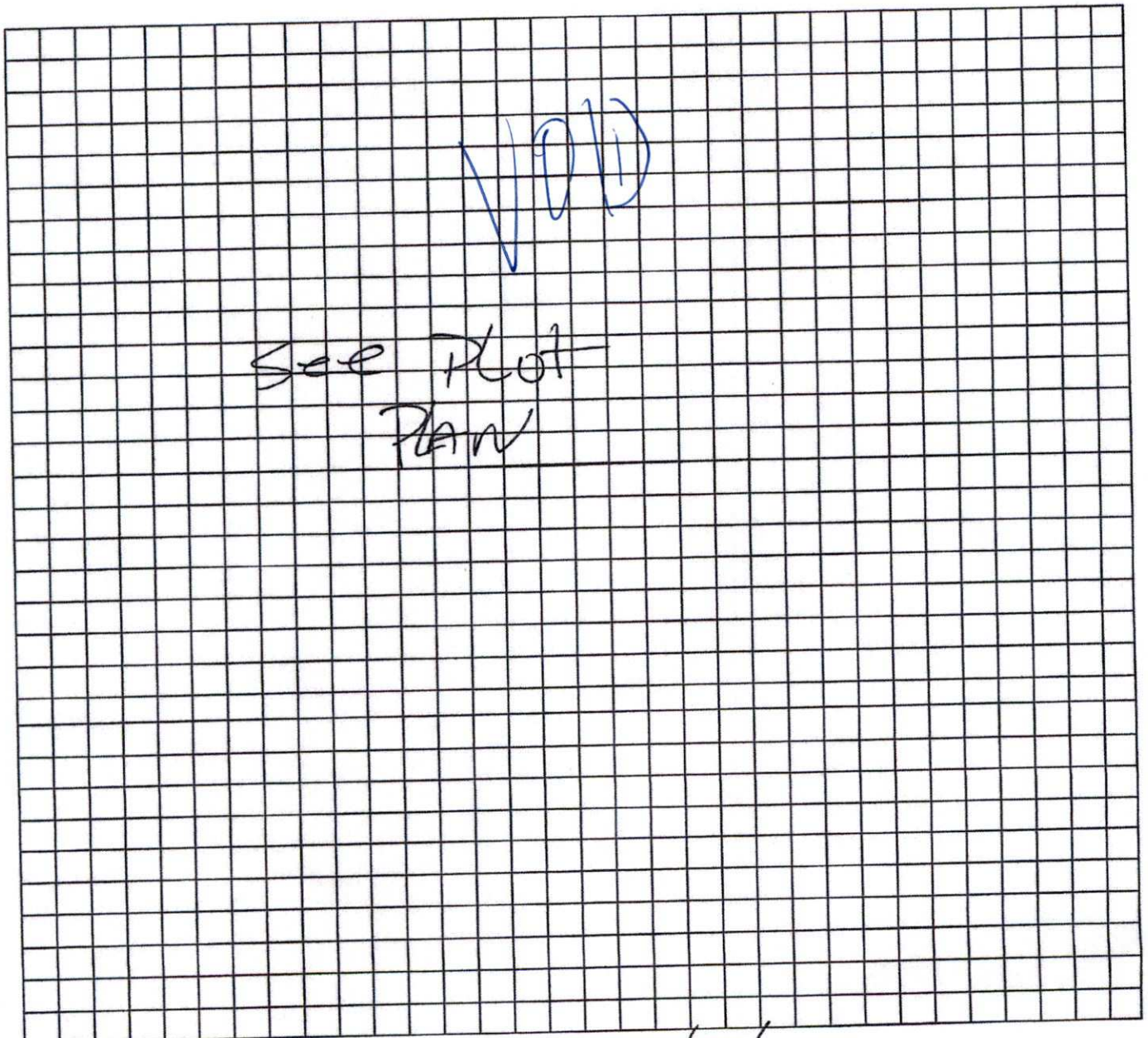
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 14527 Ramah Church Rd

Tax Parcel #: 01126112

Subdivision Name: _____

Lot #: 1



Property Owner's or Owner's Legal Representative Signature

6/3/15
Date

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/12/15
Receipt #: 95025
Check / Auth #: VISA 014686
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: CARTER,TRENT
Attn:
Address: 9149 BARNETT ROAD
Address:
City/State/Zip: CONCORD, NC 28027

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 14527 RAMAH CHURCH RD		1	100.00	100.00

----------Outstanding Balances----------

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