


14920 WAYMART LN

19933149

1/4/2008

duponbj

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

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 04/16/15 | **Amount:** | 250.00 |
| **Receipt #:** | 94362 | **Tendered:** | 250.00 |
| **Check / Auth #:** | CHECK 1106 | **Returned:** | 0.00 |
| **Received By:** | WALKEVA | | |

**Account Information**

**Account #:** 200000
**Contractor:** MICHAEL ATHANAS & ASSOCIATES, I
**Attn:**
**Address:** 561 ENNIS ROAD
**Address:**
**City/State/Zip:** WAXHAW, NC 28173-9778

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>14920 WAYMART LANE | | 1 | 250.00 | 250.00 |

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

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

# MECKLENBURG COUNTY
## Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

**Addendum to Application for**
**New Well or Septic System Installation**
**Abandonment or Repair of Existing Well or Septic System**

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Michael A Munns and Associates is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

   Waymart Lane Charlotte .
   Number Street Town
   (Or Parcel Number)

Charles N. Myers
Property Owner (print name)

Charles N. Myers
Property Owner (signature)

4-20-15
Date

FEE: 200.00 CK# 10434 APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM [ ] CRT

DATE: 3/6/10 JC

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 42250

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-331-70

STREET ADDRESS: Waymart Ln

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 6

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 3/30/2010

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE):

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Bowles Paryh
(LAST) (FIRST) (MI)

ADDRESS: Waymart Ln

CITY: STATE: NC ZIP:

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Ryan Mike
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 361-1084

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: DATE: 3/6/2010

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

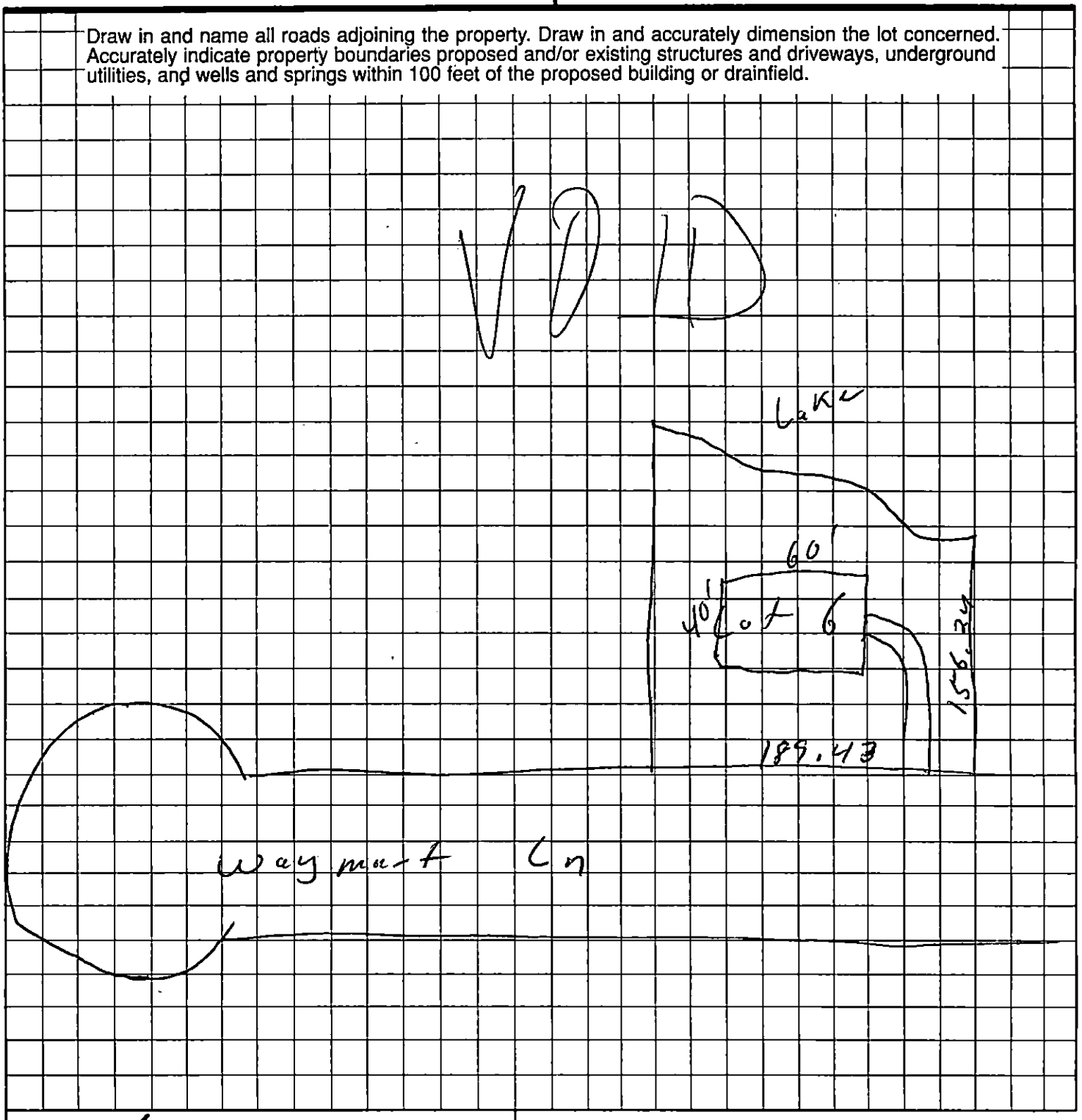
# PROPOSED PLOT PLAN

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

FILE: 4223B

TC: 199-331-30 PR

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 3/6/2000

APPROVAL DATE _____

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

# PROPOSED PLOT PLAN

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

FILE: 4223 B

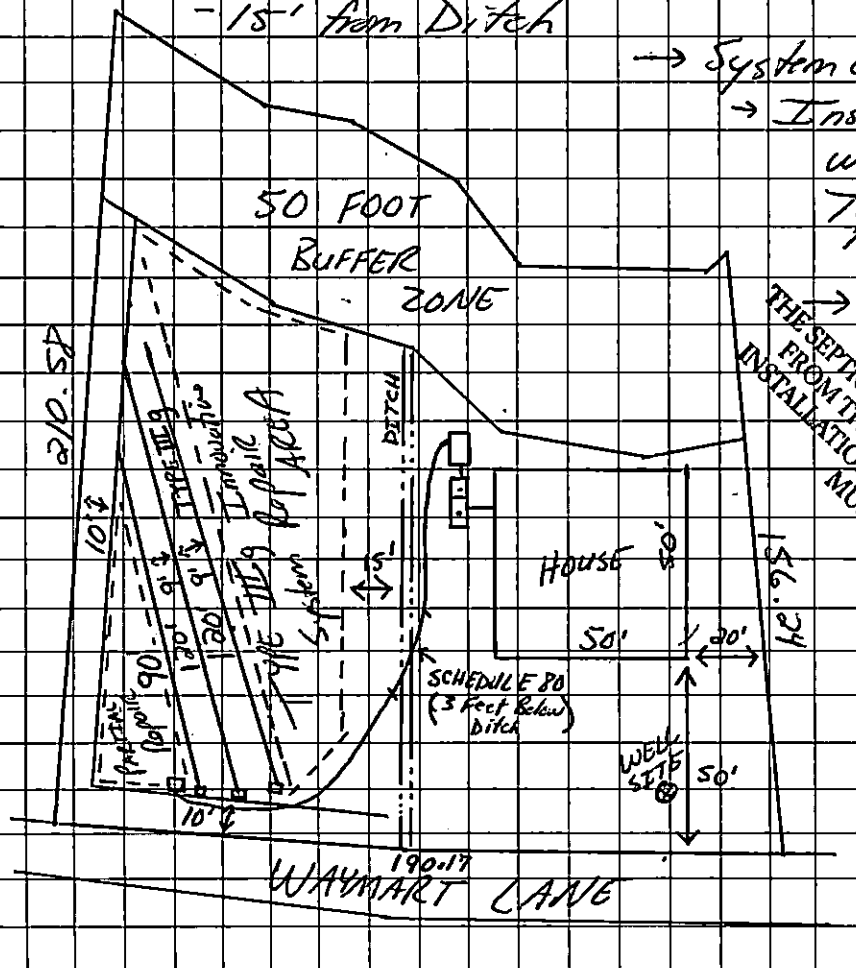
TC: 199-331-30 PO

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.

COMMENTS:

→ Scale = 1" = 50'
→ Keep lines level and on contour of the land
→ Keep trenches shallow (21" MAX.)
→ Keep the Minimum Distances from the following:
- 10' from all property lines
- 100' from all wells
- 15' from basement
- 15' from Ditch

→ System designed for 3 Bedroom House
→ Install 3 lines of varying lengths with Drop Boxes
Type III b Innoweltic System (327 TLF)
→ Type III b Innoweltic System Repair Area




THIS IS NOT A PERMIT TO INSTALL THE SEPTIC SYSTEM. THE SEPTIC TANK INSTALLER IS REQUIRED TO OBTAIN AN INSTALLATION PERMIT FROM THE MECKLENBURG COUNTY HEALTH DEPARTMENT PRIOR TO THE INSTALLATION OF THE SEPTIC TANK SYSTEM. THE SEPTIC TANK CONTRACTOR MUST BE REGISTERED WITH MECKLENBURG COUNTY.

OWNER/AGENT SIGNATURE

DATE 4/18/2000

APPROVAL DATE Jenny P. Mecklen 3/30/00

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

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

Sheet: _____

Property ID: PO 199-331-3c

Lot #: 6

File #: 42233

ACS #2

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

OWNER: Darryl Bowden APPLICANT: Mike Bryan

ADDRESS: 15029 Waymart Farm Church DATE EVALUATED: 3-14-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .7

LOCATION OF SITE: Waymart Farms PROPERTY RECORDED: _____

WATER SUPPLY: ☒Private ☐Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☒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 | .1956 SAPRO CLASS | .1944 RESTR. HORIZ | PROFILE CLASS &LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS 25% | 0-3" | gr/scl | Fr/SExPl SS/SP | >33" TO SOIL wetness | 33" | N/A | None | US .275 IV |
| | | 3-33" | SBK/C | Fi/SExPl S/P | | | | | |
| 2 | LS 30% | 0-2" | gr/ SL | Fr/SExPlSS/SP | >33" TO SOIL wetness | 33" | N/A | None | US .275 IV |
| | | 2-33" | SBK/C | Fi/SExPl S/P | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | US | US |
| System Type(s) | | |
| Site LTAR | | |

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W. A. Mullis LSS 3-16-00

OTHER(S) PRESENT: _____

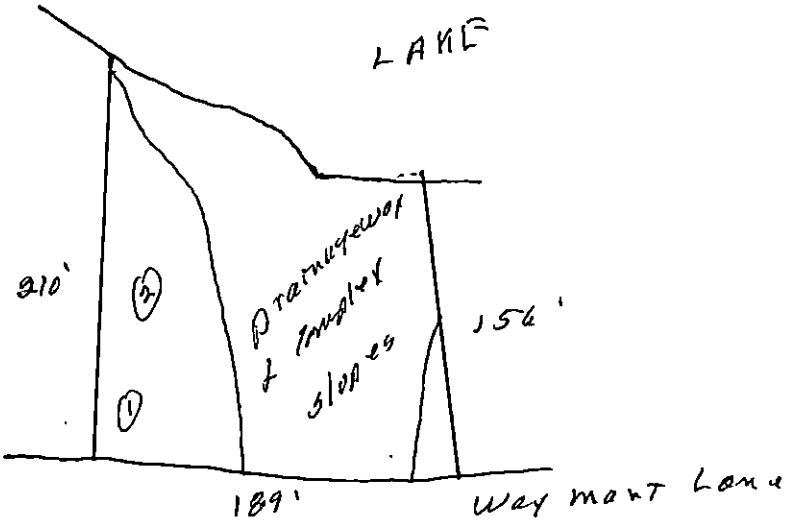
FILE # 422313

COMMENTS 1002 Report

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR | CONSISTENCE MOIST | CONSISTENCE WET |
|---|---|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 | | |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | | VFR-VERY FRIABLE | NS-NON-STICKY |
| L-LINEAR SLOPE | | | | FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 | FI-FIRM | S-STICKY |
| N-NOSE SLOPE | | L-LOAM | | VFI-VERY FIRM | VS-VERY STICKY |
| H-HEAD SLOPE | | | | EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 | | SP-SLIGHTLYSTICKY |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | | | P-PLASTIC |
| T-TERRACE | | CL-CLAY LOAM | | | VP-VERY PLASTIC |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | | | |
| | IV | SC-SANDY CLAY | 0.4-0.1 | | |
| | | SIC-SILTY CLAY | | | |
| | | O-ORGANIC | | | |

VOID

| STRUCTURE | MINERALOGY |
|---|---|
| SG-SINGLE GRAIN | SLIGHTLY EXPANSIVE |
| M-MASSIVE | |
| CR-CRUMB | EXPANSIVE |
| GR-GRANULAR | |
| SBK-SUBANGULAR BLOCKY | |
| ABK-ANGULAR BLOCKY | |
| PL-PLATY | |
| PR-PRISMATIC | |



Permit Number: 700515 199-331-30 Y4

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

| | | | | |
|---|---|---|---|---|
| Basement | X Yes | ___ No | ___ Partial Basement | |
| Type Primary Wastewater System Type (circle one): I II (III) IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | X Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 0.275 Long-term acceptance rate | 360 Max gallons/day wastewater flow | 982 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) | |
| YES Serviced by private well | 1500 Gallon septic tank | 327' Total trench length (ft) | 21" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) | |
| 3 Bedrooms in residence | 1000 Gallon pump tank | NA Depth of stone | | |

Any surface waters present: Yes Type: Lake Wylie Minimum separation distance: 50'

Site modifications required:

Additional Conditions: - 50 foot Buffer zone
- Agreement forms to be on file before C.A. Release.

| | | | | |
|---|---|---|---|---|
| Repair Area System Type Type (circle one): I II (III) IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | X Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 982 Absorption Area (Sq ft)<br>327' Total Trench Length (Ft) | NA Depth of Stone Trench | 9' Trench spacing (min. on centers) | 21" Maximum Trench Depth | |

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effec 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 Departmen
- This Improvement permit is transferable.

Jerry L. Mickle 3/30/00
DEHNR Authorized Agent Date

Karl W. Waidson 3-23-2000
Owner/Agent Signature Date

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

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

ACS

**FEE:** _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
**DATE:** _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 4203B

PARCEL NO: 199-331-30 PO

JOB LOCATION ADDRESS: Waymart Lane

PROPERTY OWNER: Mike Ryan

BUILDING CONTRACTOR: Mike Ryan RyClar

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Jeremy P. Michels DATE: 3/30/00

DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4203-B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: Agreement terms to be on file before C.A. release.
See Conditions of Improvement Permit

## OWNER CERTIFICATION

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

Karl Windsor 3-23-2000

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY
HEALTH DEPARTMENT

# 4223B

**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: 19933149
STREET ADDRESS: 14920 Waymart Lane
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: Copper Cove
LOT #: 6 LOT SIZE (acres): 0.71
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: 2,500
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 6
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: Charles Myers
ADDRESS: 200 Providence Road #200
CITY: Charlotte
STATE: NC ZIP: 28278
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: Michael Athanas & Assoc.
ADDRESS: 561 Ennis Rd
CITY: Wedddington
STATE: NC ZIP: 28173
WORK PHONE: _____
MOBILE PHONE: 704-576-3887
FAX: _____
E-MAIL: _____



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

СОЬЛ

**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.

SK (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.

Scott Kennedy
Property Owner's or Owner's Legal Representative Signature

4/16/15
Date

---

*OFFICE USE ONLY*

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

SEPTIC APPLICATION FEE RECEIVED: $ 250.00 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

Revised on: 12/15/10



**MICHAEL ATHANAS & ASSOCIATES**
**LICENSED SOIL SCIENTIST**
**561 Ennis Rd.**
**Weddington, NC 28173**
**(704) 576-3887**

**Reference: Data Sheet for Lot 6; Copper Cove; 14920 Waymart Lane; Mecklenburg Co.**
**House Footprint:** 60'x50'
**Building Setback:** 20' Front, 15' Side, 50' Rear
**Water Source:** Private Well
**Number of Bedrooms:** 3/360 GPD
**Proposed LTAR:** 0.3 gpd/ft2
**Suggested System Type:** PPBPS/9' Centers
**Repair System Type:** TSI Drip @ LTAR of 0.15 per MCHD
**Distribution:** Pressure Manifold
**Number of Panels:** 48
**Flow per Tap:** 5.48 GPM ½" SCH80
**Tap Size and Material:** ½" SCH80
**System Flow:** 21.92 GPM
**Dosing Volume:** 172.8 Gallons
**Pump Run Time:** 7.88 minutes
**Total Linear Footage:** 200'
**Trench Width:** 36"
**Trench Bottom Square Footage:** 600 sq.ft
**Elevation Head:** 16.6'
**Friction Head:** .40'
**Pressure Head:** 2'
**Total Dynamic Head:** 18.46'
**Supply Line Length:** 30'
**Proposed Trench Bottom Depth:** 36"
**Repair Trench Bottom:** 6"
**Septic/ Pump tank size:** 1000 ST, 1000 PT

**GWS Septic System Design Review** **Approved** **Disapproved** ☐ ☐
**GWS File #:** 42238
**Design Review:**
**Field Review:**
*Plans are not considered "APPROVED" until both sections above are signed and indicate an APPROVED status.*

| Line | Design Length | # of Panels | Actual Length | Elevation |
|---|---|---|---|---|
| Red 1 | | | 24' | 4.1' |
| White 2 | | | 40' | 6' |
| Yellow 3 | | | 60' | 7.9' |
| Red 4 | | | 70' | 9.7' |
| White 5 | | | 70' | 12.1' |
| **Yellow 6** | **50** | **12** | **50'** | **14.9'** |

| | | | | |
|---|---|---|---|---|
| **Pink 7** | **50** | **12** | **60'** | **17.4'** |
| **Red 8** | **50'** | **12** | **60'** | **20.6'** |
| **Yellow 9** | **50'** | **12** | **60'** | **24.2'** |
| Pink 10 | | | 40' | 27.2' |

**Initial System:** 200' **Repair System:** 3600ft2 Drip **Benchmark:** 4.5'
**Pump Tank:** 26.5' **House Corner:** 26.5' Front left property corner
**PM:** 14.9'

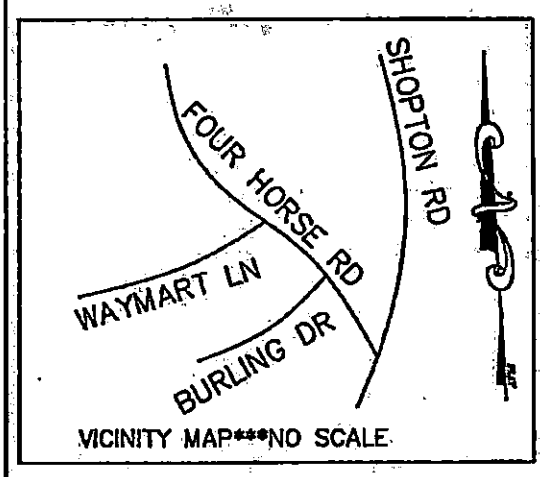
**Comments:**

- The purpose of this evaluation is to permit the property for a 3-bedroom residence. The site has been previously permitted by the Mecklenburg County Health Department.
- MA&A evaluated the site using 4 backhoe pits and 3 auger borings. 2-3 additional auger borings were done in the area unsuitable due to fill.
- The house site has been marked using pink pin flags. A large area of fill has been delineated near the septic area. No part of the system should be installed in this area.
- The area of R1-W5 and P10 will be used for a drip repair if needed.
- The pressure line from pump tank to septic area will need to be 2" to achieve the appropriate scouring velocity.
- **The lines in the septic area have been previously surveyed by DAS of Mooresville. They will need to re-surveyed prior to installation. Please see contact information below.**
    - **Don Allen and Associates**
      **131 Crosslake Park Drive #102**
      **Mooresville, NC 28117**
      **704-654-7029**

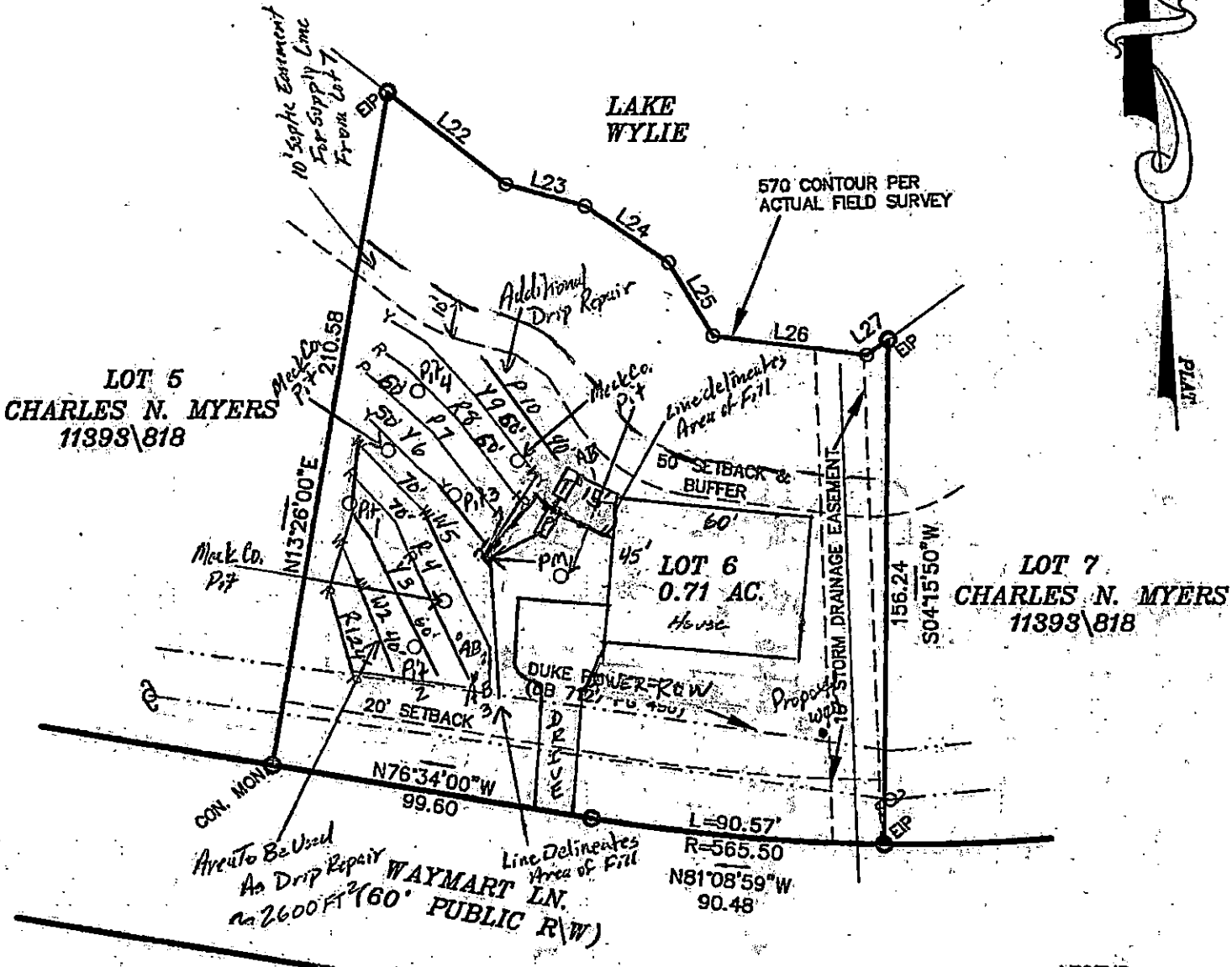
was prepared in accordance with the General Statutes of North Carolina Chapter 890.
my hand and seal on the 3, day of JUNE, A.D. 20 15

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN




| LINE TABLE | | |
|---|---|---|
| LINE | BEARING | LENGTH |
| L22 | S 48°32'00" E | 46.18' |
| L23 | S 70°35'00" E | 25.30' |
| L24 | S 52°09'00" E | 31.00' |
| L25 | S 27°31'00" E | 26.40' |
| L26 | S 79°03'00" E | 47.79' |
| L27 | N 57°19'00" E | 8.21' |




NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE

0' 25' 50' 100
SCALE IN FEET

LEGEND

- = P.P. = POWER POLE
- = POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- CP = COMPUTED POINT

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

30 JUL '15 PM 3:55

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

Permit #: 30007436 GWS File #: 4223B Tax Parcel #: 199-331-49

- 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):** 7/22/2020

Type of Installation: Residential - New System Lot Number: 6

Structure Type: HOUSE Size ($ft^2$): 2500 # Bedrooms: 3 # Occupants: 6

Building Foundation: Basement With Plumbing Water Supply: Private Well

**II. Initial System Type:** PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 360 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1000 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 600 | Total Trench Length (ft): | 200 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | 12 | Distribution Device: | Manifold (LPP Distri | | |

**III. Repair System Type:** Drip Irrigation **System Classification:** Va

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 360 | LTAR ($gpd/ft^2$): | 0.15 | Septic Tank Size (gal): | 1000 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 1 | Trench Spacing (ft): | 2 | Absorption Area ($ft^2$): | 2400 | Total Trench Length (ft): | 2400 |
| Maximum Trench Depth (in): | 6 | Depth of Media (in): | N/A | Distribution Device: | Headworks (Drip Irr. | | |

**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: Philo Walker Owner/Legal Agent: J. Scott Kennedy
Print Name

Signature: Philo Walker REHS Signature: J Scott Kennedy

Date Issued: 7/22/2015

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30007436 GWS File #: 4223B

**IV. Permit Conditions/Comments:**

- This type of septic system requires an inspection once every 3 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 septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- 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.
- 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.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- 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.

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- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Philo Walker

Signature: Philo Walker REHS

Date Issued: 7/22/2015

Owner/Legal Agent: J. Scott Kennedy
Print Name

Signature: J. Scott Kennedy

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

Sheet: 1 of 2
Property ID: 199-331-49
Lot #: 6
File #: 4223B
AppID: 7436

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: Charles Myers
Address: 200 Providence Rd, Charlotte, NC 28278
Proposed Facility: 3 Bedroom House
Design Flow (.1949): 360 GPD
Location: 14920 Waymart Ln, Charlotte, NC 28278
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Municipal
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Michael Athanas & Assoc.
Date Evaluated: 5/12/15
Property Size: 0.71 ac
Property Recorded: Unknown

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | b PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | General Comments | Profile Class & LTAR | Maximum Trench Bottom Depth for 3' Wide Conventional Trench |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Pit #1 | LS 17% | 0 - 19<br>19 - 72" | wfsbk SCL<br>mass SL Sap | SS SP FR SEXP<br>SS SP FR/FI SEXP | 2 chroma 36 - 42" | 19 | PS | NA | | PS III Drip @ 0.2 | NA |
| Pit #2 | LS 14% | 0 - 36<br>36 - 48 | wfsbk CL<br>mass SCL Sap | SS SP FR SEXP<br>SS SP FR SEXP | 2 chroma @ 36" | 36 | US | NA | | PS III 0.3 | 19" |
| Pit #3 | LS 26% | 0 - 36<br>36 - 80 | wfsbk CL<br>mass SL Sap | SS SP FR SEXP<br>NS NP FR SEXP | >80" | 36 | PS | NA | | PS III 0.3 | 36" |
| Pit #4 | LS 26% | 0 - 37<br>37 - 78 | wfsbk SCL<br>mass SL Sap | SS SP FR SEXP<br>NS NP FR SEXP | >78" | 37 | PS | NA | | PS III 0.35 | 36" |
| Pit #5 | LS 24% | 0 - 20<br>20 - 44<br>44 - 70 | wfsbk CL<br>mass L Sap<br>mass SL Sap | SS SP FR SEXP<br>SS SP FR SEXP<br>NS NP FR SEXP | >78" | 20 | PS | NA | | PS III 0.3 | 36" |
| Pit #6 | LS 10% | 0 - 40 | Fill | | NA | 0 | NA | NA | | US | NA |
| Pit #7 | LS 10% | 0 - 40 | Fill | | NA | 0 | NA | NA | | US | NA |
| Pit #8 | LS 25% | 0 - 17<br>17 - 70 | gr SL<br>mass SL Sap | SS SP FR SEXP<br>NS NP FR SEXP | >70" | 17 | PS | NA | | PS II 0.35 | 36" |
| Pit #9 | LS 25% | 0 - 15<br>15 - 70 | gr SL<br>mass SL/L Sap | SS SP FR SEXP<br>SS SP FR SEXP | >70" | 15 | PS | NA | some C and SCL inclusions from 15 - 50" | PS II 0.3 | 36" |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | IVa | Va |
| Site LTAR (gpd/sq ft) | 0.3 | Drip 0.2 |

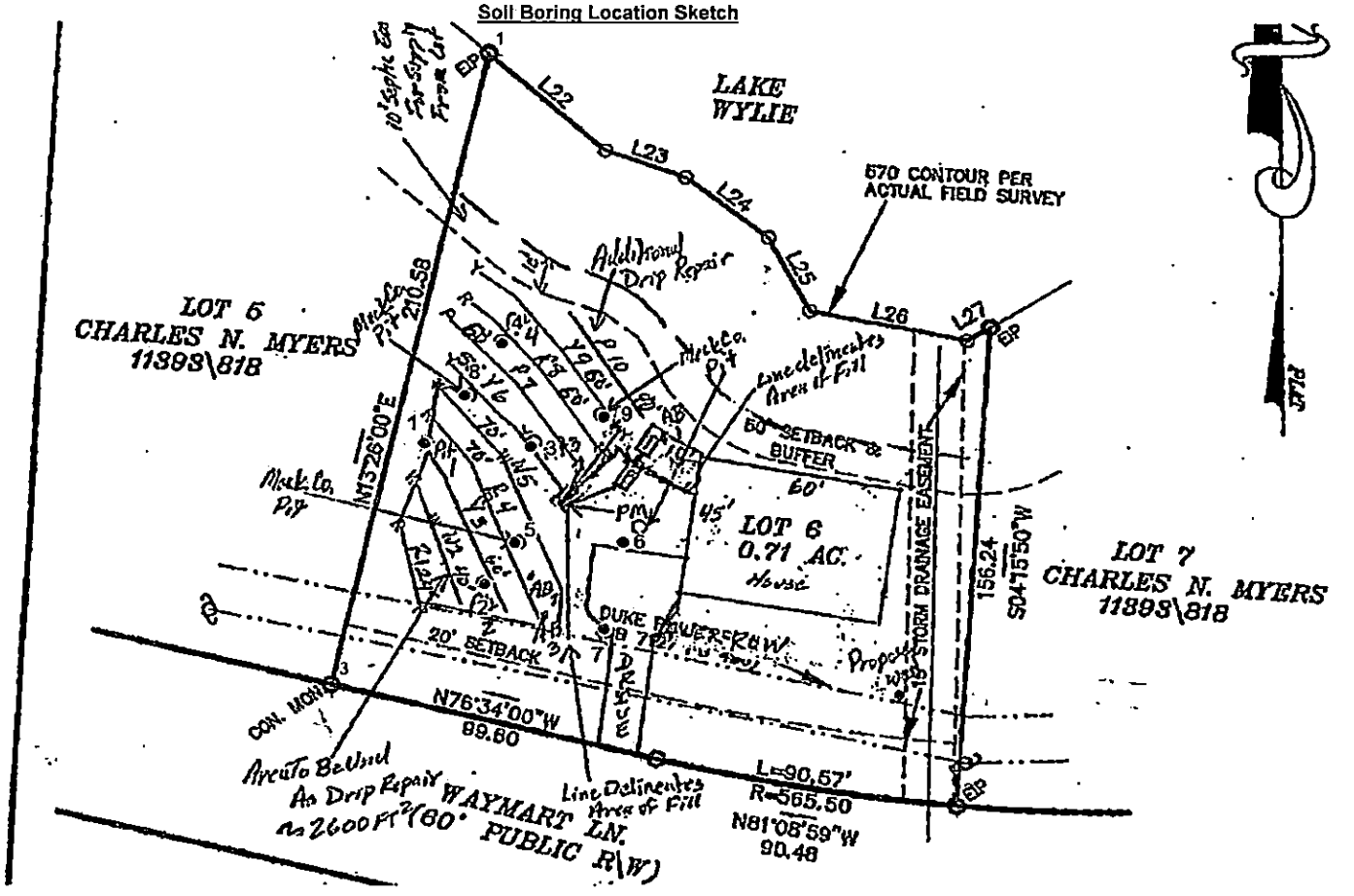
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present: Mike Athanas & Scott Kennedy
Site Classification (.1948): PS Phil Walker REHS PS
Site Evaluation By: P Walker
Others Present:

**COMMENTS:**

| 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 | | mass-Massive |
| LS-Linear Slope | | | | cr-Crumb |
| FS-Foot 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 | | | | Sap-Saprolite |
| FP-Flood Plain | | CL-Clay Loam | | **Structure Prefixes** |
| D-Drainage Way | | SCL-Sandy Clay Loam | | w-weak |
| | | | | m-moderate |
| | | SiL-Silt Loam | | s-strong |
| | | | | f-fine |
| | IV | SC-Sandy Clay | 0.4 - 0.1 | m-medium |
| | | SiC-Silty Clay | | c-coarse |
| | | C-Clay | | |

| Consistence | Consistence | Mineralogy |
|---|---|---|
| **Moist** | **Wet** | SEXP-Slightly Expansive |
| VFR-Very Friable | SS-Slightly Sticky | EXP-Expansive |
| FR-Friable | S-Sticky | |
| FI-Firm | VS-Very Sticky | **Classification** |
| VFI-Very Firm | NP-Non-Plastic | US-Unsuitable |
| EFI-Extremely Firm | SP-Slightly Plastic | PS-Provisionally Suitable |
| | P-Plastic | S-Suitable |
| | VP-Very Plastic | NA-Not Applicable |

**Soil Boring Location Sketch**



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

Permit #: **30007436** GWS File #: **4223B**

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Philo Walker

Signature: Philo Walker REHS

Date Issued: 7/22/2015

Owner/Legal Agent: _____
Print Name

Signature: _____

# Supervisor/Administrative Professional Checklist

**New Septic** ☑ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

**New Septic Fees Paid:**

IP ($250.00) JAL 4/16/2015 Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

**New Well Fee Paid:** $550.00 _____ Initials/Date

**Use Existing Fee Paid:** $100.00 _____ Initials/Date

**Alteration Fee Paid:** $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

**Modified Plot Plan Fee Paid:** $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☑ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☑

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☑ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☑

Certified operator contract is on file. ☐ _____

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

GWS File #: 4223B WASPS App #: 7436

Primary ES assigned to project: Philo Walker

Secondary ES assigned to project: _____

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

**I. File Review:**

| Rule or Law | Permit Application | | | |
|---|---|---|---|---|
| .1937(d) | Is the Application complete | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is there a Site plan/Plat with application | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is the Facility shown? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Are appurtenances shown | Yes ☑ | No ☐ | N/A ☐ |
| | **Site Evaluation Information** | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1940 (a-g) | Slope % Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Texture Class Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Structure type Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Consistence Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Mineralogy Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(3) | Soil Wetness Condition Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(6) | Sufficient Available Space Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(m) | Are the Profile Locations Shown? | | | |
| .1939(a) | Are the S/PS Profiles in system & in repair area? | Yes ☑ | No ☐ | N/A ☐ |
| & .1945(b) | Number of auger borings made: 9 pits | | | |
| | Were sufficient auger borings made? | Yes ☑ | No ☐ | N/A ☐ |
| .1939(d), .1955, .1956, .1957 | LTAR 0.3 initial 0.15 Repair | Yes ☑ | No ☐ | N/A ☐ |
| | **Improvement Permit/Construction Authorization** | | | |
| .1937(g) 130A-336(a) | Proposed System Type stated-Initial | Yes ☑ | No ☐ | N/A ☐ |
| .1945(b) | Proposed System Type stated-Repair | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336 (a)(3) | System location identifiable by setbacks - Initial | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) .1945(b) | System components shown – Initial | Yes ☑ | No ☐ | N/A ☐ |
| .1945(b) | Repair area shown | Yes ☑ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Does System design match facility, flow & WWcharacteristics? | Yes ☑ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is System design consistent with soil/site conditions? | Yes ☑ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is the System located in the approved area? | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336(a) | Is the Design flow (gpd) indicated? | Yes ☑ | No ☐ | N/A ☐ |

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

**II. WASPS Review:**

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

# Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: JAM _____ Date performed: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
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| Maximum Trench Depth (in): | 36 | Depth of Media (in): | 12 | Distribution Device: | Manifold (LPP Distri | | |

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Repair System Specifications:

| | | | | | | | |
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| Maximum Trench Depth (in): | 6 | Depth of Media (in): | N/A | Distribution Device: | Headworks (Drip Irr. | | |

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Authorized Agent: Philo Walker Owner/Legal Agent: _____
Print Name

Signature: Philo Walker REHS Signature: _____

Date Issued: 7/22/2015

# MECKLENBURG COUNTY
## Health Department

**Marcus Plescia, MD, MPH**
**Health Director**

(704) 336-4700

June 14, 2017

Charles N. Myers
c/o Myers Park Properties, Inc.
141 Providence Rd.
Charlotte, NC 2828207

COPY

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

Dear Mr. Myers:

The Mecklenburg County Health Department inspected the site for the on-site wastewater system located at **14920 Waymart Ln.**, File # 4223B 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 # **30007436** conditions. Because of this inspection, the Department has determined the following:

***Property owner has elected to utilize the NC Engineers Option Permit: 15A NCAC 18A .1971***

This is to notify you that based on this request, 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.

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 June 14, 2017. 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.

# MECKLENBURG COUNTY

**Marcus Plescia, MD, MPH** **Health Department** **(704) 336-4700**
**Health Director**

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,

Bradley W Hallman, R.E.H.S.
Environmental Health Specialist
Mecklenburg County
Groundwater & Wastewater Services
704-201-7983