10360B
#10558

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

APPLICATION FOR A Residential COMMERCIAL 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: 10916302
STREET ADDRESS: 6300 Lake Forest Rd East
CITY: Charlotte
STATE: NC ZIP: 28227
LOT #: LOT SIZE (acres):
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☑ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
DESCRIBE TYPE OF BUSINESS: _____
☐ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY:
NUMBER OF EMPLOYEES PER SHIFT:
~~NUMBER OF SHIFTS:~~ ~~NUMBER OF SEATS:~~
TYPE OF WASTEWATER GENERATED:
☐ DOMESTIC SEWAGE ☐ INDUSTRIAL WASTEWATER
☐ OTHER _____
Bedroom: 4 Occupant: 8

5. *IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.*

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 Tank replacement

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

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

14. SEPTIC SYSTEM PERMIT A[PLI]CATION:

If the information in this applicatio[n] falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this applicatio[n] and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to condu[ct] necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identific[a]tion 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 [va]lid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-e[x]piring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATIO[N]

If the information in this applicatio[n] falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provide[d] herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determi[ne] compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and c[or]ners 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 [th]e date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE [SE]CTION:

ONLY COMPLETE APPLICATIO[NS] WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in th[e] space provided below.

Rena Ingraham McGill

Property Owner's or Owner's Lega[l] Representative Signature _____ Date

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SU[B]MITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RE[C]EIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES REC[E]IVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSI[G]NED: _____

COMMENTS:

700 N. T[RY]ON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

Revised on: 7/1/08

N.C. Department of Environment & Natural Resources / Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Hand Deliver

Owner: Robert & Rena Mcgill

Mailing Address: 6300 Lake Forest Rd
Charlotte, NC 28227

Occupant:

Location: 6300 Lake Forest Rd
Charlote, NC 28227

☒ Residence ☐ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an appr[illegible] wastewater system. Your wastewater system is not in compliance.

On May 31, 2019 an inspection [illegible] County Health Department indicated the following violations:

Violation/s

Observed a discharge of sew
[G.S. 130A-335(a) 15A NCAC

Please Create a file # & upload to onbase

You are hereby ordered to bring [illegible] eting the following:

☐ Install / Repair wastewat
obtain a repair permit fro
department prior to the re [illegible] irs *(Specify):*

☒ Eliminate wastewater disc
to an approved wastewater [illegible] ...aintenance *(Specify):*

If the wastewater violation is not brought into compliance by **July 1, 2019** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130A-22], Suspension or Revocation of Permits [G.S. 130A-23], and Criminal Penalties [G.S. 130-25].

For questions regarding this notice you should contact Heather Ray at 704-280-1485.

Notice Issued: 5-31-19
Date

Compliance: 7/8/19
Date

DENR/DEH Authorized Agent

Heather Ray
DENR/DEH Authorized Agent

Hooked to Sewer

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

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 5/22/2019 8:22:40 AM



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

1Y 0-15 Fill
15-29 sbk SCL with manganese
29-38 sbk SC with quartz gravel
38-42 EXP C VFI VP

10YR

7/1 @ 42"

Dug 3 holes

First two I hit quartz rock at 32 and 24"