2772

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

4497 JPM

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: 04509202
STREET ADDRESS: 1811 ONEIDA RD
CITY: CHARLOTTE
STATE: NC ZIP: 28269
SUBDIVISION NAME: NONE
LOT #: P11 B2 LOT SIZE (acres): .47
TOWNSHIP: BIT 1941
☐ 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: 1448
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT 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: 1 2 ____ ____ ____

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? Feb 17, 2010 ☐ N/A

12. PROPERTY OWNER: (Prospective Buyer)
NAME: Fathima Eaddy
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE: (704) 968-8581
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: SHAUNA GRAVES - Rayford Smith Realty
ADDRESS: 7804-C Fairview Rd, Ste 229
CITY: Charlotte
STATE: NC ZIP: 28226
HOME PHONE:
WORK PHONE: (704) 494-4704
MOBILE PHONE (704) 650-6689
FAX: (704) 749-8567

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

Revised on: 7/1/08

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 =

NCOWCICB

Suggested minimum onsite wastewater inspection

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Address of Property 1811 Oneida Rd
Street
Charlotte NC 28269
City St Zip

Current owner of Record _____

Inspection requested by: ☐ Owner of record
☑ Other Name Fathima EDPy

Company _____

Phone _____

Date of Inspection: 1-27-10

☐ Copy of Operations permit from _____ County Environmental Health Attached
☐ Operations permit not available
Type of water supply ☐ Well ☑ Public Water ☐ Community Water
Location of Septic Tank and septic tank details:

- 5 ft from house or structure
- 50 ft from well if applicable
- _____ ft from water line if applicable
- 30 ft. from property line
- 1FT approximate distance from surface to top of tank
- _____ Access riser(s) ☐ yes ☑ no Describe _____
- _____ Tank lids intact ☐ yes ☑ no
- _____ Tank has baffle wall ☑ yes ☐ no
- ✓ Inflow to tank is noted as sufficient
- _____ Inflow to tank is noted as insufficient or blocked
- _____ Outlet has filter ☐ yes ☑ no
- _____ Outlet T is present ☑ yes ☐ no
- _____ Effluent leaves the outlet ☑ yes ☐ no
- _____ Roots present in tank ☑ yes ☐ no
- _____ Evidence of infiltration into tank of surface water ☑ yes ☐ no
- ✓ Evidence of tank leakage noted
- _____ Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped _____ ☑ unknown
Percentage of sludge detected in tank 10% %

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ Date _____

Does system have pump tank? ☐ yes (complete blanks below) ☑ no

_____ ft from house or structure
_____ ft from well if applicable
_____ ft from water line if applicable
_____ ft. from property line
_____ Approximate distance from surface to top of tank
_____ Access risers in place ☐ yes ☐ no
_____ ft from septic tank
Location of control panel: _____
_____ Electrical connections are in place and properly grounded
_____ Alarm working
_____ Pump working
_____ Dosing volume correct ☐ yes ☐ no
_____ Unable to operate pump due to lack of electricity at site at time of inspection

System requires a subsurface operator ☐ yes ☑ no
If yes, Operator Name _____ Phone _____
Copy of most recent operator report attached

Drainfield: Located 10 ft. from property line
2 ft from septic/pump tank
2 # of lines located
25 length of lines

Type of system: ☑ Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled Demonstration

☐ Pretreatment; Type of Pretreatment _____

Brief Description of System Type _____

NO Evidence of past or current surfacing at time of inspection
Briefly describe: _____

NO Large trees or other vegetation noted over drainfield area

NO Evidence of traffic over drainfield
Briefly describe: _____

Other pertinent facts noted during inspection: The Septic Tank need to Be Replace, it crack and Has Roots grow in it the Lid are crack

Inspector Name: Gary Dellinger Certification # 18411
Address 4531 N. Hwy 16 Denver NC 28037
Phone 704-483-2868
Inspector Signature: Dan Bey Date 1-27-2010

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

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 2772 Permit #: 4497 Tax Parcel #: 045-092-02

Property Owner: FUTHIMA EADDY

Job Location Address: 1811 ONEIDA ROAD

City: CHARLOTTE State: NC Zip Code: 28269

Installation Approval Issuance Date: 2/4/10

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 3/4/10, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: ——— gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

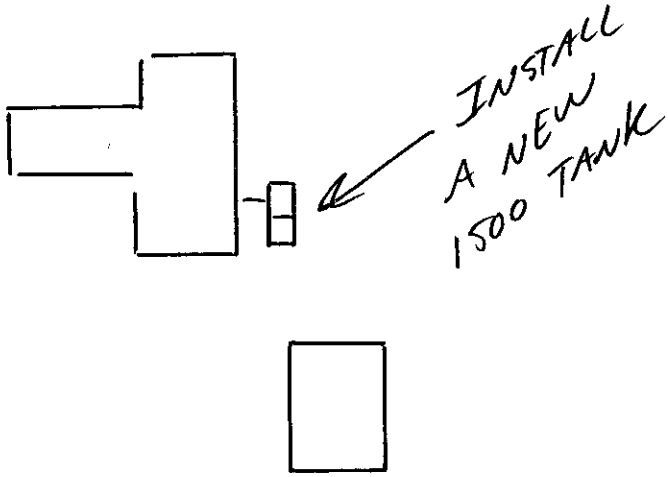
Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

ONEIDA ROAD



Comments: System Classification & Type: IIa Conventional System

INSTALL A NEW 1500 SEPTIC TANK

DENR Authorized Agent: Jeremy Michalove, R.S. Signature: Jeremy Michalove, R.S.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
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OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 2772 Permit #: 4497 Tax Parcel #: 045-092-02

Property Owner: FUTHINA EADDY

Job Location Address: 1811 ONEIDA ROAD

City: CHARLOTTE State: NC Zip Code: 28269

Operation Permit Issuance Date: 2/16/10 Contractor Name: W. CHRISTENBURY

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

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: 75' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: 7100' feet

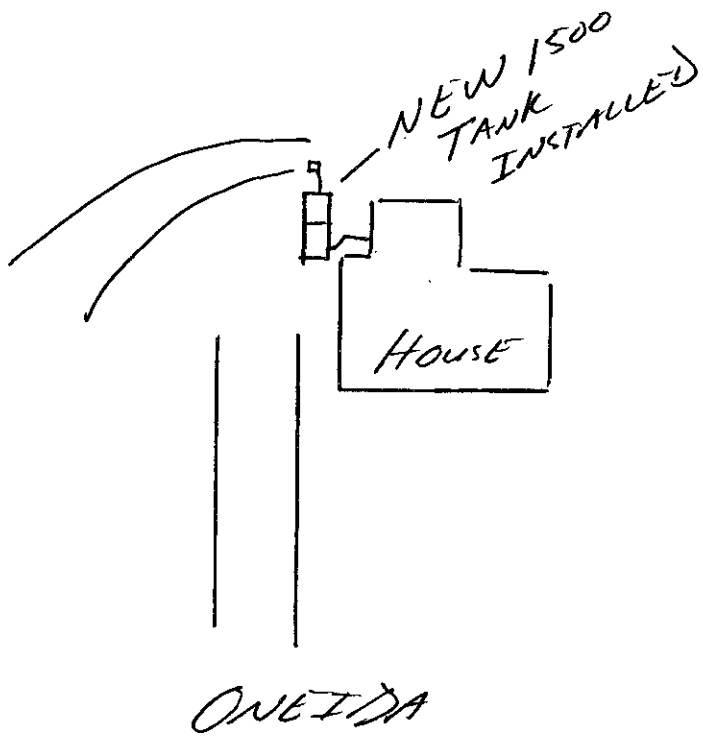
Inspection Dates

Tank(s) Inspected: 2/16/10

Excavation Inspected: —

Pump & Controls Inspected: —

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: IIa, GTR, GRAVITY, NA, NA

DENR Authorized Agent: Jeremy Nicholson, R.S. Signature: Jeremy Nicholson, R.S.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
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OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 2772 Permit #: 4497 Tax Parcel #: 045-092-02

Property Owner: FUTHIMA EADDY

Job Location Address: 1811 ONEIDA ROAD

City: CHARLOTTE State: NC Zip Code: 28269

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: IIa

*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: 2010 REPAIR

DENR Authorized Agent: Jeremy Mecklenburg R.S Date: 2/16/10

Signature: Jeremy Mecklenburg R.S