# Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid

IP ($250.00) _____ 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) AS 11/6/17 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 ☑ JAM 11-14-17

Please generate CA

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 & D



| | |
|---|---|
| GWS File #: | 5360A |
| WASPS App #: | 9273 |
| Primary ES assigned to project: | Jeremy Michelone |
| Secondary ES assigned to project: | |
| Project Type: | Alteration |
| Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded? | Yes |
| Site Evaluation Information: .1940(a-g) - Slope % Recorded? | Yes |
| Site Evaluation Information: .1939(a)(2) - Texture Class Recorded? | Yes |
| Site Evaluation Information: .1939(a)(2) - Structure Type Recorded? | Yes |
| Site Evaluation Information: .1939 (a)(2) - Consistence Recorded? | Yes |
| Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded? | Yes |
| Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded? | Yes |
| Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered? | Yes |
| Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered? | N/A |
| Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded? | Yes |
| Site Evaluation Information: .1937(m) - Are the Profile Locations Shown? | Yes |
| Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area? | Yes |
| Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR | Yes |
| Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial | Yes |
| Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair | Yes |
| Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial | Yes |
| Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial | Yes |
| Information Permit/Construction Authorization: .1945(b) - Repair area shown | Yes |
| Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics? | Yes |
| Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions? | Yes |
| Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area? | Yes |
| Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated? | Yes |
| Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct? | Yes |
| Improvement Permit/Construction Authorization: .1937(g) - Trench width correct? | Yes |
| Improvement Permit/Construction Authorization: .19379(g) - Trench length correct? | Yes |
| Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown? | N/A |

| | |
|---|---|
| Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown? | Yes |
| Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points? | N/A |
| Corrections/modifications needed? | No |
| Comments: | |
| IA issued date: | |
| OP Issued date: | 11-28-17 |
| Review performed by: | Jeremy Michael |
| Date performed: | 11/30/2017 |

Created at 11/30/2017 8:23 AM by Michael, Jeremy
Last modified at 11/30/2017 8:23 AM by Michael, Jeremy

Close

6 NOV '17 PM12:23

5360A
#9273

**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: 02301135 PO
STREET ADDRESS: 11944 Pinnacle Point Ln.
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME: Mt. Point
LOT #: 62 LOT SIZE (acres): .8
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: _____
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3
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?** Nov. 30 2017 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Robert & Sharon Shaner
ADDRESS: 11944 Pinnacle Point Ln
CITY: CH
STATE: NC ZIP: 28216
WORK PHONE: _____
MOBILE PHONE: 704-231-9633
FAX: _____
E-MAIL: SharonShoner@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
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

**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.

_____ (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.

Sharon Shaw
Property Owner's or Owner's Legal Representative Signature

11/6/17
Date

---

*OFFICE USE ONLY*

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O 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

Revised on: 12/15/10

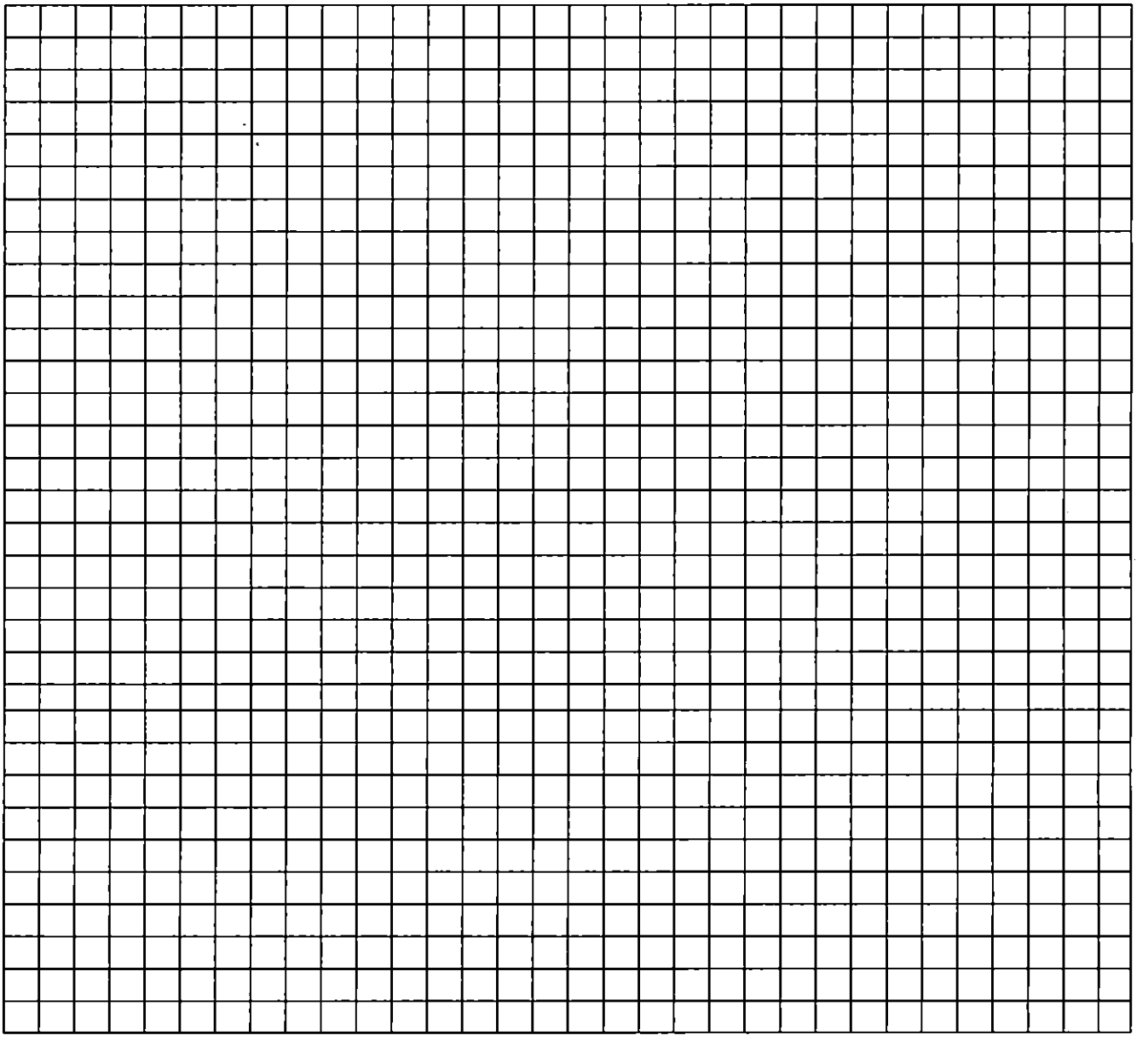
File #: _____

## 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: 11944 Pinnacle Point Ln. Tax Parcel #: _____

Subdivision Name: Mt. Point Lot #: 62



_____ _____

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



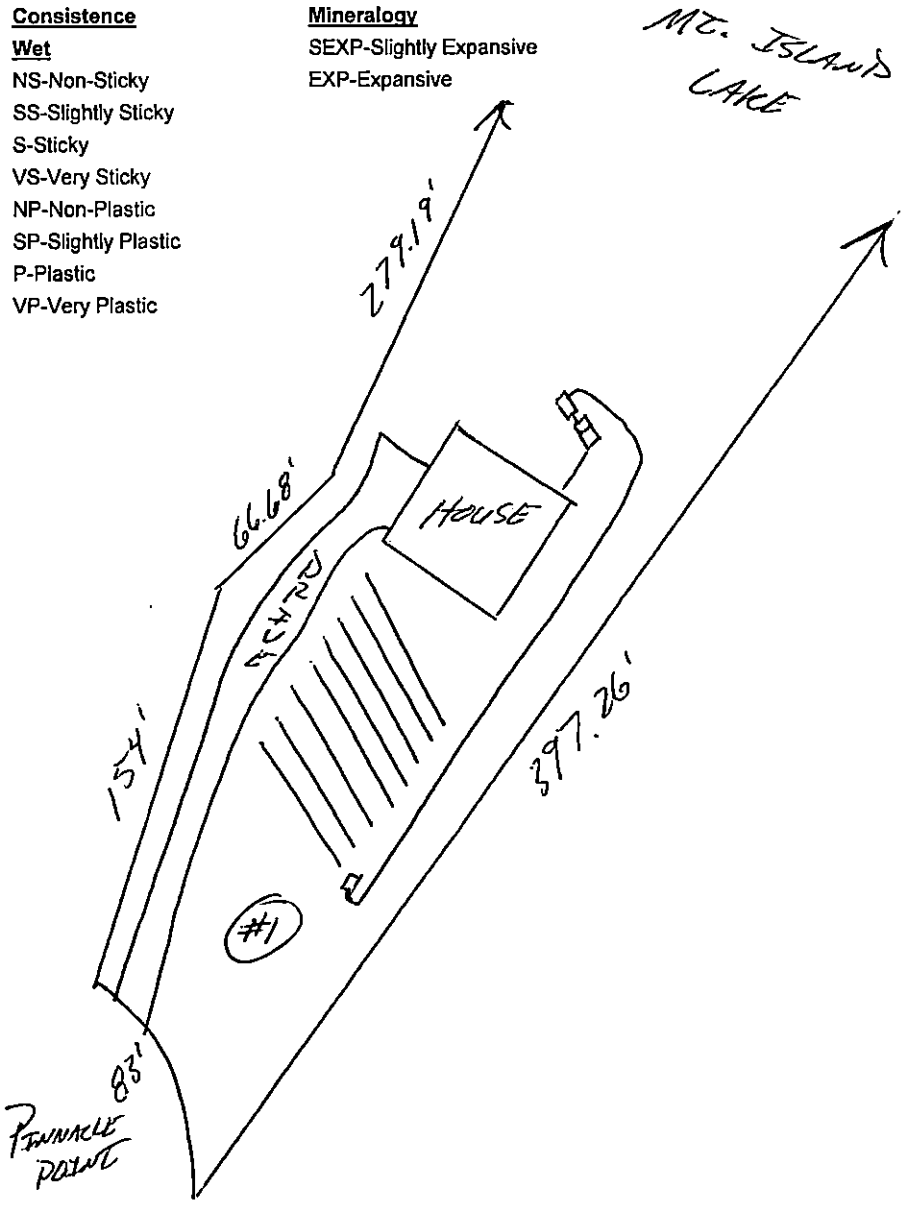
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

**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 | | M-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 | | | | |
| FP-Flood Plain | | CL-Clay Loam | | |
| | | SCL-Sandy Clay Loam | | |
| | IV | SC-Sandy Clay | 0.4 - 0.1 | |
| | | SIC-Silty Clay | | |
| | | C-Clay | | |

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



1st Choice Service, Inc.
3661 Eaker Rd.
Cherryville, NC 28021
(704)447-5500
info@1stchoiceservicenc.com

# Estimate

| Date | Estimate # |
|---|---|
| 10/27/2017 | 2838 |

| Name / Address | Jobsite Address |
|---|---|
| Julie Barr<br>1726 Royal George Ave.<br>Charlotte, NC 28210 | Julie Barr<br>11944 Pinnacle Point Ln.<br>Charlotte, NC 28216 |

| Project |
|---|
| |

| Description | Qty | Rate | Total |
|---|---|---|---|
| Backhoe with operator<br>Dig into drain lines to locate clean pipe<br>Reconnect septic tank to drainfield<br>Replace distribution box if necessary | 1 | 1,500.00 | 1,500.00 |
| Dig up septic tank<br>Install outlet tee with effluent filter | 1 | 275.00 | 275.00 |
| Install control panel with alarm on post "New code" | 1 | 1,175.00 | 1,175.00 |
| Install septic tank risers with lids and hardware (optional - for future maintenance) | 2 | 275.00 | 550.00 |

Thank you for your business - we appreciate it very much!

**Total** $3,500.00

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

Page 1
Property ID: 2316426
Lot #: 62
File #: 5360A
AppID: 9273

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Ronald Dunn
Applicant: Sharon Shaner
Address: 11944 Pinnacle Point Lane
Date Evaluated: 11/8/2017
Proposed Facility: 4 Bedroom House Design Flow (.1949) 480 GPD
Property Size: 0.8 Acre
Location of Site: 11944 Pinnacle Point Lane
Property Recorded:
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | b PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS<br>4% | 0-6<br>6-32<br>32-48 | GR/SCL<br>SBK/C<br>SBK/SCL | FR/NS/NP/SEXP<br>FI/S/P/SEXP<br>FI/S/P/SEXP | 48" TO SOIL WETNESS | 48 | PS | NA | PS<br>IV<br>0.3 G/D/FT2 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | IIIb | Iva |
| Site LTAR | 0.3 | 0.3 |

Other Factors (.1946):
Soil Evaluation By: Jeremy Michelone, REHS
Others Present: Robert & Sharon Shaner
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jeremy Michelone, REHS
Others Present: Robert & Sharon Shaner

Jeremy Michelone, REHS

FEE: 200.00
DATE: 11/30/2017

# CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

**FILE NUMBER:** 5360B

**PERMIT NUMBER:** 5360B

**PARCEL NUMBER:** 02316426

**JOB LOCATION INFORMATION**

**ADDRESS:** 11944 PINNACLE POINT LN

**CITY:** CHARLOTTE **STATE: NC** **ZIP:** 28216

**ISSUED TO:** ROBERT & SHARON SHANER

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 11/14/2017

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30009273, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

**Authorized Agent Signature** Jay McC, REHS

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

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

Permit #: **30009273** GWS File #: **5360B** Tax Parcel #: **023-164-26**

- 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):** 11/13/2022

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size ($ft^2$): 0 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 120 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 300 | Total Trench Length (ft): | 100 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

**III. Repair System Type:** PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 800 | Total Trench Length (ft): | 267 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | N/A | Distribution Device: | Manifold (LPP Distri | | |

**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: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 11/13/2017

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

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

Permit #: **30009273** GWS File #: **5360B**

**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 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 waterlines must be located a minimum of 10 ft. from any part of the septic system.

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: Jeremy Michelone

Signature: Jeremy Michelone, REHS

Date Issued: 11/13/2017

Owner/Legal Agent: _____
Print Name

Signature: _____

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

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

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

Authorized Agent: Jeremy Michelone

Signature: [signature]

Date Issued: 11/13/2017

Owner/Legal Agent: Sharon Shaner
Print Name

Signature: [signature]

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-5894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30009273 GWS File #: 5360B Tax Parcel #: 023-164-26

- 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):** 11/13/2022

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size ($ft^2$): 0 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd): 120 LTAR (gpd/$ft^2$): 0.3 Septic Tank Size (gal): 1600 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area ($ft^2$): 300 Total Trench Length (ft): 100

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

**III. Repair System Type:** PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/$ft^2$): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area ($ft^2$): 800 Total Trench Length (ft): 267

Maximum Trench Depth (in): 30 Depth of Media (in): N/A Distribution Device: Manifold (LPP Distri

**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: Jeremy Michelone Owner/Legal Agent: Sharon Shaner

Signature: [signature] Print Name

Signature: [signature]

Date Issued: 11/13/2017

11944 Pinnacle Point Lane

# On-site Wastewater Improvement Permit Diagram




Comments?

→ System alteration for (1) Bedroom Addition
→ Install 2 Lines x 50' x 3' (100 TLF) 25% Red. System
→ TYPE IIIa Pan / Black Book Area
→ Install Pressure Manifold and tie in existing system

Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 9273
PID #: 023-164-26
File #: 53608

Authorized Agent: [signature], REHS Date: 11/13/17

Owner/ Legal Agent: [signature] Date: 11/14/17

1 inch = 60 feet

11944 Pinnacle Point Lane

# On-site Wastewater Improvement Permit Diagram




Comments ?

→ System alteration for a (1) Bedroom Addition
→ Install 2 Lines x 50' x 3' (100 TLF) 25% Red. System
→ TYPE IIIa Panel/Block Repair Area
→ Install Pressure Manifold and tie in existing system

Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 9273
PID #: 023-164-26
File #: 53608

Authorized Agent: _____ Date: 11/13/17

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 feet

# MECKLENBURG COUNTY HEALTH DEPARTMENT

**Groundwater & Wastewater Services** **GWS-08**
**1 of 2**

## Septic Systems Requiring a Pressure Manifold

**Originated:** 11/07
**Reviewed:** 11/07,1/11, 11/12, 6/14, 6/15, 6/16
**Revised:** 6/09
**REF:** G.S. 130A-335; 10 NCAC 46 .0211

**Policy:** A pressure manifold is required for septic systems designed for parallel distribution where an effluent pump is required. Exemptions from this requirement are systems requiring LPP distribution or serial distribution.

**Purpose:** The pressure manifold is intended to balance the amount of effluent delivered to each drain line and allow for flow adjustment of individual drain lines.

**Procedures:**

A. Pressure manifold design and construction shall conform to the guidelines and specifications provided by the North Carolina Department of Environment and Natural Resources (NCDENR) Division of Environmental Health (DEH) as referenced in the *Pressure Manifold Design For Ground Absorption Sewage Systems* document prepared by Steven J. Berkowitz dated February, 1986.

B. Manifolds requiring varying tap sizes and tap schedules will be permitted for septic system designs where varying lateral line lengths are proposed. In these cases the system designer is required to provide a manifold specification sheet that provides the design pressure head for the system, tap number, tap diameter (in.), tap schedule, flow per tap (gpm), and total system flow (gpm).

**Lisa B. Corbitt**
GWS Program Manager (Print Name)

**6/15/2016**
Date

Lisa B. Corbitt
GWS Program Manager (Signature)

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

# Septic System Pre-Construction Meeting Checklist

File # 5360A App # 9273 Tax Parcel # 023-164-26

Property Owner: Robert + Sharon Shanek

Job Location Address: 11944 Pinnacle Point Lane

City: Charlotte State: NC Zip Code: 28216

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.**

Authorized Agent — Date: 11/15/17

Others Present

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 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 #: 5360A Permit #: 9275 Tax Parcel #: 023-164-26

Property Owner: Robert & Sharon Shanek

Job Location Address: 11944 Pinnacle Peak Lane

City: Charlotte State: NC Zip Code: 28216

**Operation Permit Issuance Date:** 11/28/17 Contractor Name: Willy Christenbury

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

Liquid Capacity of Septic Tank: Existing gallons Manufacture Existing Effluent Pump Model: existing

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 100 feet

# of Lines: 2 @ 50 feet

Depth of Media: 12 inches (Type) IQ4W

Depth of Cover: 18 inches

Distribution Device: 1 Manifold

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: 111' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: >100' feet

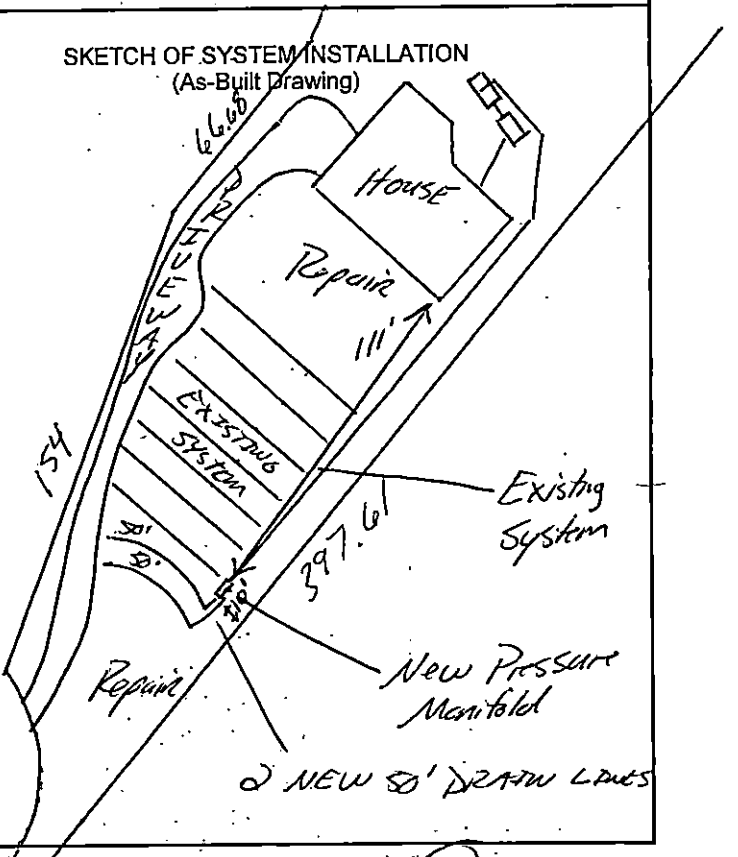
Inspection Dates

Tank(s) Inspected: —

Excavation Inspected: 11/28/17

Pump & Controls Inspected: 11/28/17

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, IQ4W, NA, NA

System is Issued for a (1) Bedroom Addition for A TOTAL OF 4 Bedrooms

DENR Authorized Agent: Jeremy Nichols REHS Signature: Jeremy Nichols REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 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 #: 5360A Permit #: 9273 Tax Parcel #: 023-164-26

Property Owner: Robert & Sharon Shank

Job Location Address: 11991 Pinnacle Park Lane

City: Charlotte State: NC Zip Code: 28216

**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: System Alternative for a (4) Bedroom House

DENR Authorized Agent: Jeremy Mathis REHS Date: 11/22/17

Signature: Jeremy Mathis REHS

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 11/06/17 | **Amount:** | 300.00 |
| **Receipt #:** | 108101 | **Tendered:** | 300.00 |
| **Check / Auth #:** | MC 07616C | **Returned:** | 0.00 |
| **Received By:** | ABDUSAI | | |

**Account Information**

**Account #:** 200000
**Contractor:** SHANER, SHARON
**Attn:**
**Address:** 11944 PINNACLE POINT LN
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28216

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0706 | Septic Alteration Permit<br>11944 PINNACLE POINT LN | | 1 | 300.00 | 300.00 |

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

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

# Payment Receipt

**Mecklenburg County POS**

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
SHARON SHANER

**Bill To:**

SHARON SHANER
11944 PINNACLE POINT LN

Charlotte, NC 28216

**Single Payment**

Transaction Date: 11/06/2017 8:39 AM Pacific Time
Pay Method: **********0745
Approval #: 07616C
Trace Number: 4cfa1e77-048e-498c-87bf-1488935151d3
Amount: $300.00

Payment Amount: $300.00

**Total: $300.00**

Thank you for your payment.