10639B
#11317

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: 21722217
STREET ADDRESS: 16415 Bunch Walnuts Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: Lower Palisades
LOT #: 43 LOT SIZE (acres): 0.77
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: 3,720
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5
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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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? 8/1/13 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ____ ☑ N/A

12. PROPERTY OWNER:
NAME: Prestige Lakewide, LLC
ADDRESS: 1321 Cavendish Court
CITY: Charlotte
STATE: NC ZIP: 28211
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: John Gaskin David Gaskin
ADDRESS: 1215 Hollow Tree Court
CITY: Charlotte
STATE: NC ZIP: 28226
WORK PHONE:
MOBILE PHONE: (704) 649-4969
FAX:
E-MAIL: jdavidgaskin@gmail.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

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. JDG (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. JDG (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.

John David Gaskin — 6/1/20

Property Owner's or Owner's Legal Representative Signature — 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
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

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

Sheet: 1 of 2
Property ID: 217-222-17
Lot #: NA
File #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Prestige Lakewid LLC
Address: 1321 Cavendish Ct, Charlotte, NC 28211
Proposed Facility: Repair
Design Flow (.1949): GPD
Location of Site: 16415 Bunch Walnuts Rd, Mint Hill, NC 28078
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Municipal
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: owner
Date Evaluated: 6/2/2020
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**
Boring #1	LS 5%	0 - 10	Fill	SS SP FR SEXP	>60"	60	NA	NA		**PS IV 0.275**	**48"**
		10 - 40	sbk/abk C	S P FI SEXP							
		40 - 60	sbk CL	SS SP FR SEXP							
Boring #2	LS 5%	0 - 5	gr CL	SS SP FR SEXP	>60"	60	NA	NA		**PS IV 0.275**	**48"**
		5 - 36	sbk C	S P FI SEXP							
		36 - 60	sbk SCL	SS SP FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR (gpd/sq ft)		**0.275**

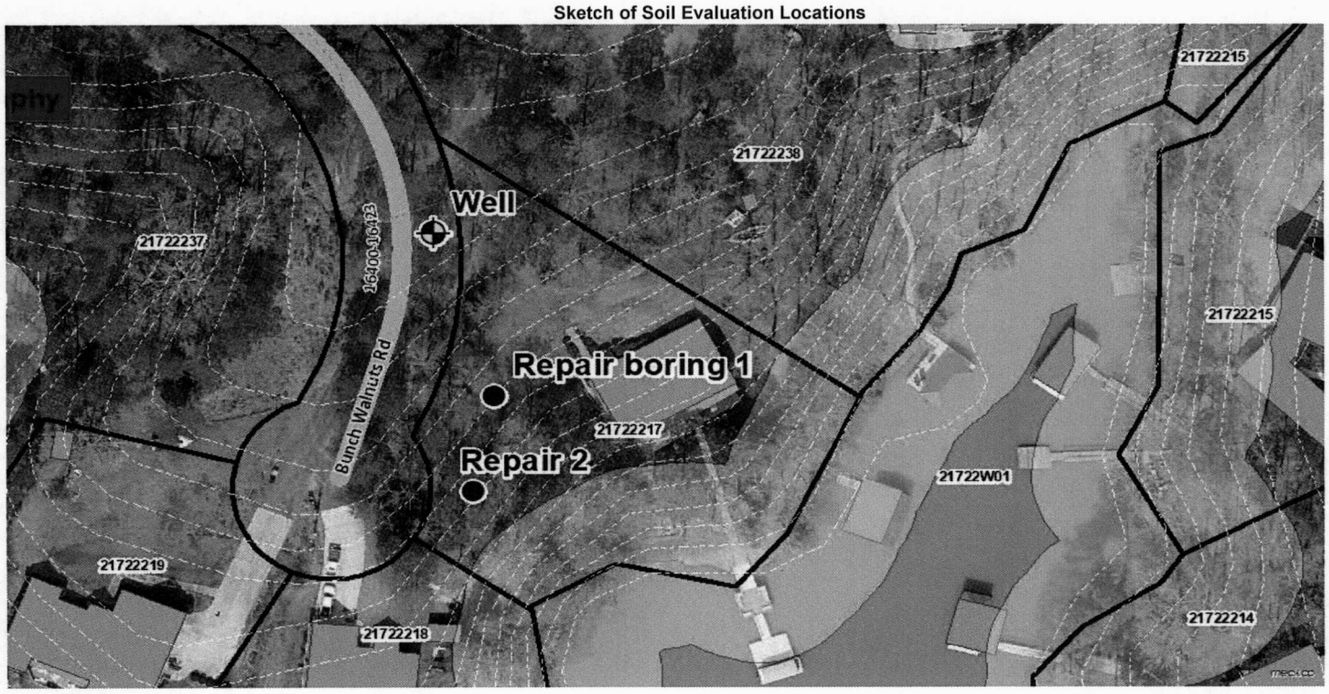
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

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		CL-Clay Loam		Sap-Saprolite
FP-Flood Plain		SCL-Sandy Clay Loam		**Structure Prefixes**
D-Drainage Way		SiL-Silt Loam		w-weak
				m-moderate
				s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

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

Sketch of Soil Evaluation Locations



Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for
REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 10639B Permit #: 11317 Tax Parcel #: 217-222-17

Property Owner: Prestige Lakewide LLC

Job Location Address: 16415 Bunch Walnuts Rd

City: Charlotte State: NC Zip Code: 28277

Improvement Permit Issuance Date: N/A **Construction Authorization Issuance Date:** 6-4-20

Permission is hereby given to **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 6-4-21. 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.

Permitted Design Flow: 480 GPD Site LTAR: .275 GPD/ft^2

Liquid Capacity of Septic Tank: Existing gallons Liquid Capacity of Dosing Tank: 1000 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: 36 inches

Bed Width: 9 feet

Total line length: 80 feet

# of Lines: 3 @ 80 feet

Depth of Media: 6"sand / 24" Stone/ fireChips inches (Type) 6"sand / 24" Stone/ fireChips

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 5 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

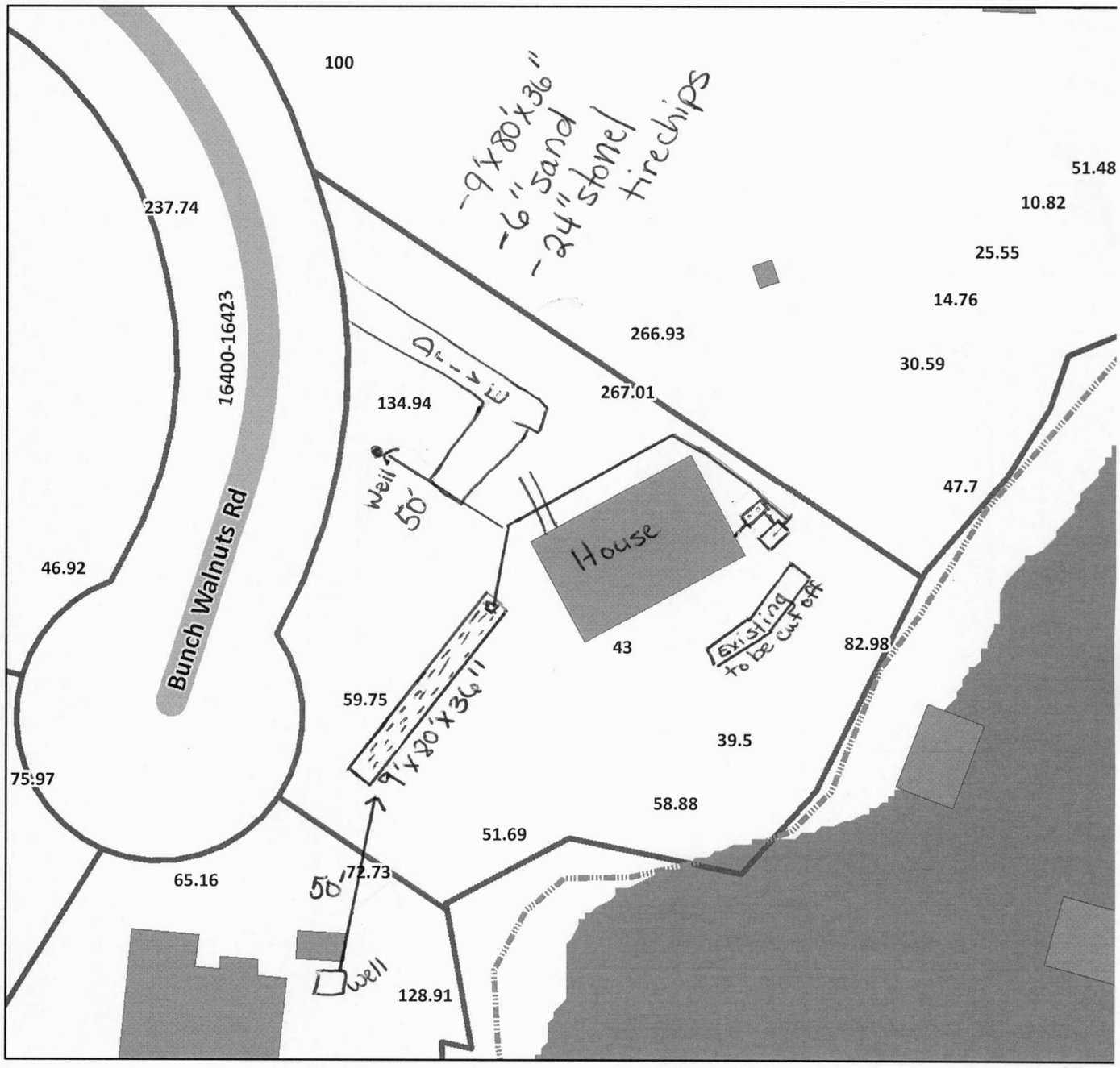
See Attached

Comments: System Classification & Type: IIa

Authorized Agent: April Bumgarner Signature: April Bumgarner

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 11317
PID #: 217-222-17
File #: 10639B

Authorized Agent: April Baumgarner Date: 6-4-20

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 fee

Made site visit on 7-14-20. House had tenants in it at time of visit. Work had been done to area where failure occured. EH was not notified of work [redacted] no work was done on system area. NOV will be lifted.

AB 7-14-20

5/7/21

Owner was on site for final inspection. Installers (Greenway) & my self spoke to him about limiting water usage in the home. We also conveyed to him that this was a 4 bedroom home & max occupancy was 8 people.

AB 5/7/21

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: _____ Permit #: _____ Tax Parcel #: _____

Property Owner: Prestige Lakewide LLC

Job Location Address: 16415 Bunch Walnuts Rd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 5-7-21 Contractor Name: Greenway Waste Sdn.

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

Liquid Capacity of Septic Tank: Existing gallons Tank Manufacture Dellinger 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: 36" inches

Bed Width: 9 feet

Total line length: 60 feet

# of Lines: 3 @ 60 feet

Depth of Media: 6" sand 6" inches (Type) Sand High Capacity Chambers

Depth of Cover: 14 inches

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 50'+ feet

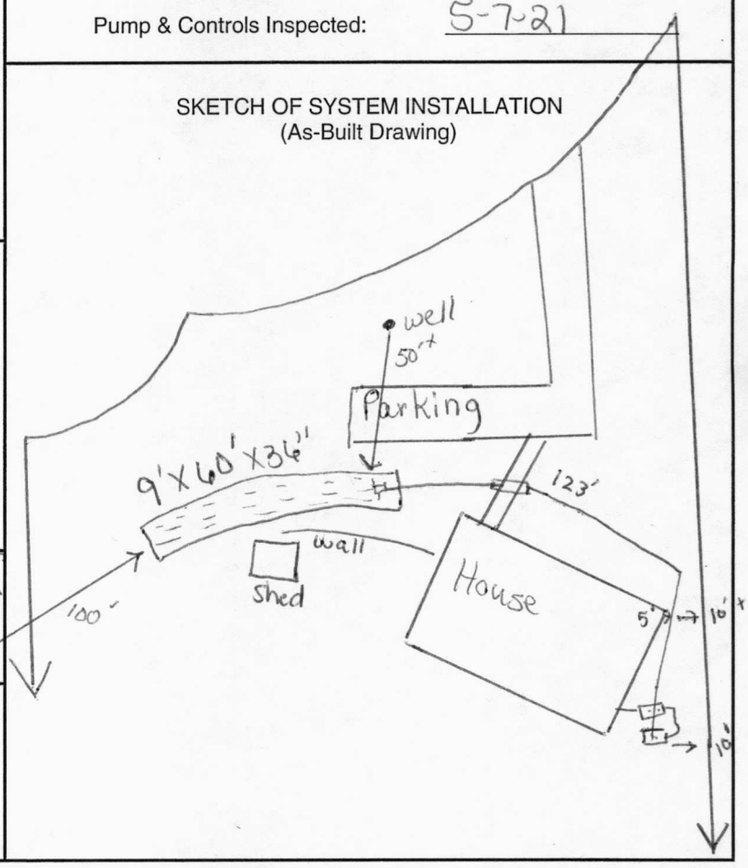
Inspection Dates

Tank(s) Inspected: Pump tank 5-6-21

Excavation Inspected: 5-7-21

Pump & Controls Inspected: 5-7-21

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: II-a/P/CHM HC/NA/NA

DENR Authorized Agent: April Burngarner Signature: April Burngarner