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

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

Permit #: **30007240** GWS File #: **1651B** Tax Parcel #: **007-111-19**

- 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):** 2/2/2020

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2500 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space *Water Supply: Municipal*

II. Initial System Type: PPBPS (gravity) **System Classification:** IIIe

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 801 Total Trench Length (ft): 267

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

III. Repair System Type: PPBPS (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): .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): 12 Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, 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 an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Kim Garrett Owner/Legal Agent: Amy Moms

Print Name

Signature: Kim Garrett, REHS Signature: Amy Moms

Date Issued: 2/2/2015

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- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The supply pipe shall be installed with a minimum of 30" of compacted cover over the pipe or properly sleeved under areas that are subject to vehicular traffic.

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DENR Authorized Agent: Kim Garrett

Signature: Kim Garrett, REHS

Date Issued: 2/2/2015

Owner/Legal Agent: Amy Morris
Print Name

Signature:

Atkinson, Brenda

From: Amy Morris <amy@mintlandscaping.com>
Sent: Thursday, March 26, 2015 4:53 PM
To: Atkinson, Brenda
Subject: septic
Attachments: img-326165214-0001.pdf

12111 Bailey Rd

Hi Brenda, sorry for the delay - attached is septic form you needed. thank you !

--
Amy Morris
The Elements 4 Life
&
MINT Landscaping, Inc.
(704) 992-1904
amy@mintlandscaping.com
amy@theelements4life.com

www.mintlandscaping.com
www.theelements4life.com

Atkinson, Brenda

From: Atkinson, Brenda
Sent: Friday, March 13, 2015 2:05 PM
To: amy@mintlandscaping.com
Subject: 12111 Bailey Rd
Attachments: 12111 Bailey Rd.pdf

Good afternoon Mrs. Morris,

Attached is the Improvement permits please sign and return via fax (704)336-6894 or email back to me. Thanks for your help in this matter.

Have a bright day!
Thanks
Brenda Atkinson

$300.00

1651B

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES 4003 PW

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

not sure which

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: 007-111-07

STREET ADDRESS: 13111 ~~Parcel #~~ Bailey Rd.

CITY: Cornelius

STATE: NC ZIP: 28031

SUBDIVISION NAME: N/A

LOT #: LOT SIZE (acres): 2 acres

TOWNSHIP:

☐ 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:

NUMBER OF BEDROOMS: 4 3 plus

NUMBER OF OCCUPANTS: 4

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: ~~1~~

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? 5/28/84 ☒ ~~UNKNOWN~~

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☒ N/A

12. PROPERTY OWNER:

NAME: Brandon + Amy Morris.
ADDRESS: 13111 Bailey Road
CITY: Cornelius
STATE: NC ZIP: 28031
HOME PHONE: 704-992-1904
WORK PHONE: 704-975-3432
MOBILE PHONE: 704-996-8860
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

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

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DENR Authorized Agent: Kim Garrett Owner/Legal Agent: _____
Print Name

Signature: Kim Garrett, REHS Signature: _____

Date Issued: 2/2/2015

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DENR Authorized Agent: Kim Garrett

Signature: Kim Garrett, REHS

Date Issued: 2/2/2015

Owner/Legal Agent: _____
Print Name

Signature: _____

Mecklenburg County Health Department
Environmental Health Division
Improvement Permit for Residential
ONSITE-WASTEWATER TREATMENT & DISPOSAL

PID # 007-111-19
12111 Bailey Road
Cornelius, NC 28031

Permit # 30007240
File # 1651 B

Authorized Agent: Kim Garrett, REHS 2/2/15

Owner/Legal Agent: _____

INSTALLATION NOTES:
480 gpd
0.3 LTAR
6 x 45' x 3' (480 TLF) lines to be installed on contour

max trench bottom 30 inches
1500 gallon ST
1000 gallon PT
TYPE IIIe
Pressure manifold

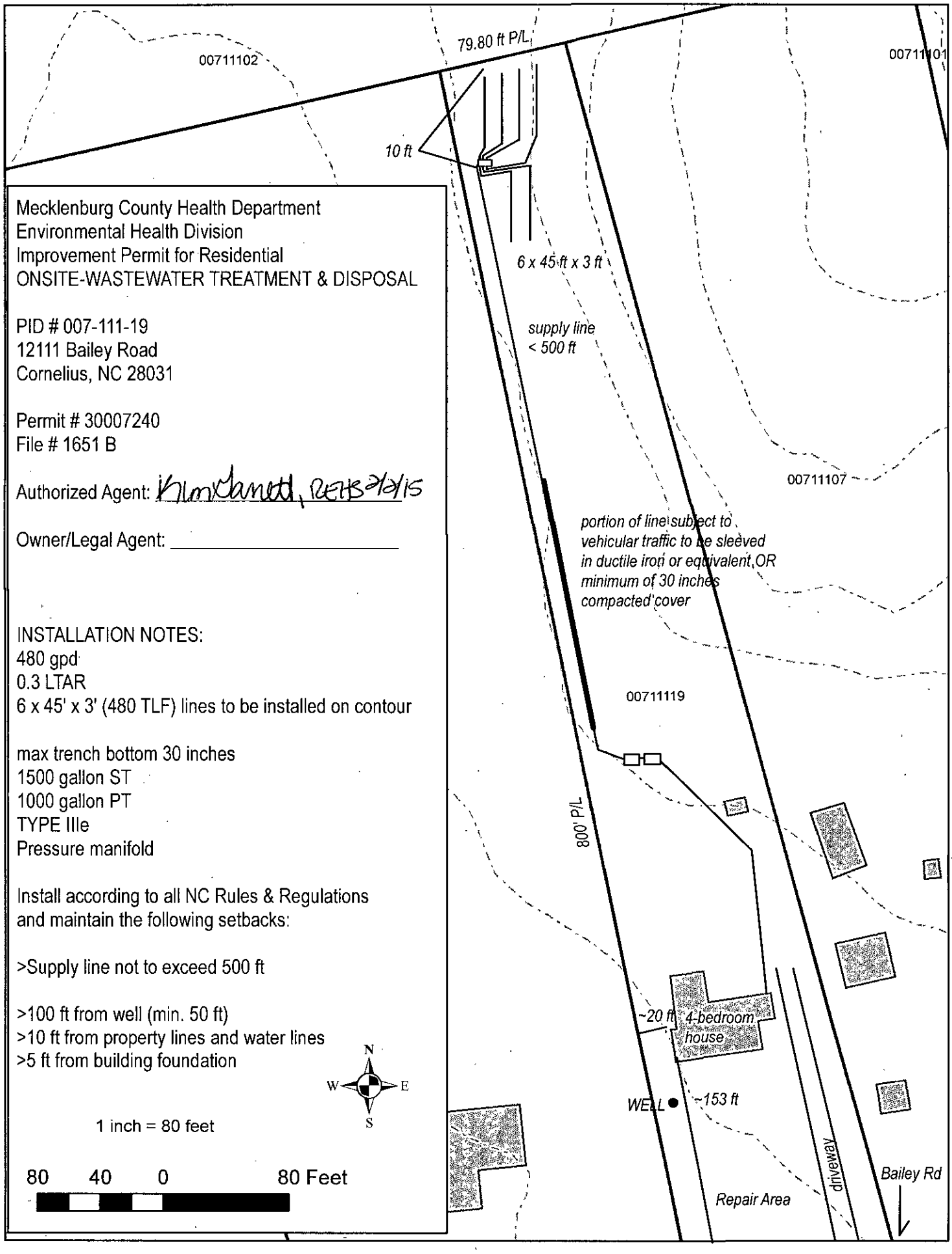
Install according to all NC Rules & Regulations
and maintain the following setbacks:

>Supply line not to exceed 500 ft

>100 ft from well (min. 50 ft)
>10 ft from property lines and water lines
>5 ft from building foundation

1 inch = 80 feet

80 40 0 80 Feet



1651B

Chris R. Septic

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)_____ 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 2/11/15
OK TO ISSUE 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 & Data Review Worksheet

GWS File #: 16 SLR WASPS App #: 7240

Primary ES assigned to project: Kim Garrett

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: 1new 2old Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.3	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: _____

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 007-111-19
COUNTY: Mecklenburg

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Brandon Morris
ADDRESS: 12111 Bailey Rd
PROPOSED FACILITY: Residence
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 12111 Bailey Rd
WATER SUPPLY: • Private • Public • Well • Spring • Other
EVALUATION METHOD: • Auger Boring • Pit • Cut

APPLICATION DATE
DATE EVALUATED: 1/29/15
PROPERTY SIZE: 2 A
PROPERTY RECORDED:
TYPE OF WASTEWATER: • Sewage • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 5%	0-48	Sa Sic / Clay	Fr/ss/Sapp	>48" to soil wetness	48"	N/A	N/A	0.3 IV P3
2									
3									
4									

DESCRIPTION	~~INITIAL SYSTEM~~ Alteration	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)	III e	
Site LTAR	.3	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Brad Kennedy REHS
OTHER(S) PRESENT: Bns Hedrick, R&H

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

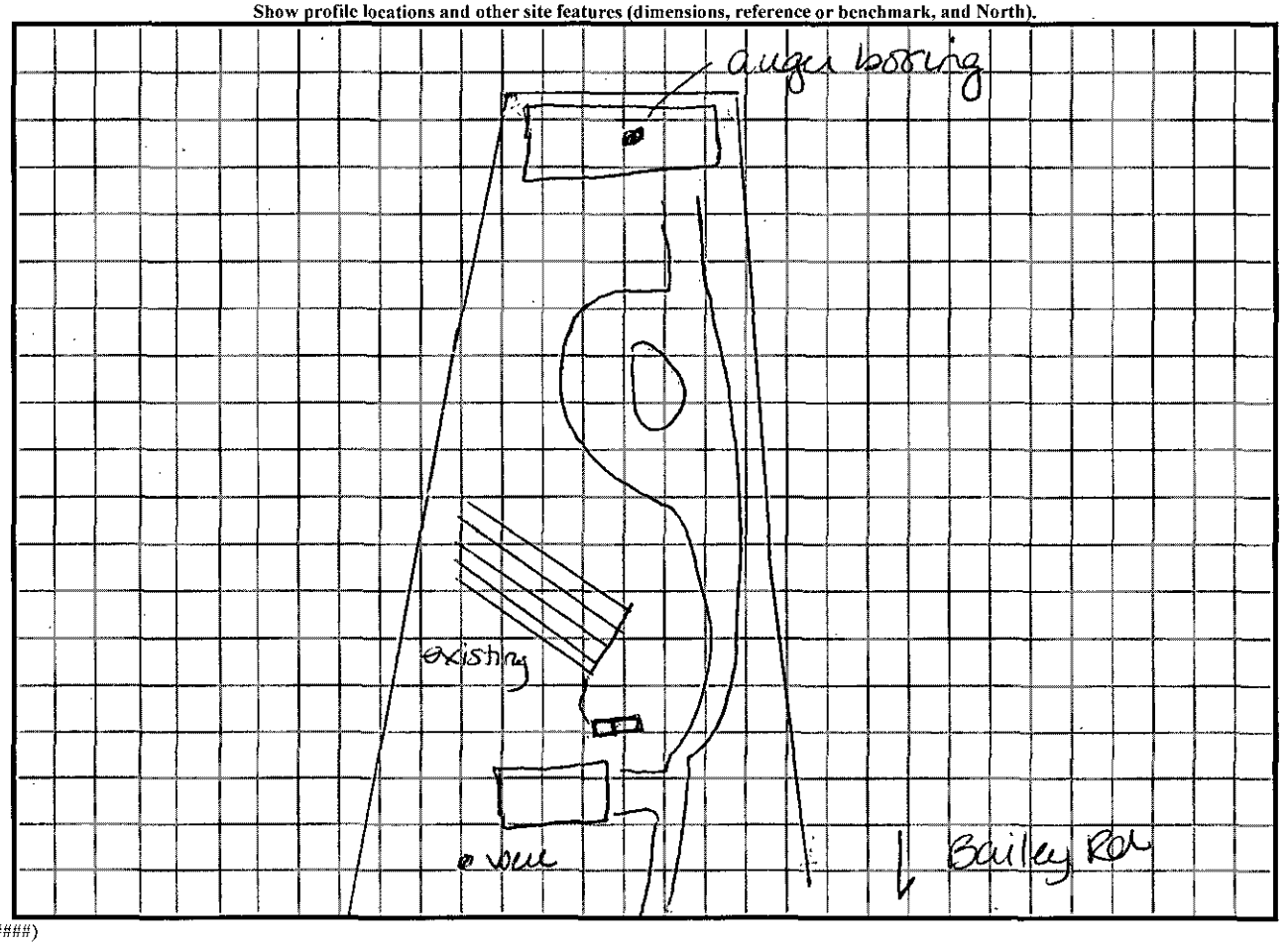
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

Mecklenburg County

Land Use & Environmental Services Agency

SERVICE REQUEST SUMMARY

Service Request

Service Request ID #	19794
Department	Groundwater Services
Description	Request for Service
Status	In Progress
Incident Address	12111 BAILEY RD
Incident Location	
Incident City	Cornelius
Incident Zip	28031
Jurisdiction	COUNTY
Submitted To	GARRETT, KIMBERLY
Date Initiated	1/6/2015 4:07:46 PM
Initiated By	SADER, LINDA
Date Dispatched	1/6/2015 4:07:46 PM
Dispatched To	GARRETT, KIMBERLY
Date Investigation Completed	
Closed By	
Problem Details	Want to move septic system. Had R & H Septic mark out area they want to move system to. Call Brandon Morris (owner) at 704-975-3432
Comments	
Total Labor Cost	$0.00

Associated Work Orders

Work Order Id	WO Status	Description	WO Address

Initiated By	Actual Start Date	Actual Finish Date	Submit To

Custom Fields

Field	Value

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

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

16518
007-111-01

OWNER: Jan & Sandra Bryan APPLICANT: _____
ADDRESS: 2700 Cross Point Ct, Mult. APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: 2.0
LOCATION OF SITE: 12111 Bailey Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 5-15% 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 & LTA
1	LS	0-4"	~~subsoil~~ gr/scl	Fr/SEAP/ss/sp	7.5YR 5/6 Chroma 2	48"	N/A	None	IV PS .39/F
		4-40"	sBK/c	Fr-Fi/SEAP/sl/p					
		40-48"	sBK/c/	Fr/SEAP/ss/sp					
2	LS	0-5"	gr/scl	Fr/SEAP/ss/sp	7.5YR 5/6 Chroma 2	48"	N/A	None	IV PS .39 F
		5-46"	sBK	Fr-Fi/SEAP/sl/p					
3	LS	0-10"	gr/scl	Fr/SEAP/ss/sp	7.5YR 5/6 Chroma 2	48"	N/A	None	IV PS .39
		10-48"	sBK/c	Fr-Fi/SEAP/ss/p					
4	LS	0-8"	gr/scl	Fr/SEAP/ss/sp	7.5YR 5/6 Chroma 2	48"	N/A	None	IV PS .39 F
		8-48"	sBK/c	Fr-Fi/SEAP/sl/p					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	45	45

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Mallis 12-4-96

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

Sheet
PROPERTY ID #: 16518
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFI CLA & LT
5	4 S	0-3"	gr/sl	Fr/SEAP ss/sp	7.5YR 4/6 to Chroma 2	46"	N/A	None	PS VK .39
		3-40"	SBK/C	Fr-Fi/ SE NS/NP					
		40-46"	SBK/C	Fr/SEAP ss/sp					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

OMMENTS: Appears to be well drain

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Bloc
S (Foot Slope)						ABK (Angular Blocky
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic
						P (Plastic)
						VP (Very Plastic)

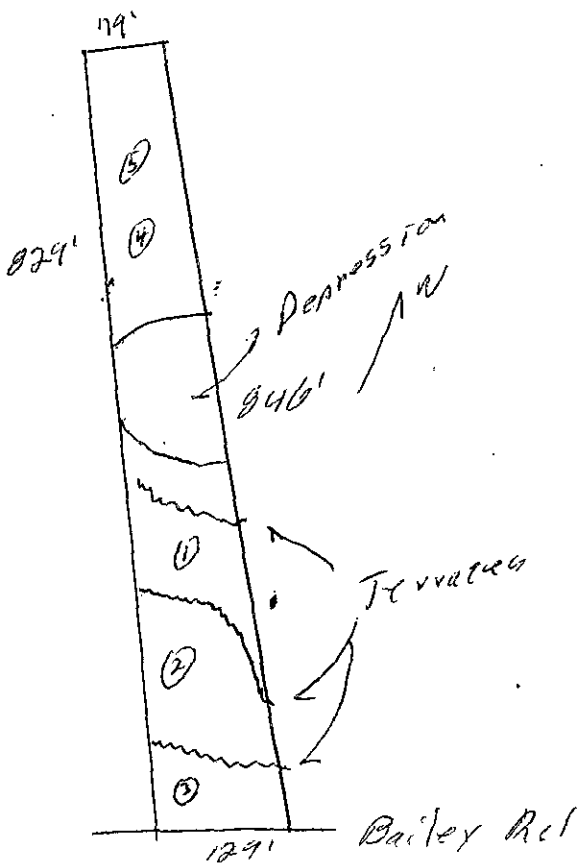
OTES

ORIZON DEPTH	In inches below natural soil surface
ETH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
IL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designa
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



1651B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 7240

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: [redacted] 007-111-07

STREET ADDRESS: 12111 Bailey Road.

CITY: Cornelius

STATE: NC ZIP: NC 28031

SUBDIVISION NAME: _____

LOT #: _____ LOT SIZE (acres): 2

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: 2500

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 4

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 (Not in use)	◉ 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?** 1997 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** n/a ☐ N/A

12. **PROPERTY OWNER:**

NAME: Brandon + Amy Morris
ADDRESS: 12111 Bailey Rd
CITY: Cornelius
STATE: NC ZIP: 28031
WORK PHONE: 704 996 8860
MOBILE PHONE: 704 996 8860
FAX: _____
E-MAIL: brandon@mintlandscaping.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.

_____ 1/8/15

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: lws

GWS FILE NUMBER ASSIGNED: 1651B

APPLICATION ID NUMBER ASSIGNED: 7240

COMMENTS:

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

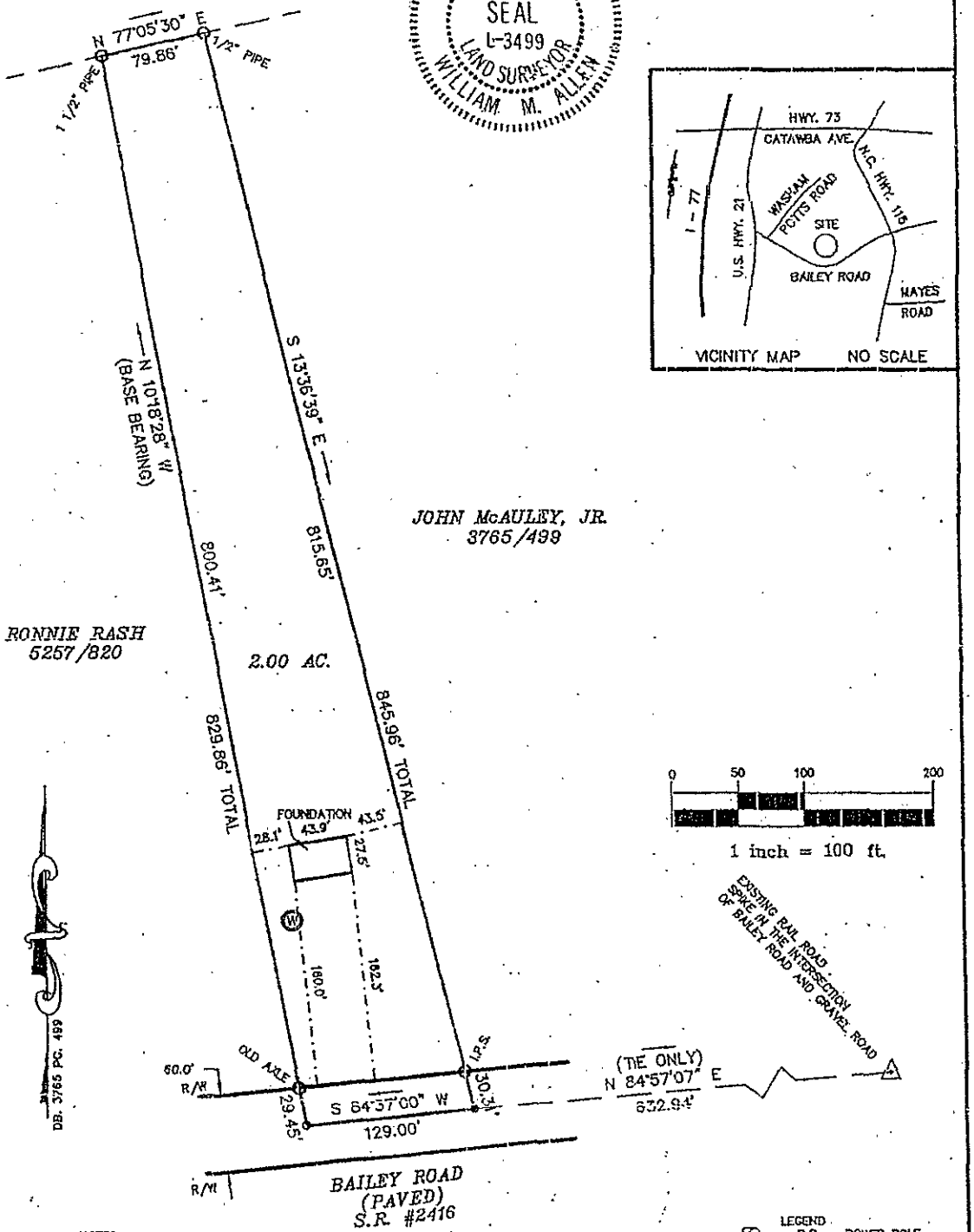
DAS DON ALLEN & ASSOCIATES, P.A.
ENGINEERING * SURVEYING * PLANNING
933 Brawley School Rd. * Mooresville, N.C. 28115
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 3765, page 499, and/or plat book _____, page _____, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 16, day of JANUARY, A.D. 19 97.

William M. Allen RLS

NORTH CAROLINA REGISTERED SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

LILYAN R. SMITH HUNTER
3620/192



NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER

LEGEND
P.P. = POWER POLE
= DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = ¾ REBAR SET
R/W = RIGHT-OF-WAY
W = WELL

FOUNDATION SURVEY
OF
12111 BAILEY ROAD

SCALE 1" = 100' LEMLEY TWSP., MECKLENBURG CO., N.C.

ACQUIRED BY: JAN M. & SANDRA M. BRYAN

FIELD BOOK: 139
FILE: SM-3389701
TAX MAP NO: 007-111-07

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

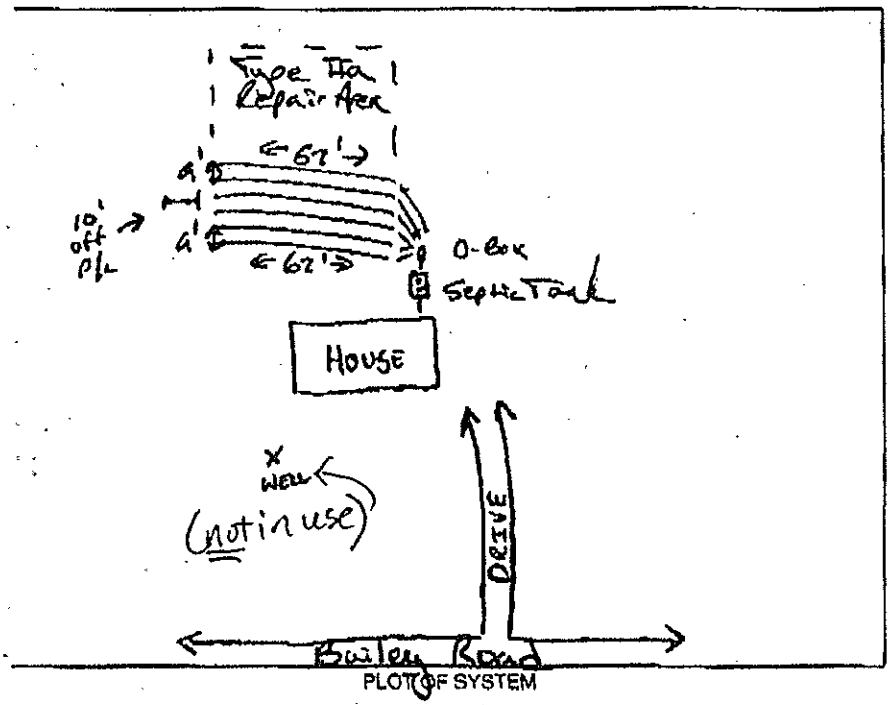
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1651 B DATE: 2-25-97

TC: 007-111-07 L L

SERIAL Nº 17062

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 11-14-96. All work shall be completed on or before 3-25-97, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth ≤ 34"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines _____

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

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

NAME OF OWNER Jan Bryan

LOCATION OF PROPERTY 12111 Bailey Road

Comments: Type IIa 3 bedroom house
(6) 3'w x 67'L x 12" stone

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

File #: _____

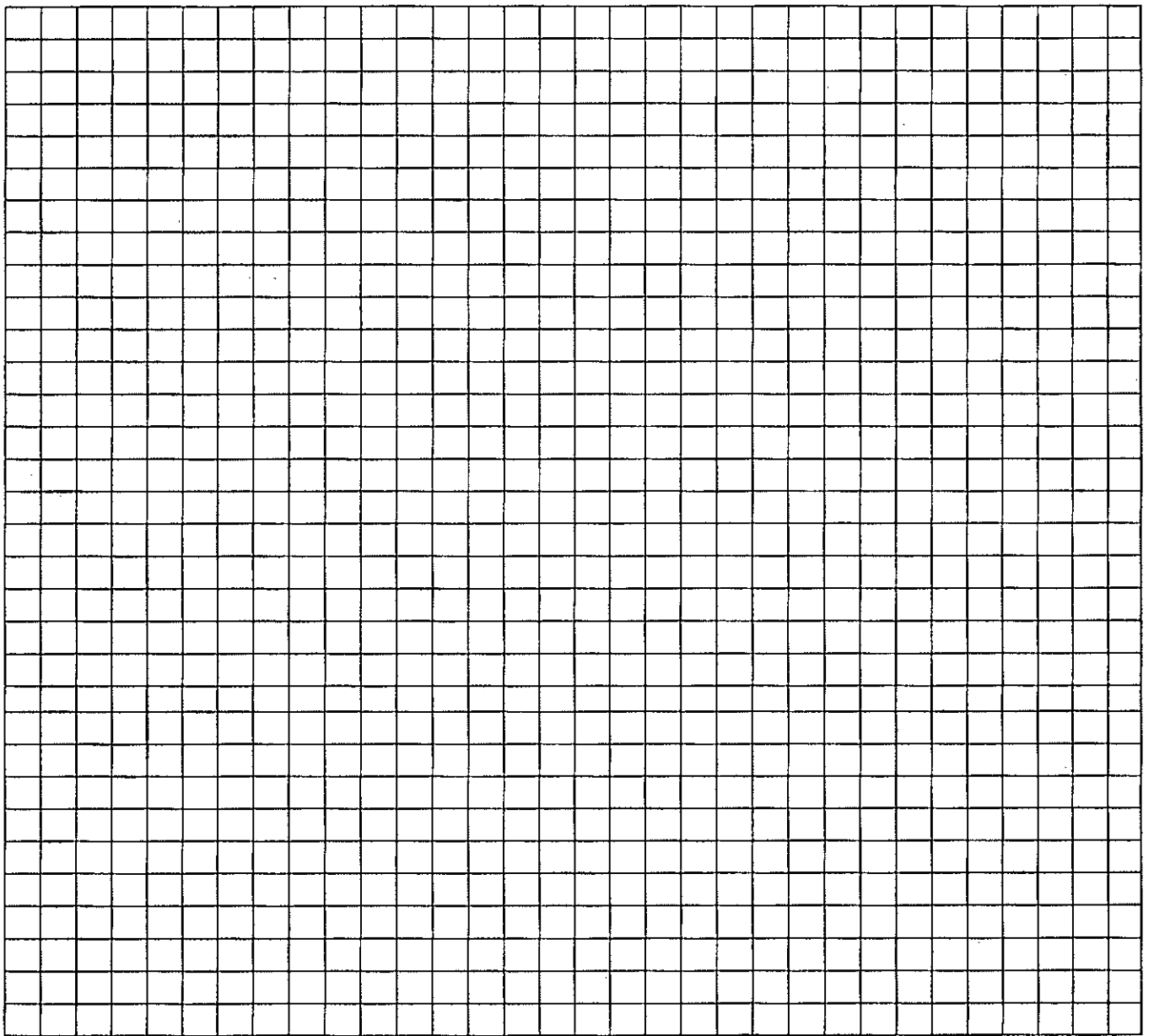
PROPOSED PLOT PLAN

See attached surveys

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: 12111 Bailey Rd Cornelius Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

1/16/15
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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/09/15	**Amount:**	300.00
Receipt #:	92173	**Tendered:**	300.00
Check / Auth #:	MC 059591	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: MORRIS AMY
Attn:
Address: 12111 BAILEY RD
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit		1	300.00	300.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	10.00				

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 #: 16518 Permit #: _____ Tax Parcel #: 007-111-07

Property Owner: BRANDON MORRIS

Job Location Address: 12111 BAILEY ROAD

City: CORNELIUS State: NC Zip Code: 28031

Installation Approval Issuance Date: 5/1/14

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 6/1/14, 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 g ained from the Mecklenburg County Health Department before any system c f this permit does not in any way guarantee that the system anticipated to be c w of hereafter owning, controlling or using such system from any liability r .

*I **s are in a wet condition.**

R4 # (Repair) → need Application

P

Li

D

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T

Li

T

#

D

Distribution Device: _____

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Dosing Tank: N/A gallons

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

Bed Depth: 36 inches

Bed Width: 12 feet

Total line length: 320 feet

# of Lines: 4 @ 80 feet

Depth of Media: 24 inches (Type) TIRE / STONE

Distribution Device: D-BOX / BULL RUN

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

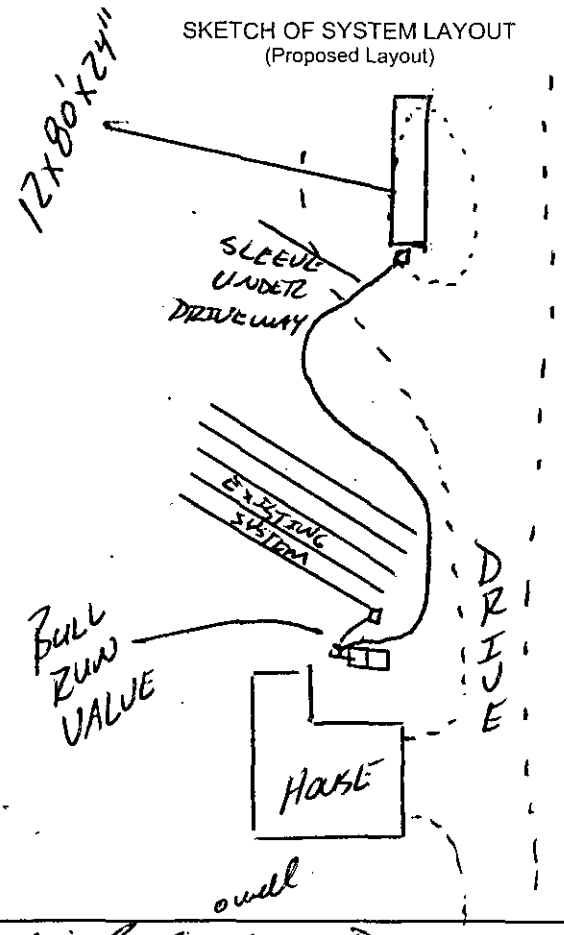
Minimum System Setbacks

Distance from Building Foundation: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIa Conventional System Repair

DENR Authorized Agent: Jeremy Mickler, REHS Signature: Jeremy Mickler, REHS

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 007-111-07
COUNTY: Mecklenburg

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: BRANDON MORRIS — APPLICATION DATE
ADDRESS: 12111 Bailey Road Cornelius, NC 28031 — DATE EVALUATED: 5/1/14
PROPOSED FACILITY: Residence — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 2 Acres
LOCATION OF SITE: 12111 Bailey Road Cornelius, NC 28031 — PROPERTY RECORDED:
WATER SUPPLY: • (Private) • Public • (Well) • Spring • Other
EVALUATION METHOD: • (Auger Boring) • Pit • Cut — TYPE OF WASTEWATER: • (Sewage) • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	CS 5%	0-4	Fill	Fill	>48" To Soil Wetness	48"	NA	NA	0.3 6/P/I/I-II2 II P.S.
		4-27	SBk/C	Fi/S/P/Sap					
		27-35	SBk/C	Fi/S/P/Sap					
		35-48	SBk/Cl	F/S/P/Sap					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	P.S.	P.S.
System Type(s)	IIa	IIa
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): P.S.
SITE CLASSIFICATION (.1948):
EVALUATED BY: Jerry Mark Reits
OTHER(S) PRESENT: Kris Hedrick (REH)

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			***MOIST***	***WET***
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

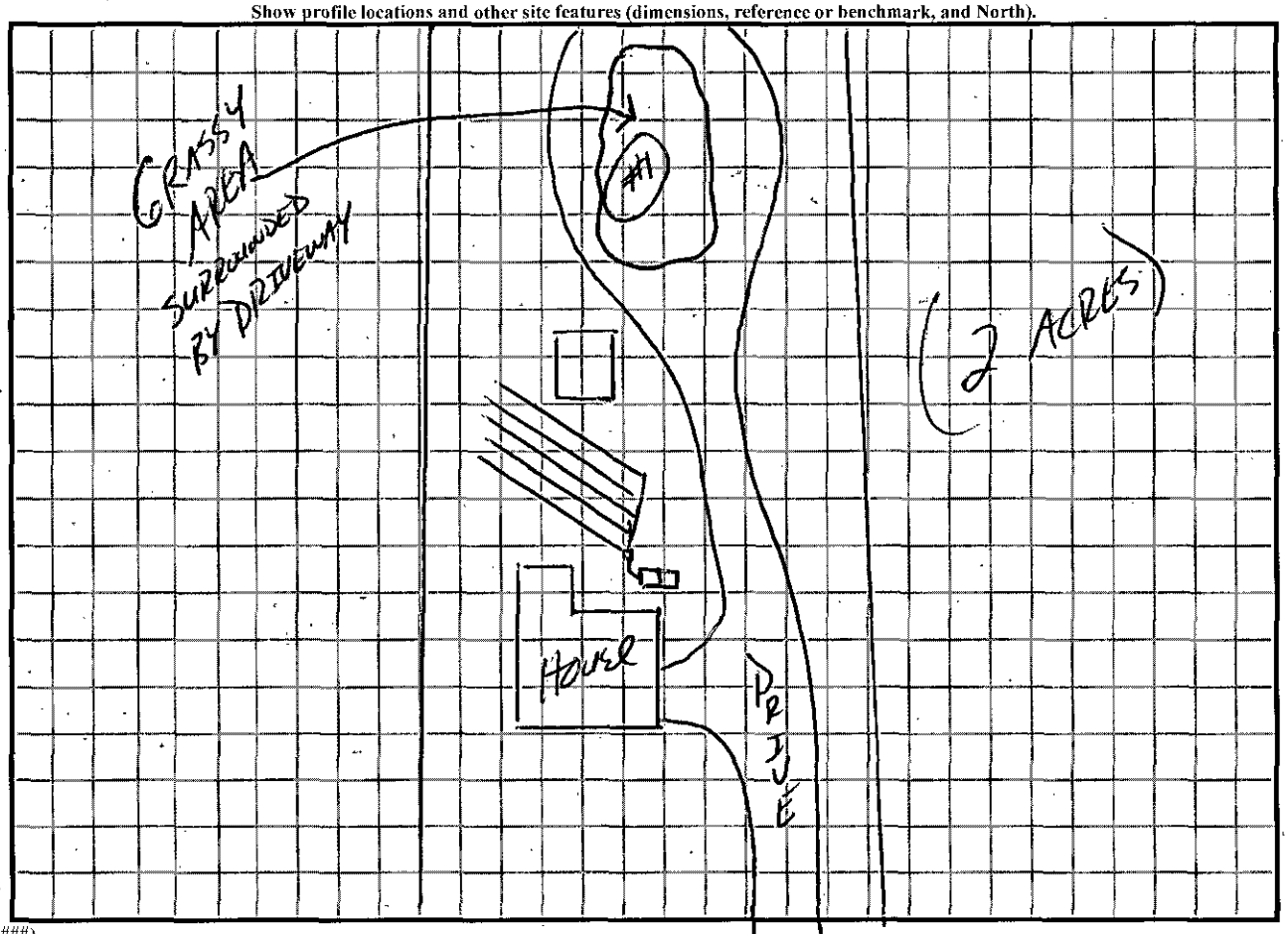
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)

Review (#####)

MECKLENBURG COUNTY, North Carolina
POLARIS 3G PARCEL OWNERSHIP AND GIS SUMMARY

Date Printed: 05/01/2014

Identity	
Parcel ID	GIS ID
00711119	00711119

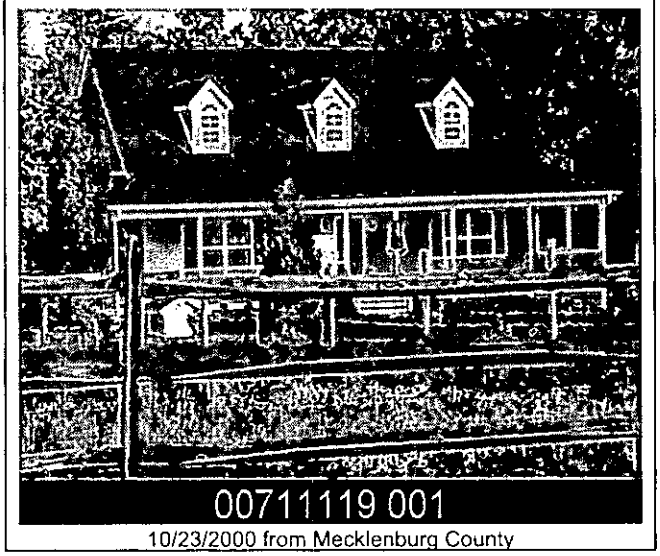
Property Characteristics	
Legal desc	N/A
Land Area	2 AC
Fire District	CORNELIUS RURAL
Special District	FIRE SERVICE B
Account Type	INDIVIDUAL
Municipality	MECKLENBURG COUNTY-UNINCORPORATED
Property Use	SINGLE FAMILY RESIDENTIAL - RURAL ACREAGE

Zoning
Contact appropriate Planning Department or see Map.

Water Quality Buffer	
Parcel Inside Water Quality Buffer	No

FEMA and Community Floodplain	
FEMA Flood Zone	OUT:VIEW FEMA FLOODPLAIN TO VERIFY
Community Flood Zone	OUT:VIEW COMMUNITY FLOODPLAIN TO VERIFY

Situs Addresses Tied to Parcel
12111 BAILEY RD UNINC



10/23/2000 from Mecklenburg County

Ownership	
Owner Name	Mailing Address
AMY MORRIS	12111 BAILEY RD CORNELIUS NC 28031
BRANDON MORRIS	12111 BAILEY RD CORNELIUS NC 28031

Deed Reference(s) and Sale Price		
Deed	Sale Date	Sale Price
22863-930	09/27/2007	$285,000.00
08815-601	11/12/1996	$30,000.00

Site Location	
Charlotte Histroic District	No
Charlotte 6/30/2011 Annexation Area	No

Post Construction District

Watershed Districts

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.

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 #: 1651B Permit #: 4003 Tax Parcel #: 007 111 07

Property Owner: Brandon & Amy Morris

Job Location Address: 12111 Bailey Rd

City: Cornelius State: NC Zip Code: 28031

Installation Approval Issuance Date: 12/29/08

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 12/29/09, 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: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 58 feet

# of Lines: 1 @ 58 feet 25% Reduction

Depth of Media: 12 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 _____

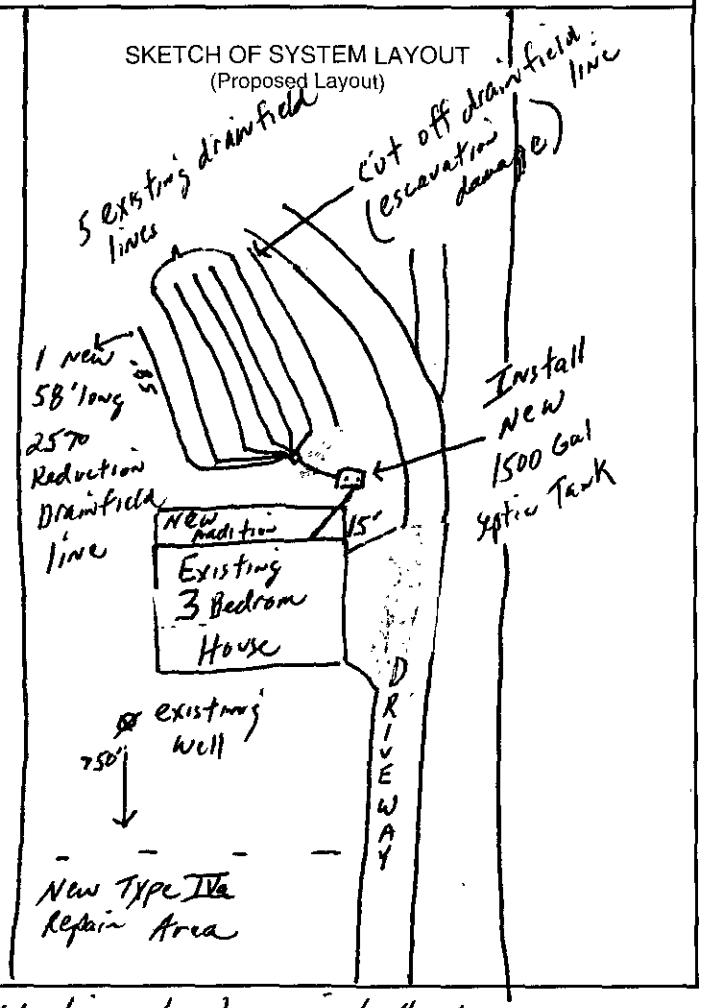
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

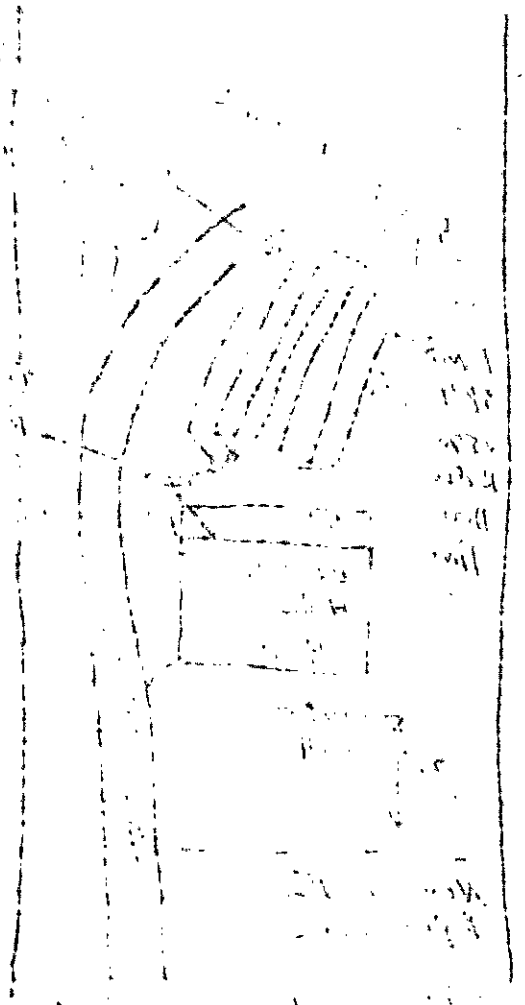
SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type IIIs Drainfield line to be installed
Existing tank shall be properly abandoned and replaced with 1500Gal Septic Tank
Cut off 1 existing line (Drainfield damaged and failing due to excavation < 15'

DENR Authorized Agent: Philo Walker Signature: Philo Walker RS

from drain line. Repair Area altered due to equipment parking area adjustment





12111 BAILEY RD

00711107

12/26/2007

duponbj

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

2009 ALTERATION IP&CP 11/14/08

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 1651B WASPS App #: _____

Primary ES assigned to project: P 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: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	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: 12/31/08

OP issued date: _____

Review performed by: T Walker
IOR

Date performed: 1/28/09
1-23-09

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.

_____ 12/11/08

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 300.00 CK 2004 DATE FEE RECEIVED: 12/9/08

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: GC

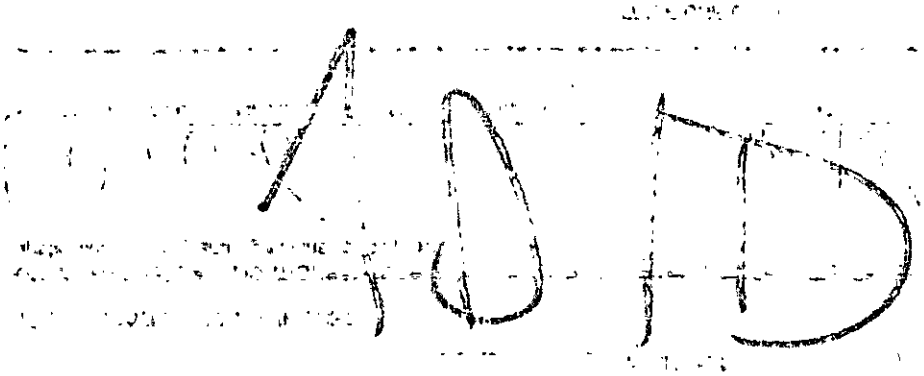
GWS FILE NUMBER ASSIGNED: 1651B

APPLICATION ID NUMBER ASSIGNED: 4003

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: 7/1/08



"Corrected" to replace voided

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

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:
STREET ADDRESS: 12111 Bailey Rd
CITY: Cornelius
STATE: NC ZIP: 28031
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 2
TOWNSHIP:
☐ 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:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASEMENT WITHOUT 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? 5/28/84 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☒ N/A

12. PROPERTY OWNER:

NAME: Brandon + Amy Morris
ADDRESS: 12111 Bailey Rd
CITY: Cornelius NC
STATE: NC ZIP: 28031
HOME PHONE: 704-992-1904
WORK PHONE:
MOBILE PHONE: 704-996-8800
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-8694

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)

16. 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.

_____ 11/11/09

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

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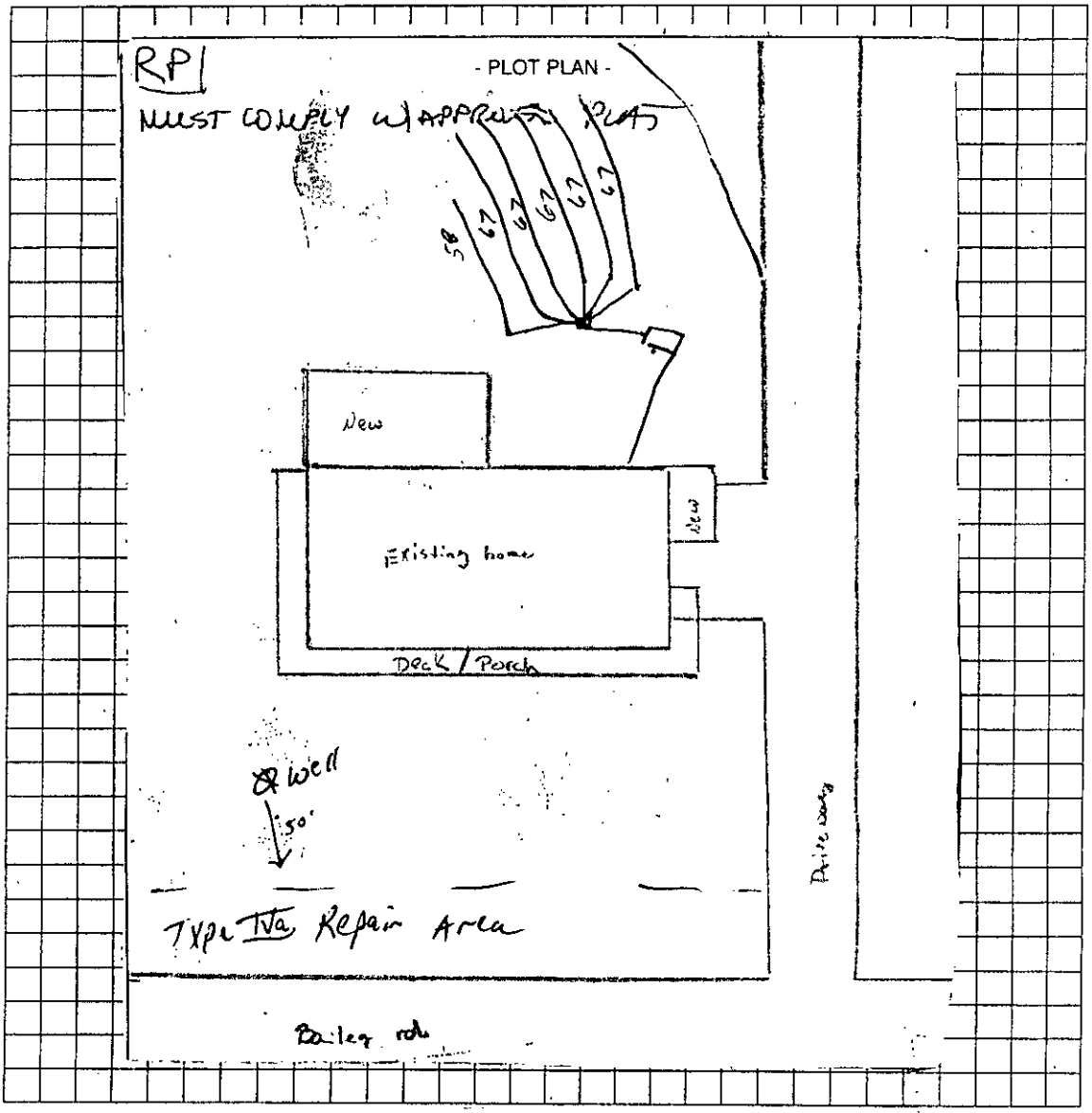
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6094

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

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature D Mous
Date 11/12/09

LBC 12/15/04

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **1651b** Tax Number: **00711107**

- 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: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

.3 Long-term acceptance rate (GPD/ft^2)	1500 Max gallons/day wastewater flow	174 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	58 Total trench length (ft)	36 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	na Gallon pump tank	12 Depth of media (in)	

Any surface water present: no Type: Minimum separation distance (ft):

Additional conditions:

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

600 Absorption Area (ft^2) 200 Total trench length (ft)	48 Depth of media (in)	9 Trench spacing (min. on centers) (ft)	36 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems in effect 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

Phil Waldrop RS 11/12/09

DENR Authorized Agent Date

Owner/Agent Signature Date

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

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

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

File #: 1651B Permit #: 4003 Tax Parcel #: 007 111 07

Property Owner: Brandon & Amy Morris

Job Location Address: 12111 Bailey Rd

City: Cornelius State: NC Zip Code: 28031

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: IIIs

*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:

DENR Authorized Agent: Philo Walker Date: 12/31/08

Signature: Philo Walker

FEE: 100.00 ck# 2357
DATE: 11/14/96 SC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

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 #: 165 LB

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 007-111-07

STREET ADDRESS: 12111 Bailey Road

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: N/A

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1900 sqft

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE DONE 11-8-96

FOUNDATION FOR RESIDENCE:

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

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

N/A

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: BRYAN JAN M & WF SANDRA (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 2700 CROSS POINT CIRCLE	DAYTIME PHONE: ( ) —
CITY: MATTHEWS STATE: NC ZIP: 28105	
DAYTIME PHONE: (704) 376-7777 (Sandra)	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 11-8-96

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: Sandra M Bryan DATE: 11-14-96

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

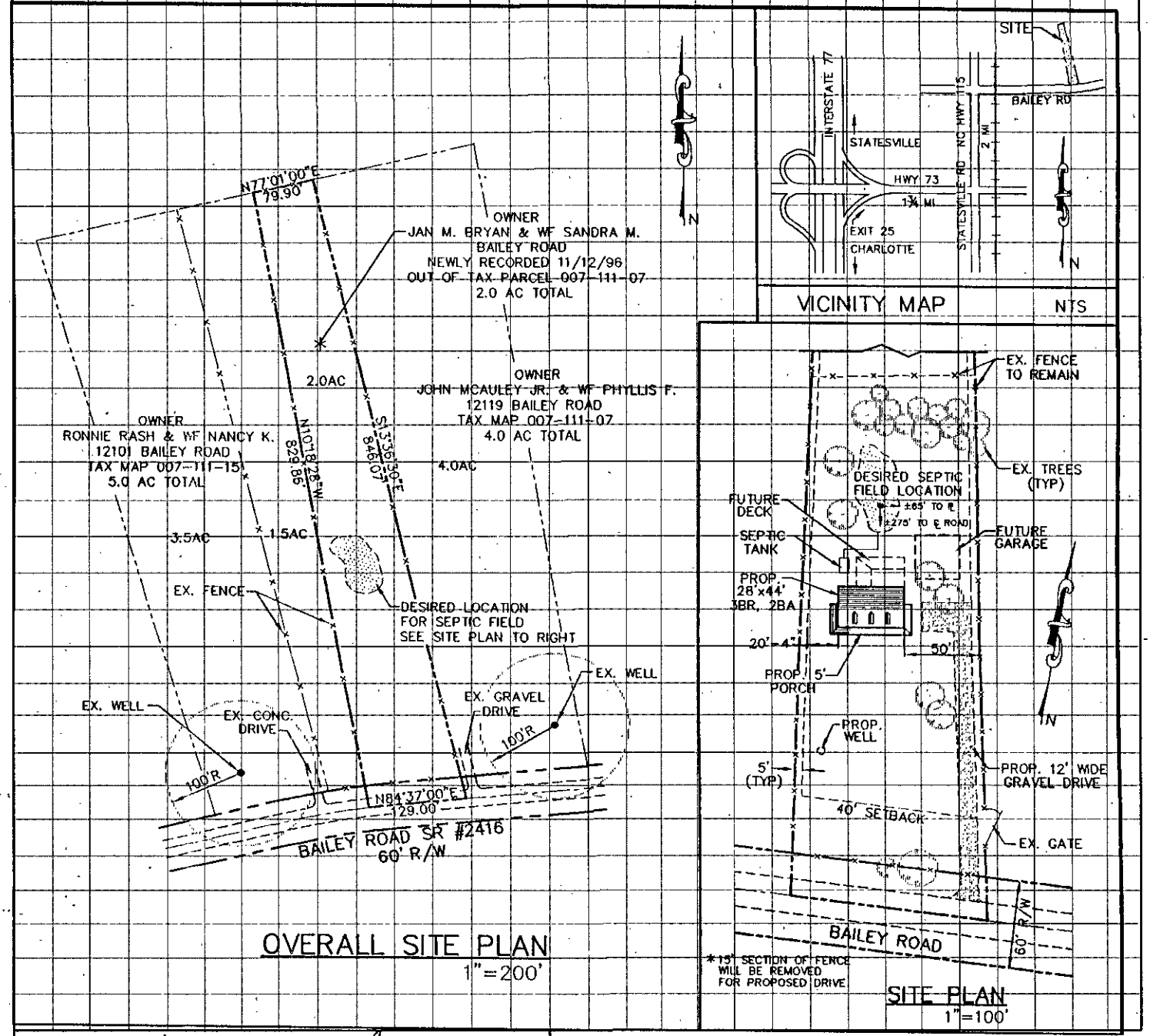
PROPOSED PLOT PLAN

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

FILE: 1651B

TC: 007-111-07

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.



Jan M Bryan Sandra M Bryan
OWNER/AGENT SIGNATURE

DATE November 13, 1996

APPROVAL DATE _____

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

PROPOSED SITE PLAN

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

FILE: _____

TO: _____

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.

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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 #:
COUNTY:

16513
007-111-01

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jan & Sandra Bryan APPLICANT:
ADDRESS: 2700 Cross Point Ct. Matt. APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: 2.0
LOCATION OF SITE: 12111 Bailey Rd PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LAND-SCAPE POSITION/ SLOPE % (Slopes 5-15%)	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 & LTA
1	LS	0-4"	~~sal/gr~~ gr/scl	Fr/SEXPl SS/SP	7.5YR 5/8 Chroma 2	48"	N/A	None	IV PS .39/F2
		4-40"	sBK/c	Fr-Fi/SEXPl SP					
		40-48"	sBK/cl	Fr/SEXPl SS/SP					
2	LS	0-5"	gr/scl	Fr/SEXPl SS/SP	7.5YR 5/8 Chroma 2	48"	N/A	None	IV PS .39 F2
		5-46"	sBK/l	Fr-Fi/SEXPl SP					
3	LS	0-10"	gr/scl	Fr/SEXPl SS/SP	7.5YR 5/8 Chroma 2	48"	N/A	None	IV PS .39
		10-48"	sBK/c	Fr-Fi/SEXPl SP					
4	LS	0-8"	gr/scl	Fr/SEXPl SS/SP	7.5YR 5/8 Chroma 2	46"	N/A	None	IV PS .39 F2
		8-46"	sBK/c	Fr-Fi/SEXPl SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	45	45
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Mallin LSS 12-4-96

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

Sheet
PROPERTY ID #: 16513
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LAND-SCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTA
5	LS	0-3"	gr/sl	FR/SE/PL ss/sp	7.46" TO Chroma 2	46"	N/A	None	PS LE .39/P
		3-40"	SBK/C	FR-FI/SE/NS/PL					
		40-46"	SBK/C	FR/SE/PL ss/sp					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

OMMENTS: Appears Suitable (UG Area

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					MOIST	WET
					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

ORIZON DEPTH In inches below natural soil surface

EPTH OF FILL In inches from land surface

STRUCTIVE HORIZON Thickness and depth from land surface

IPROLITE S(suitable) or U(unsuitable)

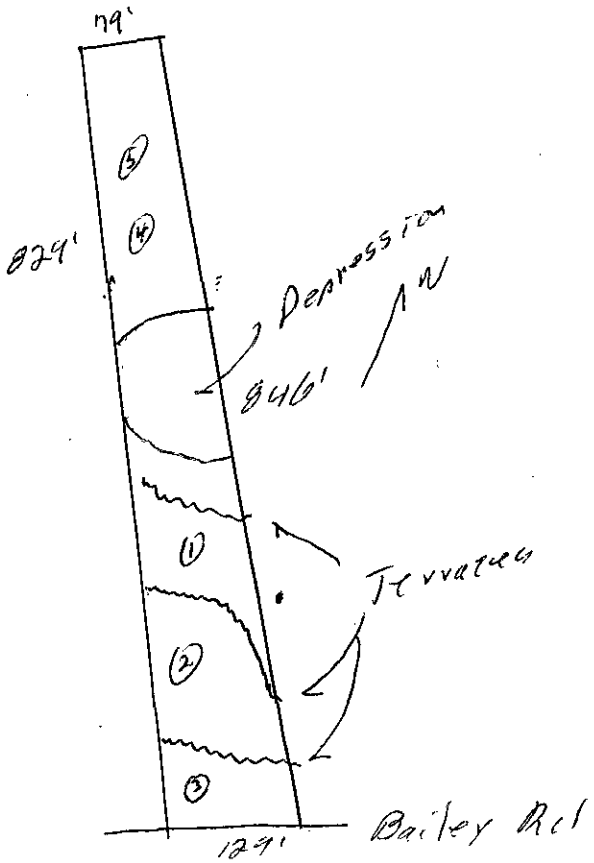
IL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designati

LASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



PROPOSED PLOT PLAN

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

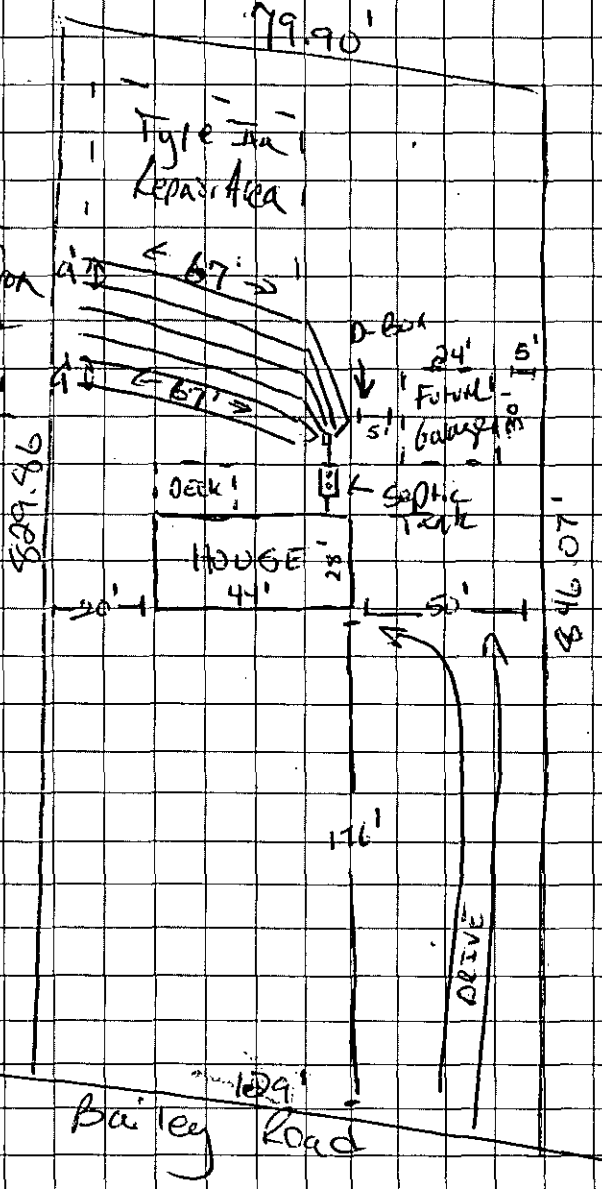
FILE: 1651 B

TC: 007-111-07

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

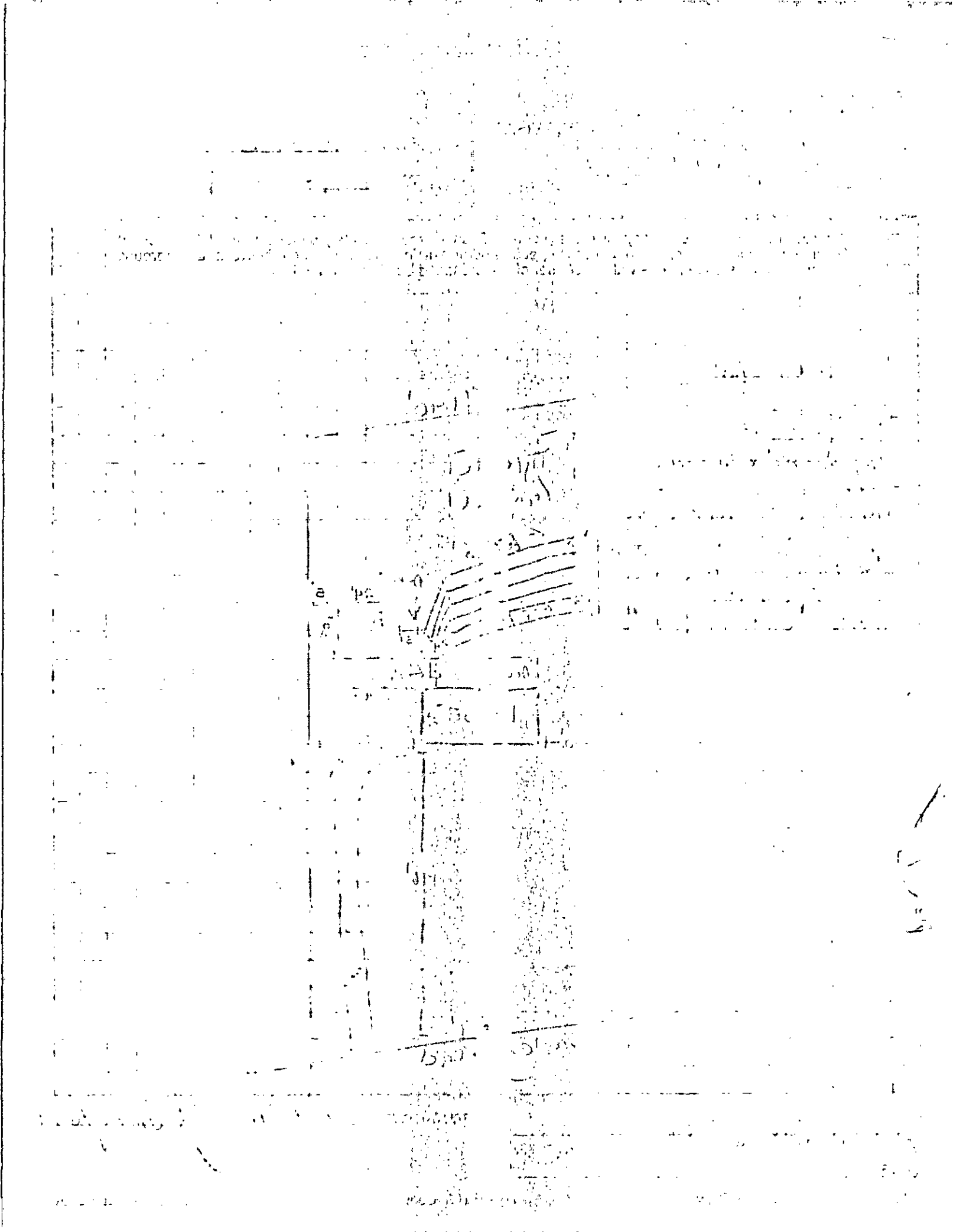
- 1500 SF
- ~~1000 SF~~ "
- (6) 3'W x 67'L x 12" stone
- Keep drainlines level and on contour with the land.
- Keep well 100' away from the septic system and its repair area.
- Max trench depth 24"



Jan M Bryan 12-6-96
OWNER/AGENT SIGNATURE
DATE

APPROVAL DATE 12-6-96 J. Thompson

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



Permit Number: 1651B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 007-111-07

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	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Keep well 100' away from the septic system and its repair area

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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 the 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 effect 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 Department
- This Improvement permit is transferable.

Larry B. Thompson Jr., RS. 12-6-96
DEHNR Authorized Agent Date

Jan M Bryan 12-6-96
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

CK#2865 Paid in full CK# 2400

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 12/30/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 12-6-96 PERMIT NO: 1651 B
PARCEL NO: 007-111-07

JOB LOCATION ADDRESS: 12111 Bailey Road
PROPERTY OWNER: Jay & Sandra Bryan
BUILDING CONTRACTOR: Mike Bumgarner
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Larry S. Thompson, L.S. DATE: 12-6-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1651S, 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: Keep well 100' away from septic system and its repair area.

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.

Jay M Bryan 12-6-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

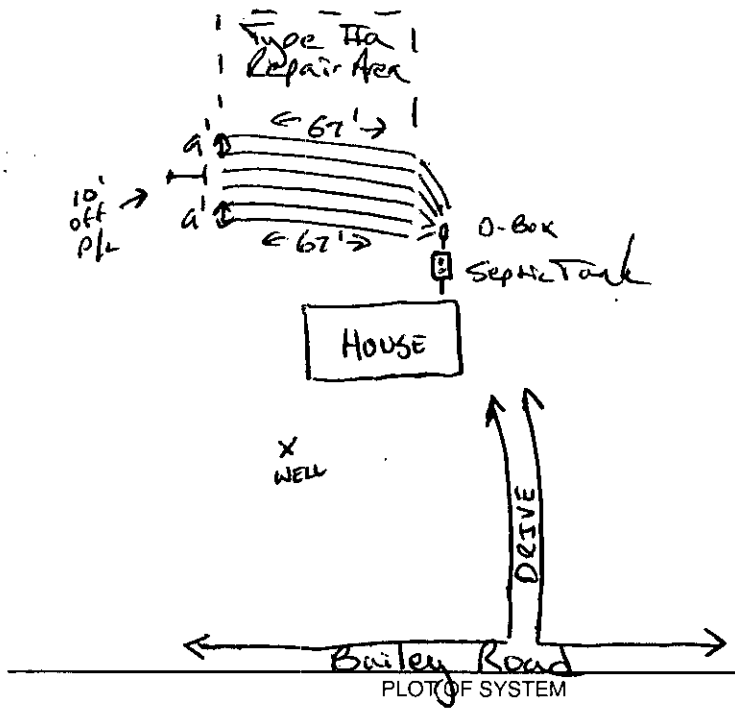
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1651 B DATE: 2-25-97

TC: 007-111-07 ☐ L

SERIAL Nº 17062

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 11-14-96. All work shall be completed on or before 3-25-97, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth ≤ 34"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines _____

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

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

NAME OF OWNER Jan Bryan

LOCATION OF PROPERTY 12111 Bailey Road

Comments: Type IIa 3 bedroom house
(6) 3'W x 67'L x 12" stone

Larry S. Thompson Jr., R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
[illegible]
CHARLOTTE, N.C. 28202
PHONE (704) 336-[illegible]

FILE: [illegible] DATE: [illegible]

TO: [illegible]

SERIAL #: 17052

Permission is hereby given to [illegible] for the Construction [illegible] After or Repair of the individual sewage disposal system with subsurface absorption [illegible] discharge as described in the approved application. This permit is granted based upon the information submitted in the application dated [illegible]. All work shall be completed on or before [illegible], after which date this permit shall be null and void. The system shall install all of the accessories required by 15A NCAC 18A .1960 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or put into use. The issuance of this permit does not in any way guarantee that the system installed to be constructed will operate properly or relieve any person from liability for damage owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Liquid Capacity of Septic Tank [illegible] gallons

Liquid Capacity of Dosing Tank [illegible] gallons

Tank Construction [illegible]

Trench Depth [illegible]

Absorption and/or Nitrification Lines:

Trench Width [illegible] feet

Trench Walls Scored and Raked [illegible]

Total Line Length [illegible] feet

Number of Lines [illegible]

Depth of Stone [illegible] inches

Distance from House [illegible] feet

Distance from Property Line [illegible] feet

Distance from Well [illegible] feet

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

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

Comments: [illegible]

[illegible]

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT COPY · CANARY - E.H.S. COPY · PINK - OWNER OR AGENT COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1651 B DATE: 2-26-97

TC: 007-111-07 L ~~CRT~~

SERIAL Nº 16206

Name of Owner Jan Bryan Juris.:

Address of Property 12111 Bailey Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 6 @ 67'

Cover Depth 12-16"

Water Supply Source priv. well

Distance to Water Source >50'

Excavation Inspected 2-26

Tank(s) Inspected 2-26

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design 1997, 1500ST, CON, 1200SF, T, 12G, Cecil-like CTR# Bumgarner

The undersigned has inspected the Septic Tank System described above, and certifies it has been

- [X] installed or constructed
- [X] in accordance with the permit issued
- [ ] altered or repaired
- [ ] as detailed in the plot above

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. This issuance of this

- [ ] Certificate of Completion
- [X] 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. 1990 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/revocation of this permit.

COMMENTS: Type II a 3bedroom residence

(6) 3'W x 67'L x 12" Stone

Larry B. Thompson, Jr., RS,
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

Name of Owner: Tara Thompson Mail:

Address of Property: 1311 Berkley Road

Prepared for:

Tank Material: Plastic

Total Length of Drainfield: Unsure

Number of Lines: 2 @ 45'

Cover Depth: 18-24"

Water Supply Source: Private Well

Distance to Water Source: 75'

Excavation Inspected: 7-30-14

Tank(s) Inspected: 7-30-14

Water Line Inspected: N/A

High Water Alarm Inspected: N/A

PLOT

Design: [illegible] 1250GPD Trench - Leach-Lines CTH# Boundary Adj

The undersigned has inspected the Septic Tank System described above, and certifies it has been

- [ ] As staked or constructed
- [ ] altered or repaired
- [X] In accordance with the permit issued
- [ ] as detailed in the plot above

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. This issuance of this

- [ ] Certificate of Completion
- [X] 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 .1950 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 conditions are made to the property which would increase the requirements for said system.

Notice: Deviations of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Trench Area

Lay 3 rock 12" x 18" trench

Environmental Health Specialist

Wadesboro Health Department

Anson County Services are available without regard to ethnic origin, sex, or disability.

FILE: Lot 5 DATE: 7-30-14

TO: CCH-111-01-L CERT

SCHOOL NO 16206

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/09/08	**Amount:**	300.00
Receipt #:	59899	**Tendered:**	300.00
Check / Auth #:	CHECK 2008	**Returned:**	300.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: MINT MORRIS IRRIGATION NATURE
Attn: bRANDON & AMY mORRIS
Address: 12111 BAILEY ROAD
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod 12111 BAILEY ROAD/FILE 1651B		1	300.00	300.00

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

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