SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____Initial/Date

OP ($200.00) _____Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____Initial/Date

Alteration Fees Paid: $300 Total $200 12/2/20 Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☒ Review ☐

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☒ Signature received ☒ _____

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____

Groundwater & Wastewater Services: Septic Project File & D

Edit Response | Delete Response | Manage Permissions | Workflows | Alert Me

GWS File #:	2484B
WASPS App #:	11783
Primary ES assigned to project:	Bryan Davenport
Secondary ES assigned to project:	
Project Type:	Alteration
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	N/A

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	No
Comments:	
IA issued date:	
OP Issued date:	
Review performed by:	Michelone
Date performed:	12/4/2020

Created at 12/4/2020 1:23 PM by Michelone, Jeremy
Last modified at 12/4/2020 1:23 PM by Michelone, Jeremy

Close

24846

1 DEC '20 PM12:04

MECKLENBURG COUNTY #11783
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: 195 101 66
STREET ADDRESS: 14224 Nancy Ruth Ln
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Stilwell Place
LOT #: 25 LOT SIZE (acres): .79

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: 3782
NUMBER OF BEDROOMS: 3 - want permit for 4 Bdrm
NUMBER OF OCCUPANTS: 2

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: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: —

6. **WATER SUPPLY:** ● MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ● N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ● NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ● NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	● YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ● NO
WELLS, SPRINGS, OR WATER LINES	○ YES ● NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ● NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ● NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ● NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ● NO
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ● NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 2000-2001 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 1-4-2021 ☐ N/A * Due Diligence by Realtor: ↓ 12-18-2020 Need test ASAP

12. **PROPERTY OWNER:**

NAME: Henry J. McCafferty III + Joyce
ADDRESS: 14224 Nancy Ruth. McCafferty
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: 704 607 7735
MOBILE PHONE: 704 351 0797
FAX: _____
E-MAIL: hjmccafferty@netzero.net

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

NAME: Agent - Donna Kelly
ADDRESS: Allen Tate 14120 Ballantyne Corporate
CITY: Charlotte St 520
STATE: NC ZIP: 28277
WORK PHONE: 704 577 6522
MOBILE PHONE: 704 577 6522
FAX: _____
E-MAIL: donna.kelly@allentate.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreq@MecklenburgCountyNC.gov

Revised on: 4/20/17

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.

DLL (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.

N/A (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.

Donna L. Kelly
Property Owner's or Owner's Legal Representative Signature

12-1-2020
Date

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreq@MecklenburgCountyNC.gov

Revised on: 4/20/17

File #: _____

PROPOSED PLOT PLAN

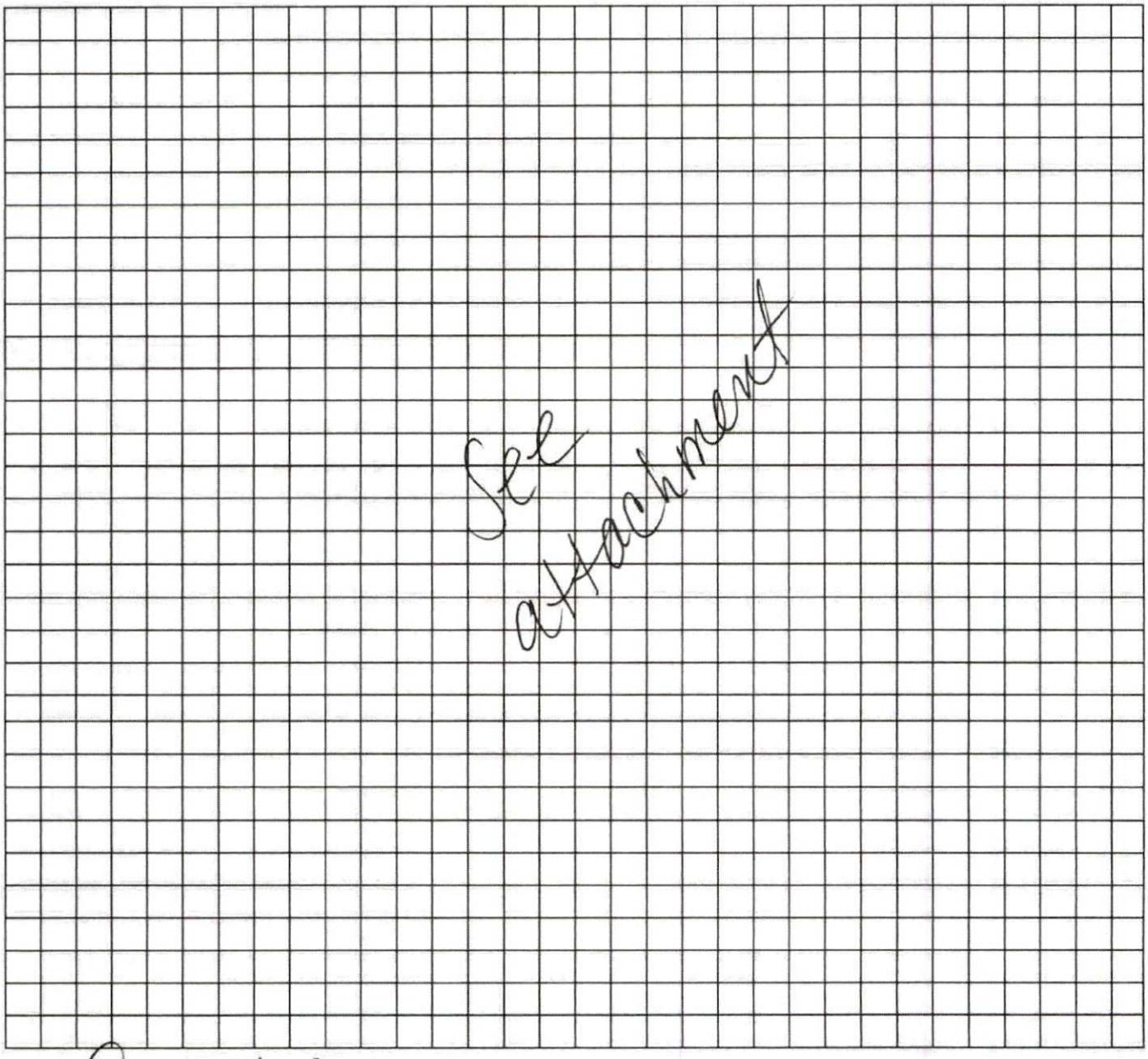
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 14224 Nancy Ruth

Tax Parcel #: 195-101-66

Subdivision Name: Stilwell PL

Lot #: 25



Donna L. Kelley

Property Owner's or Owner's Legal Representative Signature

12-1-2020

Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreq@MecklenburgCountyNC.gov

Revised on: 4/20/17

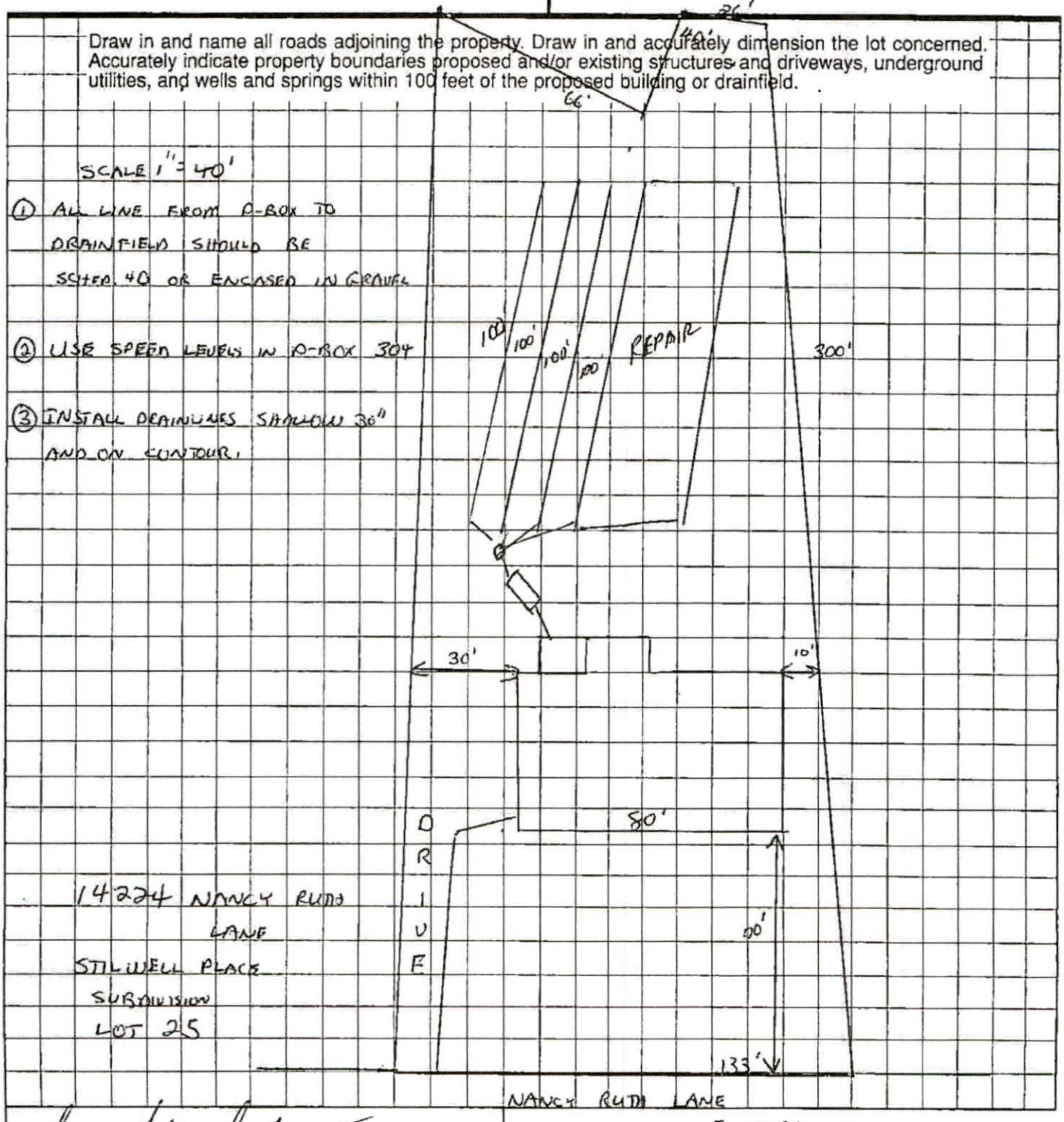
PROPOSED PLOT PLAN

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

FILE: 2484 B

TC: 195 101 66

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.



OWNER/AGENT SIGNATURE

DATE 5-13-98

APPROVAL DATE 5-13-98

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

DocuSign Envelope ID: D294745F-63B8-4AFC-AE90-7869096C153C

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Donna Kelly Realtor Allen Tate is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 14224 Nancy Ruth Lane Mint Hill, NC 28227.

Number Street Town
(Or Parcel Number)

Henry Mccafferty III & Joyce McCaffery
Property Owner (print name)

DocuSigned by:
Joyce T. McCafferty
7696A439BF404A3...
Property Owner (signature)

12/1/2020
Date

Henry J. McCafferty

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/01/20	**Amount:**	300.00
Receipt #:	124871	**Tendered:**	300.00
Check / Auth #:	VISA 55037D	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: DONNA KELLY
Attn: ALLEN TATE
Address: 14120 BALLANTYNE CORPORATE PL
Address: SUITE 520
City/State/Zip: CHARLOTTE, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 14224 NANCY RUTH LN		1	300.00	300.00

Mecklenburg
Environmental Health
3205 Freedom Drive
Charlotte, NC 28208
Phone: (980) 314-1651
12/01/20 12:01

Sale

Merchant ID: 153629
Sequence #: 001
Card Type : VISA
Auth. Code: 55037D
Acct. No: **********3377

Amount : 300.00

APPROVED

Phone Payment
Signature

I agree to pay the above total amount according to the card issuer agreement (Merchant agreement if credit voucher)

We appreciate your payment!
Thank You Very Much!

Merchant Copy

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

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

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

Sheet: 1 of 2
Property ID: 195-101-66
Lot #: NA
File #: 2484B
AppID: 1783

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: Joyce & Henry McCafferty
Address: 14224 Nancy Ruth LN
Proposed Facility: 4 Bedroom Detached Garage
Design Flow (.1949): : 480 gb
Location of Site: 14224 Nancy Ruth Ln
Water Supply: [ ] Public [X] Individual [ ] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: owner
Date Evaluated: 12/3/2020
Property Size: .793 ac
Property Recorded: Unknown
[ ] Spring [ ] Municipal
[ ] Cut
[ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 2%	0 - 6	c/sbk	SS SP FR SEXP		48	PS	>48		PS .3	36
		12-22	C/ sbk	SS SP FR SEXP							
		22-43	Cl, sbk SS SP Fr Sexp								
Boring #2	LS 1%	0-12	CL, sbk	SS SP VFR SEXP		48	PS	>48		PS .3	36
		12-21	C, sbk	SS SP FR SEXP							
		21-48	CL , sbk	SS SP FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IVA
Site LTAR (gpd/sq ft)	**0.3***	**0.3***

Only valid for area of boring 1 through 2

Other Factors (.1946):
Soil Evaluation By: Bryan Davenport
Others Present: Joyce Mccafferty
Site Classification (.1948): PS
Site Evaluation By: Bryan Davenport
Others Present:

DocuSign Envelope ID: 952B1ECC-3C2F-4A28-BB26-EB225464B309

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 for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30011783** GWS File #: **2484B** Tax Parcel #: **195-101-66**

- 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. 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):** 12/3/2025

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 3782 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd): 120 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

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

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Drop Boxes

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

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): 8 Absorption Area (ft^2): 800 Total Trench Length (ft): 267

Maximum Trench Depth (in): 36 Depth of Media (in): 22 Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Henry J Mccafferty III and Joyce T. McCafferty

Authorized Agent: Bryan Davenport

Signature: Bryan Davport

Date Issued: 12/3/2020

Owner/Legal Agent:

DocuSigned by:
Print Name
Henry J. McCafferty III
21378C90B0044FE...

12/7/2020

DocuSigned by:
Joyce T. McCafferty
7696A439BF404A3...

12/7/2020

12/7/2020

DocuSigned by:
Donna Kelly Realtor
20756D494417408...

DocuSign Envelope ID: 952B1ECC-3C2F-4A28-BB26-EB225464B309

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 for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30011783** GWS File #: **2484B**

IV. Permit Conditions/Comments:

- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.
- The septic system shall be located at least 15 feet from any foundation drain.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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

Henry J. McCafferty III and Joyce T. McCAfferty

Authorized Agent: Bryan Davenport

Signature: Bryan Davenport

Date Issued: 12/3/2020

Owner/Legal Agent: DocuSigned by:

Signature: Henry J. McCafferty III 12/7/2020

Print Name

DocuSigned by:

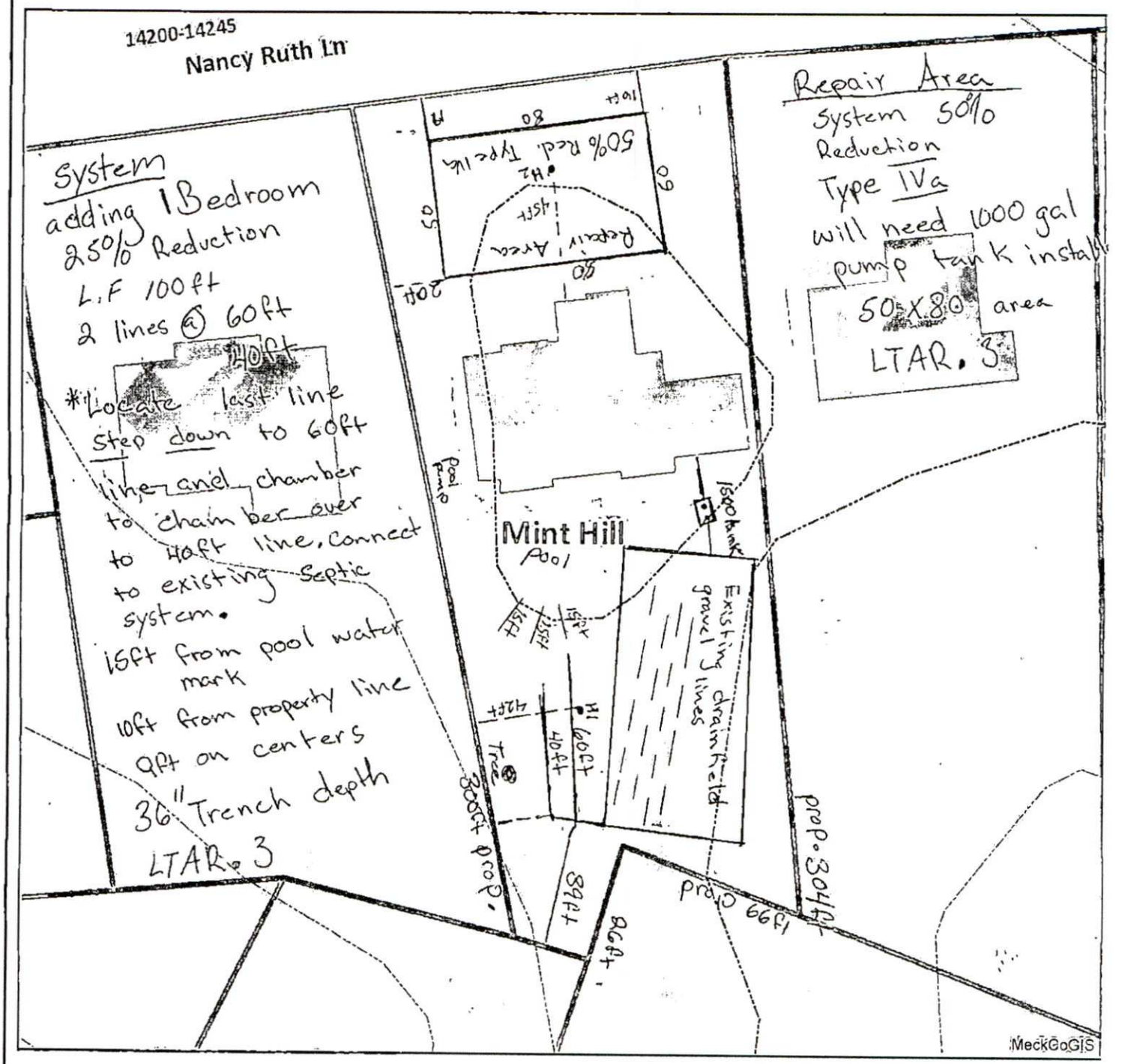
Joyce T. McCafferty 12/7/2020

DocuSigned by:

Donna Kelly 12/7/2020

DocuSign Envelope ID: 952B1ECC-3C2F-4A28-BB26-EB225464B309

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:1783
PID #:195-101-66
File #:2484B

DocuSigned by:
Donna Boehm 12/7/2020
20756D494417408...

Authorized Agent: Bryan Davenport Date: 12/4/20

12/7/2020

Owner/ Legal Agent: DocuSigned by: Henry J. McLafferty III 31378C00B0044F5... Date: DocuSigned by: Joyce T. McLafferty 7696A439BF404A3... 12/7/2020

1 inch = 50 fee

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 for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30011783** GWS File #: **2484B** Tax Parcel #: **195-101-66**

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- 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):** 12/3/2025

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 3782 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	120	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	300	Total Trench Length (ft):	100
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

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):	8	Absorption Area (ft^2):	800	Total Trench Length (ft):	267
Maximum Trench Depth (in):	36	Depth of Media (in):	22	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Bryan Davenport Owner/Legal Agent: _____
Print Name

Signature: Bryan Davenport Signature: _____

Date Issued: 12/3/2020

Mecklenburg County Community & Wellness Services
2250 Pandora Dr., Suite 8000 Charlotte, NC 28206
Phone: (980) 314-1190 Fax: (704) 336-4934

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

Permit # 30017783 GWS File #: 24845 Tax Parcel #: 129-161-50

- This IMPROVEMENT PERMIT is issued to evaluation of the site for the intended use. There is no guarantee grading, filling, or disturbance of the soil in the area of the septic tank, drainfield or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to any work. Building Permit, Electrical, Plumbing and other permits must be obtained prior to Construction Authorization.
- Conventional wastewater technology (NO additional devices, wastewater may be discharged into the system)

I. This Improvement Permit Shall Expire in Five (5) Years Expiration Date (if Applicable): 12/31/2025

Type of Installation: Residential - Addition Lot Number: 3

Structure Type: HOUSE Size (ft²): 3292 # Bedrooms: 4 Max. Occupants:

Building Foundation: Crawl Space Water Supply: Well

II. Initial System Type: Accepted System Classification: III

Initial System Description:

Design Flow (gpd): 720 LTAR (gpd/ft²): .3 Septic Tank Size (gal): 1500 Pump Tank / Siphon: N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft²): 720 Total Trench Length (ft): 240

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Drop Boxes

III. Repair System Type: PPBPS (pressure) System Classification: IVA

Repair System Description:

Design Flow (gpd): 480 LTAR (gpd/ft²): .3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 3 Absorption Area (ft²): 480 Total Trench Length (ft): 160

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Pages for Permit Conditions)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the Laws and Rules For Sewage Treatment and Disposal Systems and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been conducted by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the attached LOT PLAN.
- This IMPROVEMENT PERMIT is transferable

Authorized Agent: Bryan Davenport Owner/Legal Agent: _____

Print Name

Signature: _____

Date Issued: 12/13/2020

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 for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30011783** GWS File #: **2484B**

IV. Permit Conditions/Comments:

- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.
- The septic system shall be located at least 15 feet from any foundation drain.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Bryan Davenport

Signature: Bryan Davenport

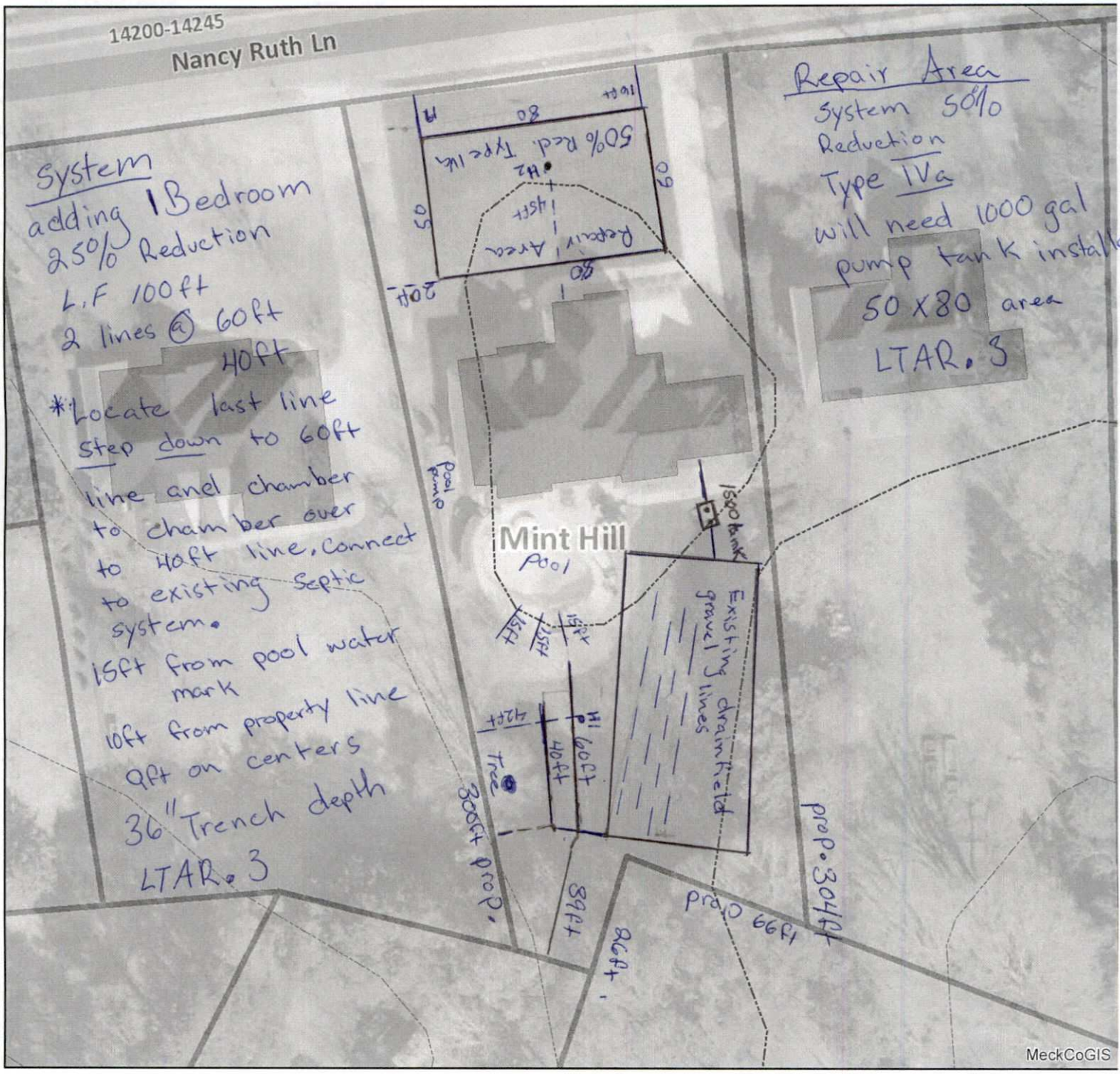
Date Issued: 12/3/2020

Owner/Legal Agent: _____
Print Name

Signature: _____

Page 2 of 2

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:1783
PID #:195-101-66
File #:2484B

Authorized Agent: Bryan Davenport Date: 12/4/20

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 fee

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

Septic System Pre-Construction Meeting Checklist

File # 2484 B App# 11783 Tax Parcel# 19510166

Property Owner: Henry J. McCaffery

Job Location Address: 14224 Nancy Ruth Dr.

City: Mint Hill State: NC Zip Code: 28227

1. Does System design match facility, flow & wastewater characteristics?

   ☒ YES ☐ NO

   Comments: _____

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☒ YES ☐ NO

   Comments: _____

   _____

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☒ YES ☐ NO

   Comments: _____

   _____

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Braedan Shelton
Authorized Agent

12/30/20
Date

_____
Others Present

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 #: 2484 B Permit #: 11783 Tax Parcel #: 19510166

Property Owner: Address: 14224 Nancy Ruth Dr.

Job Location Address: Owner: Henry J McCaffery

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: _____ Contractor Name: Steve Autry

Permitted Design Flow: 360 → (480) GPD Liquid Capacity of Dosing Tank: \ gallons

Liquid Capacity of Septic Tank: 1000 (Existing) gallons Tank Manufacture \ Effluent Pump Model: \

Drainfield Installation ☐ N/A

Trench Depth: 34 inches

Trench Width: 3 feet

Line Spacing: 9' feet (O.C.)

Total line length: 100 feet → 54' + 46'

# of Lines: 2 @ _____ feet

Depth of Media: 12 inches (Type) Quick-4

Depth of Cover: \ inches

Distribution Device: Serial/drop down

Inspection Dates

Tank(s) Inspected: \

Excavation Inspected: 12/30/20

Pump & Controls Inspected: \

Bed Installation *(For Repair Installations ONLY.)*

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community

☐ Other _____

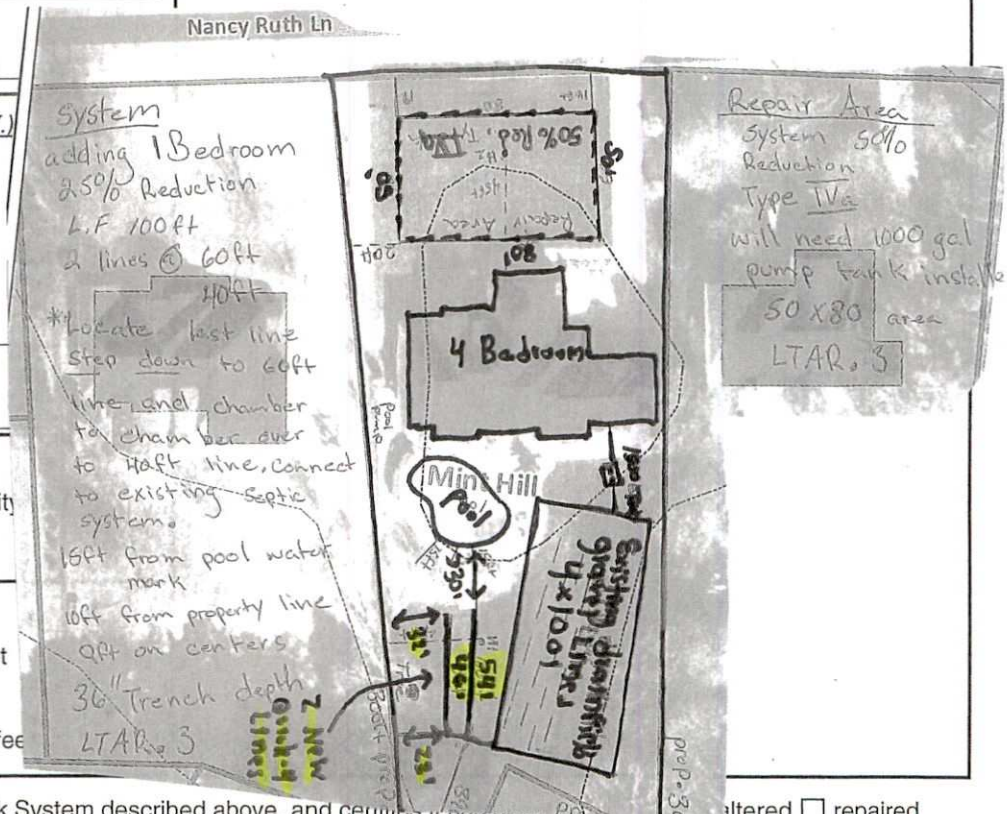
System Installation Setbacks

Distance from Building Foundation: >80 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >10 fee

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ 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: IIIg IQ4 Added 100' Infiltrator Quick-4 chambers to existing gravel drainfield. Now a 4 Bedroom Home.

DENR Authorized Agent: Braedon Shelton 2661 Signature: Braedon Shelton 2661

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 #: 2484 B Permit #: 11783 Tax Parcel #: 19510166

Property Owner: Address: 14224 Nancy Ruth Dr.

Job Location Address: Owner: Henry J McCaffery

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: _____ Contractor Name: Steve Autry

Permitted Design Flow: 360 → 480 GPD Liquid Capacity of Dosing Tank: \ gallons

Liquid Capacity of Septic Tank: 1000 (Existing) gallons Tank Manufacture \ Effluent Pump Model: \

Drainfield Installation ☐ N/A

Trench Depth: 34 inches

Trench Width: 3 feet

Line Spacing: 9' feet (O.C.)

Total line length: 100 feet → 54' + 46'

# of Lines: 2 @ _____ feet

Depth of Media: 12 inches (Type) Quick-4

Depth of Cover: \ inches

Distribution Device: Serial/drop down

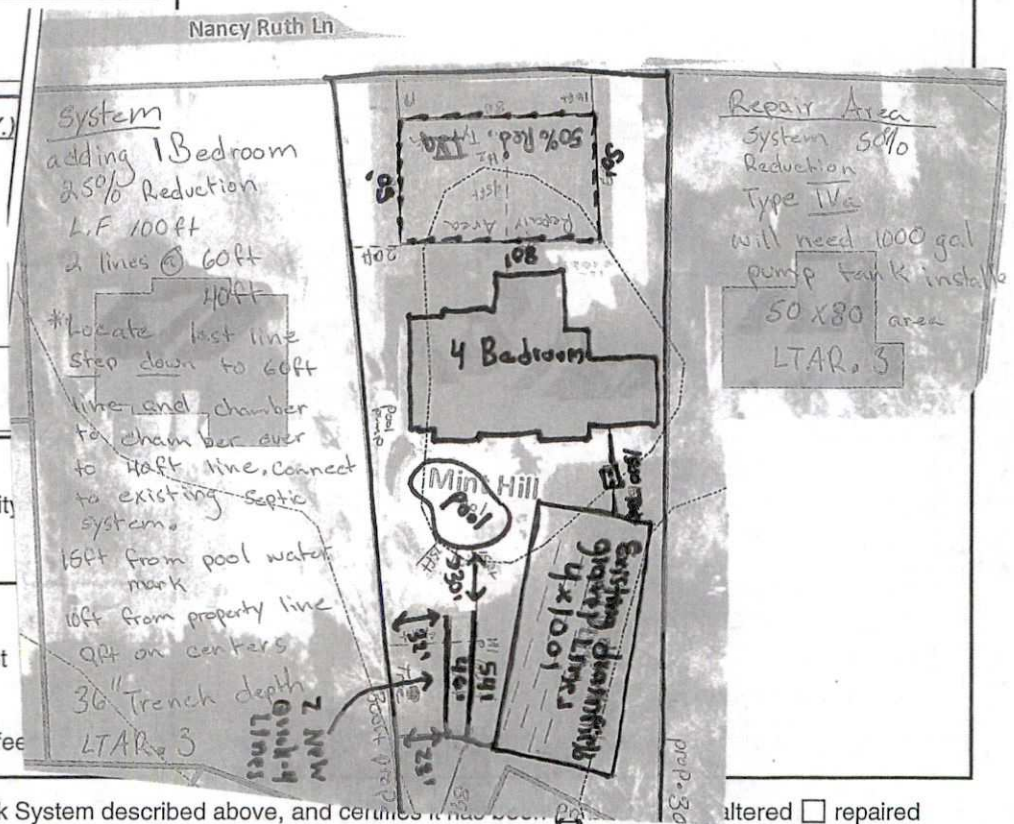
Inspection Dates

Tank(s) Inspected: \

Excavation Inspected: 12/30/20

Pump & Controls Inspected: \

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Bed Installation *(For Repair Installations ONLY.)*

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >80 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >10 fee

The undersigned has inspected the Septic Tank System described above, and certifies it has been [illegible] ☐ 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: IIIg IQ4 Added 100' Infiltrator Quick-4 Chambers to existing gravel drainfield. Now a 4 Bedroom Home.

DENR Authorized Agent: Braedon Shelton 2661 Signature: Braedon Shelton 2661

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 #: 2484 B Permit #: 11783 Tax Parcel #: 19501166

Property Owner: ~~Address:~~ 14224 Nancy Ruth Dr.

~~Job Location Address:~~ Owner: Henry J McCaffery

City: Mint Hill State: NC Zip Code: 28227

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: III g IQ 4

*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: Added 100 ft Quick-4 chambers (54' + 46') 2 Lines

DENR Authorized Agent: Braedon Shelton 2661 Date: 12/30/20

Signature: Braedon Shelton 2661