SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☒ NEW SEPTIC ☐ REPAIR ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 11812B / 14251

Assigned Inspector: Blaedon S.

☒ IP $250.00: MD 11/20/23 Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☑ CA & OP $400.00: 6/11/25 JCA Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☒ Send IP permit for signature: 8/5/24 ☐ Signature received: _____

☒ Floor plans reviewed

☒ Generate CA 6/18/25 MP ☒ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☒ Septic file complete: 8/9/26

☒ Release final hold in Winchester: _____

Comments:

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/20/23	**Amount:**	250.00
Receipt #:	145196	**Tendered:**	250.00
Check / Auth #:	MC 175190	**Returned:**	0.00
Received By:	ORTIZMP		

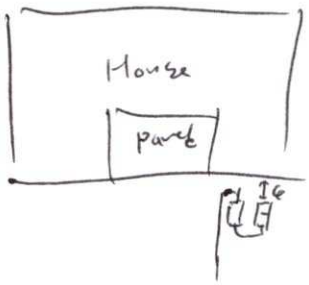
Account Information

Account #: 200000
Contractor: NINA TORRUCO/RICARDO LARA
Attn:
Address: 10001 FIRESIDE LN
Address:
City/State/Zip: CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 5215 MECK SHRINE CLUB RD		1	250.00	250.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
				555.00	



4/24
Final

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/16/25
Receipt #: 155776
Check / Auth #: VISA 3822
Received By: ALVARJS

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: RICARDO LARA
Attn: 5215 MECK SHRINE
Address:
Address:
City/State/Zip:

Item	Description	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 5215 MECK SHRINE CLUB	1	200.00	200.00

Permit#

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/16/25
Receipt #: 155777
Check / Auth #: VISA 3822
Received By: ALVARJS

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: RICARDO LARA
Attn: 5215 MECL SHRINE
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 5215 MECK SHRINE CLUB	1	200.00	200.00

Permit#

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

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

11812B | 14251

* Actual Application

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ◉ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 11109134
STREET ADDRESS: 5215 Mecklenburg Shrine Club Rd
CITY: Charlotte
STATE: NC **ZIP:** 28215
SUBDIVISION NAME:
LOT #: **LOT SIZE (acres):** 2.85
TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ◉ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER

HEATED SQUARE FOOTAGE: 3,614
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:** 1 2 3 ____ ____

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

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

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Ricardo Lara
ADDRESS: 10001 Fireside Lane
CITY: Charlotte
STATE: NC ZIP: 28215
WORK PHONE:
MOBILE PHONE: (704) 340-1577
FAX:
E-MAIL: martinezr1984@icloud.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
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

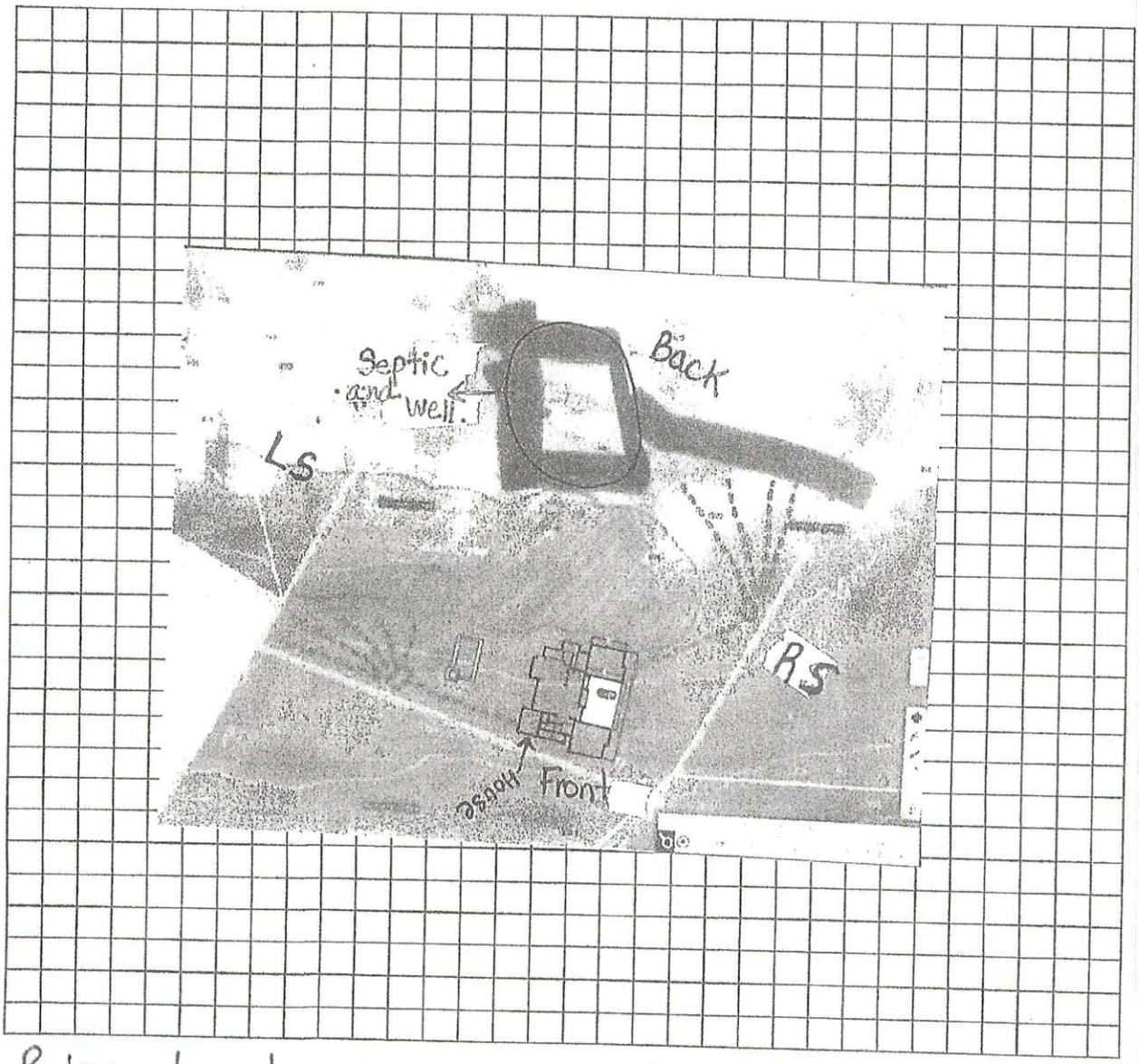
File #: 118123

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: 5215 Mecklenburg Shrine Club Rd Tax Parcel #: 11109134

Subdivision Name: _____ Lot #: _____

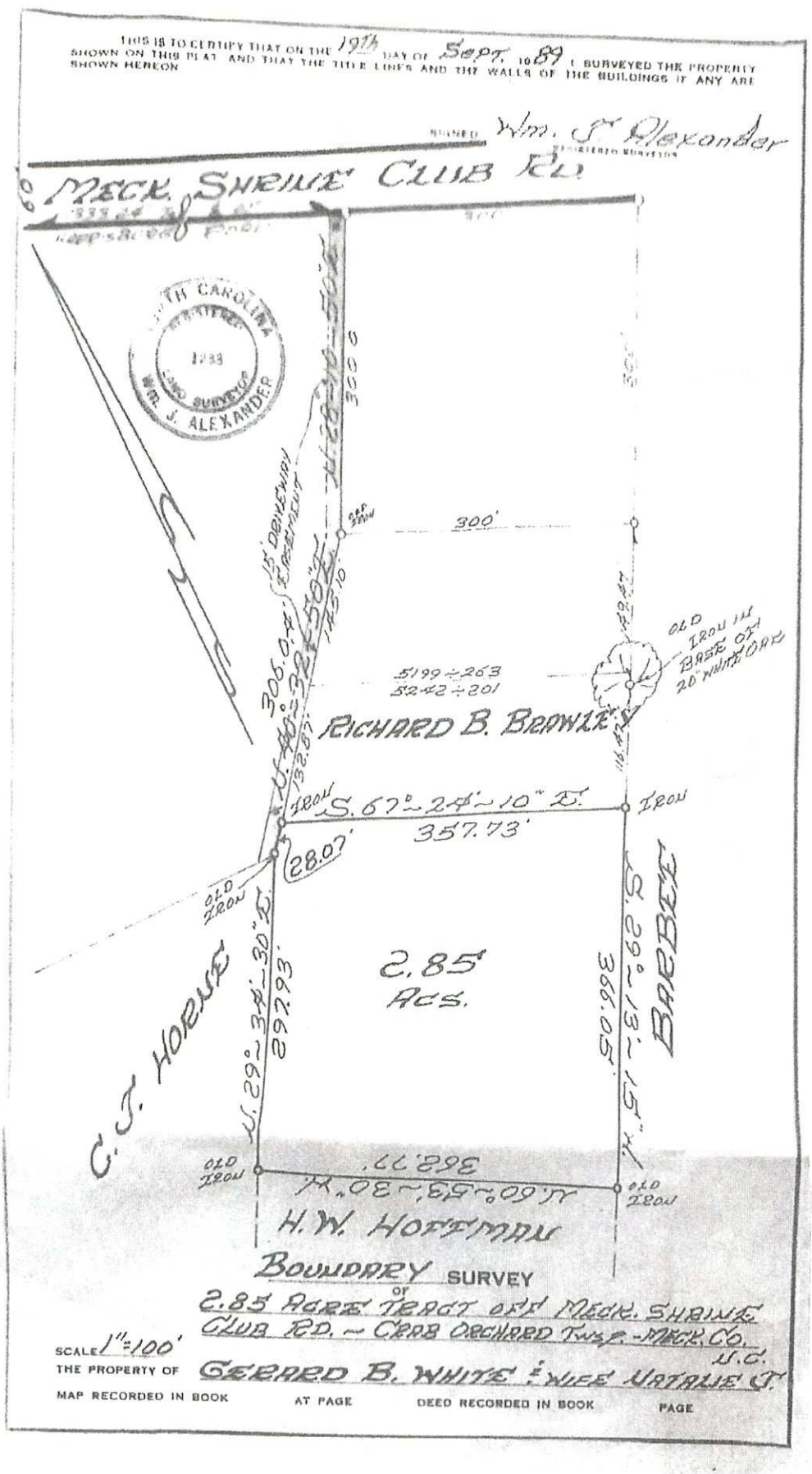


Ricardo Lara
Property Owner's or Owner's Legal Representative Signature

11/20/2023
Date

THIS IS TO CERTIFY THAT ON THE 19th DAY OF Sept, 1989 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

SIGNED Wm. J. Alexander
REGISTERED SURVEYOR



BOUNDARY SURVEY
OF
2.85 ACRE TRACT OFF MECK. SHRINE CLUB RD. — CROSS ORCHARD TWP. - MECK. CO., N.C.

SCALE 1" = 100'

THE PROPERTY OF GERARD B. WHITE & WIFE NATALIE T.

MAP RECORDED IN BOOK AT PAGE DEED RECORDED IN BOOK PAGE

CamScanner

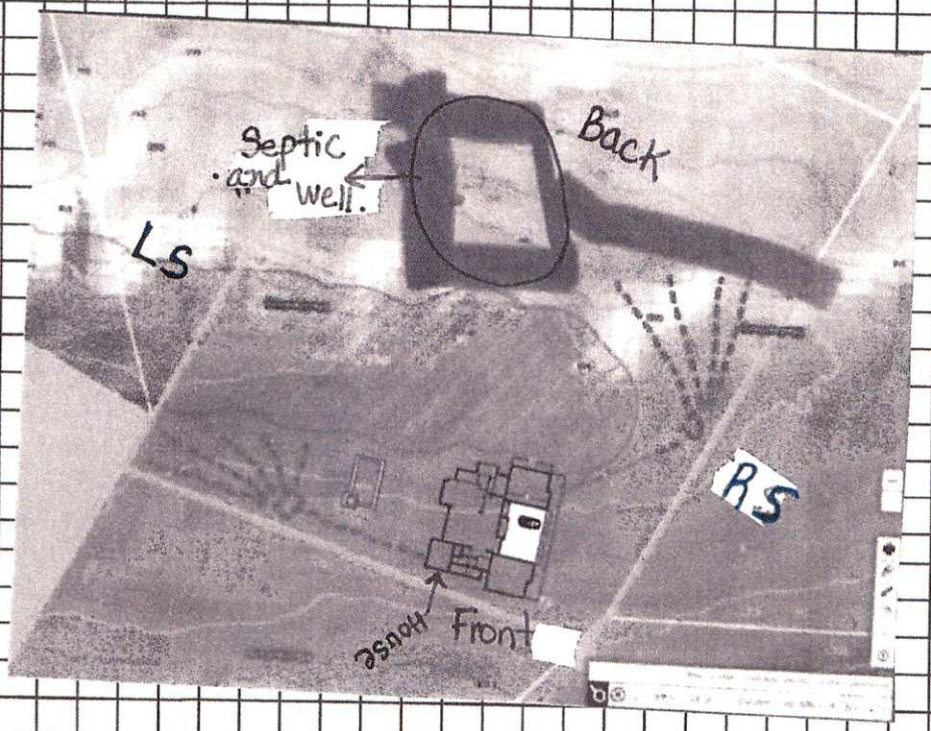
File #: 118123

PROPOSED PLOT PLAN

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Street Address: 5215 Mecklenburg Shrine Club Rd Tax Parcel #: 11109134

Subdivision Name: _____ Lot #: _____



Ricardo Lara
Property Owner's or Owner's Legal Representative Signature

11/20/2023
Date

File #: _____

PROPOSED PLOT PLAN

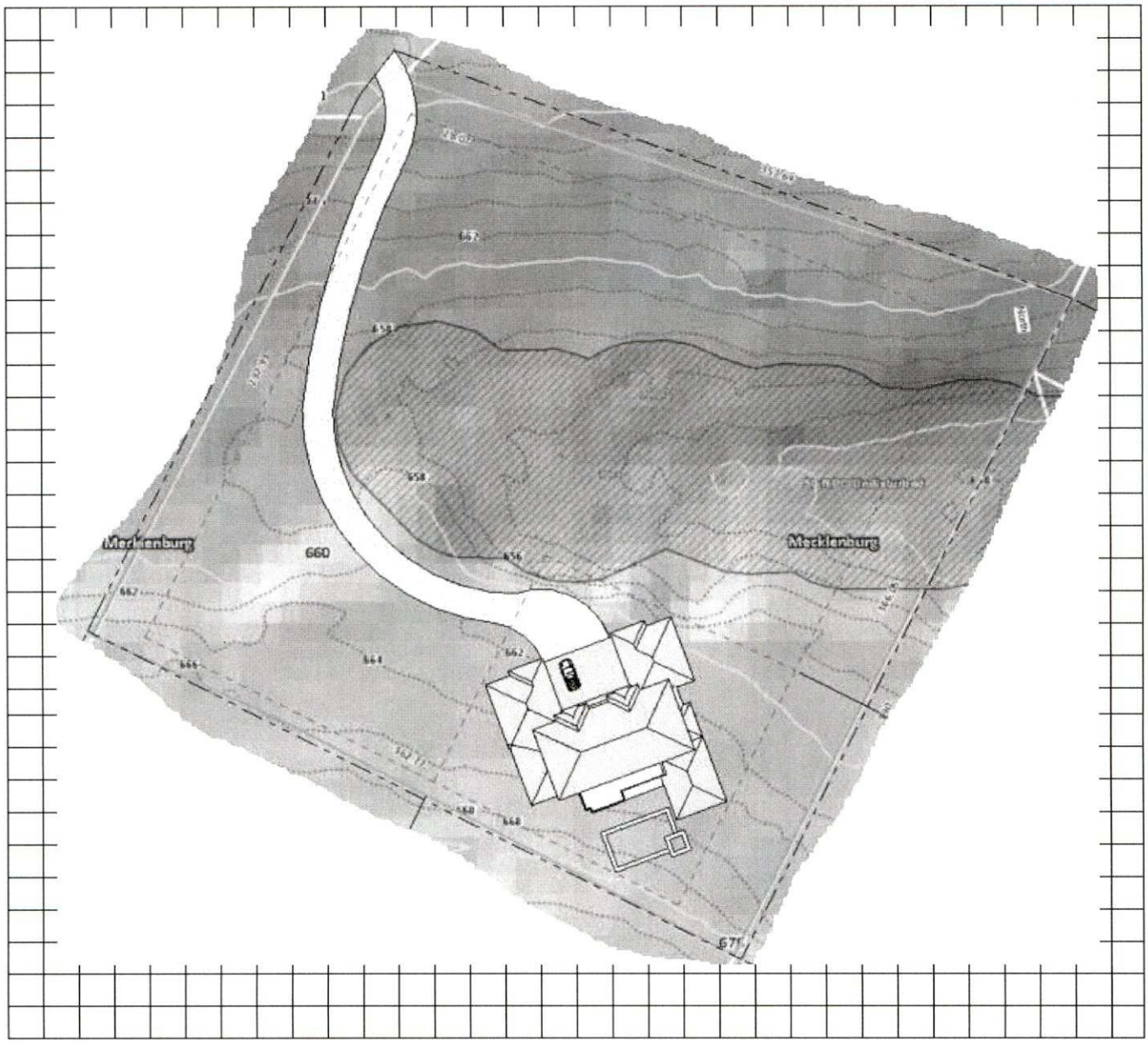
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Street Address: 5215 Mecklenburg Shrine Club Rd

Tax Parcel #: 11109134

Subdivision Name: _____

Lot #: _____



Ricardo Lara

Property Owner's or Owner's Legal Representative Signature

7/8/24

Date

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

Revised on: 03/27/19

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

RL (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.

Ricardo Lara — 7/8/24

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: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

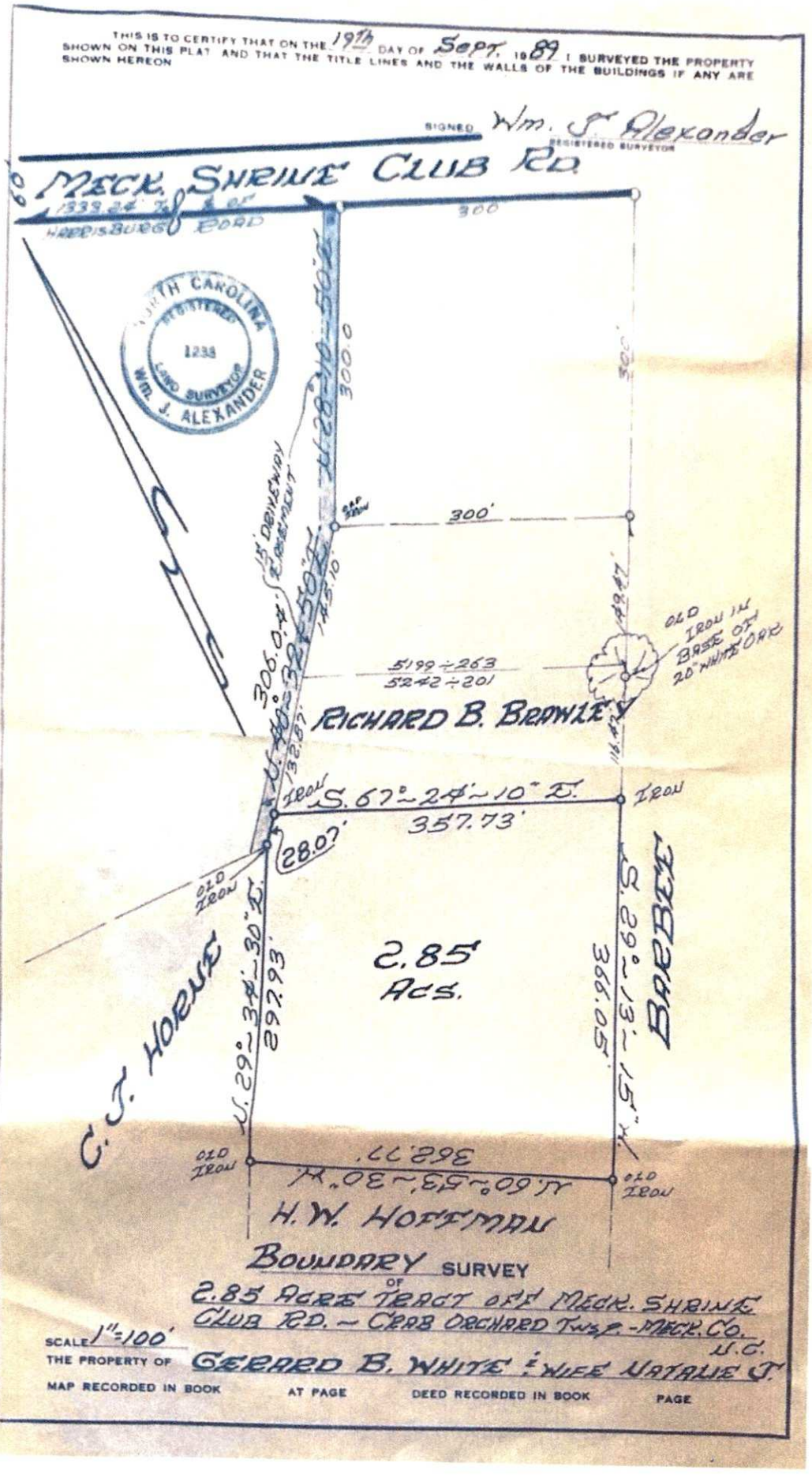
COMMENTS:

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

Revised on: 03/27/19

THIS IS TO CERTIFY THAT ON THE 19th DAY OF Sept. 1989 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

SIGNED Wm. J. Alexander
REGISTERED SURVEYOR



BOUNDARY SURVEY
OF
2.85 ACRE TRACT OFF MECK. SHRINE CLUB RD. – CRAB ORCHARD TWP. – MECK. CO. N.C.

SCALE 1" = 100'

THE PROPERTY OF GERARD B. WHITE & WIFE NATALIE J.

MAP RECORDED IN BOOK AT PAGE DEED RECORDED IN BOOK PAGE

CamScanner

Specifications

GENERAL DESCRIPTION: The work shall include all trades and material necessary in constructing .

The contractor will provide all materials, labor, and means to fully and properly complete all the work indicated and/or described on the drawings and specifications.

COMPLIANCE WITH THE CODE: The contractors shall be responsible for complying with all applicable town, county, or state building codes, whether or not specifically referred to in the drawings and specifications.

SITE WORK: The contractor shall provide all utility work, excavation, finish grading, and seeding as required for a complete project as per the drawings and specifications.
DRAINAGE: New work shall not affect the existing drainage. The drainage shall be directed away from the foundation walls at all times. All gutter downspouts to be run in U/G pipe and run to daylight.
WATER SUPPLY: City of Charlotte
LANDSCAPING: By owner.
DRIVEWAY: The driveway shall be Cast-in-Place Concrete.
SEEDING: Upon completion of all exterior finish grading, all disturbed areas shall be seeded and a layer of hay mulch applied to all areas not landscaped.
SEWER SYSTEM: City of Charlotte.
ELECTRICAL SERVICES: Contractor shall provide underground electrical service onsite.
CONCRETE: All concrete for the work shall be min. 3000 psi.
CONCRETE FOOTINGS: The contractor is responsible to form, pin, and pour the footings to the existing rock formations as specified in the drawings.
FOUNDATION WALLS: All foundation walls shall be formed and poured reinforced concrete as specified in the foundation drawings.
FOUNDATION DRAINS: Provide waterproofing and foundation drains for all foundation walls - see foundation plan.
FIREPLACES: As selected by the owner.
FIREPLACE FLU: Built interior and exterior fireplaces to have double walled air cooled flue pipes vented thru roof. Exterior flue to have custom fabricated bracket to stabilize flue. Flues to be painted matte black.
INTERIOR & EXTERIOR STONEWORK: Selected by the owner.
CARPENTRY WORK: Carpentry work shall be as specified in the drawing set. Note: all treated lumber shall be ground contact rated for increased life cycle benefits.
EXTERIOR ROOF SHEATHING: As specified in the drawing set.
EXTERIOR WALL SHEATHING: Shall be 7/16" OSB Zip board; reference assembly details.
WOOD SUB-FLOORS. Shall be 3/4" OSB, sub-floor to be glued and nailed to floor joists with additional blocking as needed.
VAPOR BARRIERS: Provide 6 mil. poly under concrete slabs and over exposed soil in crawlspace areas, if applicable.
WALL, FLOOR & ROOF INSULATION: Per applicable code.
ROOFING: As indicated in drawing set.
EXTERIOR SIDING: Shall be Hardiboard Artisan shiplap in vertical installation painted.
EXTERIOR TRIM: Selected by owner. Trim to be painted.
SOFFITS: Shall be vented 3/8" RS plywood. Composite material is acceptable.
INTERIOR T&G CEILINGS: When applicable, Install No. 2 2x6 T&G pine or spruce decking; to be finished natural.
INTERIOR TRIM: Shall be white pine - stain grade, 5 1/4" baseboards and 1 1/2" casings.
WINDOWS: Selected by owner. Tempered glass shall be provided in any units where code requires such. Cladding color and hardware to be black.
EXTERIOR DOOR: Selected by owner.
FRONT ENTRY DOOR: Selected by owner
INTERIOR DOORS: Shall be 96"h solid core flush birch doors with partial white wash stain and satin clear coat finish, or Selected by owner.

DOOR HARDWARE: Owner shall select the door hardware.
GYPSUM WALLS: Shall be 1/2" gypsum board with smooth painted finish. See room finish schedule. Moisture resistant board shall be used in all bathroom and shower locations.
GYPSUM CEILINGS: Shall be 1/2" gypsum board with smooth painted finish. Moisture resistant board shall be used in all bathroom and shower locations.
ENTRY PORCH CEILING: Selected by owner.
COVERED DECK CEILING: If applicable, Shall be No. 2 1x6 T&G pine painted to match fascia.
PAINTING: All interior walls shall receive a primer coat and two finish coats of interior latex. Paint to be Sherwin Williams or equal. All interior wood doors and trim shall receive stain finish unless otherwise noted. Exterior trim and non-T&G soffits shall receive paint over primed surface. Concrete foundation walls to be left natural if acceptable. T&G ceilings and trim where noted shall receive stain and two coats of satin polyurethane sealer. Exterior entry porch T&G to receive 2 coats of polyurethane sealer. All steel shall be primed from factory. All exposed exterior steel to receive high weathering resistance black paint.
TILE: Floor, wall, and ceiling tile to be sizes and configurations as selected by the owner. Tile shall be installed over 1/2" moisture resistant board with Schluter system for walls and floor.
WOOD FLOORING: Selected by owner.
CABINETS: Cabinets to be flush panel; see interior kitchen elevations for schematic layout.
COUNTERTOPS: Kitchen countertops to be selected by owner. See interior kitchen elevations. Bathroom counter material to be selected by the owner.
VENTILIGHT: Provide as per the electrical plans.
PLUMBING: Shall be installed as per all applicable codes. Water lines shall be PEX, drains and vents shall be PVC, and vertical stacks shall be PVC.
PLUMBING FIXTURES: Selected by owner.
FAUCETS: Owner to select style, manufacturer, and finish.
VENTING: Dryer and bathroom vents shall be vented to the exterior with flexible vent pipe, sized as required.
ELECTRICAL: All work shall be installed as per all applicable codes and the plans. Contractor shall provide all materials and labor for the work.
APPLIANCES: Selected by owner.
LIGHTING AND FANS: Selected by owner.
HEATING/AIR CONDITIONING: Shall be LP gas furnace with air conditioning. Ductwork shall be insulated metal trunks .
CABLE/SATELLITE/TV/LOW VOLTAGE WIRING: Contractor to provide structured media cable to include 2-RG6 coax and 2-Cat5E.

PROJECT STATISTICS:

LOT SIZE: Aprox. 9,800 SF
ANTICIPATED DISTURBED AREA: 3,000 SQ. FT.
BUILDING ENVELOPE: 1,300 SQ. FT.
ROOF AREA: 1,250 SQ. FT.
FRONT/REAR HEIGHT AT RIDGE: 24 FT./24 FT
LIVABLE SF: SF
LOWER: 0 SF
MAIN: 1,220 SF
UPPER: 1150 SF
GARAGE: 0 SF
DECK/WALKS: 0 SF
SOIL TYPE:
SOIL DENSITY: *2,000 PSF ALLOWABLE (ASSUMED).
FROST DEPTH: *2'-0"
SEISMIC ZONE:
WIND:

SITE PLAN NOTES:
1. SITE SURVEY TO BE COMPLETED TO VERIFY PIN LOCATIONS AND HOME LOCATION PRIOR TO EXCAVATION.

2. CALL BEFORE YOU DIG: 811



1 Site Plan
1" = 30'-0"

www.archdecollc.com
Residential Designer
844-660-8432

Consultant
Address
Address
Phone
Fax
e-mail

Consultant
Address
Address
Phone
Fax
e-mail

No.	Description	Date

Owner Ricardo Lara

Box 1

Project Address
5215 Mecklenburg Shrine Club Road
Charlotte, NC 28215

Site Plan

Project number	2023-014
Date	11/15/2023
Drawn by	RA
Checked by	R. Adames

0 -004

Scale 1" = 30'-0"

11/29/2023 8:15:52 PM

Shelton, Braedon P

From: Shelton, Braedon P
Sent: Tuesday, November 28, 2023 3:12 PM
To: Nina Torruco
Subject: RE: [External]5215 Mecklenburg Shrine club Rd

Hello,
I'd imagine that any hardware store would have tape, flags etc.
Once this has been completed please reach out to my co-worker Bryan Davenport. He will be taking responsibility of your septic evaluation. His email address is bryan.davenport@mecklenburgcountync.gov
Thanks,

Braedon Shelton, REHS
Environmental Health Specialist
Mecklenburg County Public Health Department
Environmental Health Division
Cell: 980-297-3719
Email: Braedon.Shelton@mecknc.gov

CONFIDENTIALITY NOTICE: This message and any attachments included are from the Mecklenburg County Health Department and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message. Thank you!

From: Nina Torruco <esmirna_1976@hotmail.com>
Sent: Monday, November 27, 2023 3:45 PM
To: Shelton, Braedon P <Braedon.Shelton@mecklenburgcountync.gov>
Subject: Re: [External]5215 Mecklenburg Shrine club Rd

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Mr. Shelton,

I was reading the instructions you sent me and state to identify and mark all property corners use the pink tape provided, I didn't got any tape, where do I get that?

From: Shelton, Braedon P <Braedon.Shelton@mecklenburgcountync.gov>
Sent: Monday, November 27, 2023 11:29 AM

To: Nina Torruco <esmirna_1976@hotmail.com>
Subject: RE: [External]5215 Mecklenburg Shrine club Rd

Hello,
I received your application. However it is not quite complete. I will need the number of bedrooms and number of people filled out on the application (attached in the email).
Prior to the soil evaluation. I will need the property lines, proposed house footprint, and any other proposed structures marked on the lot. Once this has been done please reach out. Please see the attached documents for more information.
Also is there access to the property? It looks to be land locked.

https://content.ces.ncsu.edu/septic-systems-and-their-maintenance

Braedon Shelton, REHS
Environmental Health Specialist
Mecklenburg County Public Health Department
Environmental Health Division
Cell: 980-297-3719
Email: Braedon.Shelton@mecknc.gov

CONFIDENTIALITY NOTICE: This message and any attachments included are from the Mecklenburg County Health Department and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message. Thank you!

From: Nina Torruco <esmirna_1976@hotmail.com>
Sent: Monday, November 27, 2023 11:00 AM
To: Shelton, Braedon P <Braedon.Shelton@mecklenburgcountync.gov>
Subject: [External]5215 Mecklenburg Shrine club Rd

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning Mr. Shelton,

I hope you having a great morning, would you please give the status of my application that I submitted last week.

My name is Esmirna Secundino and my cell is (832) 412-5195
Thank you and have a great day!
Get Outlook for iOS

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

Page 1
Property ID: 1109134
Lot #: –
File #: 11812B
AppID: 14251

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Ricardo Lara
Applicant: Same as owner
Address: 10001 Fireside Ln Charlotte NC
Date Evaluated: 1/24/2024
Proposed Facility: Four Bedroom Design Flow (.0400) 480gpd
Property Size:
Location of Site: 5215 Mecklenburg Shrine Club rd
Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .0503 Structure/ Texture	.0503 Consistence Mineralogy	b PROFILE FACTORS .0504 Soil Wetness/ Color	.0505 Soil Depth (IN.)	.0506 Sapro Class	.0507 Restr Horiz	0.0509 Profile Class & LTAR	0.0502 Slope Correction
1	L 3%	0-25" 25"+	C,wblk C,wblk	Fi,s,p,sexp Vfi,vs.vp,EXP	Chroma 2 at 12" 2.5YR 7/1 Expansive at 25"	25"+	N/A	N/A	U IV	N/A
2	L 3%	0-12"	C,wblk	Fi,s,p,sexp	Chroma 2 at 7" 2.5YR 7/1	12"	N/A	N/A	U IV	N/A
3	L 3%	0-10" 10"+	C,wblk C,wblk	fi,s,p,sexp vfi,vs,vp,EXP	Chroma 2 at 3" 2.5YR 7/1 Expansive at 10"	10"	N/A	N/A	U IV	N/A
4	L 6%	0-38"	c,wblk	fi,s,p,sexp	Chroma 2 at 29"+ 10YR7/1	38"+	N/A	N/A	PS .275 IV	14"
5	L 6%	0-36 36-40"	C,wblk BC/CL	fi,s,p,sexp fr,ss,sp,sexp		40"+	N/A	N/A	PS .3 IV	23"

Description	Initial System	Repair System
Available Space (.0508)	PS	PS
System Type(s)	IIIB	IIIB
Site LTAR	.3	.3

Soil Evaluation By: Brad Shults
Site Classificaton (.0509): PS
Evaluated by: Brad Shults

The area closer to the proposed house was heavily graded. Pits dug.

* See additional Soil notes

Abbreviated Soil Notes

Location: 5215 Mecklenburg Shrine Club Rd. | **Date Evaluated:** 6/17/2024

PROFILE #	.0502 Landscape Position/ Slope%	General Comments / Other	.0504 Soil Wetness/ Color	.0505 Soil Depth (IN.)	.0506 Sapro Class	.0507 Restr Horiz	0.0509 Profile Class & LTAR	0.0502 Slope Correction (*Max Trench Depth Low Side*)
1	TS 4 - 8%	0 - 28" Clay soil with a red matrix color. 28 - 42" Clayey soil with split matrix color. 42" Soil boring terminated.	C: YB mottles @ 16"+ C-M: 10YR 6/2 @ 28"+ Apparent Water Table present @ 31"	>42"	N/A	N/A	0.25 @ ≤16" US @ 28"	14"
2	TS 4 - 8%	0 - 29" Clay soil with a red matrix color. 29 - 48" Clayey soil with split matrix color.	C: YB mottles @ 18"+ C-M: Chroma 2 mottles @ 29"+	>48"	N/A	N/A	0.25 @ <17" US @ 29"	15"
3	FS / L 8 - 12%	0 - 40" Clay soil with a red matrix color. 40 - 48" Clayey soil with YB matrix color.	C: YB mottles @ 30" C-M: Chroma 2 mottles @ 42"+	>48"	N/A	N/A	0.25 @ ≤30" US @ 42"	26"
4	FS / L 8 - 12%	0 - 48" Clay soil with a red matrix color	F-C: YB mottles @ 42"+ F: Chroma 2 mottles @ 48"+	>48"	N/A	N/A	0.30 @ ≤ 36" US @ 48"	32"

*** See attached Soils Map for soil boring locations.**

NOTES:

1- Large stockpile of soil present on the lot. Evaluated soils on either side of it. There appears to be a drainage feature underneath the stockpile. Recommend keeping the system on either side of stockpile area and not running lines through, due to the drainage feature.

2- If initial system can be installed using a max 24" trench depth and the system is at the elevation of soil boring #4 or higher, the design LTAR could potentially be 0.30 for the initial system. Otherwise, recommend using design LTAR of 0.25.

Recommend repair area utilize a design LTAR of 0.25 and be shallow placed, depending on exact location of repair area (see soil notes above).

Evaluated by: P. Mitchell & B. Shelton

Patrick Mitchell

Polaris Map – Mecklenburg County, North Carolina

Date Printed: 7/25/2024 1:16 PM



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.

Soil & Site Evaluation Map



Map Created by: P. Mitchell
Date: 6/17/2024

PROPERTY INFO
Address: 5215 Mecklenburg Shrine Club Rd.
PID No.: 11109134

1 in = 80 ft

Mecklenburg County
Groundwater & Wastewater Services

Abbreviated Soil Notes

Location: 5215 Mecklenburg Shrine Club Rd. | **Date Evaluated:** 6/17/2024

PROFILE #	.0502 Landscape Position/ Slope%	General Comments / Other	.0504 Soil Wetness/ Color	.0505 Soil Depth (IN.)	.0506 Sapro Class	.0507 Restr Horiz	0.0509 Profile Class & LTAR	0.0502 Slope Correction (*Max Trench Depth Low Side*)
1	TS 4 - 8%	0 - 28" Clay soil with a red matrix color. 28 - 42" Clayey soil with split matrix color. 42" Soil boring terminated.	C: YB mottles @ 16"+ C-M: 10YR 6/2 @ 28"+ Apparent Water Table present @ 31"	>42"	N/A	N/A	0.25 @ ≤16" US @ 28"	14"
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*** See attached Soils Map for soil boring locations.**

NOTES:

1- Large stockpile of soil present on the lot. Evaluated soils on either side of it. There appears to be a drainage feature underneath the stockpile. Recommend keeping the system on either side of stockpile area and not running lines through, due to the drainage feature.

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Recommend repair area utilize a design LTAR of 0.25 and be shallow placed, depending on exact location of repair area (see soil notes above).

Evaluated by: P. Mitchell & B. Shelton

Patrick Mitchell

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 #: 30014251 GWS File #: 11812B Tax Parcel #: 111-091-34

- 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):** 7/29/2029

Type of Installation: Residential - New System Lot Number: 0

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

Building Foundation: Concrete Slab Water Supply: Other Springs

II. Initial System Type: PPBPS-H (gravity) **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	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):	23	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

III. Repair System Type: PPBPS-H (pressurized) **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	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):	32	Depth of Media (in):	N/A	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: Braedon Shelton Owner/Legal Agent: _____
Print Name

Signature: Braedon Shelton Signature: _____

Date Issued: 7/29/2024

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 #: 30014251 GWS File #: 11812B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- 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.
- Keep Supply line out of the Post Construction Buffer area.

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:

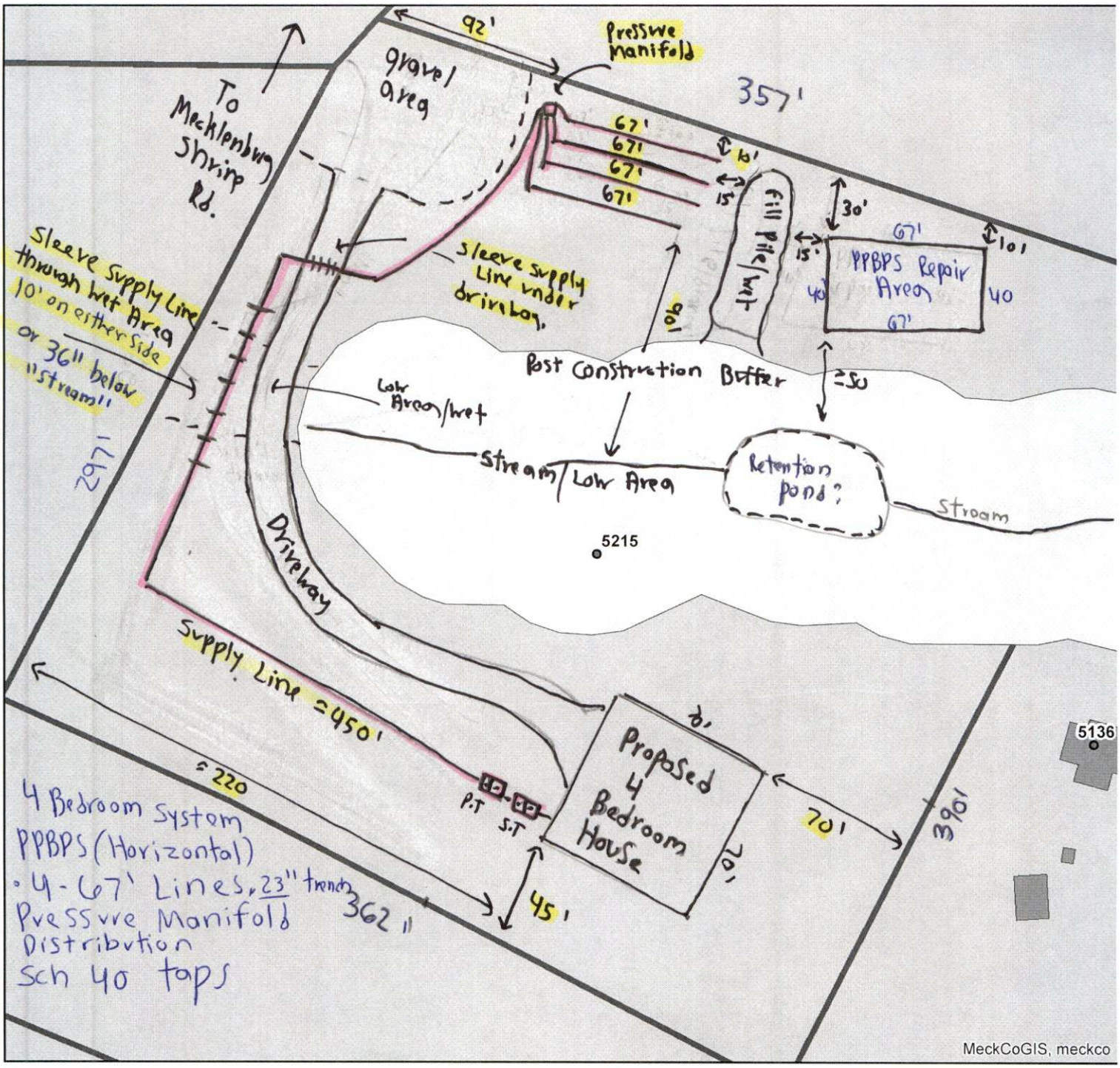
- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed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

Authorized Agent: Braxton Skelton Owner/Legal Agent: _____
Print Name

Signature: Braxton Skelton Signature: _____

Date Issued: 7/29/2024

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 14251
PID #: 11109134
File #: 11812B

Authorized Agent: Brandon Shelton Date: 7/29/24

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 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 #: 30014251 GWS File #: 11812B Tax Parcel #: 111-091-34

- 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): 7/29/2029

Type of Installation: Residential - New System
Lot Number: 0

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

Building Foundation: Concrete Slab
Water Supply: Other Springs

II. Initial System Type: PPBPS-H (gravity)
System Classification: IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	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):	23	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

III. Repair System Type: PPBPS-H (pressurized)
System Classification: IIIb

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	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):	32	Depth of Media (in):	N/A	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: Braxton Stratton
Signature: Braxton Stratton
Date Issued: 7/29/2024

Owner/Legal Agent: Ricardo Lara
Print Name
Signature: Ricardo Lara

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 #: 30014251 GWS File #: 11812B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- 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.
- Keep Supply line out of the Post Construction Buffer area.

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:

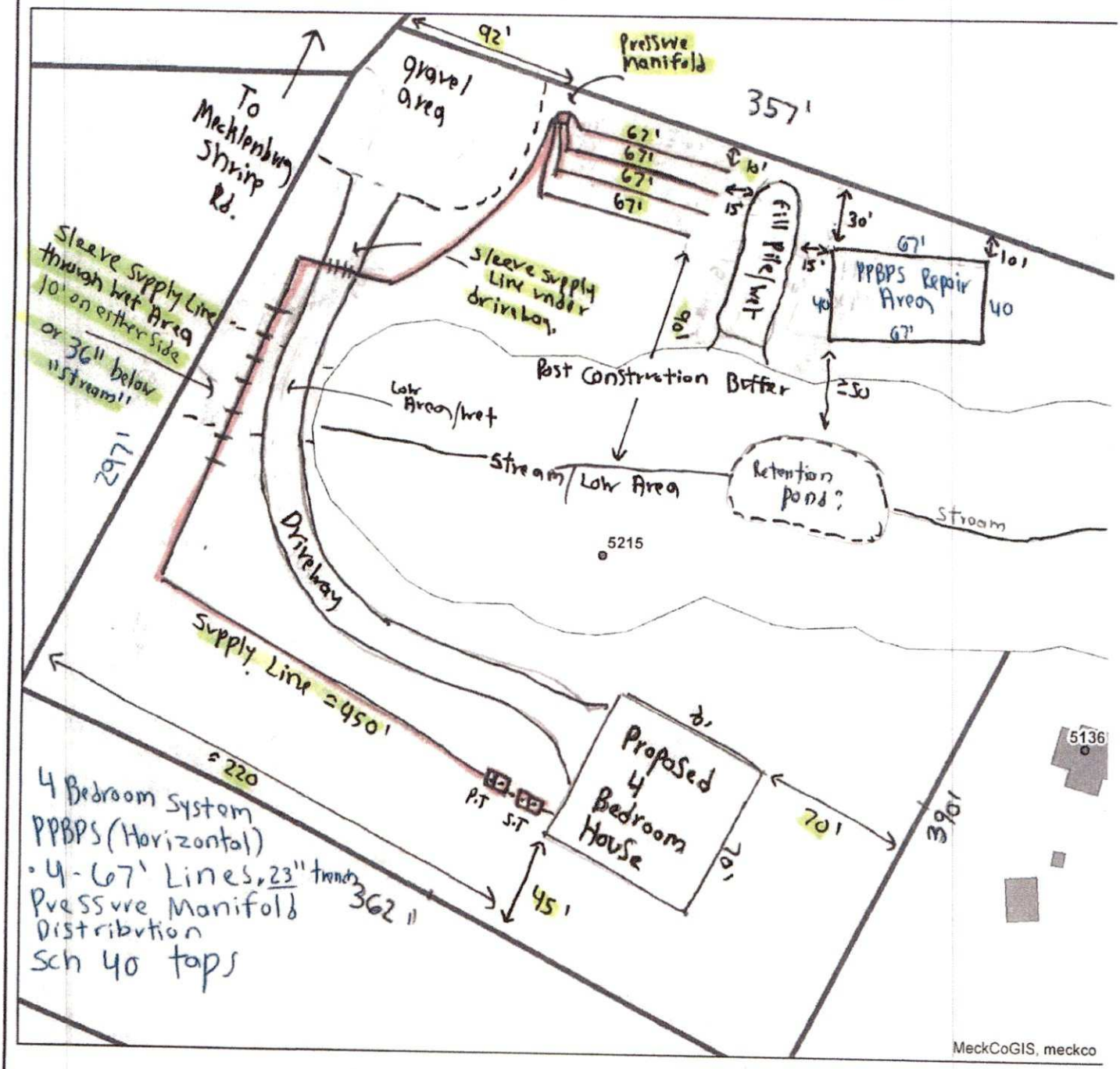
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- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braden Shelton Owner/Legal Agent: Ricardo Lara

Signature: Braden Shelton Signature: Ricardo Lara
Print Name

Date Issued: 7/29/2024

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 14251
PID #: 11109134
File #: 11812B

Authorized Agent: Brandon Shelton Date: 7/29/24

Owner/ Legal Agent: Ricardo Lara Date: 8-5-2024

1 inch = 60 fee

FEE: 200.00

DATE: 6/18/2025

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 11812B

PERMIT NUMBER: 30014251

PARCEL NUMBER: 11109134

JOB LOCATION INFORMATION

ADDRESS: 5215 MECKLENBURG SHRINE CLUB RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28215

ISSUED TO: RICARDO LARA

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 6/18/2025

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30014251, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

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

Authorized Agent Signature Grace Shute

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 # 1161ZB App# 14251 Tax Parcel# 111-091-34

Property Owner: Ricardo Lara

Job Location Address: 5215 Mecklenburg Shrine Club Rd

City: Charlotte State: NC Zip Code: 28215

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: Confirm with owner that no alterations were made in septic area (grass/vegetation removed, backhoe parked in area). email sent 4/17/26.

*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.**

Troy Wing
Authorized Agent

4/16/26
Date

Quenton Smith
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 #: 11812B Permit #: SEP-01425I Tax Parcel #: 111-091-34

Property Owner: Ricardo Lara

Job Location Address: 5215 Mecklenburg Shrine Club Road

City: Charlotte State: NC Zip Code: 28215

Operation Permit Issuance Date: 10/9/26 Contractor Name: Quenton Smith - 1st Response Septic

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 600 gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf STD-760 PT-365 Effluent Pump Model: Champion CP4S-12W

Drainfield Installation ☐ N/A

Trench Depth: 23 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 267 feet

# of Lines: 4 @ 67 feet

Depth of Media: 14 inches (Type) PPBPS-H

Depth of Cover: 6+ inches

Distribution Device: pressure manifold

Inspection Dates

Tank(s) Inspected: 4/24/26

Excavation Inspected: 4/24/26

Pump & Controls Inspected: 10/5/26

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Installed as Designed

Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 750 feet

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☑ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: III b - pump to PPBPS-H

DENR Authorized Agent: Troy Kling Signature: T K

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 #: 11812B Permit #: SEP-014251 Tax Parcel #: 111-09-34

Property Owner: Ricardo Lara

Job Location Address: 5215 Mecklenburg Shrine Club Rd

City: Charlotte State: NC Zip Code: 28215

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~~ II b

*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: Troy Ikling Date: 10/9/26

Signature: