SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 45840

Assigned Inspector: Heather R

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ 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: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ 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: 6/14/23

☐ Release final hold in Winchester: _____

Comments:

Tank Replacement Only. File Complete

12 APR '23 AM 10:03

4584B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

13770

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 ✓ The Piece | MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: N/A | NEW WELL | MAJOR REPAIR | ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 03324109
STREET ADDRESS: 4707 Oakdale rd
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 1 Acre
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: 1,766
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 6
FOUNDATION TYPE:

CONCRETE SLAB	BASEMENT WITH PLUMBING
CRAWL SPACE ✓	BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: MUNICIPAL | PRIVATE WELL | PUBLIC WELL | SHARED WELL | OTHER _____

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

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

N/A | ANY TYPE | CONVENTIONAL | ACCEPTED | INNOVATIVE | ALTERNATIVE | OTHER _____

8A. RANK: ____ ____ ____ ____ ____

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

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

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

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

12. PROPERTY OWNER:
NAME: DAUD AHMAD
ADDRESS: 3105 Queen city dr
CITY: Charlotte
STATE: NC ZIP: 28208
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Marcos Rodriguez
ADDRESS: 4707 Oakdale rd
CITY: Charlotte
STATE: _____ ZIP: 28216
WORK PHONE: _____
MOBILE PHONE: 704-614-9985
FAX: _____
E-MAIL: Hugoromerro25@gmail.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.

M.R (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.

Marcos Rodriguez
Property Owner's or Owner's Legal Representative Signature

4-10-23
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
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

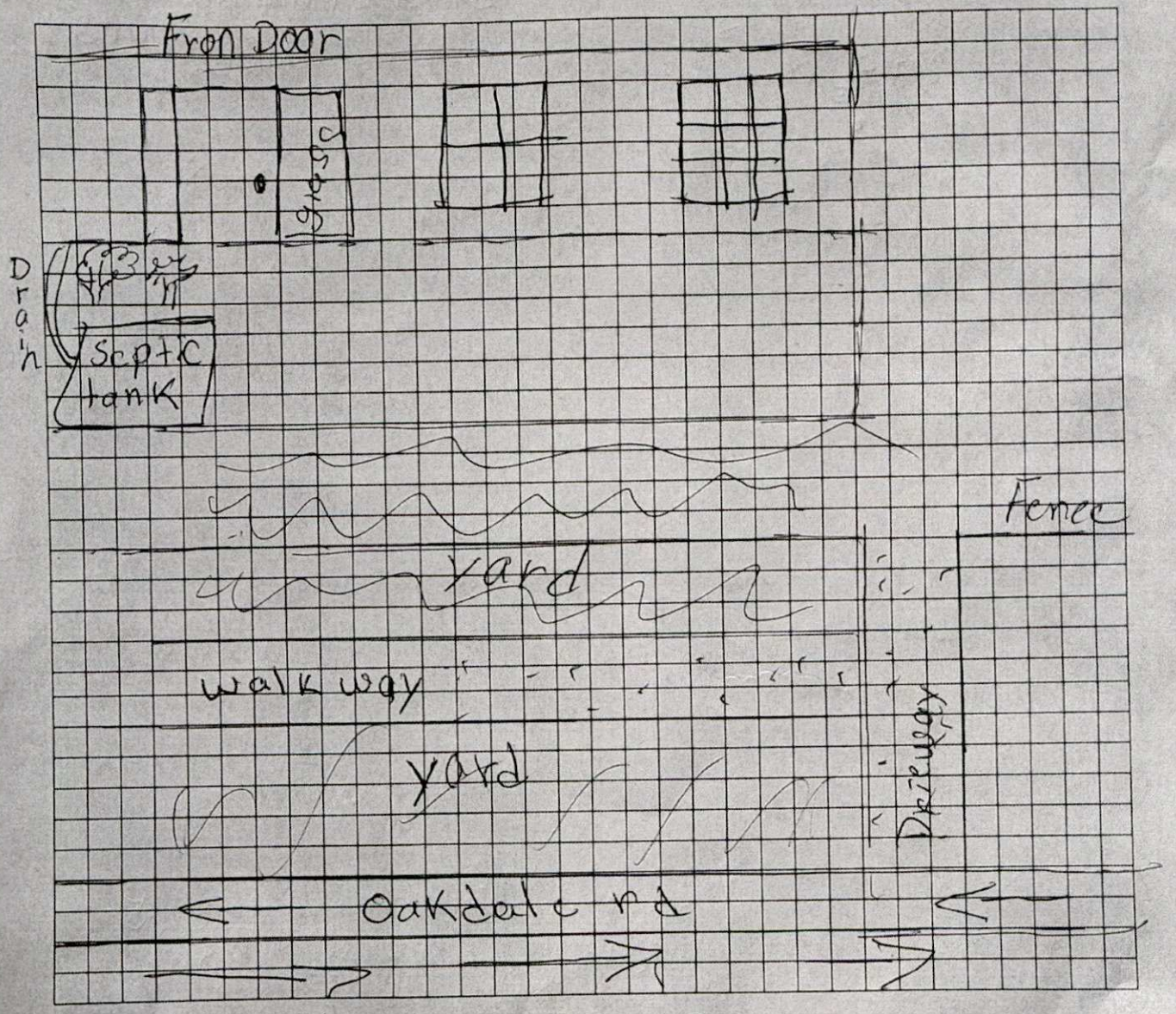
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 4707 Oakdale rd

Tax Parcel #: _____

Subdivision Name: _____

Lot #: _____



Marco S. Rodriguez
Property Owner's or Owner's Legal Representative Signature

4-9-23
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

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

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 Marcos Rodriguez is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

4707 Oakdale rd Charlotte
Number Street Town
(Or Parcel Number)

DAUD AHMAD
Property Owner (print name)

Property Owner (signature)

4-10-23
Date

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 4584b Permit #: 13770 Tax Parcel #: 03324109

Property Owner: Marco Rodriguez

Job Location Address: 4704 Oakdale Rd

City: Charlotte State: NC Zip Code: 28216

Improvement Permit Issuance Date: _____ **Construction Authorization Issuance Date:** 4/14/23

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 4/14/23. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: existing GPD Site LTAR: na GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: na gallons

Drainfield Design ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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

Bed Depth: _____ 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



Comments: System Classification & Type: Pump and crush existing tank. REplace with new 1000 gallon tank

Authorized Agent: _____ Signature: Heather Ray

Owner Signature: _____ Date: _____

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 #: 4584B Permit #: 13770 Tax Parcel #: 03324109

Property Owner: Marco Rodriguez

Job Location Address: 4707 oakdale rd

City: Charlotte State: NC Zip Code: 28216

Operation Permit Issuance Date: 6/12/23 Contractor Name: Carolina Septic Pro

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

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Effluent Pump Model: NA

Drainfield Installation ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet Tank Only

# 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: 5 feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 50+ feet

Inspection Dates

Tank(s) Inspected: 6/12/23

Excavation Inspected: _____

Pump & Controls Inspected: _____



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: Removed old tank. Set new 1000 gallon tank Tank/g/na/na

DENR Authorized Agent: Heather Ray Signature: Heather Ray

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 #: 4584B Permit #: 13770 Tax Parcel #: 033241109

Property Owner: Marco Rodriguez

Job Location Address: 4707 oakdale rd

City: Charlotte State: NC Zip Code: 28216

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: Tank

*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: Heather Ray Date: 6/12/23

Signature: Heather Ray