App. #: 15159

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY HEALTH DEPARTMENT GROUNDWATER & WASTEWATER SERVICES

Septic Fee: 0.00

Date: 12/13/2024

Well Fee: Date:

FILE # 12131B

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

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

JOB LOCATION INFORMATION:

TAX / PARCEL #: 03712210 ☐ PO

STREET ADDRESS: 4425 MERIDIAN DR

CITY: Charlotte

STATE: NC ZIP: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: CHARLOTTE

General Comments:

BUILDING INFORMATION:

TYPE OF BUILDING:

○ SINGLE MOBILE HOME (S) ○ MODULAR HOME (M)

○ DOUBLE WIDE (D) ○ MULTIPLE FAMILY (U)

◉ HOUSE (H) ○ OTHER

HEATED SQUARE FOOTAGE: 2646

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☐ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ○ Yes ◉ No

TYPE:

WATER SUPPLY:

☐ MUNICIPAL ☑ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER

PROPOSED USE OF WELL:

◉ N/A ○ IRRIGATION ○ POTABLE (Drinking Water) ○ OTHER

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

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

RANK: 0 0 0 0 0

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ Yes ◉ No	GRADING/SOIL REMOVAL PERFORMED	○ Yes ◉ No
EXISTING WASTEWATER SYSTEMS	◉ Yes ○ No	JURISDICTIONAL WETLANDS	○ Yes ◉ No
WELLS, SPRINGS, OR WATER LINES	○ Yes ◉ No	APPROVAL REQ'RD BY OTHER AGENCY	○ Yes ◉ No
EASEMENTS OR RIGHT-OF-WAYS	○ Yes ◉ No	WASTEWATER OTHER THAN DOM. SEWAGE	○ Yes ◉ No
CHEMICAL/PETROLEUM STORAGE TANKS	○ Yes ◉ No	KNOWN UNDERGROUND CONTAMINATION	○ Yes ◉ No
WASTE STORAGE	○ Yes ◉ No	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ Yes ◉ No

PROPERTY OWNER:		LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:	
NAME:	CHARLES L CRUMP	NAME:	
ADDRESS:	4425 MERIDIAN DR	ADDRESS:	
CITY:	CHARLOTTE	CITY:	
STATE:	NORTH CAROLINA	STATE:	
ZIP:	28216	ZIP:	
HOME PHONE:	704-399-1723	HOME PHONE:	
WORK:		WORK:	
MOBILE:	704-579-9393	MOBILE:	
FAX:		FAX:	
EMAIL:	CHARLES_CRUMP@YAHOO.COM	EMAIL:	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ☑ UNKNOWN

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

PRINT Update Go to Front Counter Duplicate

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 #: 12131B Permit #: 15159 Tax Parcel #: 03712210

Property Owner: Charles Crump

Job Location Address: 4425 Meridian Dr

City: Charlotte State: NC Zip Code: 28216

Improvement Permit Issuance Date: _____ **Construction Authorization Issuance Date:** 12/31/24

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 12/31/24. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Site LTAR: NA GPD/ft²
Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☑ N/A
Trench Depth: _____ inches
Trench Width: _____ feet
Line Spacing: _____ feet (O.C.) Tank Only
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 Tank Only
# 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 & Crush existing tank. Set new 1000 gallon tank

Authorized Agent: Heather Ray Signature: Heather Ray

Owner Signature: _____ Date: _____