# SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) ~~AP~~ 07.28.20 Initial/Date

CA ($200.00) LP 7.28.20 Initial/Date

OP ($200.00) LP 7.28.20 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 _____ Initial/Date (If use existing was part of payment)

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

Generate CA/ Appeal As Needed

Floor plans need to be submitted and reviewed before CA can be issued ☒ Review ☒ 4/28/22

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

Septic file complete ☒ 5/4/22 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 & Data Review Worksheet

GWS File #: 10706B WASPS App #: 11479

Primary ES assigned to project: Bryon Davenport

Secondary ES assigned to project:

Project Type: New System ☒ Alteration ☐ Repair ☐ Modified Plot Plan ☐

**I. File Review:**

| Rule or Law | Permit Application | | | |
|---|---|---|---|---|
| .1937(d) | Is the Application complete | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is there a Site plan/Plat with application | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is the Facility shown? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Are appurtenances shown | Yes ☑ | No ☐ | N/A ☐ |
| | **Site Evaluation Information** | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1940 (a-g) | Slope % Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Texture Class Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Structure type Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Consistence Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Mineralogy Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(3) | Soil Wetness Condition Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(6) | Sufficient Available Space Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(m) | Are the Profile Locations Shown? | | | |
| .1939(a) | Are the S/PS Profiles in system & in repair area? | Yes ☑ | No ☐ | N/A ☐ |
| & .1945(b) | Number of auger borings made: 5 | | | |
| | Were sufficient auger borings made? | Yes ☑ | No ☐ | N/A ☐ |
| .1939(d), .1955, .1956, .1957 | LTAR 0.3 | Yes ☑ | No ☐ | N/A ☐ |
| | **Improvement Permit/Construction Authorization** | | | |
| .1937(g) 130A-336(a) | Proposed System Type stated-Initial | Yes ☑ | No ☐ | N/A ☐ |
| .1945(b) | Proposed System Type stated-Repair | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336 (a)(3) | System location identifiable by setbacks - Initial | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) .1945(b) | System components shown – Initial | Yes ☑ | No ☐ | N/A ☐ |
| .1945(b) | Repair area shown | Yes ☑ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Does System design match facility, flow & WWcharacteristics? | Yes ☑ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is System design consistent with soil/site conditions? | Yes ☑ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is the System located in the approved area? | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336(a) | Is the Design flow (gpd) indicated? | Yes ☑ | No ☐ | N/A ☐ |

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

**Date:** 07/28/21
**Receipt #:** 129877
**Check / Auth #:** VISA 00646G
**Received By:** PLACILJ

**Amount:** 200.00
**Tendered:** 200.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** INNA KOVALINSKIY
**Attn:**
**Address:** 4000 HOODRIDGE LN
**Address:**
**City/State/Zip:** MINT HILL, NC 28227

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0703 | Septic Operational Permit<br>3834 HOODRIDGE LN | | 1 | 200.00 | 200.00 |

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

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

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*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 07/28/21 | **Amount:** | 200.00 |
| **Receipt #:** | 129878 | **Tendered:** | 200.00 |
| **Check / Auth #:** | VISA 00646G | **Returned:** | 0.00 |
| **Received By:** | PLACILJ | | |

**Account Information**

| | |
|---|---|
| **Account #:** | 200000 |
| **Contractor:** | INNA KOVALINSKIY |
| **Attn:** | |
| **Address:** | 4000 HOODRIDGE LN |
| **Address:** | |
| **City/State/Zip:** | MINT HILL, NC 28277 |

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0734 | Septic Construction Authorizat<br>3834 HOODRIDGE LN | | 1 | 200.00 | 200.00 |

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

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

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SRF:

**MECKLENBURG COUNTY HEALTH DEPARTMENT** 1070628

28 JUL '20 PM 3:47

**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:** 195-222-13

**STREET ADDRESS:** 3834 Hoodridge ln

**CITY:** mint hill

**STATE:** NC **ZIP:** 28227

**SUBDIVISION NAME:**

**LOT #:** 4 **LOT SIZE (acres):** 0.7253

**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:** 4,000

**NUMBER OF BEDROOMS:** 5

**NUMBER OF OCCUPANTS:** 5

**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?** April 22, 2020 ☐ UNKNOWN

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

**12. PROPERTY OWNER:**

NAME: Vitaliy Kovalinskiy
ADDRESS: 4000 Hoodridge ln
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: 7046412098
MOBILE PHONE: 7042771422
FAX:
E-MAIL: kovalinskiy@gmail.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

**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.

vk
_____ (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.

Vitaliy Kovalinskiy
_____
Property Owner's or Owner's Legal Representative Signature

07/28/2020
_____
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
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

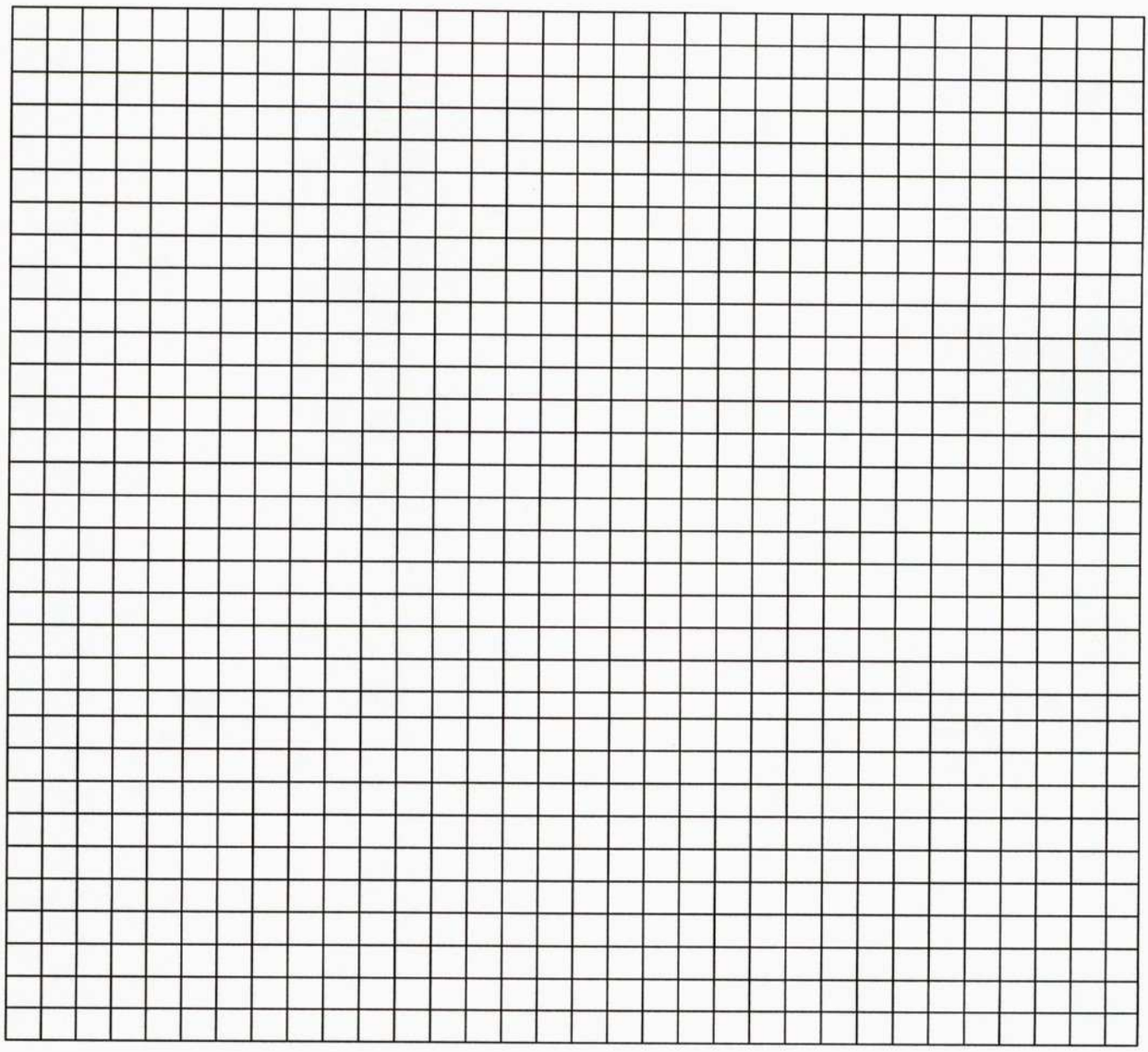
File #: _____

## 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: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

Property Owner's or Owner's Legal Representative Signature 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

B67 - P 51

# A SUBDIVISION PLAT OF THE VITALIY & INNA KOVALINSKIY PROPERTY

OWNER: VITALIY KOVALINSKIY & INNA KOVALINSKIY
4000 HOODRIDGE LANE
TOWN OF MINT HILL, MECKLENBURG COUNTY, N.C.
DEED REFERENCE: BOOK 33104, PAGE 286
MAP REFERENCE: BOOK 54, PAGE 506
TAX PARCEL NO.: 195-222-07

LOT 1: 30,909 SQ. FT. OR 0.7096 ACRE
LOT 2: 33,113 SQ. FT. OR 0.7602 ACRE
LOT 3: 121,988 SQ. FT. OR 2.8004 ACRES
LOT 4: 31,595 SQ. FT OR 0.7253 ACRE
AREA DEDICATED AS PUBLIC R/W: 31,441 SQ. FT. OR 0.7218 ACRE
TOTAL AREA: 249,046 SQ. FT. OR 5.7173 ACRES

OWNER:
VITALIY & INNA KOVALINSKIY
4000 HOODRIDGE LANE
MINT HILL, NC 28227

MAP REFERENCE: M.B. 54, PG. 506

VICINITY MAP
NOT TO SCALE

LEGEND:
CP - CALCULATED POINT
D.B. - DEED BOOK
ECM - EXISTING CONCRETE MONUMENT
EIP - EXISTING IRON PIPE
EIR - EXISTING IRON ROD
EMM - EXISTING METAL MONUMENT
EV - EXISTING NAIL
MEASURED
M.B. - MAP BOOK
NCM - NEW CONCRETE MONUMENT
N.G.S. - NATIONAL GEODETIC SURVEY
NIR - NEW IRON ROD
NN - NEW NAIL
PP - PLATTED
PIN - PARCEL IDENTIFICATION NUMBER
PS - PAGE
RE - RECORDED
R/W - RIGHT-OF-WAY
(T) - TOTAL
PROPERTY LINE
PROPERTY LINE (NOT SURVEYED)
RIGHT-OF-WAY
RIGHT-OF-WAY (NOT SURVEYED)
EASEMENT
SETBACK

LINE TABLE:

| LINE | BEARING | DISTANCE |
|---|---|---|
| L1 | N 13°30'00" W | 30.00' |

CURVE TABLE:

| CURVE | RADIUS | ARC | CHORD | CHORD BEARING |
|---|---|---|---|---|
| C1 | 1,760.00' | 141.45' | 141.41' | S 84°41'18" E |
| C2 | 1,760.00' | 141.45' | 141.41' | S 84°41'18" E |
| C3 | 1,760.00' | 141.45' | 141.41' | S 84°41'18" E |
| C4 | 1,760.00' | 141.45' | 141.41' | S 84°41'18" E |
| C5 | 1,760.00' | 141.45' | 141.41' | S 84°41'18" E |
| C6 | 1,760.00' | 141.45' | 141.41' | S 84°41'18" E |
| C7 | 1,760.00' | 141.45' | 141.41' | S 84°41'18" E |
| C8 | 1,760.00' | 141.45' | 141.41' | S 84°41'18" E |
| C9 | 1,760.00' | 141.45' | 141.41' | S 84°41'18" E |
| C10 | 1,760.00' | 141.45' | 141.41' | S 84°41'18" E |

MAP BOOK 67 PAGE 51
#2020075563

FILED FOR REGISTRATION
MAY 21 2020
11:16 AM




GRAPHIC SCALE
( IN FEET )
1 inch = 40 ft.

NOTES:
1. ALL CORNERS MONUMENTED AS SHOWN
2. THIS SURVEY WAS PERFORMED WITHOUT BENEFIT OF A TITLE COMMITMENT REPORT. R.B. PHARR & ASSOCIATES, P.A. DOES NOT CLAIM THAT ALL MATTERS OF RECORD WHICH MAY OR MAY NOT AFFECT THE SUBJECT PROPERTY ARE SHOWN HEREON.
3. NO RECOVERABLE NGS MONUMENT LOCATED WITHIN 1,000 FEET OF SUBJECT PROPERTY.
4. BROKEN LINES INDICATE PROPERTY LINES NOT SURVEYED.
5. THIS OFF-SITE RIGHT-OF-WAY SHOWN HEREON IS FOR ILLUSTRATIVE PURPOSES ONLY. THE UNDERSIGNED CERTIFIES ONLY TO THE RIGHT-OF-WAYS SURVEYED, AND DOES NOT CERTIFY TO THE RIGHT OF WAY WIDTH OF ANY ADJACENT PROPERTIES.
6. PHYSICAL IMPROVEMENTS MAY EXIST ON THIS PROPERTY THAT ARE NOT SHOWN HEREON.
7. THE PURPOSE OF THIS PLAT IS TO SUBDIVIDE THE SUBJECT PROPERTY AS SHOWN HEREON.

SURVEYOR'S CERTIFICATE:
STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG
I, THE UNDERSIGNED SURVEYOR, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED REFERENCE: BOOK 33104, PAGE 286) ; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION AS REFERENCED ON THE FACE OF THIS PLAT; THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1 : 10,000 LINEAR FEET; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, LICENSE NUMBER AND SEAL THIS 22ND DAY OF APRIL, A.D., 2020.
THIS SURVEY IS LOCATED IN A PORTION OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.
4/22/20
ANDREW B. BAKER, PLS (L-4342)
DATE

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR SEAL L-4342 ANDREW B. BAKER

APPROVED
By Manal Mahmoud at 4:26 pm, May 22, 2020

ZONING:
SUBJECT PROPERTY ZONED: R (RESIDENTIAL)
ZONING RESTRICTIONS AS PER ZONING ORDINANCE:
SINGLE FAMILY DETACHED REQUIREMENTS:
MINIMUM LOT AREA: 30,000 SQ.FT.
MINIMUM LOT WIDTH: 100'
MINIMUM SETBACK: 40'
MINIMUM SIDE YARD: 30'
MINIMUM REAR YARD: 40'
MAXIMUM BUILDING HEIGHT: 35' (2 STORIES)
FOR FURTHER INFORMATION CONTACT THE TOWN OF MINT HILL ZONING DEPARTMENT AT 704-545-6706

REVIEW OFFICER:
I, _____, REVIEW OFFICER OF MECKLENBURG COUNTY, CERTIFY THAT THIS MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.
REVIEW OFFICER
5/19/20
DATE

CERTIFICATE OF OWNERSHIP AND DEDICATION:
I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY DESCRIBED HEREON, WHICH PROPERTY IS LOCATED WITHIN THIS PLANNING JURISDICTION OF THE TOWN OF MINT HILL, THAT I HEREBY FREELY ADOPT THIS PLAN OF SUBDIVISION AND DEDICATE TO PUBLIC USE ALL AREAS SHOWN ON THIS PLAT AS STREETS, ALLEYS, WALKS, PARKS, OR OPEN SPACE AND EASEMENTS, EXCEPT THOSE SPECIFICALLY INDICATED AS PRIVATE, AND THAT I WILL MAINTAIN ALL SUCH AREAS UNTIL THE OFFER OF DEDICATION IS ACCEPTED BY THE APPROPRIATE PUBLIC AUTHORITY. ALL PROPERTY SHOWN ON THIS PLAT AS DEDICATED FOR A PUBLIC USE SHALL BE DEEMED TO BE DEDICATED FOR ANY OTHER PUBLIC USE AUTHORIZED BY LAW AT WHICH SUCH OTHER USE IS APPROVED BY THE BOARD OF COMMISSIONERS IN THE PUBLIC INTEREST.
5/19/2020
DATE
OWNER
NOTARIZED

MINT HILL PLANNING BOARD CERTIFICATE:
APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION ORDINANCE OF THE TOWN OF MINT HILL, NORTH CAROLINA
PLANNING BOARD CHAIRMAN
5/19/20
DATE

I HEREBY CERTIFY THAT ALL STREETS SHOWN ON THIS PLAT ARE WITHIN THE TOWN OF MINT HILL'S PLANNING JURISDICTION, ALL STREETS AND OTHER IMPROVEMENTS SHOWN ON THIS PLAT HAVE BEEN INSTALLED OR COMPLETED OR THAT PRIOR INSTALLATION OR COMPLETION HAS BEEN ENSURED BY THE POSTING OF A PERFORMANCE BOND OR OTHER SUFFICIENT SURETY AND THE SUBDIVISION SHOWN ON THIS PLAT IS IN ALL RESPECTS IN COMPLIANCE WITH MINT HILL'S UNIFIED DEVELOPMENT ORDINANCE, AND THEREFORE THIS PLAT HAS BEEN APPROVED BY THE TOWN OF MINT HILL, SUBJECT TO BEING RECORDED.
MINT HILL PLANNING DIRECTOR
5/19/20
DATE

FLOOD CERTIFICATION
THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED AUGUST 19, 2014
MAP NUMBER: 3710580106K ZONE 'X'

| DRAWN | DESIGN | REVISED |
|---|---|---|
| NM | NM | |

R.B. PHARR & ASSOCIATES, P.A.
SURVEYING & MAPPING
LICENSE #: C-1731
432 HAWTHORNE LANE CHARLOTTE, N.C. 28204 TEL. (704) 376-2186

| SCALE: | DATE: | JOB NO. |
|---|---|---|
| 1" = 40' | APRIL 22, 2020 | 91401 |

91401

# *MECKLENBURG COUNTY*
# *LAND USE AND ENVIRONMENTAL SERVICES*
## *Payment Receipt*

**Receipt Information**

**Date:** 07/28/20
**Receipt #:** 123334
**Check / Auth #:** VISA 06455G
**Received By:** PLACILJ

**Amount:** 250.00
**Tendered:** 250.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** VITALIY KOVALINSKIY
**Attn:**
**Address:** 4000 HOODRIDGE LN
**Address:**
**City/State/Zip:** MINT HILL, NC 28227

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>3834 HOODRIDGE LN | | 1 | 250.00 | 250.00 |

Mecklenburg
Environmental Health
2205 Freedom Drive
Charlotte, NC 28208
Phone: (980) 314-1651
07/28/20 11:56

Sale

Merchant ID: 153629
Terminal #: 002
Card Type: VISA
Auth. Code: 064556
Acct. No: **********5137

Amount : 250.00

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: 195-222-13
Lot #: NA
File #: 10706B
AppID:

# SOIL/SITE EVALUATION
# for ON-SITE WASTEWATER SYSTEM

Property Owner: Vitaliy Kovalinsky
Address: 4000 Hoodridge Ln, Mint Hill, NC 28227
Proposed Facility: 5 Bedroom House
Design Flow (.1949): 600 GPD
Location of Site: 3834 Hoodridge Ln, Mint Hill, NC 28078
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Municipal
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: owner
Date Evaluated: 6/4/2020
Property Size: 0.7253 ac
Property Recorded: 4/22/2020

| 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 6% | 0 - 18 | gr CL | SS SP FR SEXP | >50" | 50 | NA | NA | | PS IV 0.3 | 36" |
| | | 18 - 50 | sbk/abk C | S P FI SEXP | | | | | | | |
| Boring #2 | LS 6% | 0 - 8 | gr CL | SS SP FR SEXP | >50" | 50 | NA | NA | | PS IV 0.3 | 36" |
| | | 8 - 36 | sbk/abk C | S P FI SEXP | | | | | | | |
| | | 36 - 50 | sbk CL | SS SP FR SEXP | | | | | | | |
| Boring #3 | LS 6% | 0 - 9 | gr CL | SS SP FR SEXP | >50" | 50 | NA | NA | | PS IV 0.3 | 36" |
| | | 9 - 33 | sbk/abk C | S P FI SEXP | | | | | | | |
| | | 33 - 50 | sbk CL | SS SP FR SEXP | | | | | | | |
| Boring #4 | LS 6% | 0 - 8 | gr CL | SS SP FR SEXP | >50" | 50 | NA | NA | | PS IV 0.3 | 36" |
| | | 8 - 50 | sbk/abk C | S P FI SEXP | | | | | | | |
| Boring #5 | LS 6% | 0 - 6 | gr CL | SS SP FR SEXP | >50" | 50 | NA | NA | | PS IV 0.3 | 36" |
| | | 6 - 50 | sbk/abk C | S P FI SEXP | | | | | | | |
| | | | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | III/g | III/e |
| Site LTAR (gpd/sq ft) | 0.3 | 0.3 |

Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Bryan D
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

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

Permit #: **30011479** GWS File #: **10706B** Tax Parcel #: **195-222-13**

- 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):** 9/8/2025

Type of Installation: Residential - New System Lot Number: 4

Structure Type: HOUSE Size ($ft^2$): 4000 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Concrete Slab Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | 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 ($ft^2$): | 1500 | Total Trench Length (ft): | 500 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | 12 | Distribution Device: | Distribution Box | | |

**III. Repair System Type:** Pump to Accepted **System Classification:** IIIg

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | LTAR ($gpd/ft^2$): | .3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1500 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1500 | Total Trench Length (ft): | 500 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

The undersigned, an authorized agent of the 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: Vitaliy Kovalinskiy

Signature: Bryan Davenport Signature: Print Name Vitaliy Kovalinskiy

Date Issued: 9/8/2020

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 #: **30011479** GWS File #: **10706B**

**IV. Permit Conditions/Comments:**

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires periodic inspections 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 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 waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The permitted system design requires a pressure manifold with varying tap diameters and/or pipe schedules. The contractor should review the specification detail provided by the system designer prior to bidding the project. * Repair Area
- Flow from all gutters and downspouts shall be directed 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 repair will require varing taps for the pressure manifold

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

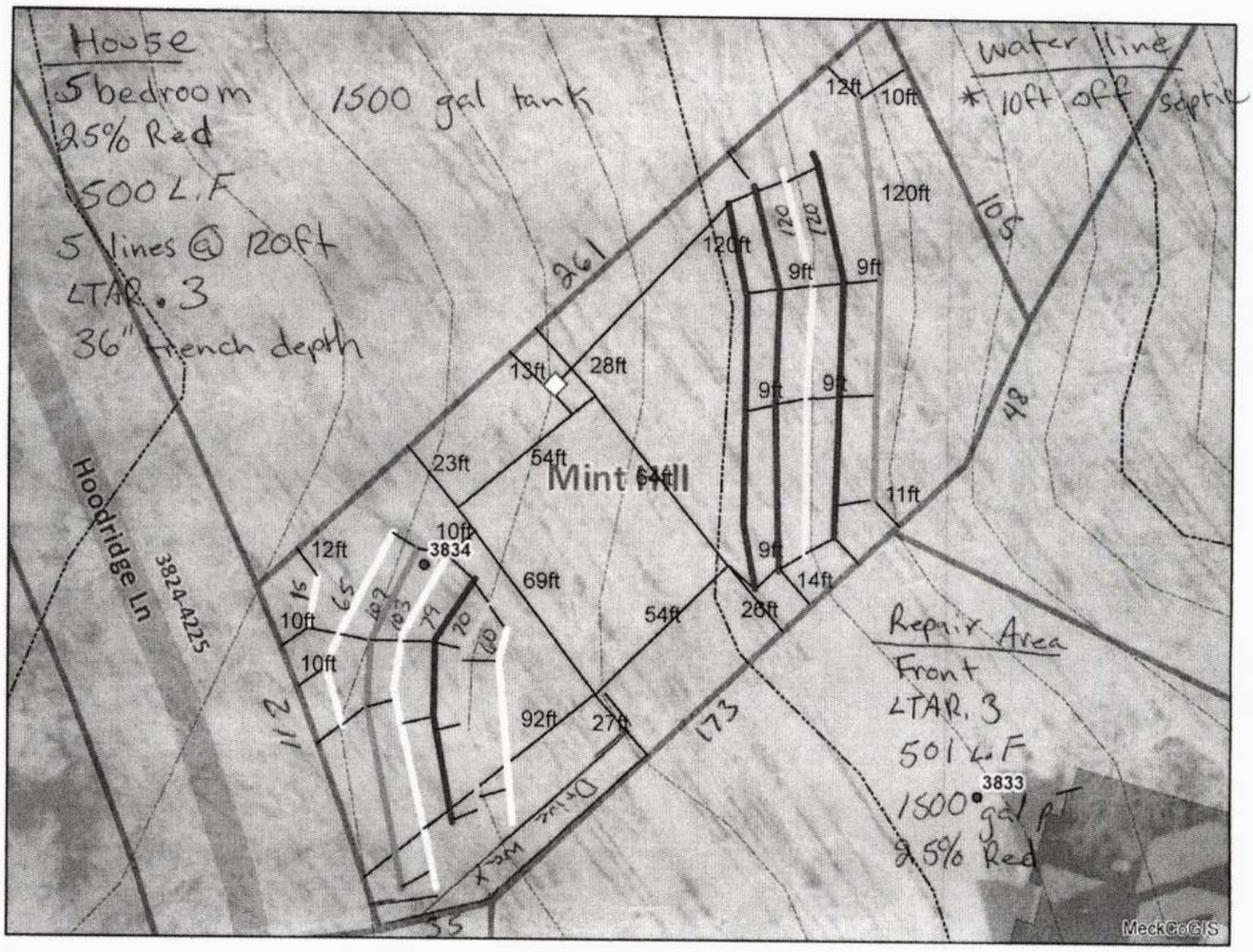
Signature: Bryan Davenport

Date Issued: 9/8/2020

Owner/Legal Agent: Vitaliy Kovalinskiy
Print Name

Signature: Vitaliy Kovalinskiy

# Permitted Well Location Area(s) Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 1479
PID #:195-222-13
File #:10706B

Well shall be sited according to Mecklenburg County Groundwater Well Regulations including but not limited to:

- 10' from property boundaries (unless otherwise noted)
- 25' from building perimeters, including any attached sturctures
- 50' from other potential source of contamination
- 50' from private lateral sewer lines
- 50' from surface water bodies
- 100' from sanitary sewer lines, septic tanks, drainfields and repair and shall not be located in any easement or right-of-way (unless otherwise noted).

Authorized Agent: Bryan Davenport Date: 9/8/20

Owner/ Legal Agent: Vitaliy Kovalinskiy Date: 07/28/2021

1 inch = 50 feet

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 #: **30011479** GWS File #: **10706B** Tax Parcel #: **195-222-13**

- 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):** 9/8/2025

Type of Installation: Residential - New System Lot Number: 4

Structure Type: HOUSE Size ($ft^2$): 4000 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Concrete Slab Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | 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 ($ft^2$): | 1500 | Total Trench Length (ft): | 500 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | 12 | Distribution Device: | Distribution Box | | |

**III. Repair System Type:** Pump to Accepted **System Classification:** IIIg

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | LTAR ($gpd/ft^2$): | .3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1500 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1500 | Total Trench Length (ft): | 500 |
| Maximum Trench Depth (in): | 36 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

The undersigned, an authorized agent of the 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: 9/8/2020

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 #: **30011479** GWS File #: **10706B**

**IV. Permit Conditions/Comments:**

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires periodic inspections 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 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.
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- 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

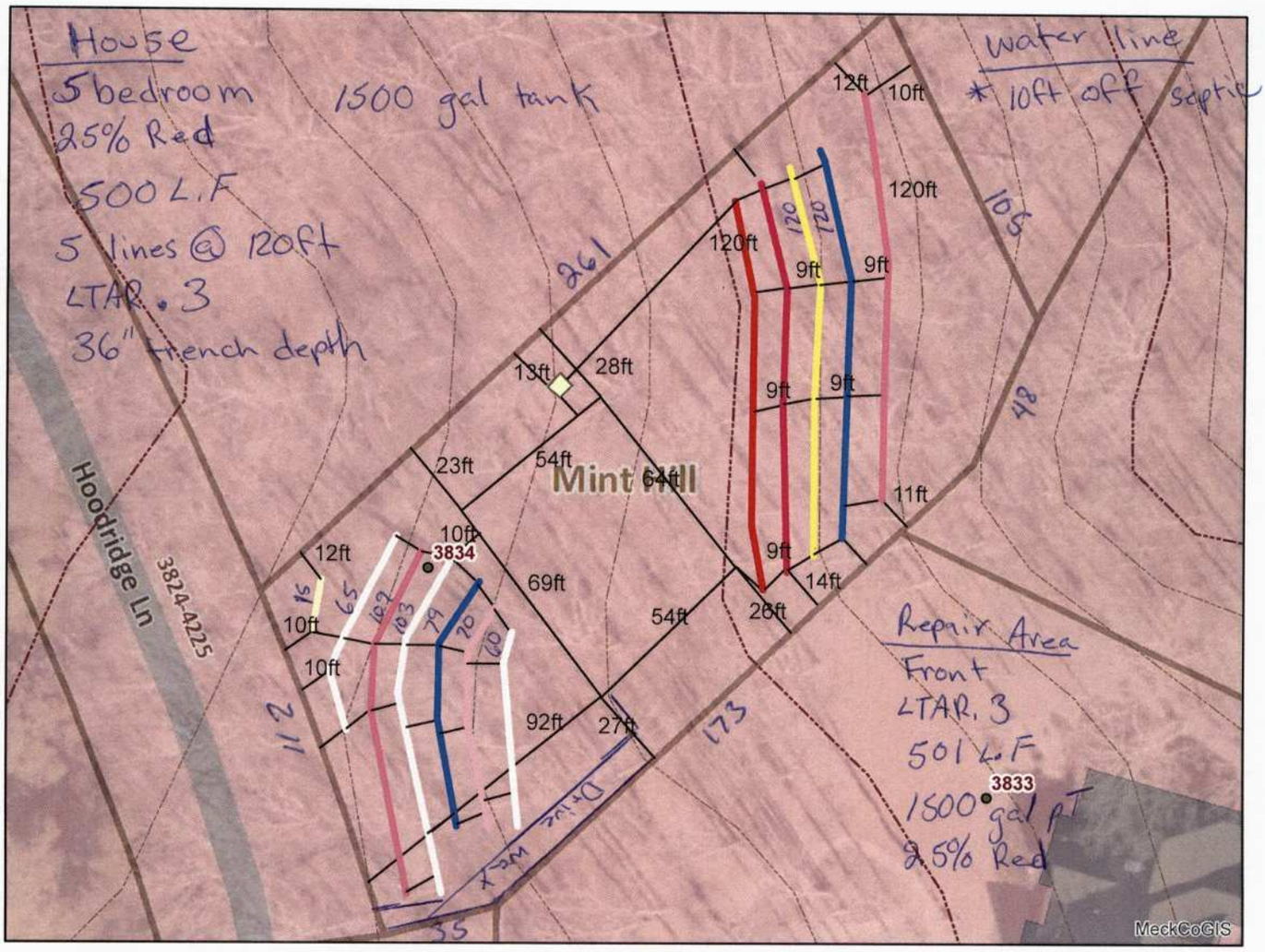
Signature: Bryan Davenport

Date Issued: 9/8/2020

Owner/Legal Agent: _____
Print Name

Signature: _____

# Permitted Well Location Area(s) Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 1479
PID #:195-222-13
File #:10706B

Well shall be sited according to Mecklenburg County Groundwater Well Regulations including but not limited to:

- 10' from property boundaries (unless otherwise noted)
- 25' from building perimeters, including any attached sturctures
- 50' from other potential source of contamination
- 50' from private lateral sewer lines
- 50' from surface water bodies
- 100' from sanitary sewer lines, septic tanks, drainfields and repair and shall not be located in any easement or right-of-way (unless otherwise noted).

Authorized Agent: Bryan Davenport Date: 9/8/20

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 feet

**COMMENTS:**

Sheet: 2 of 2
File #: 10706B
AppID:

**Landscape Position**
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain
D-Drainage Way

| Group | Texture | .1955 LTAR |
|---|---|---|
| I | S-Sand<br>LS-Loamy Sand | 1.2 - 0.8 |
| II | SL-Sandy Loam<br>L-Loam | 0.8 - 0.6 |
| III | Si-Silt<br>SiCL-Silty Clay Loam<br>CL-Clay Loam<br>SCL-Sandy Clay Loam<br>SiL-Silt Loam | 0.6 - 0.3 |
| IV | SC-Sandy Clay<br>SiC-Silty Clay<br>C-Clay | 0.4 - 0.1 |

**Structure**
sg-Single Grain
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangular Blocky
abk-Angular Blocky
pl-Platy
pr-Prismatic
Sap-Saprolite

**Structure Prefixes**
w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

**Consistence**
**Moist**
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

**Consistence**
**Wet**
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

**Mineralogy**
SEXP-Slightly Expansive
EXP-Expansive

**Classification**
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

**Sketch of Soil Evaluation Locations**



FEE: 200.00

DATE: 7/28/2021

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

**MECKLENBURG COUNTY**

**GROUNDWATER & WASTEWATER SERVICES**

**FILE NUMBER:** 10706B

**PERMIT NUMBER:** 30011479

**PARCEL NUMBER:** 19522213

**JOB LOCATION INFORMATION**

**ADDRESS:** 3834 HOODRIDGE LN

**CITY:** CHARLOTTE **STATE: NC** **ZIP:** 28227

**ISSUED TO:** VITALIY KOVALINSKIY

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 7/28/2021

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30011479, 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** Byron Dargot

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 # 10706B App# 1479 Tax Parcel# 195-222-13

Property Owner: _____

Job Location Address: 3834 Hoodridge Ln

City: Charlotte 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.**

Bryan Davenport
**Authorized Agent**

5/3/22
**Date**

Stevens Septic
**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 #: 10706 B Permit #: 1479 Tax Parcel #: 195-222-13

Property Owner: _____

Job Location Address: 3834 Hoodridge Ln

City: Charlotte State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 5/3/22 Contractor Name: Stevens Septic

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture Shoaf Effluent Pump Model: N/A

Shoaf STB-964-1500 12-21-21

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 5 @ 100 feet 25% Red

Depth of Media: 12 inches (Type) Chamber

Depth of Cover: 24 inches

Distribution Device: Chamber to chamber

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: 49 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

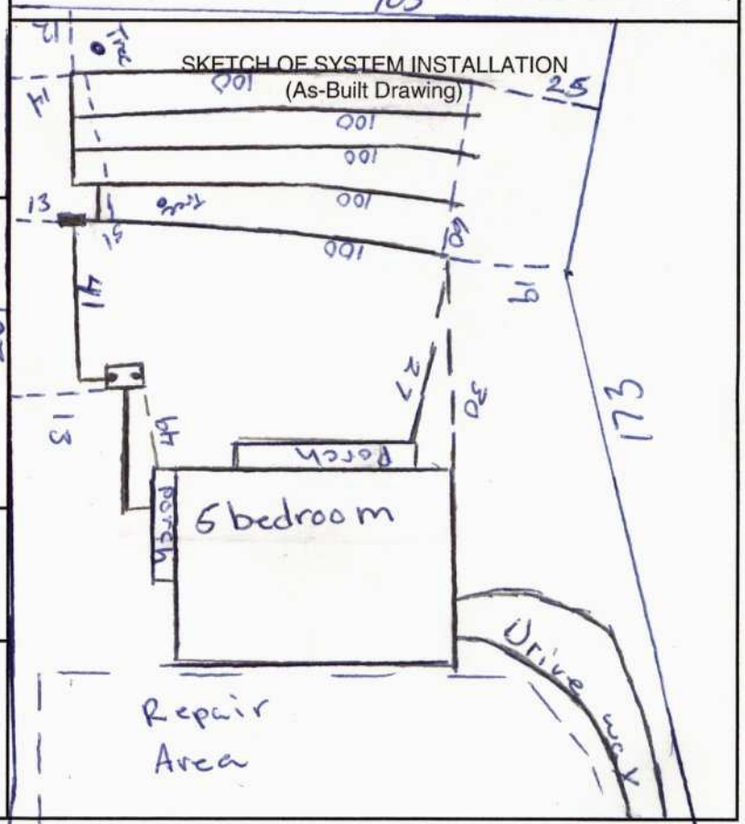
Inspection Dates

Tank(s) Inspected: 4/22/22

Excavation Inspected: 4/22/22

Pump & Controls Inspected: 10S NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)




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: IIIg/G/CHM 36/NA/NA

5 bedroom House

DENR Authorized Agent: Bryan Daysart Signature: Bryan Daysart

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 #: 10706B Permit #: 1479 Tax Parcel #: 195-222-13

Property Owner: _____

Job Location Address: 3834 Hoodridge Ln

City: Charlotte 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: IIIg

*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: 5 bedroom House

DENR Authorized Agent: Bryan Davenport Date: 5/3/22

Signature: Bryan Davenport