SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) DAS 2/26/19 Initial/Date

CA ($200.00) AR 09.10.21 Initial/Date

OP ($200.00) AR 09.10.21 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

Please generate CA/ Approve As Noted

Floor plans need to be submitted and reviewed before CA can be issued ☒ Review ☒ SAM 3/18/19

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

Septic file complete ☒ 5/31/23 Well complete ☐ _____

Send permit for signature ☒ SAM Signature received ☒ _____

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

Certified operator contract is on file ☐ _____

Septic file Complete, but do not release hold until Well is sampled and approved.

Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	10201B
WASPS App #:	10155
Primary ES assigned to project:	Kim Garrett
Secondary ES assigned to project:	
Project Type:	New System
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	No
Comments:	
IA issued date:	
OP Issued date:	
Review performed by:	Jeremy Michelone
Date performed:	3/18/2019

Created at 3/18/2019 11:30 AM by Michelone, Jeremy
Last modified at 3/18/2019 11:30 AM by Michelone, Jeremy

Close

MECKLENBURG COUNTY
HEALTH DEPARTMENT

10201B
#10155

5 FEB '19 PM12:11

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:** 1

TAX PARCEL NUMBER: 01935106

STREET ADDRESS: 11310 Trails End lane

CITY: Huntersville

STATE: NC **ZIP:** 28078

SUBDIVISION NAME:

LOT #: **LOT SIZE (acres):** 2.51

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: 3,000

NUMBER OF BEDROOMS: 3

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: 1 2 3 4 5

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: Tania Isabel Vazquez Soto
ADDRESS: 8022 Bristle Lane
CITY: Charlotte
STATE: NC ZIP: 28214
WORK PHONE: (980) 219-3624
MOBILE PHONE: (980) 219-3624
FAX:
E-MAIL: Tivazquez1@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
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@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.

TIVS (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.

TIVS (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.

Tania I. Vazquez Soto — Property Owner's or Owner's Legal Representative Signature

2/5/20 — 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: Wellreg@MecklenburgCountyNC.gov

File #: _____

PROPOSED PLOT PLAN

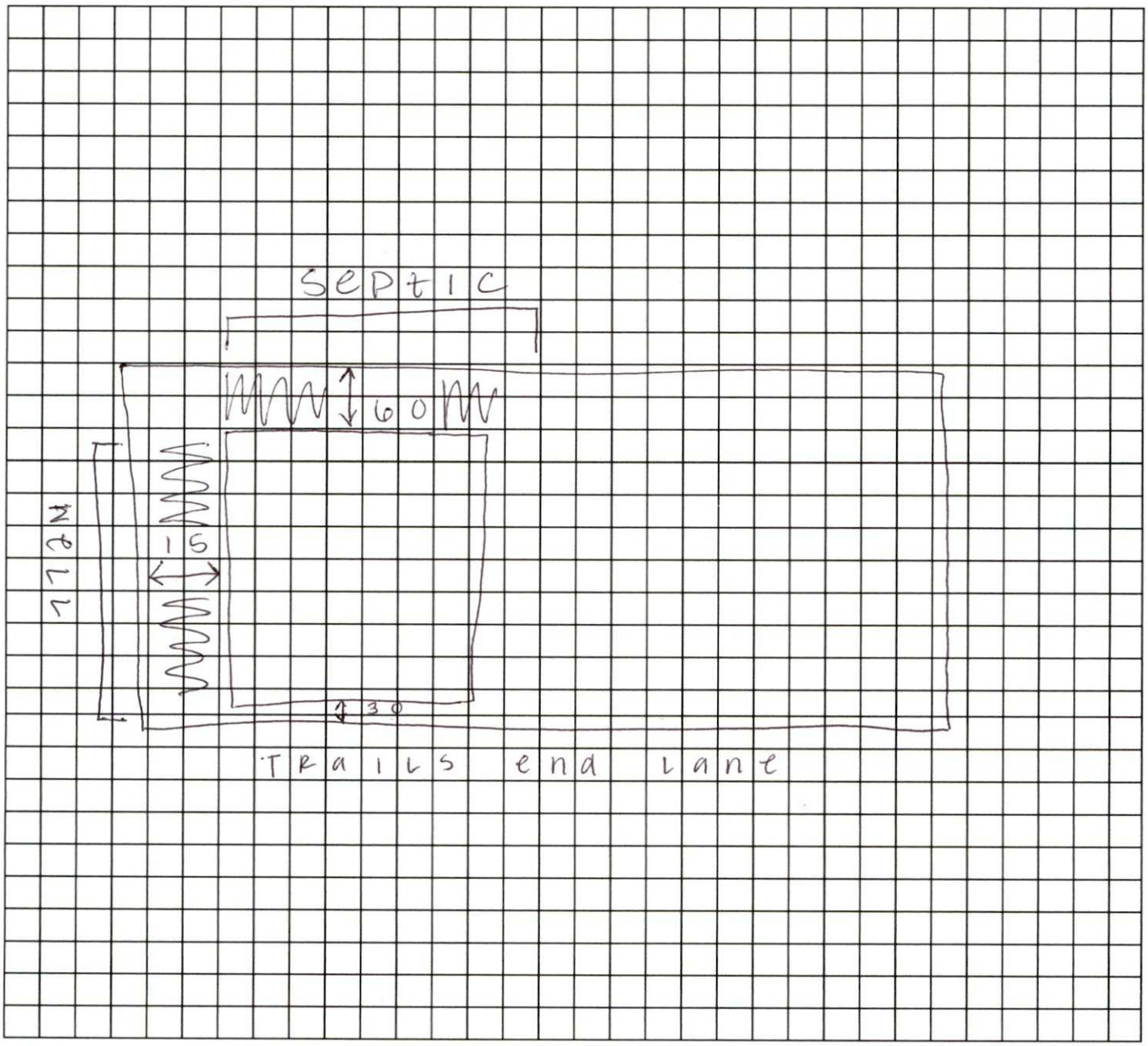
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 11310 Trails End lane

Tax Parcel #: 01935706

Subdivision Name: _____

Lot #: _____



Tania I. Vazquez Soto

Property Owner's or Owner's Legal Representative Signature

2/5/20

Date

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

Revised on: 4/20/17

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 11310 — STREET NAME Trails End Lane — (AV,RD,ST, etc)

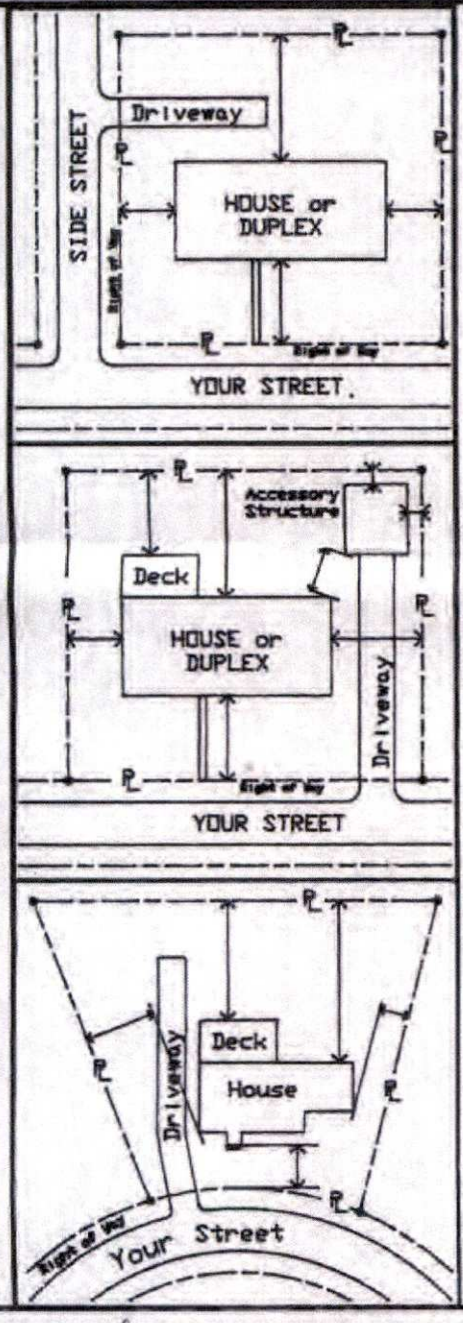
SUITE/UNIT(S):

PERMIT #

TAX JURISDICTION: *(Check One)*
☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☒ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL #	JOB #

EXAMPLES - PLOT PLAN

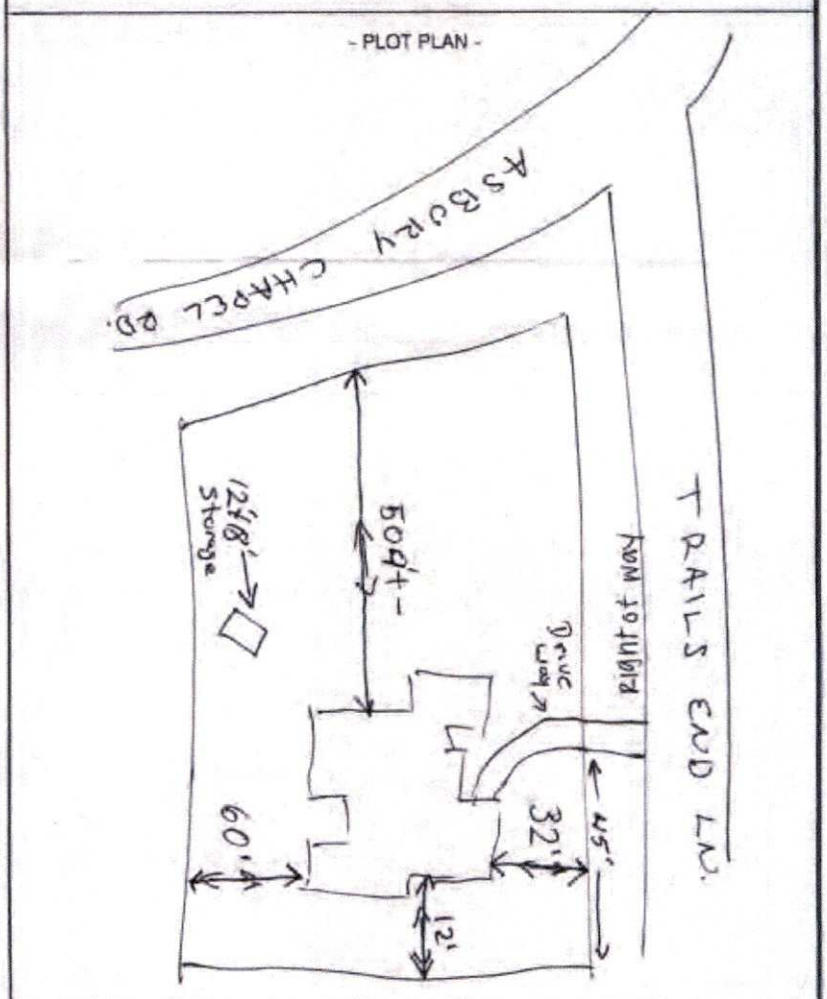


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc..
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



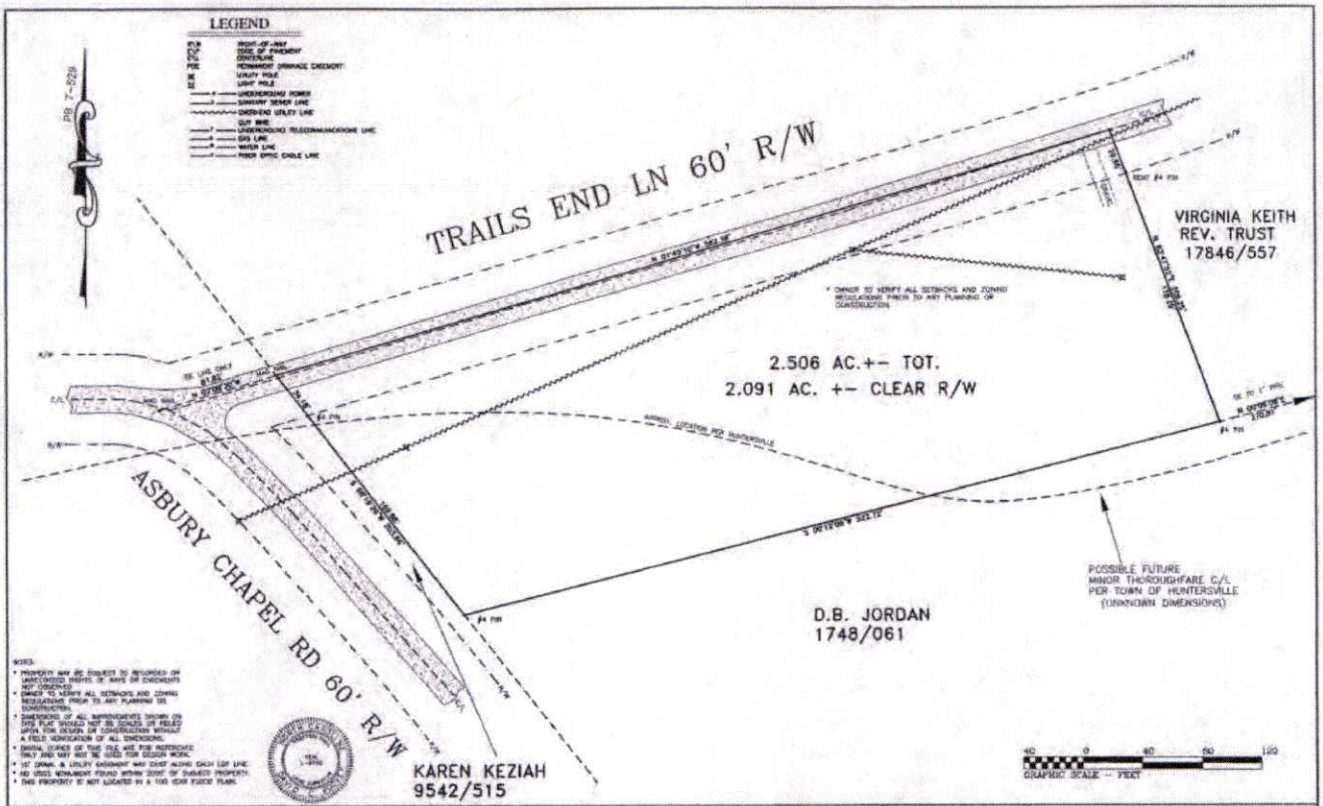
ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Anna Isabel Vazquez 3/5/2019 Tania Isabel Vazquez SOTO

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831



VICINITY MAP

SITE

I, DAVID C. POOVEY, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 6088, PG 007) (DB ?, PG 529); THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 27TH DAY OF JANUARY, AD 2015.

PROFESSIONAL LAND SURVEYOR — LICENSE NO. L-3762

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899

3704 NC HIGHWAY #16 BUSINESS NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170

DATE 1-27-15	DB: 6088	PG: 007
SCALE: 1" = 40'	DB:	PG:
	PB: 7	PG: 529

HUNTERSVILLE TOWNSHIP
MECKLENBURG COUNTY, NC

SURV BY: JF	DRAWN: CP	JOB# TRAILS

PHYSICAL SURVEY
FOR
TANIA VAZQUEZ SOTO

PARCEL ID #01935106

@ 11310 TRAILS END LN, HUNTERSVILLE, NC

WARRANTY AND LIABILITY

THERE ARE NO WARRANTIES MADE BY U.S. HOME DESIGNS, INC. EITHER EXPRESS OR IMPLIED. U.S. HOME DESIGNS, INC. SPECIFICALLY DISCLAIMS ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Limitation of Liability: U.S. Home Designs, Inc. limits any and all liability to self-inserted cost(s) to correct working drawings in the event an error or discrepancy occurs. New revised working drawings will be supplied at no additional costs to the client. No monies shall be paid to the client for field modifications, corrections, etc. resulting from any alleged error. U.S. Home Designs, Inc., upon notification will provide alternate solutions to problems/conditions that may arise from an alleged error at no additional expense to the client.

Indemnity: The client agrees to defend, indemnify and hold harmless from any claims, liability, or defense cost in excess of the limit as stated above for injury or loss associated from any/ part/from exposures allegedly caused by U.S. Home Designs, Inc.'s performance of services.

The plans and other information provided by U.S. Home Designs, Inc. hereunder are intended solely for the use of the customer to whom this proposal is addressed and may not be relied upon by any other person or entity. Use by anyone other than the customer who paid for the plan is at the user's peril.

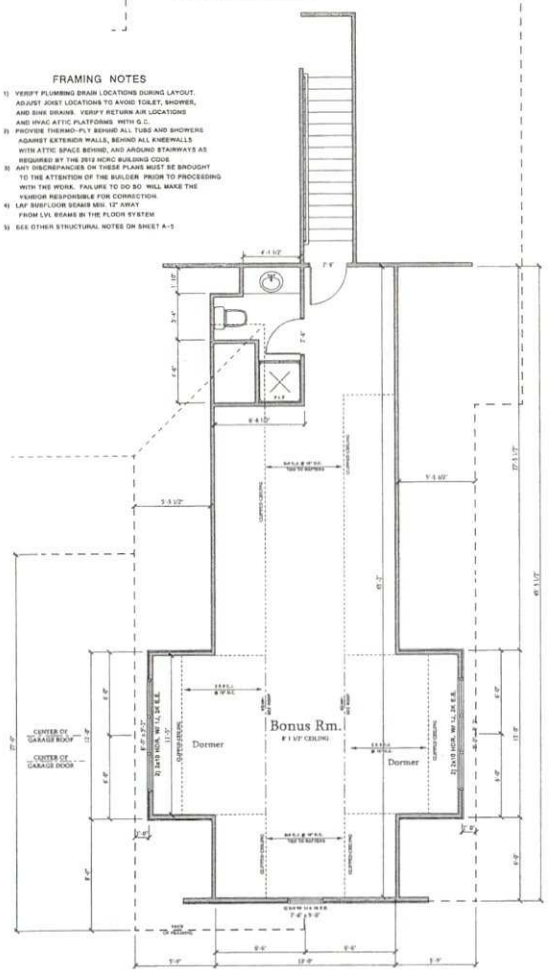
GENERAL CONTRACTOR AND ALL SUBCONTRACTORS TO VERIFY DIMENSIONS AND CONDITIONS PRIOR TO CONSTRUCTION

WALL BRACING NOTES

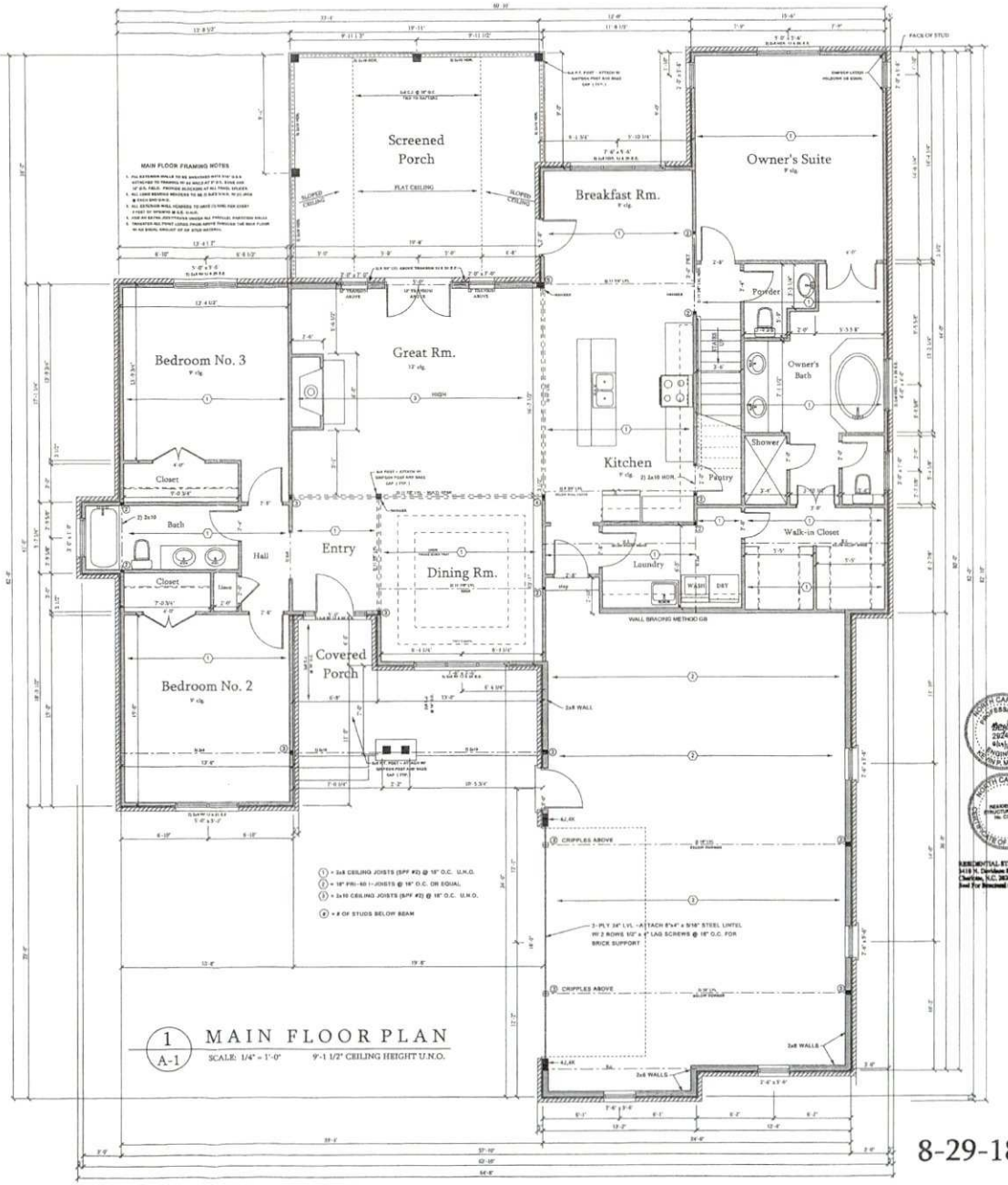
1. THIS STRUCTURE HAS BEEN ANALYZED BY A PROFESSIONAL ENGINEER FOR LATERAL LOADING. IT HAS BEEN DESIGNED USING CONTINUOUSLY SHEATHED 7/16" OSB SHEATING, FASTENED AT 6" O.C. ALONG THE EDGES AND 12" O.C. ALONG THE INTERIOR TO MEET OR EXCEED THE INTENT OF THE 2012 NC RESIDENTIAL BUILDING CODE. ALL INTERIOR WALLS WHERE NOTED SHOULD BE METHOD GB PER THE 2012 NCRC. WHERE WALL LINES REQUIRE FURTHER REINFORCEMENT, ADDITIONAL BRACING METHODS, ENGINEERED WALL SECTIONS AND HOLD DOWNS HAVE BEEN INCLUDED TO RESIST THE LATERAL LOADS.

FRAMING NOTES

1) VERIFY PLUMBING DRAIN LOCATIONS DURING LAYOUT. ADJUST JOIST LOCATIONS TO AVOID TOILET, SHOWER, AND SINK DRAINS. VERIFY RETURN AIR LOCATIONS AND HVAC ATTIC PLATFORMS WITH G.C.
2) PROVIDE THERMO-PLY BEHIND ALL TUBS AND SHOWERS AGAINST EXTERIOR WALLS, BEHIND ALL KNEEWALLS WITH ATTIC SPACE BEHIND, AND AROUND STAIRWAYS AS REQUIRED BY THE 2012 NCRC BUILDING CODE.
3) ANY DISCREPANCIES ON THESE PLANS MUST BE BROUGHT TO THE ATTENTION OF THE BUILDER PRIOR TO PROCEEDING WITH THE WORK. FAILURE TO DO SO WILL MAKE THE VENDOR RESPONSIBLE FOR CORRECTION.
4) LAP 80SF/FLOOR SEAMS MIN. 12" APART FROM LVL BEAMS IN THE FLOOR SYSTEM
5) SEE OTHER STRUCTURAL NOTES ON SHEET A-1



2 A-1 BONUS RM. PLAN
SCALE: 1/4" = 1'-0" 8'-1 1/2" CEILING HEIGHT U.N.O.



1 A-1 MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0" 9'-1 1/2" CEILING HEIGHT U.N.O.

U.S. HOME DESIGNS, INC.
P.O. Box 3933, Mooresville, NC 28117 Phone: 704-309-0762
Designer: Stephen W. Tuttle
www.ushomedesigns.com

Mr. Desiderio RAMIREZ

FLOOR PLANS

8-29-18

SHEET No. 1

6-19-18 4.5 hrs. drafting 6-21-18 6.75 hrs. drafting 6-22-18 2 hrs. drafting 8-29-18 3 hrs. drafting

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/05/19	**Amount:**	250.00
Receipt #:	114872	**Tendered:**	250.00
Check / Auth #:	VISA 008611	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: VAZQUEZ, TANIA
Attn:
Address: 8022 BRISTLE LN
Address:
City/State/Zip: CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 11310 TRAILE SEND LN		1	250.00	250.00

----------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: 019-351-06
Lot #: NA
File #: 10201B
AppID: 10155

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Tania Isabell Vazquez Soto
Applicant: owner
Address: 8022 Bristle Ln, Charlotte, NC 28214
Date Evaluated: 2/7/2019
Proposed Facility: 3 Bedroom Home
Design Flow (.1949): 360 GPD
Property Size: 2.51 ac
Location of Site: 11310 Trails End Ln, Huntersville, NC 28078
Property Recorded: Unknown
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [X] Municipal
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	HS 2%	0 - 10	sbk CL	SS SP FR SEXP	>48"	48	NA	NA	saprolite inclusions 36 - 48"	PS IV 0.3	36"
		10 - 36	sbk C	S P FI SEXP							
		36 - 48	sbk CL	SS SP FR SEXP							
Boring #2	HS 2%	0 - 6	sbk CL	SS SP FR SEXP	>48"	48	NA	NA	saprolite inclusions 34 - 48"	PS IV 0.3	36"
		6 - 34	sbk C	S P FI SEXP							
		34 - 38	sbk CL	SS SP FR SEXP							
Boring #3	HS 2%	0 - 8	sbk SCL	SS SP FR SEXP	>48"	48	NA	NA	saprolite inclusions 39 - 48"	PS IV 0.3	36"
		8 - 39	sbk C	S P FI SEXP							
		39 - 48	sbk CL	SS SP FR SEXP							
Boring #4	HS 2%	0 - 7	sbk SCL	SS SP FR SEXP	>48"	48	NA	NA	saprolite inclusions 26 - 48"	PS IV 0.3	36"
		7 - 26	sbk C	S P FI SEXP							
		26 - 48	sbk CL	SS SP FR SEXP							
Boring #5	HS 2%	0 - 7	sbk SCL	SS SP FR SEXP	>48"	48	NA	NA	saprolite inclusions 27 - 48"	PS IV 0.3	36"
		7 - 27	sbk C	S P FI SEXP							
		27 - 48	sbk CL	SS SP FR SEXP							
Boring #6	HS 2%	0 - 10	sbk SCL	SS SP FR SEXP	>48"	48	NA	NA	saprolite inclusions 27 - 48"	PS IV 0.3	36"
		10 - 35	sbk C	S P FI SEXP							
		35 - 48	sbk CL	SS SP FR SEXP							

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

Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS, REHS JPP
Others Present:
Site Classification (.1948): B
Site Evaluation By: Kenneth Reid, REHS
Others Present:

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Sketch of Soil Evaluation Locations



COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Sketch of Soil Evaluation Locations



Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
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 #: **30010155** GWS File #: **10201B** Tax Parcel #: **019-351-06**

- 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):** 3/15/2024

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

Structure Type: HOUSE Size (ft^2): 3000 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Crawl Space Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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: Kim Garrett Owner/Legal Agent: _____
Print Name

Signature: Kim Garrett REHS Signature: _____

Date Issued: 3/15/2019

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700 N. Tryon St, Suite 211 Charlotte, NC 28202
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 #: **30010155** GWS File #: **10201B**

IV. Permit Conditions/Comments:

- 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 invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
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Authorized Agent: Kim Garrett

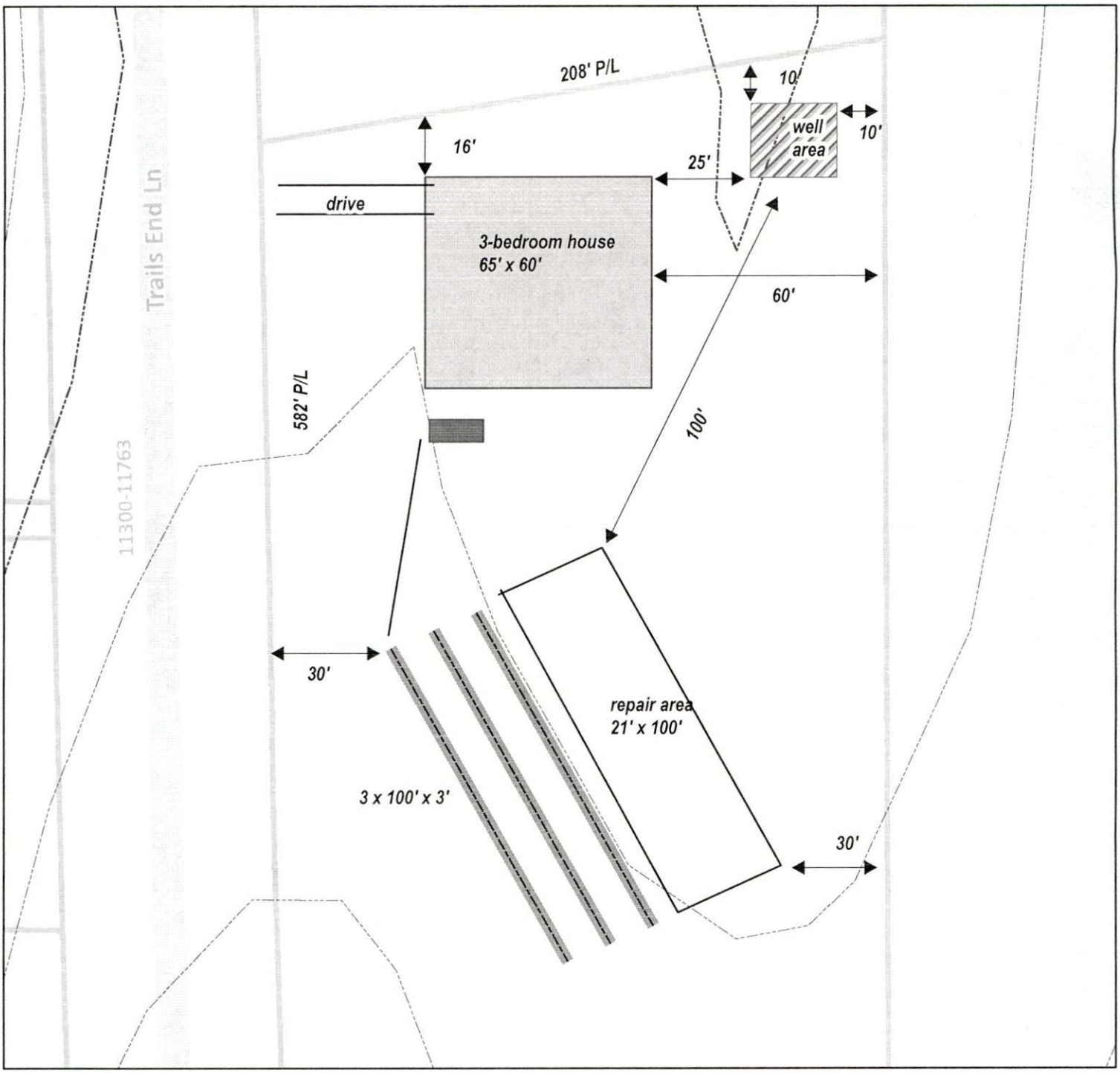
Signature: Kim Garrett, RE HS

Date Issued: 3/15/2019

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 300010155
PID #: 019-351-06
File #: 10201 B

Authorized Agent: Kim Garrett, REHS Date: 3/15/19

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 feet

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
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

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Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
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(Please See the Following Page for Permit Conditions.)

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

Authorized Agent: Kim Garrett Owner/Legal Agent: Tania Isabel Vazquez Soto
Print Name

Signature: Kim Garrett Reits Signature

Date Issued: 3/15/2019

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
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

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Authorized Agent: Kim Garrett

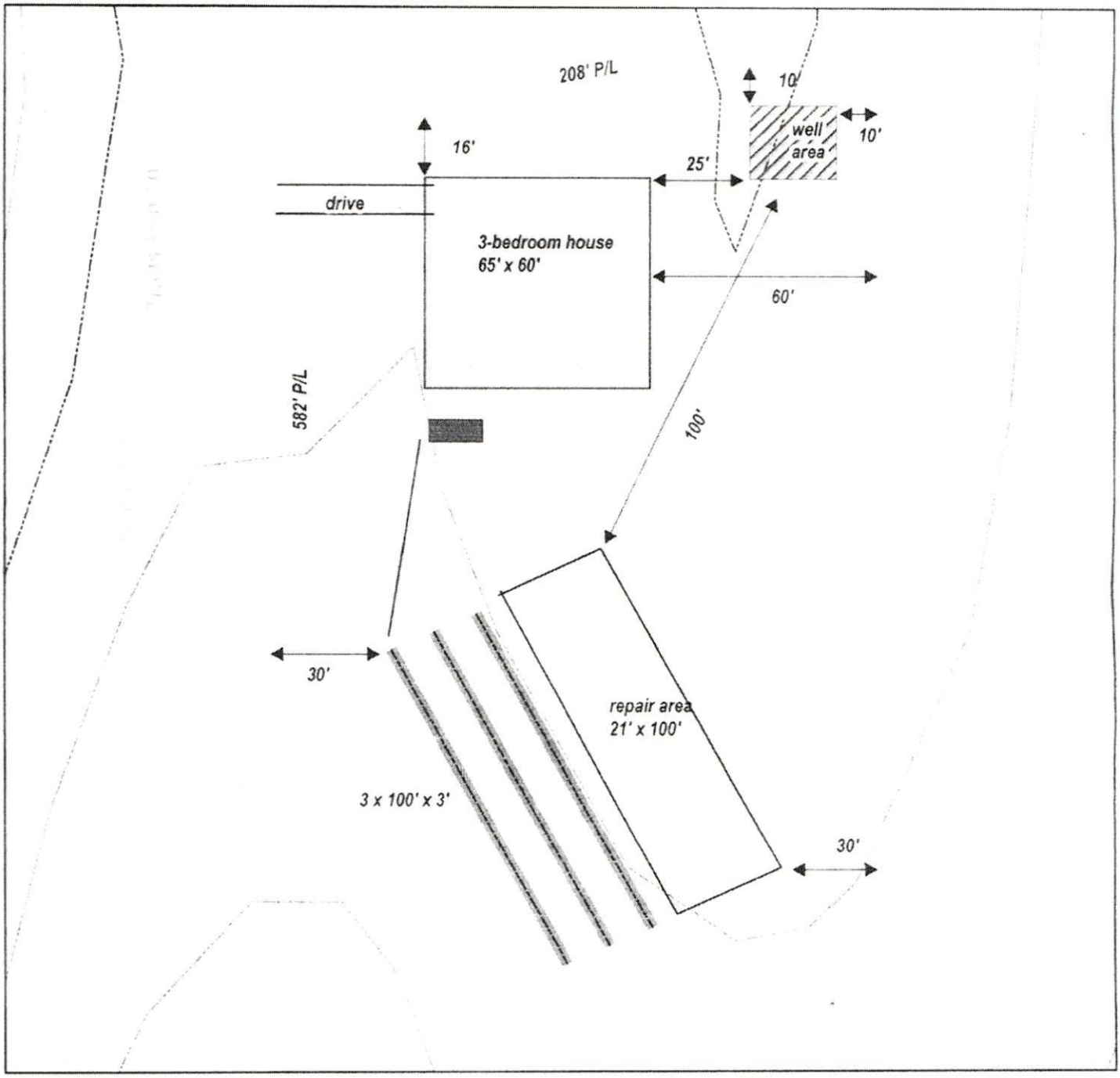
Signature: Kim Garrett, RE HS

Date Issued: 3/15/2019

Owner/Legal Agent: Tania Isabel Vazquez Soto
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 300010155
PID #: 019-351-06
File #: 10201 B

Authorized Agent: [illegible], REHS Date: 3/15/19

Owner/ Legal Agent: Tania Isabel Vazquez Soto Date: 5/3/2021

1 inch = 40 feet

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/10/21	**Amount:**	200.00
Receipt #:	128688	**Tendered:**	200.00
Check / Auth #:	MC 164783	**Returned:**	0.00
Received By:	CABANLA		

Account Information

Account #: 200000
Contractor: VAZQUEZ, TANIA
Attn:
Address: 11310 TRAILS END LN
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 11310 TRAILS END LN		1	200.00	200.00

----------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: 05/10/21
Receipt #: 128690
Check / Auth #: MC 164783
Received By: CABANLA

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: VAZQUEZ, TANIA
Attn:
Address: 11310 TRAILS END LN
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 11310 TRAILS END LN		1	200.00	200.00

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

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

FEE: 200.00
DATE: 5/12/2021

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 10201B

PERMIT NUMBER: 30010155

PARCEL NUMBER: 01935106

JOB LOCATION INFORMATION

ADDRESS: 11310 TRAILS END LN

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: TANIA ISABEL VAZQUEZ

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 3/18/2019

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30010155, 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 Kimberly Reis

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 # 10201 B App# 10155 Tax Parcel# 019·351·06

Property Owner: Tania Vazquez Soto

Job Location Address: 11310 Trails End Lane

City: Huntersville State: NC Zip Code: 28078

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.**

Kim Garrett, REHS
Authorized Agent

4/11/23
Date

Adan Garcia #3774
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 #: 10201 B Permit #: 30010155 Tax Parcel #: 019-351-06

Property Owner: Tania Vasquez Soto

Job Location Address: 11310 Trails End Lane

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 4/12/2023 Contractor Name: Adan Garcia # 3774

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: n/a gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Effluent Pump Model: n/a

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 3 @ 100 feet

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 18 inches

Distribution Device: end caps

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: 11 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >100 feet

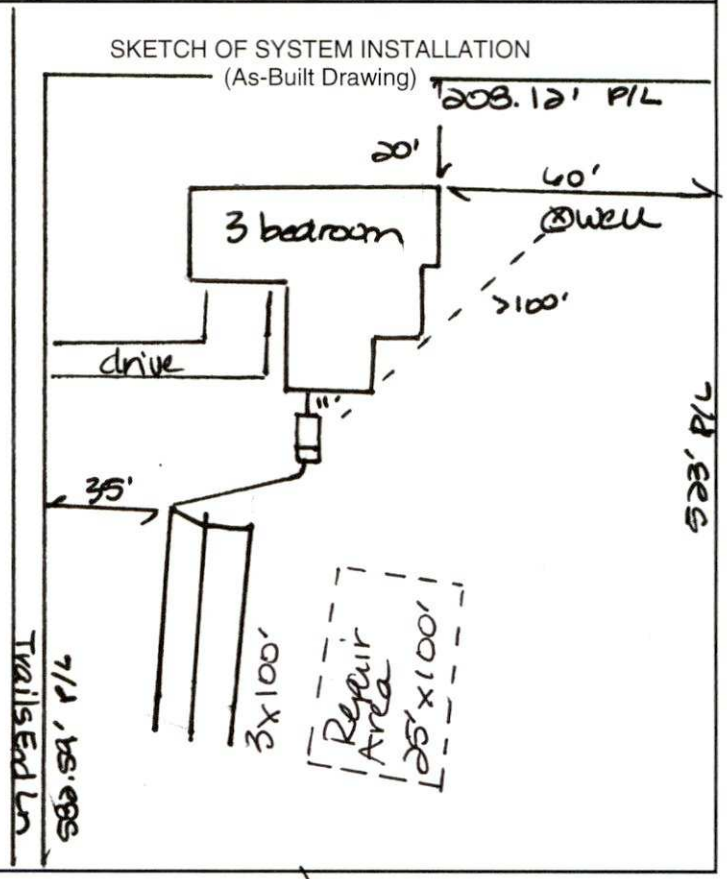
Inspection Dates

Tank(s) Inspected: 4/11/23

Excavation Inspected: 4/11/23

Pump & Controls Inspected: n/a

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, gravity, CHm36, n/a, n/a

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

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
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OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 10201 B Permit #: 30010155 Tax Parcel #: 019-351-06

Property Owner: Tania Vasquez Soto

Job Location Address: 11310 Trails End Lane

City: Huntersville State: NC Zip Code: 28078

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:

DENR Authorized Agent: Kim Garrett, REHS Date: 4/12/23

Signature: Kim Garrett, REHS