SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 116213

Assigned Inspector: Heather Ray

☑ IP $250.00: SEGK Initial/Date 3/6/23

☐ IP Commercial $450.00: _____ Initial/Date

☑ CA & OP $400.00: SEGK Initial/Date 3/6/23

☐ 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: 3/21/23 ☑ Signature received: 3/22/23

☒ 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: 6/24/24

☐ Release final hold in Winchester: _____

x - ~~need letter of approval at the end~~

Comments:

Ok to "Approve As Noted" after the permit is signed.

Edit Response | Delete Response | Manage Permissions | Workflows | Alert Me

GWS File #:	11621B
WASPS App #:	13692
Primary ES assigned to project:	Heather Ray
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?	N/A
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization:	Yes

130A-336(a) - Facility/appurtenance setbacks shown from fixed points?

Corrections/modifications needed?	No
Comments:	A2 session Law by Steven Cannon
IA issued date:	
OP Issued date:	
Review performed by:	Michelone
Date performed:	3/20/2023

Created at 3/20/2023 9:58 AM by Michelone, Jeremy
Last modified at 3/20/2023 9:58 AM by Michelone, Jeremy

Close

11621B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

13692

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: 02325262
STREET ADDRESS: 5511 Mt. Holly-Huntersville Rd.
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): _____
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: 1780
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

FOUNDATION TYPE:

⊗ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

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

6. **WATER SUPPLY:** ⊗ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

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

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

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

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?** Pending ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Alvaro Bedoya
ADDRESS: 5517 Mt. Holly-Huntersville Rd.
CITY: Charlotte
STATE: NC ZIP: 28216
WORK PHONE: _____
MOBILE PHONE: 571-239-0571
FAX: _____
E-MAIL: jessica.bvalle@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.

AB (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.

Property Owner's or Owner's Legal Representative Signature

3/6/23
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: Wellreg@MecklenburgCountyNC.gov

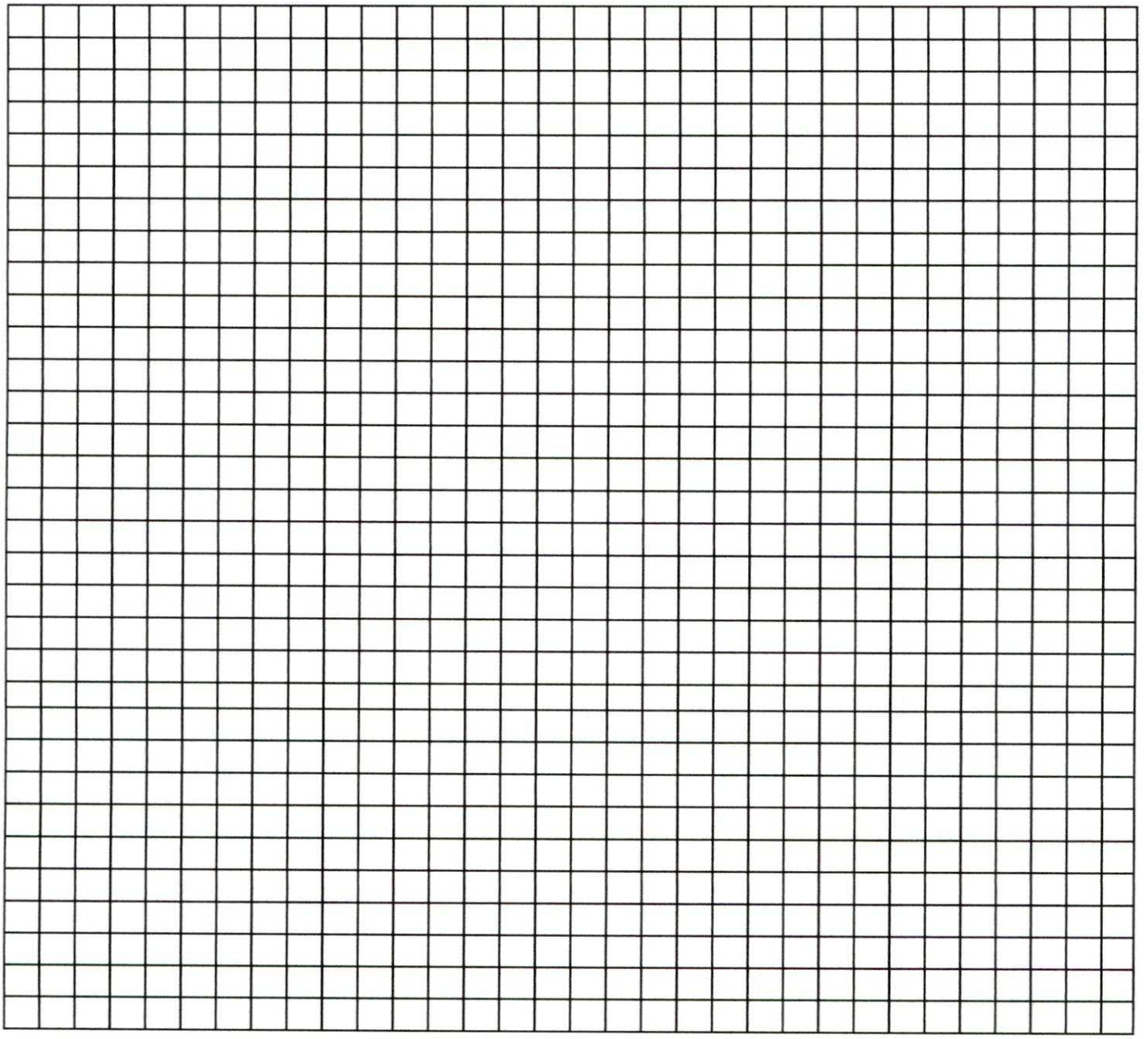
File #: _____

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: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

Property Owner's or Owner's Legal Representative Signature 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

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 Alvaro Bedoya is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 5511 Mt. Holly-Huntersville Rd.
   Number Street Town
   (Or Parcel Number)

Alvaro Bedoya
Property Owner (print name)

Alvaro Bedoya
Property Owner (signature)

3/6/23
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/06/23	**Amount:**	250.00
Receipt #:	141395	**Tendered:**	250.00
Check / Auth #:	CHECK 506	**Returned:**	0.00
Received By:	GALLOSE		

Account Information

Account #: 200000
Contractor: BEDOYA ALVARO
Attn: NEW SEPTIC SYSTEM
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 5511 MT HOLLY HUNTERSVILLE	11621B	1	250.00	250.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
305.00					

Sheet ___ of ___

PROPERTY ID #:

COUNTY: Mook

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Alvaro Bedoya — APPLICATION DATE:

ADDRESS: 5517 Mt. Holly Huntsville Rd Charlotte, NC — DATE EVALUATED: 9/30/21

PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE:

LOCATION OF SITE: 5517 Mt. Holly Huntsville Rd — PROPERTY RECORDED:

WATER SUPPLY: Private / Public Well Spring Other

EVALUATION METHOD: ✓ Auger Boring Pit Cut — TYPE OF WASTEWATER: ✓ Sewage Industrial Process Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRIC CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-10"	gravel SL	mix					PS .3
		10"-31"	C SCL	sp fi sap					
		31"-41"	C SCL	sp fi sap	3's or 4's	41"			
		41"	mo Hbd						
2	L 5%	0-6"	SL gr	NS NP					PS .3
		6"-43"	C SCL	sp fi sap	3's + 4's	43"			
		43"	mo Hbr						
3	L 5%	0-6"	Ch wSL	sp fi sap					PS .3
		6-34"	C SCL	sp fi sap	≥ 2	34"			
		34"	mo Hbr						
4	L 3%	0-14"	L m	NS NP					PS .3
		14-44"	C SCL	sp fi sap		48"			
		44"-48"	C wSCL	sp fi sap					

LICENSED SOIL SCIENTIST — STEVEN RANDAL CANNON — 1291 — STATE OF NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	✓
System Type(s)	V. PPBPS	H. PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS

SITE CLASSIFICATION (.1948):

EVALUATED BY: Steve Cannon

OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ____ of ____

PROPERTY ID #: ____

DATE OF EVALUATION: 9/30/21

COUNTY: Mecklenburg

Alvaro Bridoux

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .0956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	L 3%	0-4"	L m	NS sp		48"			PS .3
		4"-22"	C wSSL	sp Si sap					
		22"-48"	C SSL	sp Li sap					
			sap/mica mix						
6	L 3%	0-6"	L m	NS sp		48"			PS .3
		6"-12"	C SSL	sp L sap					
		12"-48"	C SSL	sp L sap					
			sap/mica mix						

LICENSED SOIL SCIENTIST
STEVEN RANDAL CANNON
1291
STATE OF NORTH CAROLINA

COMMENTS: ____

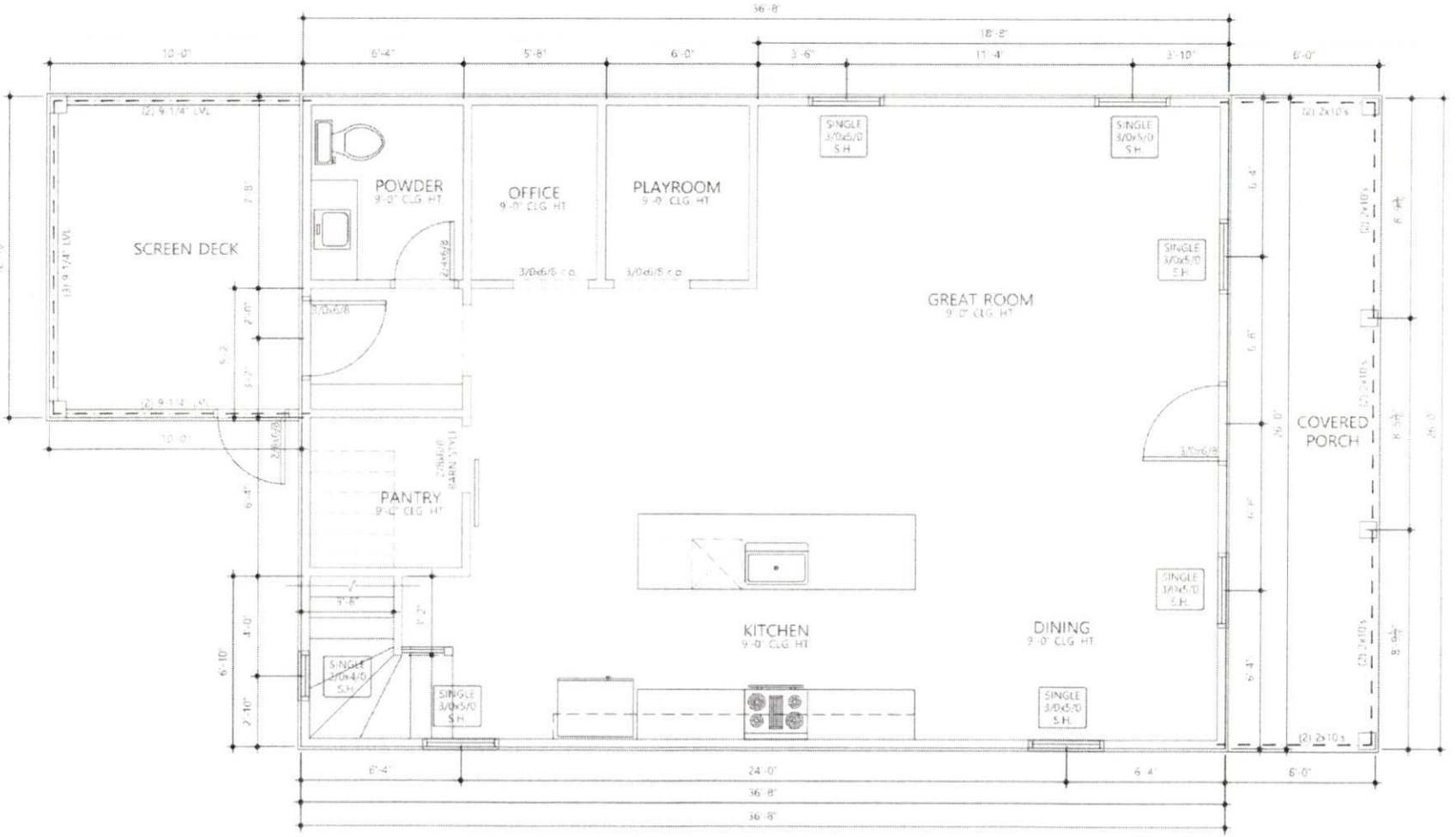
11:32 AM Fri Mar 3

65%

Valle 5511 Mt Holly-Huntersville Rd 8-31-22 Print.pdf

Done

DETAIL AT ENGINEERED FLOOR SYSTEM



101 / B1.0 MAIN LEVEL PLAN 1/4" = 1'-0"

MAIN LEVEL	
HEATED SQUARE FOOT	918 SQ. FT.
COVERED REAR PORCH	130 SQ. FT.
COVERED FRONT PORCH	158 SQ. FT.
GARAGE	n/a SQ. FT.
UPPER LEVEL	

Coddle Creek Soil Consulting, LLC
5500 Deer Run Court
Davidson, NC 28036
(704) 706 4645

February 20, 2023

Mecklenburg County Environmental Health
Attention: Jacob Presley
700 North Tyron Street, Suite 208
Charlotte, North Carolina 28202

Subject: Recommended Wastewater Disposal System
5511 Mount Holly-Huntersville Road
Charlotte, North Carolina 28216
Pin # 02325262
Alvaro Bedoya, Owner

Enclosed you will find a copy of the wastewater disposal system proposed for Alvaro Bedoya. The property is located at 5511 Mount Holley Huntersville Road described as Pin # 02325262. Attached are sealed soil notes as well as site plans and designs for the on-site wastewater disposal system. This design is submitted under Session Law 2022-11 (S372). Please review the enclosed document presented to you. Please contact me for concerns regarding the wastewater disposal system design.

"The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)." †

Owner: Alvaro Bedoya, Owner

Signature: X



"The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A- 335(a2)." †

Steve Cannon, LSS

Signature:

County: Mecklenburg

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: 02325262

Issued To: Alvaro Bedoya

Property Location: 5511 Mt. Holly Huntersville Road Charlotte, NC 28216

Subdivision: _____ Lot #: _____ Block: _____ Section: _____

LSS Report Provided: Yes ☒ No ☐

If yes, name and license number of LSS: Steven R. Cannon #1291

New ☒ Repair ☐ Expansion ☐ System Relocation ☐

Proposed Structure: House

Proposed Wastewater System Type: Vertical PPBPS (Initial) Horizontal PPBPS (Repair)

Fill System: ☐ Yes ☒ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area please provide a fill plan)

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): .3 Proposed LTAR (Repair): .3

Design Wastewater Strength: ☒ domestic ☐ high strength ☐ industrial process

Number of bedrooms: 3 Number of Occupants: _____ Other: _____

Pump Required: ☐ Yes ☒ No ☐ May be required based upon final location and elevations of facilities

Artificial Drainage Required: ☐ Yes ☒ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☐ Public well ☒ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .1945: Yes ☒ No ☐

Drainfield location meets requirements of Rule .1950: Yes ☒ No ☐

Permit valid for: ☒ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

Licensed Soil Scientist Print Name: Steven R. Cannon

Licensed Soil Scientist Signature: Steven R Cannon Date: 2/20/23

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

Applicant: Alvaro Bedoya
Physical Address: 5511 Mount Holly-Huntersville Road
Charlotte, North Carolina 28216
Tax Parcel: 02325262
Acres: .456
Mecklenburg County, North Carolina

Initial

Line	Flag Color	Line Elevation	Flagged Length	Number of Panels
1	Red	4.77'	50'	12
2	Blue	5.16'	50'	12
3	Green	5.79'	50'	11
4	Red	6.62'	50'	11
			Total: 200'	Total 46

Repair

Line	Flag Color	Line Elevation	Flagged Length	Number of Panels
1	Pink	5.47'	50'	11
2	Blue	5.83'	50'	11
3	Green	5.91'	50'	12
4	White	7.37'	50'	12
			Total: 200'	Total 46

Design Specifications for Proposed Wastewater Systems

Applicant: Alvaro Bedoya
Physical Address: 5511 Mount Holly-Huntersville Road
Charlotte, North Carolina 28216
Tax Parcel: 02325262
Acres: .456
Mecklenburg County, North Carolina

Source of Water Flow	3 Bedroom House
Source of Water	City
Wastewater Treatment Systems	Horizontal/Vertical PPBPS
Septic Tank	1,000 gallons
Estimated Daily Flow	360 gallons/day
Vertical PPBPS: Initial	8 feet on center
Loading Rate	.3 g/d/sq.ft.
Drainfield Size	200' Vertical PPBPS
Number of Panels	46 panels
Distribution Device	D-Box
Slope	4 percent
Slope Correction	2 inches
Trench Bottom Depth	30 inches on upslope
Horizontal PPBPS: Repair	9 feet on center
Septic Tank	Existing
Loading Rate	.3 g/d/sq.ft
Drainfield Size	200' Horizontal PPBPS
Distribution	D-Box
Slope	6 percent
Slope Correction	3 inches
Trench Bottom Depth	21 inches on upslope
Soil Cap	12 inches (county approval)

9:35 AM Fri Mar 3
82%
Alvaro Bedoya 2
Done

DB 29573 PG 109
PARCEL ID # 023-252-20

AP
(e)

Scale: 1" - 40'

Initial System: Vertical PPBPS		
Red	50'	12 Panels
Blue	50'	12 Panels
Green	50'	11 Panels
Red	50'	11 Panels
Total	200'	46 Panels

Install vertical panels level at 30" trench bottom on upslope

Install system in dry conditions only

Must have gravity fall to tank. Trenches no deeper than 30"

Allowing plumbing from house to tank deeper than needed may result in using a pump tank

N 35°51'34" E 107.99'

10'

Red
Blue
Green
Red

D-Box

ST

12'

10'

House

53'

26'

10'

10'

28'

EXISTING HOUSE SCALED FROM ECKLENBURG CO GIS FOR REFERENCE ONLY)

Pink
Blue
Green
Yellow

PROPOSED DRIVE

170'

S 66°12'44" E 317.52' (TOTAL)

N 20°01'27" W 262.83' (TOTAL)

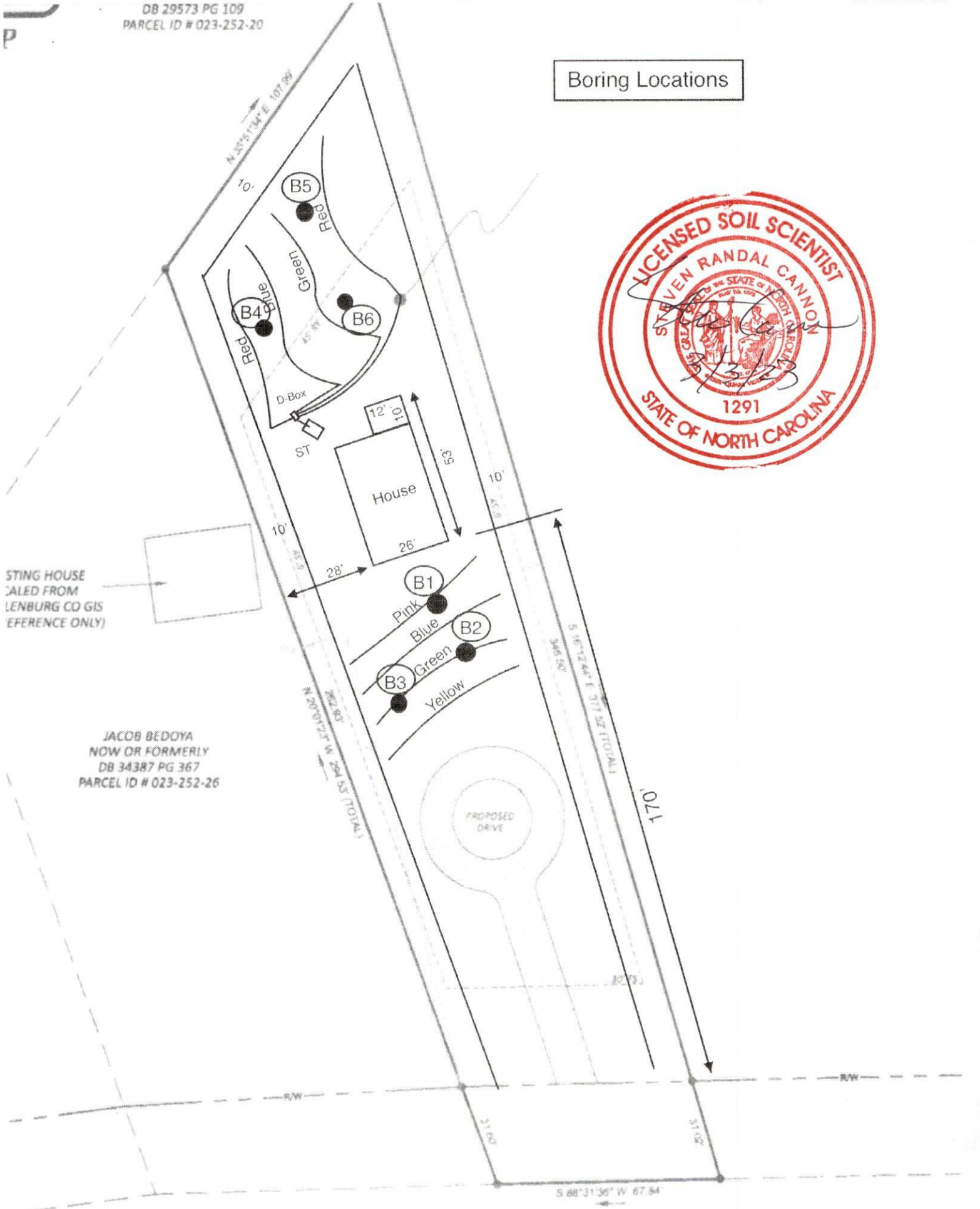
R/W

R/W

S 88°31'36" W 67.84'

LICENSED SOIL SCIENTIST
STEPHEN RANDAL CANNON
1291
STATE OF NORTH CAROLINA

9:36 AM Fri Mar 3
81%
Alvaro Bedoya Boring Locations
Done



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 #: **30013692** GWS File #: **11621B** Tax Parcel #: **023-252-62**

- 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):** 3/14/2028

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

Structure Type: HOUSE Size (ft^2): 1780 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Concrete Slab Water Supply: Municipal

II. Initial System Type: PPBPS (gravity) **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	8	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	30	Depth of Media (in):	22	Distribution Device:	Distribution Box		

III. Repair System Type: PPBPS (gravity) **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	21	Depth of Media (in):	14	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: Heather Ray Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 3/14/2023

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 #: **30013692** GWS File #: **11621B**

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- This permit is issued pursuant to GS 130a-335(a2)/SL2022-11

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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Authorized Agent: Heather Ray

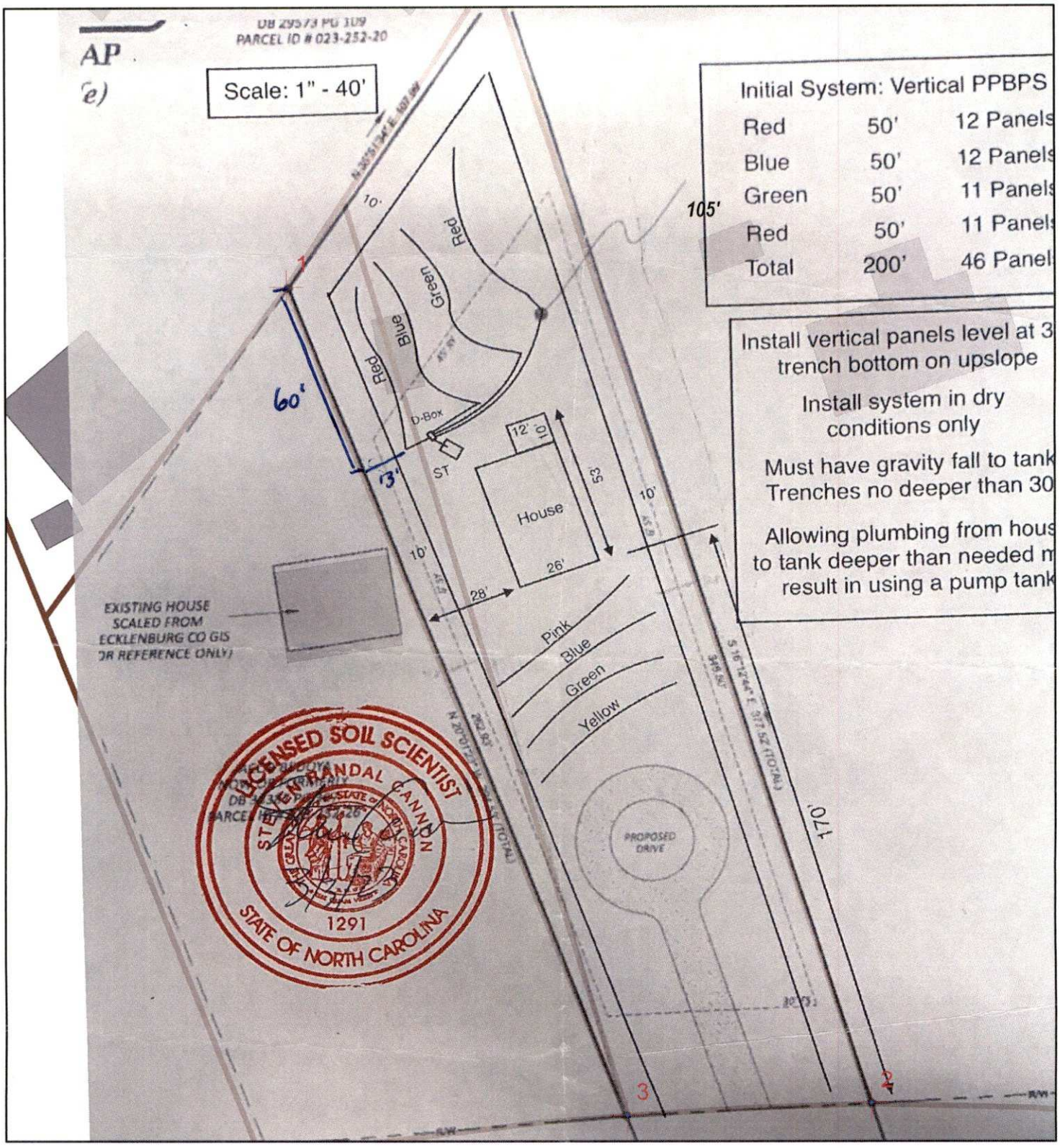
Signature: _____

Date Issued: 3/14/2023

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health Program
Improvement Permit # 30013692
5511 Mt Holly Huntersville Rd
PID# 02325262
Date permitted 03/14/23

Authorized Agent: _____

Date: 03-14-23

Owner/Legal Agent: _____

Date: _____

1 inch = 40 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 # 30013692 GWS File # 11621B Tax Parcel # 023-252-62

- 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):** 3/14/2028

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

Structure Type: HOUSE Size (ft^2): 1780 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Concrete Slab Water Supply: Municipal

II. Initial System Type: PPBPS (gravity) **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	8	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	30	Depth of Media (in):	22	Distribution Device:	Distribution Box		

III. Repair System Type: PPBPS (gravity) **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	21	Depth of Media (in):	14	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

Authorized Agent: Heather Ray Owner/Legal Agent: Alvaro Bedoya
Print Name

Signature: Signature: Alvaro Bedoya

Date Issued: 3/14/2023

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 #: 30013692 GWS File #: 11621B

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- This permit is issued pursuant to GS 130a-335(a2)/SL2022-11

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Authorized Agent: Heather Ray

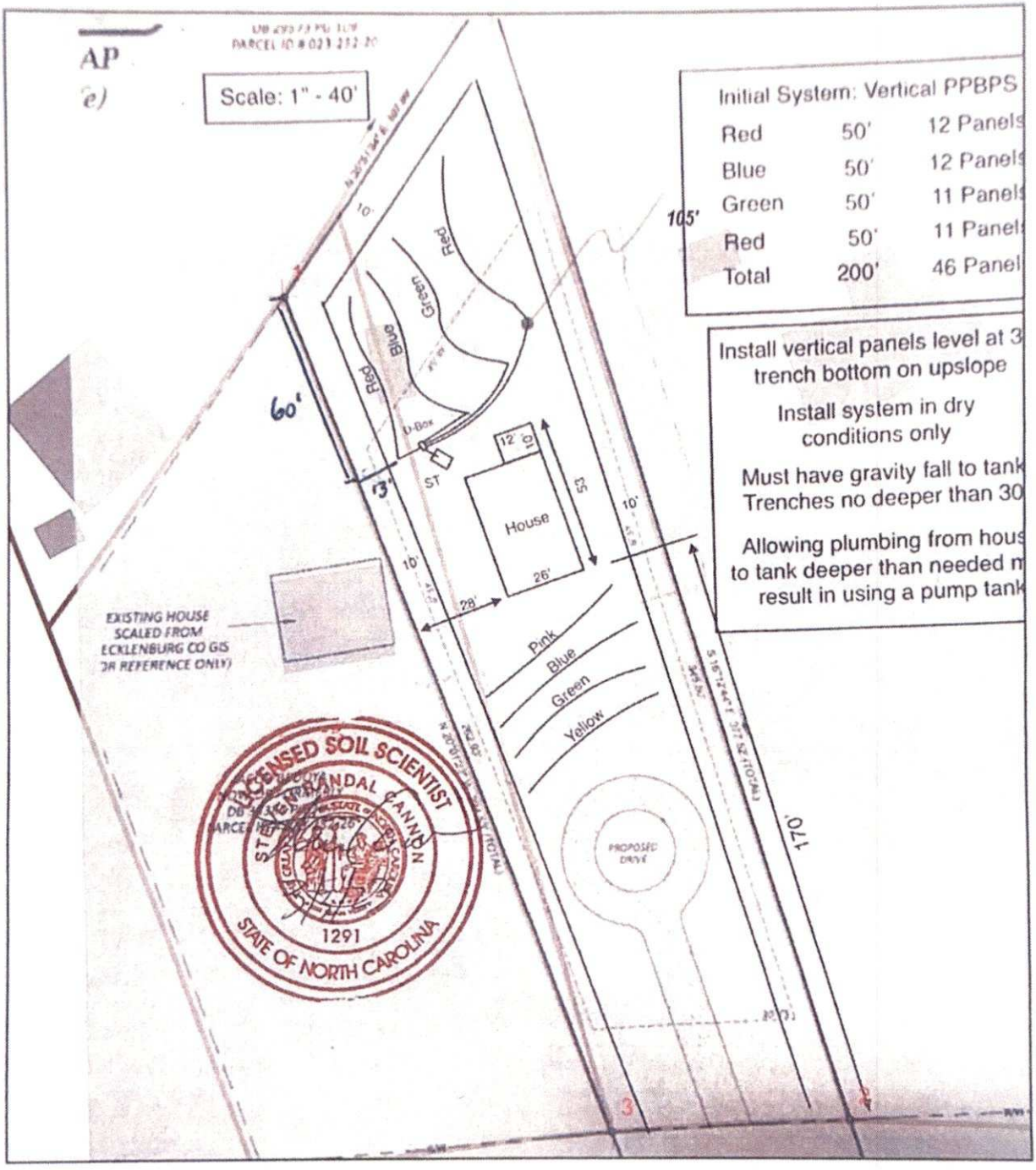
Signature:

Date Issued: 3/14/2023

Owner/Legal Agent: Alvaro Bedoya
Print Name

Signature: Alvaro Bedoya

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health Program
Improvement Permit # 30013692
5511 Mt Holly Huntersville Rd
PID# 02325262
Date permitted 03/14/23

Authorized Agent: _____

Date: 03-14-23

Owner/Legal Agent: _____

Date: 03-22-23

1 inch = 40 feet

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/06/23
Receipt #: 141396
Check / Auth #: CHECK 0506
Received By: GALLOSE

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: BEDOYA ALVARO
Attn: CA SEPTIC PERMIT
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 5511 MT HOLLY HUNTERSVILLE	11621B	1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
305.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/06/23
Receipt #: 141397
Check / Auth #: CHECK 506
Received By: GALLOSE

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: BEDOYA ALVARO
Attn: CO SEPTIC PERMIT
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 5511 MTHOLLY HUNTERSVILLE	11621B	1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
305.00					

FEE: 200.00
DATE: 11/6/2023

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 11621B

PERMIT NUMBER: 30013692

PARCEL NUMBER: 02325262

JOB LOCATION INFORMATION

ADDRESS: 5511 MT HOLLY-HUNTERSVILLE RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28216

ISSUED TO: ALVARO BEDOYA

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 11/6/2023

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30013692, 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 _____

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 # 116213 App# 13692 Tax Parcel# 02325262

Property Owner: Alvaro Bedoya

Job Location Address: 5511 Mt Holly Huntersville Rd

City: Charlotte State: NC Zip Code: 28216

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.**

_____ 6-5-24

Authorized Agent Date

_____

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 #: 11621B Permit #: 30013692 Tax Parcel #: 02325262

Property Owner: Alvaro Bedoya

Job Location Address: 5511 MT HOLLY HUNTERSVILLE RD

City: Charlotte State: NC Zip Code: 28216

Operation Permit Issuance Date: 6/13/24 Contractor Name: Tanner James

Permitted Design Flow: 360 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: 30 inches

Trench Width: 2 feet

Line Spacing: 8 feet (O.C.)

Total line length: 200 feet

# of Lines: 4 @ 500 feet

Depth of Media: 22 inches (Type) PPBPS(V)

Depth of Cover: 6 inches

Distribution Device: Dbox

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: _____ feet

Distance from Property Line: _____ feet

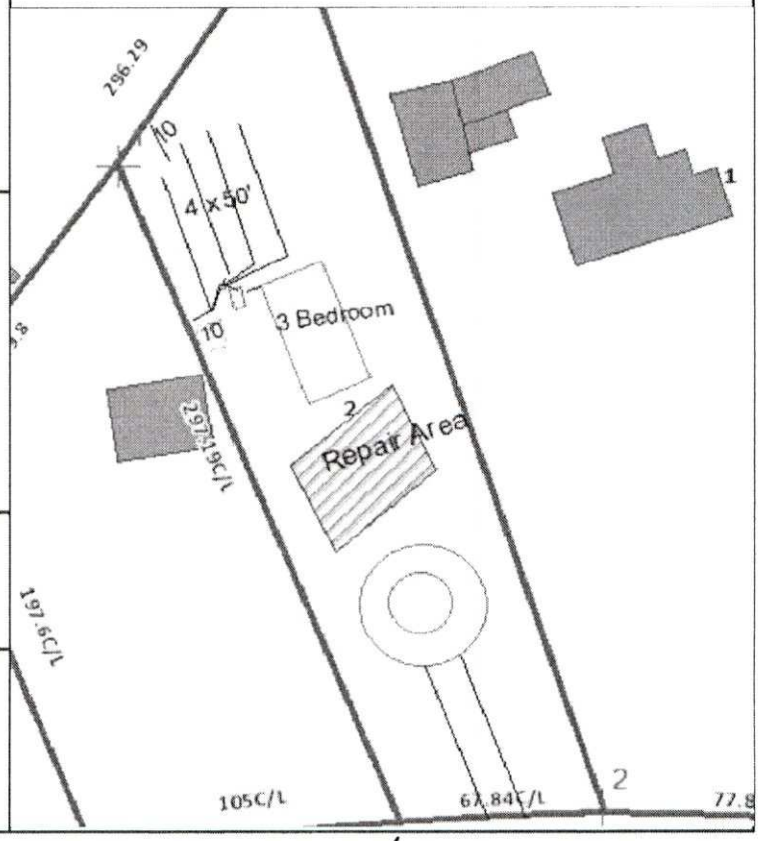
Distance from Water Supply Source: _____ feet

Inspection Dates

Tank(s) Inspected: 6/5/24

Excavation Inspected: 6/4/24

Pump & Controls Inspected: na



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: PPBPs Horizontal /P/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 #: 11621B Permit #: 30013692 Tax Parcel #: 02325262

Property Owner: Alvaro Bedoya

Job Location Address: 5511 MT HOLLY HUNTERSVILLE 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: IIIE

*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: 6/13/24

Signature: Heather Ray