N.C. Department of Environment & Natural Resources / Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☐ First Class Mail ☐ Hand Deliver

Owner: Richard Latorre

Mailing Address: 2001 Tandield Dr
Matthews, NC 28105

Occupant:

Location: 5831 Monroe Rd
Charlotte, NC 28212

☒ Residence ☐ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On June 18, 2020 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]
Any non-compliance issue related to a septic system (Septic tank collapse).
[G.S. 130A-335(a) 15A NCAC 18A. 1938(b)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☐ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify)*:

☒ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify)*:

If the wastewater violation is not brought into compliance by **July 20, 2020** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130A-22], Suspension or Revocation of Permits [G.S. 130A-23], and Criminal Penalties [G.S. 130-25].

For questions regarding this notice you should contact Bryan Davenport at 704-574-5006.

Notice Issued: 6/18/20 (Date) — Bryan Davenport (DENR/DEH Authorized Agent)

Compliance: 7/13/20 (Date) — Bryan Davenport (DENR/DEH Authorized Agent)

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

CHARLOTTE WATER

Mail or deliver this application along with a check or money order to:

CHARLOTTE WATER
Customer Services
5100 Brookshire Boulevard
Charlotte, NC 28216
www.charlottewater.org (Service Connections)

Residential Water and Sewer Application

Service Information

First name	Last Name	MI	Company
Richard	Latorre		

Street Address	Apartment/Unit #
5831 Monroe Road	

City	State	Zip	Tax Parcel Number	Phone (On-site Contact)
Charlotte	NC	28212		704-968-4140

Billing Information

First name	Last Name	MI	Company
Richard	Latorre		

Street Address	Apartment/Unit #
5711 Providence Country Club Dr.	

City	State	Zip	Tax Parcel Number	Phone (Billing Contact)
Charlotte, NC		28212		704-968-4140

Connection Size(s)

Domestic Water	*Sewer*
Check the appropriate connection type	*Check the appropriate connection type*
Size	***Size***
☐ ¾ inch	☒ 4-inch
☐ 1 inch	☐ 1 ½ inch low pressure
☐ Using Private Well	☐ Using Private Septic System
☐ Duplex/Triplex	☐ Other
¾ inch is the common residential water service size	4 inch is the common residential sewer service size

Irrigation

Check the appropriate connection size:

☐ ¾ inch	☐ Split connection	☐ Dedicated Connection	☐ 1 inch (dedicated connection only)

¾ inch is the common residential irrigation service size

For split irrigation requests: Is/will domestic meter box be located in concrete? ☐ Y ☐ N (Split irrigation not allowed when domestic is in concrete)

All requests for irrigation service must be accompanied by a Backflow Prevention Service Application

Office Use Only

NCDOT Road: Y/N_____ NCDOT Encroachment Required?_____
Map # _____ Side Cross Street _____
Water: Short Side/_____ Long Side/_____ Side Street/_____ Ext Req._____
Sewer: Short Side/_____ Long Side/_____ Side Street/_____ Ext Req._____
Project # _____
Multi-Family: _____ **Units:** _____
Cycle:_____ **Route:**_____ **Sequence:**_____

Water Main Size:
Customer# _____
Water Inv.# _____
Water S/O # _____
Sewer S/O # _____

Sewer Main Size: _____
Premise # _____
Sewer Inv. # _____
Water S/O # _____
Sewer S/O # _____

Notes: _____

CUSTOMER SHALL INDICATE SERVICE LOCATION(S) WITH SUPPLIED FLAD OR OTHER MEANS OF MARKING UPON PAYMENT

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Mailing Address: ~~2001 Tandield Dr Matthews, NC 28105~~ 5711 Providence Country Clus Dr. Charlotte, NC 28277

Occupant:

Location: 5831 Monroe Rd
Charlotte, NC 28212

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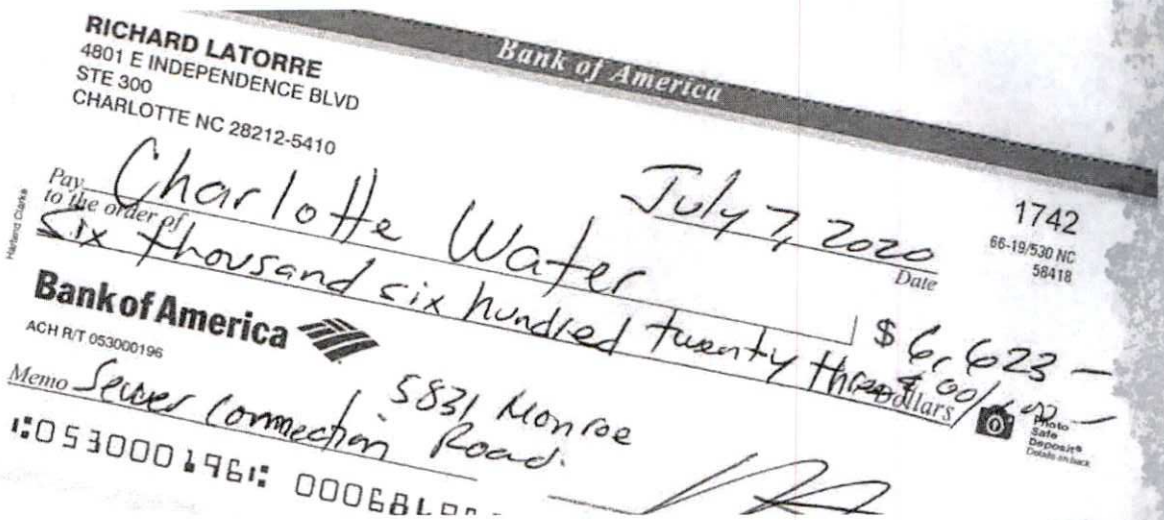
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Compliance: _____ (Date) — _____ (DENR/DEH Authorized Agent)

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



RICHARD LATORRE
4801 E INDEPENDENCE BLVD
STE 300
CHARLOTTE NC 28212-5410

Bank of America

1742
66-19/530 NC
58418

Pay to the order of Charlotte Water

July 7, 2020
Date

$ 6,623.00

Six thousand six hundred twenty three and 00/100 Dollars

Bank of America
ACH R/T 053000196

Memo Sewer connection 5831 Monroe Road.

⑆053000196⑆ 0006BL

MECKLENBURG COUNTY
HEALTH DEPARTMENT

106573
#11368

17 JUN '20 PM 2:22

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: 16303114

STREET ADDRESS: 5831 Monroe Road

CITY: Charlotte

STATE: NC ZIP: 28212

SUBDIVISION NAME: _____

LOT #: _____ LOT SIZE (acres): .5

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: 1200

NUMBER OF BEDROOMS: 2

NUMBER OF OCCUPANTS: 3

FOUNDATION TYPE:

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

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

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

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

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

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

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

8A. **RANK:** ____ ____ ____ ____ ____

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

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

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

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

12. **PROPERTY OWNER:**

NAME: Richard Latorre
ADDRESS: 5711 Providence Country Cube Dr
CITY: Charlotte
STATE: NC ZIP: 28277
WORK PHONE: 704-566-8181
MOBILE PHONE: 704-968-4140
FAX: 844-566-8182
E-MAIL: RL@LatorreGroup.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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.

_____ (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.

_____ June 17, 2020

Property Owner's or Owner's Legal Representative Signature — Date

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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

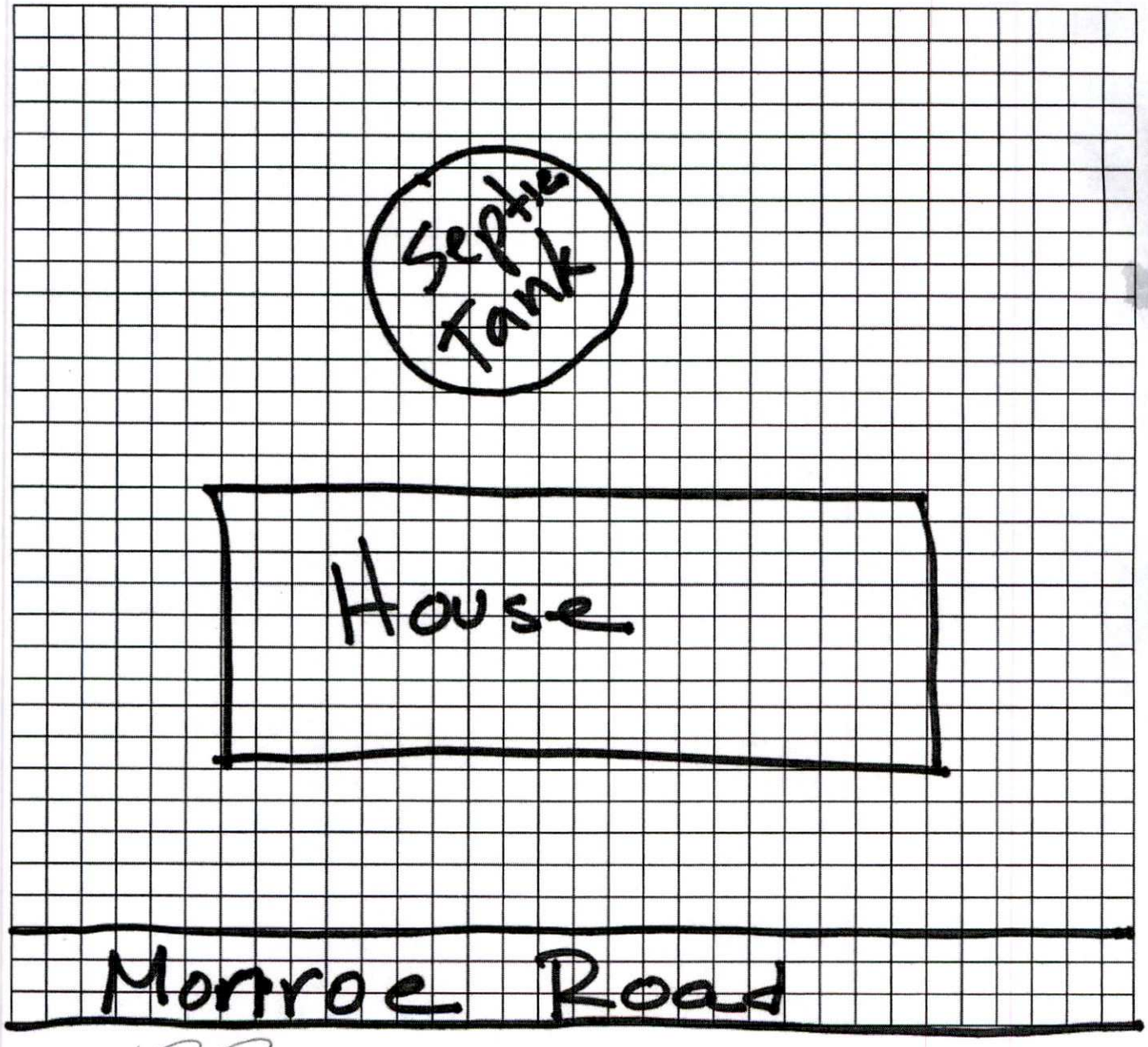
File #: _____

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: 5831 Monroe Road, Charlotte, NC 28212 Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

June 17, 2020
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