MECKLENBURG COUNTY
HEALTH DEPARTMENT

6663B
#1168

26 OCT '20 PM12:28

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ☒ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
◉ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Like Father Like Son Home (Ramon Perry
ADDRESS: 3325 Washburn Ave
CITY: Charlotte
STATE: NC ZIP: 28205
PHONE: 704-201-9380
ALTERNATE PHONE:
E-MAIL: LFLSoffice1@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Gabriel Henao-Gutierrez
ADDRESS: 9027 Leah Meadow Ln
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 732-557-1917
ALTERNATE PHONE:
E-MAIL: GABRIELHENAO@HOTMAIL.COM

JOB LOCATION INFORMATION
TAX PARCEL #: 13925167
STREET ADDRESS: 9027 Leah Meadow Ln
CITY: Charlotte
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ☒ PRIVATE WELL ☒ ~~PUBLIC WELL~~ ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
☒ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☒ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☒ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature

23OCT20
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

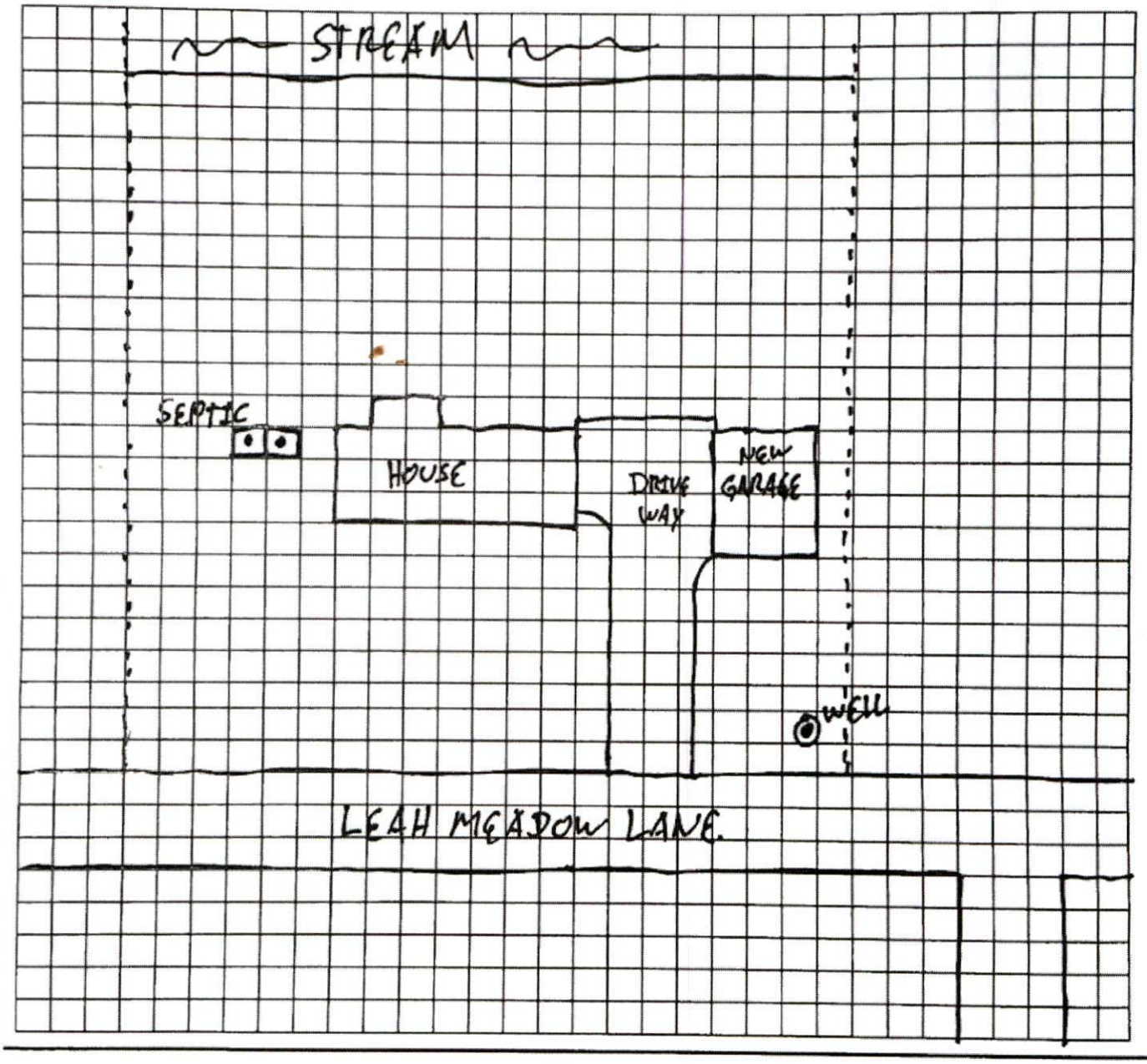
Revised on: 03/27/19

File # 6663B

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: 9027 LEAH MEADOW LANE Tax Parcel #: 13925167



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Proposed garage is >25ft off the well.
>50ft off the Septic System. No Sign of a foilure.

Brandon Shutt
REHS Signature

10/28/20
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

MECKLENBURG COUNTY

Gibbie Harris, MSPH, BSN
Director

Health Department

(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 RAMON PERRY Like Father Like Son Home Improvements is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

9027 LEAH MEADOW LANE, CHARLOTTE, NC 28227
Number Street Town
(Or Parcel Number)

GABRIEL HENAO-GUTIERREZ
Property Owner (print name)

Property Owner (signature)

16OCT2020
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/26/20
Receipt #: 124406
Check / Auth #: MC 153629
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: LIKE FATHER LIKE SON HOME
Attn:
Address: 3325 WASHBURN AVE
Address:
City/State/Zip: CHARLOTTE, NC 28205

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9027 LEAH MEADOW LN		1	100.00	100.00

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

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

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6663B Permit #: _____ Tax Parcel #: 139-251-67

Property Owner: Phil Holmes

Job Location Address: Lot 23 Dogwood Ridge 9027 Leah Meadows Ln.

City: Mint Hill State: NC Zip Code: _____

Operation Permit Issuance Date: 6/29/07 Contractor Name: Bobby McGeever

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons Dellinger STB 338 5-3-07

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 16 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 560 feet

# of Lines: 11 @ various Length

Depth of Media: 12 inches (Type) Chambers

Depth of Cover: 12 inches

Distribution Device: Split Flow D-Box

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: 10'+ feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100'+ feet

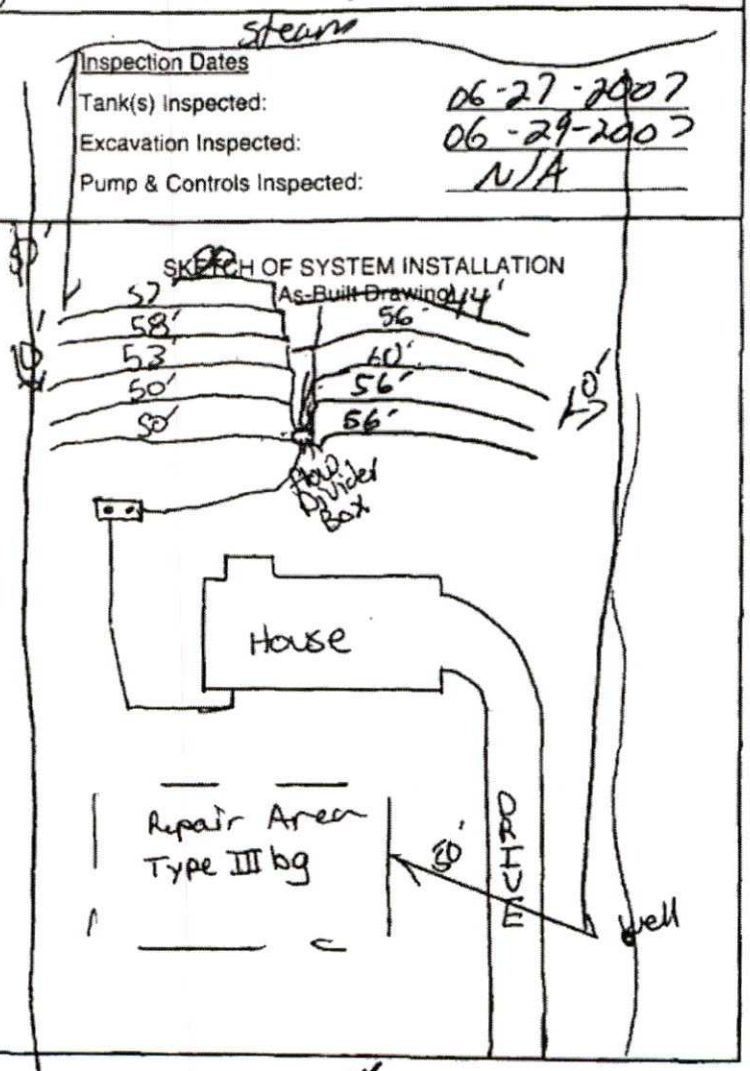
Inspection Dates

Tank(s) Inspected: 06-27-2007

Excavation Inspected: 06-29-2007

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: III g

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

file # 66653 KG

WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 3232

1. WELL CONTRACTOR:

Michael W Shaw
Well Contractor (Individual) Name

Advanced Well Drilling
Well Contractor Company Name

STREET ADDRESS 2221 Pump RD.

Catawba NC 28609
City or Town State Zip Code

(828) - 241-4300
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) Lot #23

STATE WELL PERMIT # (if applicable) —

COUNTY WELL PERMIT # (if applicable) —

DWQ or OTHER PERMIT # (if applicable) —

WELL USE (Circle applicable use): Monitoring (Residential) Municipal/Public Industrial/Commercial Agricultural Recovery Injection Irrigation

Other (list use) —

3. WELL LOCATION:

COUNTY Meck QUADRANGLE NAME —

NEAREST TOWN: Mint Hill

9027 Leah Meadow Ln.
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)

LATITUDE 35 12.209
LONGITUDE 80 35.976
May be in degrees, minutes, seconds, or in a decimal format

Latitude/longitude source: GPS Topographic map

(Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and 4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable) —

NAME OF FACILITY —

STREET ADDRESS —

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME Gold Medallion

STREET ADDRESS 5923 - A Stockbridge Dr.

Monroe NC. 28110
City or Town State Zip Code

(704) - 821-7606
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 165 ft. Diameter: 6 in.

b. Water Level (Below Measuring Point): 30 ft.

Measuring point is 2 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	60 ft.	6 in.
b. Casing Removed:	3 ft.	-6 in.

7. DISINFECTION: 1lb

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement 2000 lb.
Water — gal.

Sand Cement
Cement — lb.
Water — gal.

Bentonite
Bentonite 150 lb.
Type: Slurry — Pellets ✓
Water — gal.

Other
Type material —
Amount —

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

1lb Hydrochlorite 150lb Bentonite
2000lb Cement Dirt Top

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 6-4-07

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE 6-5-07

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL — DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

Michael W Shaw
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management. 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06