SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) OP 3.17.21 Initial/Date

CA ($200.00) 6/14/21 LF Initial/Date

OP ($200.00) 6/14/21 LF 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 ☒ 6/14/21

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

Septic file complete ☒ 12/7/21 Well complete ☐ _____

Send permit for signature ☒ Signature received ☑ _____

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

Certified operator contract is on file ☐ _____

Groundwater & Wastewater Services: Septic Project File & D

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

GWS File #:	5300
WASPS App #:	12014
Primary ES assigned to project:	Matt Hall
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?	No
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	No
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	No
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: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	Yes
Comments:	Please sign the soil sheet, change repair type to IIIb.
IA issued date:	
OP Issued date:	
Review performed by:	Michelone
Date performed:	4/21/2021

Created at 4/21/2021 10:57 AM by Michelone, Jeremy
Last modified at 4/21/2021 10:57 AM by Michelone, Jeremy

Close

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/14/21
Receipt #: 129179
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: X44047
Contractor: PACKARD ATLANTIC INC
Attn:
Address: 3506 HAYDEN DR
Address:
City/State/Zip: CHARLOTTE, NC 28269

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 8713 LARCHMONT CIRCLE		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
200.00	2,368.18				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/14/21
Receipt #: 129180
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: X44047
Contractor: PACKARD ATLANTIC INC
Attn:
Address: 3506 HAYDEN DR
Address:
City/State/Zip: CHARLOTTE, NC 28269

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 8713 LARCHMONT CIRCLE		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00	2,368.18				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/17/21	**Amount:**	250.00
Receipt #:	127837	**Tendered:**	0.00
Check / Auth #:	VISA 016013	**Returned:**	0.00
Received By:	GOULDOE		

Account Information

Account #: 200000
Contractor: NELSON ALFARO
Attn: 8713 LARCHMONT CIRCLE
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 8713 LARCHMONT CIRCLE		1	250.00	250.00

----------**Outstanding Balances**----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
-101.00					

#12014
5300

MECKLENBURG COUNTY
HEALTH DEPARTMENT

11 MAR '21 PM 3:22

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: 05315247
STREET ADDRESS: 8713 Larchmont Circle
CITY: Charlotte
STATE: NC ZIP: 28214
SUBDIVISION NAME: _____
LOT #: 10 LOT SIZE (acres): 0.509 Acre
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: 2,300
NUMBER OF BEDROOMS: 4
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 _____

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? 09-25-2019 ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Nelson Javier Alfaro
ADDRESS: 1042 Ridge Ave
CITY: Gastonia
STATE: NC ZIP: 28052
WORK PHONE: 704-351-2577
MOBILE PHONE: _____
FAX: _____
E-MAIL: JFlooring80@Gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: _____
ADDRESS: _____
CITY: _____
STATE: ____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

Chuck@packardatlantic.com

File #: _____

PROPOSED PLOT PLAN

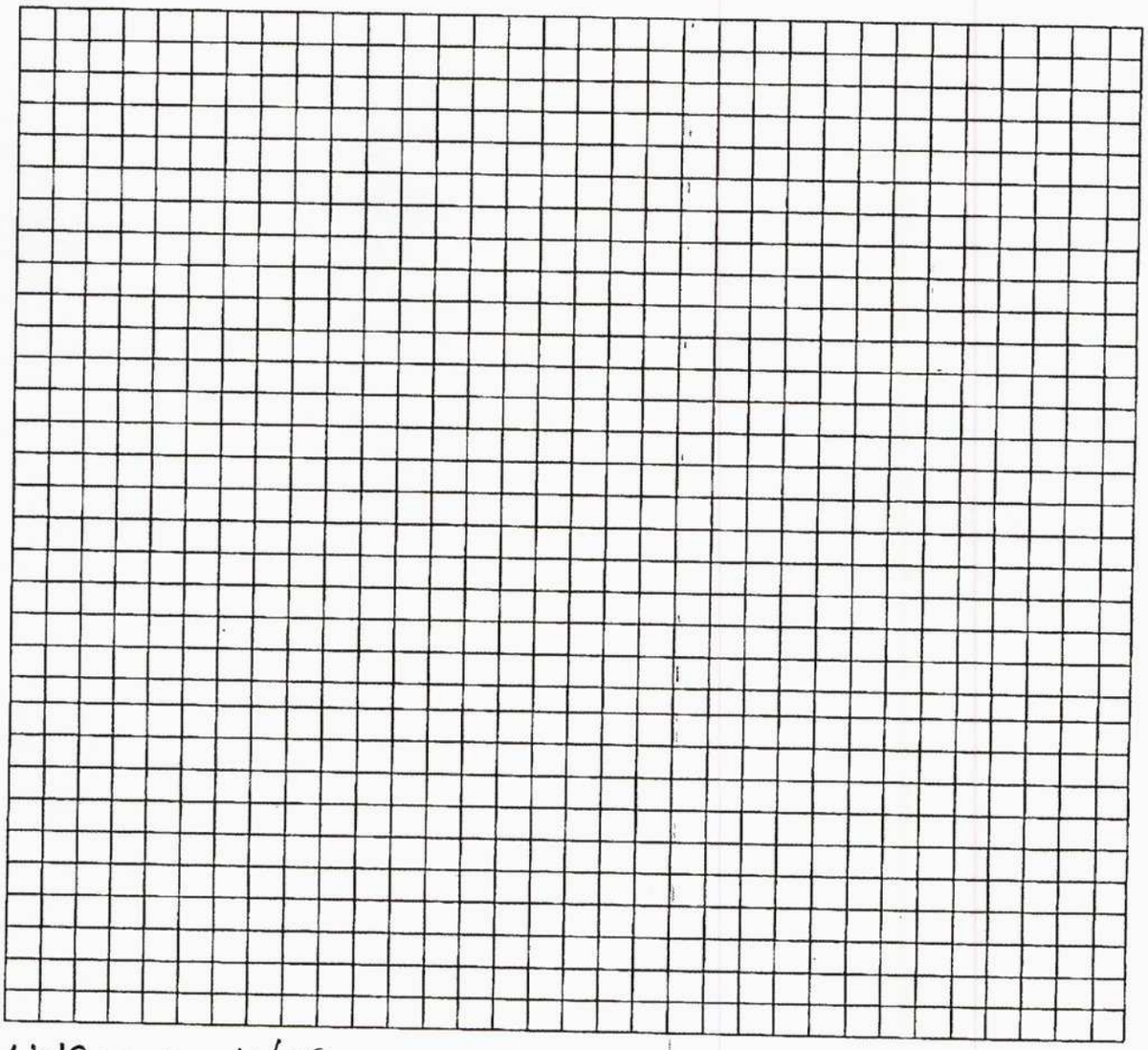
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 8713 Larchmont circle

Tax Parcel #: _____

Subdivision Name: _____

Lot #: 10



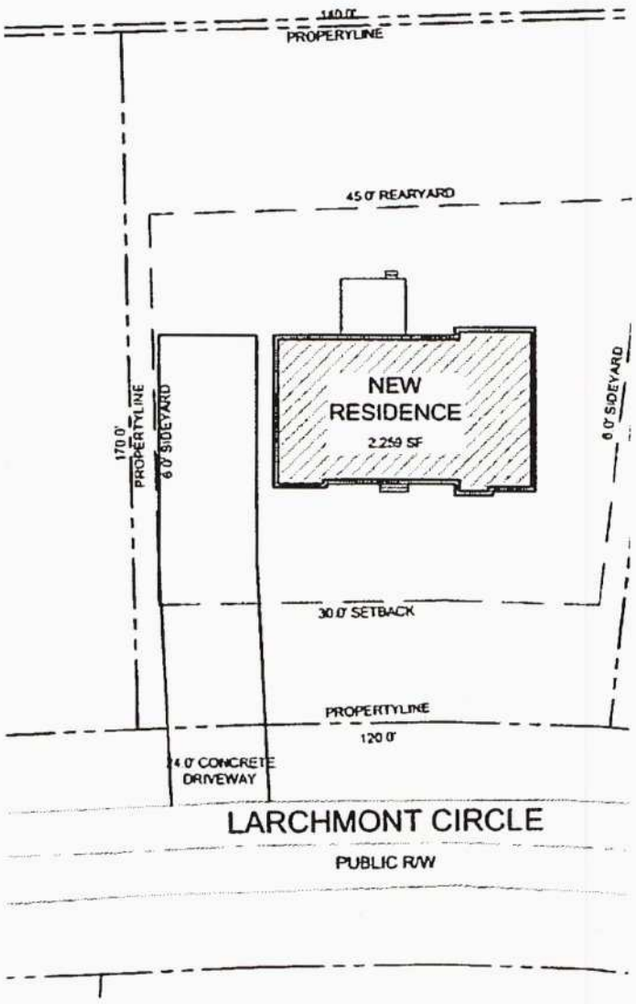
Nelson J Alfaro

Property Owner's or Owner's Legal Representative Signature

03-09-2021

Date

5:30
Done The Fuentes Resdience.pd



1 Site Plan

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.

N A (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.

N A (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.

Nelson J Alfaro
Property Owner's or Owner's Legal Representative Signature

03-09-2021
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
Environmental Health
Groundwater & Wastewater Services

IMPORTANT INSTRUCTIONS:

How to Prepare Your Property for an Improvement Permit

The following things ***must*** be done ***before*** a Mecklenburg County Health Department representative can visit your site:

- Identify and mark all property corners using the pink tape provided.

  *Note: **For tracts larger than two (2) acres, contact this department for specific instructions relating to identifying property lines.***

- All property lines should be marked every fifty-(50) feet with the tape provided.

- Mark structures to be built on site. You are responsible for additional flags to mark all accessory structures.

- Clearing excessive underbrush (i.e., thick briars, pine thickets, broom sage bushes, kudzu, honeysuckle, weeds, etc.) is required to allow thorough inspection for soil and wastewater system layout.

  *Note: **Absolutely no grading, filling or cutting shall occur on site prior to evaluation for permit issuance.***

- Identify lot or tract of land at road frontage with the soil test sign found inside the kit. Nail the soil test sign to a stake and place the stake at the front of the property for easy viewing from highway if possible. Flags, soil test sign and unused tape are the property of Mecklenburg County and will be retrieved during the site visit.

- Call our office at 980-314-1680 when lot is clearly marked as above instructions require.

NOTE: FAILURE TO FOLLOW THESE INSTRUCTIONS PROPERLY CAN RESULT IN A TWO WEEK DELAY IN PROCESSING YOUR APPLICATION. IF THE LOT IS IMPROPERLY MARKED AND RESULTS IN ADDITIONAL TRIPS AN ADDITIONAL $100 EXTRA TRIP FEE MAY APPLY

MECKLENBURG COUNTY
Environmental Health
Groundwater & Wastewater Services

BASIC STEPS FOR A NEW SEPTIC SYSTEM

Submit a complete application for an **Improvement Permit** to Mecklenburg County Groundwater & Wastewater Services (GWS). A proposed site plan of the property must accompany the application (refer to page 2 for additional information). If available, a survey may be used in place of the site plan. **However, a survey of the property is not required in order to apply for an Improvement Permit.** If a legal agent is representing the property owner, written documentation of representation must accompany the application. All required fees must be submitted with the application in order for GWS to process your request. Please refer to the current fee schedule for fee amounts.

Next, a representative from GWS will visit the site to conduct a soil investigation. Upon completion of the investigation the applicant will be provided with the results of the investigation. The application will then be assigned to an Environmental Specialist for completion. If the site is deemed suitable or provisionally suitable for a septic system, GWS will issue an **Improvement Permit.**

The Improvement Permit:

- Approves the site for installation of a septic system;
- Is transferable to a new owner;
- Is valid for 5 years from the date of issuance;
- May be valid beyond 5 years upon request by the applicant. Additional specific documentation is required for these approvals.
- **MAY BE REVOKED IF SITE PLANS OR INTENDED USE CHANGE.**

Prior to receiving a Building Permit, the current property owner must receive an Authorization for Septic System Construction from GWS. The **Authorization for Construction** may be requested and completed at the same time the Improvement Permit is issued. If the Authorization for Construction is issued at a later time an additional site visit may be required prior to issuing the Authorization for Construction.

The Authorization for Construction:

- Is required in order to obtain a building permit;
- Is not transferable;
- Is valid for a period equal to the validity of the Improvement Permit, not to exceed 5 years; and
- Requires payment of remaining permit fees

When the site is ready for installation of the septic system, the septic system contractor must contact GWS to receive an **Installation Approval.** The contractor is required to have this approval **before** beginning system installation. All septic system contractors must be licensed by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board (NCOWCICB). A list of licensed septic tank contractors registered in Mecklenburg County is available upon request.

Once the system has been installed, the septic system contractor will contact GWS to schedule a final inspection. When the system has been inspected and approved, GWS will issue an **Operation Permit** and the system may be placed into service.

Please contact GWS at 980-314-1680 if you have questions concerning permitting procedures.

Fees may be paid in person, by mail, or by telephone. The check should be made payable to Mecklenburg County Health Department. Fees may be charged to an account. Visa and MasterCard accounts are currently accepted. Please include the file number, tax parcel number, address and/or job location with all payments.

SITE PLAN DRAWING REQUIREMENTS
TO BE SUBMITTED WITH APPLICATION
FOR IMPROVEMENT PERMIT

A proposed site plan drawing of the property is required before the application for an Improvement Permit can be processed. It is the responsibility of the applicant to provide the proposed site plan to GWS when the permit application is submitted. Forms are provided by GWS.

The proposed site plan drawing must include the following:

- The tax parcel number of the property
- Property lines and dimensions
- The specific proposed location of the building or structure. Include building dimensions, porches, decks, garages, driveways, pool, storage sheds, etc.
- Show the road the property fronts or the road where the proposed driveway originates and any other roads that adjoin the property
- Wells or other water supplies
- Streams, ponds or other surface waters
- Location of any of the following:
  - --buried cables, landfills, stumpholes
  - --existing wastewater systems
  - --easements or right-of-ways
  - --wells, springs or waterlines
  - --designated wetlands
  - --drainage ditches/culverts on or adjacent to property

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 053-152-17
Lot #: 10
File #: 5300
AppID: 12014

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Nelson Javier Alfaro
Address: 1042 Ridge Ave, Gastonia, NC 28052
Proposed Facility: 4 Bedroom House
Design Flow (.1949): 480 GPD
Location: 8713 Larchmont Cir, Mint Hill, NC 28227
Water Supply: [ ] Public [ ] Individual [ ] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: owner
Date Evaluated: 3/25/21
Property Size: 0.509 ac
Property Recorded: 4/15/1959
[ ] Spring [X] Municipal
[ ] Cut
[ ] 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	LS	0 - 42	sbk C	S P FI SEXP						PS IV	
#1	6%	42 - 50	sbk CL	SS SP FR SEXP	>50"	50	NA	NA		0.3	36"
Boring	LS	0 - 42	sbk C	S P FI SEXP						PS IV	
#2	6%	42 - 50	sbk CL	SS SP FR SEXP	>50"	50	NA	NA		0.3	36"
Boring	LS	0 - 45	sbk C	S P FI SEXP						PS IV	
#3	6%	45 - 50	sbk CL	SS SP FR SEXP	>50"	50	NA	NA		0.3	36"
Boring	LS	0 - 3	gr CL	SS SP FR SEXP						PS IV	
#4	6%	3 - 44	sbk C	S P FI SEXP	>50"	50	NA	NA		0.3	36"
		44 - 50	sbk CL	SS SP FR SEXP							
Boring	LS	0 - 3	gr CL	SS SP FR SEXP						PS IV	
#5	6%	3 - 39	sbk C	S P FI SEXP	>50"	50	NA	NA		0.3	36"
		39 - 50	sbk CL	SS SP FR SEXP							

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

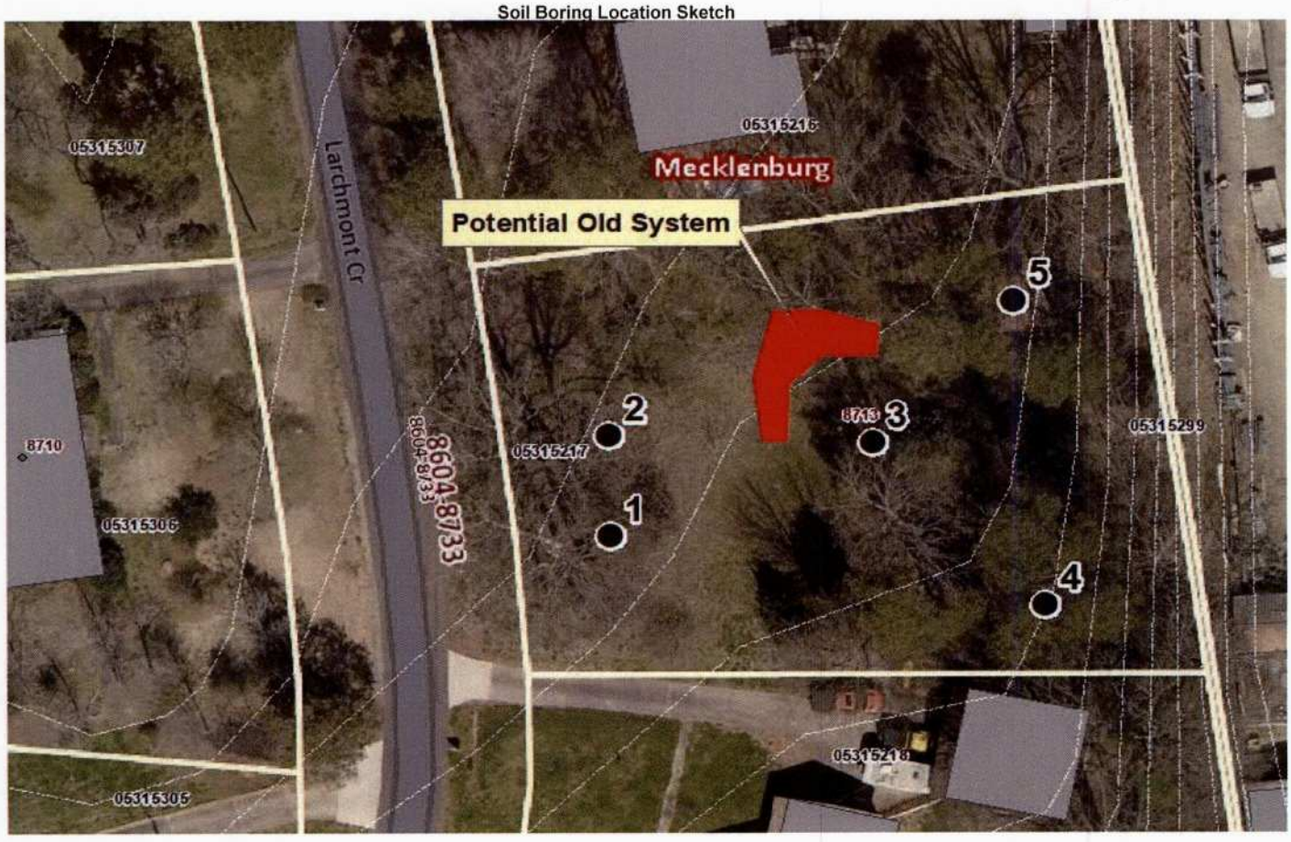
Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present: PS

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
		SiCL-Silty Clay Loam		
CV-Convex Slope				pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak m-moderate s-strong f-fine m-medium
		Silt		c-coarse
	IV	SC-Sandy Clay	0.4 - 0.1	
		SiC-Silty Clay		
		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	**Classification**
VFI-Very Firm	NP-Non-Plastic	US-Unsuitable
EFI-Extremely Firm	SP-Slightly Plastic	PS-Provisionally Suitable
	P-Plastic	S-Suitable
	VP-Very Plastic	NA-Not Applicable

Soil Boring Location Sketch



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 #: **30012014** GWS File #: **5300** Tax Parcel #: **053-152-17**

- 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):** 4/19/2026

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

Structure Type: HOUSE Size (ft^2): 2300 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications

Design Flow (gpd)	480	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)	1200	Total Trench Length (ft)	400
Maximum Trench Depth (in)	36	Depth of Media (in)	12	Distribution Device	Distribution Box		

III. Repair System Type: Pump to ~~Accepted~~ Panel Block **System Classification:** ~~IVb~~ IIIb

Repair System Specifications

Design Flow (gpd)	480	LTAR (gpd/ft^2)	3	Septic Tank Size (gal)	1000	Pump Tank Size (gal)	1000
Trench Width (ft)	3	Trench Spacing (ft)	9	Absorption Area (ft^2)	800	Total Trench Length (ft)	267
Maximum Trench Depth (in)	36	Depth of Media (in)	N/A	Distribution Device	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Matthew Hall Owner/Legal Agent: Nelson Javier Alfaro
Print Name

Signature: Matthew Hall Signature: Nelson Alfaro

Date Issued: 4/19/2021

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 #: **30012014** GWS File #: **5300**

IV. Permit Conditions/Comments:

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be 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.
- 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.
- The septic system shall be located at least 10 feet from any foundation drain.

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: Matthew Hall

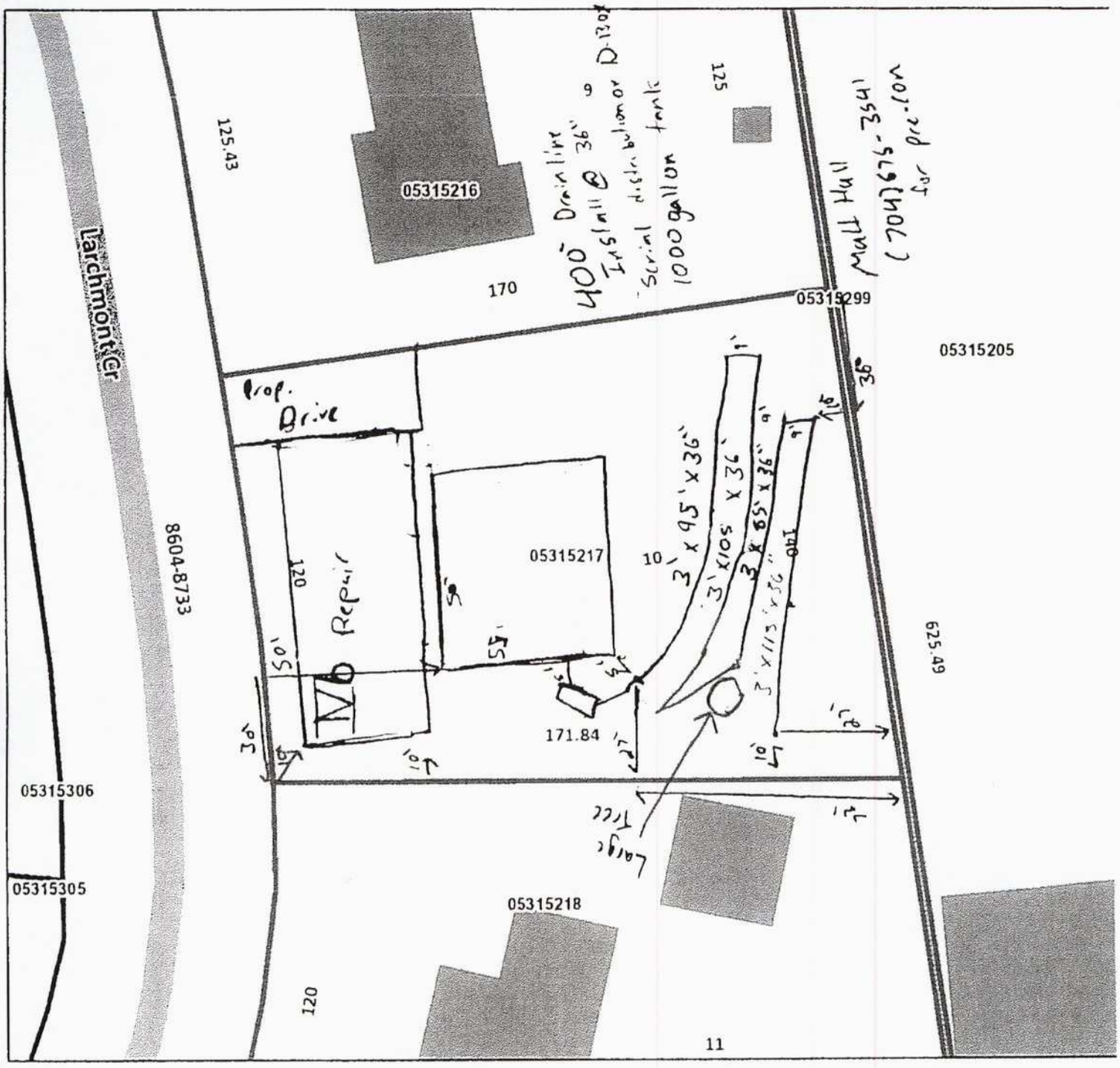
Signature: _____

Date Issued: 4/19/2021

Owner/Legal Agent: Nelson Javier Alfaro
Print Name

Signature: Nelson Alfaro

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30012614
PID #: 05315217
File #: 5388

Authorized Agent: _____ Date: 4/19/21

Owner/ Legal Agent: Nelson Javier Alfaro Date: 04-30-2021

1 inch = 40 fee

FEE: 200.00
DATE: 6/15/2021

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5300

PERMIT NUMBER: 30012014

PARCEL NUMBER: 05315217

JOB LOCATION INFORMATION

ADDRESS: 8713 LARCHMONT CIR

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28214

ISSUED TO: NELSON JAVIER ALFARO

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 6/14/2021

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30012014, 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 # 5300 App# 12014 Tax Parcel# 05315217

Property Owner: Nelson Alfaro

Job Location Address: 8713 Larchmont Circle

City: Charlotte State: NC Zip Code: 28214

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.**

Authorized Agent

8/22/21
Date

Jose - Lago Vista
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 #: 5300 Permit #: 12014 Tax Parcel #: 05315217

Property Owner: Nelson Alfaro

Job Location Address: 8713 Larchmont

City: Charlotte State: NC Zip Code: 28214

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: Matthew Hall Date: 8/25/21

Signature: Matthew Hall

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 #: 5300 Permit #: 12014 Tax Parcel #: 05315217

Property Owner: Nelson Alfaro

Job Location Address: 8713 Larchmont

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 8/25/21 Contractor Name: Lago Vista

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Effluent Pump Model: N/A

STB 760

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) IQW4

Depth of Cover: 24 inches

Distribution Device: Dist. Box

Inspection Dates

Tank(s) Inspected: 8/25/21

Excavation Inspected: 8/25/21

Pump & Controls Inspected: N/A

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: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See Attached

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 25 feet

Distance from Property Line: 210 feet

Distance from Water Supply Source: 210 feet

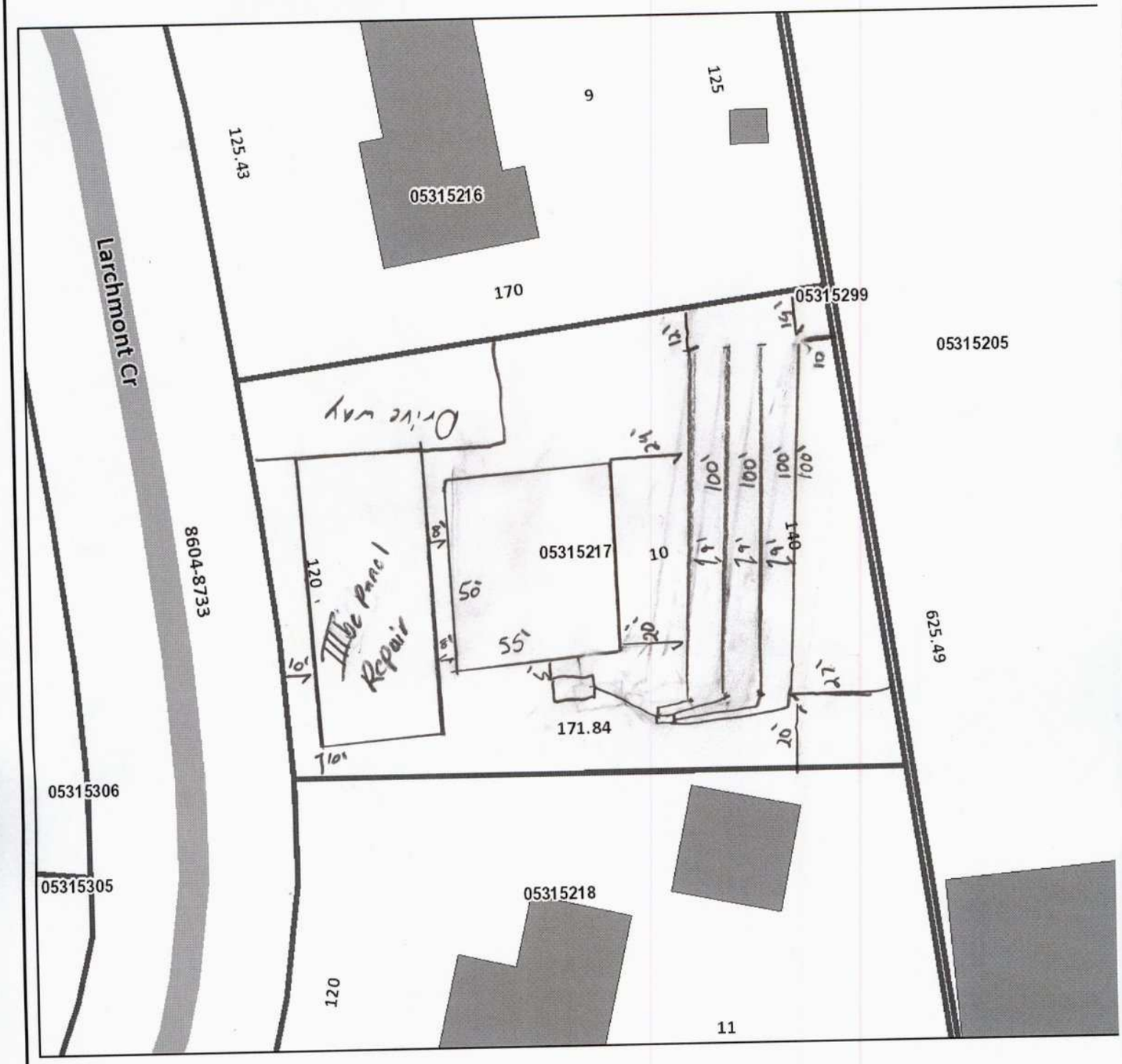
The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☑ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" 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/CHM36 gravity fed through distribution box/ NA/NA IIIg/G/CHM36/NA/NA

DENR Authorized Agent: Matthew Hall Signature: Matthew Hall

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30012014
PID #: 0531517
File #: 5300

Authorized Agent: _____ Date: 8/25/21

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee