SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 11740B

Assigned Inspector: Brendon Shelton

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ 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: _____ ☐ Signature received: _____

☐ 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: 1/8/24

☐ Release final hold in Winchester: _____

Comments: Tank Replacement Only

11740B #14040

3 AUG '23 PM 2:16

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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:** O N/A O NEW SYSTEM O ALTERATION ☒ REPAIR O MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** O N/A O NEW WELL O MAJOR REPAIR O ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 09710526
STREET ADDRESS: 428 Frank dr.
CITY: Charlotte
STATE: NC ZIP: 29657
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): .25
TOWNSHIP:
☒ MECKLENBURG O CORNELIUS O HUNTERSVILLE
O DAVIDSON O CHARLOTTE O PINEVILLE
O MATTHEWS O MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
O SINGLE MOBILE HOME O MODULAR HOME
O DOUBLE WIDE O MULTIPLE FAMILY
☒ HOUSE O OTHER _____
HEATED SQUARE FOOTAGE: 1,066
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☒ CONCRETE SLAB O BASEMENT WITH PLUMBING
☒ CRAWL SPACE O 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:** O MUNICIPAL O PRIVATE WELL O PUBLIC WELL O SHARED WELL O OTHER _____

7. **PROPOSED USE OF WELL:** O N/A O IRRIGATION O POTABLE (DRINKING WATER) O 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	O YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	O YES ☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☒ YES O NO	JURISDICTIONAL WETLANDS	O YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	O YES O NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	O YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	O YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	O YES ☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS	O YES ☒ NO	KNOWN UNDERGROUND CONTAMINATION	O YES ☒ NO
WASTE STORAGE	O YES ☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	O 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: Devin Tate
ADDRESS: 428 Frank dr.
CITY: Charlotte
STATE: NC ZIP: 29657
WORK PHONE: _____
MOBILE PHONE: 608-992-3193
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
**Owner's Authorization form is required if legal representative is submitting application*
NAME: Router Express NC LLC
ADDRESS: 4241 Stough Rd.
CITY: Concord
STATE: NC ZIP: 28027
WORK PHONE: 704-245-7191
MOBILE PHONE: _____
FAX: _____
E-MAIL: Info@routerexpress@gmail.com
Info routerexpress@gmail.com

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

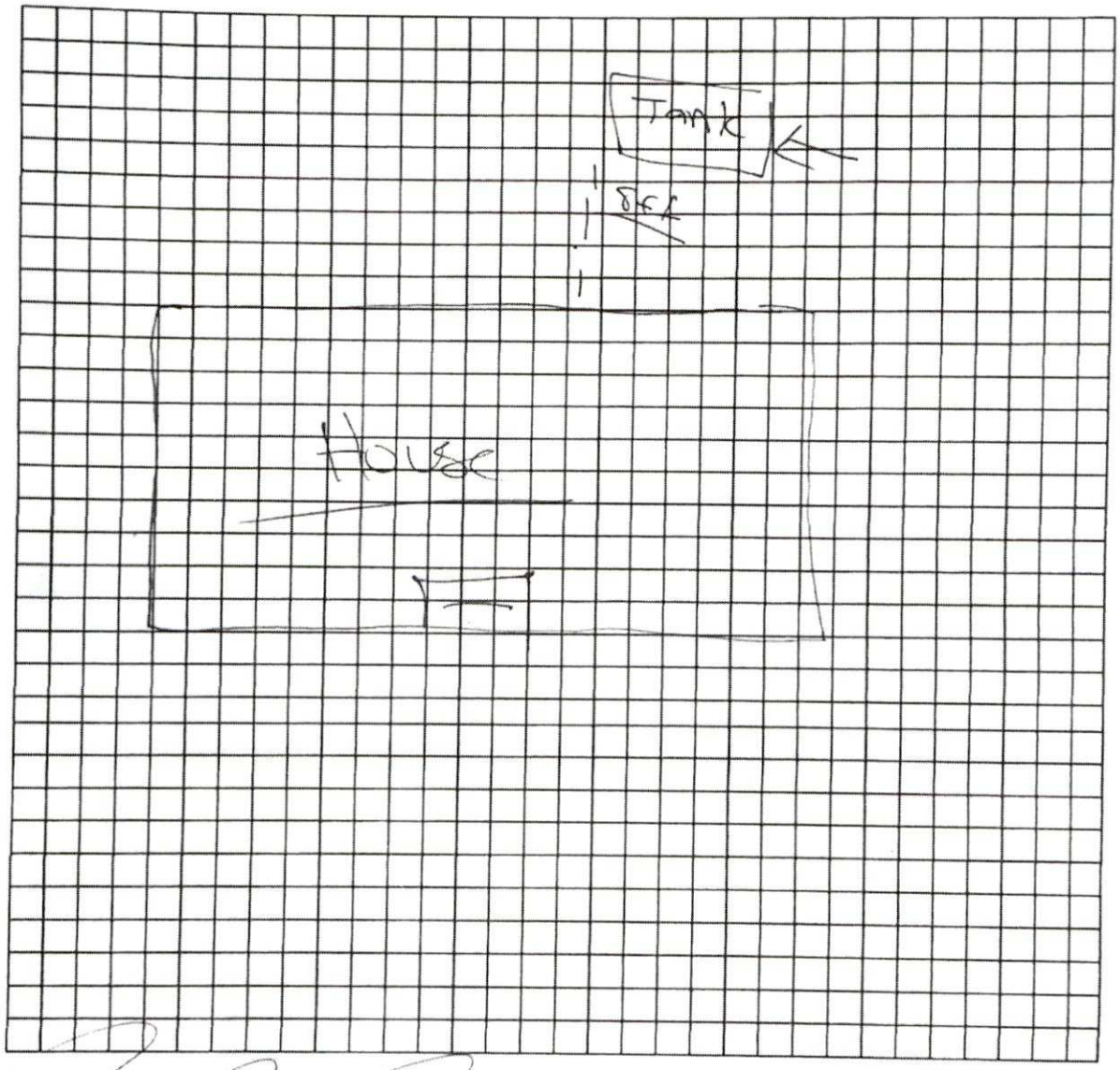
File #: _____

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: 428 Frank drive Tax Parcel # _____

Subdivision Name: _____ Lot # _____



Property Owner's or Owner's Legal Representative Signature

8/26/23
Date

MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

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 Water Express NC LLC is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

428 Frank drive Charlotte NC 29657
Number Street Town
(Or Parcel Number)

Devin Tate
Property Owner (print name)

Property Owner (signature)

6/26/23
Date

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/CONSTRUCTION AUTHORIZATION for REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 11740B Permit #: 14040 Tax Parcel #: 097105 26

Property Owner: Devin Tate

Job Location Address: 428 Frank Dr.

City: Charlotte State: NC Zip Code: 28215

Improvement Permit Issuance Date: 10/31/23 **Construction Authorization Issuance Date:** 10/31/23

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before —. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: Existing GPD

Liquid Capacity of Septic Tank: 1000 gallons

Site LTAR: — GPD/ft²

Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☒ N/A

Trench Depth: ____ inches

Trench Width: ____ feet

Line Spacing: ____ feet (O.C.)

Total line length: ____ feet

# of Lines: ____ @ ____ feet

Depth of Media: ____ inches (Type) ____

Distribution Device: ____

* Re-Connect to existing drain field

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: ____ inches

Bed Width: ____ feet

Total line length: ____ feet

# of Lines: ____ @ ____ feet

Depth of Media: ____ inches (Type) ____

Distribution Device: ____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

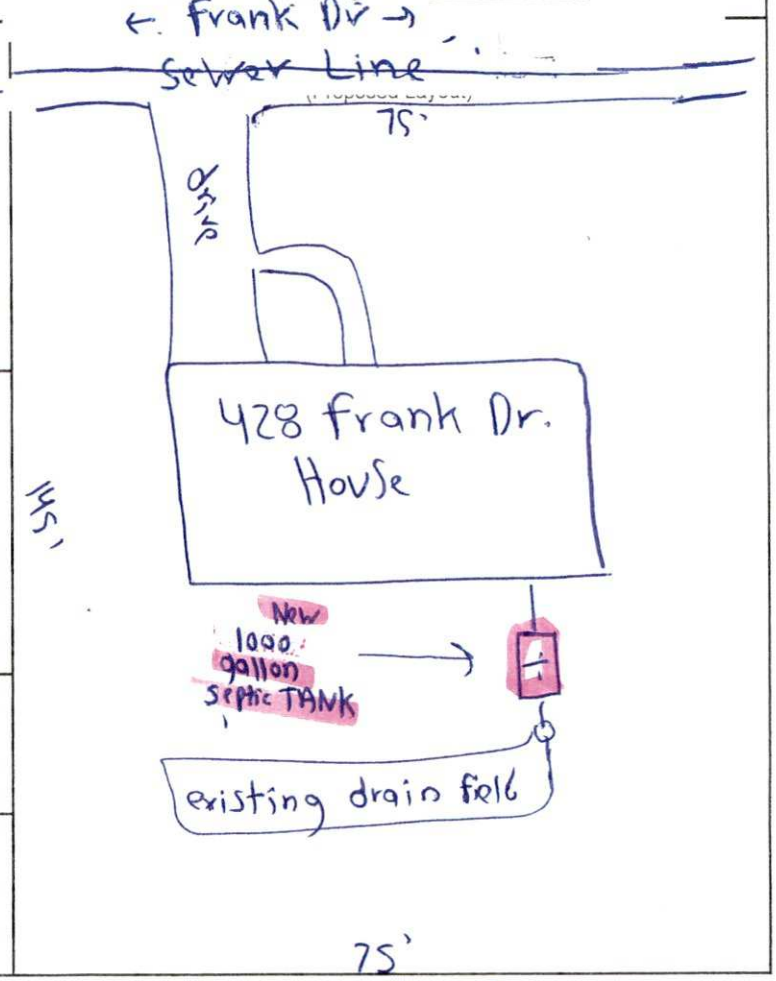
☐ Other ____

Minimum System Setbacks

Distance from Building Foundation: ≥5 feet

Distance from Property Line: ≥10 feet

Distance from Water Supply Source: ≥10 feet Water Line



Comments: System Classification & Type: New 1000 gallon Septic TANK

Re-Connect to existing drain field

Authorized Agent: Braedon Shelton Signature: Braedon Shelton

Owner Signature: ____ Date: ____

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 # 11740 B App# 14040 Tax Parcel# 097-105-26

Property Owner: _____

Job Location Address: 428 Frank Dr

City: Charlotte State: NC Zip Code: 28215

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.**

Bryan Davenport
Authorized Agent

1/3/24
Date

Tim Sty
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 #: 11740B Permit #: 14040 Tax Parcel #: 057-105-26

Property Owner: Devin Tate

Job Location Address: 428 Frank Dr

City: Charlotte State: NC Zip Code: 28215

Operation Permit Issuance Date: 1/4/24 Contractor Name: Tim Sty

Permitted Design Flow: existing GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture infiltrator Effluent Pump Model: NA

Drainfield Installation ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

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: 8 feet

Distance from Property Line: 34 feet

Distance from Water Supply Source: 10 feet

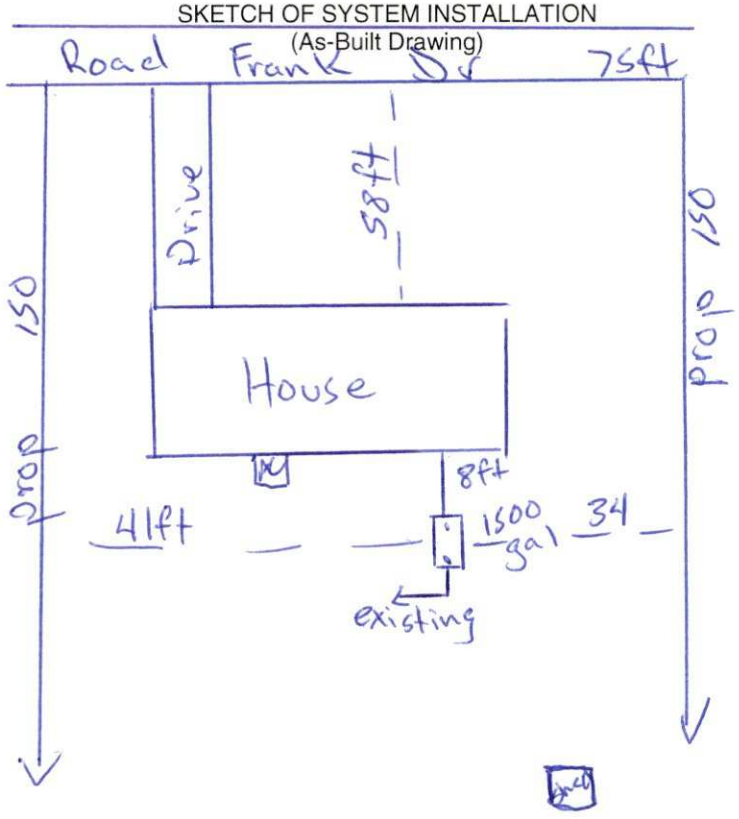
Inspection Dates

Tank(s) Inspected: 1/3/23

Excavation Inspected: 1/3/23

Pump & Controls Inspected: NA

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: Tank infiltrator

DENR Authorized Agent: Bryan Daggett Signature: Bryan Daggett

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 #: 11740 B Permit #: 14040 Tax Parcel #: 097-105-26

Property Owner: Devin Tate

Job Location Address: _____

City: Charlotte State: NC Zip Code: 28215

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: IIg

*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: 1500 gal tank

DENR Authorized Agent: Bryan Davenport Date: 4/3/23

Signature: Bryan Davenport