11908B / 14551

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: ○ 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: 05315242
STREET ADDRESS: 8913 Longview Drive
CITY: Charlotte
STATE: NC ZIP: 28214
SUBDIVISION NAME: Westmoreland
LOT #: 10 LOT SIZE (acres): .55 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: _____
NUMBER OF BEDROOMS: 4
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: Melanie Dellinger Hamilton
ADDRESS: 8913 Longview Drive
CITY: Charlotte
STATE: NC ZIP: 28214
WORK PHONE: _____
MOBILE PHONE: 704-524-8130
FAX: _____
E-MAIL: mdhamilton72@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

**Owner's Authorization form is required if legal representative is submitting application*

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



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
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 labelling 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.

MH (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.

Melanie Hamilton
Property Owner's or Owner's Legal Representative Signature

4/1/24
Date

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*OFFICE USE ONLY*

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ N/a DATE FEE RECEIVED: 4/2/24

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: MH

GWS FILE NUMBER ASSIGNED: 11908B

APPLICATION ID NUMBER ASSIGNED: 14557

COMMENTS:



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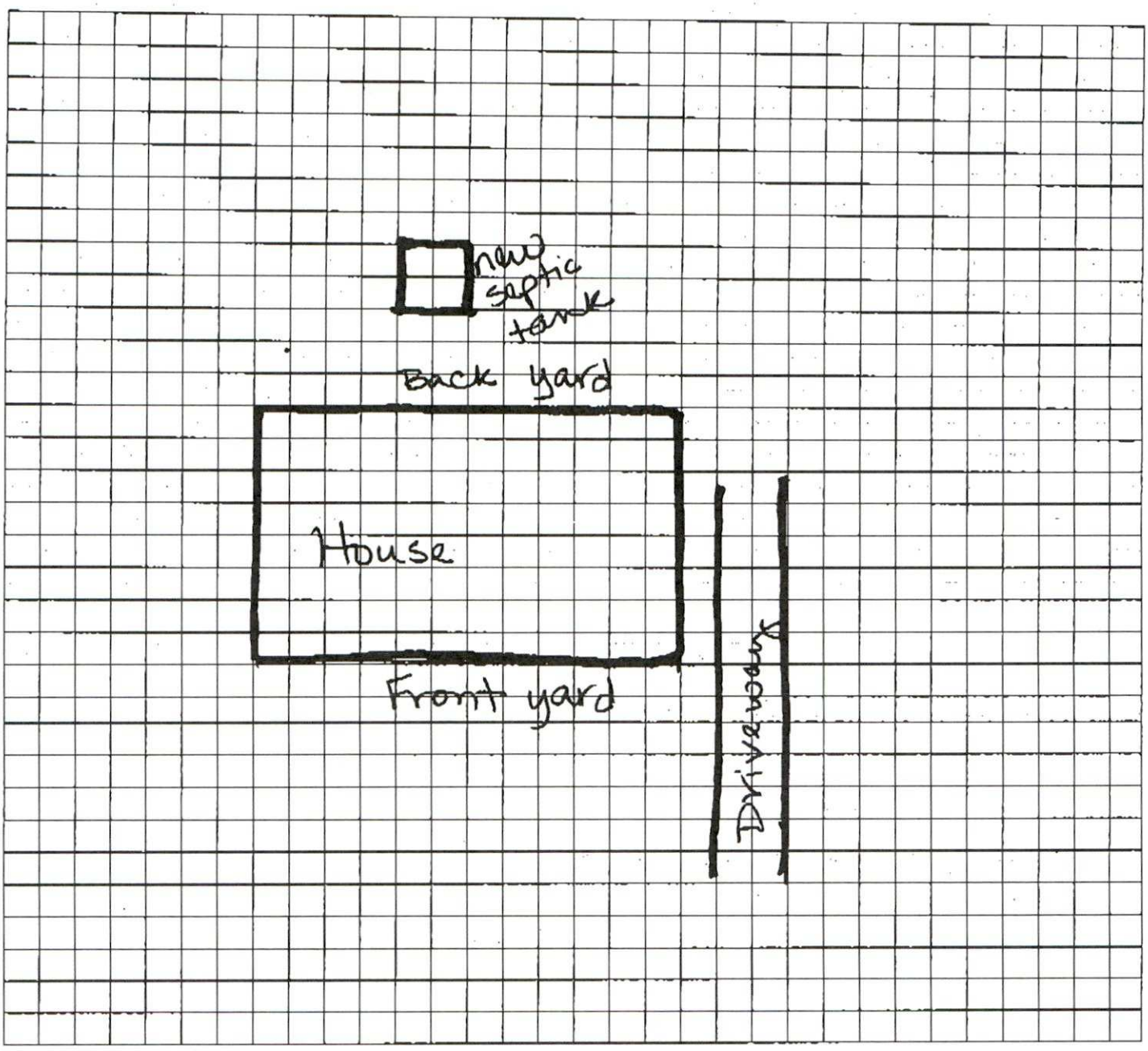
File #: 119088

## 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: 8913 Longview Drive Tax Parcel #: 05315242

Subdivision Name: Westmoreland Lot #: 60




Melanie Hamilton
Property Owner's or Owner's Legal Representative Signature

4/1/24
Date



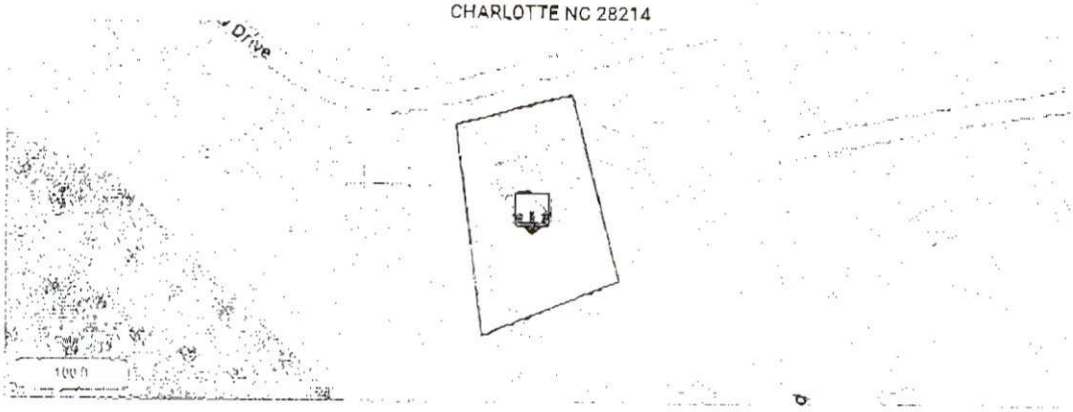
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Mecklenburg County ~ Property Record Card Property Search

PARCEL ID: 05315242
8913 LONGVIEW DR UNINC NC

HAMILTON MELANIE D
8913 LONGVIEW DR
CHARLOTTE NC 28214

[redacted]




Disclaimer

Apr. 1. 2024 9:45AM No. 8312 P. 1

FROM: Melanie H... 704-524-8130

COMPANY: Mecklenburg County Wastewater Services (Groundwater)

DATE: 4/1/24

FAX NUMBER: 704-336-6894

TOTAL NO. OF PAGES, INCLUDING COVER: 5

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE: Septic tank repair

YOUR REFERENCE NUMBER:

☐URGENT ☐FOR REVIEW ☐PLEASE COMMENT ☐PLEASE REPLY

The following transmittal is strictly confidential. The confidentiality of the transmittal is protected by federal and other law. The use is intended for the purpose and may not be recopied nor redistributed for other purposes without the written informed consent of the person to whom it pertains to.

If there is a problem with this transmission, please call us immediately.

[redacted]

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 #: 11908B Permit #: 14551 Tax Parcel #: 053-152-42

Property Owner: Melanie Hamilton

Job Location Address: 8913 Longview Dr

City: Charlotte State: NC Zip Code: 28214

**Improvement Permit Issuance Date:** N/A **Construction Authorization Issuance Date:** 4-4-24

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 4-4-25. 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: 480 GPD Site LTAR: 0.25 GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 480 feet

# of Lines: 5 @ 96 feet

Depth of Media: 12 inches (Type) 25% Red

Distribution Device: See Attached

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: 10 feet

Distance from Property Line: 5 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See Attached options.

Must Meet for preconstruction Meeting - April Bumgarner 704 512 9831

Comments: System Classification & Type: _____

Authorized Agent: April Bumgarner Signature: April Bumgarner

Owner Signature: _____ Date: _____

# On-site Wastewater Improvement Permit Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

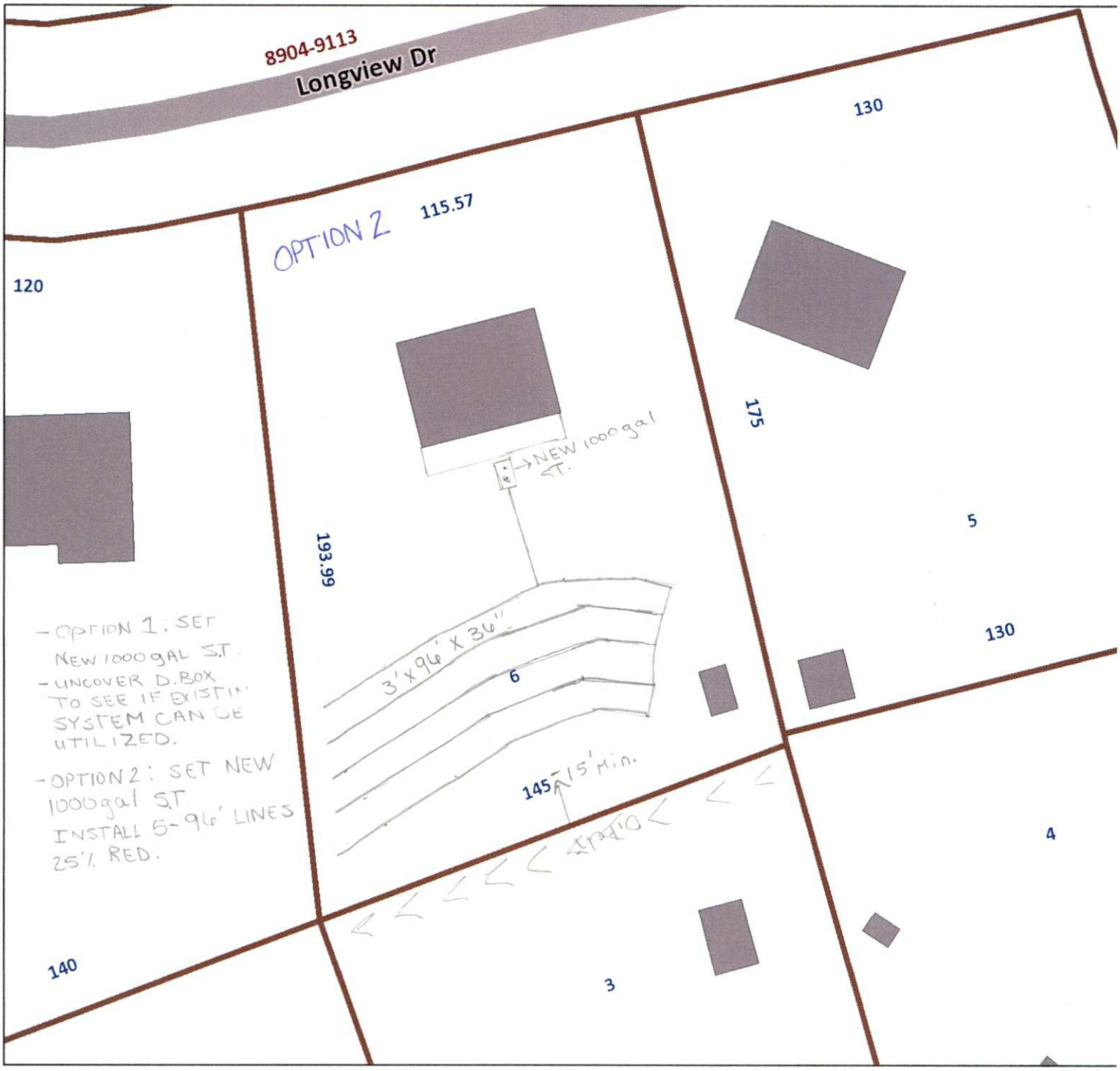
Permit #: 14551
PID #: 053-152-42
File #: 11908B

Authorized Agent: April Bumgarner Date: 4-4-24

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

# On-site Wastewater Improvement Permit Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 14551
PID #: 053-152-42
File #: 11908B

Authorized Agent: April Rumgamer Date: 4-4-24

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

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 #: 11908B Permit #: 14551 Tax Parcel #: 053-152-42

Property Owner: Melanie Hamilton

Job Location Address: 8913 Longview Dr

City: Charlotte State: NC Zip Code: 28214

**Operation Permit Issuance Date:** 4-15-24 Contractor Name: NC Septic + Pump Specialist.

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

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

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: 20' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 10' feet

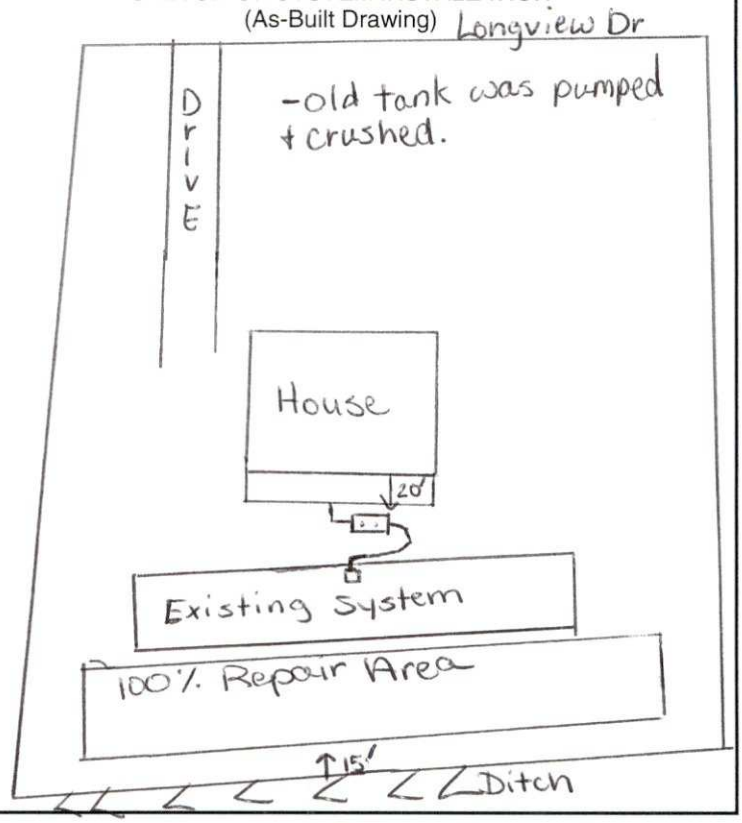
Inspection Dates

Tank(s) Inspected: 4-15-24

Excavation Inspected: N/A

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: Tank only

DENR Authorized Agent: April Bumgarner Signature: April Bumgarner

Mecklenburg County Groundwater & Wastewater Services
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NC DHHS
Division of Environmental Health
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**OPERATION PERMIT for an**
**ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

File #: 11908B Permit #: 14551 Tax Parcel #: 053-152-42

Property Owner: Melanie Hamilton

Job Location Address: 8913 Longview Dr

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: IIa

*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: April Bumgarner Date: 4-15-24

Signature: April Bumgarner