SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

AD Session Law

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

New Septic Fees Paid

IP ($250.00) LP 10/5/22 Initial/Date

IP ($450.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ 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

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

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

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☒ 12/1/22 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

GWS File #:	3801A
WASPS App #:	13498
Primary ES assigned to project:	Braedon Shelton
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?	Yes
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	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
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?	No
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?	No
Comments:	A2 session law by Larry Thompson
IA issued date:	
OP Issued date:	
Review performed by:	Michelone
Date performed:	11/30/2022

Created at 11/30/2022 11:34 AM by Michelone, Jeremy
Last modified at 11/30/2022 11:34 AM by Michelone, Jeremy

Close

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 #: **30013498** GWS File #: **3801A** Tax Parcel #: **139-032-11**

- 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):** 11/30/2027

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

Structure Type: HOUSE Size (ft^2): 3000 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial 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):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	12	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: N/A **System Classification:**

Repair System Specifications:

Design Flow (gpd):	0	LTAR (gpd/ft^2):	0	Septic Tank Size (gal):	0	Pump Tank Size (gal):	0
Trench Width (ft):	0	Trench Spacing (ft):	0	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	0	Distribution Device:	N/A		

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: Braedon Shelton Owner/Legal Agent:_____
Print Name

Signature: Braedon Shelton Signature:_____

Date Issued: 11/30/2022

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 #: **30013498** GWS File #: **3801A**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- LSS/LG evaluation is to be used to issue an improvement permit in accordance with G.S. 130A-335(a2) and (a3).

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.

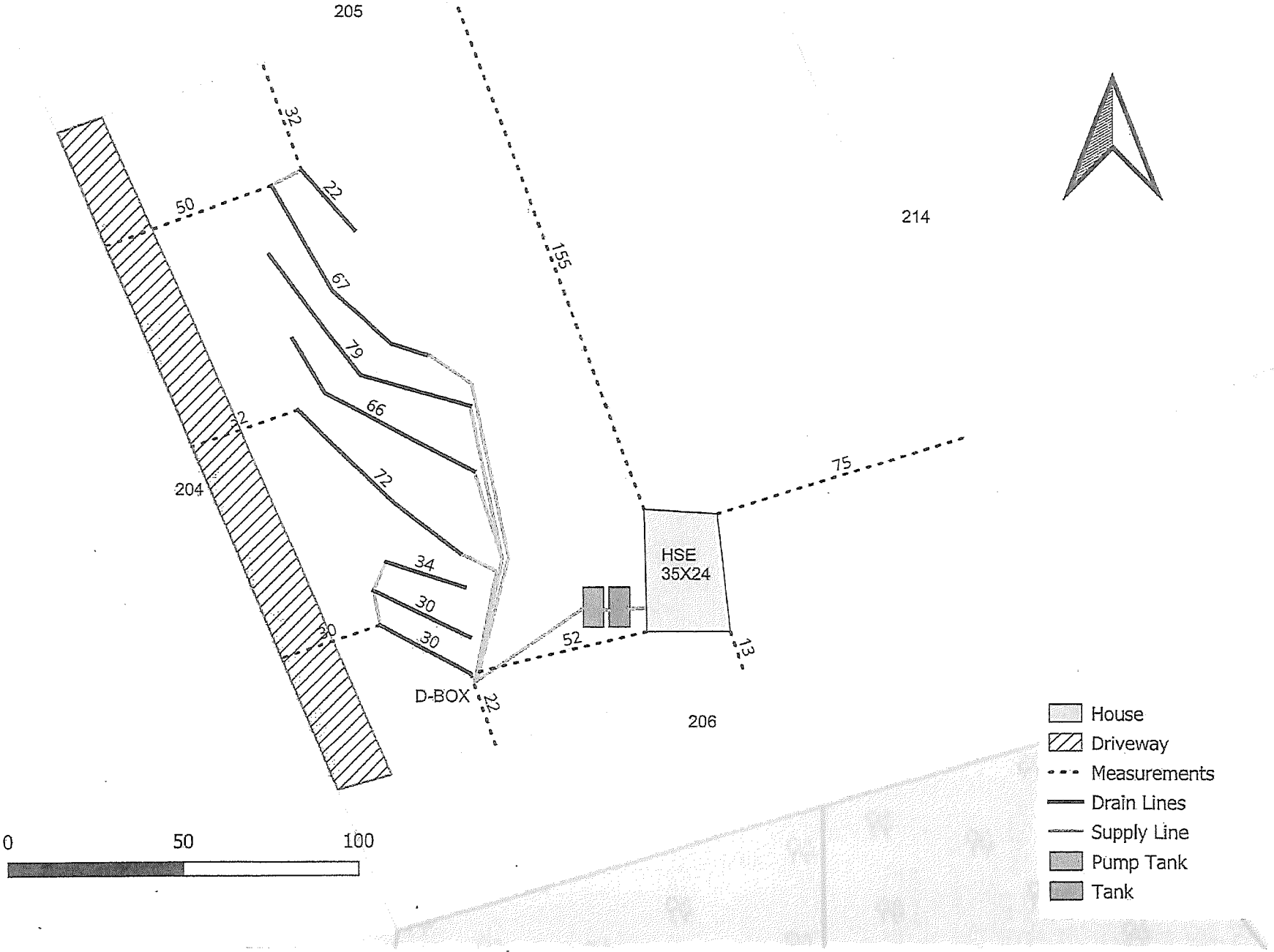
Authorized Agent: Braedon Shelton

Signature: Braedon Shelton

Date Issued: 11/30/2022

Owner/Legal Agent: _____
Print Name

Signature: _____


205
214
204
206
32
22
50
155
67
79
66
72
75
34
30
30
50
52
13
22
HSE
35X24
D-BOX
0
50
100
House
Driveway
Measurements
Drain Lines
Supply Line
Pump Tank
Tank

3801 A
#13498

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: 13903211
STREET ADDRESS: 9120 Echo Lane
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 0.99

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: 3,000
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 8

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: Igor Nagorny
ADDRESS: 4315 Haris Grove Church Road
CITY: Indian Trail
STATE: NC ZIP: 28079
WORK PHONE: _____
MOBILE PHONE: (704) 964-4894
FAX: _____
E-MAIL: igornagorny700@gmail.com

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

NAME: Larry Thompson
ADDRESS: PO Box 541
CITY: Midland
STATE: NC ZIP: 28107
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: larry@thompsonenv.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, 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 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.

IN (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.

Property Owner's or Owner's Legal Representative Signature

11-16-22
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 – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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: 9120 Echo Lane

Tax Parcel #: 13903211

Subdivision Name: _____

Lot #: _____

SEE ATTACHED SEPTIC PROPOSAL

Property Owner's or Owner's Legal Representative Signature

11-16-22
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/05/22	**Amount:**	250.00
Receipt #:	137979	**Tendered:**	250.00
Check / Auth #:	MC 07027Z	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: IGOR NAGORY
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 9120 ECHO LN		1	250.00	250.00

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

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

County: Mecklenburg

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: 13903215

Issued To: Igor Nagorny

Property Location: 9120 Echo Lane, Charlotte, NC 28227

Subdivision: _____ Lot #: _____ Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Larry Thompson, NCLSS No. 1287

New ☑ Repair ☐ Expansion ☐ System Relocation ☐

Proposed Structure: Single Family Residence

Proposed Wastewater System Type: Accepted (Initial) Exempt (Repair)

Fill System: ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area please provide a fill plan)

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): N/A

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Number of bedrooms: 4 Number of Occupants: 8 Other: _____

Pump Required: ☑ Yes ☐ No ☐ May be required based upon final location and elevations of facilities

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☐ Public well ☑ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐

Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

Licensed Soil Scientist Print Name: Larry Thompson, LSS

Licensed Soil Scientist Signature: _____ Date: 11/19/22

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3).

County: Mecklenburg

This Section for Local Health Department Use Only

Initial submittal received: 11/23/22 (*Date*) by BS (*Initials*)

Permit Number: 30013498

G.S. 130A-335(a4) states the following: *'If a local health department fails to act on an application for an improvement permit submitted pursuant to subsection (a3) of the section within 10 business days of receipt of a complete application, the local health department shall issue the improvement permit.'*

In accordance with G.S. 130A-335(a3) the improvement permit application is:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Owner on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☐ Denied (See attached report.)

Copies of this were sent to the LSS and the Owner on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☒ Complete

State Authorized Agent: Braiden Hutto Date of Issuance: 11/30/22

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2), (a3), and (a4) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 11/30/27

See attached site sketch

County: Mecklenburg

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: 13903215

Issued To: Igor Ngorny

Property Location: 9120 Echo Lane, Charlotte, NC 28227

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Larry Thompson, AOWE 10016E

Facility Type: Single Family Residence

☑ New ☐ Expansion ☐ Repair ☐ System Relocation

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☑ No

Type of Wastewater System** Accepted (Initial) N/A (Repair)

Design Daily Flow: 480 GPD Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No

Installation Requirements/Conditions

Septic Tank Size: 1,000 gallons Total Trench/Bed Length: 400 feet Trench/Bed Spacing: 9 feet on center

Drainfield square footage: 1,200 Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft²

Soil Cover: 6 inches Slope Adjusted Maximum Trench/Bed Depth: 12 inches

Aggregate Depth: N/A inches above pipe N/A inches below pipe 12 inches total

Pump Tank Size (if applicable): 1,000 gallons Requires more than 1 pump? ☐ Yes ☑ No

Pump Requirements: 10 ft. TDH vs. 71.1 GPM Grease Trap Size (if applicable): N/A gallons

Distribution Method: ☐ Serial ☐ D-Box or Parallel ☑ Pressure Manifold(s) ☐ LPP ☐ Other:

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: ☐ Yes ☑ No

Declaration of Restrictive Covenants: ☐ Yes ☑ No

****If applicable:**

I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Print Name:

Owner/Legal Representative Signature: Date:

Pre-Construction Conference Required: Yes ☑ No ☐

Conditions: System installer shall be pre-approved by Thompson Environmental Consulting, Inc.

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: Larry Thompson, LSS

AOWE/PE Signature: Date: 11/19/22

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

County: Mecklenburg

This Section for Local Health Department Use Only

Initial submittal received: 11/23/22 (Date) by BS (Initials)

Permit Number: 20013498

G.S. 130A-335(a6) states the following: *'If a local health department fails to act on an application for a construction authorization submitted pursuant to subsection (a5) of the section within 10 business days of receipt of a complete application, the local health department shall issue the construction authorization.'*

In accordance with G.S. 130A-335(a5) the construction authorization application is:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Owner on _____ (Date)

State Authorized Agent: _____ Date: _____

☐ Denied (See attached report.)

Copies of this were sent to the AOWE/PE and the Owner on _____ (Date)

State Authorized Agent: _____ Date: _____

☒ Complete

State Authorized Agent: Brandon Walter Date of Issuance: 11/30/22

This Construction Authorization is issued pursuant to G.S. 130A-335(a2), (a5), and (a6) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner. Final landscaping shall be constructed to divert water and establish vegetative cover.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 11/30/27

See attached site sketch

AGENT AUTHORIZATION FORM

PROPERTY LEGAL DESCRIPTION:

LOT NO. _____ PHASE _____ PARCEL ID: 13903215

STREET ADDRESS: 9120 Echo Lane
Charlotte, NC 28227

Please print:

Property Owner: Igor Nagorny

Property Owner: _____

The undersigned, registered property owners of the above noted property, do hereby authorize

Larry Thompson, LSS (Contractor / Agent), of Thompson Environmental Consulting, Inc. (Name of consulting firm)

to act on my behalf and take all actions necessary for the processing, issuance and acceptance of this permit or certification and any and all standard and special conditions attached.

Property Owner's Address (if different than property above):
4315 Haris Grove Church Road, Indian Trail, NC 28079

Telephone: 704-964-4894

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3).

The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6).

Owner Signature: IN
Igor Nagorny (Nov 16, 2022 18:08 EST)

Date: Nov 16, 2022

Owner Signature: _____

Date: _____

Residential Subsurface Wastewater Treatment and Disposal System Proposal

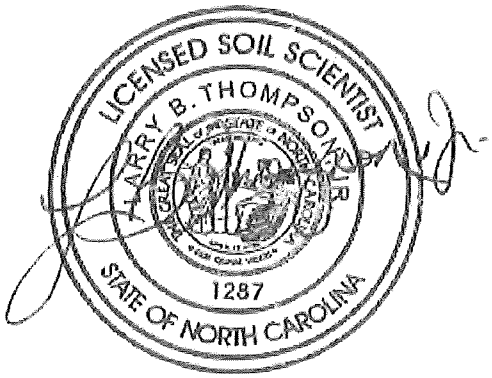
for

9120 Echo Lane
Charlotte, NC 28227

Tax Parcel # 13903215
November 12, 2022

Prepared for:

Igor Nagorny
4315 Haris Grove Church Road
Indian Trail, NC 28079
704-964-4894



Prepared by:

Larry Thompson, REHS, LSS
Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541
Phone: 704-301-4881
info@thompsonenv.com



Details

Igor Nagorny has contracted with Thompson Environmental Consulting, Inc. (TEC) to develop a proposal for an on-site wastewater treatment and disposal system that would allow for the construction of a 4-bedroom single-family residence served by public water supply to be located at 9120 Echo Lane, Charlotte, North Carolina.

Based upon an investigation performed by TEC, it was determined that a sufficient amount of "Provisionally Suitable" Group IV soil is available within the project study area for the installation of a **Pump to Accepted System** for a 4-bedroom residence. This property appears in a subdivision plat that was recorded with the Mecklenburg County Register of Deeds office on December 9, 1960, and is considered to be "repair exempt" per 15A NCAC 18A .1945 AVAILABLE SPACE

The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3). The owners would like to request that the county issue an Improvement Permit and Construction Authorization for a 4-bedroom residence based upon the following proposal and the enclosed Licensed Soil Scientist Evaluation.

Location

From Charlotte, take Independence Boulevard E., and bear left onto NC 27 Albemarle Road. Turn right on Lawyers Road, left onto Matthews-Mint Hill Road, right onto Fairview/Wilgrove-Mint Hill Rd, left on Brief Road, and left on Echo Lane. Lot is located on the left at the end of the street.

References

Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A, Section .1900, Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, April 1, 2017.

Accepted Wastewater System No. AWWS-2005-02-R6; North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, August 21, 2015.

Primary Investigator's Credentials

NC Registered Sanitarian No. 1208
NC Licensed Soil Scientist No. 1287
NC Authorized Onsite Wastewater Evaluator No. 10016E
SC Certified Professional Soil Classifier No. 111
NC Subsurface Septic System Operator No. 22199
NC Grade IV Wastewater System Installer No. 1762
NC Certified Wastewater System Inspector No. 17621

Plans and Specifications

A. Septic Tank

1. The septic tank shall be State approved (Section .1953 of 15A NCAC 18A), watertight, structurally sound, and 1,000 gallons (minimum) in capacity.
2. The septic tank will be fitted with an approved effluent filter.
3. It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tank has had time to properly cure and is free of cracks or other structural deficiencies.

B. Pump Tank

1. The pump tank shall be State approved, of one-piece construction, watertight, structurally sound, and 1,000 gallons in capacity. Again, it is the responsibility of the septic tank contractor to thoroughly inspect each pump tank prior to accepting delivery.
2. All pipe penetrations into the tank shall be booted (i.e., C-293 boot with a stainless-steel strap).
3. The pump tank shall have access risers that extend, at a minimum, 6 inches above finished grade and must have less than 36 inches of fill over its top once finished grade has been established (a reinforced concrete tank will be required if finished soil cover is 36 inches or greater in depth).
4. The pump and alarm controls shall be provided with manual circuit disconnects within a watertight, corrosion resistant, Nema 4x rated control panel. Pump and float control wiring should be long enough to reach from the tank to the control panel without splicing, routed through wire conduit, and sealed at the openings within the pump tank as well as the control panel enclosure. It is paramount that the conduit is properly sealed to prevent the escape of flammable gases from the pump tank. Furthermore, there must be two electrical circuits for the pump tank controls: one for the pump and one for the alarm controls.
5. Panel and control equipment shall include lightning protection, be protected from unauthorized access, and always remain accessible to the system operator.
6. The pump removal system will be via a pump tether made of nylon rope or its equivalent. The tether material should be resistant to mildew and rot.

C. Pipe, Fittings and Supply Line

1. All discharge piping, connectors, and supply lines should be made of SCH 40 PVC and fitted with pressure-rated couplings.
2. All joints must be properly "welded" utilizing the appropriate PVC cement for each application.
3. Supply line will be approximately 52 feet long and consist of a 2-inch SCH 40 PVC pipe with pressure fittings.

D. Pressure Manifold

1. A pressure manifold shall be used to evenly distribute the wastewater.
2. The pressure manifold shall be contained within an adequately sized box/vault that will allow future repair lines to be installed and is designed to allow for drainage of effluent that may accumulate in it during flushing and head pressure adjustments. The box should be placed upon a gravel base.
3. A gate valve shall be provided at the pressure manifold box to allow for final pressure adjustment (2 foot of head pressure as per design).
4. The pressure manifold shall be constructed of SCH 80 PVC.
5. There shall be 5 taps, (2) SCH 80 PVC 1-in, and (3) SCH 40 PVC ¾-in.
6. The connecting pipe between the pressure manifold taps and the drainfield shall be constructed of PVC.

E. Drainfield Installation

1. The drainfield has been previously laid out on-site utilizing metal stemmed flags. The property owner/builder should mark this area and isolate it as much as possible from construction traffic
2. Under no circumstances shall any construction take place within the drainfield area while the soil is in a wet condition.
3. The specified system is an accepted wastewater system, specifically the Infiltrator Quick 4 chamber system or any other system with a state-approved 25% reduction in required drainline length.
4. The drainfield consists of eight (8) lateral trenches. Line 1 is 94 linear feet comprised of a 3-foot wide by 30-ft long trench serial fed to a 3-ft wide by 30-ft long trench serial fed to a 3-ft wide by 34-ft long trench. Line 2 is a 3-ft wide by 72-ft long trench. Line 3 is a 3-ft wide by 66-ft long trench. Line 4 is a 3-ft wide by 79-ft long trench. Line 5 is 89 linear feet and is comprised of a 3-ft wide by 67-ft long trench serial fed to a 3-ft wide by 22-ft long trench.
5. Total trench length is **400 feet**.
6. The maximum trench depth for this system shall be **12 inches**.
7. The laterals are to be installed on contour with the land, keeping the individual trench bottoms level from beginning to end.
8. The trenches should be left open for the final inspection by the health department.

F. Final Landscaping

1. The final soil cover over the drainfield shall be a minimum of 6 inches deep.
2. The drainfield shall be shaped to shed rainwater and be free from low spots.
3. The drainfield area should be planted with grass as soon as possible to prevent erosion. The soil should be properly tilled, limed (if necessary) and fertilized prior to planting. After applying grass seed, the area should be heavily mulched with straw or other suitable material.

G. Utility Conflicts

1. The builder and property owner must take special care in planning for water, power, gas, telephone, and cable lines. These utilities shall be kept clear of all parts of the septic system and its proposed repair area. Improper planning for underground utilities can negatively impact the installation and, in some cases, cause irreparable damage and permit revocation.
2. Lawn irrigation should not be placed over the drainfield area.
3. If there are any questions regarding preferred routes, contact the health department as soon as possible.

Maintenance

H. In General

1. The homeowner must maintain the drainfield area through periodic mowing. The drainfield must not be allowed to become overgrown.
2. The septic tank should be pumped every 4 years or when the solids within the septic tank reach an elevation that is equivalent to 25 percent of the volume of the tank. In some situations, the tanks may need to be pumped more frequently. If using a garbage disposal, it is recommended that the homeowner has the septic and pump tanks cleaned out annually.
3. When it becomes necessary to clean the effluent filter, the filter should be removed, and the accumulated debris washed back into the septic tank – not onto the lawn.
4. Any damp areas, leakages, or malfunctions in the drainfield area should be addressed immediately.
5. Divert gutter downspouts and surface water runoff away from the septic and pump tanks.

Design Specifics

Daily Design Flow:	360 GPD – 4 Bedroom Home
Septic Tank Requirements:	1,000 Gallon Septic Tanks
Pump Tank Requirements:	1,000 Gallon Pump Tank
Pump Size:	71.1 GPM at 10-ft TDH
Recommended Pump:	Liberty FL50 or equivalent
Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	Infiltrator Quick4 Plus Standard
Distribution Method:	Pressure manifold
Tap Requirements:	Line 1=94-ft SCH 80 PVC 1-in

	Line 2=72-ft SCH 40 PVC ¾-in Line 3=66-ft SCH 40 PVC ¾-in Line 4=79-ft SCH 40 PVC ¾-in Line 5=89-ft SCH 80 PVC 1-in
Number of Drainlines:	(5) comprised of 8 lines total
Drain Lines:	Line 1 = 94 Linear feet 3-ft Wide x 30-ft Long 3-ft Wide x 30-ft Long 3-ft Wide x 34-ft Long Line 2 = 3-ft Wide x 72-ft Long Line 3 = 3-ft Wide x 66-ft Long Line 4 = 3-ft Wide x 79-ft Long Line 5= 89 Linear Feet 3-ft Wide x 67-ft Long 3-ft Wide x 22-ft Long
Total Trench Length:	400 Linear Feet
Maximum Trench Depth:	12 Inches
Final Cover Requirement:	6 Inches (minimum)

Book No. 2195

Revenue Stamp affixed $.—

STATE OF NORTH CAROLINA—Mecklenburg County.

THIS DEED, Made this 9th day of December A. D., 1960, by and between Annie Evans Osborne(widow)

of the County of Mecklenburg and State of North Carolina, party of the first part, and David Black and wife, Verlia Black

of the County of Mecklenburg and State of North Carolina, parties of the second part.

WITNESSETH, That the said party of the first part, in consideration of Ten Dollars and other valuable considerations Dollars to him paid by the parties of the second part, the receipt of which is hereby acknowledged, has bargained and sold, and by these presents do es grant, bargain, sell and convey unto the said parties of the second part and their heirs, all that certain lot of land, situate, lying and being in Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

Beginning at a point 40 ft. north of the H. J. Houston line in the eastern edge of the W. O. Bartlett property and running thence N. 20-10'-40" W. 208.70 ft. to another stake in the eastern edge of the said Bartlett line; thence N. 76-53' E. 208.70 ft. to an iron stake; thence S. 20-10'-40" E. 208.70 ft. to an iron stake; thence S. 76°-53' W. 208.70 ft. to the point of beginning comprising one acre more or less.

This is a part of that same tract of land which was willed to Howard Osborne and wife Annie Evans Osborne by Ellis Trull(now deceased) by will which is recorded in Book 5 at page 581 in the Office of the Clerk of Mecklenburg County Superior Court.(See Deed Book 173, Page 232, Mecklenburg County Registry)

TO HAVE AND TO HOLD the aforesaid certain lot of land and all privileges and appurtenances thereto belonging, to the said parties of the second part, their heirs and assigns, to their only use and behoof forever.

And the party of the first part for herself her heirs, executors and administrators, covenants with the said parties of the second part, their heirs and assigns, that she is seized of said premises in fee and has a right to convey the same in fee simple, that the same are free and clear from all incumbrances, and that she will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

IN TESTIMONY WHEREOF, The said party of the first part of these Presents has hereunto set her hand and seal the day and year above written.

Signed, Sealed and Delivered in presence of

Annie "Evans" Osborne (widow) (Seal)

(Seal)

(Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

I, Lem Long, Jr. a Notary Public for said County and State, do hereby certify that Annie Evans Osborne(widow) personally appeared before me this day and acknowledged the due execution of the foregoing (or annexed) instrument.

Witness my hand and notarial seal this 11 day of December A. D., 1960

SEAL

Lem Long, Jr., Notary Public

My Commission Expires July 13, 1962

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

The foregoing (or annexed) Certificate of Lem Long, Jr. ; a Notary Public for said County and State, is adjudged to be correct. Let the instrument and the certificate be registered.

This 14th day of December A.D., 1960

J. Lestar Wolfe, Clerk Superior Court By: Genava K. Blackley Deputy, Clerk Superior Court

Filed at 4:17 o'clock, P. M., on the 14th day of Dec. A.D., 1960

Recorded at 8:43 o'clock, A. M., on the 16th day of Dec. A.D., 1960

and verified. J. E. RENFROW, Register of Deeds.
EDGAR SMITH

Drawn By: H. B. Givens, Attorney EFB

PRELIMINARY SOIL AND SITE EVALUATION

9120 Echo Lane
Charlotte, NC 28227

Prepared For:

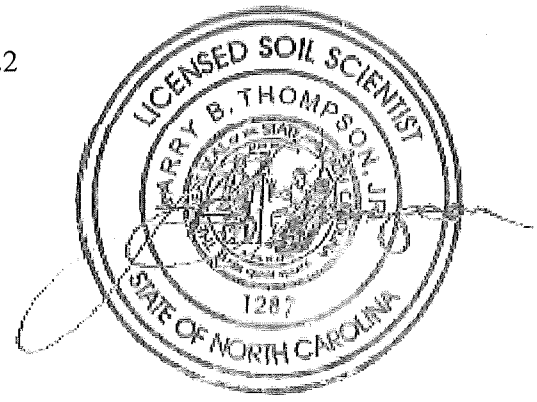
Andre Nagorny
11385 Hartsell Road
Midland, NC 28107

Prepared By:

Thompson Environmental Consulting
WATER • WASTEWATER • WETLANDS

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

June 2, 2022



INTRODUCTION & SITE DESCRIPTION

This Soil and Site Evaluation was performed on a 1-acre parcel located at 9120 Echo Lane, Charlotte, NC 28227 (Mecklenburg County Parcel: 13903211).

Thompson Environmental Consulting, Inc. (TEC) was retained to determine whether the soils were suitable for onsite subsurface wastewater treatment and disposal. The property was evaluated in accordance with North Carolina statutes for waste disposal ("Laws and Rules for Sewage Treatment and Disposal Systems", amended April 1, 2017).

INVESTIGATION METHODOLOGY & SITE PHYSICAL CHARACTERISTICS

Individual soil borings were evaluated, and soil color was determined with a Munsell Soil Color Chart. Observations of the landscape (slope, drainage patterns, etc.) as well as soil properties (depth, texture, structure, seasonal wetness, restrictive horizons, etc.) were recorded.

The project study is currently undeveloped and is vegetated with mixed deciduous trees. There is a power line running through the northeast corner of the property and a large drainage feature that runs through its approximate center.

FINDINGS

A field survey was conducted on June 1, 2022. Four soil borings were advanced with a hand-held auger, and their locations noted in the attached Figure 1.

All borings were rated as Provisionally Suitable for the installation of a subsurface wastewater treatment and disposal system utilizing Accepted System drainfield products and are denoted in the attached Figure as green points. Surfaces, when present, typically exhibited friable sandy clay loam textures with weak, medium, subangular blocky structure 13 inches in depth. Upper subsurface horizons exhibited firm sandy clay textures with moderate, medium, subangular blocky structure to a depth of 25 to 31 inches before encountering soil wetness indicators or saprolite. A long-term acceptance rate (LTAR) of 0.3 gal./day/sq. ft. would be recommended for these soils.

DISCUSSION

The soils observed outside of the drainage feature will support the installation of a subsurface wastewater treatment and disposal system utilizing Accepted System drainfield products. It is estimated that 3,000 square feet of suitable soil area would need to be allocated and left completely available for the installation of an Accepted System serving a 4-bedroom single family residence, however, TEC has serious concerns regarding house placement and available area for a drainfield. For this reason, we would strongly recommend that a proposed house box be marked on the property and a septic layout be performed prior to purchasing the property.

CONCLUSION

The findings presented herein represent TEC's professional opinion based on our Soil and Site Evaluation and knowledge of the current laws and rules governing on-site wastewater systems in North Carolina. Soils naturally change across a landscape and contain many inclusions. As such, attempts to quantify them are not always precise and exact. Due to this inherent variability of soils and the subjectivity when determining limiting factors, there is no guarantee that a regulating authority will agree with the findings of this report.

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

Sheet 1 of 1
PROPERTY ID #: 13903211
COUNTY: Mecklenburg

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rocco
ADDRESS:
PROPOSED FACILITY: Res. PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 9170 Echo Ln.
DATE EVALUATED: 5/31/2022
PROPERTY SIZE: 1.0
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-13	SCL Wdk	fissSP		32"			PS 0.3
		13-26	SC Wdk	fissSP					
		26-32	SC Wdk	firmSP					
2	L 5%	0-38	SC Wdk	fissSP	10YR 3/2 @ 33"	33"			PS 0.3
3	L 8%	0-27	SC Wdk	fissSP		27"			PS 0.3
		27	SAPRO						
4	L 5%	0-22	SC Wdk	fissSP 5YR4/4 matrix		34"			PS 0.3
		22-34	SC Wdk	fissSP 7.5YR6/8 matrix					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)	Accepted	
Site LTAR	0.3	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: Glang
OTHER(S) PRESENT: L. Thompson, LSS

LICENSED SOIL SCIENTIST — LEWIS B. THOMPSON, JR. — 1207 — STATE OF NORTH CAROLINA

COMMENTS:

Updated February 2014

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

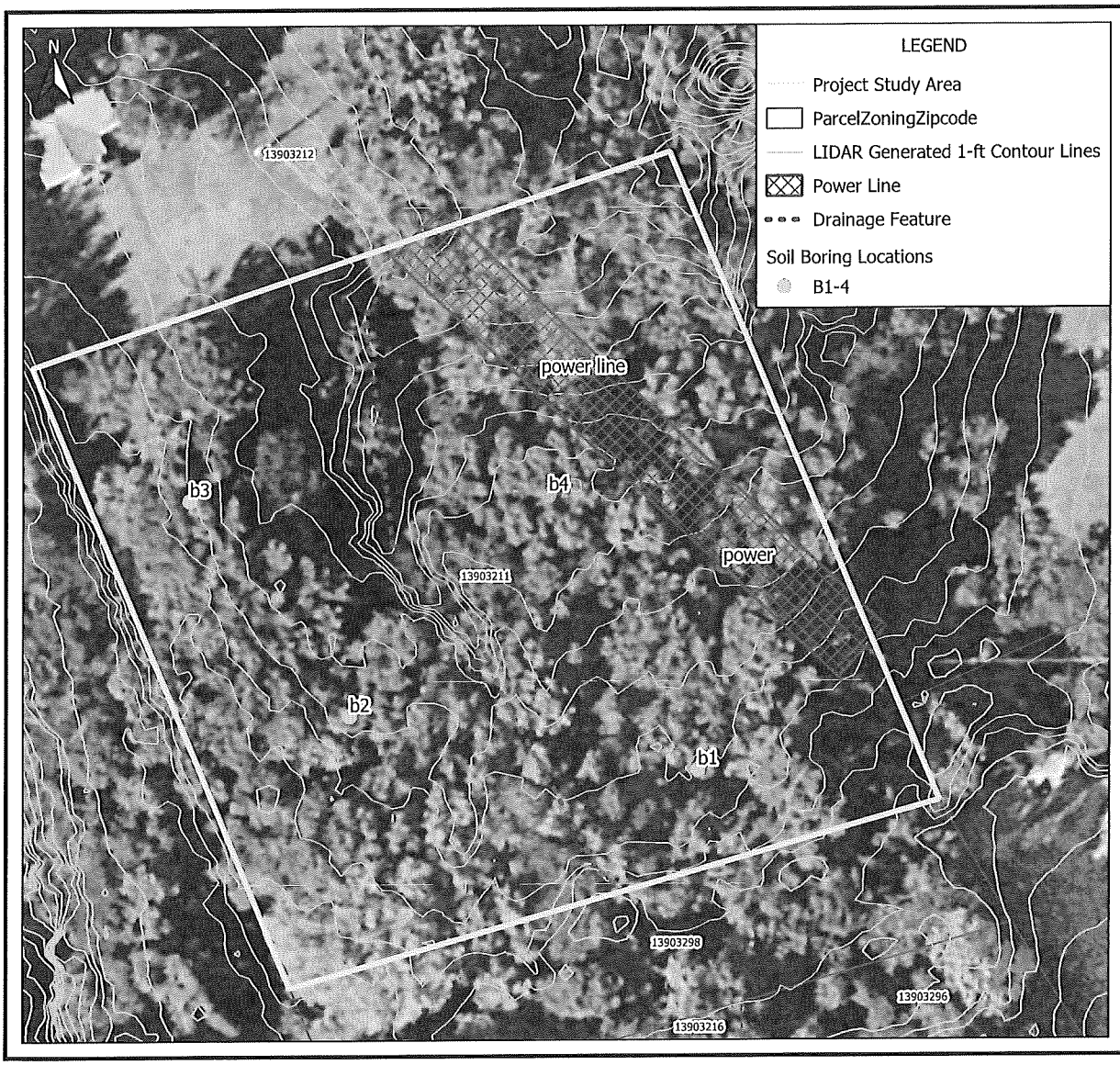


FIGURE 1

Prepared For:

Drew Nagorny

Soil and Site Evaluation

9120 Echo Lane
Charlotte, NC 28227

Mecklenburg County

Scale:
0 20 40 ft

TEC Job No.
22-155

Date:
June 2022

Thompson Environmental Consulting
WATER • WASTEWATER • WETLANDS

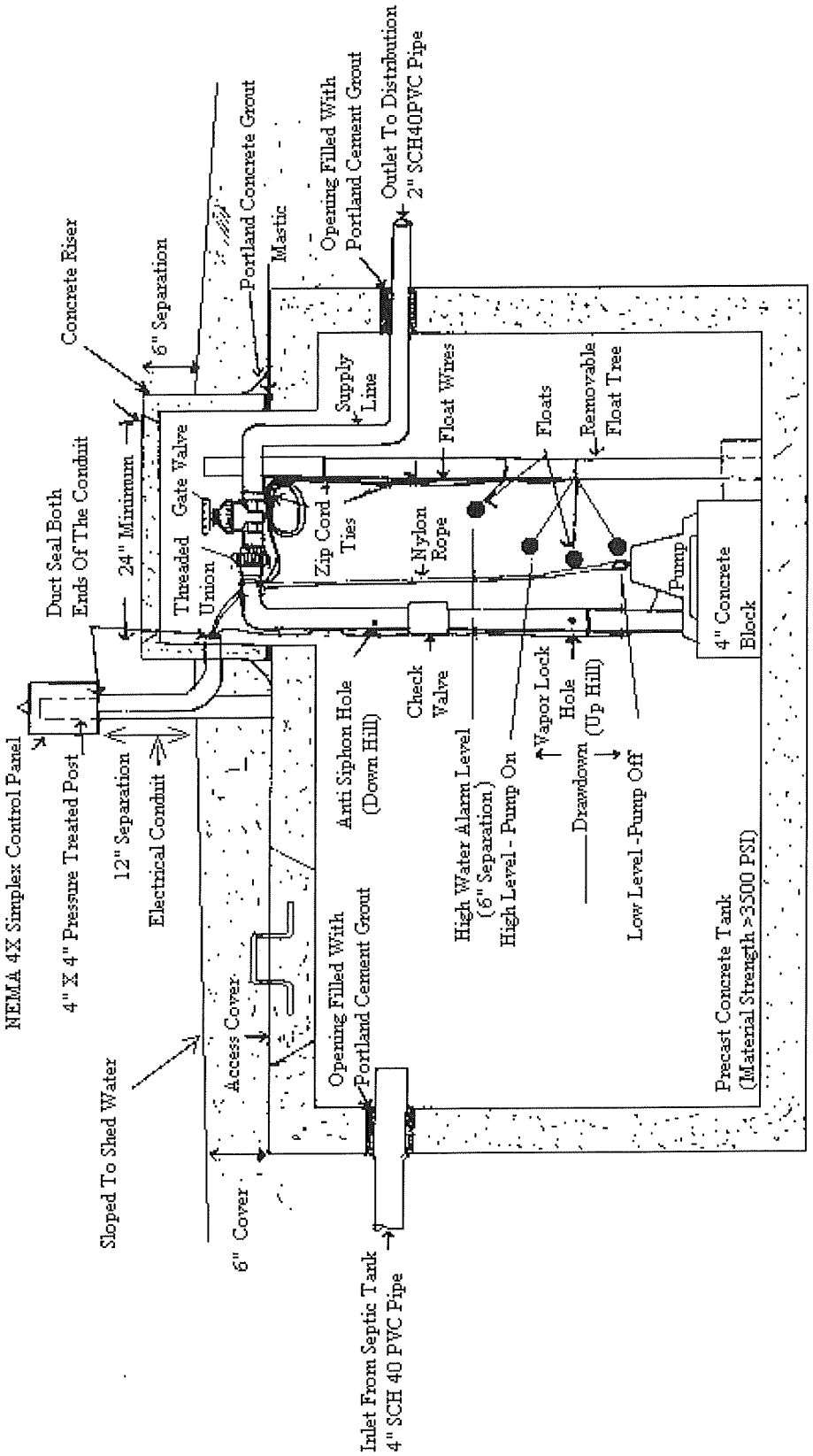
Thompson Environmental Consulting, Inc
PO Box 541
Midland, NC 28107-0541

Tax ID Number: 13903215

Location: 9120 Echo Lane

Date: November 18, 2022

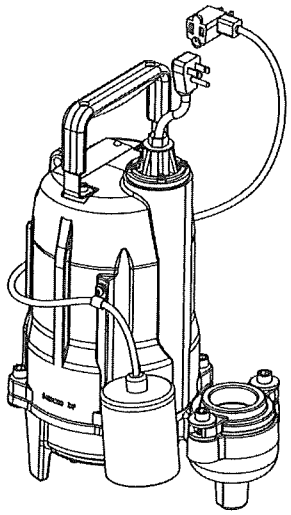
Recommended Pump Tank Design

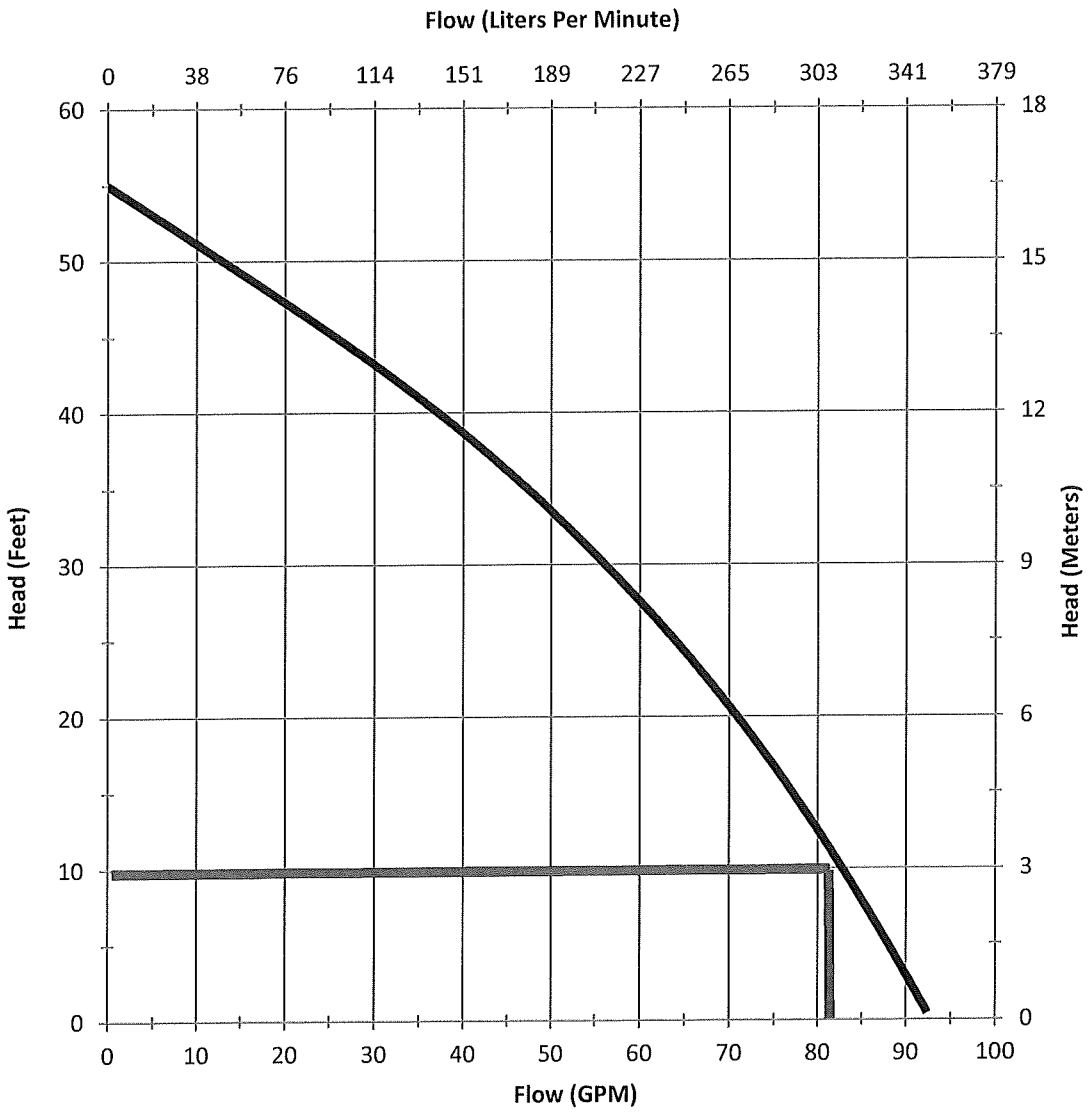


Liberty Pumps®

Pump Specifications

FL50 Series 1/2 hp Submersible Effluent Pump

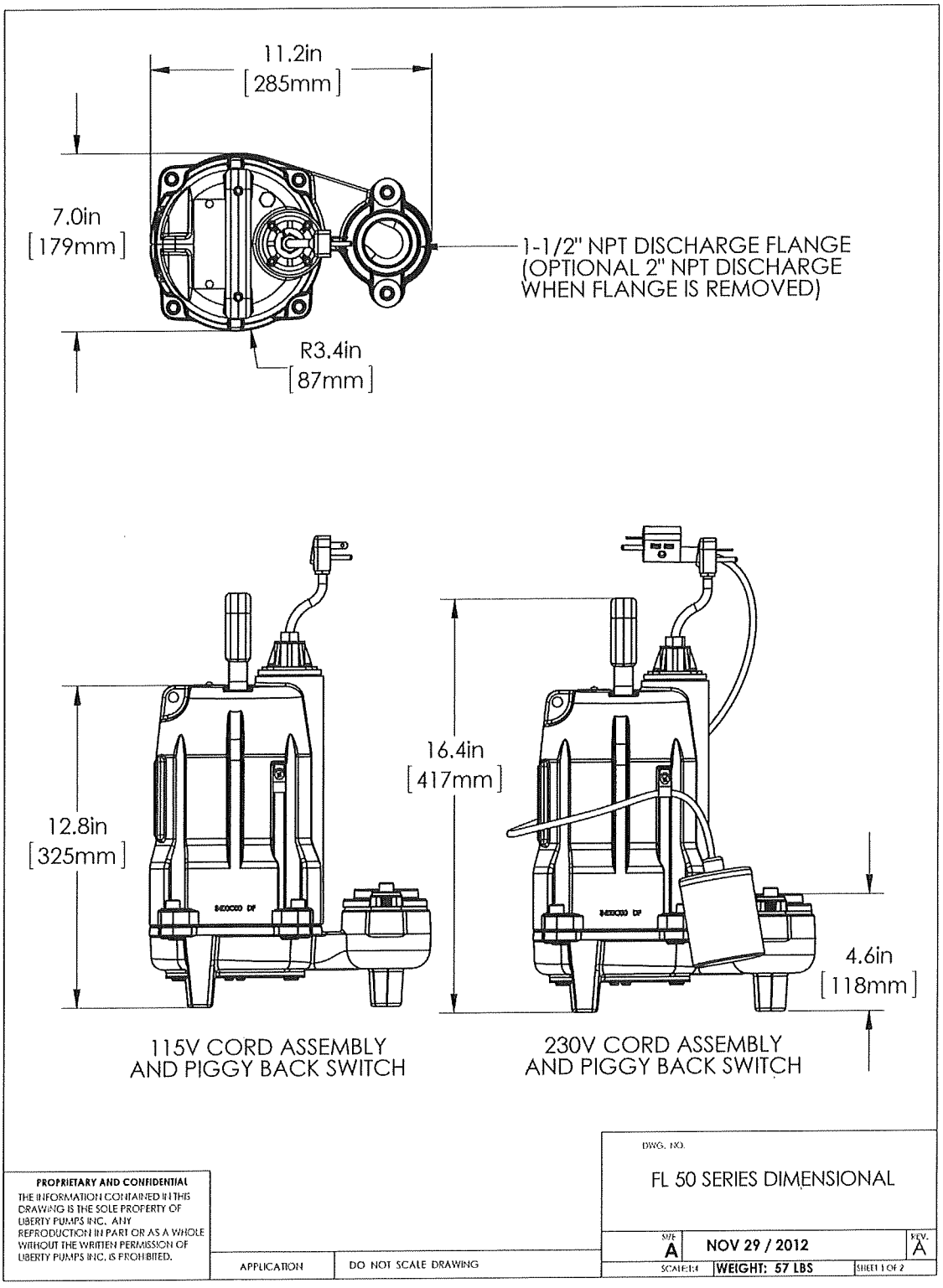




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Liberty Pumps®

FL50-Series Dimensional Data



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FL50-Series Electrical Data

MODEL	HP	VOLTAGE	PHASE	FULL LOAD AMPS	LOCKED ROTOR AMPS	THERMAL OVERLOAD TEMP	STATOR WINDING CLASS	CORD LENGTH FT	DISCHARGE	AUTOMATIC	WGT.
FL51A	1/2	115	1	12	48.6	120°C 248°F	B	10	1 ½ OR 2"	YES	53 lbs.
FL51A-2	1/2	115	1	12	48.6	120°C 248°F	B	25	1 ½ OR 2"	YES	55 lbs.
FL51A-3	1/2	115	1	12	48.6	120°C 248°F	B	35	1 ½ OR 2"	YES	58 lbs.
FL51M	1/2	115	1	12	48.6	120°C 248°F	B	10	1 ½ OR 2"	NO	52 lbs.
FL51M-2	1/2	115	1	12	48.6	120°C 248°F	B	25	1 ½ OR 2"	NO	53 lbs.
FL51M-3	1/2	115	1	12	48.6	120°C 248°F	B	35	1 ½ OR 2"	NO	55 lbs.
FL52A	1/2	208-230	1	6.5	24.1	120°C 248°F	B	10	1 ½ OR 2"	YES	53 lbs.
FL52A-2	1/2	208-230	1	6.5	24.1	120°C 248°F	B	25	1 ½ OR 2"	YES	55 lbs.
FL52A-3	1/2	208-230	1	6.5	24.1	120°C 248°F	B	35	1 ½ OR 2"	YES	58 lbs.
FL52M	1/2	208-230	1	6.5	24.1	120°C 248°F	B	10	1 ½ OR 2"	NO	52 lbs.
FL52M-2	1/2	208-230	1	6.5	24.1	120°C 248°F	B	25	1 ½ OR 2"	NO	53 lbs.
FL52M-3	1/2	208-230	1	6.5	24.1	120°C 248°F	B	35	1 ½ OR 2"	NO	55 lbs.

FL50-Series Technical Data

IMPELLER	MULTI-VANE CAST IRON
PAINT	POWDER COAT
SOLIDS HANDLING CAPABILITY	¾"
MAX LIQUID TEMP	60°C 140°F
MAX STATOR TEMP	130°C 266°F
THERMAL OVERLOAD	120°C 248°F
POWER CORD TYPE	SJTW (1-PH) or SEOOW (3-PH), or SJOOW (35' – 1PH)
MOTOR HOUSING	CLASS 25 CAST IRON
VOLUTE	CLASS 25 CAST IRON
IMPELLER	CLASS 25 CAST IRON
SHAFT	STAINLESS
HARDWARE	STAINLESS
ORINGS	BUNA N
MECHANICAL SEAL	UNITIZED CERAMIC CARBON

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FL50-Series Specifications

1.01 GENERAL:

The contractor shall provide labor, material, equipment, and incidentals required to provide_____(QTY) centrifugal pumps as specified herein. The pump models covered in this specification are Series FL50 single phase pumps. The pump furnished for this application shall be model _____as manufactured by Liberty pumps.

2.01 OPERATING CONDITIONS:

Each submersible pump shall be rated at 1/2 hp_____volts single phase 60 Hz. 3450 RPM. The unit shall produce_____G.P.M. at_____ feet of total dynamic head.

The submersible pump shall be capable of handling sewage effluent with 3/4" solid handling capability. The submersible pump shall have a shut-off head of 55 feet and a maximum flow of 76 GPM @ 15 feet of total dynamic head.

The pump shall be controlled with:

_____A piggy back style on/off float switch.

_____A NEMA 4X simplex control panel with three float switches and a high water alarm.

_____A NEMA 4X duplex control panel with three float switches and a high water alarm.

3.01 CONSTRUCTION:

Each centrifugal sewage pump shall be equal to the C SA US certified Series FL50 SERIES pumps as manufactured by Liberty Pumps, Bergen NY. The castings shall be constructed of class 25 cast iron. The motor housing shall be oil filled to dissipate heat. Air filled motors shall not be considered equal since they do not properly dissipate heat from the motor. All mating parts shall be machined and sealed with a Buna-N o-ring. All fasteners exposed to the liquid shall be stainless steel. The motor shall be protected on the top side with sealed cord entry plate with molded pins to conduct electricity eliminating the ability of water to enter internally through the cord. The motor shall be protected on the lower side with a unitized ceramic/carbon seal with stainless steel housings and spring. The pump shall be furnished with stainless steel handle.

4.01 ELECTRICAL POWER CORD

The submersible pump shall be supplied with a 10, 25 or 35 feet of multiconductor power cord. It shall be cord type SJTW (1-PH) or SEOOW (3-PH), SJOOW (35' – 1PH), capable of continued exposure to the pumped liquid. The power cord shall be sized for the rated full load amps of the pump in accordance with the National Electric Code. The power cable shall not enter the motor housing directly but will conduct electricity to the motor by means of a water tight compression fitting cord plate assembly, with molded pins to conduct electricity. This will eliminate the ability of water to enter internally through the cord, by means of a damaged or wicking cord.

5.01 MOTORS

Single phase motors shall be oil filled, permanent split capacitor, class B insulated NEMA B design, rated for continuous duty. At maximum load the winding temperature shall not exceed 130 degrees C unsubmerged. Since air filled motors are not capable of dissipating heat they shall not be considered equal. The pump motor shall have an integral thermal overload switch in the windings for protecting the motor. The capacitor circuit shall be mounted internally in the pump.

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6.01 BEARINGS AND SHAFT

Upper and lower ball bearings shall be required. The bearings shall be a single ball / race type bearing. Both bearings shall be permanently lubricated by the oil, which fills the motor housing. The motor shaft shall be made of 17-4 PH stainless steel and have a minimum diameter of .625".

7.01 SEALS

The pump shall have a unitized carbon / ceramic seal with stainless steel housings and spring equal to Crane Type 6A. The motor plate / housing interface shall be sealed with a Buna-N o-ring.

8.01 IMPELLER

The impeller shall be a class 25 iron. It shall be threaded to the motor shaft.

9.01 CONTROLS

All units can be supplied with CSA and UL approved automatic wide angle tilt float switches. The switches shall be equipped with piggy back style plug that allows the pump to be operated manually without the removal of the pump in the event that a switch becomes inoperable. Manual Pumps are operable by means of a pump control panel.

10.01 PAINT

The exterior of the casting shall be protected with Powder Coat paint.

11.01 SUPPORT

The pump shall have cast iron support legs, enabling it to be a free standing unit.

12.01 SERVICEABILTY

Components required for the repair of the pump shall be shipped within a period of 24 hours.

13.01 FACTORY ASSEMBLED TANK SYSTEMS WITH GUIDE RAIL AND QUICK DISCONNECT DISCHARGE

_____Guide factory mounted rail system with pump suspended by means of bolt on quick disconnect which is sealed by means of nitrile grommets or o-rings. The Discharge piping shall be schedule 80 PVC and furnished with a PVC check valve and shut-off ball valve. The Tank shall be wound fiberglass or roto-molded plastic. An inlet hub shall be provided with the fiberglass systems.

_____Stainless steel Guide Rail

_____Zinc plated steel Guide Rail

_____"diameter of basin size

_____"height of basin size

_____"distance from top of tank to discharge pipe outlet

_____Fiberglass cover

_____Structural foam polymer cover

_____Steel cover

_____Simplex System with Outdoor panel and alarm

_____Duplex System with Outdoor panel and alarm

_____Separate Outdoor Alarm

_____Remote Outdoor Alarm

©Copyright 2012 Liberty Pumps Inc. All rights reserved. Specifications subject to change without notice.

14.01 TESTING

The pump shall have a ground continuity check and the motor chamber shall be Hi-potted to test for electrical integrity, moisture content and insulation defects. The motor and volute housing shall be pressurized, and an air leak decay test is performed to ensure integrity of the motor housing. The pump shall be run, voltage current monitored, and the tester checks for noise or other malfunction.

15.01 QUALITY CONTROL

The pump shall be manufactured in an ISO 9001 certified Facility.

16.01 WARRANTY

Standard limited warranty shall be 3 years.

©Copyright 2012 Liberty Pumps Inc. All rights reserved. Specifications subject to change without notice.

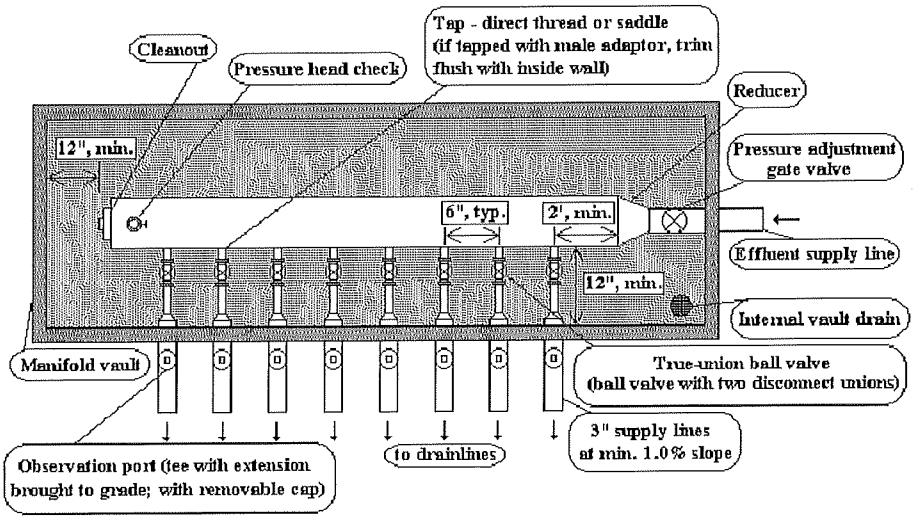
Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541

Tax ID Number: 13903215

Location: 9120 Echo Lane

Date: November 18, 2022

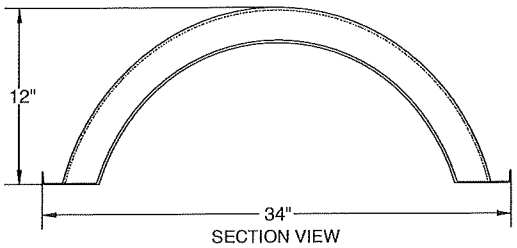
Recommended Pressure Manifold Design
(Number of Taps May Vary)



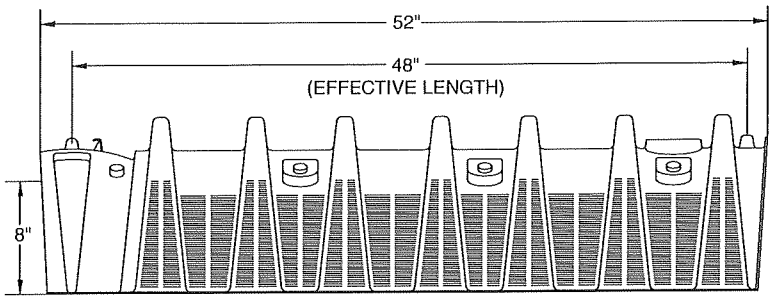
Quick4™

STANDARD CHAMBER

Quick4 Standard Chamber

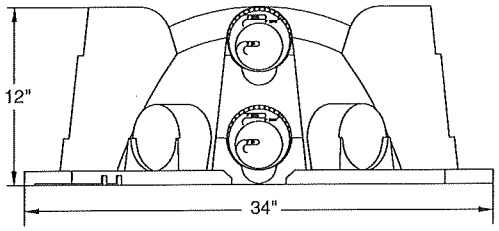


SECTION VIEW

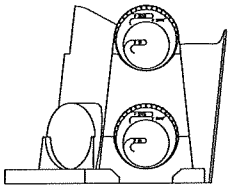


SIDE VIEW

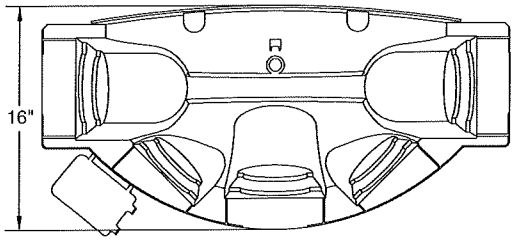
MultiPort End Cap



FRONT VIEW



SIDE VIEW



TOP VIEW

Quick4 Standard Chamber Nominal Specifications

Size (W x L x H)	34" x 52" x 12"
Effective Length	48"
Invert Height	8"

MultiPort End Cap Nominal Specifications

Size (W x L x H)	34" x 16" x 12"
Invert Height	8" or 1.25"

INFILTRATOR SYSTEMS, INC. STANDARD LIMITED WARRANTY

(a) The structural integrity of each chamber, end plate, wedge and other accessory manufactured by Infiltrator ("Units"), when installed and operated in a leachfield of an onsite septic system in accordance with Infiltrator's instructions, is warranted to the original purchaser ("Holder") against defective materials and workmanship for one year from the date that the septic permit is issued for the septic system containing the Units; provided, however, that if a septic permit is not required by applicable law, the warranty period will begin upon the date that installation of the septic system commences. To exercise its warranty rights, Holder must notify Infiltrator in writing at its Corporate Headquarters in Old Saybrook, Connecticut within fifteen (15) days of the alleged defect. Infiltrator will supply replacement Units for Units determined by Infiltrator to be covered by this Limited Warranty. Infiltrator's liability specifically excludes the cost of removal and/or installation of the Units.

(b) THE LIMITED WARRANTY AND REMEDIES IN SUBPARAGRAPH (a) ARE EXCLUSIVE. THERE ARE NO OTHER WARRANTIES WITH RESPECT TO THE UNITS, INCLUDING NO IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

(c) This Limited Warranty shall be void if any part of the chamber system is manufactured by anyone other than Infiltrator. The Limited Warranty does not extend to incidental, consequential, special or indirect damages. Infiltrator shall not be liable for penalties or liquidated damages, including loss of production and profits, labor and materials, overhead costs, or other losses or expenses incurred by the Holder or any third party. Specifically excluded from Limited Warranty coverage are damage to the Units due to ordinary wear and tear, alteration, accident, misuse, abuse or neglect of the Units; the Units being subjected to vehicle traffic or other conditions which are not permitted by the installation instructions; failure to maintain the minimum ground covers set forth in the installation instructions; the placement of improper materials into the system containing the Units; failure of the Units or the septic system due to improper siting or improper sizing, excessive water usage, improper grease disposal, or improper operation; or any other event not caused by Infiltrator. This Limited Warranty shall be void if the Holder fails to comply with all of the terms set forth in this Limited Warranty.

Further, in no event shall Infiltrator be responsible for any loss or damage to the Holder, the Units, or any third party resulting from installation or shipment, or from any product liability claims of Holder or any third party. For this Limited Warranty to apply, the Units must be installed in accordance with all site conditions required by state and local codes; all other applicable laws; and Infiltrator's installation instructions.

(d) No representative of Infiltrator has the authority to change or extend this Limited Warranty. No warranty applies to any party other than the original Holder.

The above represents the Standard Limited Warranty offered by Infiltrator. A limited number of states and counties have different warranty requirements. Any purchaser of Units should contact Infiltrator's Corporate Headquarters in Old Saybrook, Connecticut, prior to such purchase, to obtain a copy of the applicable warranty, and should carefully read that warranty prior to the purchase of Units.

INFILTRATOR® SYSTEMS INC

Environmental Onsite Wastewater Solutions℠

6 Business Park Road • P.O. Box 768
Old Saybrook, CT 06475
860-577-7000 • FAX 860-577-7001

800-221-4436

U.S. Patents: 4,759,661; 5,017,041; 5,156,488; 5,336,017; 5,401,116; 5,401,459; 5,511,903; 5,716,163; 5,588,778; 5,839,844
Canadian Patents: 1,329,959; 2,004,564 Other patents pending.

Infiltrator, Equalizer and SideWinder are registered trademarks of Infiltrator Systems Inc. Infiltrator is a registered trademark in France. Infiltrator Systems Inc. is a registered trademark in Mexico. Contour, Contour Swivel Connection, MicroLeaching, PolyTuff, SnapLock, ChamberSpacer, PosiLock, QuickCut, QuickPlay and Quick4 are trademarks of Infiltrator Systems Inc. © 2003 Infiltrator Systems Inc. Printed in U.S.A.

RECYCLED PAPER

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

Sheet: 1 of 2
Property ID: 139-032-11
Lot #: NA
File #: 3801A
AppID: 9165

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Vasile & Cornelia Rosca
Address: 20006 N 41st Ln, Glendale, AZ 85308
Proposed Facility: 3 Bedroom House
Location of Site: 9120 Echo Ln, Mint Hill, NC 28227
Water Supply: [ ] Public [X] Individual [X] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Indus

Mech turned down Lot 2017

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	P .194 Soi Wetne Colo				e R	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	HS 6%	0 - 12	gr SCL	S SP FR SEXP	2 chroma at 20"	50	NA	NA	US	NA
		12 - 20	mass C	VS VP VFI EXP						
Boring #2	HS 5%	0 - 22	gr SCL	S SP FR SEXP	2 chroma at 35"	38	NA	NA	PS IV 0.225	21"
		22 - 38	sbk C	S P FR SEXP						
Boring #3	HS 6%	0 - 15	gr SCL	S SP FR SEXP	>20"	15	NA	NA	US	NA
		15 - 20	mass C	S P VFI EXP						
Boring #4	HS 5%	0 - 24	gr SCL	S SP FR SEXP	2 chroma at 33"	40	NA	NA	PS IV 0.3	19"
		24 - 40	sbk SCL	S SP FR SEXP						
Boring #5	HS 6%	0 - 14	gr SCL	S SP FR SEXP	2 chroma at 15"	14	NA	NA	US	NA
		14 - 18	mass SCL	S SP FR SEXP						
		18	Rock							
Boring #6	HS 2%	0 - 16	gr SCL	S SP FR SEXP	2 chroma at 30"	31	NA	NA	PS IV 0.225	18"
		16 - 31	sbk C	S P FR SEXP						
		31	Rock							
Boring #7	HS 2%	0 - 12	gr SCL	S SP FR SEXP	>42"	42	NA	NA	PS IV 0.225	30"
		12 - 42	sbk C	S P FR SEXP						

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)	NA	NA
Site LTAR (gpd/sq ft)	0.225*	0.225*

***Need pits to confirm any proposal**

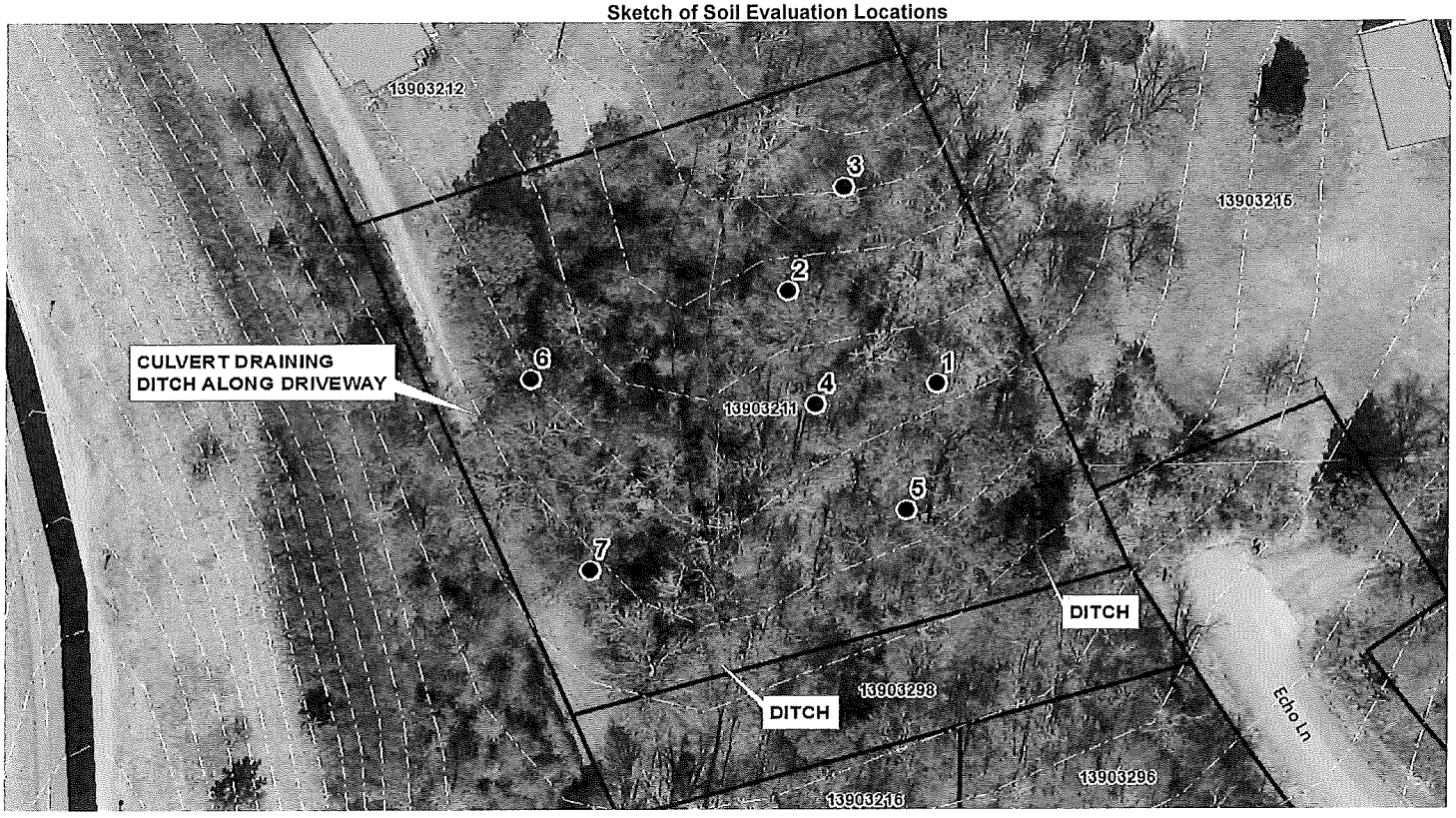
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): Unsuitable
Site Evaluation By: Jacob Presley, REHS, LSS
Others Present:

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
CV-Convex Slope		SiCL-Silty Clay Loam		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
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		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	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Sketch of Soil Evaluation Locations



MECKLENBURG COUNTY
HEALTH DEPARTMENT

CXL

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: 13903211
STREET ADDRESS: 9120 ECHO LN.
CITY: MINT HILL
STATE: NC **ZIP:** 28227
SUBDIVISION NAME: _____
LOT #: _____ **LOT SIZE (acres):** 0.98

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: 3,000
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?** 6/22/22 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: IGOR NAGORNY
ADDRESS: 9120 ECHO LN
CITY: MINT HILL
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: (704) 964-4894
FAX: _____
E-MAIL: igornagorny@hotmail.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 Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

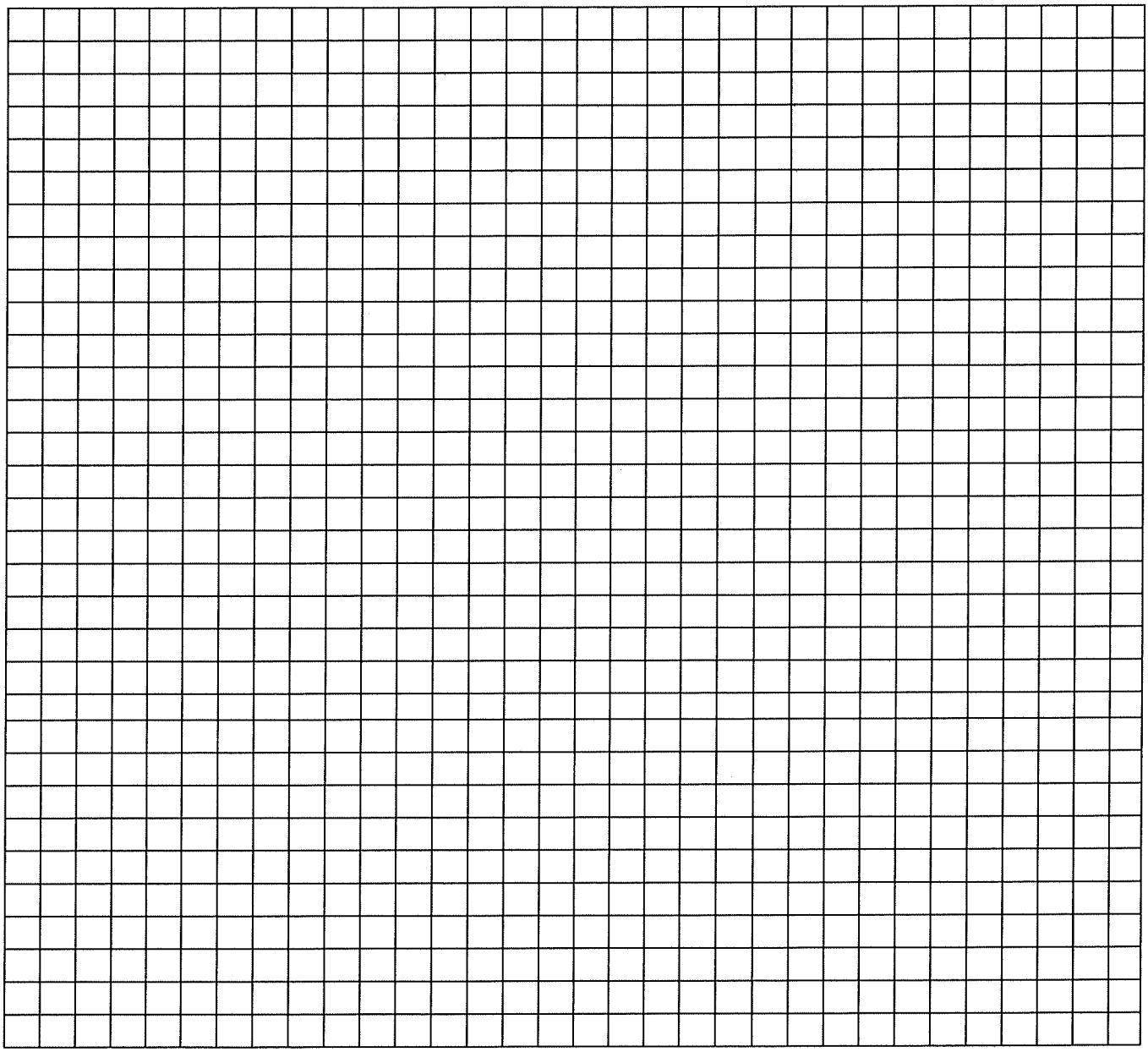
File #: _____

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: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

Property Owner's or Owner's Legal Representative Signature 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

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.

IN (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.

IN (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.

IGOR NAGORNY
Property Owner's or Owner's Legal Representative Signature

9/20/22
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 – 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
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/05/22
Receipt #: 137979
Check / Auth #: MC 07027Z
Received By: PLACILJ

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: IGOR NAGORY
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 9120 ECHO LN		1	250.00	250.00

$250 transfered to 9003 Blair Rd. on 2/6/23 since this lot is unsuitable -

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

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

3801A #9165

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: 139-032-11
STREET ADDRESS: 9120 Echo Lane
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: None
LOT #: _____ LOT SIZE (acres): 1.0
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: 3
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 None

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? 08/15/2006 ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: Vasile Rosca, Cornelia Rosca
ADDRESS: 20006 N 41st Ln
CITY: Glendale
STATE: AZ ZIP 85308
WORK PHONE: _____
MOBILE PHONE: 623-206-1877
FAX: 623-780-1054
E-MAIL: vasile55@aol.com

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5103, FAX: 704-336-6894

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.

VR CR (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.

VR CR (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.

John Correia Rosa — Property Owners or Owner's Legal Representative Signature

9/18/17 — 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 – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

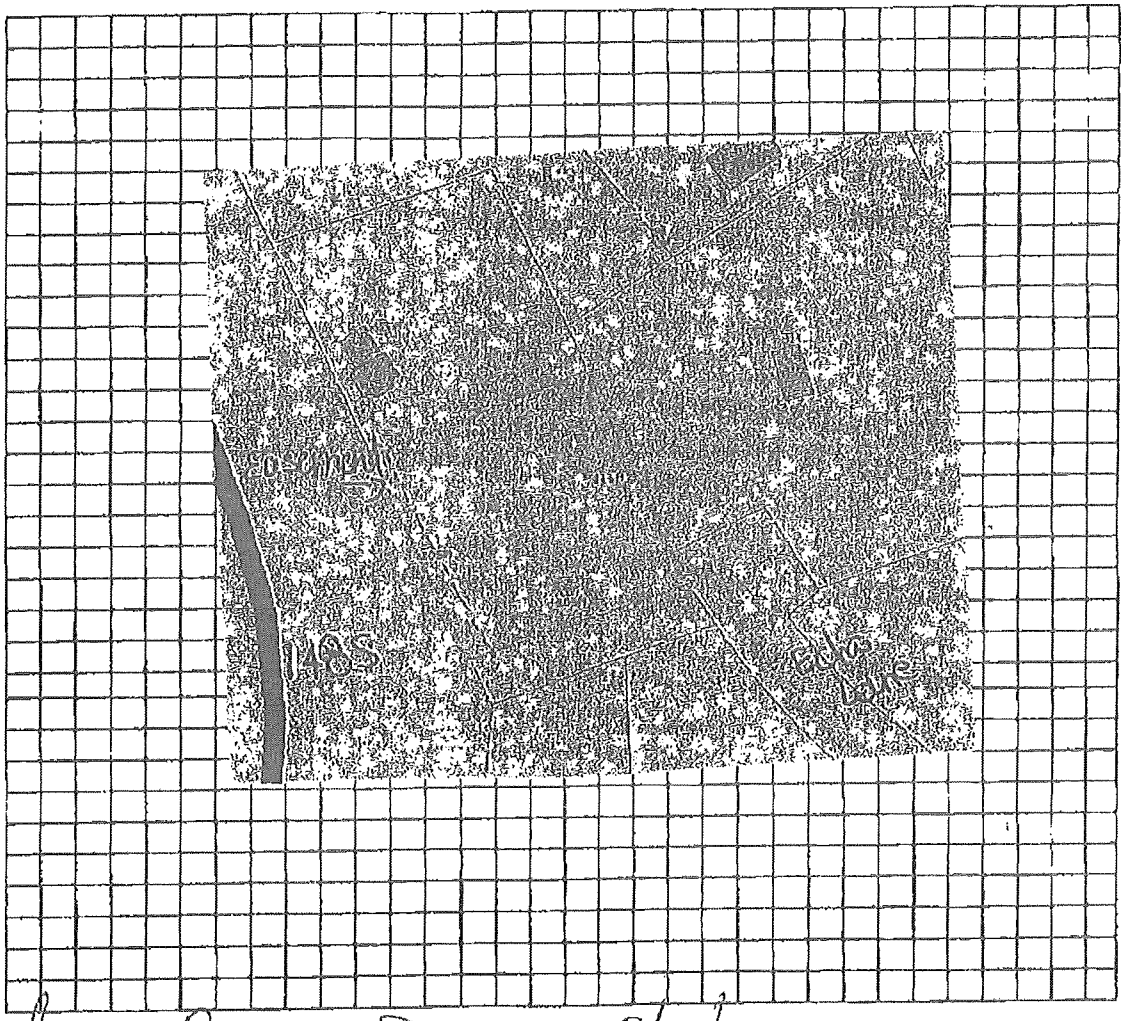
File #: _____

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: 9120 Echo Lane Mint Hill, NC Tax Parcel #: 139-032-11

Subdivision Name: _____ Lot #: _____



Cornelia Rosa 9/18/17

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on. 12/15/10

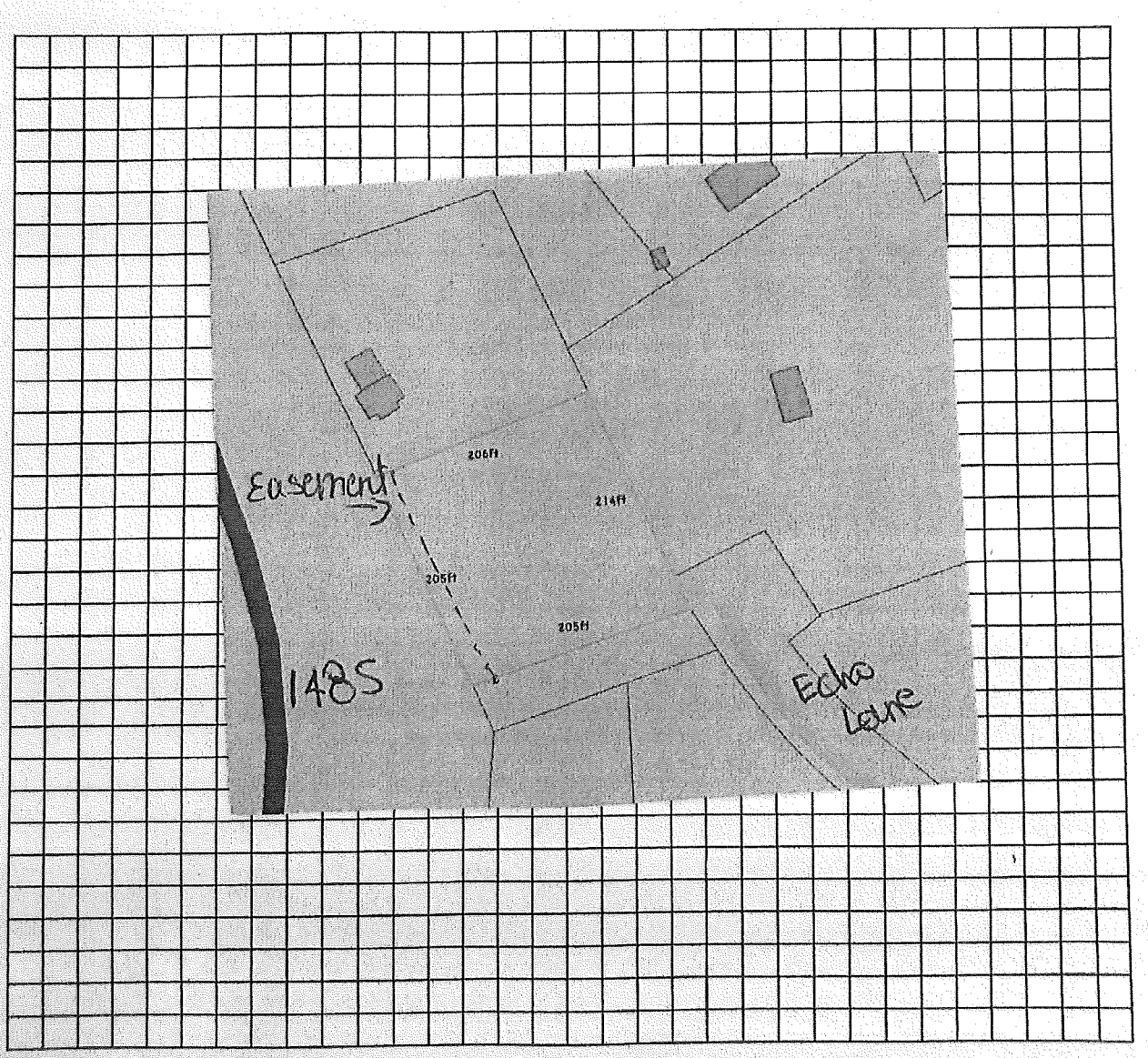
File #: _____

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: 9120 Echo Lane Mint Hill, NC Tax Parcel #: 139-032-11

Subdivision Name: _____ Lot #: _____



_____ _____

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/19/17	**Amount:**	250.00
Receipt #:	107460	**Tendered:**	250.00
Check / Auth #:	VISA 054211	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: ROSCA, VASILE
Attn:
Address: 20006 N 41ST LN
Address:
City/State/Zip: GLENDALE, AZ 85308

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 9120 ECHO LANE		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
200.00					

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: VASILE ROSCA

Bill To:

VASILE ROSCA
20006 N 41ST LN

Glendale, AZ 85308

Single Payment

Transaction Date:	09/19/2017 8:42 AM Pacific Time
Pay Method:	VISA **********7968
Approval #:	054211
Trace Number:	2fcc1894-37d9-4ba6-94ac-bef5beb334f4
Amount:	$250.00

Payment Amount:	$250.00
Total:	**$250.00**

Thank you for your payment.

Supervisor/Administrative Professional Checklist

New Septic ☑ New Well ☐ Use Existing ☐ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid

IP ($250.00) LF 9/19/17 Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

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

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

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

Certified operator contract is on file. ☐ _____

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

Sheet: 1 of 2
Property ID: 139-032-11
Lot #: NA
File #: 3801A
AppID: 9165

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Vasile & Cornelia Rosca
Applicant: owner
Address: 20006 N 41st Ln, Glendale, AZ 85308
Date Evaluated: 10/3/2017
Proposed Facility: 3 Bedroom House
Design Flow (.1949): 360 GPD
Property Size: 1 ac
Location of Site: 9120 Echo Ln, Mint Hill, NC 28227
Property Recorded: 8/15/2006
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [X] Municipal
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] 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 #1	HS 6%	0 - 12	gr SCL	S SP FR SEXP							
		12 - 20	mass C	VS VP VFI EXP	2 chroma at 20"	50	NA	NA		US	NA
Boring #2	HS 5%	0 - 22	gr SCL	S SP FR SEXP							
		22 - 38	sbk C	S P FR SEXP	2 chroma at 35"	38	NA	NA		PS IV 0.225	21"
Boring #3	HS 6%	0 - 15	gr SCL	S SP FR SEXP							
		15 - 20	mass C	S P VFI EXP	>20"	15	NA	NA		US	NA
Boring #4	HS 5%	0 - 24	gr SCL	S SP FR SEXP							
		24 - 40	sbk SCL	S SP FR SEXP	2 chroma at 33"	40	NA	NA		PS IV 0.3	19"
Boring #5	HS 6%	0 - 14	gr SCL	S SP FR SEXP							
		14 - 18	mass SCL	S SP FR SEXP	2 chroma at 15"	14	NA	NA		US	NA
		18	Rock								
Boring #6	HS 2%	0 - 16	gr SCL	S SP FR SEXP							
		16 - 31	sbk C	S P FR SEXP	2 chroma at 30"	31	NA	NA		PS IV 0.225	18"
		31	Rock								
Boring #7	HS 2%	0 - 12	gr SCL	S SP FR SEXP							
		12 - 42	sbk C	S P FR SEXP	>42"	42	NA	NA		PS IV 0.225	30"

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)	NA	NA
Site LTAR (gpd/sq ft)	0.225*	0.225*

***Need pits to confirm any proposal**

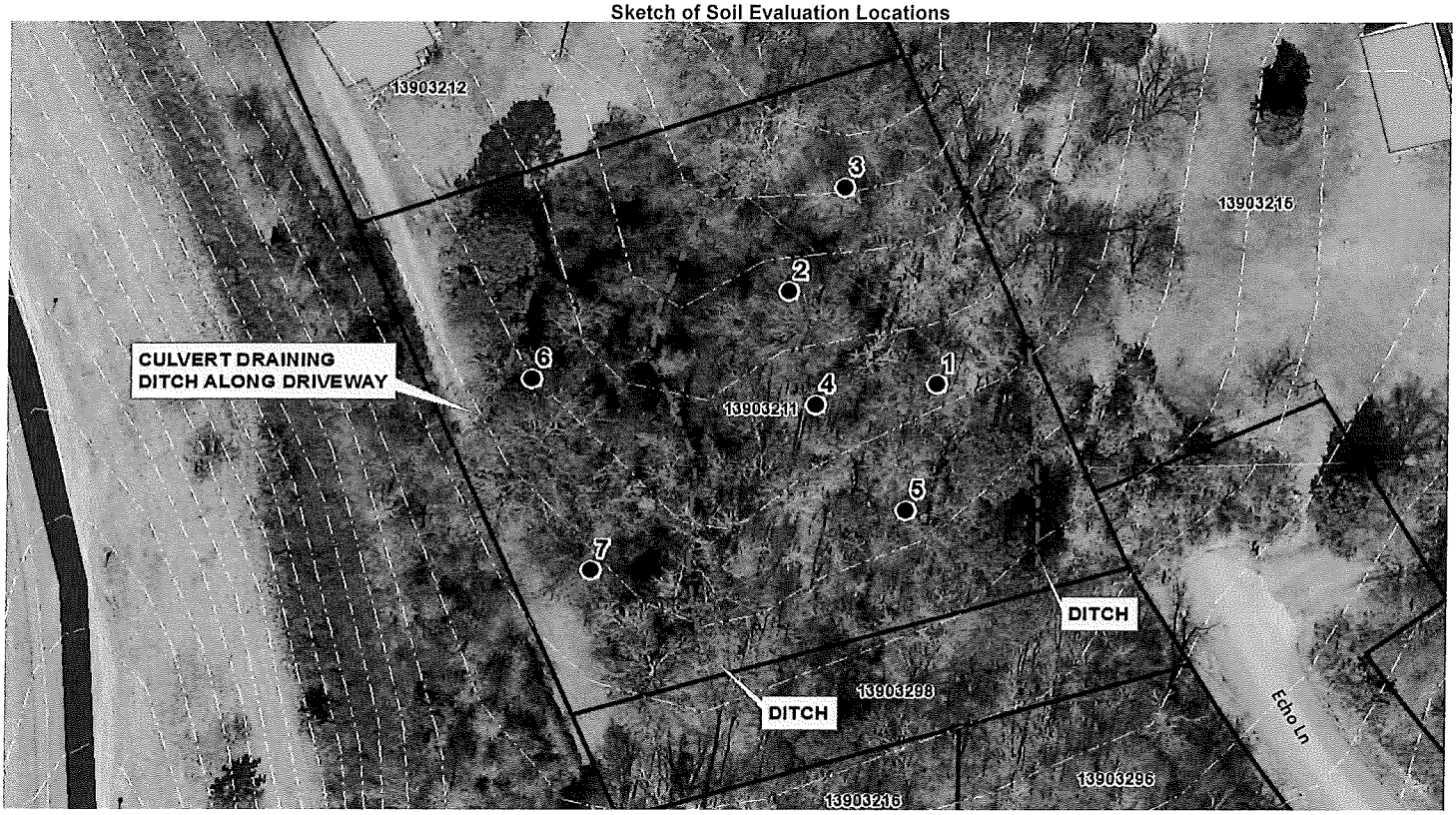
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): Unsuitable
Site Evaluation By: Jacob Presley, REHS, LSS
Others Present:

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
CV-Convex Slope		SiCL-Silty Clay Loam		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
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		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	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Sketch of Soil Evaluation Locations



History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. January 1, 1990.

15A NCAC 18A .1947 DETERMINATION OF OVERALL SITE SUITABILITY

All of the criteria in Rules .1940 through .1946 of this Section shall be determined to be SUITABLE, PROVISIONALLY SUITABLE, or UNSUITABLE, as indicated. If all criteria are classified the same, that classification will prevail. Where there is a variation in classification of the several criteria, the most limiting uncorrectable characteristics shall be used to determine the overall site classification.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. January 1, 1990.

15A NCAC 18A .1948 SITE CLASSIFICATION

(a) Sites classified as SUITABLE may be utilized for a ground absorption sewage treatment and disposal system consistent with these Rules. A suitable classification generally indicates soil and site conditions favorable for the operation of a ground absorption sewage treatment and disposal system or have slight limitations that are readily overcome by proper design and installation.

(b) Sites classified as PROVISIONALLY SUITABLE may be utilized for a ground absorption sewage treatment and disposal system consistent with these Rules but have moderate limitations. Sites classified Provisionally Suitable require some modifications and careful planning, design, and installation in order for a ground absorption sewage treatment and disposal system to function satisfactorily.

(c) Sites classified UNSUITABLE have severe limitations for the installation and use of a properly functioning ground absorption sewage treatment and disposal system. An improvement permit shall not be issued for a site which is classified as UNSUITABLE. However, where a site is UNSUITABLE, it may be reclassified PROVISIONALLY SUITABLE if a special investigation indicates that a modified or alternative system can be installed in accordance with Rules .1956 or .1957 of this Section.

(d) A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
(2) the effluent will not contaminate groundwater or surface water; and
(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. April 1, 1993; January 1, 1990.

15A NCAC 18A .1949 SEWAGE FLOW RATES FOR DESIGN UNITS

(a) In determining the volume of sewage from dwelling units, the flow rate shall be 120 gallons per day per bedroom. The minimum volume of sewage from each dwelling unit shall be 240 gallons per day and each additional bedroom above two bedrooms shall increase the volume of sewage by 120 gallons per day. In determining the number of bedrooms in a dwelling unit, each bedroom and any other room or addition that can reasonably be expected to function as a bedroom shall be

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

May 9, 2018

Vasile & Cornelia Rosca
20006 N. 41st Ln
Glendale, AZ 85308

Re: Application for improvement permit for: 3 Bedroom House
Property Location: 9120 Echo Ln, Mint Hill, NC 28227 (PID 139-032-11)
Health Department File Number: **9935B (App ID 9471)**

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on October 3, 2017 evaluated the above-referenced property at the site designated on the site plan that accompanied your improvement permit application. According to your application the site is to serve a 3 Bedroom Home, with a daily design flow of 360 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .l900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE** for a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☒ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☒ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☒ Unsuitable soil wetness condition (Rule .1942)
- ☒ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☐ Unsuitable for meeting required setbacks (Rule .1950)
- ☐ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

MECKLENBURG COUNTY
Public Health
Gibbie Harris, MSPH, BSN
Health Director
(704) 336-4700

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Health and Human Services regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 431-3000 or from the OAH web site at http://www.oah.state.nc.us/hearings. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is May 9, 2018. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Jacob Presley, REHS, LSS
Soil Scientist/Sr. Environmental Specialist

Encl: (2)

Refunded $250

3801A
#9140

6 SEP '17 AM 9:23

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: 139-032-11
STREET ADDRESS: 9120 Echo Lane
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (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: 3
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:** 1 4 3 2 5

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?** 10/1/17 ☐ N/A

12. **PROPERTY OWNER:**

NAME: MMM Acquistions, LLC DBA Drake Builders / Kenneth
ADDRESS: 1499-D Lynwood Dr
CITY: Lancaster
STATE: SC ZIP: 29720
WORK PHONE: (803) 246-3177
MOBILE PHONE: _____
FAX: _____
E-MAIL: kbarnes@drakebuilders.net

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

NAME: Angela Fields
ADDRESS: 7903 Prondence Rd Ste 156
CITY: Charlotte
STATE: NC ZIP: 28277
WORK PHONE: (704) 858-0858
MOBILE PHONE: _____
FAX: _____
E-MAIL: angela.fields@cbcarolinas.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

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.

kb (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.

kb (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.

Kennet Beam
Property Owner's or Owner's Legal Representative Signature

09-06-19
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 – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

File #: _____

PROPOSED PLOT PLAN

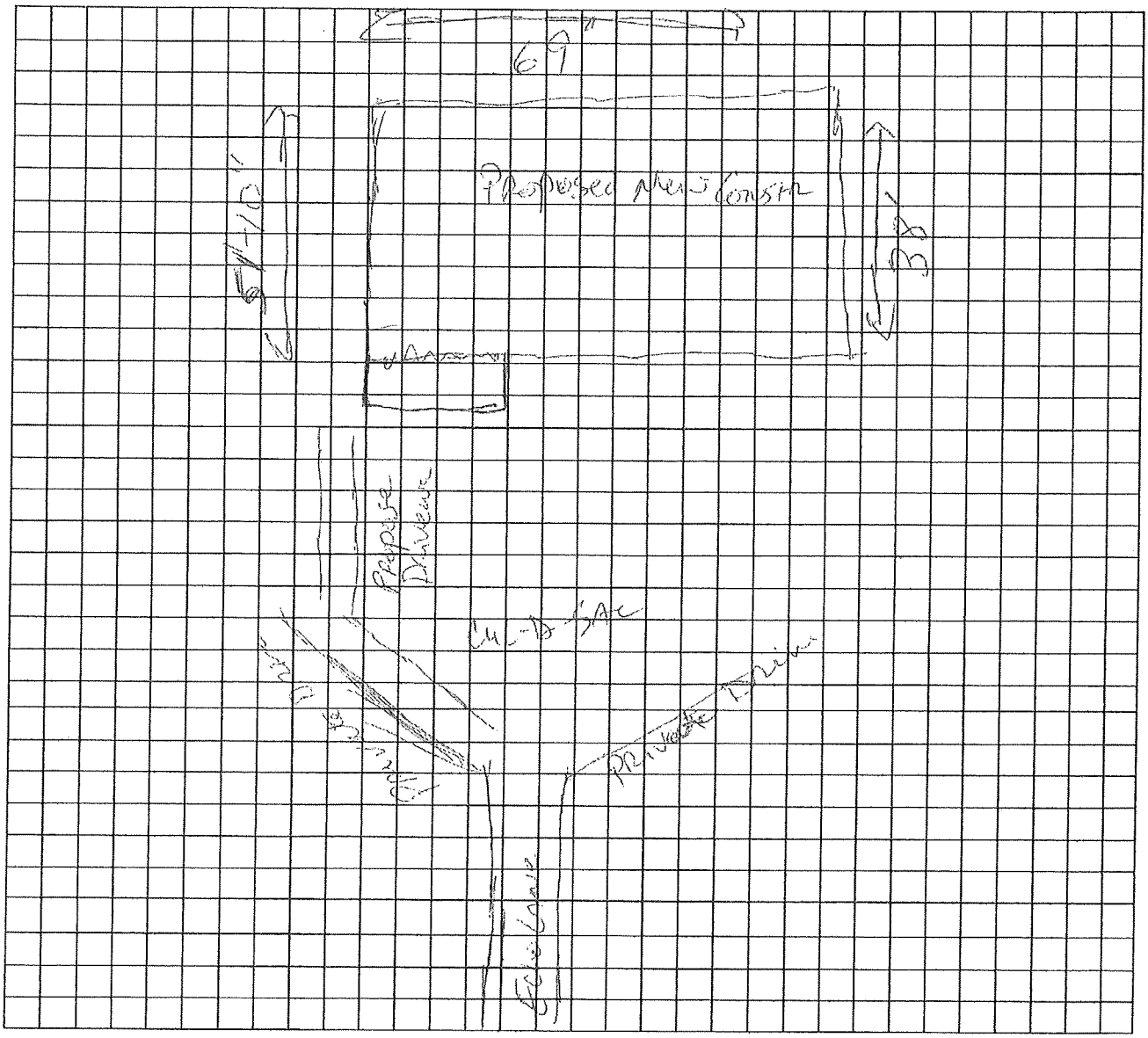
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 9120 Echo Lane

Tax Parcel #: 139-032-11

Subdivision Name: N/A

Lot #: N/A



Property Owner's or Owner's Legal Representative Signature

09-03-17
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

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 Angela Fields is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 9120 Echo Lane MINT HILL.

Number Street Town
(Or Parcel Number)

MMA Acquisitions, LLC DBA Dale Builders — Property Owner (print name)

Kenneth Bass — Property Owner (signature)

09-06-17
Date

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE-

CREDIT ☐ REFUND ☒ CANCEL ☐

1. Property Owner's name: Kenneth Barnes 2. Permit #:
3. Permit Address: 9120 Echo Ln, Mint Hill 28227 4. Fire Fee #:
5. Account Name: 6. Account #:
7. *If Refund*, Check payable to: Kenneth Barnes 8. Phone #: 803-246-3177
9. Mailing Address: 3024 Oakland Dr. Lancaster, SC. 29720

Reason for Request

☒ Plan Change ☐ Not doing work ☐ Return credit balance
☐ Wrong Contractor ☐ Duplicate permit ☐ Other

Reason (explain in detail, application may be rejected without complete details)

Homeowner decided to purchase another Lot

Signature (Requestor): Kenneth Barnes Print name: Kenneth Barnes
Fax #: 803-313-9350 Phone #: 803-246-3177 Date: 09-14-17

Staff signature for in-person verification (or accept notary below)

ID used for in-person verification: (examples: DL #, Business card, Student ID, etc...)

State of North Carolina
County of

The above named individual personally appeared before me on this day who, being duly sworn, deposes and says that the above statement is true and correct.

This, the day of , 20

Notary Public Signature
My commission expires:

Notary or staff verification needed only when cancelling a permit

(Seal)

Manager/Supervisor approval (*signature*): Rob Ohm Date: 9/15/17
Notes: 3620 3122 6038 SC4340

For Department use only

Inspection Count & Cancellation of Permit

(completed by core process)

Number of Inspections

B ☐ M ☐ E ☐ P ☐

Initials _____ Date _____

Plan Review

of Hours _____ X Rate _____ = $_____

Processing Notes:

Expired Permit
Date:

Calculation

(completed by Applicable Core Process)

Pmt or Permit Fee	250.00
- Less Zoning Fee	
-Plan review (Total Hours X Rate)	
-Inspection Info (# of Insp. X Rate)	
Misc Fees deductions	
-Homeowner Recovery	
-Other Deduction _____	
-Other Deduction _____	
Total Credit/Refund	250.00

☐ Minimum Fee retained

(Permit Fee-Zoning-Insp-Plan Rev- Misc fees= Total Cr/Refund)

Calculation Signature _____ Date 9/18/17

Supervisor/Manager Signature _____ Date 9/15/17

If Adjustment

(to be completed by Employee & Supervisor)

Incorrect Entry- _____

Correct Entry- _____

Initials _____ Date / /

Reason: _____

Supervisor/Manager Signature _____ Date _____

Verification (to be completed by Revenue Collections)

If Refund	If Refund with Credit Balance	If Credit-Trans #	Serv Chg Cr	Verification	Posting Date
	8_03=0 9004=$		$		
Org/Account [8_03=0]	Refund Charge to account	88...	88116	Initials & Date	in Navision

APPROVALS *(To Be Completed By Department And Finance Representatives)*

Dept Approval: _____ Date_

Finance Approval: _____ Date_____

Assigned to: S R C

Rev. Coll. Tracking #

Rev Coll. Distribution Date