SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) 9/21/2020 LE 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 ☐ Approved date _____

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 ☒ Signature received ☐ _____

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

Certified operator contract is on file ☐ _____

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) 250 ✓ Initial/Date

CA ($200.00) 50 Credit Initial/Date

OP ($200.00) _____Initial/Date

Collect 350 @

(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 LP 9/8/20 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 ☒ Signature received ☐ _____

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

Certified operator contract is on file ☐ _____

Groundwater & Wastewater Services: Septic Project File & D

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

GWS File #:	20788
WASPS App #:	11602
Primary ES assigned to project:	Heather Ray
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?	Yes

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:	
IA issued date:	
OP Issued date:	
Review performed by:	Michelone
Date performed:	11/23/2020

Created at 11/23/2020 2:37 PM by Michelone, Jeremy
Last modified at 11/23/2020 2:37 PM by Michelone, Jeremy

Close

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/03/20	**Amount:**	300.00
Receipt #:	123820	**Tendered:**	300.00
Check / Auth #:	VISA 647812	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #:	200000
Contractor:	VAN MCNEIL
Attn:	BRIX CONSTRUCTION
Address:	7825 SUTTONVIEW DRIVE
Address:	
City/State/Zip:	CHARLOTTE, NC 28269

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic ~~Alteration Pe~~rmit 11940 MCINTOSH DR		1	300.00	300.00

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

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Bill To:

VAN MCNEIL

Single Payment

Transaction Date:	09/03/2020 10:16 AM Pacific Time
Pay Method:	VISA **********2867
Approval #:	647812
Trace Number:	1eecef36-7443-4800-aefe-90201c0576e9
Amount:	$300.00

Payment Amount:	$300.00
Total:	**$300.00**

Thank you for your payment.

MECKLENBURG COUNTY
HEALTH DEPARTMENT

(20788) # 11602

21 SEP '20 AM11:24

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: 01528211
STREET ADDRESS: 11940 McINTOSH Drive
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): .75
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: 938
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: _____
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: 2 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?** 9/4/2020 ☐ N/A

12. **PROPERTY OWNER:**
NAME: Gianar Gilchrist / Brix Construction
ADDRESS: 1228 Euclid Ave Apt 1110
CITY: Cleveland
STATE: OH ZIP: 44115
WORK PHONE: _____
MOBILE PHONE: 282-300-6367
FAX: _____
E-MAIL: BrixConstructionLLC@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: Van McNeil
ADDRESS: 7825 Suttenwood Drive
CITY: Charlotte
STATE: NC ZIP: 28269
WORK PHONE: _____
MOBILE PHONE: 917-674-8464
FAX: _____
E-MAIL: VMCNEIL12@AOL.com

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

Revised on: 03/27/19

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.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 9/1/2020

Property Owner's or Owner's Legal Representative Signature — 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:

_____

_____

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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

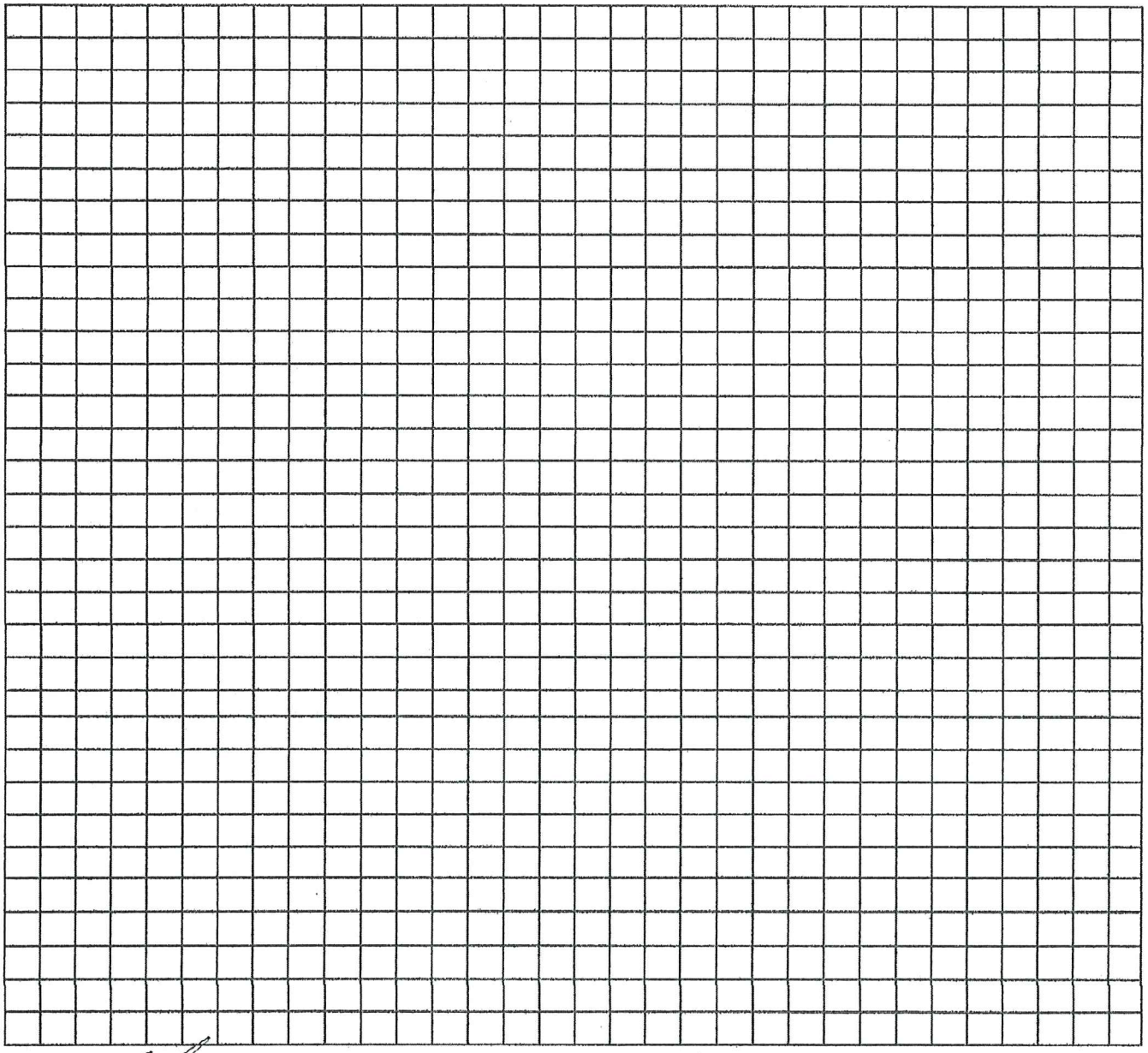
File #: _____

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: 11940 McIntosh Drive Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

5/1/2020
Date

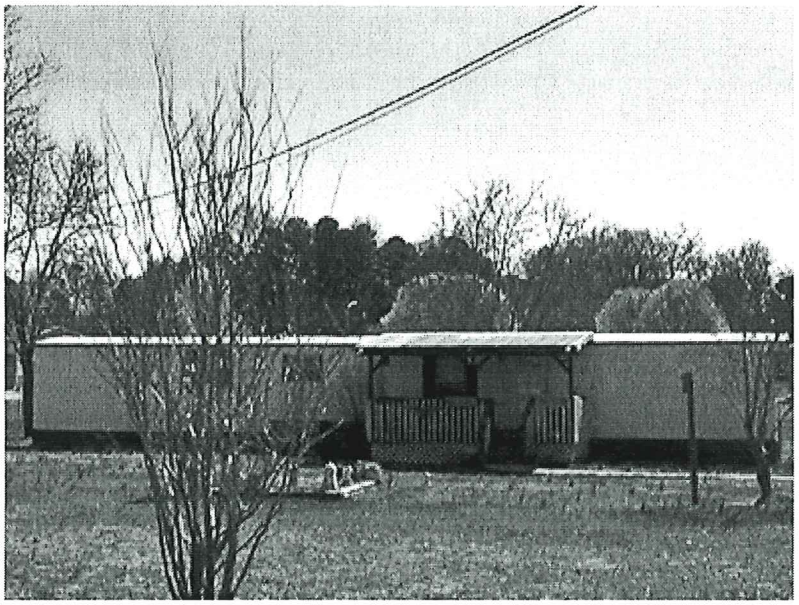
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208, OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

Ellis, Loretta

From: Tyreke Evans <teamtyreke@gmail.com>
Sent: Monday, September 21, 2020 10:55 AM
To: WellReg
Subject: [External]Fwd: 11940 Mcintosh Rd Hunstersville NC

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.





File #: _____

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Street Address: 11940 McIntosh Drive

Tax Parcel #: _____

Subdivision Name: _____

Lot #: _____





Property Owner's or Owner's Legal Representative Signature

9/1/2020
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

2 SEP '20 AM 8:15

20788
#115067

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

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STATE: NC ZIP: 28078
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): .75

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: 938
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 1

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: 2 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

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CITY: Cleveland
STATE: OH ZIP: 44115
WORK PHONE: _____
MOBILE PHONE: 202-300-6367
FAX: _____
E-MAIL: BrixConstructionLLC@gmail.com

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

NAME: Van McNeil
ADDRESS: 7825 Sutherland Drive
CITY: Charlotte
STATE: NC ZIP: 28269
WORK PHONE: _____
MOBILE PHONE: 917-674-8464
FAX: _____
E-MAIL: VMCNEIL22@AOL.com

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

Revised on: 03/27/19

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_____ 9/1/2020

Property Owner's or Owner's Legal Representative Signature — 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:

_____

_____

_____

_____

_____

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

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

Sheet: 1 of 2
Property ID: 015-282-11
Lot #: NA
File #: 20788
AppID: 11602

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Giamar Gilchrist
Applicant: Van McNeil
Address: 1228 Euclid Ave Apt 1110, Cleveland, OH 44115
Date Evaluated: 11/3/2020
Proposed Facility: 4 Bedroom House
Design Flow (.1949): 480 GPD
Property Size: 0.75 ac
Location of Site: 11940 McIntosh Dr, Huntersville, NC 28078
Property Recorded: Unknown
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	LS 2%	0 - 12	gr/sbk SCL	SS SP FR SEXP	NA	44	NA	NA	saprolite 44 -48"	PS IV 0.3	32"
		12 - 30	sbk C	S P FI SEXP							
		30 - 44	sbk CL	SS SP FR SEXP							
Boring #2	LS 2%	0 - 11	gr/sbk SCL	SS SP FR SEXP	NA	46	NA	NA		PS IV 0.3	34"
		11 - 32	sbk C	S P FI SEXP							
		32 - 46	sbk CL	SS SP FR SEXP							
Boring #3	LS 2%	0 - 14	gr/sbk SCL	SS SP FR SEXP	NA	48	NA	NA		PS IV 0.275	36"
		14 - 43	sbk C	S P FI SEXP							
		43 - 48	sbk CL	SS SP FR SEXP							
Boring #4	LS 2%	0 - 12	gr/sbk SCL	SS SP FR SEXP	NA	48	NA	NA		PS IV 0.275	36"
		12 - 48	sbk C	S P FI SEXP							
Boring #5	LS 2%	0 - 24	gr/sbk SCL	SS SP FR SEXP	NA	48	NA	NA		PS IV 0.275	36"
		24 - 48	sbk C	S P FI SEXP							
Boring #6	LS 2%	0 - 10	gr/sbk SCL	SS SP FR SEXP	NA	48	NA	NA		PS IV 0.3	36"
		10 - 34	sbk C	S P FI SEXP							
		34 - 48	sbk CL	SS SP FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IVg	IV
Site LTAR (gpd/sq ft)	0.275	0.275

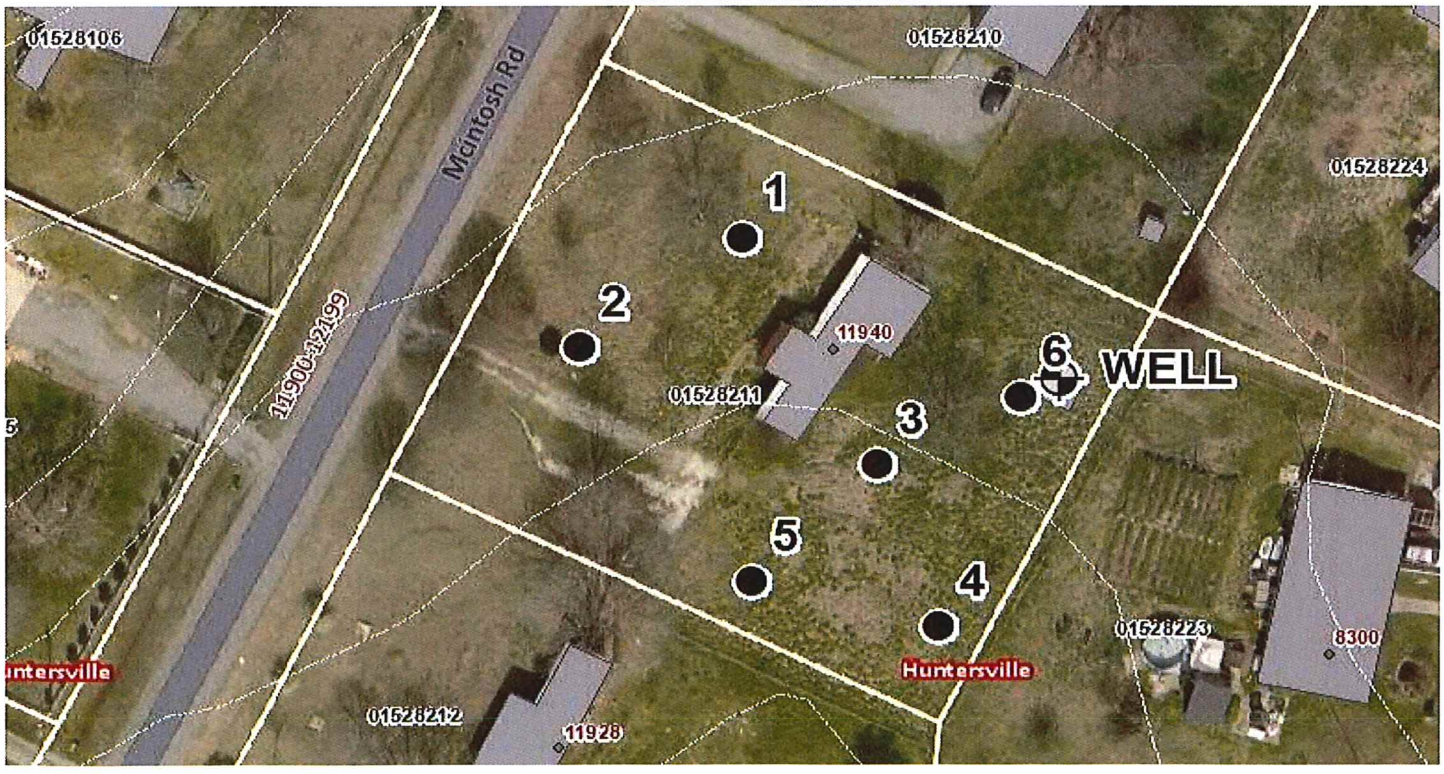
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): PS.
Site Evaluation By: Heather Ray
Others Present:

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 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 #: **30011602** GWS File #: **20788** Tax Parcel #: **015-282-11**

- 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):** 11/23/2025

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

Structure Type: SINGLE MOBILE HOME Size (ft^2): 938 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Water Supply: Community

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1309	Total Trench Length (ft):	436
Maximum Trench Depth (in):	32	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: Pump to Accepted **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.275	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	873	Total Trench Length (ft):	291
Maximum Trench Depth (in):	32	Depth of Media (in):	22	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

Authorized Agent: Heather Ray

Signature: Heather Ray

Date Issued: 11/23/2020

Owner/Legal Agent: _____
Print Name

Signature: _____

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3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
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IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30011602** GWS File #: **20788**

IV. Permit Conditions/Comments:

- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

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

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Authorized Agent: Heather Ray

Signature: _____

Date Issued: 11/23/2020

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30011662
PID #: 01528211
File #: 20788

437

Authorized Agent: Heather Ray Date: 11-23-2020

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 f