SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 15199

Assigned Inspector: Bryan

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☒ Septic file complete: 9/18/24

☐ Release final hold in Winchester: _____

Comments: Tank Replacement Only

15199

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#14816

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: 21513247
STREET ADDRESS: 14317 Hackamore Drive
CITY: Matthews
STATE: NC **ZIP:** 28105
SUBDIVISION NAME: Windrow
LOT #: _____ **LOT SIZE (acres):** .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: 2,200
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
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 ____ ____ ____ ____

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? 10/15/1979 ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Brian Bucher
ADDRESS: 14317 Hackamore drive
CITY: Matthews
STATE: NC ZIP: 28105
WORK PHONE: NA
MOBILE PHONE: 7049753398
FAX: _____
E-MAIL: exnewmexican.bb@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

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

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

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and 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. BB (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.

Brian Bucher _____ 7/29/2024

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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Revised on: 4/20/17

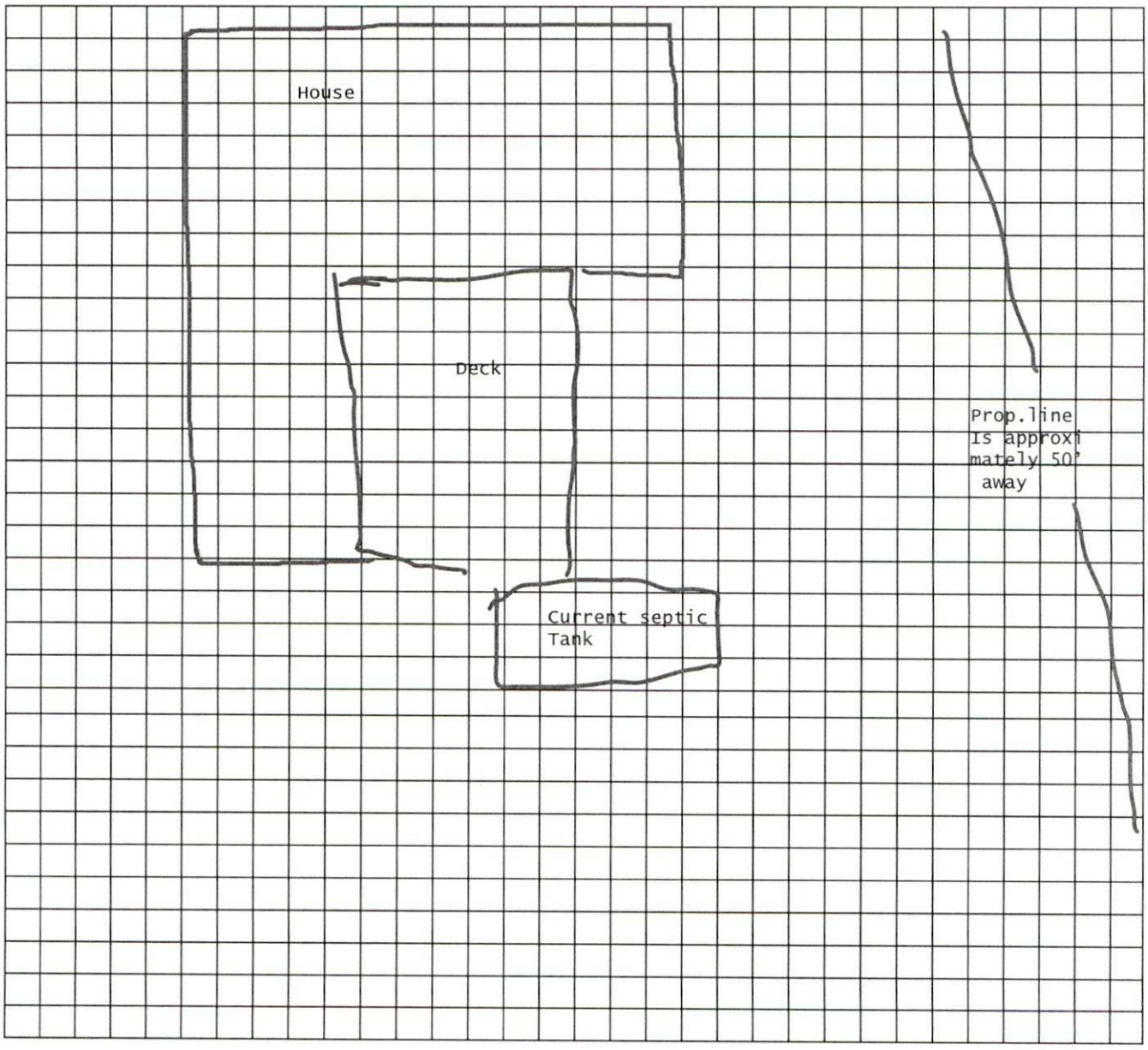
File #: _____

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: 14317 Hackamore Drive,matthews 28105 Tax Parcel #: _____

Subdivision Name: Windrow Estates Lot #: _____



Brian Bucher 7/29/2024

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

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

Revised on: 4/20/17

Date Issued 15 Oct 79

Serial 3336

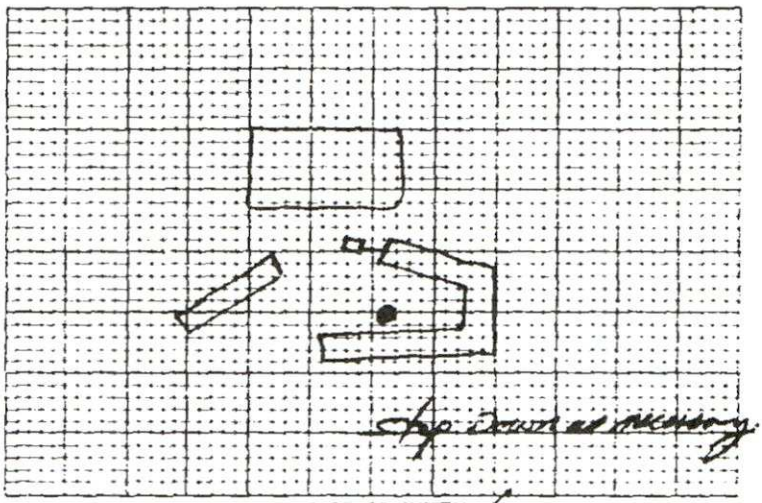
ICAR (S) Permit No. 15199

T. C. No. 215-131-

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 15199 dated 7/6/79 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 15 Nov -, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction P.C. Conc.

Absorption and or Nitrification Lines:

Total Line Length 495' ; 125'

Number of Lines 5 ; 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well

NAME OF OWNER Ralph Squires Const. Co. Inc

LOCATION OF PROPERTY 14317 Hackamore Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

(15' x 99' x 17" stone) (12' x 32' x 17" stone)

Division or Section Head

Environmentalist Steve Wood

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 17 Oct 79 Serial 3145 C of A (s) No. 15199

T C No 215-131-(5)

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Ralph Squires Co (LAST FIRST MIDDLE)

Location of Property 14317 Hackamore Dr.

Application Number _____ Permit Number 15199

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material P.C. Conc.

Total Length of Drain Tile 495' & 125' Number of Lines 5 & 4

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source to be 100'

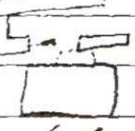
Excavation Inspected — Tank Inspected 17 Oct (DATE)

Nitrification Field Inspected 17 Oct (DATE)

Washing Machine Line Inspected, If Applicable 17 Oct (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments Squires – Homeowner should take care not to encroach onto the W.M. lines when installing rear deck.



Steve Wood
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Date Received 3/8/79

APT No 15199

T.P. No 215-13-15, 164 18

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER RALPH SQUIRES CONST. Co, INC.
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER PO Box 25178 ZIP 28212

3) PHONE NO Home _____ Office 537-9553

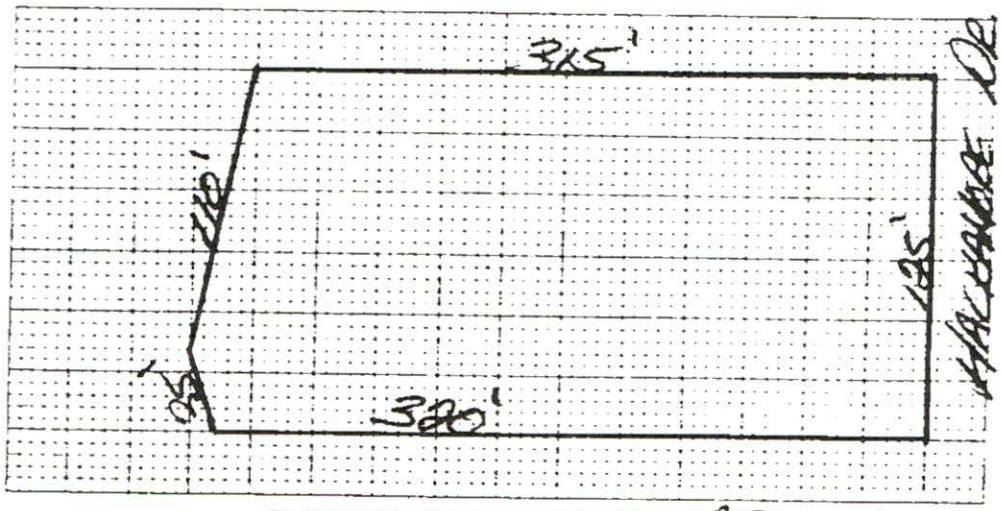
4) LOCATION OF PROPERTY HACKAMORE DR.
(STREET OR COUNTY ROAD)

5) SUBDIVISION Windsor LOT NO 4 BLOCK NO Q

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

EHD-5-74

Environmental Health Department's Copy

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

S.I.R. No. 15199

(Ground Absorption Sewage Disposal)

OWNER: Raleigh Squires Const Co. DATE REQUESTED:
ADDRESS: Po Box 25178 PLAT NO.: Po 215-131-15, 16, 18 44-B4
COUNTY: Cumberland, N.C. 28212 LOT SIZE: 42,525
LOCATION OF SITE: Yorkshire Dr

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	
1. SLOPE (%)	(S) PS U 2 6%	S PS (U) complex slopes	(S) PS U 2-12	(S) PS U 2-6%	N/A
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S (PS) U clay	S (PS) U some 2:1 clay	S (PS) U clay	S PS mixed (U)	
3. SOIL STRUCTURE (12-36 in.) (Clayey Soils)	S (PS) U Blocky	S (PS) U Blocky	S (PS) U Blocky	S PS Massive (U)	
4. SOIL DEPTH (In.)	(S) PS U 48"	S Depth PS Variable (U)	(S) PS U 48"	(S) PS U 48"	
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	(S) PS U None	(S) PS U None	(S) PS U None	(S) PS U None	
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) PS U 20+ft ground water	(S) PS U 20+ft ground water	S Drainage PS way (U) Area	S seasonal PS high (U) water table	
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) U moderate	S (PS) U slow	S (PS) U mod.	S PS (U) slow to very slow	
8. OTHER (Specify)	S (PS) U Limited Area	S PS U	S PS U	S PS U	R/W
9. SITE CLASSIFICATION	Provisionally Suitable	unsuitable	unsuitable	unsuitable	unsuitable
SOIL SERIES	Cecil	Complex Slope Area	Cecil Drainage way	Monacan	Duplin Pender R/W

S - Suitable PS - Provisionally Suitable U - Unsuitable

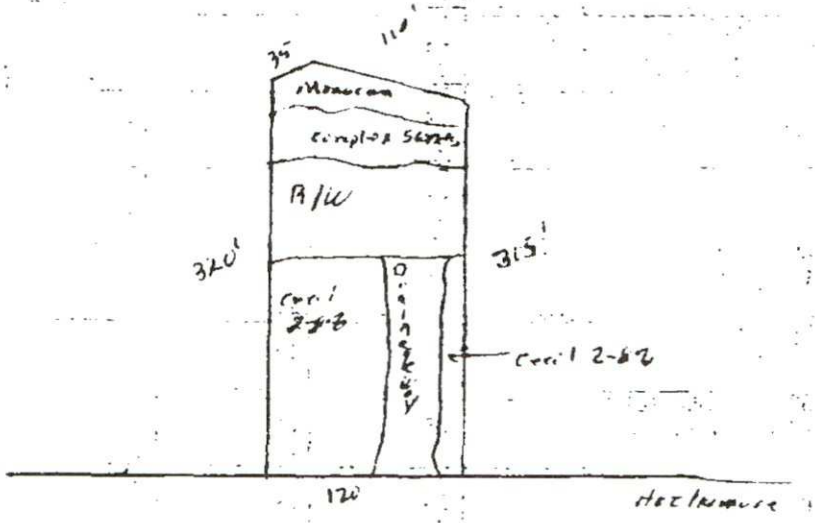
* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns)

Recommendations/Comments: Lot to be checked for house & system location before permit is issued to insure adequate room for system & repair

Described By: William R. Martin

Title: Soil Scientist Date: 4-6-79

dhs form 2601 (1/79)
Sanitation


Monsoon
R/W
320'
315'
Driveway
Cent 2-62
120

Serial No. 2690

PTR No. 15199

T. C. No. po 215-131-15,16,18

Date Issued April 9, 1979

Map Date

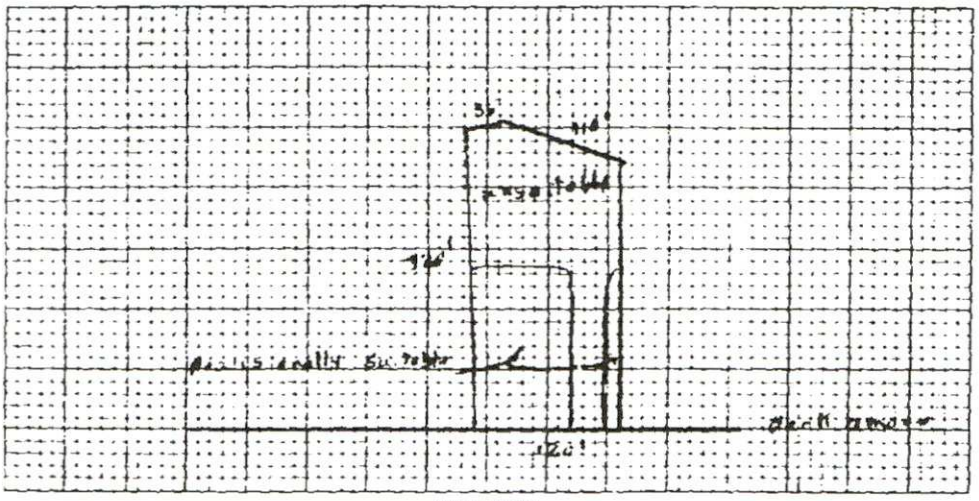
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Ralph Squires Const. Co
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER PO Box 25178 ZIP

LOCATION OF PROPERTY Hackamore Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow LOT NO. 4 BLOCK NO. Q



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. The permeability rate determined by the investigation was Provisionally Suitable The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling or construction, including the drilling of a well, is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

William R. Marlin
Soil Scientist

John R. Atkinson
Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

Date Received 7/6/79

SEE INSTRUCTIONS ON BACK

ICAR (S) Application No 15199

T. C No 215-131-15,16,

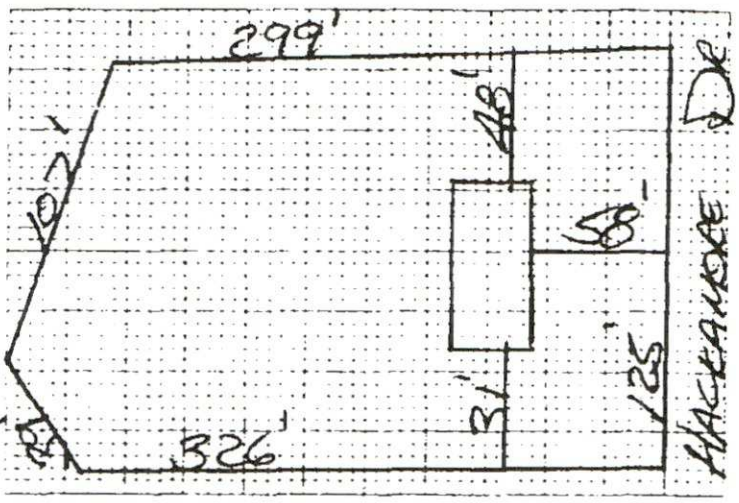
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No
4) No. of Bedrooms 3
5) Business Use — Max No. Employees _____
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ✓ Yes ___ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A) Individual Well ✓
B) Governmental System _____
C) Community System
1) Water source _____
2) Governmental source _____
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No N/A
12) VA Case No _____

13) NAME OF OWNER RALPH SOARES CONST. CO., INC.
(LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER PO Box 25178

15) PHONE NO Home _____ Office 537-9553

16) LOCATION OF SYSTEM 14317 HACKAMORE DR.
(STREET OR COUNTY ROAD)

17) SUBDIVISION Windsor [redacted] Lot No. 4 Block No. 9

Map Book No. 19 Page No. 28

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN _____

20) PTR NUMBER (See Instructions) 15199

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

7-5-79
DATE OF APPLICATION

OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 3225

LA No. 15199

Date Issued July 6, 1979

T. C. No. 215-131-15,16,18

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Ralph Squries Construction Company
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER PO Box 25178, Charlotte ZIP 28212

LOCATION OF LOT 14317 Hackamore Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow II LOT NO 4 BLOCK NO. "Q"

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 15199. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

Steve Wood
Environmentalist

John R Atkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

R

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Tank Repair
8/7/24

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for
REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYS

File #: 14816 Permit #: 15199 Tax Par

Property Owner: Brian Bucher

Job Location Address: 14317 Hackamore Dr

City: Charlotte State: NC Zip Code: 28105

Improvement Permit Issuance Date: ~~8/7/24~~ **Construction Authorization Issuance Date:** 8/7/24

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

Permitted Design Flow: existing GPD

Site LTAR: existing GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

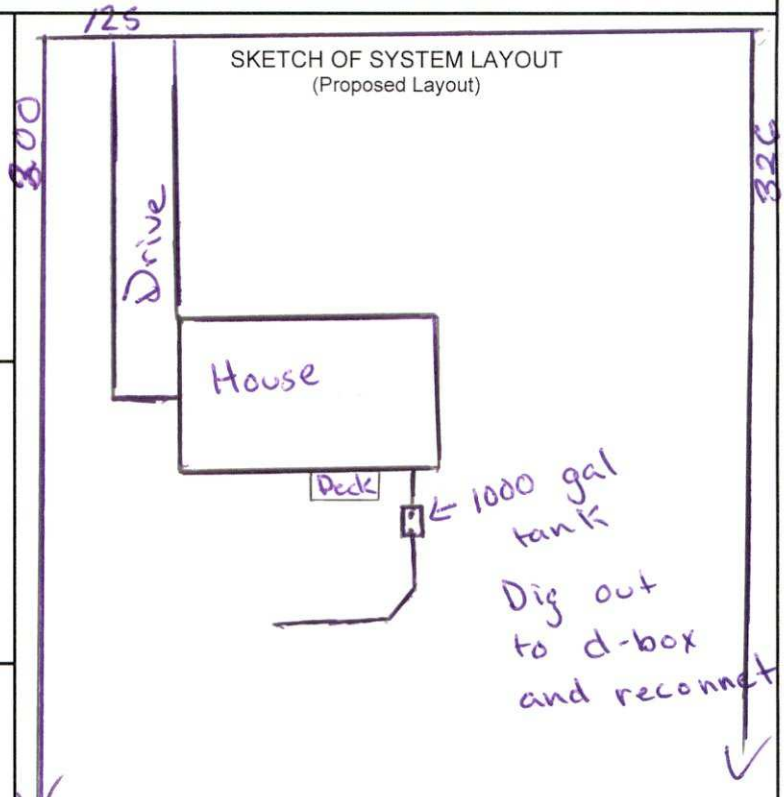
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 50 feet

Distance from Water Supply Source: 10 feet

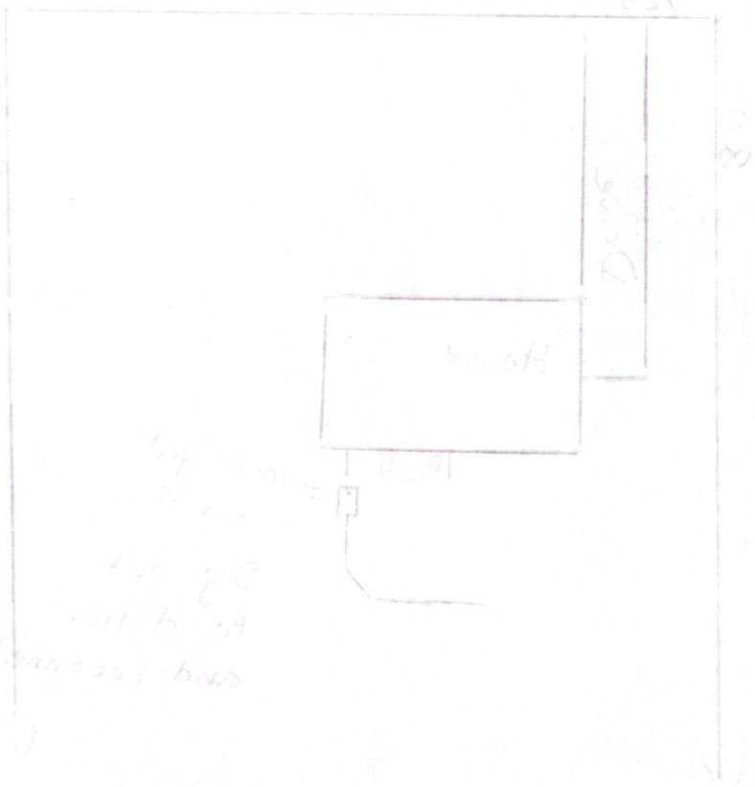
SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Tank / G / NA / NA

Authorized Agent: Bryan Davenport Signature: Bryan Davenport

Owner Signature: _____ Date: _____

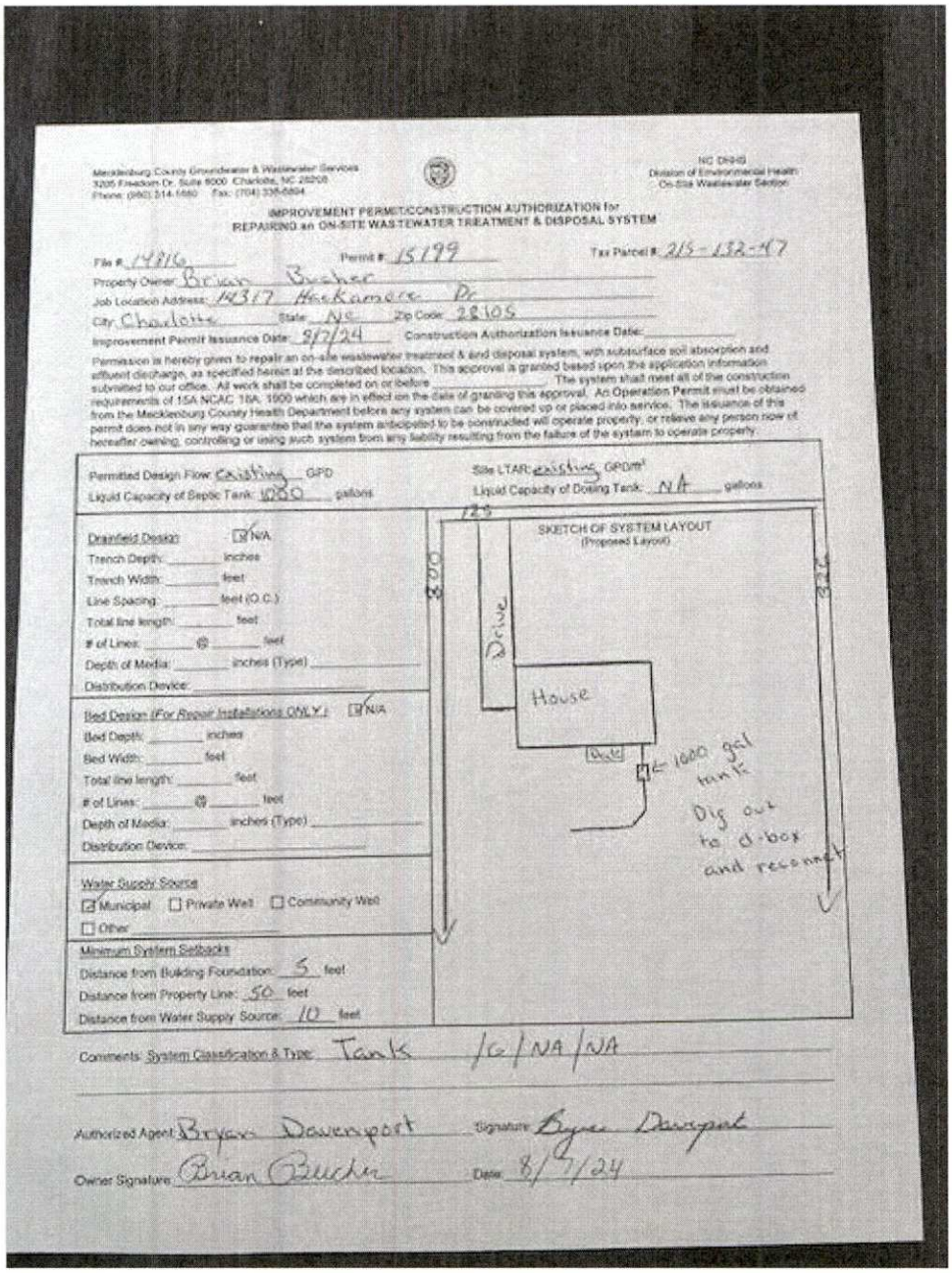


Davenport, Bryan C.

From: Brian Bucher <exnewmexican.bb@gmail.com>
Sent: Wednesday, August 7, 2024 11:31 AM
To: Davenport, Bryan C.
Subject: [External]Photo of permit

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.

I hope this works



Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr, Suite 9000 Charlotte, NC 28208
Phone: (980) 314-1660 Fax: (704) 336-5894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File # 14116 Permit # 15199 Tax Parcel # 215-132-47

Property Owner: Brian Bucher
Job Location Address: 14317 Heckamore Dr
City: Charlotte State: NC Zip Code: 28105
Improvement Permit Issuance Date: 8/7/24 Construction Authorization Issuance Date:

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

Permitted Design Flow: Existing GPD
Liquid Capacity of Septic Tank: 1250 gallons
Site LTAR: existing GPD/ft²
Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☒ N/A
Trench Depth: _____ inches
Trench Width: _____ feet
Line Spacing: _____ feet (O.C.)
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Distribution Device: _____

Bed Design (For Repair Installations ONLY): ☒ N/A
Bed Depth: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Distribution Device: _____

Water Supply Source
☒ Municipal ☐ Private Well ☐ Community Well
☐ Other: _____

Minimum System Setbacks
Distance from Building Foundation: 5 feet
Distance from Property Line: 50 feet
Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

125
300
Drive
House
Septic
1000 gal tank
Dig out to d-box and reconnect
322

Comments: System Classification & Type: Tank 1c / NA / NA

Authorized Agent: Bryan Davenport Signature: Bryan Davenport
Owner Signature: Brian Bucher Date: 8/7/24

Sent from my iPhone. Brian Bucher

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 14816 App# 15199 Tax Parcel# 215-132-47

Property Owner: Bucher

Job Location Address: 14317 Hackamore

City: Charlotte State: NC Zip Code: 28105

1. Does System design match facility, flow & wastewater characteristics?

   ☑ YES ☐ NO

   Comments: _____

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☑ YES ☐ NO

   Comments: _____

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☑ YES ☐ NO

   Comments: _____

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Bryan Davenport
Authorized Agent

9/6/24
Date

Carolina Septic pro
Others Present

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 14816 Permit #: 15199 Tax Parcel #: 215-132-47

Property Owner: Bucher

Job Location Address: 14317 Hackamore

City: Charlotte State: NC Zip Code: 28105

Operation Permit Issuance Date: 9/18/24 Contractor Name: Carolina Septic pro

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

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture infiltrator Effluent Pump Model: NA

Drainfield Installation ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 58 feet

Distance from Water Supply Source: 10 feet

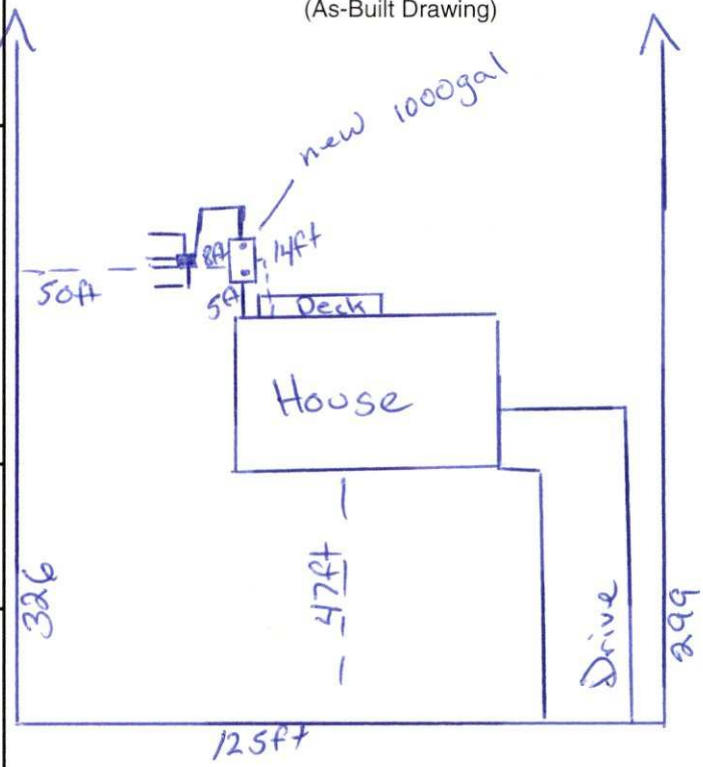
Inspection Dates

Tank(s) Inspected: 9/6/24

Excavation Inspected: 9/6/24

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: Tank only

DENR Authorized Agent: Bryan Davenport Signature: Bryan Davenport

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 14816 Permit #: 15199 Tax Parcel #: 215-132-47

Property Owner: ~~14317~~ Bucher

Job Location Address: 14317 Hackamore

City: Charlotte State: NC Zip Code: 28105

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: Tank

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☐

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Bryan Davenport Date: 9/18/24

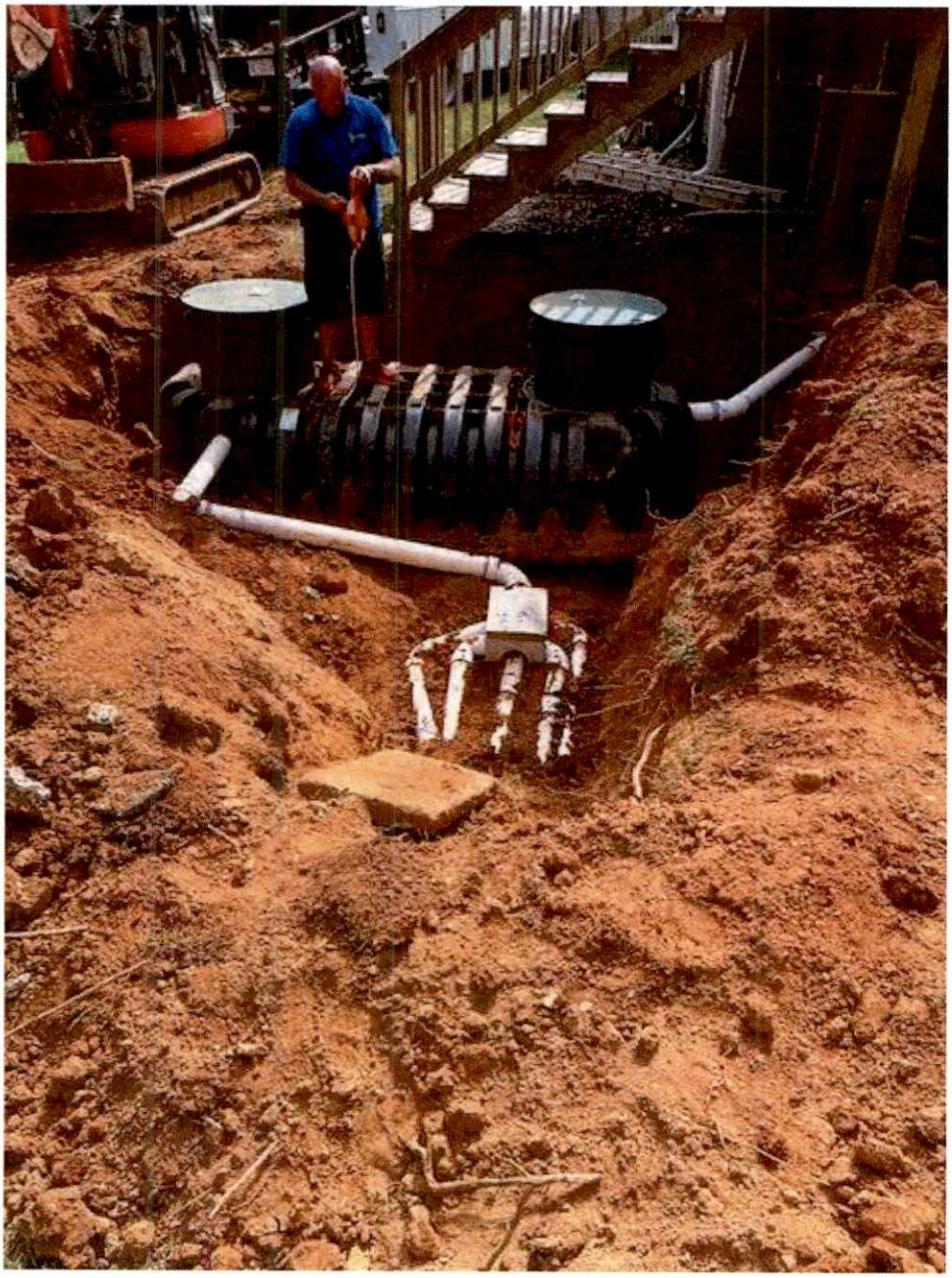
Signature: Bryan Davenport

Davenport, Bryan C.

From: Davenport, Bryan C.
Sent: Wednesday, September 18, 2024 10:46 AM
To: Davenport, Bryan C.







Sent from my iPhone