# SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

REPAIR

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

Septic Complete Tank Replacement Only

New Septic Fees Paid

IP ($250.00) _____ 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 ☐ Signature received ☐ _____

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

Certified operator contract is on file ☐ _____

11057B
#12292

29 JUN '21 AM 7:27

**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

+ Changing tank

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 135-321-09
STREET ADDRESS: 3730 Walter Nelson Rd.
CITY: Mint Hill NC
STATE: NC ZIP: 28227
SUBDIVISION NAME: N/A
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: 1695
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: Vacant for Now
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?** 1970 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**
NAME: G-Capital LLC, by Paul Gomez Manager
ADDRESS: 2750 E WT Harris Blvd
CITY: Charlotte NC
STATE: NC ZIP: 28213
WORK PHONE: _____
MOBILE PHONE: 704-779-9243
FAX: _____
E-MAIL: paulgomez86@gmail.com

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

**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:** — N/A

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.

_____ 06/28/2021

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

---

*OFFICE USE ONLY*

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O 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

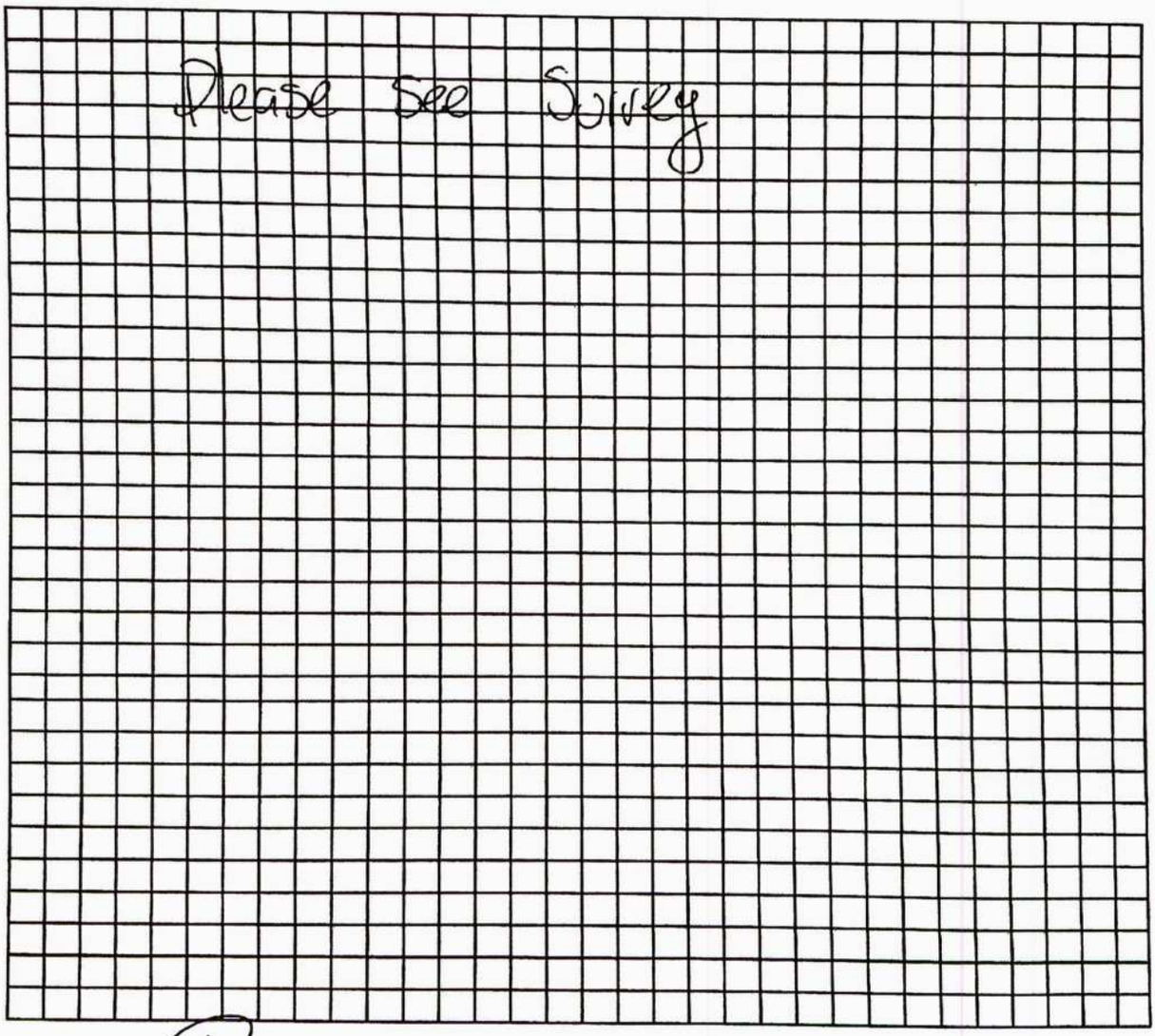
File #: _____

## 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: 3730 Walter Nelson Tax Parcel #: 135-321-09

Subdivision Name: _____ Lot #: _____



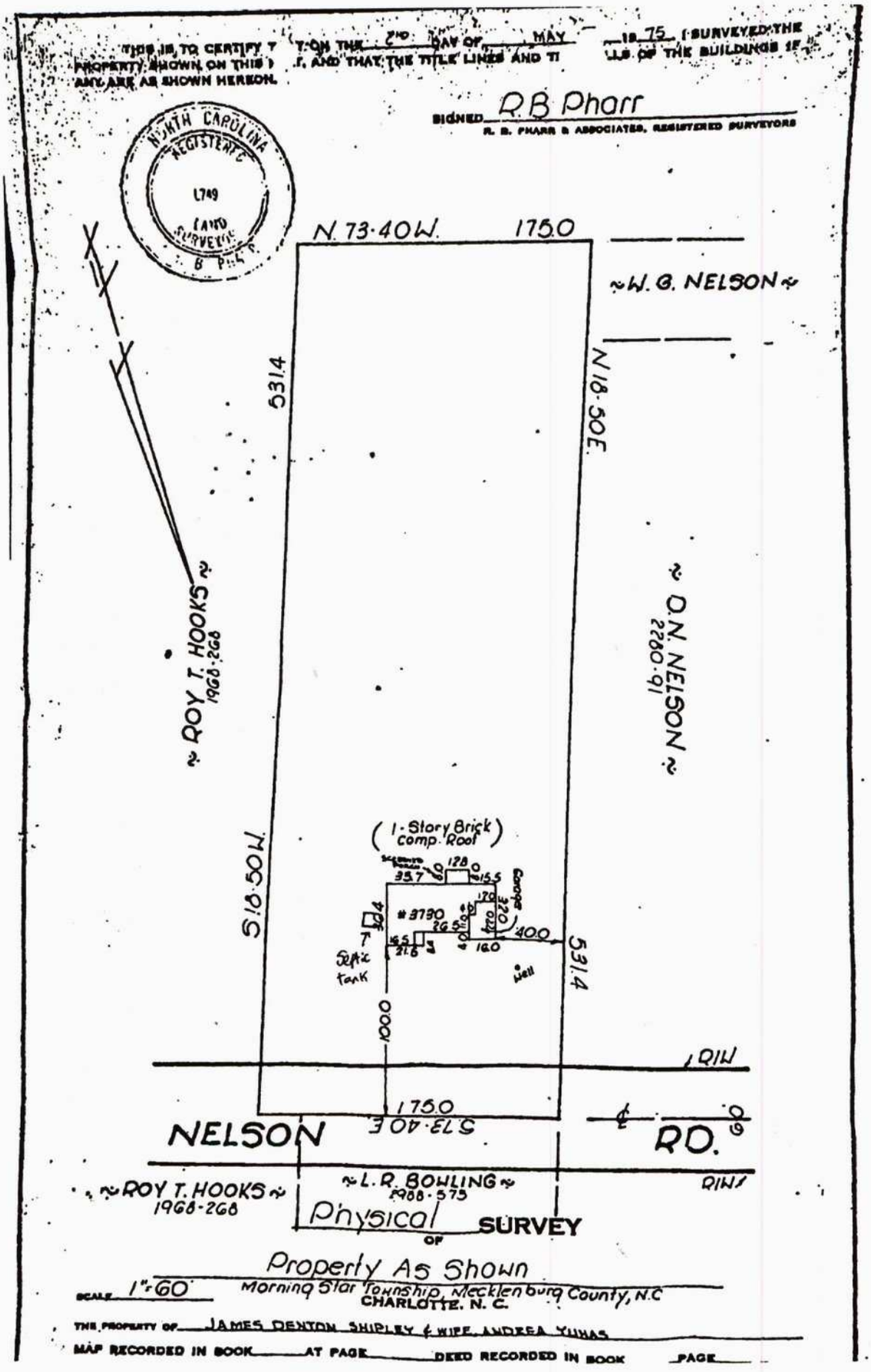

Property Owner's or Owner's Legal Representative Signature

06/28/2021
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


THIS IS TO CERTIFY T
PROPERTY SHOWN ON THIS
ANY ARE AS SHOWN HEREON.
T ON THE 2ND DAY OF MAY 19 75 I SURVEYED THE
I, AND THAT THE TITLE LINES AND TI
LIS OF THE BUILDINGS IF
SIGNED R B Pharr
R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
NORTH CAROLINA REGISTERED L749 LAND SURVEYOR
N. 73-40W. 175.0
~W. G. NELSON~
N 18-50E
531.4
~ROY T. HOOKS~ 1968-268
~O. N. NELSON~ 16-0922
(1-Story Brick Comp. Roof)
S 18-50W
#3730
Garage
Septic tank
Well
531.4
100
RIW
175.0
S 73-40E
NELSON
RD.
~ROY T. HOOKS~ 1968-268
~L. R. BOWLING~ 1988-575
RIW
Physical SURVEY OF
Property As Shown
SCALE 1"=60'
Morning Star Township, Mecklenburg County, N.C
CHARLOTTE, N. C.
THE PROPERTY OF JAMES DENTON SHIPLEY & WIFE, ANDREA YUHAS
MAP RECORDED IN BOOK AT PAGE DEED RECORDED IN BOOK PAGE

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 11057B Permit #: 12292 Tax Parcel #: 135-321-09

Property Owner:

Job Location Address: 3730 Walter Nelson Rd

City: Charlotte State: NC Zip Code: 28227

**Improvement Permit Issuance Date:** 7/2/21 **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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

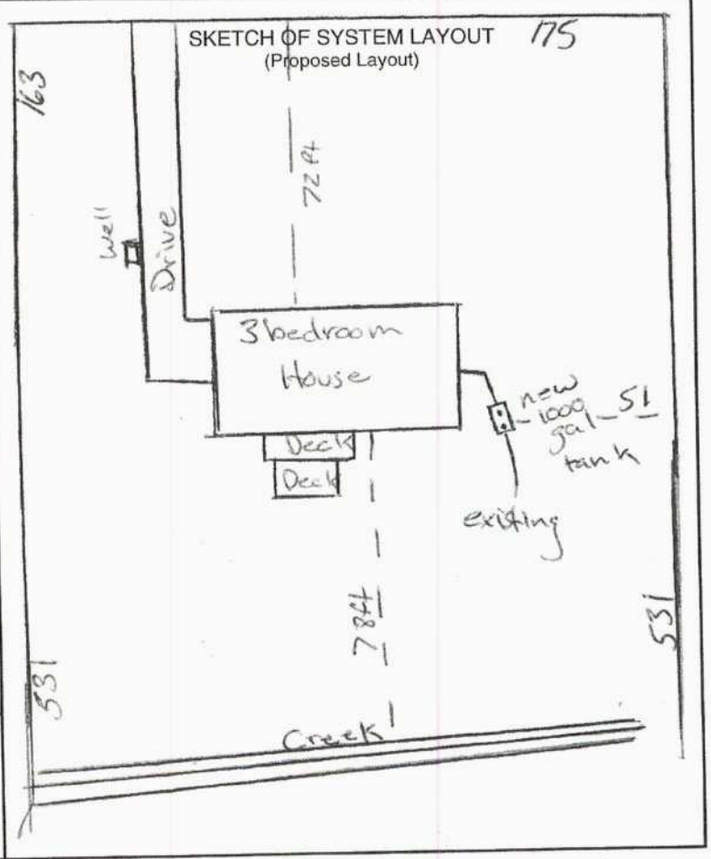
Permitted Design Flow: existing GPD
Liquid Capacity of Septic Tank: 1000 gallons
Site LTAR: existing GPD/ft²
Liquid Capacity of Dosing Tank: NA gallons

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: 12 feet
Distance from Property Line: 51 feet
Distance from Water Supply Source: 88 feet




Comments: System Classification & Type: Tank / G / NA / NA
1000 gal Septic Tank 3 bedroom House

Authorized Agent: Byron Dupont Signature: Byron Dupont

Owner Signature: _____ Date: _____

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

# Septic System Pre-Construction Meeting Checklist

File # 11057B App# 12292 Tax Parcel# 135-321-09

Property Owner: Dennis Cloward

Job Location Address: 3730 Walter Nelson Rd.

City: Charlotte State: NC Zip Code: 28227

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.**

Braedon Shelton
Authorized Agent

8/20/21
Date

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 #: 110578 Permit #: 12292 Tax Parcel #: 135-321-09

Property Owner: Dennis Cloward

Job Location Address: 3730 Walter Nelson Rd.

City: Charlotte State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 9/1/21 Contractor Name: Lowerey Septic

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

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Infiltrator Effluent Pump Model: ___

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: ___

Existing System (drain field)

Inspection Dates

Tank(s) Inspected: 8/31/21

Excavation Inspected: —

Pump & Controls Inspected: —

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

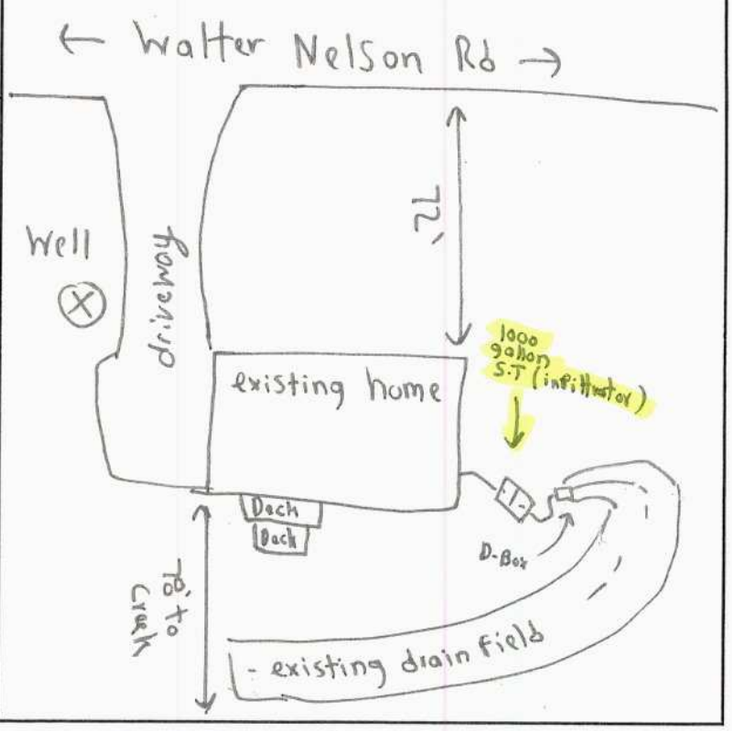
☐ Other ___

System Installation Setbacks

Distance from Building Foundation: ≥ 5 feet

Distance from Property Line: ≥ 10 feet

Distance from Water Supply Source: ≥ 50 feet




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, Connected to existing drainfield/D-Box

DENR Authorized Agent: Braedon Shelton Signature: Braedon Shelton 2661

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 #: 11057B Permit #: 12292 Tax Parcel #: 135-321-09

Property Owner: Dennis Cloward

Job Location Address: 3730 Walter Nelson Rd

City: Charlotte State: NC Zip Code: 28227

**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: TANK only, Connected to existing D-Box - drain field

DENR Authorized Agent: Braedon Shelton Date: 9/1/21

Signature: Braedon Shelton 2661