# SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

~~Septic file Complete~~
~~Do Not Release Hold~~
~~until well is sampled.~~
Never mind - City Water

IP ($250.00) SP 6/3/2020 Initial/Date
CA ($200.00) SP 8/3/2020 Initial/Date
OP ($200.00) SP 8/3/2020 Initial/Date

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

OK to Release Occupancy Hold. SAM

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 ☒ SAM OK to generate CA

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

Septic file complete ☒ 2/15/21 Well complete ☐ _____

Send permit for signature ☑ 7/2 Signature received ☑ 7/7/2020

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 #: | 10638B |
| WASPS App #: | 11315 |
| Primary ES assigned to project: | Bryan Davenport |
| 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? | N/A |

| | |
|---|---|
| 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: | - 2/2/21 |
| OP Issued date: | - 2/12/21 |
| Review performed by: | Jeremy Michelone |
| Date performed: | 7/2/2020 |

Created at 7/2/2020 12:09 PM by Michelone, Jeremy
Last modified at 7/2/2020 12:09 PM by Michelone, Jeremy

Close

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

**Date:** 08/03/20
**Receipt #:** 123416
**Check / Auth #:** VISA 00480D
**Received By:** PLACILJ

**Amount:** 200.00
**Tendered:** 200.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** ALEKSANDR RYBAK
**Attn:**
**Address:** 1404 MARJORIE DR
**Address:**
**City/State/Zip:** MATTHEWS, NC 28105

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0703 | Septic Operational Permit<br>1404 MARJORIE DR | | 1 | 200.00 | 200.00 |

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

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

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

**Date:** 08/03/20
**Receipt #:** 123415
**Check / Auth #:** VISA 00480D
**Received By:** PLACILJ

**Amount:** 200.00
**Tendered:** 200.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** ALEKSANDR RYBAK
**Attn:**
**Address:** 1404 MARJORIE DR
**Address:**
**City/State/Zip:** MATTHEWS, NC 28105

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0734 | Septic Construction Authorizat<br>1404 MARJORIE DR | | 1 | 200.00 | 200.00 |

----------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:**

ALEKSANDR RYBAK

**Single Payment**

| | |
|---|---|
| Transaction Date: | 08/03/2020 12:10 PM Pacific Time |
| Pay Method: | VISA ••••••••••••4019 |
| Approval #: | 00480D |
| Trace Number: | 90b0a1da-54a8-4bac-b6b0-c233784aec34 |
| Amount: | $400.00 |

| | |
|---|---|
| Payment Amount: | $400.00 |
| **Total:** | **$400.00** |

Thank you for your payment.

10638B

#1315

1404

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: 193-331-12
STREET ADDRESS: 1404 Marjorie Dr.
CITY: Matthews
STATE: NC ZIP: 28105
SUBDIVISION NAME:
LOT #: 9 LOT SIZE (acres): 0886
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: 1589
NUMBER OF BEDROOMS: 4
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: NA 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? 5/20/20 ☐ N/A

12. PROPERTY OWNER:
NAME: Aleksandr Rybak
ADDRESS: 1404 Marjorie Dr
CITY: Matthews
STATE: NC ZIP: 28105
WORK PHONE:
MOBILE PHONE: 704-277-5719
FAX:
E-MAIL: fcucking15@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Septic Environmental Solutions, INC.
ADDRESS: 3019 SPRING FANCY LANE
CITY: INDIAN TRAIL
STATE: NC ZIP: 28079
WORK PHONE: 704-502-5588
MOBILE PHONE: 704-502-5588
FAX: NA
E-MAIL: Septicenvsol@yahoo.com

B46241673



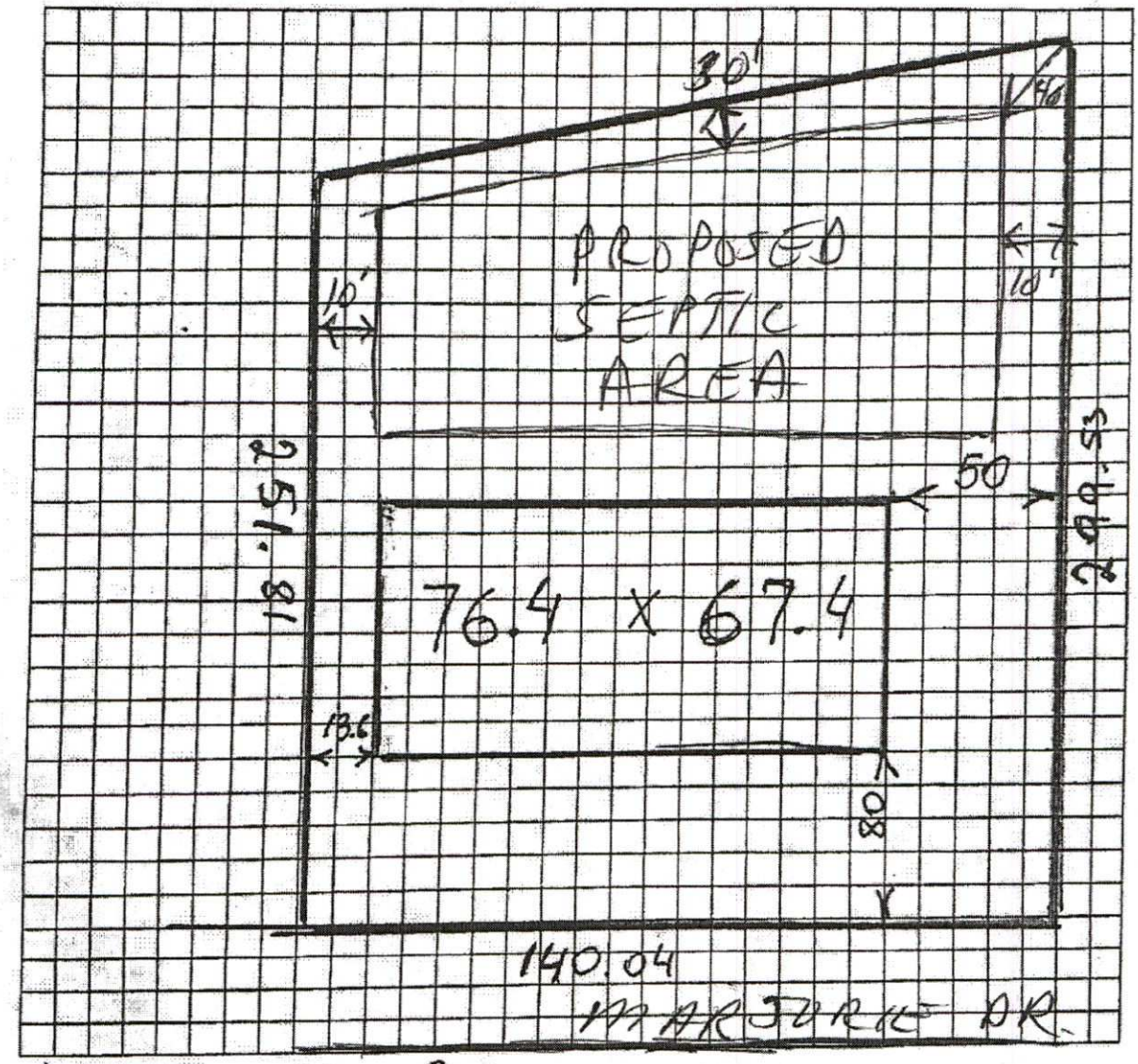
Anastasiya Walker
704.649.0845
aRybak87@gmail.com

Scanned with CamScanner

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: 1404 Marjorie Dr. Tax Parcel #: 193-331-12

Subdivision Name: _____ Lot # 9




Aleksandr Rybak 5-31-22

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

Kent Mc Septic Contractor



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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**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. AR (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. AR (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 — Date: 5-31-20

---

*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:



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*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 06/03/20 | **Amount:** | 250.00 |
| **Receipt #:** | 122631 | **Tendered:** | 250.00 |
| **Check / Auth #:** | MC 130615 | **Returned:** | 0.00 |
| **Received By:** | PLACILJ | | |

**Account Information**

**Account #:** 200000
**Contractor:** ANASTASIYA RYBAK
**Attn:**
**Address:** 819 HEDGEROW CT
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28209

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>1409 MARJORIE DR | | 1 | 250.00 | 250.00 |

Mecklenburg
Environmental Health
3205 Freedom Drive
Charlotte, NC 28208
Phone (980) 314 1651
06/03/20 11:48

Sale

Merchant ID: 153629
Sequence #: 004
Card Type: MASTERCARD
Auth Code: 130615
Acct. No. **********4547

Amount . 250.00

APPROVED

Payment taken over the phone

Signature

I agree to pay the above total amount according to the card issuer agreement (Merchant agreement if credit voucher)

We appreciate your payment!
Thank You Ver Much!

Merchant Copy

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

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

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

Sheet: 1 of 2
Property ID: 193-331-13
Lot #: 8
File #: 10634B
AppID: 11315

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: ALEKSANDR RYBAK
Address: 8504 CASTLE CLIFF DR
Proposed Facility: 4 Bedroom House
Design Flow (.1949): 480 GPD
Location of Site: 1404 MARJORIE DR., MATTHEWS, NC 28105
Water Supply: [ ] Public [ ] Individual [ ] Well
Evaluation Method: [ ] Auger Boring [X] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: Septic Environmental Solutions, Inc.
Date Evaluated: 6/9/2020
Property Size: 0.886 ac
Property Recorded: Unknown
[ ] Spring [X] Municipal
[ ] Cut
[ ] 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Pit #1 | SS 4% | 0 - 3 | gr L | SS SP FR SEXP | >55" | 33 | PS | NA | | PS IV 0.3 | 31" |
| | | 3 - 26 | sbk C | S P FI SEXP | | | | | | | |
| | | 26 - 33 | sbk CL | SS SP FR SEXP | | | | | | | |
| | | 33 - 55 | mass L Sap | SS SP FR SEXP | | | | | | | |
| Pit #2 | SS 4% | 0 - 4 | gr L | SS SP FR SEXP | >57" | 35 | PS | NA | | PS IV 0.3 | 32" |
| | | 4 - 24 | sbk C | S P FR/FI SEXP | | | | | | | |
| | | 24 - 35 | sbk CL | SS SP FR SEXP | | | | | | | |
| | | 35 - 57 | mass L Sap | SS SP FR SEXP | | | | | | | |
| Pit #3 | SS 4% | 0 - 5 | gr L | SS SP FR SEXP | >61" | 47 | PS | NA | | PS IV 0.3 | 36" |
| | | 5 - 33 | sbk C | S P FI SEXP | | | | | | | |
| | | 33 - 47 | sbk CL | SS SP FR SEXP | | | | | | | |
| | | 47 -61 | mass L Sap | SS SP FR SEXP | | | | | | | |
| Pit #4 | SS 4% | 0 - 5 | gr L | SS SP FR SEXP | >56" | 36 | PS | NA | | PS IV 0.3 | 33" |
| | | 5 - 30 | sbk C | S P FI SEXP | | | | | | | |
| | | 30 - 36 | sbk CL | SS SP FR SEXP | | | | | | | |
| | | 36 - 56 | mass L Sap | SS SP FR SEXP | | | | | | | |
| Pit #5 | SS 4% | 0 - 5 | gr L | SS SP FR SEXP | >61" | 38 | PS | NA | | PS IV 0.3 | 34" |
| | | 5 - 30 | sbk C | S P FI SEXP | | | | | | | |
| | | 30 - 38 | sbk CL | SS SP FR SEXP | | | | | | | |
| | | 38 - 58 | mass L Sap | SS SP FR SEXP | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | IIIg | IVa |
| Site LTAR (gpd/sq ft) | 0.3 | 0.3 |

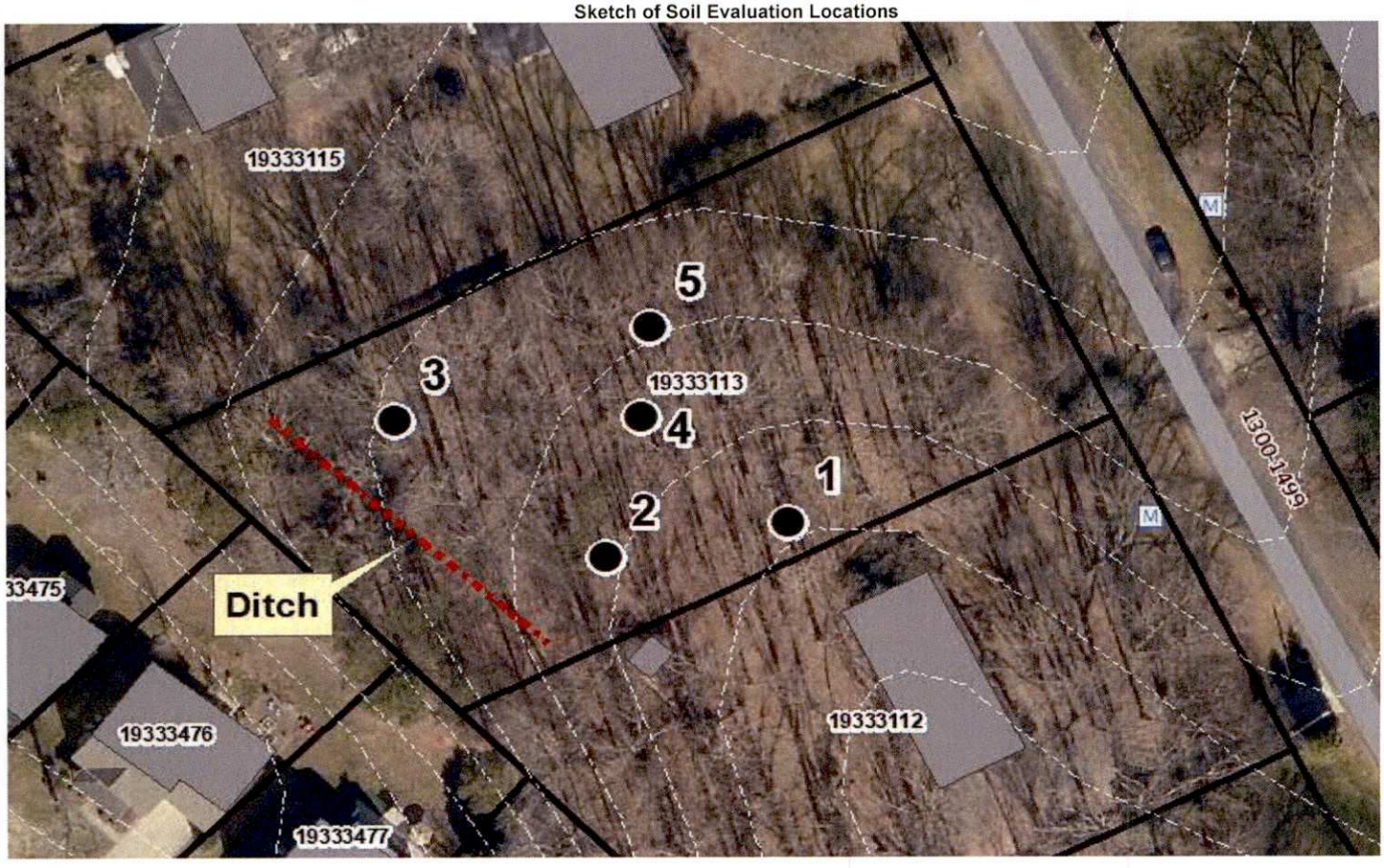
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: ~~PS~~ BD
Others Present:

**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 #: **30011315** GWS File #: **10638B** Tax Parcel #: **193-331-12**

- 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):** 6/30/2025

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

Structure Type: HOUSE Size ($ft^2$): 2589 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | .3 | Septic Tank Size (gal): | 1000 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1200 | Total Trench Length (ft): | 400 |
| Maximum Trench Depth (in): | 31 | Depth of Media (in): | 12 | Distribution Device: | Drop Boxes | | |

**III. Repair System Type:** PPBPS (gravity) **System Classification:** IIIe

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | .3 | Septic Tank Size (gal): | 1000 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 2 | Trench Spacing (ft): | 8 | Absorption Area ($ft^2$): | 800 | Total Trench Length (ft): | ~~400~~ 266 |
| Maximum Trench Depth (in): | 31 | 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: Bryan Davenport Owner/Legal Agent: _____
Print Name

Signature: Bryan Davenport Signature: _____

Date Issued: 6/30/2020

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 #: **30011315** GWS File #: **10638B**

**IV. Permit Conditions/Comments:**

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- 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:

- 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: Bryan Davenport

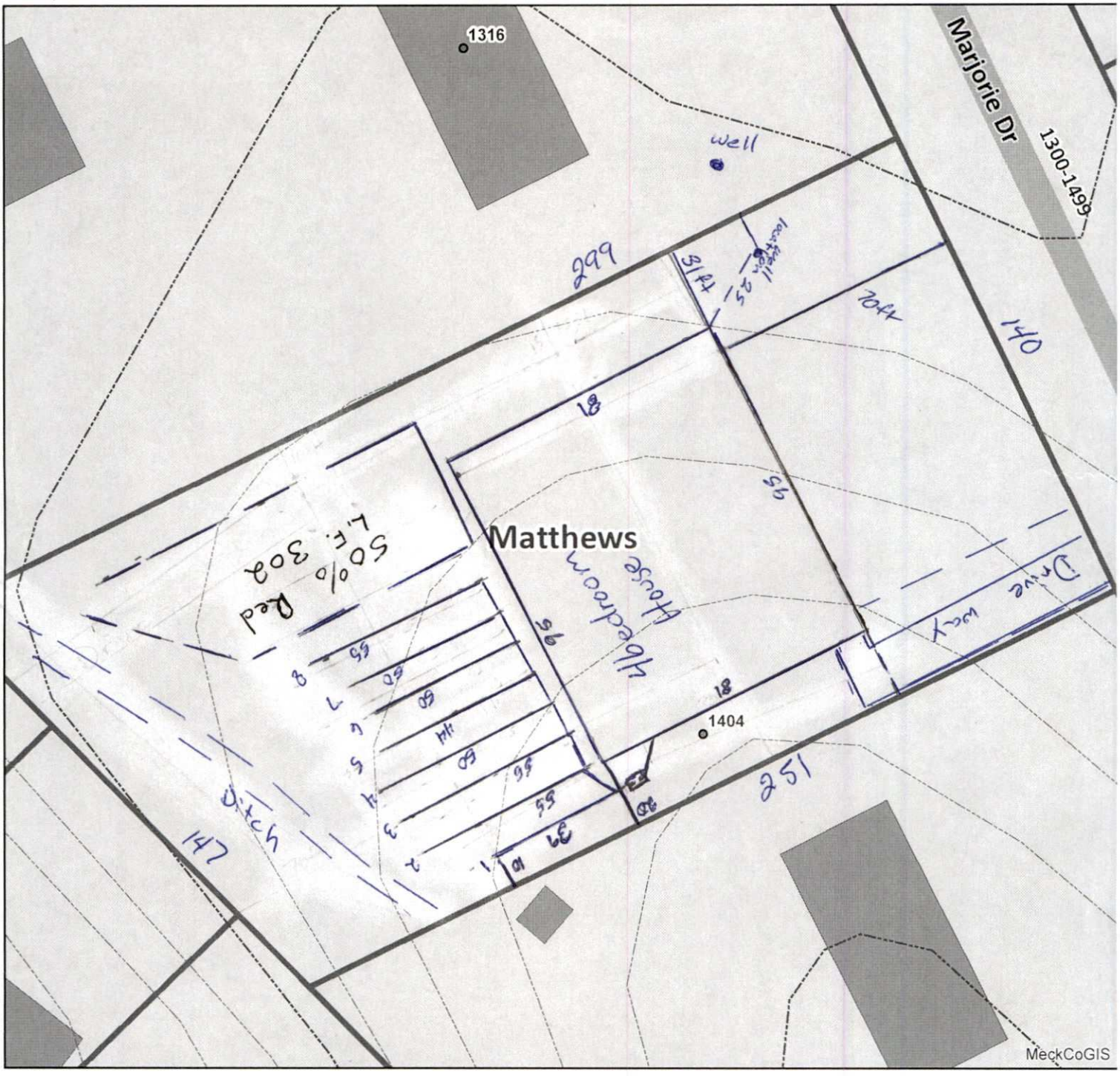
Signature: Bryan Davenport

Date Issued: 6/30/2020

Owner/Legal Agent: _____
Print Name

Signature: _____

# On-site Wastewater Improvement Permit Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:193-331-13
PID #:11315
File #:10634B

Authorized Agent: Byron Dupont Date: 6/30/20

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1660 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 #: **30011315** GWS File #: **10638B** Tax Parcel #: **193-331-12**

- 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):** 6/30/2025

Type of Installation: Residential - New System
Structure Type: HOUSE Size ($ft^2$): 2589 # Bedrooms: 4 Lot Number: 0
Building Foundation: Crawl Space Max. Occup.: 8
Water Supply: Municipal

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

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | .3 | Septic Tank Size (gal): | 1000 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1200 | Total Trench Length (ft): | 400 |
| Maximum Trench Depth (in): | 31 | Depth of Media (in): | 12 | Distribution Device: | Drop Boxes | | |

**III. Repair System Type:** PPBPS (gravity) **System Classification:** IIIe

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | .3 | Septic Tank Size (gal): | 1000 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 2 | Trench Spacing (ft): | 8 | Absorption Area ($ft^2$): | 800 | Total Trench Length (ft): | 400 |
| Maximum Trench Depth (in): | 31 | 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: Bryan Davenport
Signature: Bryan Davenport
Date Issued: 6/30/2020

Owner/Legal Agent: Aleksandr Rybak
Print Name
Signature:





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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 #: **30011315** GWS File #: **10638B**

**IV. Permit Conditions/Comments:**

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- 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:

- 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: Bryan Davenport

Signature: Bryan Davenport

Date Issued: 6/30/2020

Owner/Legal Agent: Aleksandr Rybak
(Print Name)

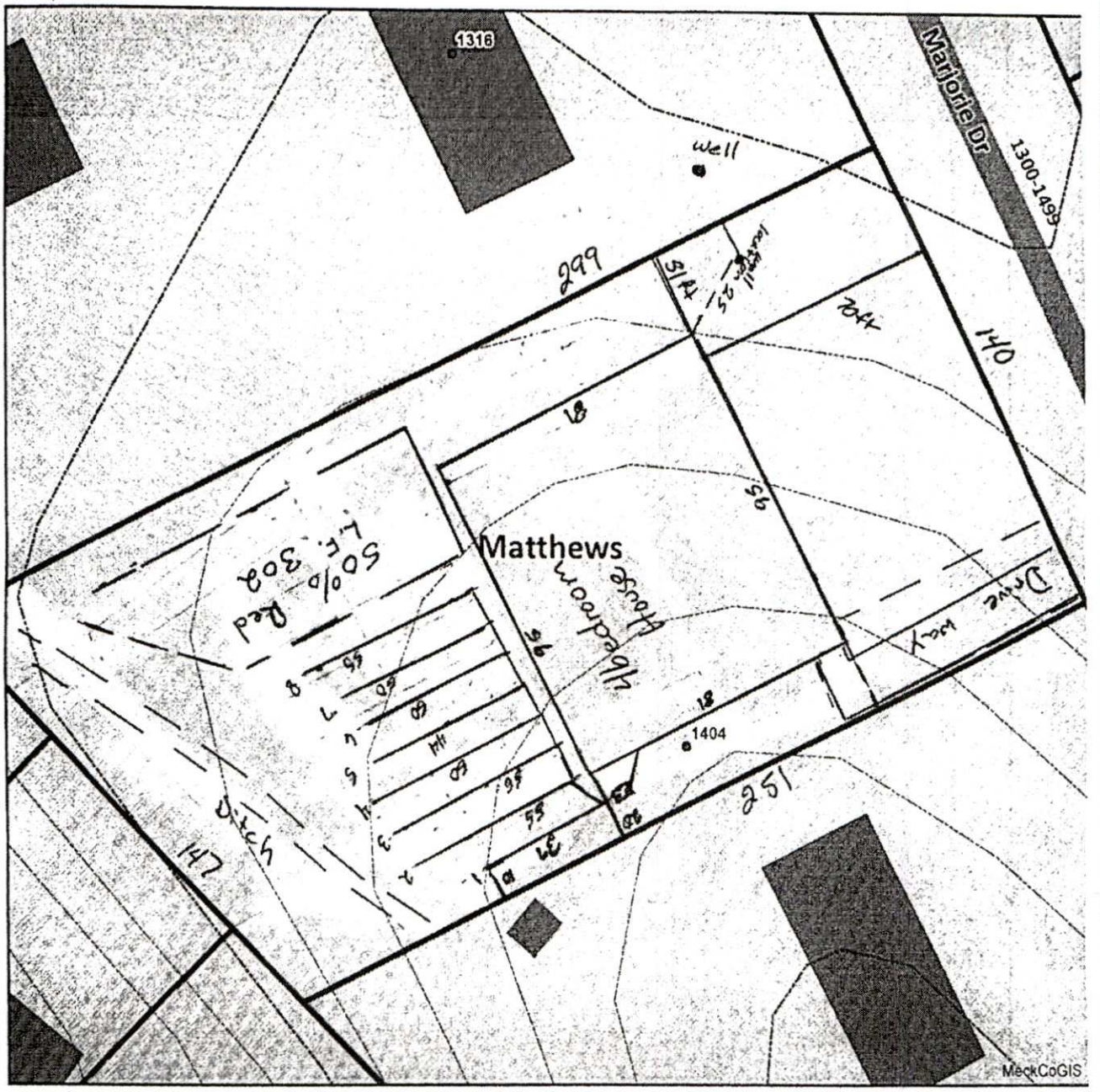
Signature:





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# On-site Wastewater Improvement Permit Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:193-331-13
PID #:11315
File #:10634B

Authorized Agent: Byron Pagart Date: 6/30/20

Owner/ Legal Agent: Date: 7-6-30

1 inch = 40 fee

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FEE: 200.00
DATE: 8/6/2020

# CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

**MECKLENBURG COUNTY**
**GROUNDWATER & WASTEWATER SERVICES**

**FILE NUMBER:** 10638B

**PERMIT NUMBER:** 30011315

**PARCEL NUMBER:** 19333113

**JOB LOCATION INFORMATION**

**ADDRESS:** 1404 MARJORIE DR

**CITY:** MATTHEWS **STATE: NC** **ZIP:** 28105

**ISSUED TO:** ALEKSANDR RYBAK

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 8/6/2020

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30011315, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

**Authorized Agent Signature** Bryan Dayson

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 # 106343 App# 11315 Tax Parcel# 193-331-13

Property Owner: Aleksandr Rybak

Job Location Address: 8504 Castle Cliff Dr

City: Matthews 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: The house was graded to deep for the gravity system. A pump tank will need to be installed to correct the proplem. First line was removed added to system to close to property line 7 lines

*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.**

Byron Dupuis — Authorized Agent

2/2/21 — Date

Lago Vista — Others Present

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 106343 Permit #: 11315 Tax Parcel #: 193-331-15

Property Owner: Aleksander Ryback

Job Location Address: 1404 Marjorie Dr

City: Matthews State: NC Zip Code: 28105

**Operation Permit Issuance Date:** 2/12/21 Contractor Name: Logo Vista

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Dellinger Effluent Pump Model: Liberty 253

ST-1-4-21

Drainfield Installation ☐ N/A

Trench Depth: 31 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 8 @ various feet

Depth of Media: 12 inches (Type) Quick 4 25% Reel

Depth of Cover: 19 inches

Distribution Device: Distribution box

Inspection Dates

Tank(s) Inspected: 2/4/21

Excavation Inspected: 2/4/21

Pump & Controls Inspected: 2/12/21 Liberty 253

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 _____

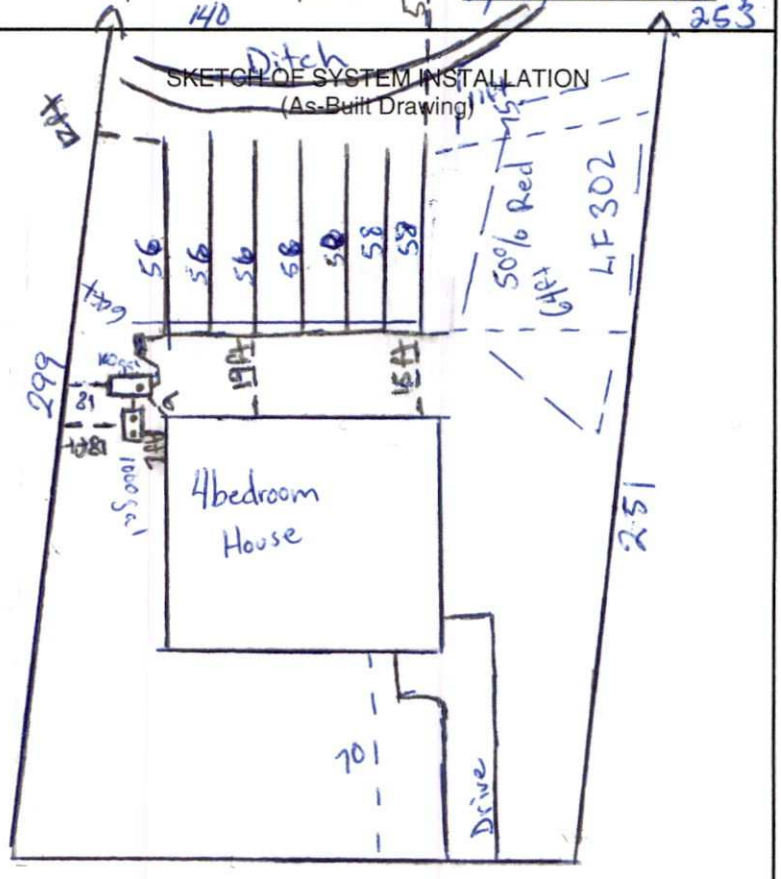
System Installation Setbacks

Distance from Building Foundation: 7 feet

Distance from Property Line: 18 feet

Distance from Water Supply Source: 100 feet

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: III/b / P / G / Na / Na Quick 4 ~~infiltr~~ infiltrator CHM 36

DENR Authorized Agent: Bryan Davenport Signature: Bryan Davenport

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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 10634B Permit #: 11315 Tax Parcel #: 193-331-13

Property Owner: Aleksandr Rybak

Job Location Address: 1404 Marjorie Dr

City: Matthews 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: III6

*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: 4 Bedroom House

DENR Authorized Agent: Bryan Davenport Date: 2/12/21

Signature: Bryan Davenport