FEE: 200.00

DATE: 9/9/2020

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 10219B

PERMIT NUMBER: 30011349

PARCEL NUMBER: 19503167

JOB LOCATION INFORMATION

ADDRESS: 3930 WELL RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28227

ISSUED TO: FRANCISCO ARVELO

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 9/9/2020

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30011349, 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 Byn Davenport

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

* Please send for signatures as well as the "Notice of Intent to Revoke"

IP ($250.00) _____ Initial/Date

CA ($200.00) JP 9/1/20 Initial/Date

OP ($200.00) JP 9/1/20 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 JP 6/15/20 Initial/Date

Issue CA / Approve As Noted

Floor plans need to be submitted and reviewed before CA can be issued ☒ Review ☒ 9/9/20 - Closet will be Removed in the Media Room

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 ☒ 7/9/20 Signature received ☒ 7/13

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

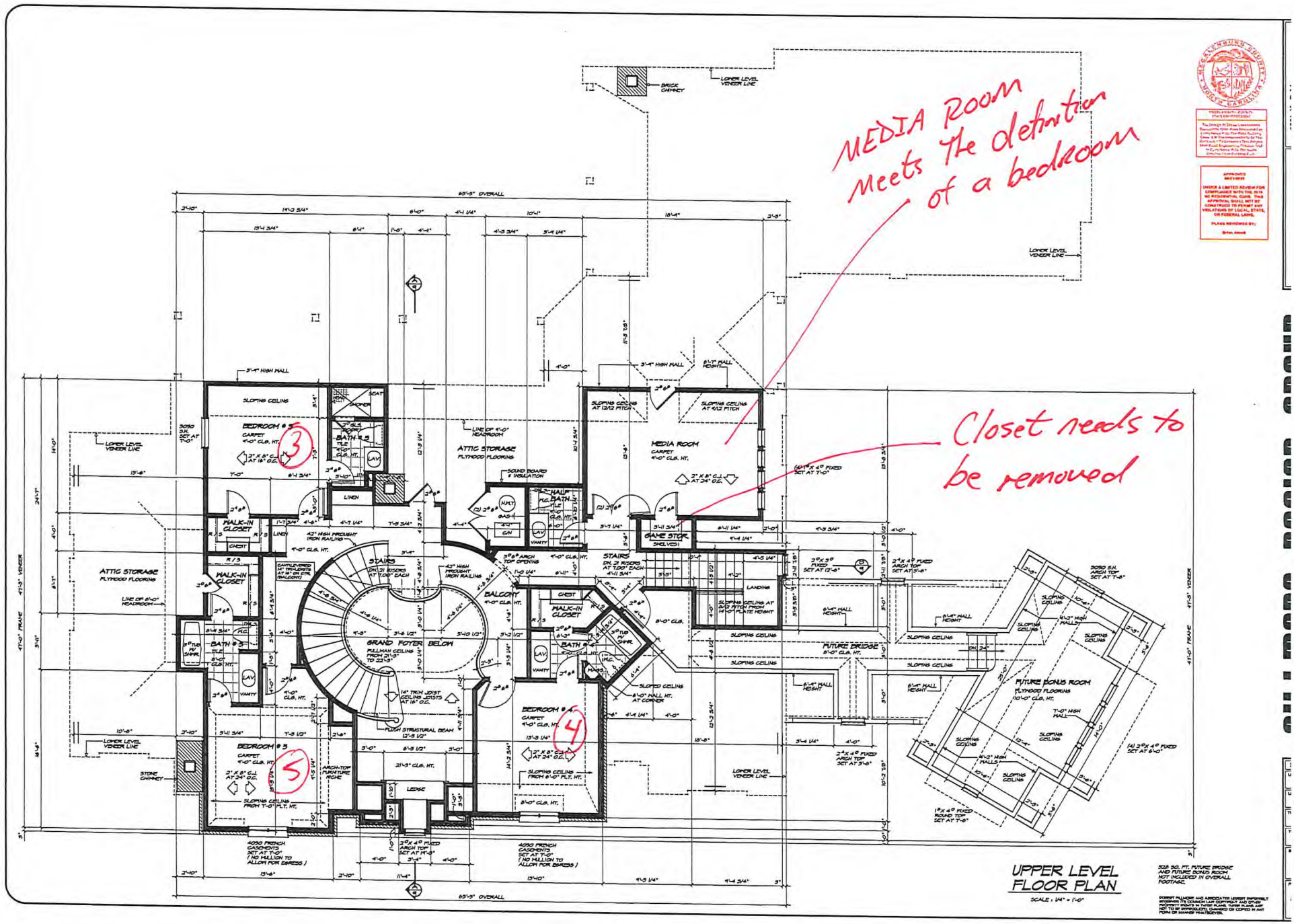
Edit Response | Delete Response | Manage Permissions | Workflows | Alert Me

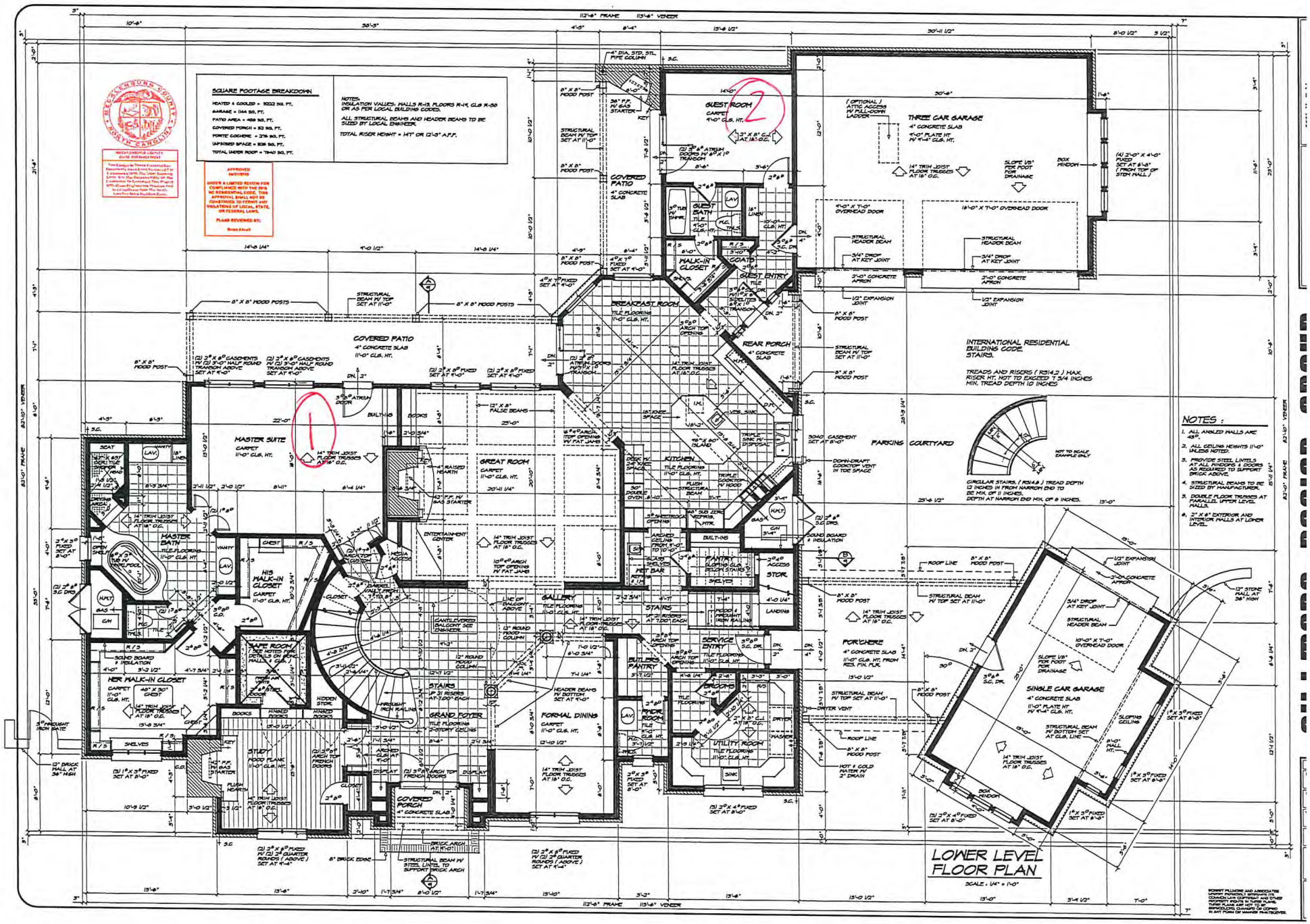
GWS File #:	10219B
WASPS App #:	11349
Primary ES assigned to project:	Bryan
Secondary ES assigned to project:	
Project Type:	Modified Plot Plan
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	No
Comments:	
IA issued date:	
OP Issued date:	
Review performed by:	Michelone
Date performed:	7/8/2020

Created at 7/8/2020 2:28 PM by Michelone, Jeremy
Last modified at 7/8/2020 2:28 PM by Michelone, Jeremy

Close

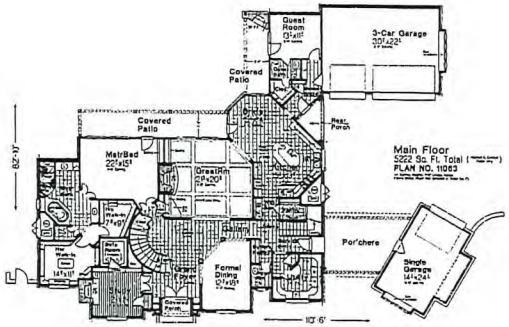

MEDIA Room
Meets the definition
of a bedroom
Closet needs to
be removed
UPPER LEVEL
FLOOR PLAN
SCALE : 1/4" = 1'-0"
BEDROOM # 5
BEDROOM # 3
BEDROOM # 4
BEDROOM # 2
MEDIA ROOM
GAME STOR.
GRAND FOYER BELOW
ATTIC STORAGE
FUTURE BRIDGE
FUTURE BONUS ROOM
STAIRS
BALCONY
WALK-IN CLOSET
BATH # 3
BATH # 4
HALF BATH
LINEN
LAUNDRY
LANDING
SLOPING CEILING
LOWER LEVEL VENEER LINE
BRICK CHIMNEY
STONE CHIMNEY
83'-3" OVERALL
4'-0" FRAME
4'-3" VENEER

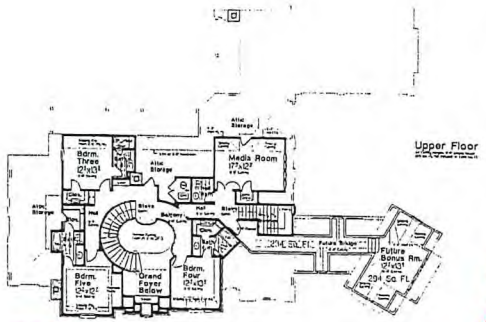

SQUARE FOOTAGE BREAKDOWN
HEATED & COOLED = 3222 SQ. FT.
GARAGE = 1144 SQ. FT.
PATIO AREA = 488 SQ. FT.
COVERED PORCH = 82 SQ. FT.
PORTE COCHERE = 276 SQ. FT.
UNFINISHED SPACE = 838 SQ. FT.
TOTAL UNDER ROOF = 7140 SQ. FT.
NOTES:
INSULATION VALUES: WALLS R-13, FLOORS R-19, CLG R-30 OR AS PER LOCAL BUILDING CODES.
ALL STRUCTURAL BEAMS AND HEADER BEAMS TO BE SIZED BY LOCAL ENGINEER.
TOTAL RISER HEIGHT = 147" OR 12'-3" A.F.F.
APPROVED
UNDER A LIMITED REVIEW FOR COMPLIANCE WITH THE 2015 NC RESIDENTIAL CODE. THIS APPROVAL SHALL NOT BE CONSTRUED TO PERMIT ANY VIOLATIONS OF LOCAL, STATE, OR FEDERAL LAWS.
PLANS REVIEWED BY:
GUEST ROOM
CARPET
11'-0" CLG. HT.
THREE CAR GARAGE
4" CONCRETE SLAB
9'-0" PLATE HT.
14'-4" CLG. HT.
COVERED PATIO
4" CONCRETE SLAB
GUEST BATH
TILE FLOORING
9'-0" CLG. HT.
WALK-IN CLOSET
GUEST ENTRY
BREAKFAST ROOM
TILE FLOORING
11'-0" CLG. HT.
COVERED PATIO
4" CONCRETE SLAB
11'-0" CLG. HT.
REAR PORCH
4" CONCRETE SLAB
INTERNATIONAL RESIDENTIAL BUILDING CODE.
STAIRS.
TREADS AND RISERS (R314.2) MAX. RISER HT. NOT TO EXCEED 7 3/4 INCHES MIN. TREAD DEPTH 10 INCHES
PARKING COURTYARD
CIRCULAR STAIRS. (R314.8) TREAD DEPTH 12 INCHES IN FROM NARROW END TO BE MIN. OF 11 INCHES. DEPTH AT NARROW END MIN. OF 6 INCHES.
NOT TO SCALE. EXAMPLE ONLY.
NOTES :
1. ALL ANGLED WALLS ARE 45°.
2. ALL CEILING HEIGHTS 11'-0" UNLESS NOTED.
3. PROVIDE STEEL LINTELS AT ALL WINDOWS & DOORS AS REQUIRED TO SUPPORT BRICK ABOVE.
4. STRUCTURAL BEAMS TO BE SIZED BY MANUFACTURER.
5. DOUBLE FLOOR TRUSSES AT PARALLEL WALLS UPPER LEVEL WALLS.
6. 2" X 6" EXTERIOR AND INTERIOR WALLS AT LOWER LEVEL.
MASTER SUITE
CARPET
11'-0" CLG. HT.
GREAT ROOM
CARPET
11'-0" CLG. HT.
KITCHEN
TILE FLOORING
11'-0" CLG. HT.
MASTER BATH
TILE FLOORING
11'-0" CLG. HT.
HIS WALK-IN CLOSET
CARPET
11'-0" CLG. HT.
HER WALK-IN CLOSET
CARPET
11'-0" CLG. HT.
GALLERY
TILE FLOORING
11'-0" CLG. HT.
STAIRS
STAIRS
GRAND FOYER
TILE FLOORING
9'-0" CLG. HT.
FORMAL DINING
CARPET
11'-0" CLG. HT.
BUTLER'S PANTRY
SERVICE ENTRY
TILE FLOORING
11'-0" CLG. HT.
PORTE COCHERE
4" CONCRETE SLAB
11'-0" CLG. HT. FROM REG. FIN. FLR.
BROOMS
TILE FLOORING
UTILITY ROOM
TILE FLOORING
11'-0" CLG. HT.
SINGLE CAR GARAGE
4" CONCRETE SLAB
11'-0" PLATE HT.
14'-4" CLG. HT.
STUDY
WOOD PLANK
11'-0" CLG. HT.
COVERED PORCH
4" CONCRETE SLAB
LOWER LEVEL FLOOR PLAN
SCALE : 1/4" = 1'-0"

Project # 411137



11063





DESIGN LOADS:
Floor: 40 p.s.f. live load
10 p.s.f. dead load
Roof: 30 p.s.f. live load
10 p.s.f. dead load
Soil Pressure 2000 p.s.f.
Note 1 Check with local building officials for design load and site preparation. Check with local building departments for wind, seismic, snow or other loading conditions.
Drainage 1 Lot shall be provided with adequate drainage and shall be graded so as to drain all surface away from foundation walls.

CONCRETE:
All concrete slabs on grade shall be of compressive strength at 28 days of not less than 3000 pounds per square inch. Slab shall be on 4" sand or gravel fill with 6x6-10/10WM. Thicken slab beam shall be below all loads bearing walls with 5/8" steel rebars. Provide a ½" expansion joint at all exterior walls.

FOUNDATIONS:
All exterior walls, bearing walls, columns and piers shall be supported on continuous solid masonry or concrete footings. They shall be of sufficient design to support safely the loads imposed as determined from the character of the soil and shall always extend below the frost line. Minimum sizes shall be as per the local code. Foundation walls shall be constructed of ground concrete or grade "N", type 1, hollow load bearing concrete masonry units. Horizontal reinforcing shall be one 9 wall continuous every other block course. Vertical reinforcing shall be with #7 vertical rebars at 4' on and at each corner and both sides of opening.

Drains shall be provided around foundations located below grade. The top of open joints of drain tiles shall be provided by strips of building paper and the tiles shall be placed on 2" of washed gravel.

Provide termite prosention as required by HUD minimum property standards.

FRAMING:
All framing lumber shall be Douglas fir construction grade. Beams, headers, and floor joists shall have a bending stress of 1200 p.s.i.
Load bearing dimension lumber for studs, plates, and headers shall conform in applicable standards or grading rules. All studs shall be stud grade or better. Double joists under all parallel partitions. Double 2x12 headers with 1/2" plywood between at all door and window openings.
1 x 3 cross bridging at all floor joists.
Floor construction: ¾" plywood with exterior glue under 5/8" plywood underlayment with building paper between.

FRAMING DETAILS:
Rafters shall be nailed to ceiling joists to form a continuous tie between exterior walls where joists are parallel to the rafters. Where not parallel, rafters shall be tied with a rafter tie, located as near the plate as practical. Rafter ties shall be spaced not more that 4 feet on center. Rafters shall be framed to ridge board or to each other with gusset plate as a tie. Ridge board shall be at least 1-inch nominal thickness and not less in depth than the use of the rafter. At all valleys and hips there shall be a valley or hip rafter not less than 2-inch thickness and not less in depth than the cut end of the rafter. Hip valley rafters shall be supported at the ridge by a brace to a bearing partition. Rafters and ceiling joists shall be provided with lateral support at points of bearing to prevent rotation.

All interior walls and ceilings to be covered with gypsum wallboard in accordance with manufacturers recendations.

"Micro Lam" beams as shown are by Truss Joist Corp.

MASONRY FIREPLACES:
Fireplaces to be lined with firebrick, a metal damper control are to be installed. A minimum of 12" x 16" clay flue tile to be used in the chimney.

MISCELLANEOUS
R-13 minimum batt insulation stapled to all exterior walls of house only.
R-24 minimum batt insulation in all floors or ceilings exposed to the outside.
Rigid insulation R all masonry foundation walls.
Use insulating double-glazing at all exterior glass areas.

See table N1102.1.2 for current insulation values.

MECKLENBURG COUNTY NORTH CAROLINA

MECKLENBURG COUNTY CODE ENFORCEMENT

The Design In These Construction Documents Have Been Reviewed For Compliance With The State Building Code. It Is The Responsibility Of The Contractor To Construct This Project With Good Engineering Practice And In Compliance With The North Carolina State Building Code.

APPROVED
08/31/2020

UNDER A LIMITED REVIEW FOR COMPLIANCE WITH THE 2018 NC RESIDENTIAL CODE. THIS APPROVAL SHALL NOT BE CONSTRUED TO PERMIT ANY VIOLATIONS OF LOCAL, STATE, OR FEDERAL LAWS.

PLANS REVIEWED BY:

Brian Atwell

PILLARS & CHAMBERS DESIGN GROUP, INC. RETAINS ALL COMMON LAW, STATUTORY AND OTHER RESERVED RIGHTS, INCLUDING THE COPYRIGHT, IN THE PLANS, THE CONCEPTS, DESIGNS AND WORKS THEREIN, AND IN THE ARCHITECTURAL WORKS EMBODIED IN THE PLANS, INCLUDING, BUT NOT LIMITED TO, THE ARRANGEMENT AND COMPOSITION OF SPACES AND ELEMENTS IN SUCH PLANS AND ARCHITECTURAL WORKS. THE PLANS MAY NOT BE USED BY ANY PERSON FOR ANY PURPOSE OTHER THAN CONSTRUCTION OF THE PROJECT WITHOUT THE EXPRESS PERMISSION OF PILLARS & CHAMBERS DESIGN GROUP, INC.

Contact Info:
Brian K. Feltrop
Pillars & Chambers
Charlotte, NC 28269
Phone: 704.942.5465
Fax: 704.948.0934
Email: brian@pillarsandchambers.com

PILLARS & CHAMBERS DESIGN GROUP

Cover Sheet

PLAN NUMBER
11063

10219B
#11349

MECKLENBURG COUNTY
HEALTH DEPARTMENT

15 JUN '20 AM10:29

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: 19503167
STREET ADDRESS: 3826 Will Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: 2 LOT SIZE (acres): 2.129
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: 5,222
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ○ MUNICIPAL ● PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

7. PROPOSED USE OF WELL: ○ N/A ○ IRRIGATION ● POTABLE (DRINKING WATER) ○ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ N/A ☐ ANY TYPE ☒ 2 CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

8A. RANK: 1 2 ____ ____ ____

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? Done! 3-25-19 ☐ N/A

12. PROPERTY OWNER:
NAME: Francisco Arvelo
ADDRESS: 4720 Tracewood CT
CITY: Charlotte, NC
STATE: NC ZIP: 28215
WORK PHONE: 704 361-6847
MOBILE PHONE: 704 361-6847
FAX: 980 237-4785
E-MAIL: farvelo@aol.com

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

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

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

FA (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.

Francisco Arvelo — Property Owner's or Owner's Legal Representative Signature

6-15-20 — Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

Revised on: 03/27/19

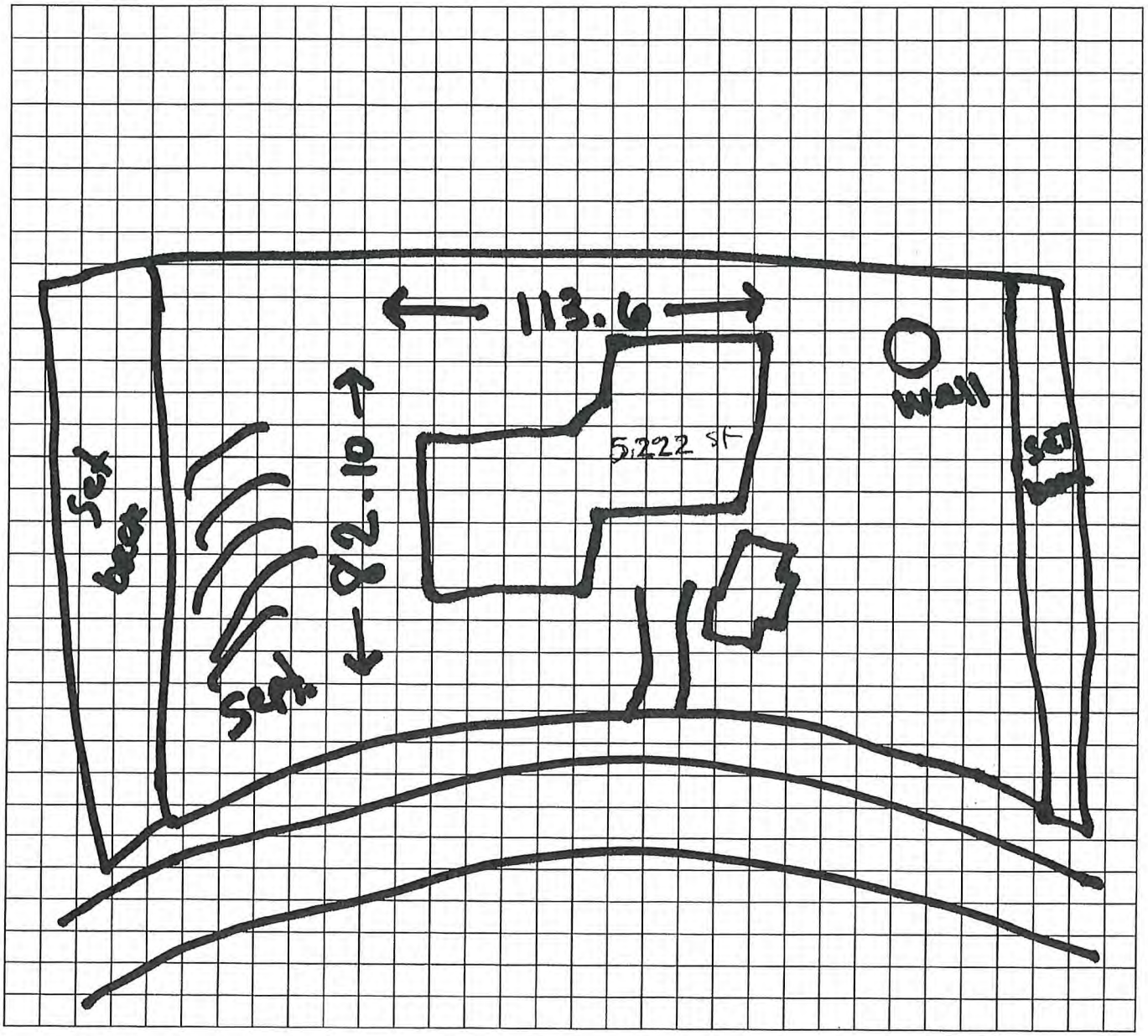
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

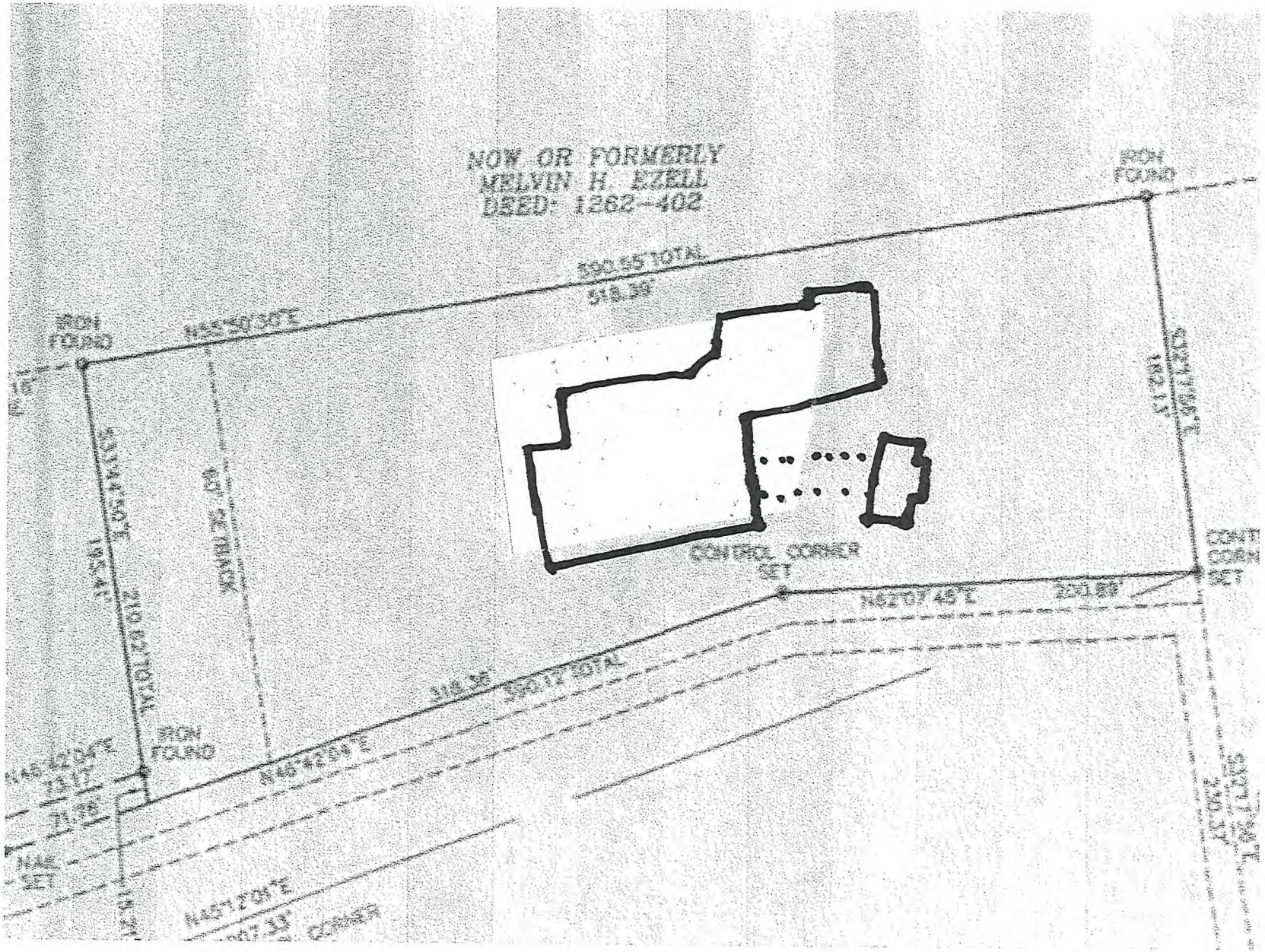
Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



Francisco Arvelo
Property Owner's or Owner's Legal Representative Signature

6-15-20
Date


NOW OR FORMERLY
MELVIN H. EZELL
DEED: 1262-402
IRON FOUND
590.45' TOTAL
518.36'
N45°50'30"E
IRON FOUND
CONTROL CORNER SET
N62°07'43"E
221.88'
590.11' TOTAL
518.36'
N45°42'04"E
IRON FOUND
N45°42'04"E
N45°12'05"E

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/15/20
Receipt #: 122792
Check / Auth #: MC 124815
Received By: PLACILJ

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: FRANCISCO ARVELO
Attn:
Address: 4720 TRACEWOOD CT
Address:
City/State/Zip: CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 3826 WELL RD		1	100.00	100.00

Mecklenburg
Environmental Health
3205 Freedom Drive
Charlotte, NC 28208
Phone: (980) 314-1651
06-15-20 09:58

Sale

Merchant ID: 159629
Settlement ID: 003
Card Type : MASTERCARD
Auth Code: 124815
Acct No: **********9521

Amount : 100.00

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 Very 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: 195-031-67
Lot #: 2
File #: 10219B
AppID: 10212

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Debbie Flowe
Address: 3836 Well Rd, Mint Hill, NC 28227
Proposed Facility: 5 Bedroom Home
Design Flow (.1949): 600 GPD
Location of Site: 3826 Well Rd, Mint Hill, NC 28227
Water Supply: [ ] Public [X] Individual [X] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: Francisco Arvelo
Date Evaluated: 3/12/2019
Property Size: 2.129 ac
Property Recorded: Unknown
[ ] Spring [ ] 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
Boring #1	LS 6%	0 - 3	gr L	SS SP FR SEXP	>50"	50	NA	NA		PS IV 0.275	36"
		3 - 50	sbk C	S P FI SEXP							
Boring #2	LS 5%	0 - 3	gr L	SS SP FR SEXP	>50"	50	NA	NA		PS IV 0.275	36"
		3 - 12	sbk CL	SS SP FR SEXP							
		12 - 50	sbk/abk C	S P FI SEXP							
Boring #3	LS 5%	0 - 11	sbk CL	SS SP FR SEXP	>50"	50	NA	NA		PS IV 0.275	36"
		11 - 50	sbk/abk C	S P FI SEXP							
Boring #4	LS 5%	0 - 5	sbk CL	SS SP FR SEXP	>50"	50	NA	NA		PS IV 0.3	36"
		5 - 50	sbk C	S P FI SEXP							
Boring #5	LS 5%	0 - 5	sbk CL	SS SP FR SEXP	>50"	50	NA	NA		PS IV 0.275	36"
		5 - 42	sbk/abk C	S P FI SEXP							
		42 - 50	sbk CL	SS SP FR SEXP							
Boring #6	LS 5%	0 - 4	sbk CL	SS SP FR SEXP	>49"	49	NA	NA		PS IV 0.3	36"
		4 - 44	sbk C	S P FI SEXP							
		44 - 49	sbk CL	SS SP FR SEXP							
Boring #7	R 2%	0 - 3	sbk CL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.3	36"
		3 - 40	sbk C	S P FI SEXP							
		40 - 48	sbk CL	SS SP FR SEXP							

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

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

COMMENTS:

File #: 10219B
AppID: 10212

Landscape Position
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain
D-Drainage Way

Group	Texture	.1955 LTAR
I	S-Sand	1.2 - 0.8
	LS-Loamy Sand	
II	SL-Sandy Loam	0.8 - 0.6
	L-Loam	
III	Si-Silt	0.6 - 0.3
	SiCL-Silty Clay Loam	
	CL-Clay Loam	
	SCL-Sandy Clay Loam	
	SiL-Silt Loam	
IV	SC-Sandy Clay	0.4 - 0.1
	SiC-Silty Clay	
	C-Clay	

Structure
sg-Single Grain
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangular Blocky
abk-Angular Blocky
pl-Platy
pr-Prismatic

Structure Prefixes
w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

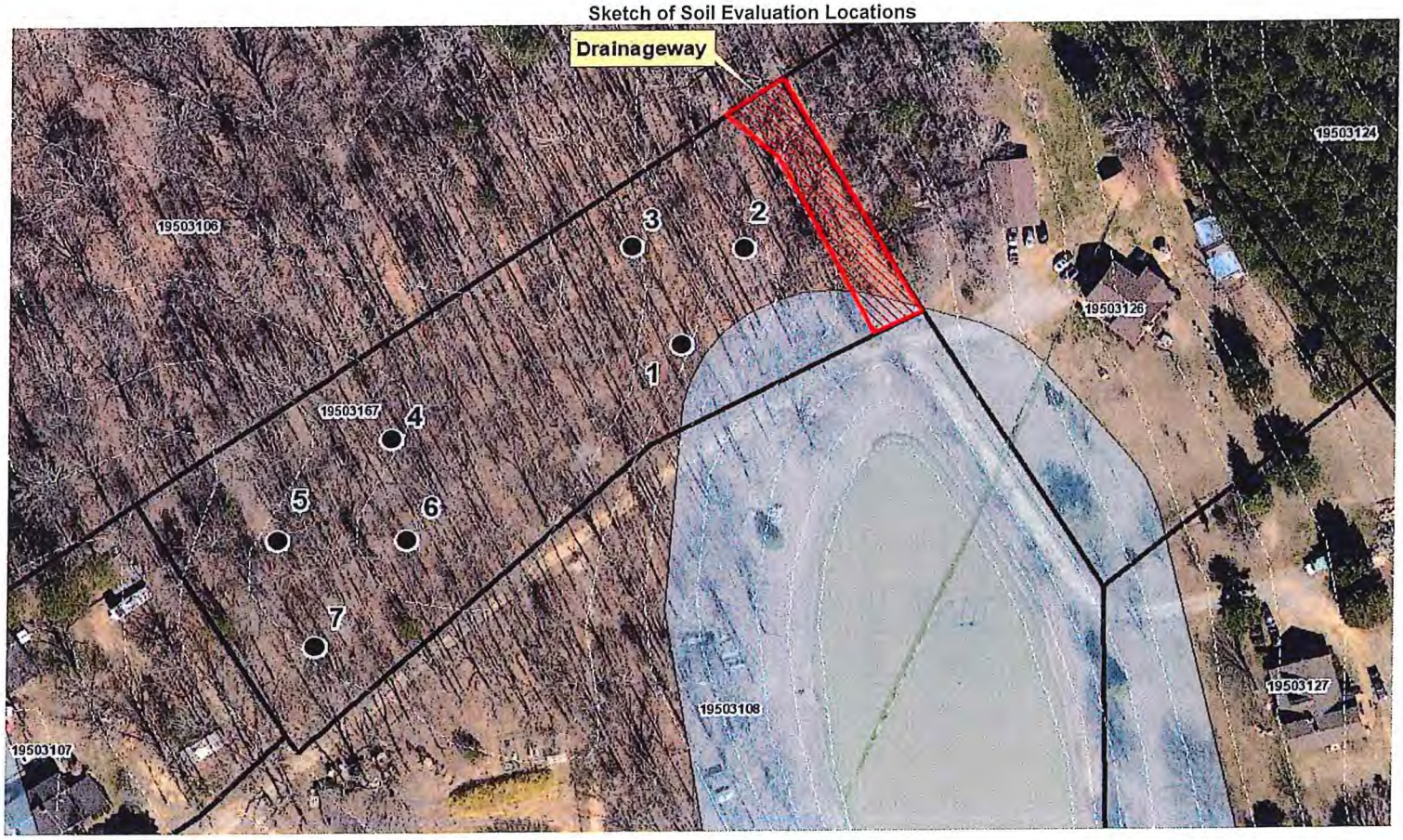
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Classification
US-Unsuitable
PS-Provisionally Suitable
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 #: **30011349** GWS File #: **10219B** Tax Parcel #: **195-031-67**

- 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):** 6/24/2025

Type of Installation: Residential - Modified Plot Plan

Structure Type: HOUSE Size (ft^2): 5222 # Bedrooms: 5 Lot Number: 0 Max. Occup.: 10

Building Foundation: Crawl Space Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): .275 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1636 Total Trench Length (ft): 545

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Distribution Box

III. Repair System Type: Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): .275 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1636 Total Trench Length (ft): 545

Maximum Trench Depth (in): 36 Depth of Media (in): 12 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: 6/24/2020

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 #: **30011349** GWS File #: **10219B**

IV. Permit Conditions/Comments:

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be 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 components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- 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.

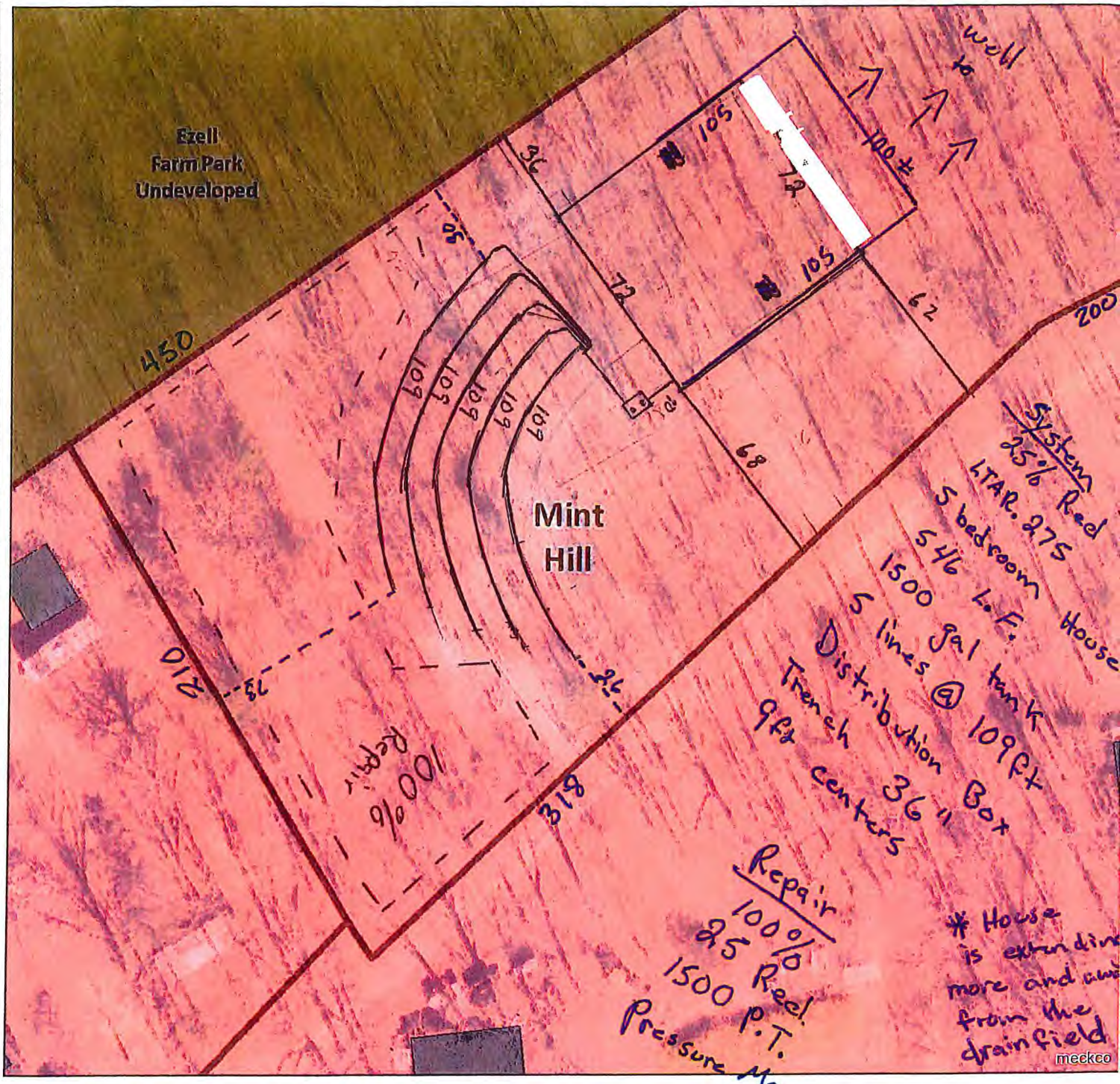
Authorized Agent: Bryan Davenport

Signature: Bryan Davenport

Date Issued: 6/24/2020

Owner/Legal Agent: _____
Print Name

Signature: _____



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:10212
PID #:195-031-67
File #:10219B

Authorized Agent: Bryan Davenport Date: 7/2/20

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 fee

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN (704) 336-4700

7/2/20

Franciso Arvelo
3826 Well Dr
Mint Hill NC, 28277

RE: **Notice of Intent to Revoke Improvement Permit**

Dear Yakov Meyko

The Mecklenburg County Health Department inspected the site for the on-site wastewater system located at **3826 Well Rd**, File # **10219B** for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit # **30010212**conditions. As a result of this inspection, the Department has determined the following violations:

> **"Revoking the initial permit on the property located at 3826 Well Rd, Matthews 28227. File #10219B (dated 3/328/19). The initial location of the house has been extended. Therefore, a modified septic system will be required to accommodate the 5 bedroom house. This letter is revoking the initial permit to allow for a new permit.**

This is to notify you that based on these violations, the Department intends to revoke your Improvement Permit 30 days from the date of this notice.

If the health department determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the current laws and rules necessary to obtain a new permit.

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

You have the right to a formal appeal of this decision by filing a petition for a contested case hearing with the Office of Administration Hearings, 6714 Mail Service Center, Raleigh, NC, 27699-6714. To obtain a petition form (H-06), you may write the Office of Administrative Hearings, call that office at (919) 431-3000 or get a copy of the petition form from their web site at www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provisions of North Carolina General Statutes 130A-24, 150B-23, and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335(g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is June 19, 2019. Meeting the 30

day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you may request.

If you file a petition for a contested case with the Office of Administrative Hearings, you are required by law (NCGS 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

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

Sincerely,

Bryan Davenport, EHS
Environmental Health Specialist
704-574-5006

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

(7/2/20)

Owner: _ Francisco Arvelo _____
Address:_____3826 Well Rd_____
_____

Subject: Voluntary Relinquishment of Administrative Appeal Rights

Improvement Permit #30010212, File 10219B
Francisco & Santa Arvelo, 3826 Well Rd Mint Hill, NC 28227
PID:195-031-67

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form, the previous permit issued on 3/28/19 for a 5 bedroom house improvement permit for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

Supervisor/Administrative Professional Checklist

New Septic ☒ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

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

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

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

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

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

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

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

Send permit for signature. ☒ Signature received. ☐ _____

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

Certified operator contract is on file. ☐ _____

Groundwater & Wastewater Services: Septic Project File & D

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

GWS File #:	10219B
WASPS App #:	10212
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?	Yes

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	No
Comments:	
IA issued date:	
OP Issued date:	
Review performed by:	Jeremy Michelone, REHS
Date performed:	3/29/2019

Created at 3/29/2019 8:16 AM by Michelone, Jeremy
Last modified at 3/29/2019 8:16 AM by Michelone, Jeremy

Close

5 MAR '19 AM11:53

10219B
#10212

5 MAR '19 AM11:53

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: 19503167
STREET ADDRESS: 3826 Well Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: _____
LOT #: 2 LOT SIZE (acres): 2.129
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: 4,000
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☒ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ● PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ● POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*
☐ N/A ☐ ANY TYPE ☒ 2 CONVENTIONAL ☒ 1 ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** 1 2 ____ ____ ____

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?** March 25 ☐ N/A

12. **PROPERTY OWNER:**
NAME: DeBBie Flowe
ADDRESS: 3836 Well Rd.
CITY: Mint Hill
STATE: NC. ZIP: 28227
WORK PHONE: 704-578-6462
MOBILE PHONE: 704 578-6462
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: Francisco Arvelo
ADDRESS: 4720 Tracewood CT
CITY: Charlotte NC.
STATE: NC ZIP: 28215
WORK PHONE: 704-361-6847 * Call this #
MOBILE PHONE: _____
FAX: 980 237-4785
E-MAIL: farvelo@aol.com
farvelo@aol.com

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

Revised on: 12/15/10

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that DAN Keaton is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

3826 Well Rd. Mint Hill NC
Number Street Town
(Or Parcel Number)

Debbie Flowe
Property Owner (print name)

Debbie Flowe
Property Owner (signature)

3/4/19
Date

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.

FA (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.

Francisco Arvelo
Property Owner's or Owner's Legal Representative Signature

3-4-19
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

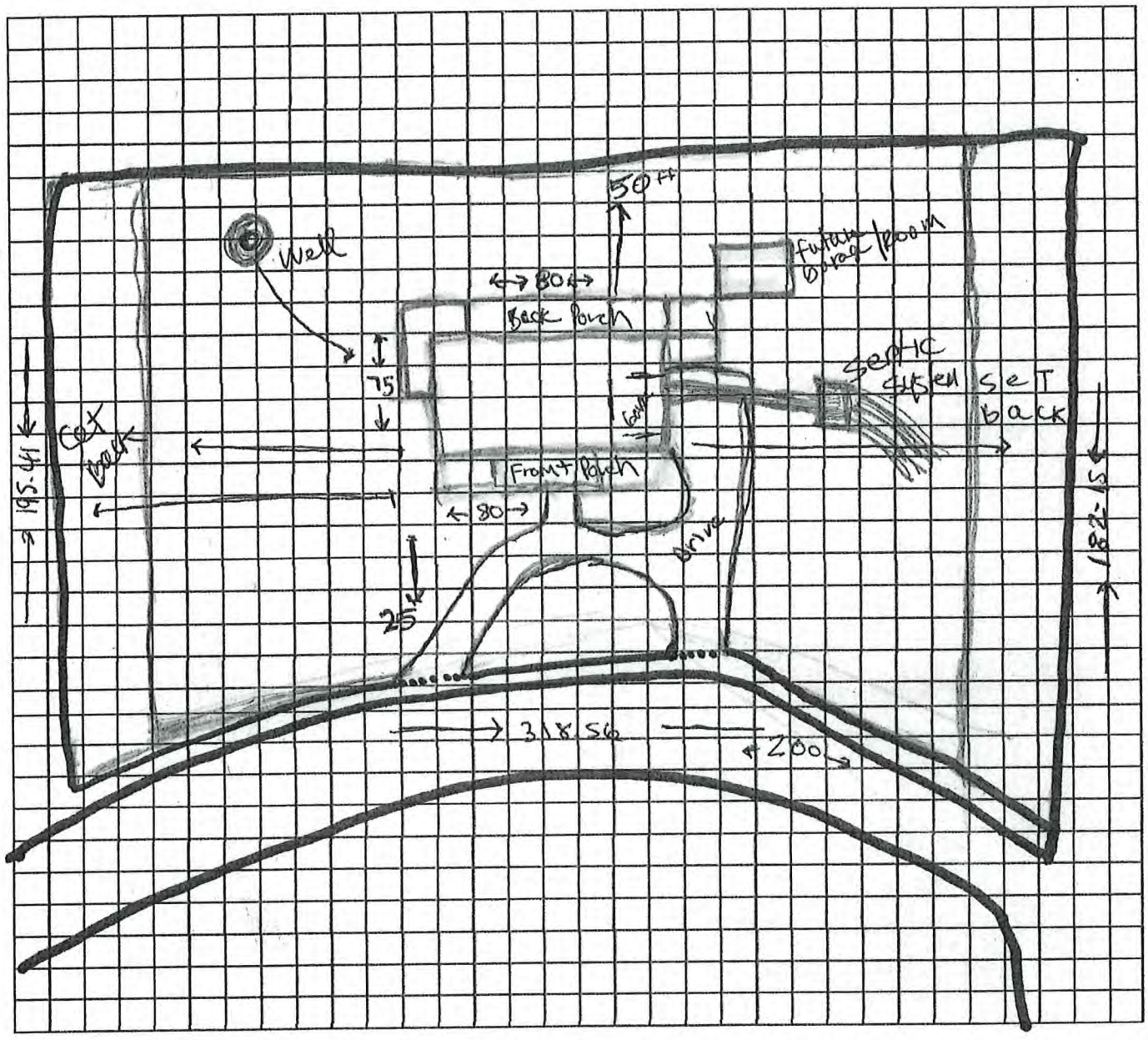
File #: _____

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: 3826 Well Rd- Tax Parcel #: 19503167

Subdivision Name: _____ Lot #: 2



Francisco Arvelo
Property Owner's or Owner's Legal Representative Signature

3-4-19
Date

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

Revised on: 12/15/10

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
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 #: **30010212** GWS File #: **10219B** Tax Parcel #: **195-031-67**

- 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):** 3/25/2024

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

Structure Type: HOUSE Size (ft^2): 4000 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Crawl Space Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1636	Total Trench Length (ft):	545
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1636	Total Trench Length (ft):	545
Maximum Trench Depth (in):	36	Depth of Media (in):	12	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: 3/25/2019

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700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

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On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30010212** GWS File #: **10219B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- 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.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- 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 septic system shall be located at least 15 feet from any foundation drain.

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

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

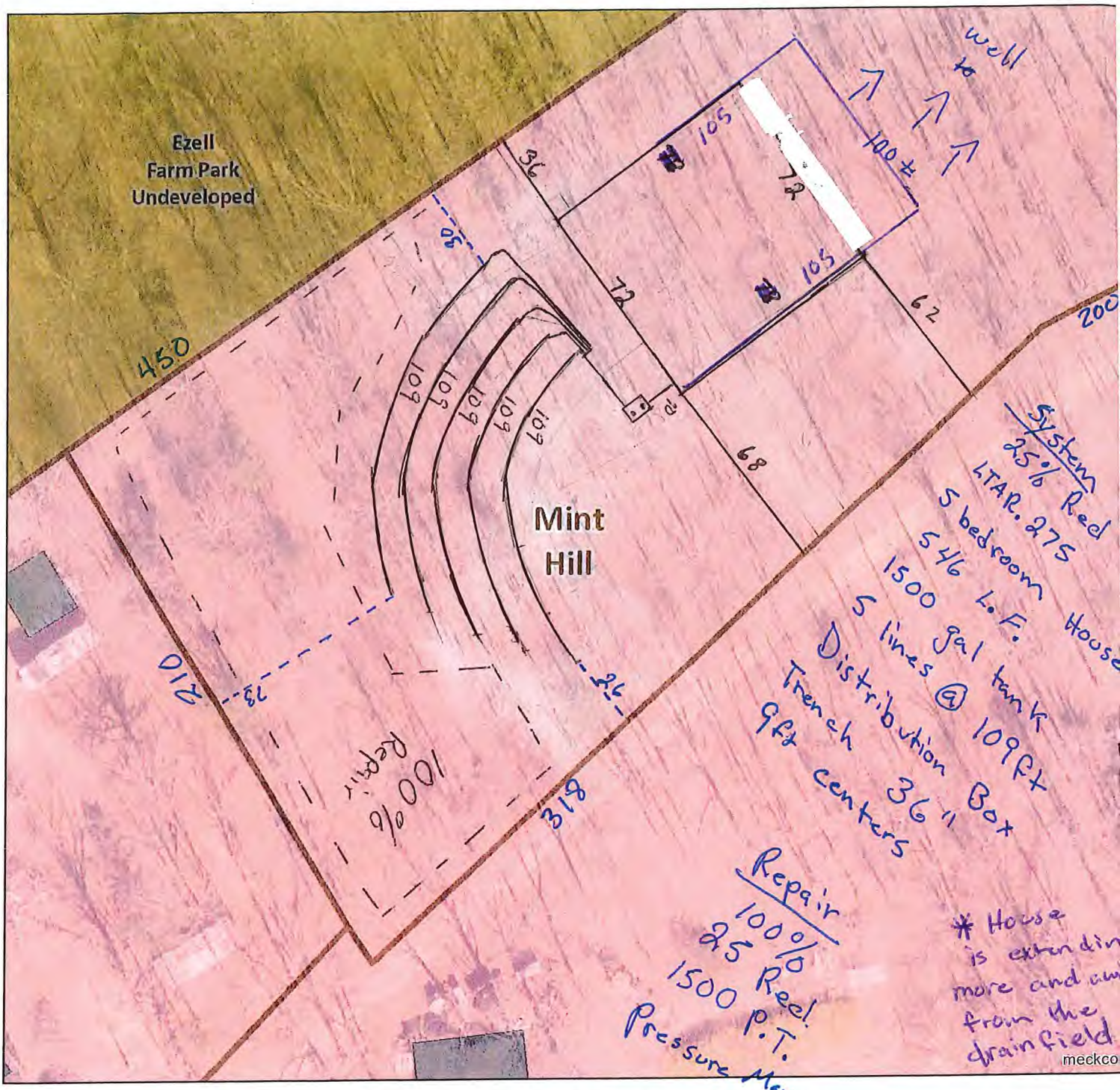
Authorized Agent: Bryan Davenport

Signature: Bryan Davenport

Date Issued: 3/25/2019

Owner/Legal Agent: _____
Print Name

Signature: _____



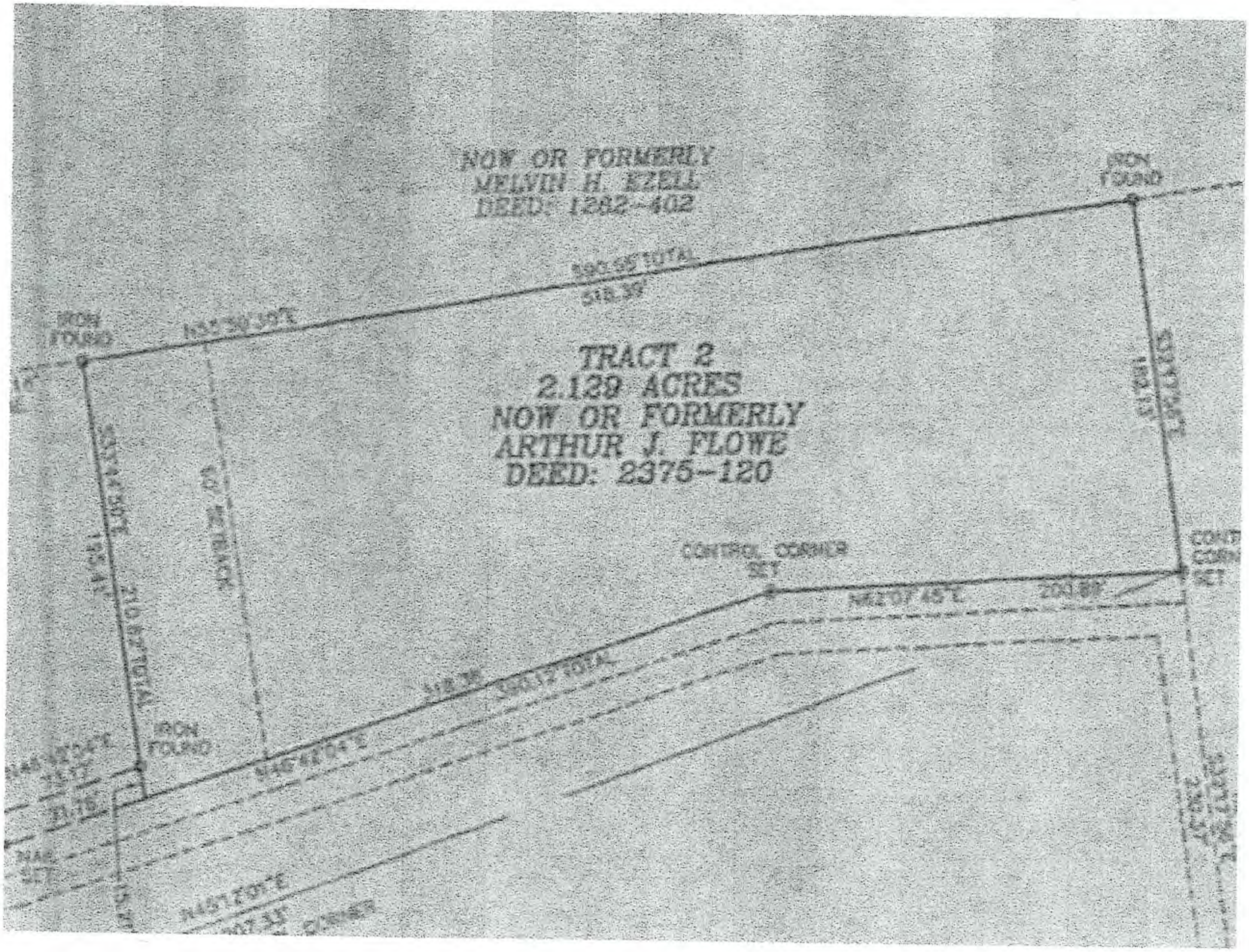
Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

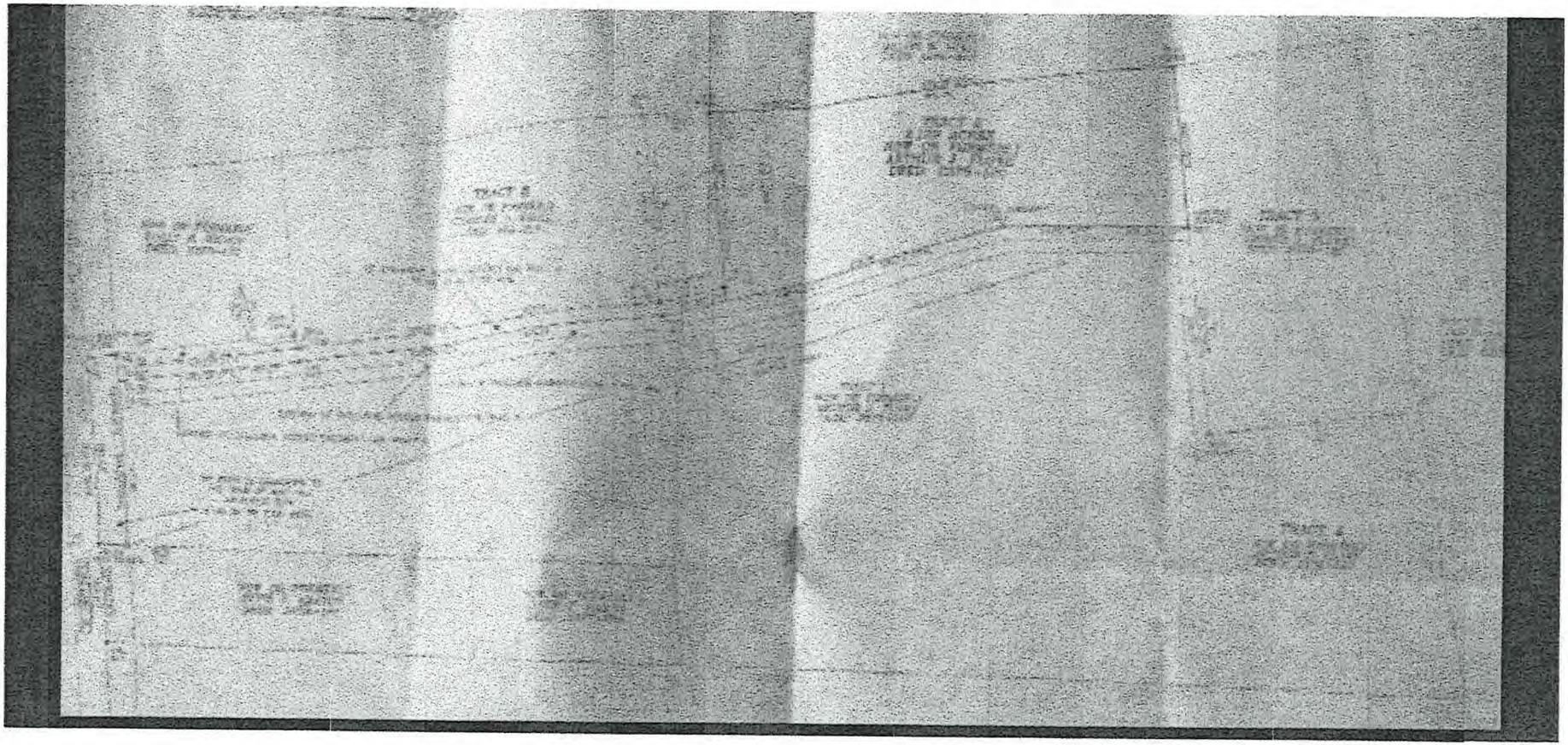
Permit #:10212
PID #:195-031-67
File #:10219B

Authorized Agent: Bryan Davenport Date: 3/26/19

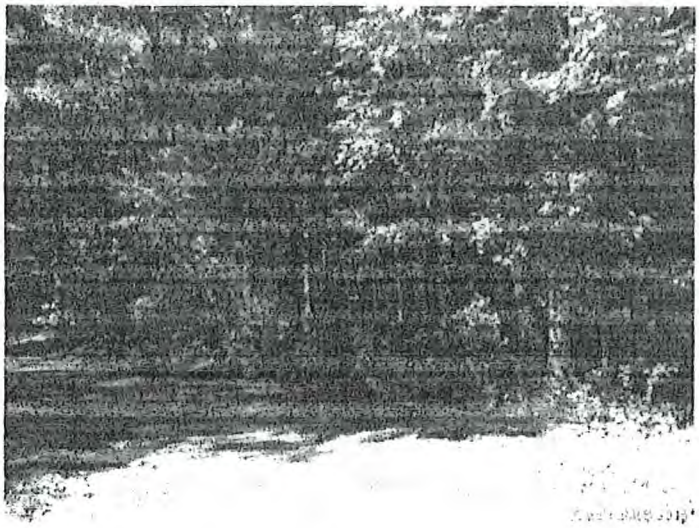
Owner/ Legal Agent: _____ Date: _____

1 inch = 50 fee


NOW OR FORMERLY
MELVIN H. EZELL
DEED: 1282-402
IRON FOUND
IRON FOUND
TRACT 2
2.139 ACRES
NOW OR FORMERLY
ARTHUR J. FLOWE
DEED: 2375-120
CONTROL CORNER SET
IRON FOUND
N46°48'04"E
N45°07'45"E



3826 Well Rd, Mint Hill, NC 28227 | MLS #3456849





3826 Well Rd,
Mint Hill, NC 28227

2.13 acres

LOT/LAND

2.13 Acre Lot in Mint Hill. Great location to build a home, beautiful woods/very private.

Facts and Features

BUILDING

Other Building Features

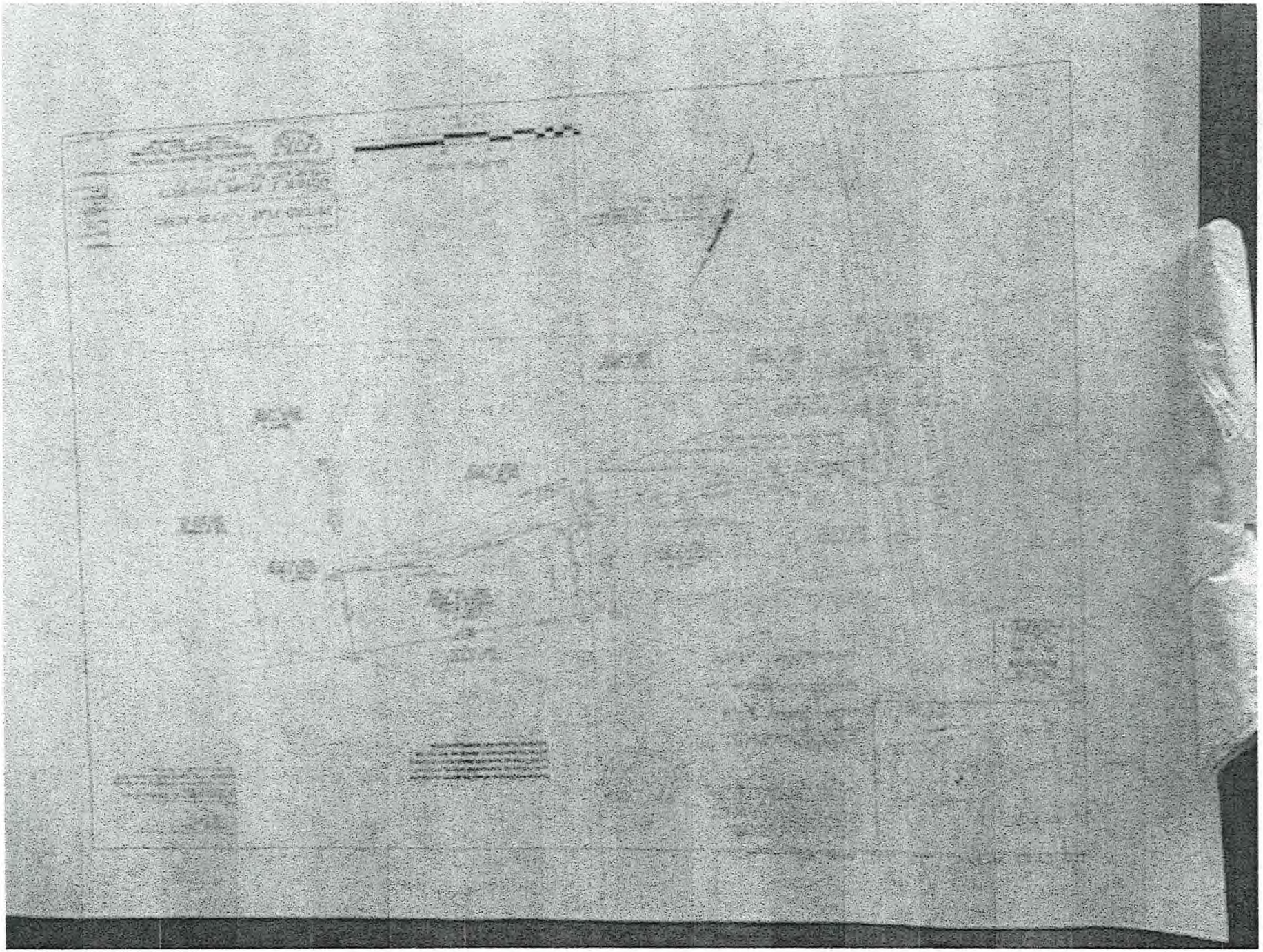
roof_types: Unknown

CONSTRUCTION

Type and Style

Vacant Land

Home Value



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/05/19	**Amount:**	250.00
Receipt #:	116025	**Tendered:**	250.00
Check / Auth #:	MC 864775	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: ARVELO, FRANCISCO
Attn:
Address: 4720 TRACEWOOD CT
Address:
City/State/Zip: CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 3826 WELL RD		1	250.00	250.00

Outstanding Balances

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

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 #: 30011349 GWS File #: 10219B

IV. Permit Conditions/Comments:

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

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

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- 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: 6/24/2020

Owner/Legal Agent: Francisco Arvelo
Print Name

Signature: Francisco Arvelo

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 #: **30011349** GWS File #: **10219B** Tax Parcel #: **195-031-67**

- 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):** 6/24/2025

Type of Installation: Residential - Modified Plot Plan Lot Number: 0

Structure Type: HOUSE Size (ft^2): 5222 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Crawl Space Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1636	Total Trench Length (ft):	545
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1636	Total Trench Length (ft):	545
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- 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: Francisco Arvelo
Print Name

Signature: Bryan Davenport Signature: Francisco Arvelo

Date Issued: 6/24/2020

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:10212
PID #:195-031-67
File #:10219B

Authorized Agent: Bryan Davenport Date: 7/2/20

Owner/ Legal Agent: Francisco Arvelo Date: 7-6-20

1 inch = 50 fee

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

(7/2/20)

Owner: Francisco Arvelo
Address: 3826 Well Rd

Subject: Voluntary Relinquishment of Administrative Appeal Rights

Improvement Permit #30010212, File 10219B
Francisco & Santa Arvelo, 3826 Well Rd Mint Hill, NC 28227
PID:195-031-67

I, Francisco Arvelo voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form, the previous permit issued on 3/28/19 for a 5 bedroom house improvement permit for the site will be "revoked" immediately by the authorized agent/local health department.

Francisco Arvelo
Signature of Property Owner

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/01/20
Receipt #: 123799
Check / Auth #: MC 65708B
Received By: PLACILJ

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: FRANCISCO ARVELO
Attn:
Address: 4720 TRACEWOOD CT
Address:
City/State/Zip: CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 3826 WELL RD		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: 09/01/20
Receipt #: 123800
Check / Auth #: MC 65708B
Received By: PLACILJ

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: FRANCISCO ARVELO
Attn:
Address: 4720 TRACEWOOD CT
Address:
City/State/Zip: CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 3826 WELL RD		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:

FRANCISCO ARVELO

Single Payment

Transaction Date:	09/01/2020 12:35 PM Pacific Time
Pay Method:	**********1336
Approval #:	65708B
Trace Number:	326c3230-3a4b-4d56-bc02-a71d05280b2a
Amount:	$400.00

Payment Amount:	$400.00
Total:	**$400.00**

Thank you for your payment.