SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12056B

Assigned Inspector: Braedon

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____Initial/Date

☐ Modified Plot Plan Fees $100.00: _____Initial/Date

☐ Use Existing Fees $100.00: _____Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

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

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

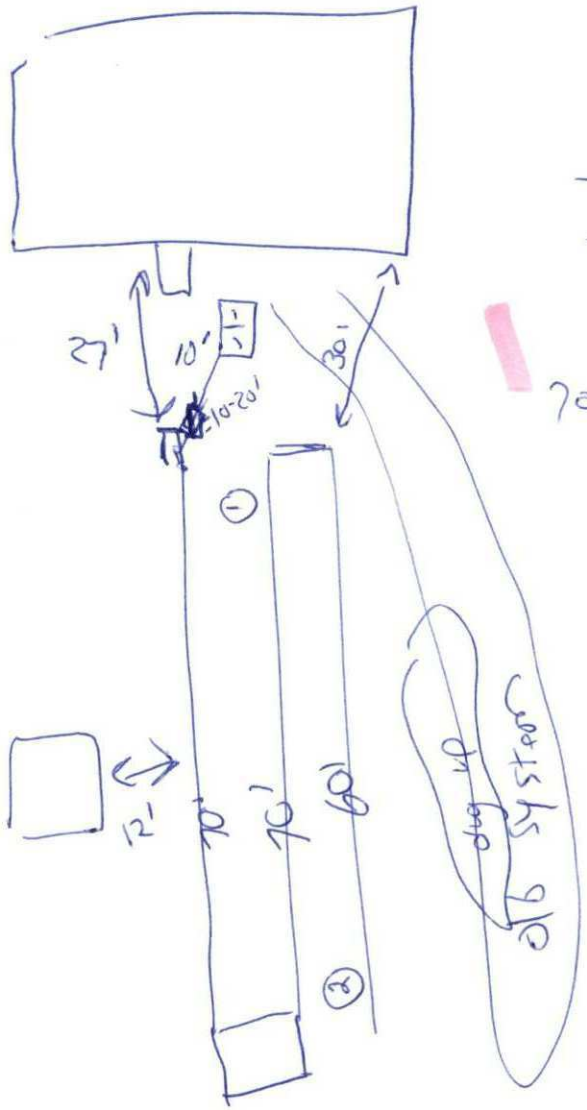
☒ Septic file complete: 10/22/24

☐ Release final hold in Winchester: _____

Comments:

Repair Complete

→ Shoaf



- New tank (1000)
- 3 - Line
70', 70', 60'
Serial
tank surface or ground 5" lower than top line
- raise plumbing?
- keep tank shallow
- 36" deep line slightly deeper to get fall
Serial to 6 stay off old system
- fill in old line

1
0-30"
C
30"+
CL

2
0-33"
C
33"+
CL

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120568
14962

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 ⇒ NOT SURE . . . ?

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 05312211
STREET ADDRESS: 12132 Moores Chapel Road
CITY: Charlotte
STATE: NC ZIP: 28214
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 2.14
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: 1,413
NUMBER OF BEDROOMS: 2
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 ☐ 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? 11/17/2023 ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Everclukis & Maria Vasquez
ADDRESS: 12132 Moores Chapel Road
CITY: Charlotte
STATE: NC ZIP: 28214
WORK PHONE: _____
MOBILE PHONE: 704-287-9663
~~FAX~~ Alternative: 980 585 5737
E-MAIL: EVERALV58@icloud.com
cc: mknewball22@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

DigiSign Verified - 8bab2d9b-c97b-4b5b-8c4e-b1a5aac53503

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.

EC (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.

Even Cubas
Property Owner's or Owner's Legal Representative Signature

09/12/2024
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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

DigiSign Verified - 8bab2d9b-c97b-4b5b-8c4e-b1a5aac53503

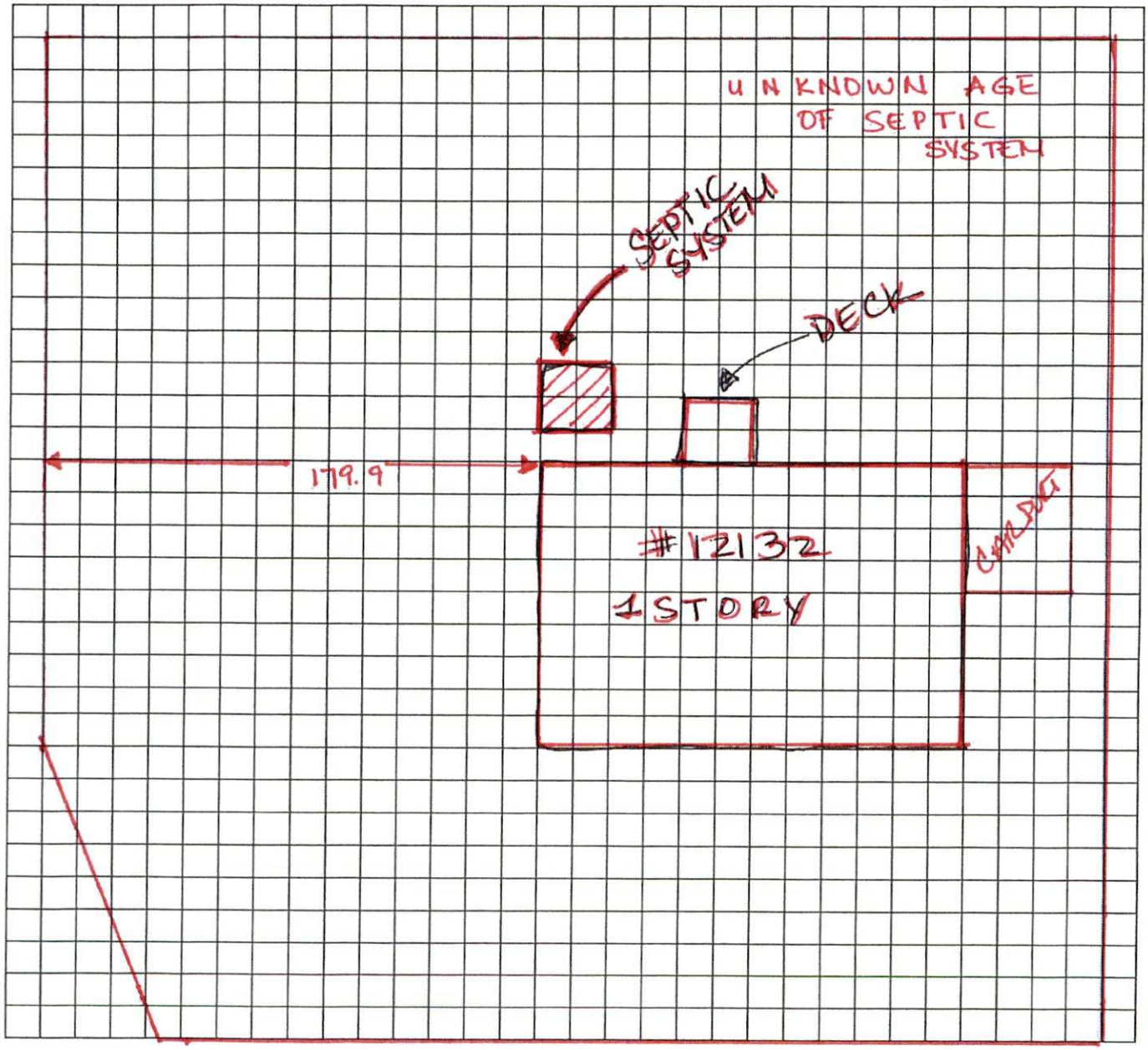
File #: _____

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: 12132 Moores Chapel Rd Tax Parcel #: 05312211

Subdivision Name: _____ Lot #: _____



Ever Cubas
Property Owner's or Owner's Legal Representative Signature

09/12/2024
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

STATE OF NORTH CAROLINA MECKLENBURG COUNTY

"I, MARK C. CARTER, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 33386, PAGE 241 OR OTHER REFERENCE SOURCE_____); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN BOOK _____ PAGE _____ OR OTHER REFERENCE SOURCE_____; THAT THE RATIO OF PRECISION OR POSITION ACCURACY IS 1:10,000, AND THAT THIS MAP MEET THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600)." THIS 25th DAY OF APRIL, 2019.

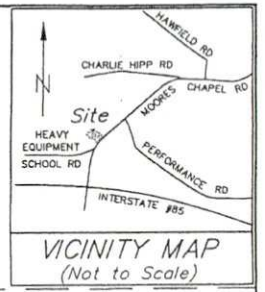
PROFESSIONAL LAND SURVEYOR

NORTH CAROLINA PROFESSIONAL SEAL L-5102 LAND SURVEYOR MARK C. CARTER

LINE	BEARING	DISTANCE
L1	S 59°10'00" W	55.60'
L2	S 45°40'38" W	44.01'
L3	N 49°00'33" W	3.03'

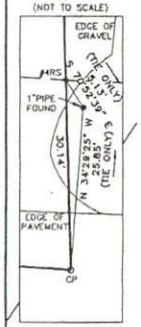
CHARLES JOYE & MYRA JOYE
LOT 1 & PORTION OF LOT 2
DB 32341 PG 801
MB 27 PG 737
TAX # 053-122-24

POSSIBLE GAP BETWEEN DB 32,341 PG 801 & DB 33,386 PG 241



VICINITY MAP
(Not to Scale)

INSET "A"
(NOT TO SCALE)



DEED NORTH PAW CREEK
DB 33386 PG 241

JASPER HAMPTON IV, TRUST
DB 30914 PG 914
TAX # 053-122-10

ANTHONY HUFFMAN
DB 29801 PG 804
TAX # 053-122-12

#12132
1.979 ACRES (TOTAL)
86,215 SF (TOTAL)
0.158 ACRE (IN ROAD R/W)
6,872 SF (IN ROAD R/W)
1.821 ACRES (NET)
79,343 SF (NET)

#12132
1 STORY WOOD
"SEE DETAIL"

METAL SHEDS

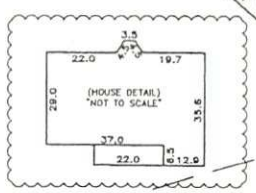
DECK
CARPORT
COV PORCH

GRAVEL DRIVE

OVER HEAD UTILITES MAY BE SUBJECT TO EASEMENTS NOT SHOWN.

MOORES CHAPEL ROAD
60 PUBLIC R/W
per MB 27 PG 737

EDGE OF PAVEMENT



NOTES

1. AREA CALCULATED BY COORDINATE COMPUTATION.
2. ADJOINING PROPERTY OWNERS NAMES WERE TAKEN FROM MECKLENBURG COUNTY TAX OFFICE RECORDS, AND ARE CONSIDERED AS NOW OR FORMERLY.
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AN RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES, MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. LOT SUBJECT TO ALL ZONING ORDINANCES OF MECKLENBURG COUNTY. BUILDER/OWNER MUST VERIFY THAT LOT IS IN COMPLIANCE WITH ALL COUNTY AND HOMEOWNERS ASSOCIATION ZONING ORDINANCES PRIOR TO ANY LAND DISTURBANCE OR CONSTRUCTION.
7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
8. NO NCGS MONUMENT FOUND WITHIN 2000 FEET.
9. SETBACKS SHOWN ARE per CURRENT ZONING ORDINANCES UNLESS OTHERWISE NOTED.
10. SUBJECT PROPERTY ZONED R-3.

LEGEND

RF	REBAR FOUND
RS	REBAR SET
R/W	RIGHT-OF-WAY
SF	SQUARE FEET
MB	MAP BOOK
DB	DEED BOOK
PG	PAGE
FS	FRONT SETBACK
RY	REAR YARD
SY	SIDE YARD
	GUY WIRE
	UTILITY POLE
	TELEPHONE PEDESTAL
	OVERHEAD UTILITY LINE
*	IRON (AS NOTED)
o	COMPUTED POINT
	GRAVEL
	CONCRETE

SITE NOTES:

BUILDING SETBACK REQUIREMENTS (MINIMUM) ZONED R-3

FRONT:	30 FEET
SIDE YARD:	6 FEET
REAR YARD:	45 FEET
MINIMUM LOT WIDTH:	70 FEET
MINIMUM LOT AREA:	10,000 SF

FLOOD NOTE:
NO PORTION OF THE SUBJECT PROPERTY SHOWN HEREON LIES WITHIN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL #3710450500M, DATED: SEPTEMBER 2, 2015.

GRAPHIC SCALE

(IN FEET)
1 inch = 40 ft.

PHYSICAL SURVEY
AT PROPERTY KNOWN AS
12132 MOORES CHAPEL ROAD
TAX # 053-122-11, DB 33,386 PG 241
PAW CREEK TOWNSHIP
MECKLENBURG COUNTY, NC
FOR: SHANE PURSIFULL

PHOENIX LAND SURVEYING, INC
3316 OLD MONROE ROAD
STALLINGS, NORTH CAROLINA 28104
PH: (704)-335-1655
EMAIL: INFO@PHOENIX-SURVEYING.COM
FIRM # C-3912
Land Surveying
Land Planning

FIELD WORK: DW, AB – MAPPING: ART, CS
PROJ # 731-1201-01 12132 MOORES CHAPEL RD

DigiSign Verified - 8bab2d9b-c97b-4b5b-8c4e-b1a5aac53503

Department of Health and Human Services
Environmental Health Section
On-site Water Protection Branch

*Repair

Property ID: 5312211
Lot #: ---
File #: 12056B
AppID: 14962

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Maria Vasquez
Applicant: Same as owner
Address: 12132 Moores Chapel rd
Date Evaluated: 10/8/2024
Proposed Facility: house
Design Flow (.0400): 240
Property Size: 2.14
Location of Site: same as above
Property Recorded:
Water Supply: [X] Public [ ] Single Family Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments/ Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction (Max Trench Depth)
1	L 2%	0-30"	wblk,C	fi,s,p,sexp		48"+	NA	NA	Repair		
		30"+	wblk,Cl	fr,ss,sp,sexp							
2	L 2%	0-33"	wblk,C	fi,s,p,sexp		48"+	NA	NA	Repair		
		33"+	wblk,Cl	fr,ss,sp,sexp							

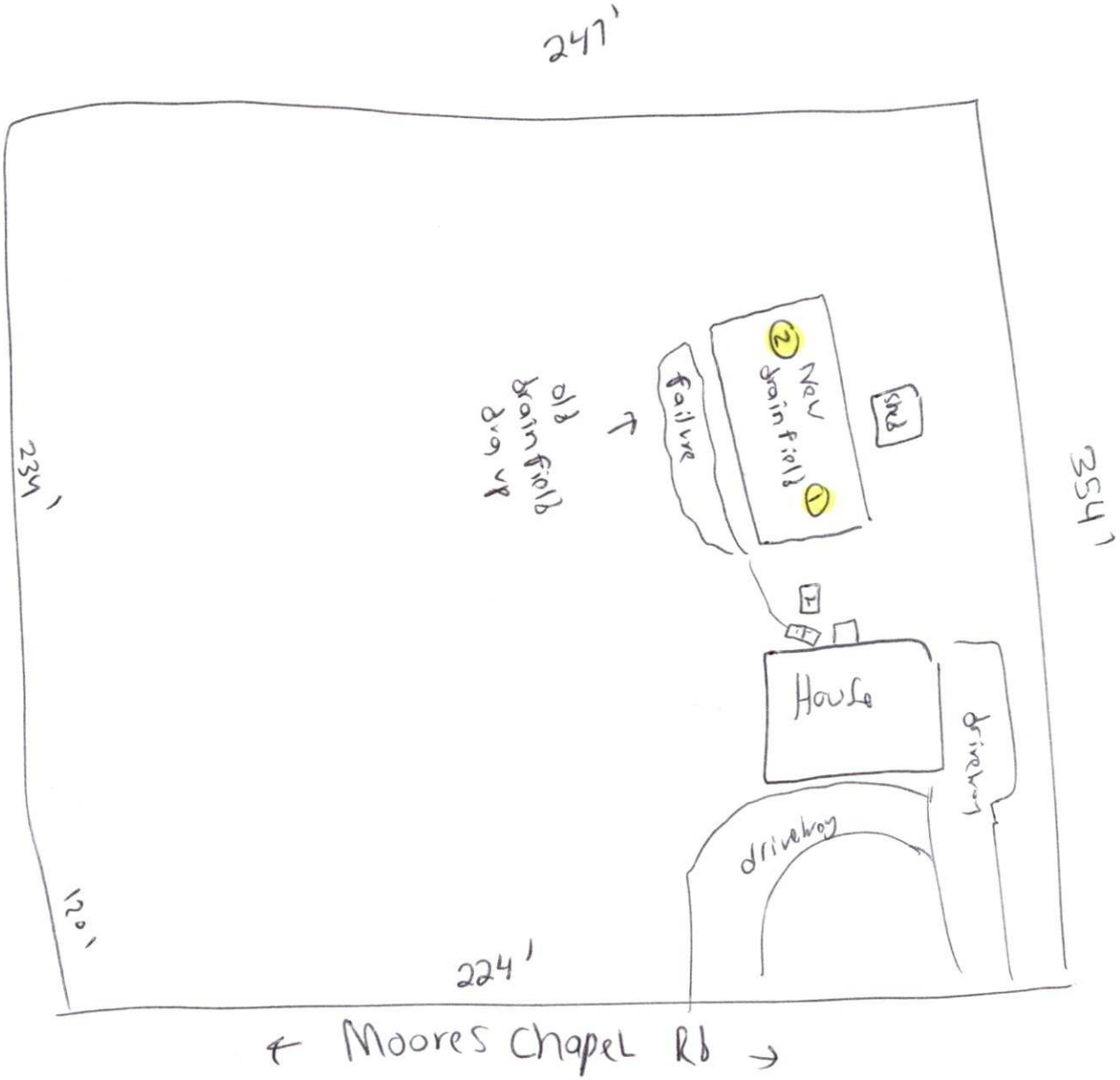
Description	Initial System	Repair System
Available Space (.0508)	---	---
System Type(s)	---	---
Site LTAR	US	US
Maximum Trench Depth		

Soil Evaluation By: P. Mitchell & B. Shelton
Site Classificaton (.0509):
Soil Classification: US
Other(s) Present:

COMMENTS: Unable to locate sufficient area with suitable soils to support an initial system and repair area.

2 Bedroom

3-Lines = 200'
25% Reduction



Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 12056B Permit #: 14962 Tax Parcel #: 05312211

Property Owner: Ever Lorenzo Alvarado Cubas

Job Location Address: 12132 Moores Chapel Rd

City: Charlotte State: NC Zip Code: 28214

Improvement Permit Issuance Date: 10/1/24 **Construction Authorization Issuance Date** 10/1/24

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 240 GPD Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet (70', 70', 60')

# of Lines: 3 @ Varies feet

Depth of Media: 12 inches (Type) Chambers (25% Reduction)

Distribution Device: Serial

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

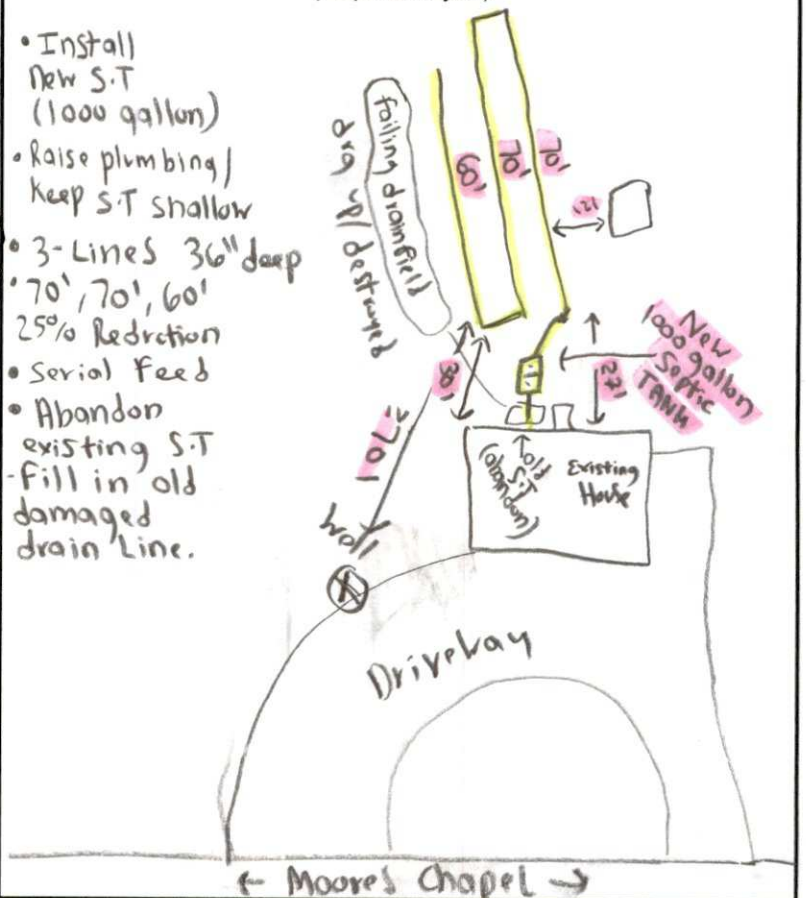
Distance from Building Foundation: ≥5 feet

Distance from Property Line: ≥10 feet

Distance from Water Supply Source: ≥50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

- Install New S.T (1000 gallon)
- Raise plumbing / Keep S.T shallow
- 3-Lines 36" deep
- 70', 70', 60' 25% Reduction
- Serial Feed
- Abandon existing S.T -Fill in old damaged drain Line.



3541

Comments: System Classification & Type: III9, New S.T, 25% Reduction System
*Repair existing system is compromised.

Authorized Agent: Braedon Shelton Signature: Braedon Shelton

Owner Signature: _____ Date: _____

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 12056B Permit #: 14962 Tax Parcel #: 053-122-11

Property Owner: Ever Lorenzo Alvarado Cubas

Job Location Address: 12132 Moores Chapel Rd

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 10/18/24 Contractor Name: Lago Vista

Permitted Design Flow: 240 GPD Liquid Capacity of Dosing Tank: ~~1000~~ N/A gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: ~~1000~~ 200 feet

# of Lines: 3 @ Various feet 70', 70', 60'

Depth of Media: 12 inches (Type) CHM36

Depth of Cover: 24 inches

Distribution Device: END CAP

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: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50'+ feet

Inspection Dates

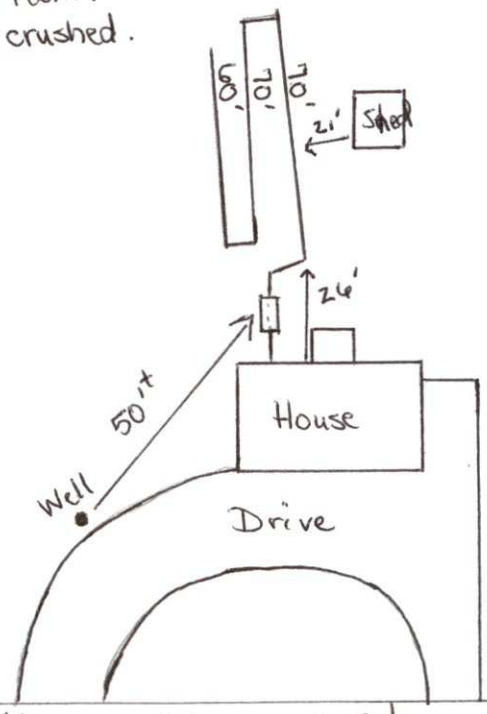
Tank(s) Inspected: 10/18/24

Excavation Inspected: 10/18/24

Pump & Controls Inspected: N/A

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

*Existing tank Pumped & crushed.



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: IIb/g/CHM36/NA/NA

DENR Authorized Agent: April Bumgarner Signature: April Bumgarner

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 12056B Permit #: 14962 Tax Parcel #: 053-122-11

Property Owner: Ever Lorenzo Alvarado Cubas

Job Location Address: 12132 Moores Chapel Rd

City: Charlotte State: NC Zip Code: 28214

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: II b

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

Subsurface system operator required: Yes ☐ No ☒

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

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

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

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

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

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

V. Other:

DENR Authorized Agent: April Bumgarner Date: 10/18/24

Signature: April Bumgarner