REPAIR

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

Tank Replacement Only

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

Complete

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

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____ Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

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

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

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

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

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

Certified operator contract is on file ☐ _____

15575

15595 #12884

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: 1452322
STREET ADDRESS: 2996 Shady Ln
CITY: Charlotte
STATE: NC ZIP: 28208
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): _____
TOWNSHIP:
◉ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
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?** _____ ◉ UNKNOWN

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

12. **PROPERTY OWNER:**
NAME: BAF Assets 2 LLC
ADDRESS: 5001 Plaza On The Lake Ste 20(
CITY: Austin
STATE: TX ZIP: 78746
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: BAF Assets 2 LLC
ADDRESS: 5001 Plaza On The Lake Ste 20(
CITY: Austin
STATE: TX ZIP: 78746
WORK PHONE: 786-507-6020
MOBILE PHONE: _____
FAX: _____
E-MAIL: JSherman@pkmg.Net

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

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.

EM (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.

Emily Morris
Property Owner's or Owner's Legal Representative Signature

01/19/2022
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

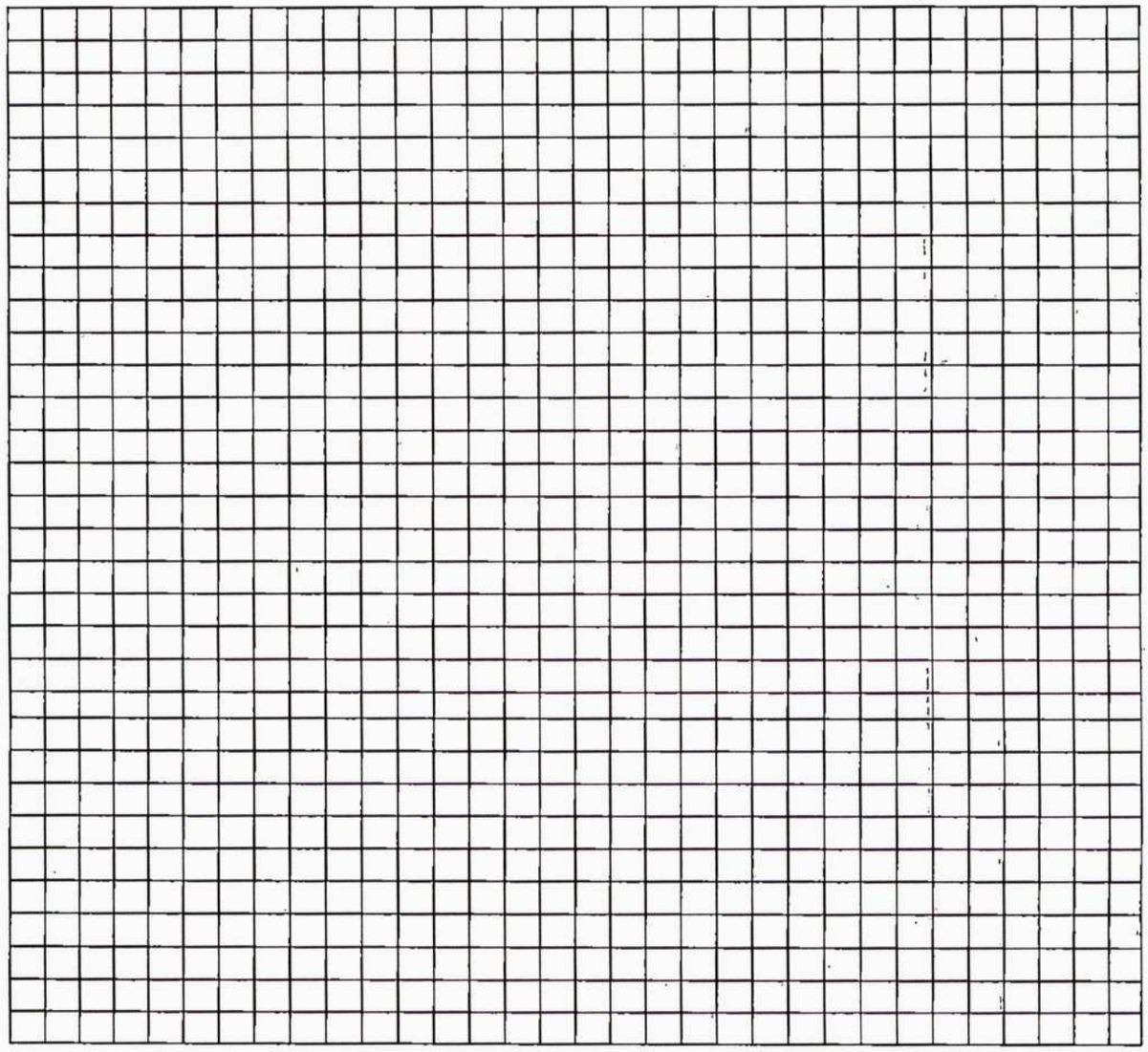
File #: _____

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 #: _____



_____ _____

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

MECKLENBURG COUNTY
Environmental Health
Groundwater & Wastewater Services

BASIC STEPS FOR A NEW SEPTIC SYSTEM

Submit a complete application for an **Improvement Permit** to Mecklenburg County Groundwater & Wastewater Services (GWS). A proposed site plan of the property must accompany the application (refer to page 2 for additional information). If available, a survey may be used in place of the site plan. **However, a survey of the property is not required in order to apply for an Improvement Permit.** If a legal agent is representing the property owner, written documentation of representation must accompany the application. All required fees must be submitted with the application in order for GWS to process your request. Please refer to the current fee schedule for fee amounts.

Next, a representative from GWS will visit the site to conduct a soil investigation. Upon completion of the investigation the applicant will be provided with the results of the investigation. The application will then be assigned to an Environmental Specialist for completion. If the site is deemed suitable or provisionally suitable for a septic system, GWS will issue an **Improvement Permit.**

The Improvement Permit:

- Approves the site for installation of a septic system;
- Is transferable to a new owner;
- Is valid for 5 years from the date of issuance;
- May be valid beyond 5 years upon request by the applicant. Additional specific documentation is required for these approvals.
- **MAY BE REVOKED IF SITE PLANS OR INTENDED USE CHANGE.**

Prior to receiving a Building Permit, the current property owner must receive an Authorization for Septic System Construction from GWS. The **Authorization for Construction** may be requested and completed at the same time the Improvement Permit is issued. If the Authorization for Construction is issued at a later time an additional site visit may be required prior to issuing the Authorization for Construction.

The Authorization for Construction:

- Is required in order to obtain a building permit;
- Is not transferable;
- Is valid for a period equal to the validity of the Improvement Permit, not to exceed 5 years; and
- Requires payment of remaining permit fees

When the site is ready for installation of the septic system, the septic system contractor must contact GWS to receive an **Installation Approval.** The contractor is required to have this approval **before** beginning system installation. All septic system contractors must be licensed by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board (NCOWCICB). A list of licensed septic tank contractors registered in Mecklenburg County is available upon request.

3205 Freedom Drive, Suite 8000 • Charlotte, NC 28208 • 980-314-1680 • FAX (704) 336-6894
www.charmeck.org http://groundwater.charmeck.org

Once the system has been installed, the septic system contractor will contact GWS to schedule a final inspection. When the system has been inspected and approved, GWS will issue an **Operation Permit** and the system may be placed into service.

Please contact GWS at 980-314-1680 if you have questions concerning permitting procedures.

Fees may be paid in person, by mail, or by telephone. The check should be made payable to Mecklenburg County Health Department. Fees may be charged to an account. Visa and MasterCard accounts are currently accepted. Please include the file number, tax parcel number, address and/or job location with all payments.

SITE PLAN DRAWING REQUIREMENTS
TO BE SUBMITTED WITH APPLICATION
FOR IMPROVEMENT PERMIT

A proposed site plan drawing of the property is required before the application for an Improvement Permit can be processed. It is the responsibility of the applicant to provide the proposed site plan to GWS when the permit application is submitted. Forms are provided by GWS.

The proposed site plan drawing must include the following:

- The tax parcel number of the property
- Property lines and dimensions
- The specific proposed location of the building or structure. Include building dimensions, porches, decks, garages, driveways, pool, storage sheds, etc.
- Show the road the property fronts or the road where the proposed driveway originates and any other roads that adjoin the property
- Wells or other water supplies
- Streams, ponds or other surface waters
- Location of any of the following:
  - --buried cables, landfills, stumpholes
  - --existing wastewater systems
  - --easements or right-of-ways
  - --wells, springs or waterlines
  - --designated wetlands
  - --drainage ditches/culverts on or adjacent to property

MECKLENBURG COUNTY
Environmental Health
Groundwater & Wastewater Services

IMPORTANT INSTRUCTIONS:

How to Prepare Your Property for an Improvement Permit

The following things ***must*** be done ***before*** a Mecklenburg County Health Department representative can visit your site:

- Identify and mark all property corners using the pink tape provided.

  *Note: **For tracts larger than two (2) acres, contact this department for specific instructions relating to identifying property lines.***

- All property lines should be marked every fifty-(50) feet with the tape provided.

- Mark structures to be built on site. You are responsible for additional flags to mark all accessory structures.

- Clearing excessive underbrush (i.e., thick briars, pine thickets, broom sage bushes, kudzu, honeysuckle, weeds, etc.) is required to allow thorough inspection for soil and wastewater system layout.

  *Note: **Absolutely no grading, filling or cutting shall occur on site prior to evaluation for permit issuance.***

- Identify lot or tract of land at road frontage with the soil test sign found inside the kit. Nail the soil test sign to a stake and place the stake at the front of the property for easy viewing from highway if possible. Flags, soil test sign and unused tape are the property of Mecklenburg County and will be retrieved during the site visit.

- Call our office at 980-314-1680 when lot is clearly marked as above instructions require.

NOTE: FAILURE TO FOLLOW THESE INSTRUCTIONS PROPERLY CAN RESULT IN A TWO WEEK DELAY IN PROCESSING YOUR APPLICATION. IF THE LOT IS IMPROPERLY MARKED AND RESULTS IN ADDITIONAL TRIPS AN ADDITIONAL $100 EXTRA TRIP FEE MAY APPLY

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

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 *P.K. Management Group, Inc.* is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

Par#14523222 (2996 Shady Ln, Charlotte NC 28208)

Number Street Town
(Or Parcel Number)

Emily Morris
Property Owner (print name)

Emily Morris
Property Owner (signature)

1/4/22
Date

P.K. Management Group, Inc.
3006 Aviation Ave, Suite 3B
Coconut Grove, FL 33133
Dhess@pkmg.net 305-216-5429

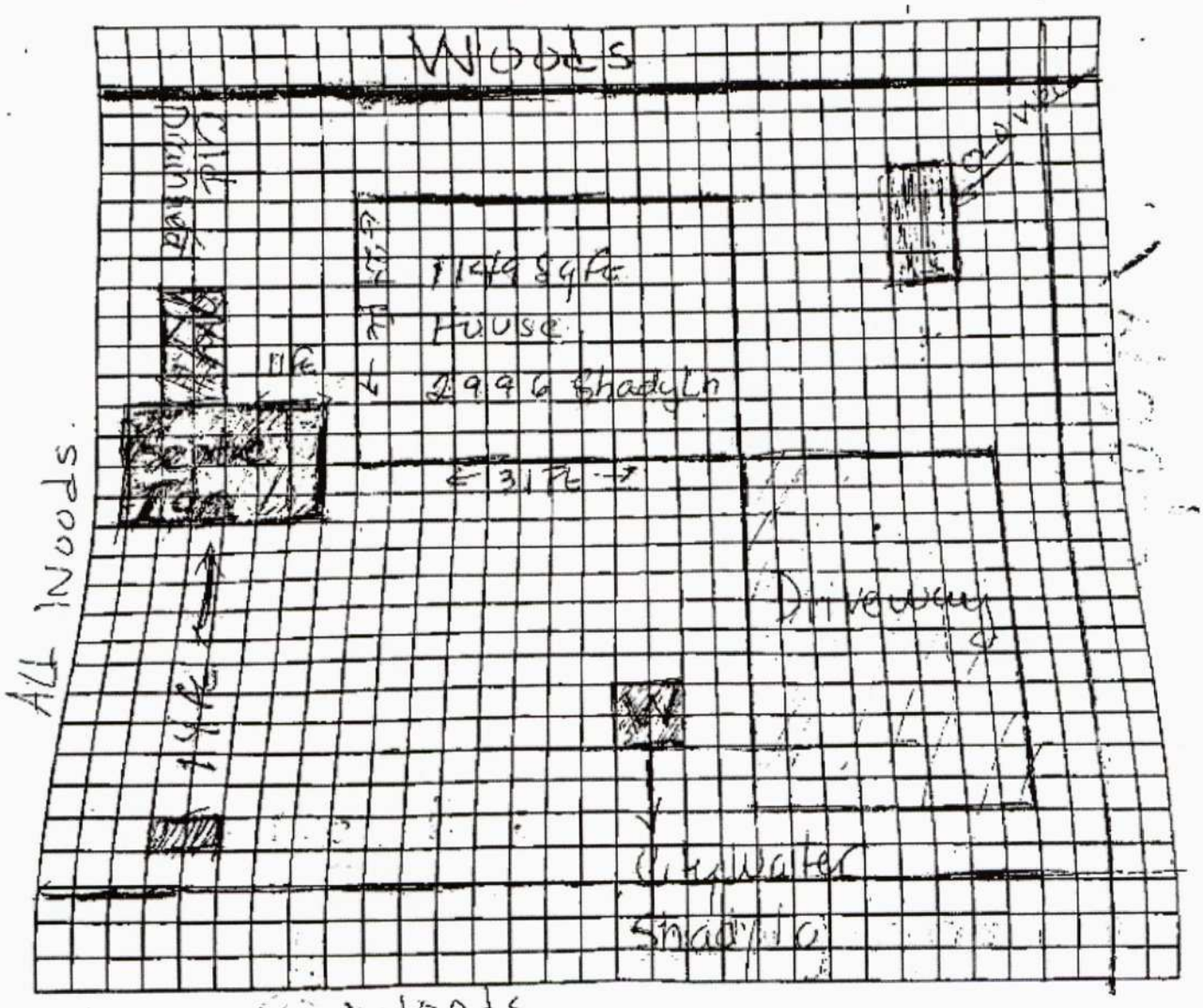
File #: _____

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: 2996 Shady Lane Tax Parcel #: 1452322

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative 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

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

File #: 15575 Permit #: 12884 Tax Parcel #: 1452322

Property Owner: B4F ASSETS 2 LLC

Job Location Address: 2996 Shady Lane

City: Charlotte State: NC Zip Code:

Improvement Permit Issuance Date: 3/3/22 **Construction Authorization Issuance Date:**

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

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1000 gallons

Site LTAR: N/A GPD/ft²

Liquid Capacity of Dosing Tank: gallons

Drainfield Design ☒ N/A

Trench Depth: inches

Trench Width: feet

Line Spacing: feet (O.C.)

Total line length: feet

# of Lines: @ feet

Depth of Media: inches (Type)

Distribution Device:

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

Bed Depth: inches

Bed Width: feet

Total line length: feet

# of Lines: @ feet

Depth of Media: inches (Type)

Distribution Device:

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other

Minimum System Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Tank only

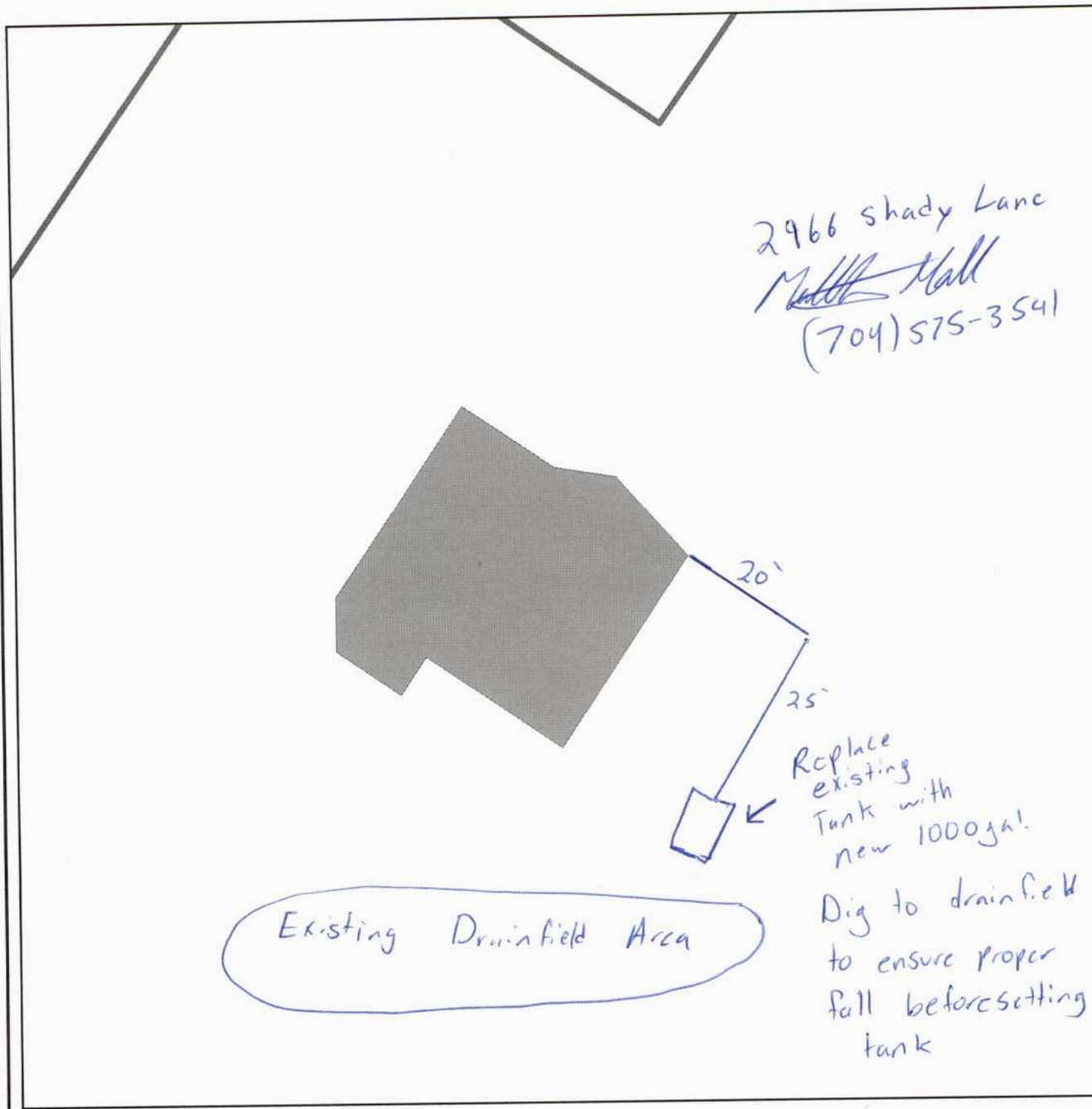
See Attached

Comments: System Classification & Type: Tank only

Authorized Agent: Matthew Hall Signature: Matthew Hall

Owner Signature: Date:

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 12884
PID #: 1452322
File #: 15575

Authorized Agent: Matthew Hall Date: 3/3/22

Owner/ Legal Agent: _____ Date: _____

1 inch = 20 fee

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 #: 15575 Permit #: 12884 Tax Parcel #: 1452322

Property Owner: B4F Assets 2 LLC

Job Location Address: 2996 Shady Lane

City: Charlotte State: NC Zip Code:

Operation Permit Issuance Date: 3/18/2022 Contractor Name: Carolina Septic Pro

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: NA gallons

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

Drainfield Installation ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet Tank Only

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10+ feet

Distance from Water Supply Source: 50+ feet

Inspection Dates

Tank(s) Inspected: 3/22/2022

Excavation Inspected: 3/22/2022 connection only

Pump & Controls Inspected: na



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

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

Comments: System Classification & Type: Tank Only

DENR Authorized Agent: Heather Ray Signature: Heather Ray

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 #: 15575 Permit #: 12884 Tax Parcel #: 1452322

Property Owner: B4F Assets 2 LLC

Job Location Address: 2996 Shady Lane

City: Charlotte State: NC Zip Code: _____

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: tank only

*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: Drainfield is in poor condition. Renter was informed that owners should explore city sewer.

DENR Authorized Agent: Heather Ray Date: 3/18/2022

Signature: Heather Ray