X 24270

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) 1/31/22 CE Initial/Date

CA ($200.00) 3/8/22 CE Initial/Date

OP ($200.00) 3/8/22 CE Initial/Date

* House is already under construction. The hold may be released after the permit is signed and the $400 is paid for the CA & OP.

(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 ☒ 3/7/22

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

Septic file complete ☒ 3/8/23 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 ☐ _____

11276B
12815

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: 19732151
STREET ADDRESS: 8019 Plantation Falls Ln
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Plantation Falls
LOT #: _____ LOT SIZE (acres): .720

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: 3700
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: _____

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?** March 2022 ☐ N/A

12. **PROPERTY OWNER:**

NAME: LJW Land LLC
ADDRESS: 7804 Fairview Rd 275
CITY: Clt
STATE: NC ZIP: 28226
WORK PHONE: 704 951 3368
MOBILE PHONE: _____
FAX: _____
E-MAIL: WWWaters@aol.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
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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.

_____ Jan 19 2022

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

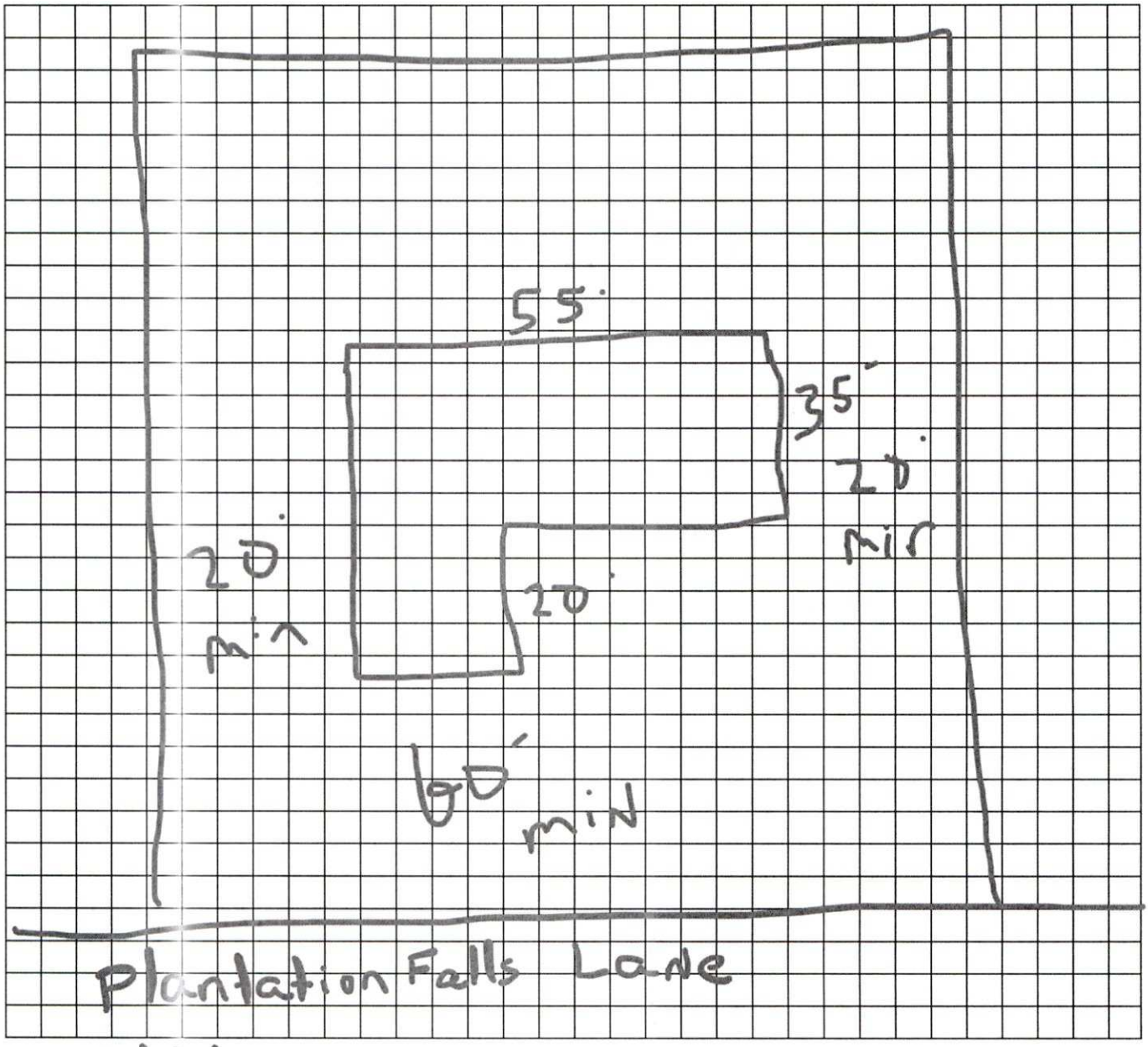
File #: _____

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: 8018 Plantation Falls Tax Parcel #: 197 22 151

Subdivision Name: Plantation Falls Lot #: 36



Property Owner's or Owner's Legal Representative Signature

Jan 20 2022
Date

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

Revised on: 03/27/19

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/28/22	**Amount:**	250.00
Receipt #:	132686	**Tendered:**	250.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #:	X24270
Contractor:	WATERS WILLIAM W
Attn:	
Address:	3850 SHARON VIEW RD
Address:	
City/State/Zip:	CHARLOTTE, NC 28226

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 8018 PLANTATION FALLS LN		1	250.00	250.00

----------**Outstanding Balances**----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
500.00					

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

Sheet: 1 of 2
Property ID: 197-221-51
Lot #: 36
File #: 11276B
AppID: 12815

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: WES WATERS/LJW LAND LLC
Applicant: owner
Address: 7804-C SUITE 275 FAIRVIEW RD, CHARLOTTE, NC 28226
Date Evaluated: 2/16/2022
Proposed Facility: 4 Bedroom Home
Design Flow (.1949): 480 GPD
Property Size: 0.72 ac
Location of Site: 8018 Plantation Falls Ln, Mint Hill, NC 28227
Property Recorded: Unknown
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Municipal
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	**Profile Class & LTAR**	**Maximum Trench Bottom Depth for 3' Wide Conventional Trench**
Pit	LS	0 - 4	Fill	NA							
#A	5%	4 - 51	abk C	S P FI SEXP	>51"	51	NA	NA		**PS IV 0.3**	**36"**
Pit	LS	0 - 5	gr L	SS SP FR SEXP							
#B	5%	5 - 24	sbk CL	SS SP FR SEXP	>52"	52	NA	NA		**PS IV 0.3**	**36"**
		24 - 52	sbk C	S P FR SEXP							
Pit	LS	0 - 4	gr L	SS SP FR SEXP							
#C	5%	4 - 18	sbk CL	SS SP FR SEXP	>50"	50	NA	NA		**PS IV 0.3**	**36"**
		18 - 50	sbk C	S P FR SEXP							
Pit	LS	0 - 12	sbk SCL	SS SP FR SEXP							
#D	2%	12 - 38	sbk/abk C	S P FR SEXP	>48"	48	NA	NA		**PS IV 0.3**	**36"**
		38 - 48	sbk/abk CL	SS SP FR SEXP							

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

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

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
SS-Shoulder Slope		LS-Loamy Sand	
LS-Linear Slope			
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6
NS-Nose Slope		L-Loam	
HS-Head Slope			
CC-Concave Slope	III	Si-Silt	0.6 - 0.3
CV-Convex Slope		SiCL-Silty Clay Loam	
T-Terrace			
FP-Flood Plain		CL-Clay Loam	
D-Drainage Way		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 #: **30012815** GWS File #: **11276B** Tax Parcel #: **197-221-51**

- 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):** 3/7/2027

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

Structure Type: HOUSE Size (ft^2): 3700 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	800	Total Trench Length (ft):	267
Maximum Trench Depth (in):	36	Depth of Media (in):	22	Distribution Device:	Manifold (LPP Distri		

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: [illegible]
Print Name

Signature: Bryan Davenport Signature: [illegible]

Date Issued: 3/7/2022

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 #: **30012815** GWS File #: **11276B**

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 the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- 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 located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.
- The 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:

- 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: 3/7/2022

Owner/Legal Agent: [illegible]
Print Name

Signature: [illegible]

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 12815
PID #: 197-221-51
File #: 11276B

Authorized Agent: Bryan Davenport Date: 3/7/22

Owner/ Legal Agent: [signature] Date: March 7 2022

1 inch = 40 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

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

Permit #: **30012815** GWS File #: **11276B** Tax Parcel #: **197-221-51**

- 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):** 3/7/2027

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

Structure Type: HOUSE Size (ft^2): 3700 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	800	Total Trench Length (ft):	267
Maximum Trench Depth (in):	36	Depth of Media (in):	22	Distribution Device:	Manifold (LPP Distri		

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: 3/7/2022

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 #: **30012815** GWS File #: **11276B**

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 the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- 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 located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.
- The 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:

- 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: 3/7/2022

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 12815
PID #: 197-221-51
File #: 11276B

Authorized Agent: Bryan Davenport Date: 3/7/22

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/08/22	**Amount:**	200.00
Receipt #:	134498	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: X24270
Contractor: WATERS WILLIAM W
Attn:
Address: 3850 SHARON VIEW RD
Address:
City/State/Zip: CHARLOTTE, NC 28226

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 8018 PLANTATION FALLS LN		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
600.00	10.00	1,000.00			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/08/22
Receipt #: 134499
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: X24270
Contractor: WATERS WILLIAM W
Attn:
Address: 3850 SHARON VIEW RD
Address:
City/State/Zip: CHARLOTTE, NC 28226

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 8018 PLANTATION FALLS LN		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
800.00	10.00	1,000.00			

FEE: 200.00
DATE: 3/8/2022

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 11276B

PERMIT NUMBER: 30012815

PARCEL NUMBER: 19722151

JOB LOCATION INFORMATION

ADDRESS: 8018 PLANTATION FALLS LN

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

ISSUED TO: LJW LAND LLC

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 3/7/2022

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30012815, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

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

Authorized Agent Signature Bryan Dayvault

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

Septic System Pre-Construction Meeting Checklist

File # 11276B App# 12815 Tax Parcel# 197-221-51

Property Owner: LJW LAND LLC

Job Location Address: 8018 Plantation Falls Ln

City: Charlotte State: NC Zip Code: 28215

1. Does System design match facility, flow & wastewater characteristics?

   ☒YES ☐ NO

   Comments:_____

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☒ YES ☐ NO

   Comments:_____

   _____

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☒ YES ☐ NO

   Comments:_____

   _____

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Braebon Shelton — 3/3/23

Authorized Agent **Date**

Union Septic Solutions

Others Present

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 11276 B Permit #: 12815 Tax Parcel #: 197 221 51

Property Owner: LJW Land LLC

Job Location Address: 8018 Plantation Falls Ln.

City: Charlotte State: NC Zip Code: 28215

Operation Permit Issuance Date: 3/7/23 Contractor Name: Union Septic Solution

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

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture J+S (10-10-22) Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet Infiltrator

Depth of Media: 12 inches (Type) Quick-4

Depth of Cover: ≥6 inches checked flow 3/6/23

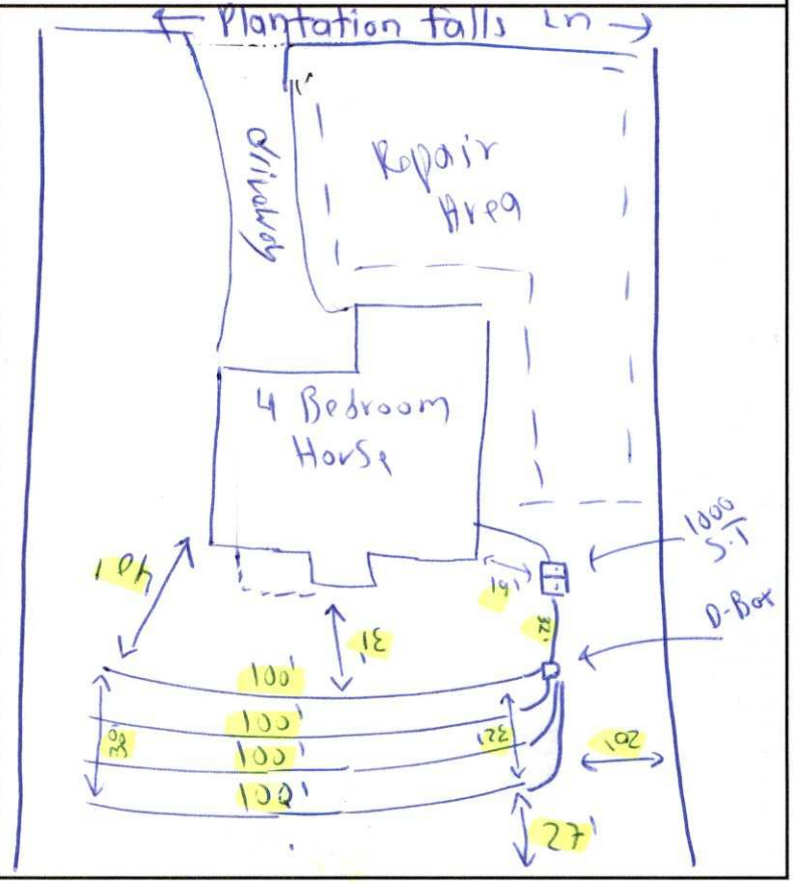
Distribution Device: D-Box

Inspection Dates

Tank(s) Inspected: 3/6/23

Excavation Inspected: 3/6/23

Pump & Controls Inspected: _____



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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: ≥5 feet

Distance from Property Line: ≥10 feet

Distance from Water Supply Source: ≥10 feet

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

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

Comments: System Classification & Type: IIIg, CHN-36 | 9 | N/A | N/A |

4 Bedroom gravity Accepted System (25% Reduction)

DENR Authorized Agent: Braedon Shelton Signature: Braedon Shelton

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 #: 11276B Permit #: 12815 Tax Parcel #: 197-221-51

Property Owner: LJW Land LLC

Job Location Address: 8018 Plantation Falls Ln

City: Charlotte State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: IIIb, CHM-36

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

Subsurface system operator required: Yes ☐ No ☒

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

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

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

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

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

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

V. Other: 4-Bedroom, Accepted System

DENR Authorized Agent: Braedon Shelton Date: 3/7/23

Signature: Braedon Shelton

Davenport, Bryan C.

From: Bryan Dav <bdavenp8@outlook.com>
Sent: Monday, March 7, 2022 10:27 AM
To: Davenport, Bryan C.
Subject: [External]

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