SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 1785B

Assigned Inspector: Matt Hall

☐ 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: MD 5/22/23 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: _____

☐ Release final hold in Winchester: _____

Comments:

17858 / 13876

22 MAY '23 PM 4:36

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ~~SEPTIC ONLY~~ ~~WELL ONLY~~ SEPTIC & WELL
- ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
- ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
- EXCHANGE MOBILE HOME (SAME # BEDROOMS)
- COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Jada Nichols
ADDRESS: 4500 Watersway Ct
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: 704-819-5951
ALTERNATE PHONE:
E-MAIL: jadanichols@gmail.com

PROPERTY OWNER: SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 11322323
STREET ADDRESS: 4500 Watersway Ct
CITY: Charlotte
STATE: NC ZIP: 28214

SUBDIVISION OR MOBILE HOME PARK NAME: Riverwalk Plantation
LOT #: 71

WATER SUPPLY:
- MUNICIPAL
- PRIVATE WELL
- PUBLIC WELL
- SHARED WELL
- OTHER

RESIDENTIAL PROPERTY TYPE: N/A
- HOUSE
- MODULAR HOME
- MULTIPLE FAMILY
- SINGLE MOBILE HOME
- DOUBLE WIDE
- OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? YES NO
UNDERGROUND STORAGE TANKS? YES NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
- BEDROOM
- BATHROOM
- KITCHEN
- DINING ROOM
- LIVING ROOM
- DEN
- GARAGE
- SUNROOM
- PORCH
- DECK
- OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
- DETACHED GARAGE
- DETACHED GARAGE WITH PLUMBING
- POOL HOUSE
- SHOP
- BARN
- STORAGE SHED
- DETACHED PORCH / DECK
- OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto property for the purpose of processing this request.

Jada Nichols
Owner's/Agent's Signature

5/22/2023
Date

Use existing approved for no occupancy increase
Matt Hall 6/2/23

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 1785B Permit #: 4606 Tax Parcel #: 113 223 23

Property Owner: Brian Nichols

Job Location Address: 4500 Waters Way Ct

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 2-7-11 Contractor Name: Sid Gaskins

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 1500 gallons

Liquid Capacity of Septic Tank: 1500 gallons Effluent Pump Model: Gould

Drainfield Installation ☐ N/A

Trench Depth: 8 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 552 feet

# of Lines: 6 @ VARIOUS Lengths feet Low Profile

Depth of Media: 8 inches (Type) chambers

Depth of Cover: 6 inches

Distribution Device: Pressure Manifold

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: 100 feet

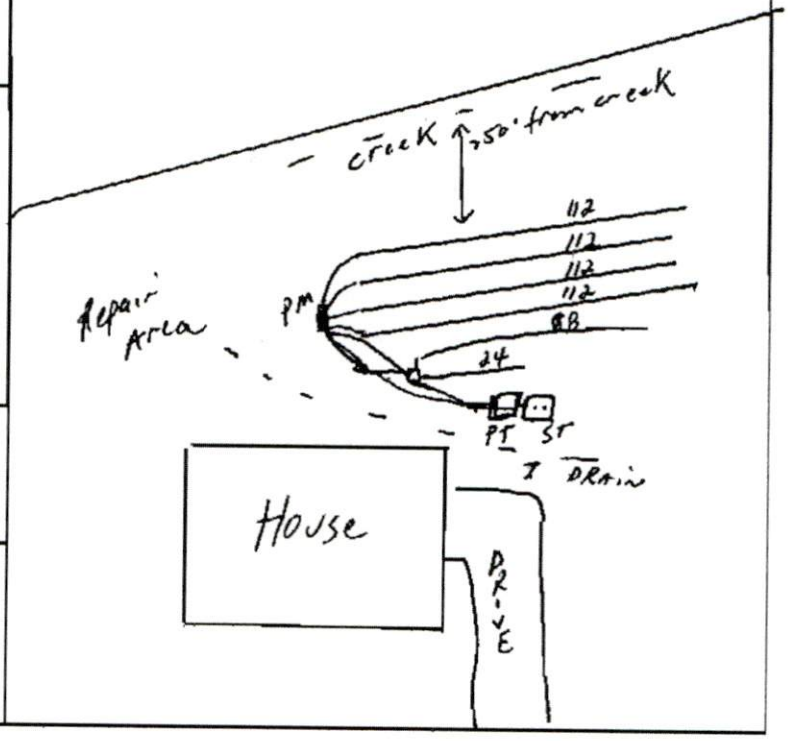
Inspection Dates

Tank(s) Inspected: 9/17/10 (cover J Michelone)

Excavation Inspected: 9/17/10 (J Michelone)

Pump & Controls Inspected: 10/12/10 (J Michelone)

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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

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

Comments: System Classification & Type: IIIb Pump to Low Profile Chambers

IQ4PLP, P, NA, NA

DENR Authorized Agent: Philo Walker Signature: Philo Walker RS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 1785B Permit #: 4606 Tax Parcel #: 113 223 23

Property Owner: Brian Nichols

Job Location Address: 4500 Waters way Ct

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: IIIb

*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: Infiltrator Quick 4 Plus Standard Low Profile Chamber

DENR Authorized Agent: Philo Walker Date: 10/12/10

Signature: Philo Walker RS

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/22/23	**Amount:**	100.00
Receipt #:	142737	**Tendered:**	100.00
Check / Auth #:	VISA 591606	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: NICHOLS, JADA
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 4500 WATERSWAY CT		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
760.00					