3234B
#13310

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 ○ MAJOR REPAIR ○ ABANDONMENT

2. WELL / TYPE APPLICATION: ⊘ N/A ○ NEW WELL

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 11111706
STREET ADDRESS: 8612 Dogwood Drive
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION NAME: Cedar brook
LOT #: 38 LOT SIZE (acres): 0.644
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: 1757
NUMBER OF BEDROOMS: 3
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: 0
NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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? 1969 ☒ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 03/12/2021 ☐ N/A

12. PROPERTY OWNER:
NAME: Isidro + Courtney Garcia
ADDRESS: 8612 Dogwood Drive
CITY: Charlotte
STATE: NC ZIP: 28215
WORK PHONE: 7046053101
MOBILE PHONE:
FAX:
E-MAIL: luchisllc@gmail.com
Hotmail.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.

CG (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.

CG (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.

Property Owner's or Owner's Legal Representative Signature

7/25/22
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

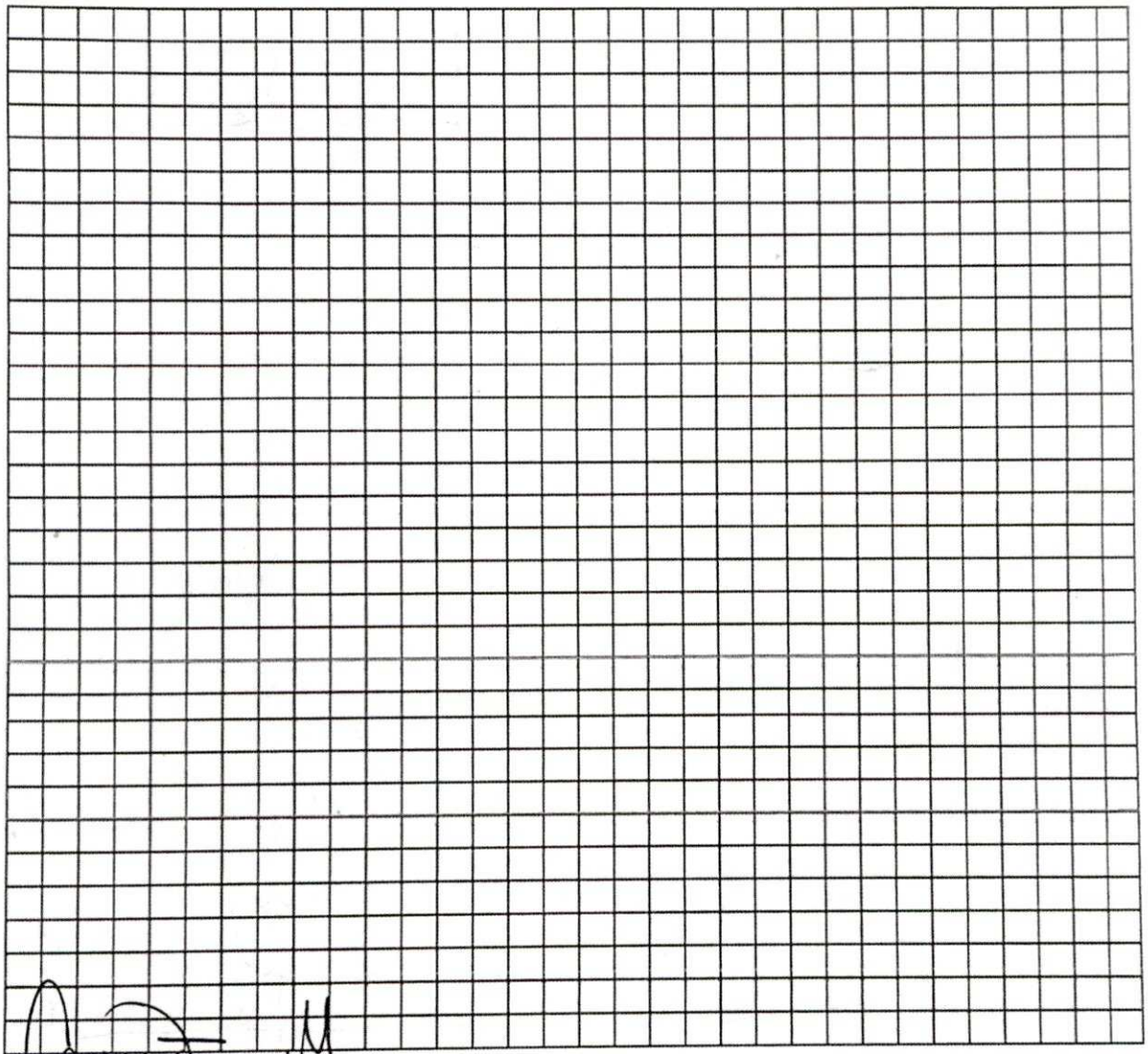
File #: _____

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: 8612 Dogwood Drive Tax Parcel #: 11111706

Subdivision Name: Cedar Brook Lot #: 3



Property Owner's or Owner's Legal Representative Signature

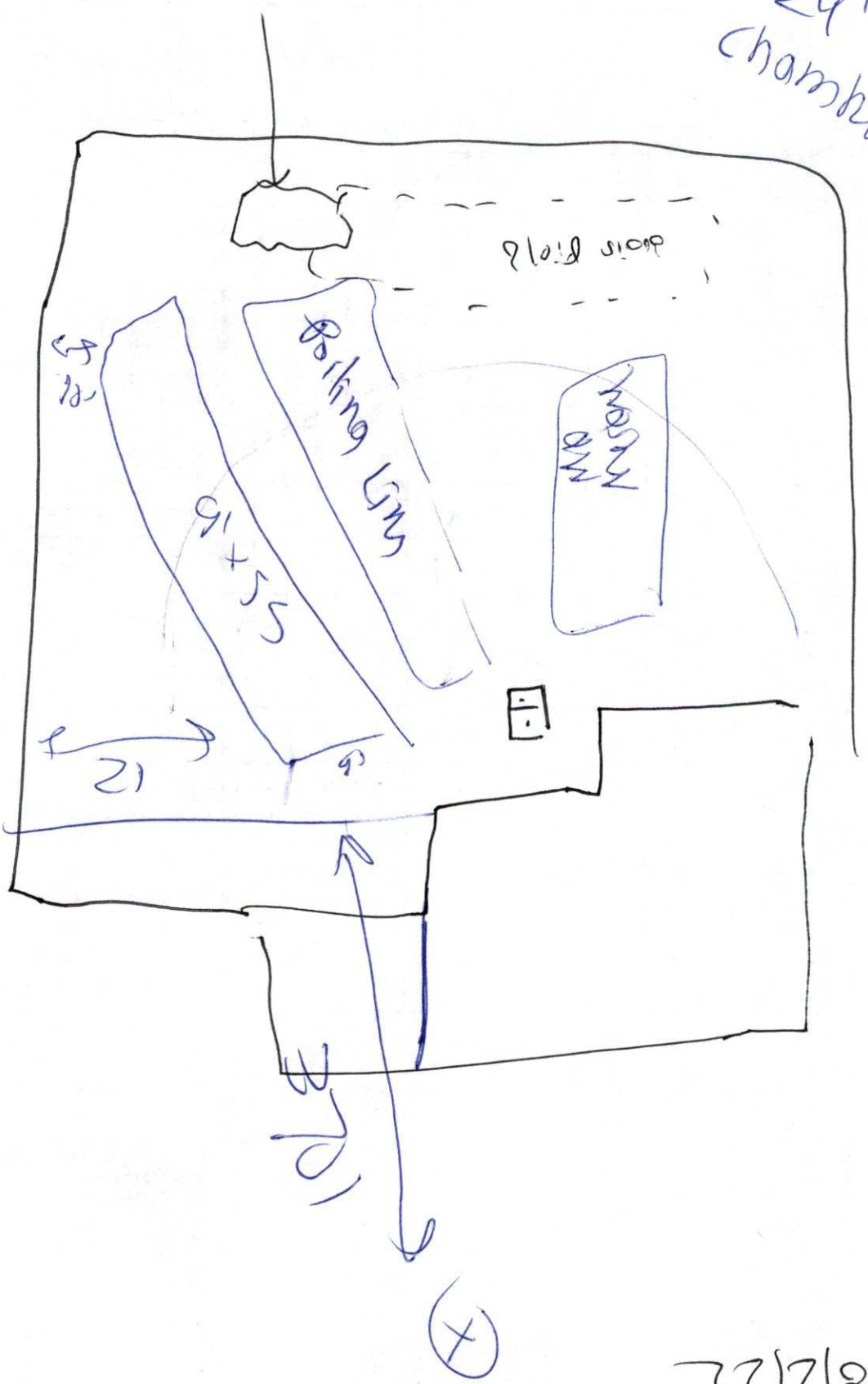
07/26/22
Date

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

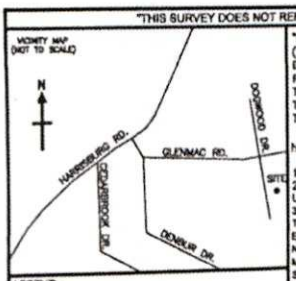
0-48 V
C

9/14/22
24 in
chamber



8/2/22

"THIS SURVEY DOES NOT REFLECT A COMPLETE TITLE EXAMINATION AND IS NOT TO BE USED IN LIEU OF A LEGAL TITLE EXAMINATION"



LEGEND:

———	PROPERTY LINE
— — —	ADJOINER PROPERTY LINE
—X—X—X—X—	PRIVACY FENCE LINE
- - - - -	CHAIN LINK FENCE LINE
——// ——// ——	OVERHEAD UTILITY LINE
——— ———	RIGHT-OF-WAY
——— ———	SETBACK
E.I.R.	EXISTING #4 IRON REBAR
E.I.P.	EXISTING 1" IRON PIPE
E.C.M.	EXISTING CONCRETE MONUMENT
C.P.	COMPUTED POINT
S.I.R.	RE-SET #4 IRON REBAR
P.D.E.	PUBLIC DRAINAGE EASEMENT
S.S.E.	SANITARY SEWER EASEMENT
R/W	RIGHT-OF-WAY
P.P.	POWER POLE
M.B.	MAP BOOK
D.B.	DEED BOOK
PG.	PAGE
L	LINE
C	CURVE
P.I.D.	TAX PARCEL IDENTIFICATION NUMBER
NTS	NOT TO SCALE
	AC UNIT/HVAC
	GAS METER

"I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK: 35796, PAGE: 537 OR OTHER REFERENCE SOURCE SHOWN HEREON); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION REFERENCED ON ADJOINING LOTS OR ADDITIONAL REFERENCES SHOWN HEREON; THAT THE RATIO OF PRECISION IS 1:10,000; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600)."

THIS 14 DAY OF APRIL, 20 21

THIS MAP IS NOT INTENDED TO MEET G.S. 47-30 REQUIREMENTS.

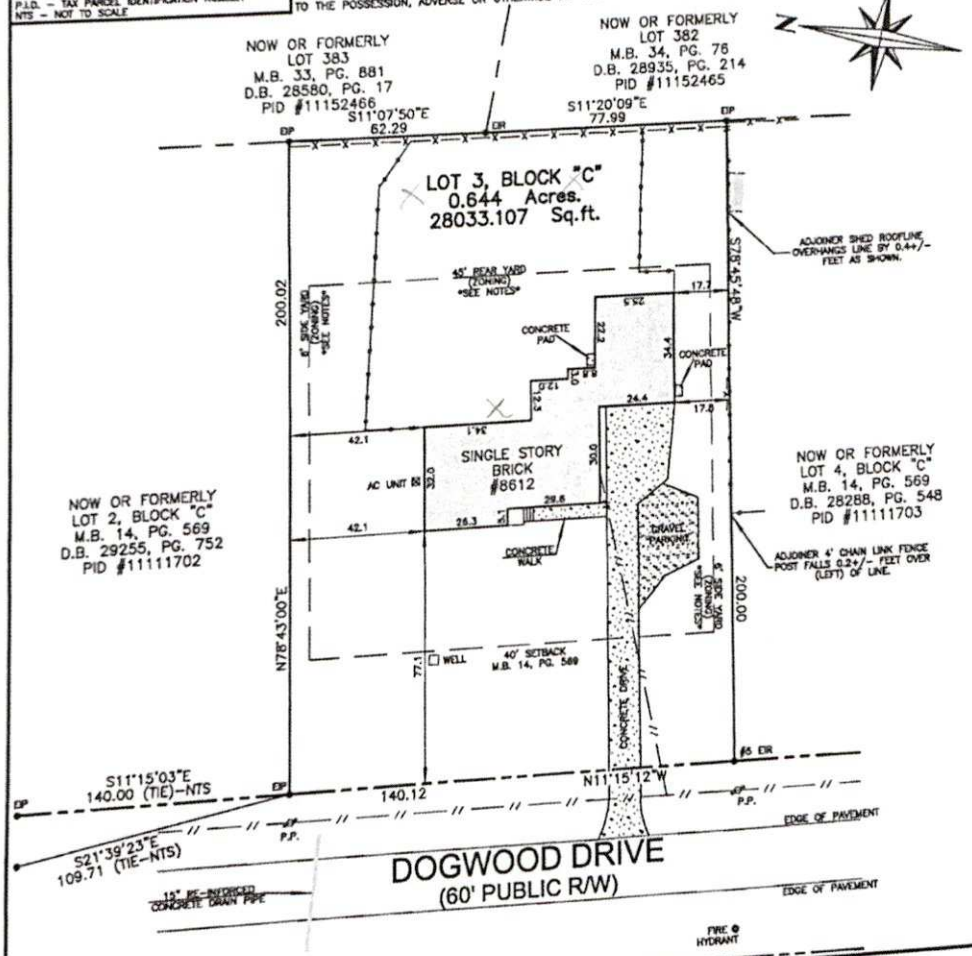
SIGNED _____ ROBERT E. LEE, PROFESSIONAL LAND SURVEYOR L-4755

NOTES:

1. AREA COMPUTED BY THE COORDINATE METHOD.
2. ALL DISTANCES ARE HORIZONTAL GROUND (GEODETIC) UNITED STATES SURVEY FEET UNLESS OTHERWISE NOTED.
3. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE COMMITMENT REPORT AND THE MAP OF THE PROPERTY SHOWN HEREON REFLECTS INFORMATION AND/OR FIELD OBSERVED EVIDENCE DISCOVERED BY THE SURVEYOR IN THE NORMAL COURSE OF WORK AND DOES NOT NECESSARILY SHOW EVERY POSSIBLE CONDITION AFFECTING THE PROPERTY. THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS, AGREEMENTS, RIGHTS-OF-WAY, COVENANTS, BUILDING SETBACKS OR DEED RESTRICTIONS OF RECORD NOT SHOWN HEREON OR WHICH WERE NOT VISIBLE OR APPARENT ON THE DATE OF THIS SURVEY. A FULL, ACCURATE LEGAL TITLE SEARCH IS RECOMMENDED TO REVEAL ADDITIONAL ENCUMBRANCES OF RECORD THAT MAY EXIST AND ARE NOT SHOWN HEREON. THIS SURVEY IS NOT TO BE USED IN LIEU OF A TITLE SEARCH.
4. BEARINGS AND DISTANCES SHOWN IN PARENTHESES, AND PROPERTY SHOWN AS DASHED WERE TAKEN FROM DEEDS, MAPS OR OTHER PUBLIC RECORD.
5. THIS PROPERTY IS CURRENTLY ZONED R-3. R-3 MINIMUM SETBACK REQUIREMENTS: FRONT= 30' OR AS SHOWN; SIDE YARD= 6', REAR YARD= 45'. SETBACK REQUIREMENTS SET FORTH IN DEED RESTRICTIONS MAY EXIST FOR THIS PROPERTY AND MAY OR MAY NOT BE SHOWN HEREON. PRIOR TO ANY DESIGN OR CONSTRUCTION ON THIS PROPERTY SETBACK REQUIREMENTS MUST BE VERIFIED BY THE HOMEOWNER OR CONTRACTOR WITH THE CITY/COUNTY ZONING ADMINISTRATION.
6. THIS PROPERTY IS NOT GRAPHICALLY SHOWN IN A DESIGNATED FLOOD HAZARD AREA (ZONE "X"); PER FEMA FIRM MAP NUMBER: 3710550400K, DATED: 02/19/2014.
7. UNDERGROUND UTILITIES NOT LOCATED AT THE TIME OF SURVEY. IF SHOWN UTILITY LOCATIONS ARE APPROXIMATE BASED ON LOCATIONS OF ABOVE GROUND APPURTENANCES.
8. THE TERM ENCROACHMENT IS USED AS A MEANS TO CONVEY THAT PER LISTED DEEDS AND MAPS THAT AN OBJECT TOUCHES OR CROSSES THE DEED OR MAP LINE IN THAT AREA ON THE DATE OF SURVEY, NO CERTIFICATION OR STATEMENT IS BEING MADE TO THE POSSESSION, ADVERSE OR OTHERWISE OR TITLE TO THE LAND EFFECTED.

NORTH CAROLINA PROFESSIONAL SEAL L-4755 LAND SURVEYOR: ROBERT E LEE

REF: M.B. 14, PG. 569
MAGNETIC
DATED: SEPTEMBER 28, 1999



PHYSICAL SURVEY OF

#8612 DOGWOOD DRIVE
LOT 3, BLOCK "C" OF PROPERTY OF V. H. BRAWLEY
CRAB ORCHARD TOWNSHIP, MECKLENBURG COUNTY, NC

THE PROPERTY OF: ISIDRO GARCIA-SALDANA AND COURTNEY BROWN DE GARCIA

REFERENCES:
MAP BOOK: 14 PAGE: 569 DEED BOOK: 35796 PAGE: 537
TAX PARCEL IDENTIFICATION NUMBER: 111-117-06

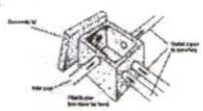
FILE NUMBER: 6043

DRAWN BY: R. LEE

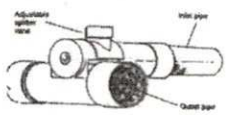
LEE LAND SURVEYING, PLLC.
NC FIRM LICENSE NUMBER: P-1259
P.O. BOX 180
MT. HOLLY, NC 28120
PHONE: (704)575-2556
EMAIL: robertlee@leelandsurveying.com
www.leelandsurveying.com

-40 0 40
SCALE: 1" = 40'

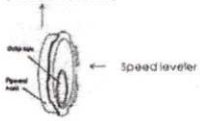
DISTRIBUTION DEVICE: EQUAL



Distribution box
(feeds multiple lines)

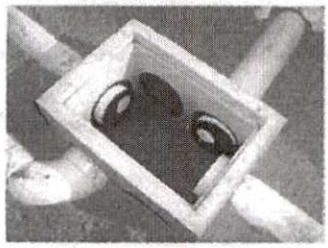


Flow Divider tee
(splits flow in half)



7

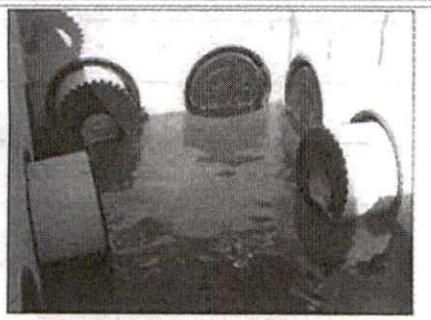
DISTRIBUTION DEVICE: D-BOX



The Inlet Pipe Is On the Right

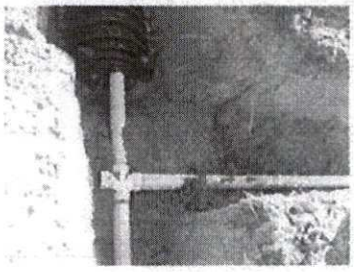
8

DISTRIBUTION DEVICE: D-BOX



9

DISTRIBUTION DEVICE: FLOW DIVIDER



10

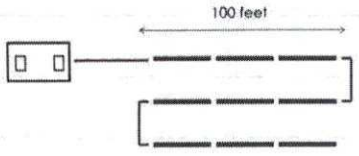
DISTRIBUTION DEVICE: SERIAL

- Purpose: to fully utilize each individual drainline prior to distributing effluent to remaining line(s)
- Types: Drop Box or Step Down (.1955(l))

Serial distribution does not require equal length trenches.

11

SERIAL DISTRIBUTION:STEPDOWNS



12

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 #: 3234B Permit #: 13310 Tax Parcel #: 11111706

Property Owner: Isidro + Courtney Garcia

Job Location Address: 8612 Dogwood Dr.

City: Charlotte State: NC Zip Code: 28215

Improvement Permit Issuance Date: 9/14/22 **Construction Authorization Issuance Date:** 9/14/22

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 _____. 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: Existing GPD Site LTAR: \ GPD/ft²

Liquid Capacity of Septic Tank: existing 1000 gallons 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: 30 inches

Bed Width: 9 feet

Total line length: 55 feet

# of Lines: 3 @ 165 feet

Depth of Media: 12 inches (Type) chambers/ High Capacity

Distribution Device: Serial

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

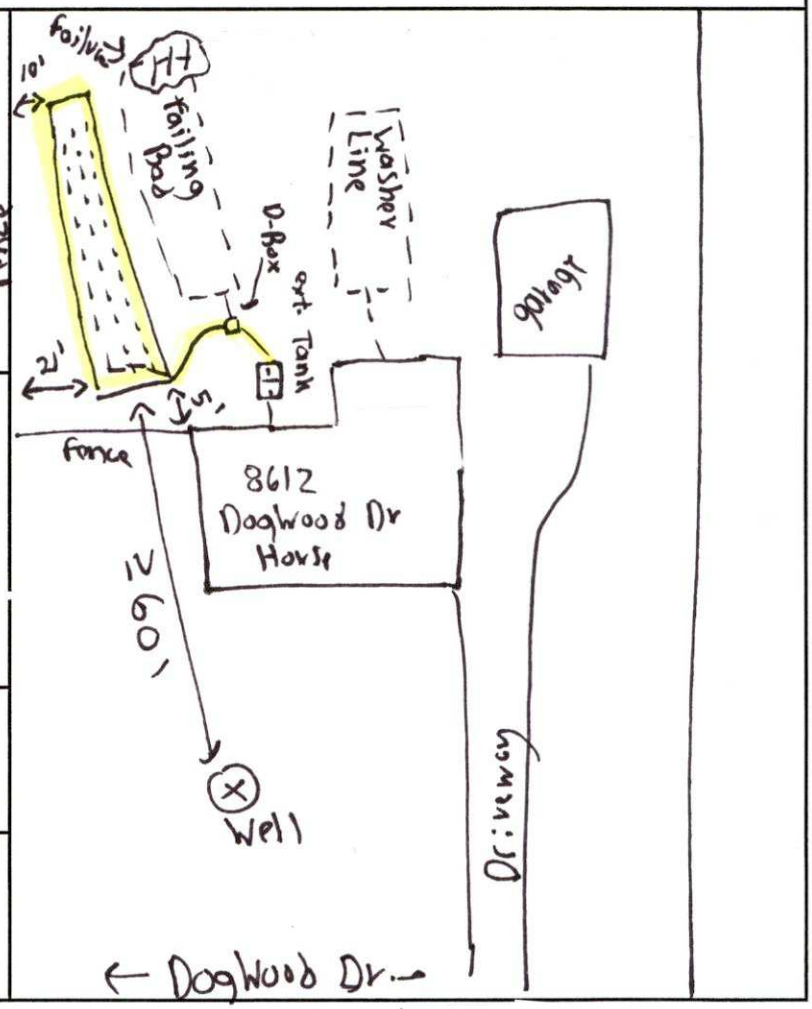
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: ≥5 feet

Distance from Property Line: ≥10 feet

Distance from Water Supply Source: ≥50 feet



Comments: System Classification & Type: New 9'x55' drain field Bed (3- High Capacity Chambers.)
Connect New Line(s) to existing D-Box (verify condition)

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

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

File #: 3234B Permit #: 13310 Tax Parcel #: 11111706

Property Owner: Isidro + Courtney Garcia

Job Location Address: 8612 Dogwood Dr.

City: Charlotte State: NC Zip Code: 28215

Improvement Permit Issuance Date: 9/14/22 **Construction Authorization Issuance Date:** 9/14/22

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 _____. 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: Existing GPD Site LTAR: _____ GPD/ft²

Liquid Capacity of Septic Tank: existing 1000 gallons 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: 30 inches

Bed Width: 9 feet

Total line length: 55 feet

# of Lines: 3 @ 165 feet

Depth of Media: 12 inches (Type) chambers/ High Capacity

Distribution Device: Serial

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

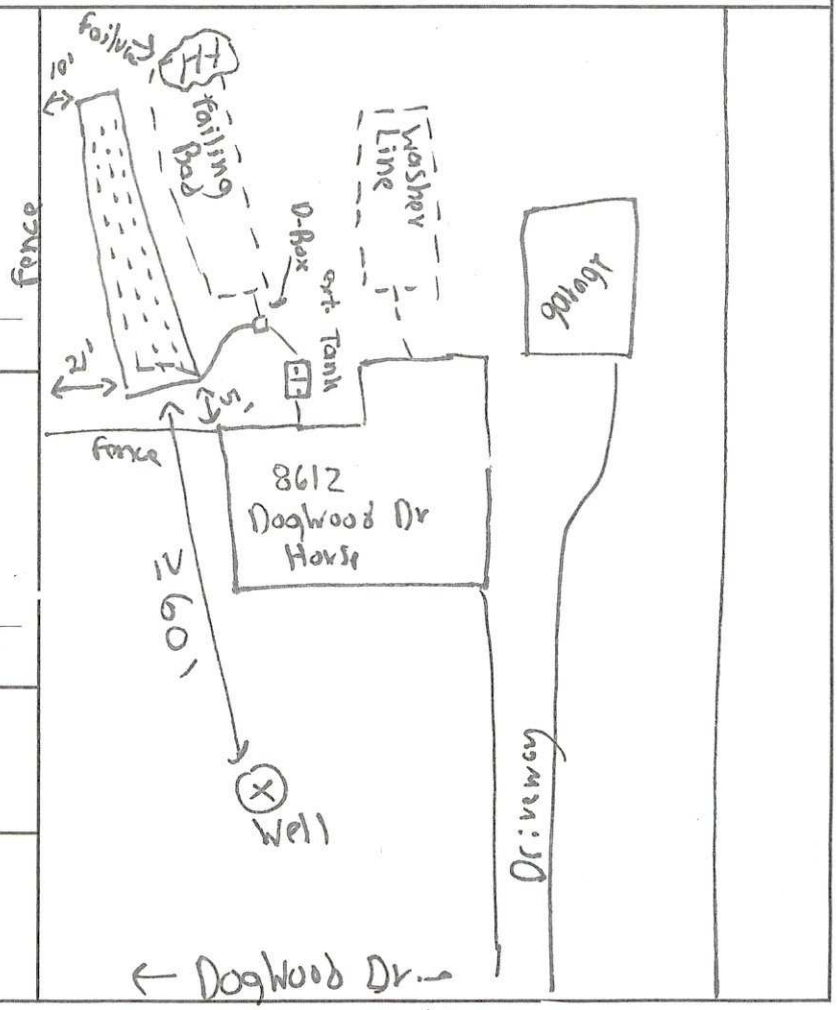
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: ≥5 feet

Distance from Property Line: ≥10 feet

Distance from Water Supply Source: ≥50 feet



Comments: System Classification & Type: New 9'×55' drain field Bed (3- High Capacity Chambers
Connect New Line(s) to existing D-Box (verify condition)

Authorized Agent: Braedon Shelton Signature: Braedon Shelton

Owner Signature: _____ Date: _____

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

*Repair

Sheet: 1 of 3
Property ID: 1111706
Lot #: —
File #: 32343
AppID: 13310

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: Isidro Garcia
Address: 8612 Dogwood Dr.
Proposed Facility: House (existing)
Location of Site: 8612 Dogwood Dr.
Water Supply: [X] Public [X] Individual [] Well
Evaluation Method: [x] Auger Boring [] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Design Flow (.1949):

Applicant: owner
Date Evaluated: 9/14/22
Property Size:
Property Recorded:
[ ] 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
Auger #1		0-49+	wblk, C	SS SP FI SEXP			NA	NA	Consistent Soil	—	—
							NA	NA			

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

*Repair Bed 9 x 55'

Other Factors (.1946):
Soil Evaluation By: Braedon Shelton, REHS,
Others Present:
Site Classification (.1948): BP S
Site Evaluation By: Braedon Shelton
Others Present:

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
Sap-Saprolite

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

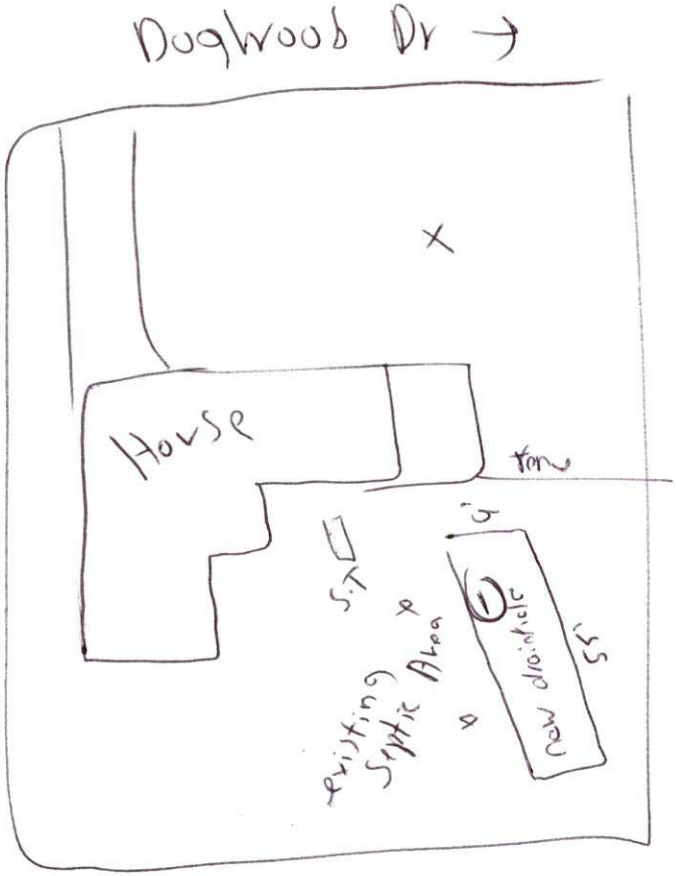
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

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

Septic System Pre-Construction Meeting Checklist

File # 3234B App# 13310 Tax Parcel# 111 117-06

Property Owner: _____

Job Location Address: 8612 Dogwood Dr

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.**

Davenport
Authorized Agent

1/20/23
Date

Robert Laney
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 #: 3234B Permit #: 13310 Tax Parcel #: 11111706

Property Owner: Isidro Garcia

Job Location Address: 8612 Dogwood Dr

City: Charlotte State: NC Zip Code: 28215

Operation Permit Issuance Date: 2/22/23 Contractor Name: Robert Laney

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

Liquid Capacity of Septic Tank: Existing gallons Tank Manufacture — Effluent Pump Model: —

Drainfield Installation ☒ 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) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: 2/24/23

Excavation Inspected: 2/24/23

Pump & Controls Inspected: _____

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

Bed Depth: 30 inches

Bed Width: 10 feet

Total line length: ≥150 feet "high Capacity"

# of Lines: 3 @ 50 feet Chambers

Depth of Media: 12 inches (Type) _____

Depth of Cover: — inches

Distribution Device: Serial Fed

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

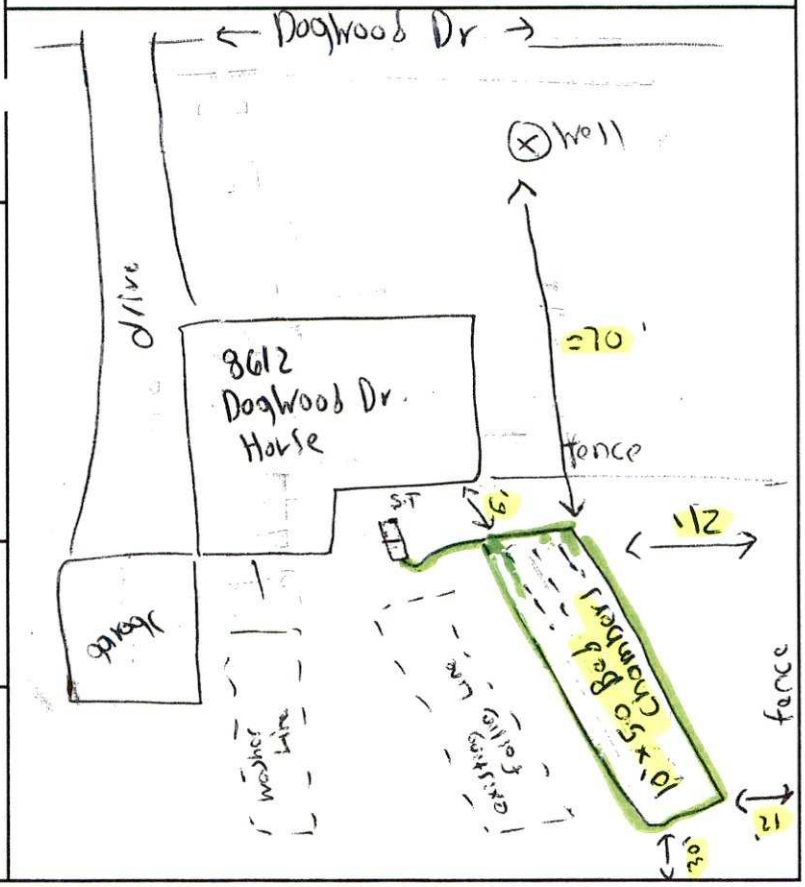
☐ Other _____

System Installation Setbacks

Distance from Building Foundation: ≥5 feet

Distance from Property Line: ≥10 feet

Distance from Water Supply Source: ≥50 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: IID, CHM-HC/9/MA/MA 10'x50' chamber

Bed installed, 3 Lines

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 #: 3234B Permit #: 13310 Tax Parcel #: 111-11-7-06

Property Owner: Isidro Garcia

Job Location Address: 8612 Dogwood Dr

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: IIb

*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: 10'x50 Bed Chambers 3-Line

DENR Authorized Agent: Braedon Shelton Date: 2/24/23

Signature: Braedon Shelton