SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

IP ($450.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

(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 LP 10/17/22 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 ☒ 12/14/22 Well complete ☐ _____

Send permit for signature ☒ 11/10 Signature received ☒ 11/14/22

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

Certified operator contract is on file ☐ _____

Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	4623B
WASPS App #:	13433
Primary ES assigned to project:	Braedon Shelton
Secondary ES assigned to project:	
Project Type:	Alteration
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	No
Comments:	Alteration for bedroom addition.
IA issued date:	
OP Issued date:	
Review performed by:	Michelone
Date performed:	11/7/2022

Created at 11/7/2022 2:48 PM by Michelone, Jeremy
Last modified at 11/7/2022 2:48 PM by Michelone, Jeremy

Close

17 OCT '22 AM10:48

4623B
#13483

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: 13928129
STREET ADDRESS: 10026 Arlington Oaks Drive
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: Arlington Oaks
LOT #: 19 LOT SIZE (acres): 5.82
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: 2,741
NUMBER OF BEDROOMS: ~~3~~ 4
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: 2 ~~5~~ 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?** 11/30/01 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Joe & Elsa Palacios
ADDRESS: 10026 Arlington Oaks Drive
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE: (305) 322-9551
MOBILE PHONE: (305) 322-9551
FAX: _____
E-MAIL: jpalacios@pibadjusters.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Maury Hollingsworth / MH Construction - G.C. Lic.70232
ADDRESS: 340 E. Matthews Street
CITY: Matthews
STATE: NC ZIP: 28105
WORK PHONE: (704) 280-0025
MOBILE PHONE: (704) 280-0025
FAX: _____
E-MAIL: mauryhollingsworth@yahoo.com

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.

TMH (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.

_____ 10-17-22.

Property Owners or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O 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

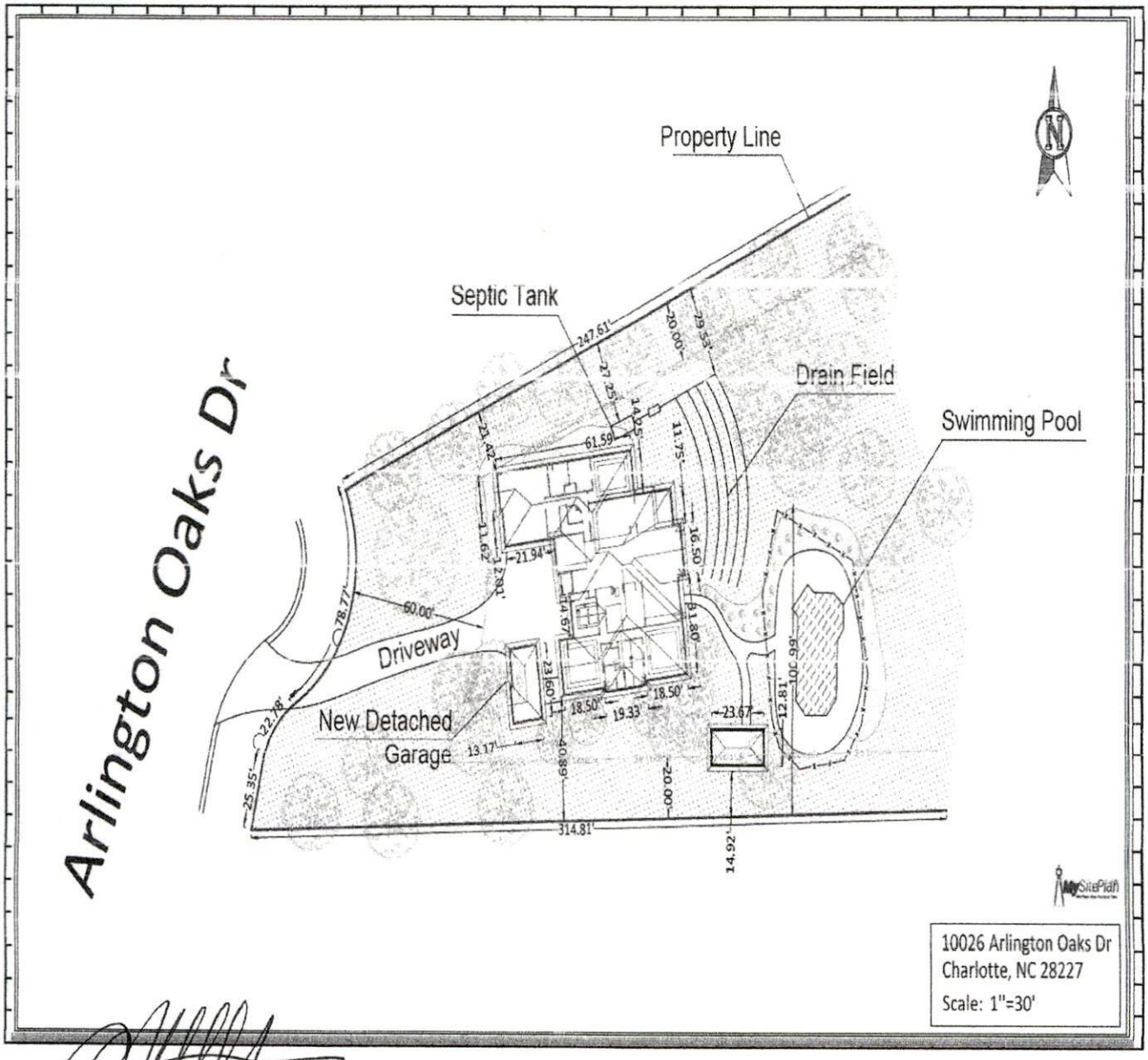
File #: _____

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: 10026 Arlington Oaks Drive Tax Parcel #: 13928129

Subdivision Name: Arlington Oaks Lot #: 19



Property Owner's or Owner's Legal Representative Signature

10-17-22.
Date

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

Revised on: 4/20/17

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

Sheet: 1 of 3
13928129
Lot# 8
File # 4623B
AppID: 13433

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

*Alteration + Replacing Line that needs to be abandoned.

Owner: Joe and Elsa Palacios
Address: 10026 Arlington Oaks dr
Facility: 4 bedroom to five bedroom house
Location of Site: same as above
Water Supply: [ ] Public [X] Individual [X] Well
Evaluation Method: [x] Auger Boring [] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Design Flow (.1949):480 to 600 gpd

Applicant: owner
Date Evaluated: 11/2/22
Property Size: 5.82
Property Recorded: unknown
[ ] 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	L 4%	0-5"	cl, wblk	ss,sp,fr		≥48"	NA	NA		PS IV .3	33"
		5-45"	C, wblk	ss,sp,fr							
		45"+	Cl, BC wblk	ss,sp,fr							
Auger #2	L 5%	0-5"	cl,wblk	ss,sp,fr		≥48"	NA	NA		PS IV .3	33"
		5-48"+	C,wblk	ss,sp,fr							
Auger #3	L 5%	0-48"+	C,wblk	ss,sp,fr		≥48"		NA		PS IV .3	33"
							NA	NA			
							PS	NA			
							US	NA			

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIb
Site LTAR (gpd/sq ft)	.3	.3

Other Factors (.1946):
Soil Evaluation By: BS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: BS
Others Present:

Alteration 4 → 5 Bedroom house.
Will need to abandon top Line + ½ of Second Line
Due to addition location.

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

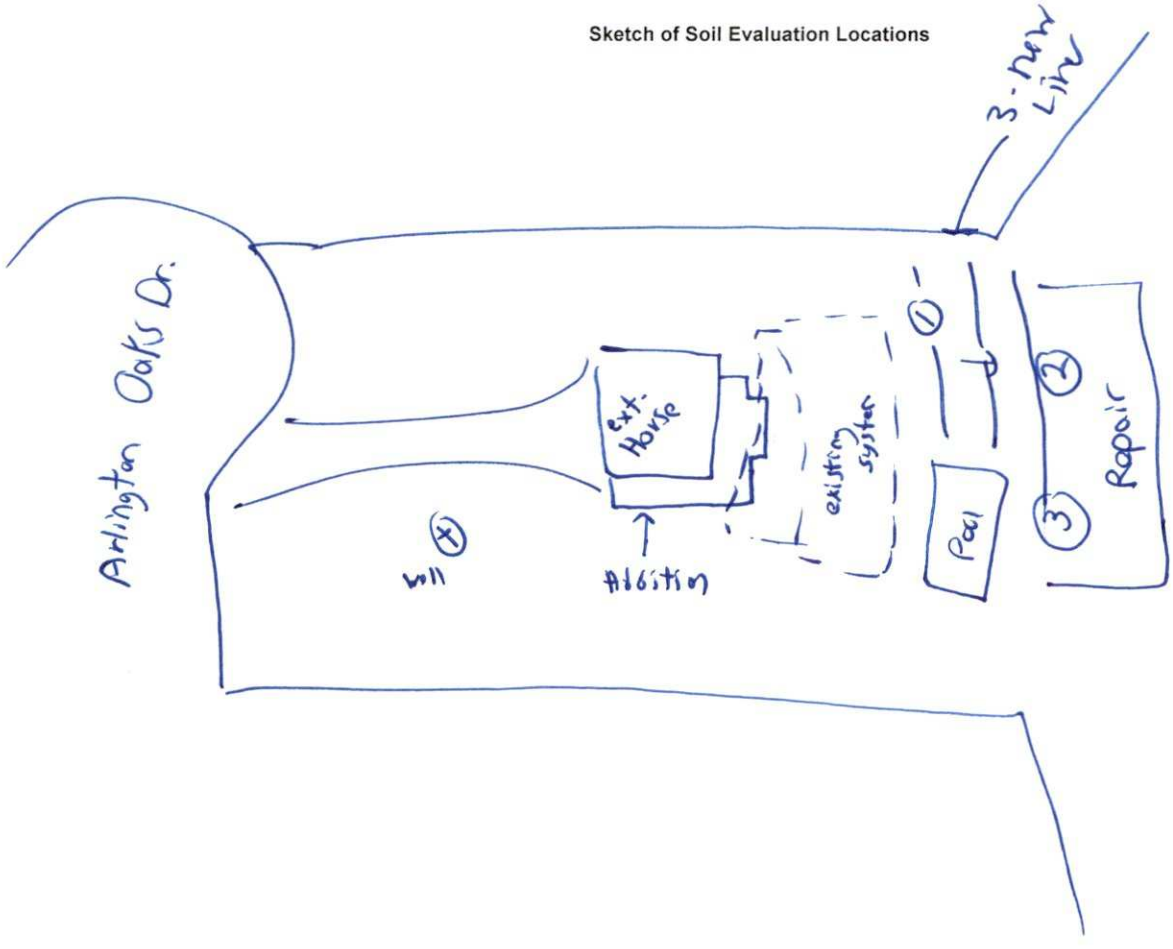
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30013433 GWS File #: 4623B Tax Parcel #: 139-281-29

- 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):** 11/7/2027

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2741 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Crawl Space Water Supply: Private Well

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

Initial System Specifications: Existing

Design Flow (gpd): 120 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A *

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 825 * Total Trench Length (ft): Adding 100' for bedroom addition 175' for replacing existing drain line that is being abandoned due to addition to house.

Maximum Trench Depth (in): 33 Depth of Media (in): 12 Distribution Device: Distribution Box

III. Repair System Type: PPBPS (gravity) **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1000 Total Trench Length (ft): 333

Maximum Trench Depth (in): 33 Depth of Media (in): N/A Distribution Device: Distribution Box

total trench Length (ft) = 275'

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: Braedon Shelton Owner/Legal Agent: Maury Hollingsworth - G.C.
Print Name

Signature: Braedon Shelton Signature: Maury Hollingsworth

Date Issued: 11/7/2022

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 #: **30013433** GWS File #: **4623B**

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- KEEP ADDITION 5 FEET OFF THE TOP EXISTING DRAIN LINE.

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:

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Authorized Agent: Braedon Shelton

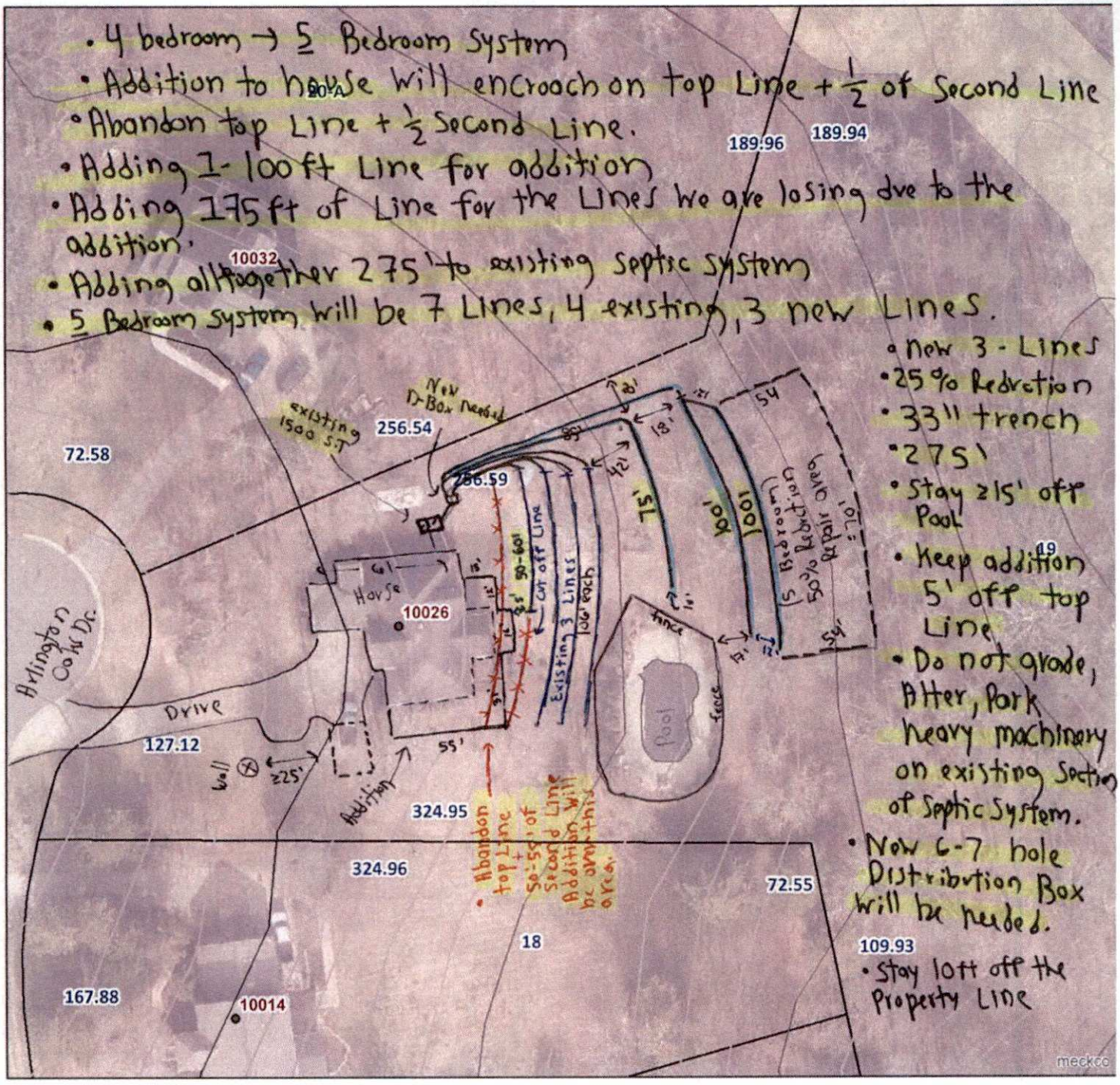
Signature: Braedon Shelton

Date Issued: 11/7/2022

Owner/Legal Agent: Maury Hollingsworth - G.C.
Print Name

Signature: Maury Hollingsworth

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Any Questions Call Braedon Shelton
980-297-3719

Permit #30013433
PID #:139-281-29
File #:4623B

Authorized Agent: Braedon Shelton Date: 11/7/22

Owner/ Legal Agent: Maury Hollingsworth Date: 11/10/22

1 inch = 60 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 #: 30013433 GWS File #: 4623B Tax Parcel #: 139-281-29

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Maximum Trench Depth (in): 33 Depth of Media (in): 12 Distribution Device: Distribution Box

III. Repair System Type: PPBPS (gravity) **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

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IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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- 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: Braedon Shelton Owner/Legal Agent: _____
Print Name

Signature: Braedon Shelton Signature: _____

Date Issued: 11/7/2022

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 #: **30013433** GWS File #: **4623B**

IV. Permit Conditions/Comments:

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- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- KEEP ADDITION 5 FEET OFF THE TOP EXISTING DRAIN LINE.

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Authorized Agent: Braedon Shelton

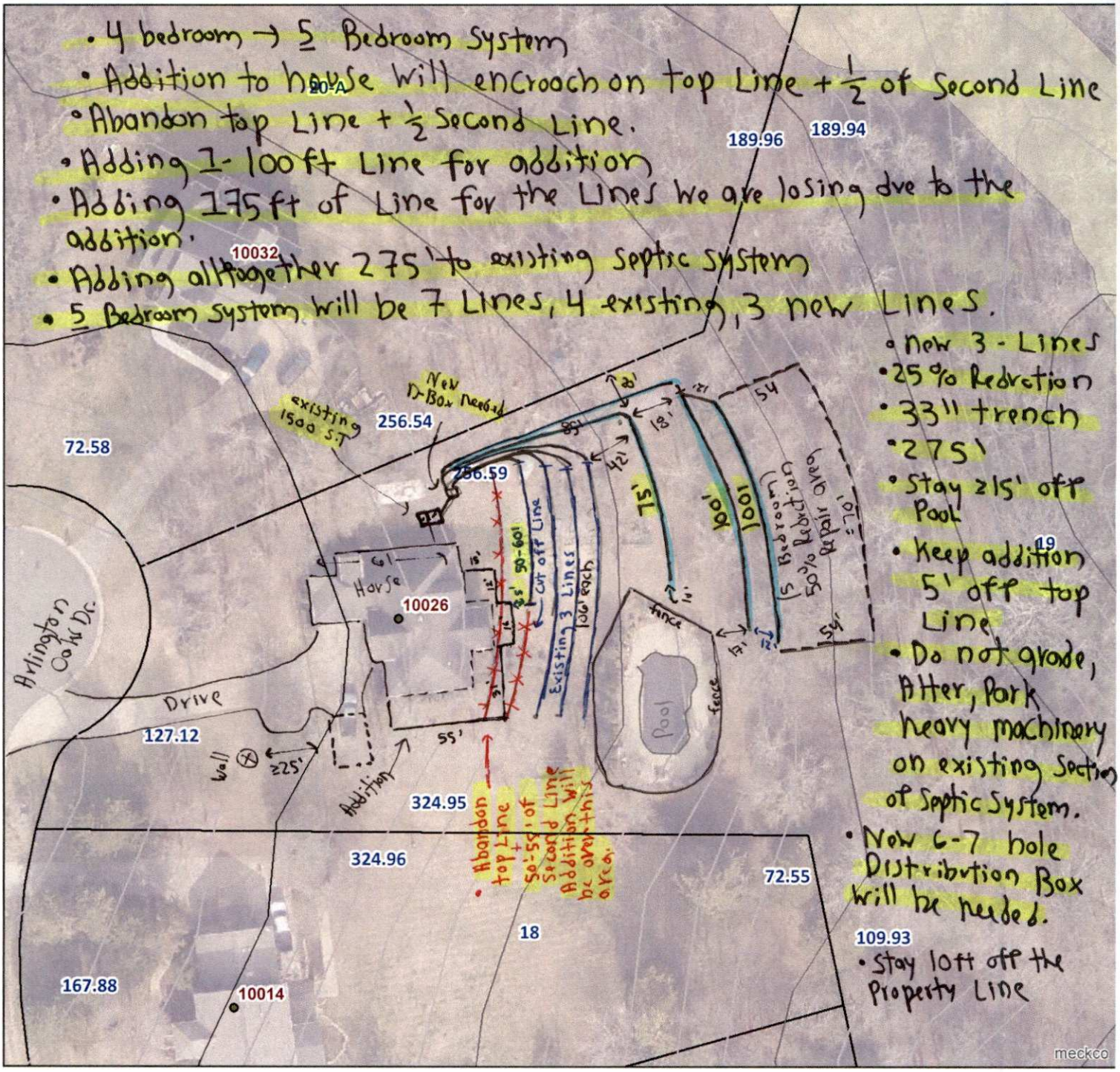
Signature: Braedon Shelton

Date Issued: 11/7/2022

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #30013433
PID #:139-281-29
File #:4623B

Any Questions Call Braedon Shelton
980-297-3719

Authorized Agent: Braedon Shelton Date: 11/7/22

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 fee

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 # 4623B App# 13433 Tax Parcel# 139-281-29

Property Owner: Joe + Elsa Palacious

Job Location Address: 10026 Arlington Oaks Dr.

City: Charlotte State: NC Zip Code: 28227

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.**

Braedon Shelton
Authorized Agent

12/2/22
Date

Steve Autry
Others Present

Mecklenburg County Groundwater & Wastewater Services
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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 #: 4623B Permit #: 30013433 Tax Parcel #: 139-281-29

Property Owner: Joel Elsa Palacious

Job Location Address: 10026 Arlington Oaks Dr.

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 12/6/22 Contractor Name: Steve Autry

Permitted Design Flow: 480→600 GPD Liquid Capacity of Dosing Tank: — gallons

Liquid Capacity of Septic Tank: Existing 1500 gallons Tank Manufacture Existing Effluent Pump Model: —

Drainfield Installation ☐ N/A * Alteration/Relocated Lines 5 Bedroom System

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 275 feet (100', 100', 75')

# of Lines: 3 @ ____ feet

Depth of Media: 12 inches (Type) Infiltrator Qrick-4

Depth of Cover: ≥6 inches

Distribution Device: D-Box

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

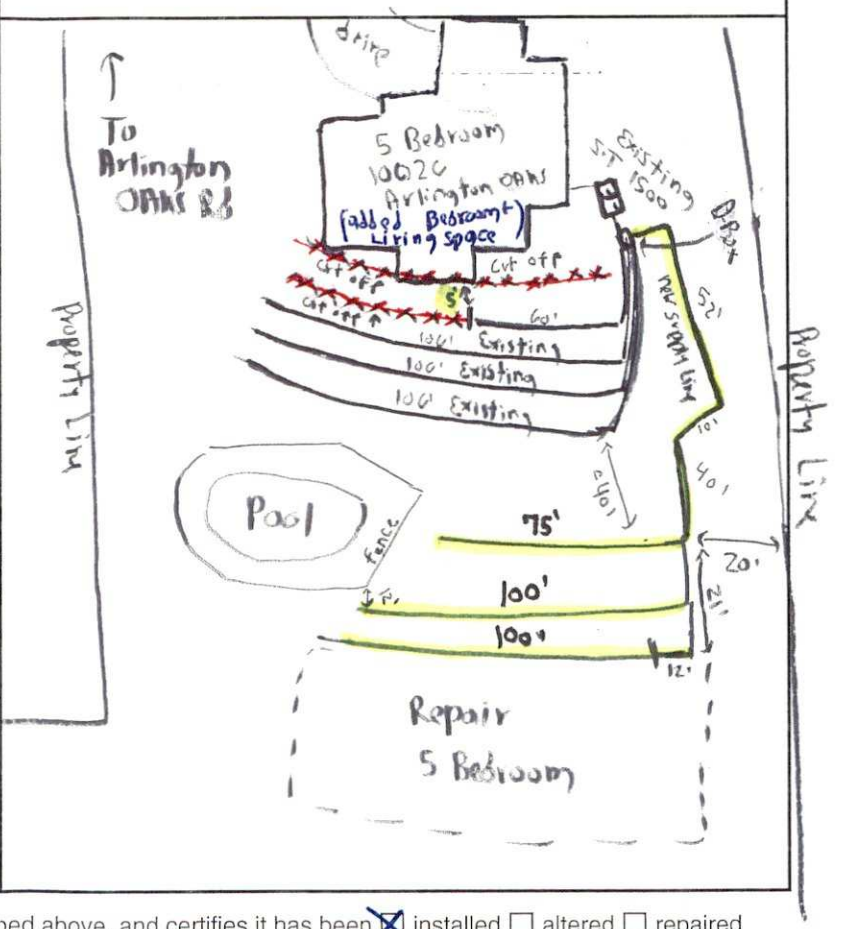
Distance from Water Supply Source: ≥50 feet

Inspection Dates

Tank(s) Inspected: 12/2/22

Excavation Inspected: 12/5/22

Pump & Controls Inspected: —



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, CHM-36, 9, Added 275 ft of Line added 100' for Bedroom addition, 175' for lines that were cut off (25% Reduction system).

DENR Authorized Agent: Braedon Shelton Signature: Braedon Shelton

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NC DHHS
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On-Site Wastewater Section

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

File #: 4623B Permit #: 30013433 Tax Parcel #: 139-281-29

Property Owner: Joe + Elsa Palacios

Job Location Address: 10026 Arlington Oaks 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: IIIg

*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: Alteration, adding 1 Bedroom / relocated 2-Lines. 4 → (5) Bedroom Existing 1500 S.T.

DENR Authorized Agent: Braedon Shelton Date: 12/6/22

Signature: Braedon Shelton