SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) LE 10/11/19 Initial/Date

CA ($200.00) 2114 OG Initial/Date

OP ($200.00) 2114 OG 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 _____ Initial/Date (If use existing was part of payment)

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

Please generate the CA

Floor plans need to be submitted and reviewed before CA can be issued ☒ Review ☒ SM 2/17/20

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

Septic file complete ☒ 12/3/21 Well complete ☐ _____

Send permit for signature ☒ Signature received ☑ 1/23/2020

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

Edit Response | Delete Response | Manage Permissions | Workflows | Alert Me

GWS File #:	10455B
WASPS App #:	10787
Primary ES assigned to project:	Jacob Presley
Secondary ES assigned to project:	
Project Type:	New System
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?	Yes
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:	
IA issued date:	
OP Issued date:	
Review performed by:	Jeremy Michelone
Date performed:	1/14/2020

Created at 1/14/2020 2:15 PM by Michelone, Jeremy
Last modified at 1/14/2020 2:15 PM by Michelone, Jeremy

Close

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/14/20	**Amount:**	200.00
Receipt #:	120828	**Tendered:**	200.00
Check / Auth #:	MC 151820	**Returned:**	0.00
Received By:	GOULDOE		

Account Information

Account #:	200000
Contractor:	REALTOR - PAOLA ALBAN
Attn:	
Address:	
Address:	
City/State/Zip:	CHARLOTTE, NC 2803

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 6424 MINTBROOK DR		1	200.00	200.00

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/14/20
Receipt #: 120827
Check / Auth #: MC 151820
Received By: GOULDOE

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: REALTOR- PAOLA ALBAN
Attn:
Address:
Address:
City/State/Zip: CHARLOTTE, NC 28203

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 6424 MINTBROOK DR		1	200.00	200.00

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

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

10455B #10787

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: 137-098-19
STREET ADDRESS: 6424 Mintbrook Dr
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: None
LOT #: 137-098-19 LOT SIZE (acres): 0.76

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: ~~1600~~ sqft 3,125
NUMBER OF BEDROOMS: 3 4
NUMBER OF OCCUPANTS: 5

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~~
NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 5

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?** 11/01/2019 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Oscar Trelles Melendez
ADDRESS: 7988 Shady Oak Trl #153
CITY: Charlotte
STATE: NC ZIP: 28210
WORK PHONE: _____
MOBILE PHONE: (704)492-5814
FAX: 800-715-9623
E-MAIL: osmalt7@aol.com

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

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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.

OLM (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.

Oscar Tellez Melendez
Property Owner's or Owner's Legal Representative Signature

9/27/19
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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

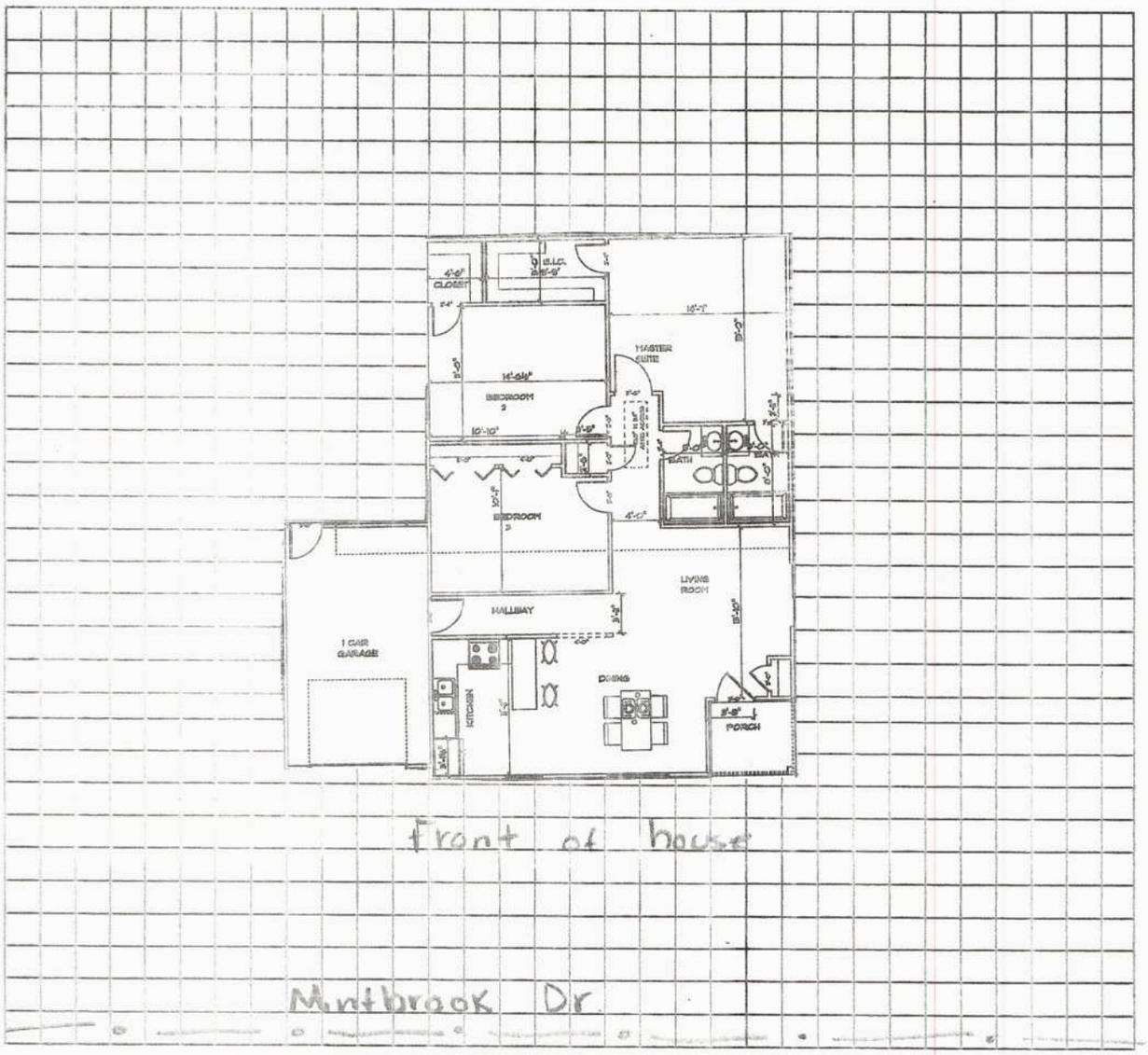
File #: _____

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: 6424 Mintbrook Dr Mint Hill Tax Parcel #: 137-098-19

Subdivision Name: None Lot #: n/a



Oscar Trellez Melendez. 9/27/19

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

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Paola Alban is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

6424 Mintbrook Dr Mint Hill NC PIN/137-098-19
Number Street Town
(Or Parcel Number)

Oscar Trellez Melendez
Property Owner (print name)

Oscar Trellez Melendez
Property Owner (signature)

9/27/2019
Date

Map | Google Street View

Click any parcel for parcel details.



Parcel Disclaimer

Ruler

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/11/19
Receipt #: 118970
Check / Auth #: CASH
Received By: ELLISLW

Amount: 250.00
Tendered: 250.00
Returned: 0.00

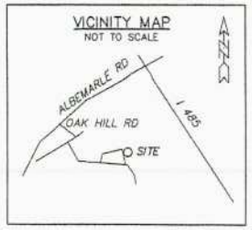
Account Information

Account #: 200000
Contractor: GARCIA, PROCOPIO M
Attn:
Address: 6921 WILSON GROVE RD
Address:
City/State/Zip: MINT HILL, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 6424 MINTBROOK DR		1	250.00	250.00

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

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



NORTH PER MB 6/395

FILED FOR REGISTRATION
JAN 07 2020
AT 1:54pm
REGISTER OF DEEDS
MECKLENBURG COUNTY, N.C.

THE PURPOSE OF THIS PLAT IS TO COMBINE PID #13709819 & 13709820 INTO ONE LOT. THIS PLAT SUPERSEDES THE PREVIOUS PLAT RECORDED IN MB 6/395

MAP BOOK 66 PAGE 319
2020002631

FREDRICK SMITH
REGISTER OF DEEDS
MECKLENBURG COUNTY

January 7, 2020
F. Ray Baker Jr. DEPUTY

I, Nathan Farber REVIEW OFFICER OF MECKLENBURG COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.
REVIEW OFFICER — DATE 1/2/20

DATE	REVISIONS:	SCALE: 1" = 40'
		2019\BA1\Mintbrook Dr #6412
		2019\W\Mintbrook Dr #6412
		PROJECT: 19-0510
		DRAWN BY: MH
		FIELD WORK:
		DATE: 12/17/19

BOUNDARY LINE
TIE LINE
RIGHT OF WAY
APPROXIMATE RIGHT OF WAY (NOT SURVEYED)
ADJOINING LINE (NOT SURVEYED)

LEGEND:

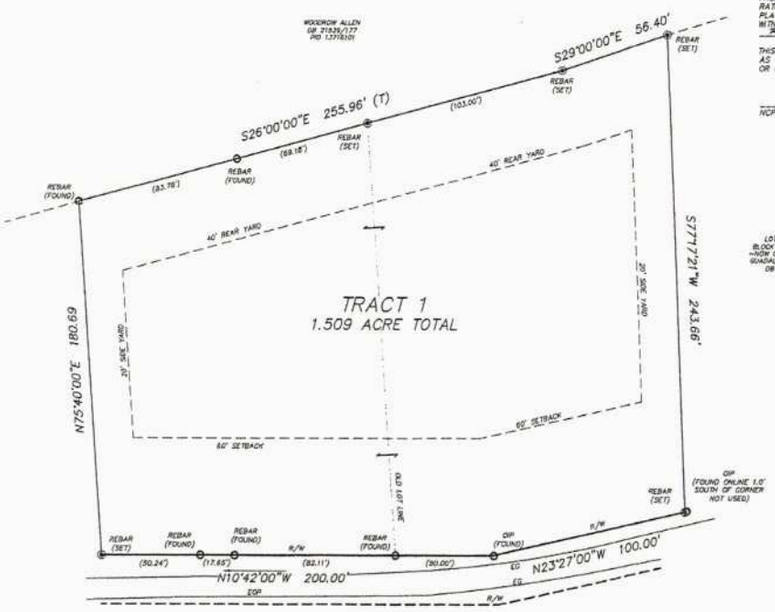
OIP = OLD IRON PIPE
R/W = RIGHT OF WAY
PP = POWER POLE
EOP = EDGE OF PAVEMENT
EG = EDGE OF GRAVEL

I, THOMAS E. WHITE, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 33644 PAGE 351 ETC.); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK ____ PAGE ____; THAT THE RATIO OF PRECISION AS CALCULATED IS 1: 10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, LICENSE NUMBER, AND SEAL. THIS 2nd DAY OF January A.D., 2020.

THIS IS TO CERTIFY THAT THIS SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT ORDERED SURVEY, OR OTHER EXEMPTION OR EXCEPTION TO THE DEFINITION OF SUBDIVISION.

NCPLS #-4689

NORTH CAROLINA PROFESSIONAL SEAL L-4689 LAND SURVEYOR THOMAS E. WHITE



MINTBROOK DRIVE
25' RIGHT OF WAY
MB 6/395

GRAPHIC SCALE
40 0 20 40 80 160
(IN FEET)
1 inch = 40 ft.

NOTES:

1. IRON PINS SET AT ALL CORNERS UNLESS OTHERWISE NOTED.
2. PROPERTY ZONED: R (SETBACKS & ZONING MATTERS ARE SUBJECT TO INTERPRETATION BY LOCAL MUNICIPALITIES)
3. TAX PARCEL NUMBER 13709819 & 13709820.
4. DEED REFERENCE: DB 27940 PG 370 & DB 33644 PG 351.
5. BOUNDARY SURVEY ONLY THROUGH POINTS AS SHOWN.
6. THIS PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP (FIRM) NO. 3710550300K, WITH A DATE OF IDENTIFICATION OF 02/19/2014.
7. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, RIGHTS-OF-WAY, OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN. SURVEY MADE WITHOUT THE BENEFIT OF A TITLE EXAMINATION.
8. AREA COMPUTED BY COORDINATED METHOD.
9. NO NGS MONUMENT FOUND WITHIN 2000'.
10. UTILITY LOCATIONS SHOWN ARE LOCATED BASED ON SITE CONDITIONS AND MARKINGS AT THE TIME OF SURVEY. CONTRACTORS ARE TO HAVE ALL UTILITIES ACCURATELY MARKED PRIOR TO CONSTRUCTION.
11. ANY CONSTRUCTION OR USE WITHIN ANY DELINEATED FLOOD AREA IS SUBJECT TO THE RESTRICTIONS IMPOSED BY ANY APPLICABLE ORDINANCES OR REGULATIONS.
12. OFFSITE ADJOINER LINES AND RIGHT-OF-WAY LINES SHOWN AS DASHED ARE APPROXIMATE AND ARE FOR ILLUSTRATIVE PURPOSES ONLY.
13. LINES SHOWN REPRESENTING FENCES AND WALLS ARE MEASURED FROM THE APPROXIMATE CENTERLINE AND DO NOT ACCOUNT FOR THE THICKNESS, PLUMBNESS OR MEANDER OF THE FENCE UNLESS OTHERWISE STATED.

CAROLINA SURVEYORS, INC.
P.O. BOX 367 PINEVILLE, N.C. 28134 - 0367
THOMAS E. WHITE, NCPLS & SCPLS 704-889-7601
CERTIFICATE OF AUTHORIZATION NO.C-1367 SC 646

A RECOMBINATION SURVEY SHOWING 6412 & 6424
MINTBROOK DRIVE
(NEAR THE INTERSECTION OF OAK HILL RD)
OWNER: OSCAR TRELLES MELENDEZ
TOTAL AREA: 1.509 ACRES
TOWN OF MINT HILL, MECKLENBURG COUNTY, NORTH CAROLINA

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

Sheet: 1 of 2
Property ID: 137-098-19
Lot #: NA
File #: 10455B
AppID: 10787

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Oscar Trelles Menendez
Applicant: Owner
Address: 7988 Shady Oak Trail #153, Charlotte, NC 28210
Date Evaluated: 11/12/2019
Proposed Facility: 4 Bedroom House
Design Flow (.1949): 480 GPD
Property Size: 1.509 ac
Location of Site: 6424 Mintbrook Dr, Mint Hill, NC 28227
Property Recorded: 1950
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Municipal
Evaluation Method: [X] Auger Boring [ ] 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
Boring #1	LS 13%	0 - 10	sbk CL	SS SP FR SEXP	>49"	49	NA	NA		PS IV 0.3	32"
		10 - 49	sbk C	S P FI SEXP							
Boring #2	LS 11%	0 - 8	sbk CL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.3	32"
		8 - 48	sbk C	S P FI SEXP							
Boring #3	LS 11%	0 - 6	gr SCL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.3	32"
		6 - 48	sbk C	S P FI SEXP							
Boring #4	LS 13%	0 - 4	gr CL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.3	35"
		4 - 15	sbk CL	SS SP FR SEXP							
		15 - 46	sbk C	S P FI SEXP							
		46 - 52	sbk CL	SS SP FR SEXP							

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

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

COMMENTS: 100% Repair area not required.

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 #: **30010787** GWS File #: **10455B** Tax Parcel #: **137-098-19**

- 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):** 1/10/2025

Type of Installation: Residential - New System
Lot Number: 0
Structure Type: HOUSE Size (ft^2): 3125 # Bedrooms: 4 Max. Occup.: 8
Building Foundation: Crawl Space
Water Supply: Community

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	32	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	2	Trench Spacing (ft):	8	Absorption Area (ft^2):	800	Total Trench Length (ft):	400
Maximum Trench Depth (in):	32	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: Jacob Presley
Signature: _____
Date Issued: 1/10/2020

Owner/Legal Agent: Oscar Manuel Trelles Melendez
Print Name
Signature: _____

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 #: **30010787** GWS File #: **10455B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 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.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- 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.
- The supply pipe shall be installed with a minimum of 30" of compacted cover over the pipe or properly sleeved under areas that are subject to vehicular traffic.
- 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 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:

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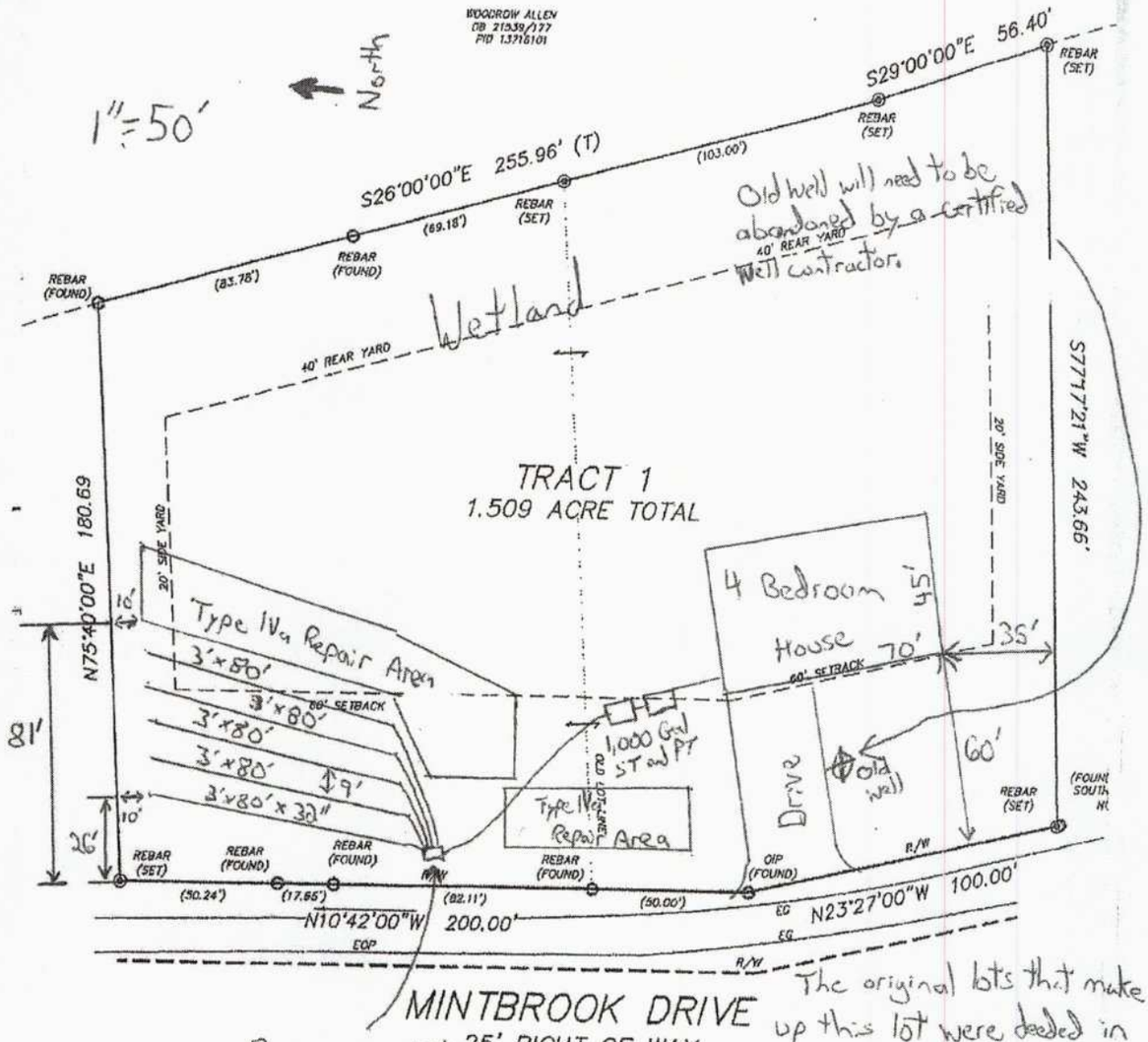
Authorized Agent: Jacob Presley

Signature: _____

Date Issued: 1/10/2020

Owner/Legal Agent: Oscar Manuel Trelles Melendez
Print Name

Signature: _____



The original lots that make up this lot were deeded in 1950. Therefore this lot is repair exempt.

File #10455B
Permit #30010787
Parcel # 137-098-19
6424 Mintbrook Dr.
4 Bedroom House
480 GPD
0.3 GPD/SQFT LTAR

Type IIIbg Pump to Accepted 25% Reduction System
400 Total Ft. of 3' wide Trenches with Maximum Trench Depth of 32" (5 Lines @ 80') fed by Pressure Manifold with 5 1/2" SCH 40 Taps
1,000 Gallon Septic Tank
1,000 Gallon Pump Tank
Type IVa Vertical LPP PPBPS Repair System

Sketch by Jacob Presley, LSS, REHS
1-10-20

Signature SIGNATURE

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 #: **30010787** GWS File #: **10455B** Tax Parcel #: **137-098-19**

- 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):** 1/10/2025

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

Structure Type: HOUSE Size (ft^2): 3125 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Community

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	32	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	2	Trench Spacing (ft):	8	Absorption Area (ft^2):	800	Total Trench Length (ft):	400
Maximum Trench Depth (in):	32	Depth of Media (in):	22	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jacob Presley

Signature: _____

Date Issued: 1/10/2020

Owner/Legal Agent: _____
Print Name

Signature: _____

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3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
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NC DHHS
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IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30010787** GWS File #: **10455B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- 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.
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- This IMPROVEMENT PERMIT is transferable.

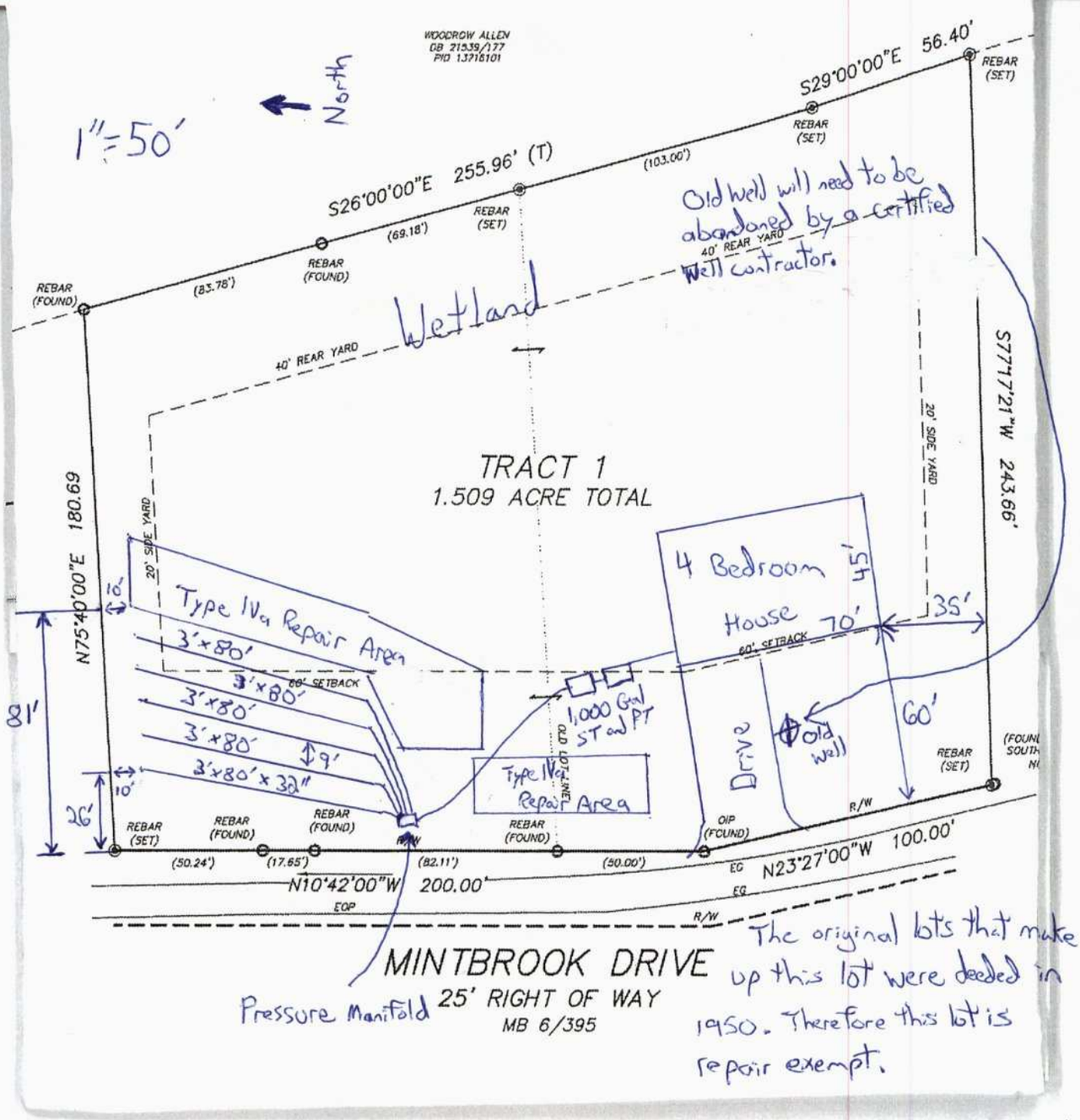
Authorized Agent: Jacob Presley

Signature: 

Date Issued: 1/10/2020

Owner/Legal Agent: _____
Print Name

Signature: _____



File #10455B
Permit #30010787
Parcel # 137-098-19
6424 Mintbrook Dr.
4 Bedroom House
480 GPD
0.3 GPD/SQFT LTAR

Type IIIbg Pump to Accepted 25% Reduction System
400 Total Ft. of 3' wide Trenches with Maximum Trench Depth of 32" (5 Lines @ 80') fed by Pressure Manifold with 5 1/2" SCH 40 Taps
1,000 Gallon Septic Tank
1,000 Gallon Pump Tank
Type IVa Vertical LPP PPBPS Repair System

Sketch by Jacob Presley, LSS, REHS
1-10-20

Signature SIGNATURE

FEE: 200.00
DATE: 2/17/2020

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 10455B

PERMIT NUMBER: 30010787

PARCEL NUMBER: ~~13709819~~ 13709836

JOB LOCATION INFORMATION

ADDRESS: ~~6424~~ 6412 MINTBROOK DR

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

ISSUED TO: OSCAR TRELLES MELENDOZ

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 2/17/2020

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30010787, 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 Jenny Mendez Robles

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 # 10455B App# 10787 Tax Parcel# 137 098 36

Property Owner: Lestor Ramiro Chacon Goldamez

Job Location Address: 6412 Mint Brook 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.

Brandon Shelton
Authorized Agent

3/20/21
Date

_____
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 #: 10455B Permit #: 30010737 Tax Parcel #: 137-098 36

Property Owner: Lester Ramiro Chacon Galdamez

Job Location Address: 6412 Mint Brook Dr.

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 12/1/21 Contractor Name: Lago Vista

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 1000 gallons Liberty

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture SHOAF Effluent Pump Model: 290

Drainfield Installation ☐ N/A

Trench Depth: 32 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 5 @ 80 feet Infiltrator

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

Depth of Cover: ~ 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: ≥50 feet

Inspection Dates

Tank(s) Inspected: 5/7/21

Excavation Inspected: 5/7/21

Pump & Controls Inspected: 12/1/21

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See Attached Sketch

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 CHM 36 Pump to Pressure Manifold to 5-80' 25% Reduction (Infiltrator Quick-4) Lines

DENR Authorized Agent: Braedon Shelton Signature: Braedon Shelton 2661

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 #: 10455B Permit #: 30010787 Tax Parcel #: 137 098 36

Property Owner: Lester Ramiro Chacon Goldamez

Job Location Address: 6412 Mint Brook 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: III B

*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.

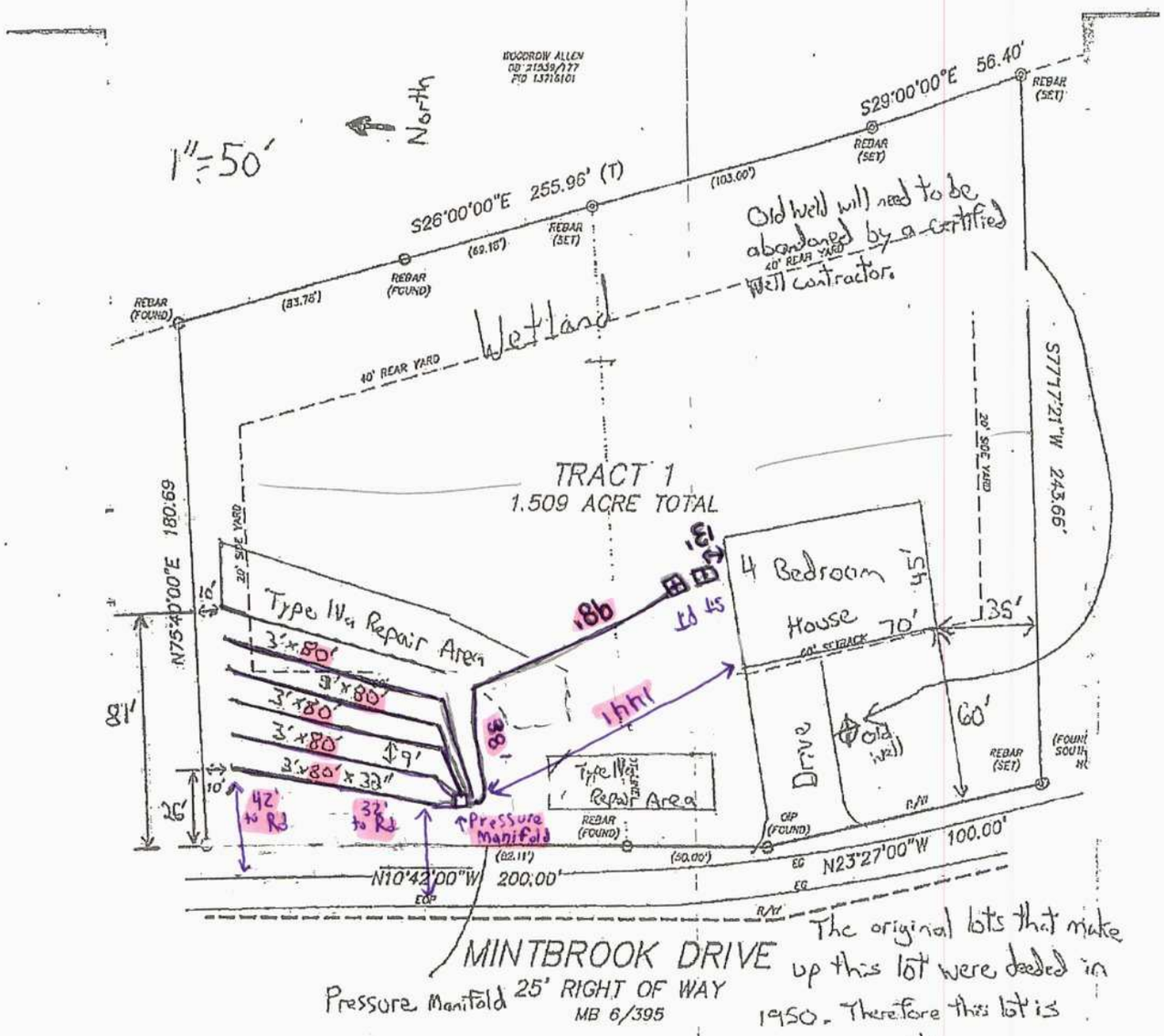
☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

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

V. Other: III B CHM-36

DENR Authorized Agent: Braedon Shelton Date: 12/2/21

Signature: Braedon Shelton 2661



The original lots that make up this lot were deeded in 1950. Therefore this lot is repair exempt.

Installed 5/7/21 Lago Vista

File #10455B
Permit #30010787
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6424 Mintbrook Dr.
4 Bedroom House
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1,000 Gallon Pump Tank
Type IVa Vertical GPP PPBPS Repair System

Sketch by Braedan Stutts REHS 2661

5/7/21

Logo Vista

5-80 Lines 400'

Infiltrator Quick 4

Shoot 1000

3-1-21

Pump tank

Shoot 1000

Liberty 2905

