SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12014B

Assigned Inspector: Heather

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____Initial/Date

☐ Modified Plot Plan Fees $100.00: _____Initial/Date

☐ Use Existing Fees $100.00: _____Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

LHD PERMIT NO. OR FILE REF: 14856

BEST PROFESSIONAL JUDGMENT
for
LOCAL HEALTH DEPARTMENTS
or
PRIVATE LICENSED PROFESSIONALS
IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by LHD or private licensed professional

SITE LIMITATIONS – Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

- ☐ Rule .0502 – Topography & Landscape Position
- ☐ Rule .0503 – Soil Morphology
- ☐ Rule .0504 – Soil Wetness Condition
- ☐ Rule .0505 – Soil Depth
- ☐ Rule .0506 – Saprolite
- ☐ Rule .0507 – Restrictive Horizons
- ☒ Rule .0508 – Available Space
- ☐ Other Rule(s) (please specify): _____

PLEASE CHECK THE FOLLOWING WHEN COMPLETED:
(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)

- ☑ Wastewater system troubleshooting complete. Household/facility water use has been reviewed.
- ☑ Wastewater system repair does not reduce the required horizontal setbacks to drinking water wells as indicated in 15A NCAC 18E .0601.
- ☑ Wastewater system repair does not reduce the required horizontal setbacks to surface water bodies greater than 50 percent of the horizontal setbacks indicated in 15A NCAC 18E .0601.
- ☑ Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

REHS SIGNATURE (if applicable)

[signature] _____ 8/15/24
Signature of Authorized Agent **Date**

OR

AOWE/PE SIGNATURE (if applicable)

_____ _____ _____
Signature of AOWE/PE **License Number** **Date**

****This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.***

12014B
#148562 22 AUG '24 PM 3:00

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: 01525510
STREET ADDRESS: 9118 EDINBURGH AV
CITY: HUNTERSVILLE
STATE: NC **ZIP:** 28078
SUBDIVISION NAME: _____
LOT #: _____ **LOT SIZE (acres):** _____
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: 2,018
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ◉ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	◉ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ◉ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 4/1/07 ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: CHADWICK A CUTTINO
ADDRESS: 9118 EDINBURGH AVE
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
WORK PHONE: _____
MOBILE PHONE: (704) 619-3977
FAX: _____
E-MAIL: CHADCUTTINO@GMAIL.COM

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

Owner's Authorization form is required if legal representative is submitting application

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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: 9118 Edinburgh Av Tax Parcel #: 015 255 10

Subdivision Name: _____ Lot #: _____



_____ _____

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
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.

_____CAC_____ (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.

____Chad Cuttino, 8/12/24_____ _____
Property Owner's or Owner's Legal Representative Signature Date

OFFICE USE ONLY

SURVEY PLAT TO SCALE SUBMITTED SCALED SITE PLAN SUBMITTED UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____ WELL

APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov Revised on: 4/20/17

File #: _____

PROPOSED PLOT PLAN

HD PERMIT NO. OR FILE REF: 12014B

BEST PROFESSIONAL JUDGMENT
for
LOCAL HEALTH DEPARTMENTS
or
PRIVATE LICENSED PROFESSIONALS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by LHD or private licensed professional

SITE LIMITATIONS – Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

- ☐ Rule .0502 – Topography & Landscape Position
- ☐ Rule .0503 – Soil Morphology
- ☐ Rule .0504 – Soil Wetness Condition
- ☐ Rule .0505 – Soil Depth
- ☐ Rule .0506 – Saprolite
- ☐ Rule .0507 – Restrictive Horizons
- ■ Rule .0508 – Available Space
- ☐ Other Rule(s) (please specify):_____

PLEASE CHECK THE FOLLOWING WHEN COMPLETED:
(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)

- ■ Wastewater system troubleshooting complete. Household/facility water use has been reviewed.
- ■ Wastewater system repair does not reduce the required horizontal setbacks to drinking water wells as indicated in 15A NCAC 18E .0601.
- ■ Wastewater system repair does not reduce the required horizontal setbacks to surface water bodies greater than 50 percent of the horizontal setbacks indicated in 15A NCAC 18E .0601.
- ■ Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

REHS SIGNATURE (if applicable)

Hall, Matthew Digitally signed by Hall, Matthew Date: 2024.08.16 12:29:17 -04'00'

Signature of Authorized Agent

8/16/24

Date

OR

AOWE/PE SIGNATURE (if applicable)

DocuSigned by:
Chad Cutting
BA1601A99BF7460...

Signature of AOWE/PE

License Number

8/18/2024

Date

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.

LHD PERMIT NO. OR FILE REF: 12014B

OWNER REQUEST

for

BEST PROFESSIONAL JUDGMENT

for the repair of

WASTEWATER TREATMENT AND DISPERSAL SYSTEMS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by owner of property or owner's legal representative

DATE: August, **20** 24

WASTEWATER SYSTEM OWNER – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): Chad Cuttino

Business/Organization/Contact:

Mailing Address: 9118 Edinburgh

City: Huntersville State: NC Zip Code: 28078 County: Mecklenburg

Telephone Number(s): (704)619-3977

Email Address: chadcuttino@gmail.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 01525510

Physical Address (if different than mailing address):

City: Huntersville State: NC Zip Code: 28078

OWNER ATTESTATION

I, X Chad Cuttino, hereby request the use of best professional judgment in accordance
Owner's Printed Name

with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: DocuSigned by: Chad Cuttino BA1601A99BF7460... Date: 8/18/2024

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.

Department of Health and Human Services
Environmental Health Section
On-site Water Protection Branch

Property ID: 1525510
Lot #:
File #: 12014B
AppID: 14856

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Chadwick Cuttino
Applicant: Chadwick Cuttino
Address: 9118 Edinburgh Av
Date Evaluated: 8/16/2024
Proposed Facility: 3 bedroom
Design Flow (.0400): 360
Property Size: .705 acres
Location of Site: See file
Property Recorded: 1/1/1975
Water Supply: [x] Public [ ] Single Family Well [ ] Spring [ ] Other:
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Domestic [ ] Industrial Process [ ] High Strength

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments/ Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction (*Max Trench Depth Low Side*)
1	>5% L	0-4	gr l	ss/sp/vfr/sexp			>48"					36"
		4-38	Massive C	s/p/fr/sexp								
		38-48	ABK c	ss/p/fr/sexp								
2	>5% L	0-4	gr l	ss/sp/vfr/sexp			>48"					36"
		4-32	sbk c	s/p/fr/sexp								
		32-48	sbk cl	ss/p/fr/sexp								
3	>5% L	0-4	gr l	ss/sp/vfr/sexp			>48"				.3	36"
		4-33	sbk c	s/p/fr/sexp								
		33-48	sbk cl	ss/p/fr/sexp								
4												
5												

Description	Initial System	Repair System
Available Space (.0508)		US
System Type(s)		
Site LTAR		
Maximum Trench Depth		

Soil Evaluation By: Matthew Hall
Soil Classification (.0502 - .0507): US
Other(s) Present:
Site Classification (.0509): US

COMMENTS:

Department of Health and Human Services
Environmental Health Section
On-site Water Protection Branch

Property ID: 1525510
Lot #:
File #: 12014B
AppID: 14856

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Chadwick Cuttino
Applicant: Chadwick Cuttino
Address: 9118 Edinburgh Av
Date Evaluated: 8/16/2024
Proposed Facility: 3 bedroom
Design Flow (.0400): 360
Property Size: .705 acres
Location of Site: See file
Property Recorded: 1/1/1975
Water Supply: [x] Public [ ] Single Family Well [ ] Spring [ ] Other:
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Domestic [ ] Industrial Process [ ] High Strength

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments/ Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction (*Max Trench Depth Low Side*)
1	>5% L	0-4	gr l	ss/sp/vfr/sexp			>48"					36"
		4-38	Massive C	vs/vp/nfr/exp								
		38-48	ABK c	vs/vp/nfr/exp								
2	>5% L	0-4	gr l	ss/sp/vfr/sexp			>48"					36"
		4-32	Massive C	vs/vp/nfr/exp								
		32-48	abk c	vs/vp/nfr/exp								
3	>5% L	0-4	gr l	ss/sp/vfr/sexp			>48"				.3	36"
		4-33	mass c	vs/vp/nfr/exp								
		33-48	abk c	vs/vp/nfr/exp								
4												
5												

Description	Initial System	Repair System
Available Space (.0508)		US
System Type(s)		
Site LTAR		
Maximum Trench Depth		

Soil Evaluation By: Matthew Hall
Soil Classification (.0502 - .0507): US
Other(s) Present:
Site Classification (.0509): US

COMMENTS: black/dark grey mottling through clay from 4-48" in all borings. Saprolite inclusions at 44-48" in all borings, would need pits to evaluate a deep install system.

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft^2)	SAPROLITE LTAR (gpd/ft^2)	LPP LTAR (gpd/ft^2)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFr (Very friable)	SS (Slightly sticky)	Gr (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		Fr (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	Fi (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFi (Very firm)	NP (Non-plastic)	Pr (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFi (Extremely firm)	SP (Slightly plastic)	Pl (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

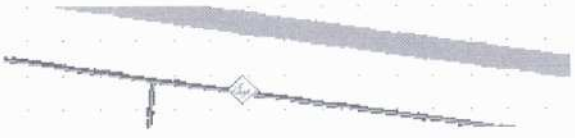
**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

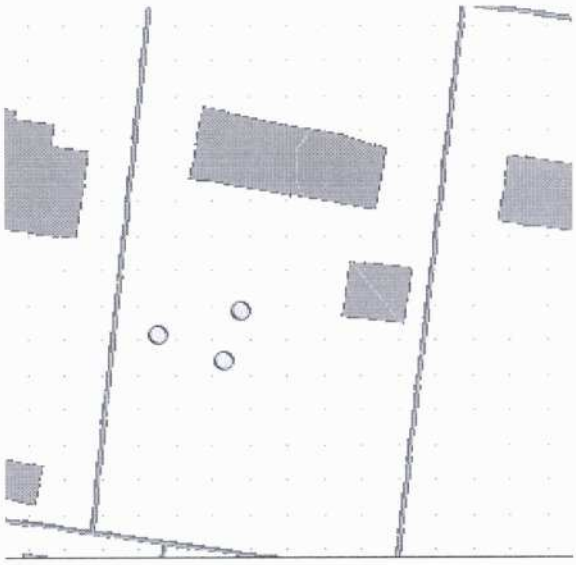
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable) or U (Unsuitable)

COMMON SOIL MATRIX COLORS
R (Red) [*5R,7.5R, 10R, 2.5YR > 5/6 - 4/8*]
RB (Reddish Brown) [*2.5YR & 5YR > 5/3-4/4*]
DR (Dark Red) [*5R 3/6-2.5/6, 7.5R 3/6-3/8, 10R & 2.5YR > 3/6*]
YR (Yellowish Red) [*5YR 5/6-4/6*]
YB (Yellowish Brown) [*10YR & 2.5Y 4/3-5/8*]
B (Brown) [*10R, 2.5YR, 5YR & 7.5YR > 3/2-2.5/4, 10YR 3/2-2/2*]
Bl (Black) [*7.5R, 10R, 2.5YR, 5YR, 7.5YR, 10YR, 2.5YR & 5Y > 2.5/1*]
G (Gray) [*5R--5Y > 7/1-5/2*]
M (Multi-Color)

SOIL STRUCTURE - GRADE & SIZE	
Wk (Weak)	VF (Very Fine/Thin)
Mo (Moderate)	F (Fine/Thin)
St (Strong)	M (Medium)
	C (Coarse/Thick)
	VC (Very Coarse/Thick

FREQUENCY OF OCCURRENCE		
Redox. Features	F (Few)	[<2% area covered]
	C (Common)	[2 - <20% area covered]
	M (Many)	[≥20% area covered]
Other (Sap. Inclus., Mica, Rocks, etc.)	F (Few)	[<10% occurrence]
	C (Common)	[10 - 25% occurrence]
	M (Many)	[26 - 49% occurrence]





Mecklenburg County Health Department

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 #: 12014B Permit #: 14856 Tax Parcel #: 01525510

Property Owner: Chad Cuthino

Job Location Address: 9118 Edinburgh Av

City: Huntersville State: NC Zip Code: 28078

Improvement Permit Issuance Date: 8/15/24 **Construction Authorization Issuance Date:** 8/15/24

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 ASAP. 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: 360 GPD Site LTAR: .3 GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design

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.)*

Bed Depth: 36" inches

Bed Width: 15 feet

Total line length: 50 feet

# of Lines: 5 @ 50 feet

Depth of Media: 24 inches (Type) washed stone or High Cap

Distribution Device: D-Box

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

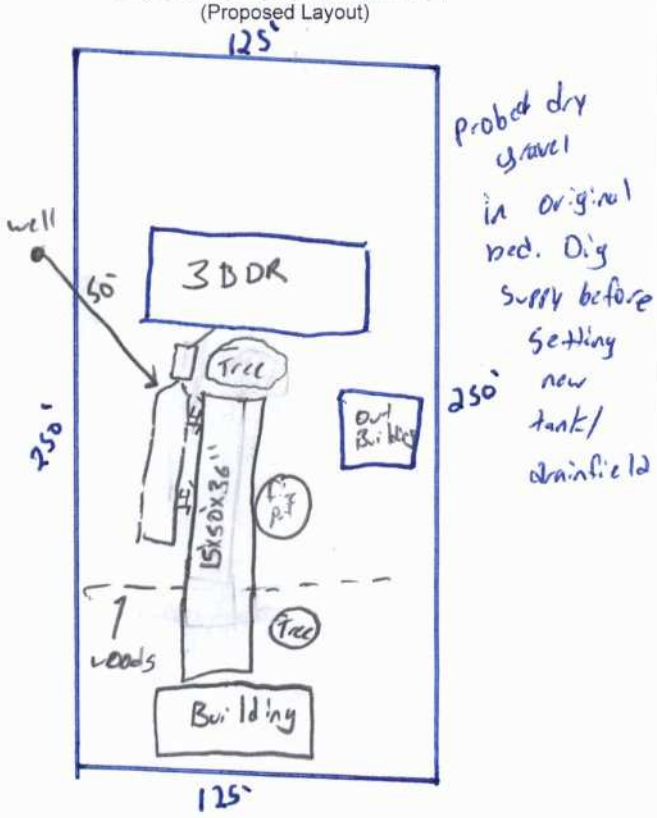
Minimum System Setbacks

Distance from Building Foundation: >5 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Tank may need to be replaced, IIa gravity or IIb gravity fed bed system, 24" media (stone or High Cap. Chambers)

Authorized Agent: Matt Hall Signature: Matt Hall

Owner Signature: _____ Date: _____