SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) LP 12/14/22 Initial/Date

IP ($450.00) [illegible] 6/8/23 Initial/Date

CA ($200.00) 6/8/23 Initial/Date

OP ($200.00) 6/8/23 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 4/24/24 Initial/Date

Please send Modified permit for signatures Sent 6/4/24 MO

Received 6/10/24

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 ☒ 8/1/24 Well complete ☐ _____

Send permit for signature ☒ 1/10/23 Signature received ☒ 6/8/23

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

Certified operator contract is on file ☐ _____

11561B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#14607

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: 19507328
STREET ADDRESS: 6502 Joli Cheval Lane
CITY: Mint Hill
STATE: NC **ZIP:** 28227
SUBDIVISION NAME: Cheval
LOT #: 17 **LOT SIZE (acres):** 2.11
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: _____
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2
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 pool

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? 5/31/24 ☐ N/A

12. PROPERTY OWNER:

NAME: Rachelle Latimer
ADDRESS: PO Box 621851
CITY: Charlotte
STATE: NC ZIP: 28262
WORK PHONE: (704) 548-5370
MOBILE PHONE: (704) 264-9152
FAX: _____
E-MAIL: rlatimer@trsigroup.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

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.

RL (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.

RL (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 — Date: 3/7/24

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: _____

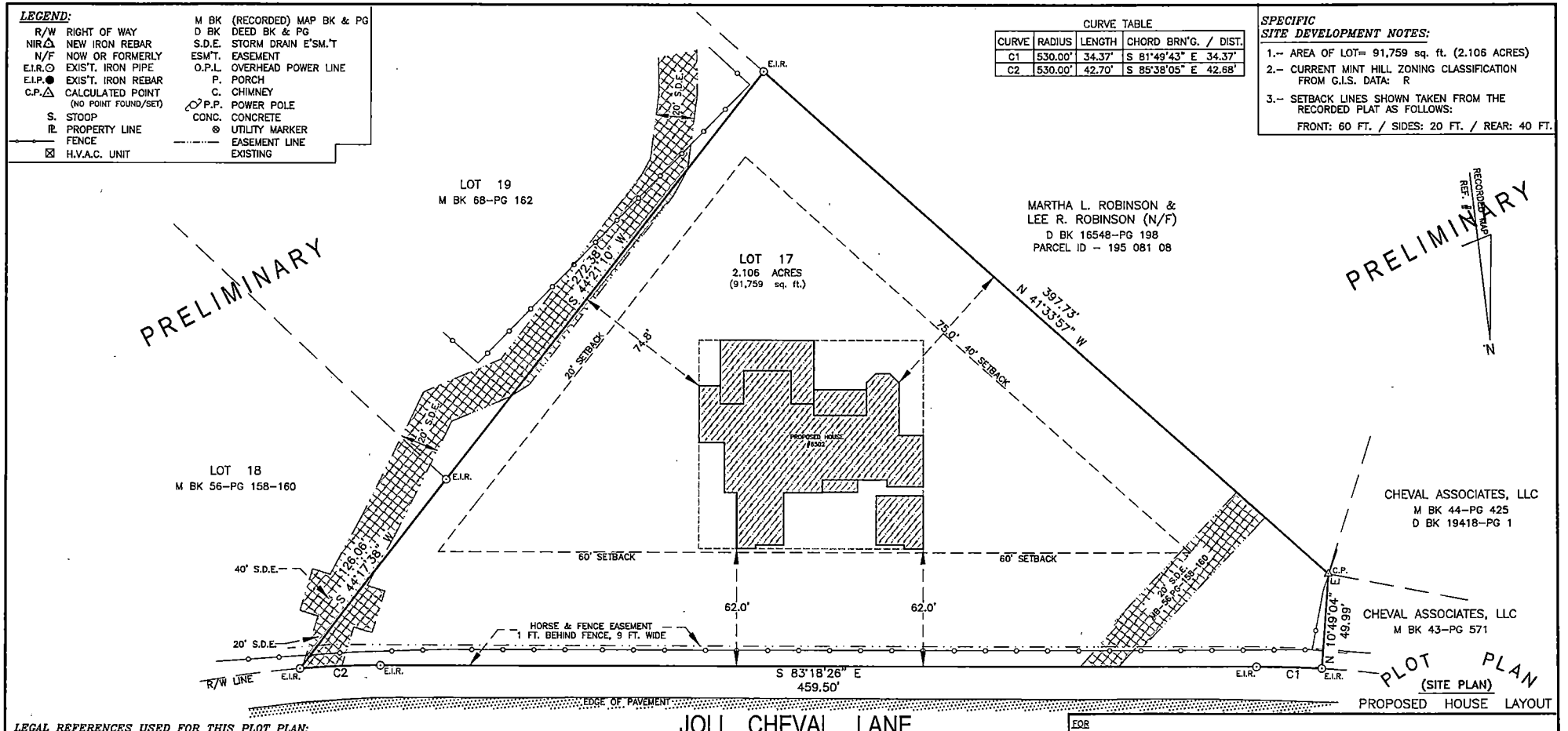
APPLICATION PROCESSED BY: _____

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



LEGAL REFERENCES USED FOR THIS PLOT PLAN:

1.– RECORDED MAP (PLAT) IN MAP BK 68, PG 162, on 12/16/2020.
2.– DEED RECORDED IN D BK 36651, PG 680. (into LATIMER)

GENERAL NOTES:

1. DIMENSIONS SHOWN ARE IN FEET (FT.) & DECIMAL PARTS OF A FT. (').
(ex: 0.5' = 6 inches / 0.75' = 9 inches / 1.0' = 12 inches).
2. DIMENSIONS SHOWN ARE TO OUTSIDE FACE OF MASONRY FOUNDATION WALLS.
3. DEED RESTRICTIONS, NOR A LAND TITLE POLICY, IF ANY, WAS NOT FURNISHED TO THIS SURVEYOR, THEREFORE THERE MAY BE ITEMS OF RECORD NOT SHOWN HERE.

Land Surveying
12323 LOWER ROCKY RIVER RD.
HARRISBURG, NC 28075
Ph. (704) 200-6454
cooretandsurveying@gmail.com NC FIRM # C-4602

PRELIMINARY

JOLI CHEVAL LANE
(60 FT. WIDE PUBLIC STREET R/W)

NORTH CAROLINA PROFESSIONAL SEAL L-4824 LAND SURVEYOR ANDREW C. COORE

I HEREBY CERTIFY THAT THIS PLOT PLAN IS BASED ON AN ACCURATE PROPERTY SURVEY AS SHOWN.

ANDREW C. COORE, NC P.L.S.

(signature) DATE

BAR SCALE 1"=50' 50 25 0 50 100 SCALE FEET

FOR RACHELLE LATIMER (Owner)

LEGAL LOCATION
LOT 17 – "Revisied Record Plat, LAND OF KWADWO SAPON & MORINA PROPERTIES"
TOWN OF MINT HILL MAP BK 68–PG 162
MECKLENBURG Co., No. CAROLINA

STREET ADDRESS 6502 JOLI CHEVAL LN., MINT HILL
RECORD OWNER RACHELLE LATIMER
MAP DATE: 12/13/2022 | FILE#: 2022–0291 | TAX i.d. # 195–073–28
drawn by: andrew c. field crew: andrew c.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/26/24	**Amount:**	100.00
Receipt #:	148660	**Tendered:**	100.00
Check / Auth #:	VISA 085663	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: TIM STYRON
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 6502 JOLI CHEVAL	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,067.50	1,625.00	22.50		555.00	

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 # 30014607 GWS File # 11561B Tax Parcel # 195-073-28

- 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):** 5/6/2029

Type of Installation: Residential - Modified Plot Plan Lot Number: 0

Structure Type: HOUSE Size (ft^2): 5457 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.275	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft)	3	Trench Spacing (ft):	9	Absorption Area (ft^2)	1309	Total Trench Length (ft):	436
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	275	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1507	Total Trench Length (ft):	436
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

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: Bryan Davenport Owner/Legal Agent: Rochelle Latimer
(Print Name)

Signature: Bryan Davenport Signature: Rochelle Latimer

Date Issued: 5/6/2024

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 # 30014607 GWS File # 11561B

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 installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 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:

- 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: Bryan Davenport

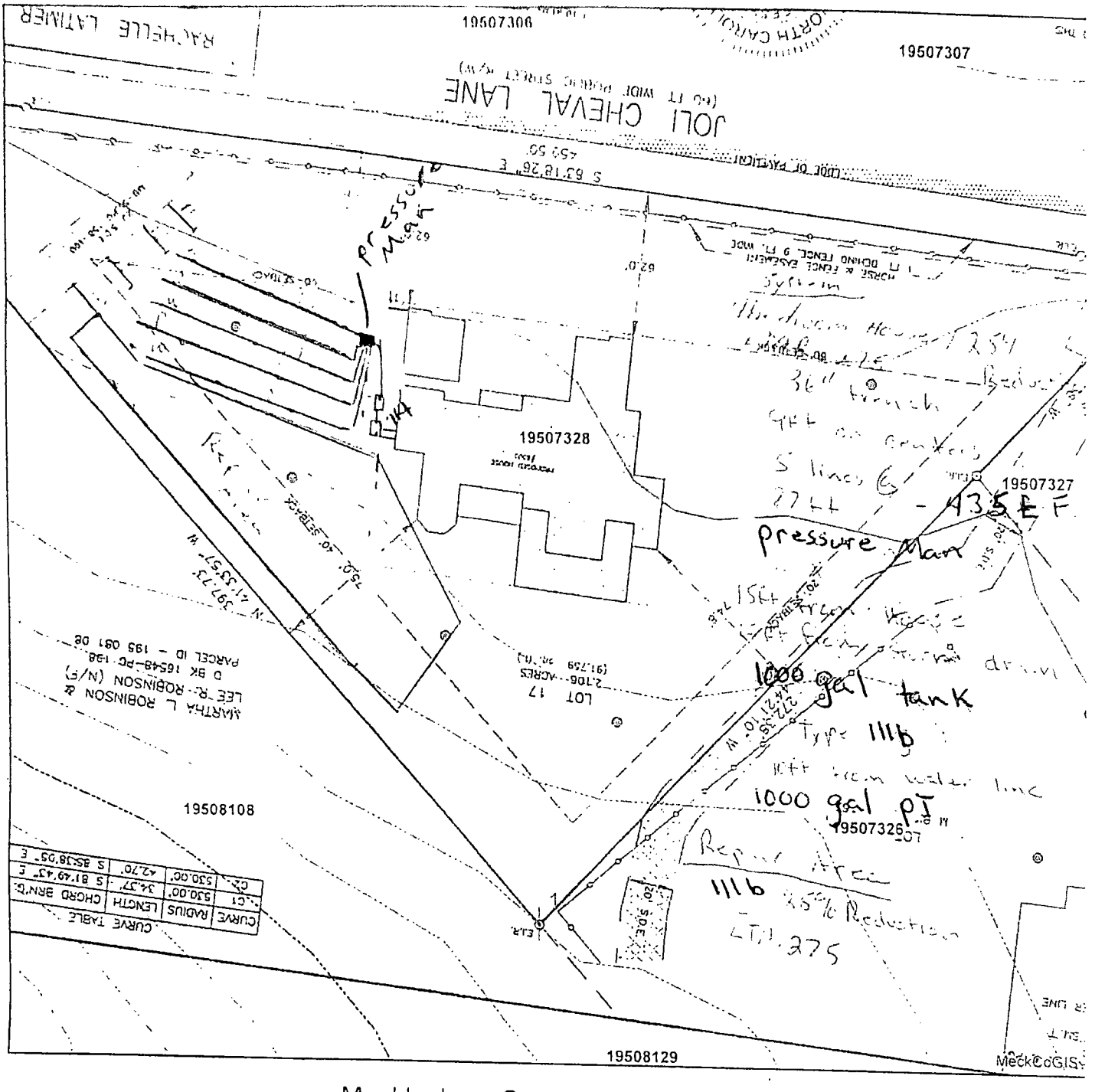
Signature: Bryan Davenport

Date Issued: 5/6/2024

Owner/Legal Agent: Rachelle Latimer
Print Name

Signature Rachelle Latimer

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

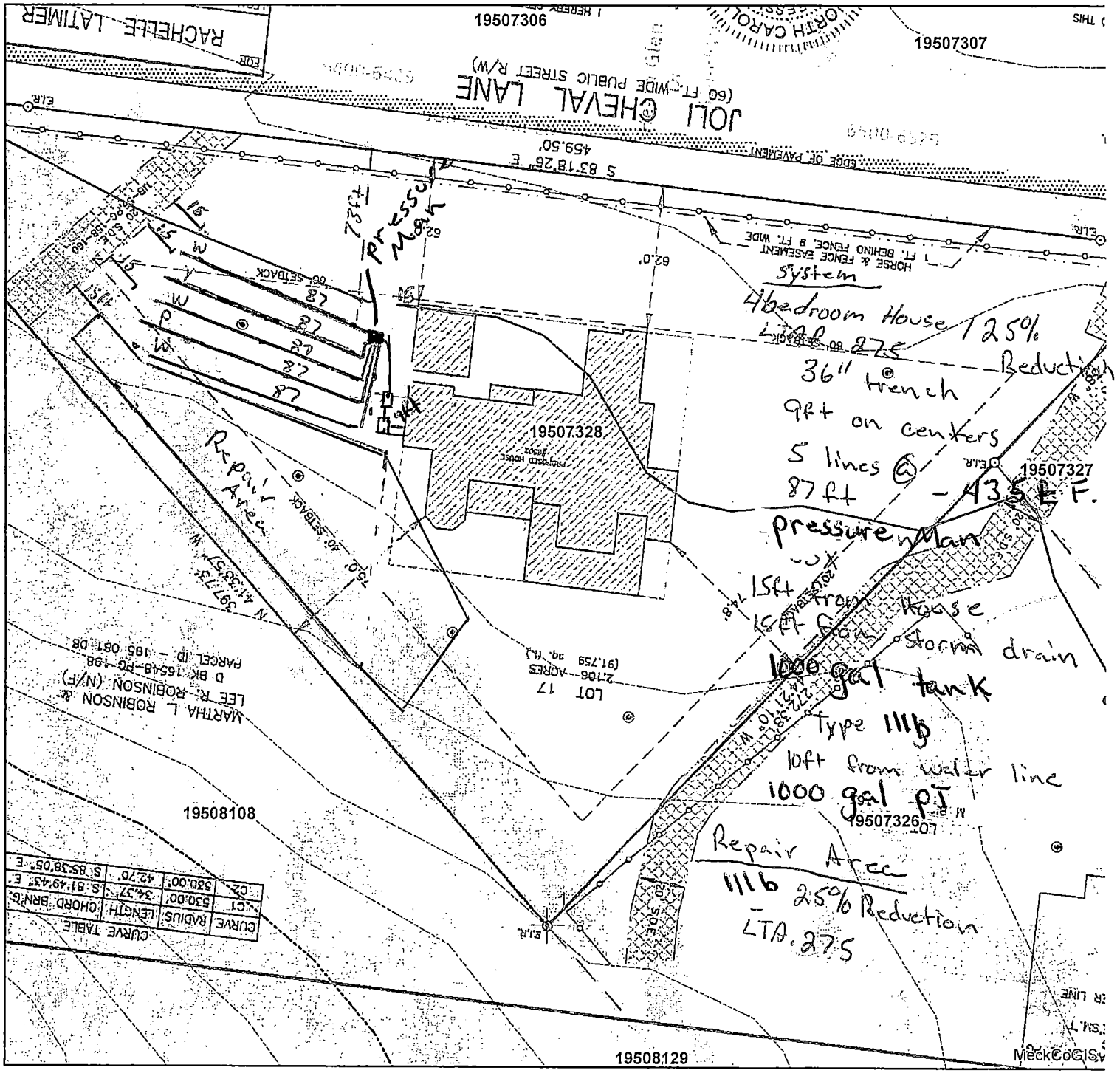
Permit #:
PID #:
File #:

Authorized Agent: Bryan Dimmette Date: 5/6/24

Owner/ Legal Agent: Rochelle Latimer Date: 5/6/2024

1 inch = 60 fee

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 13532
PID #: 195-073-28
File #: 11561B

Authorized Agent: Bryan Davenport Date: 5/6/24

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 # 115613 App# 14607 Tax Parcel# 195-073-28

Property Owner: Rachelle Latimer

Job Location Address: 6502 Joli Cheval lane

City: Mint Hill 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.**

Bryan Davenport
Authorized Agent

7/18/24
Date

Tim Styron
Others Present

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211, Charlotte, NC 28202
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 #: 11561 B Permit #: 14607 Tax Parcel #: 195-073-28

Property Owner: Rachelle Latimer

Job Location Address: 6502 Joli Cheval Lane

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 7/31/24 **Contractor Name:** Timothy Styron

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

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Shoaf Effluent Pump Model: 152 Zoeller

ST- 5-26-24 STB- ~~759~~ 760 PT- 363

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 438 feet

# of Lines: 5 @ Varied feet 10 90ft

Depth of Media: 12 inches (Type) Quick 4

Depth of Cover: 22 inches

Distribution Device: Pressure Man

Inspection Dates

Tank(s) Inspected: 7/18/24

Excavation Inspected: 7/18/24

Pump & Controls Inspected: 7/30/24

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 _____

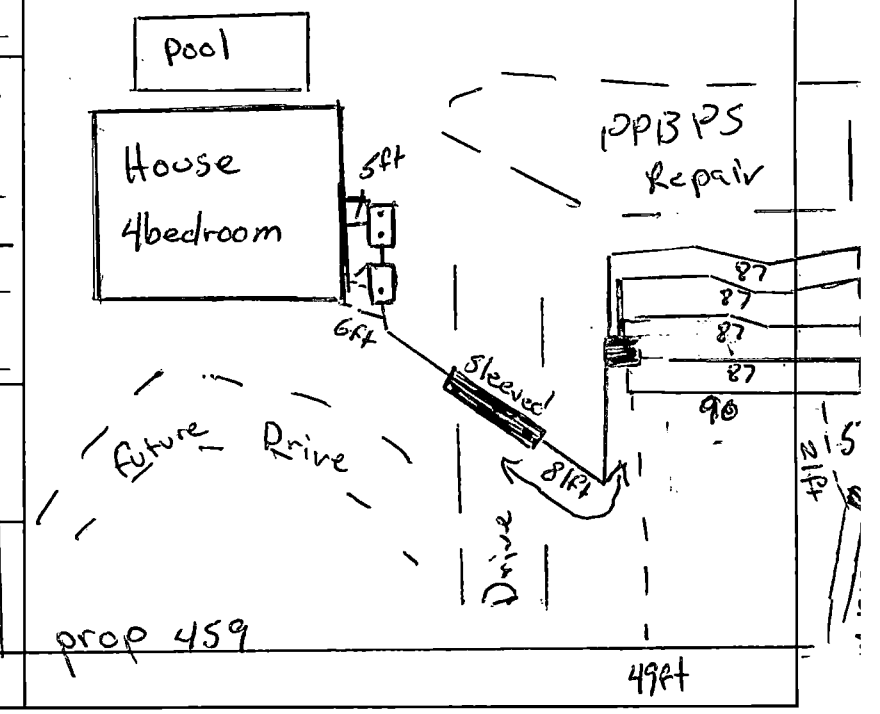
System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 49 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operated 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 / P / NA / NA Quick 4 chambers has tracer wire through out septic CHM 36

DENR Authorized Agent: Bryan Davenport Signature: Bryan Davenport

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 #: 11561B Permit #: ~~195-073-28~~ 14607 Tax Parcel #: 195-073-28

Property Owner: Rachelle Latimer

Job Location Address: 6502 Joli Cheval lane

City: Mint Hill 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: IIIb

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☑ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

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

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

V. Other: 4 bedroom House

DENR Authorized Agent: Bryan Davenport Date: 7/31/24

Signature: Bryan Davenport

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 #: **30014607** GWS File #: **11561B** Tax Parcel #: **195-073-28**

- 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):** 5/6/2029

Type of Installation: Residential - Modified Plot Plan Lot Number: 0

Structure Type: HOUSE Size (ft^2): 5457 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): .275 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1309 Total Trench Length (ft): 436

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Pressure Manifold

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 275 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1309 Total Trench Length (ft): 436

Maximum Trench Depth (in): 36 Depth of Media (in): 12 Distribution Device: Pressure Manifold

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: Bryan Davenport Owner/Legal Agent: _____
Print Name

Signature: Bryan Davenport Signature: _____

Date Issued: 5/6/2024

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 #: 30014607 GWS File #: 11561B

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 installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 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:

- 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: Bryan Davenport

Signature: Bryan Davenport

Date Issued: 5/6/2024

Owner/Legal Agent: _____
Print Name

Signature: _____

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

May 6, 2024

Rachelle Latimer
P.O Box 621851
Charlotte NC, 28262

RE: **Notice of Intent to Revoke Improvement Permit**

The Mecklenburg County Health Department inspected the site for the on-site wastewater system located at **6502 Joli Cheval Lane** File # **1156B** for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit # **30013532** conditions. As a result of this inspection, the Department has determined the following violations:

> **"Revoking the initial permit on the property located at, 6502 Joli Cheval lane, Charlotte 28227. File #11561BB (dated 1//23). Due to grading and needing to add a pump tank and pressure manifold.**

This is to notify you that based on these violations, the Department intends to revoke your Improvement Permit 30 days from the date of this notice.

If the health department determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the current laws and rules necessary to obtain a new permit.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You have the right to a formal appeal of this decision by filing a petition for a contested case hearing with the Office of Administration Hearings, 6714 Mail Service Center, Raleigh, NC, 27699-6714. To obtain a petition form (H-06), you may write the Office of Administrative Hearings, call that office at (919) 431-3000 or get a copy of the petition form from their web site at www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provisions of North Carolina General Statutes 130A-24, 150B-23, and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335(g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **May 6, 2024**. Meeting the 30 day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you may request.

If you file a petition for a contested case with the Office of Administrative Hearings, you are required by law (NCGS 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may call or write the local health department if you need additional information or assistance.

Sincerely,

BD

Bryan Davenport, EHS
Environmental Health Specialist
704-574-5006

MECKLENBURG COUNTY
Raynard Washington, PhD, MPH **Public Health** **(704) 336-4700**

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

May 6, 2024

Rachelle Latimer
P.O Box 621851
Charlotte NC, 28262

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(Specify Permit ID/owner's name/property location/site legal description): Permit ID **30013532/ 6502 Joli Cheval Lance.** Charlotte NC, Tax ID # **195-073-28**

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on **1/5/23** for a system located on the above site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 115618 WASPS App #: 135532

Primary ES assigned to project: Bryan

Secondary ES assigned to project: _____

Project Type: New System [X] Alteration [ ] Repair [ ] Modified Plot Plan [ ]

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes [✓]	No [ ]	N/A [ ]
.1937(d)	Is there a Site plan/Plat with application	Yes [✓]	No [ ]	N/A [ ]
.1937(d)	Is the Facility shown?	Yes [✓]	No [ ]	N/A [ ]
.1937(d)	Are appurtenances shown	Yes [ ]	No [ ]	N/A [ ]
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1940 (a-g)	Slope % Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1939 (a)(2)	Texture Class Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1939 (a)(2)	Structure type Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1939 (a)(2)	Consistence Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1939 (a)(2)	Mineralogy Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes [✓]	No [ ]	N/A [ ]
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes [✓]	No [ ]	N/A [ ]
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes [✓]	No [ ]	N/A [ ]
& .1945(b)	Number of auger borings made: 4			
	Were sufficient auger borings made?	Yes [✓]	No [ ]	N/A [ ]
.1939(d), .1955, .1956, .1957	LTAR 0.275	Yes [✓]	No [ ]	N/A [ ]
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes [✓]	No [ ]	N/A [ ]
.1945(b)	Proposed System Type stated-Repair	Yes [✓]	No [ ]	N/A [ ]
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes [✓]	No [ ]	N/A [ ]
.1937(g) .1945(b)	System components shown – Initial	Yes [✓]	No [ ]	N/A [ ]
.1945(b)	Repair area shown	Yes [✓]	No [ ]	N/A [ ]
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes [✓]	No [ ]	N/A [ ]
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes [✓]	No [ ]	N/A [ ]
.1937 (f)(g)	Is the System located in the approved area?	Yes [✓]	No [ ]	N/A [ ]
130A-336(a)	Is the Design flow (gpd) indicated?	Yes [✓]	No [ ]	N/A [ ]

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☑
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments: Send Permit for signatures

IA issued date: _____

OP issued date: _____

Review performed by: _____ Date performed: _____

11561B
#13532

14 DEC '22 AM 8:45

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: 19507328
STREET ADDRESS: 6502 Joli Cheval Ln
CITY: Mint Hill
STATE: NC **ZIP:** 28227
SUBDIVISION NAME: Cheval
LOT #: 17 **LOT SIZE (acres):** 2.11

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: 5,457
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

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? _____ ☑ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 10/15/21 ☐ N/A

12. PROPERTY OWNER:

NAME: Rachell Latimer
ADDRESS: 6502 Joli Cheval Ln
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: (704) 910-4521
MOBILE PHONE: (704) 957-4722
FAX: _____
E-MAIL: niaconstruction26@yahoo.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
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.

HS (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.

HS (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 — Date: 11/29/22

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: _____

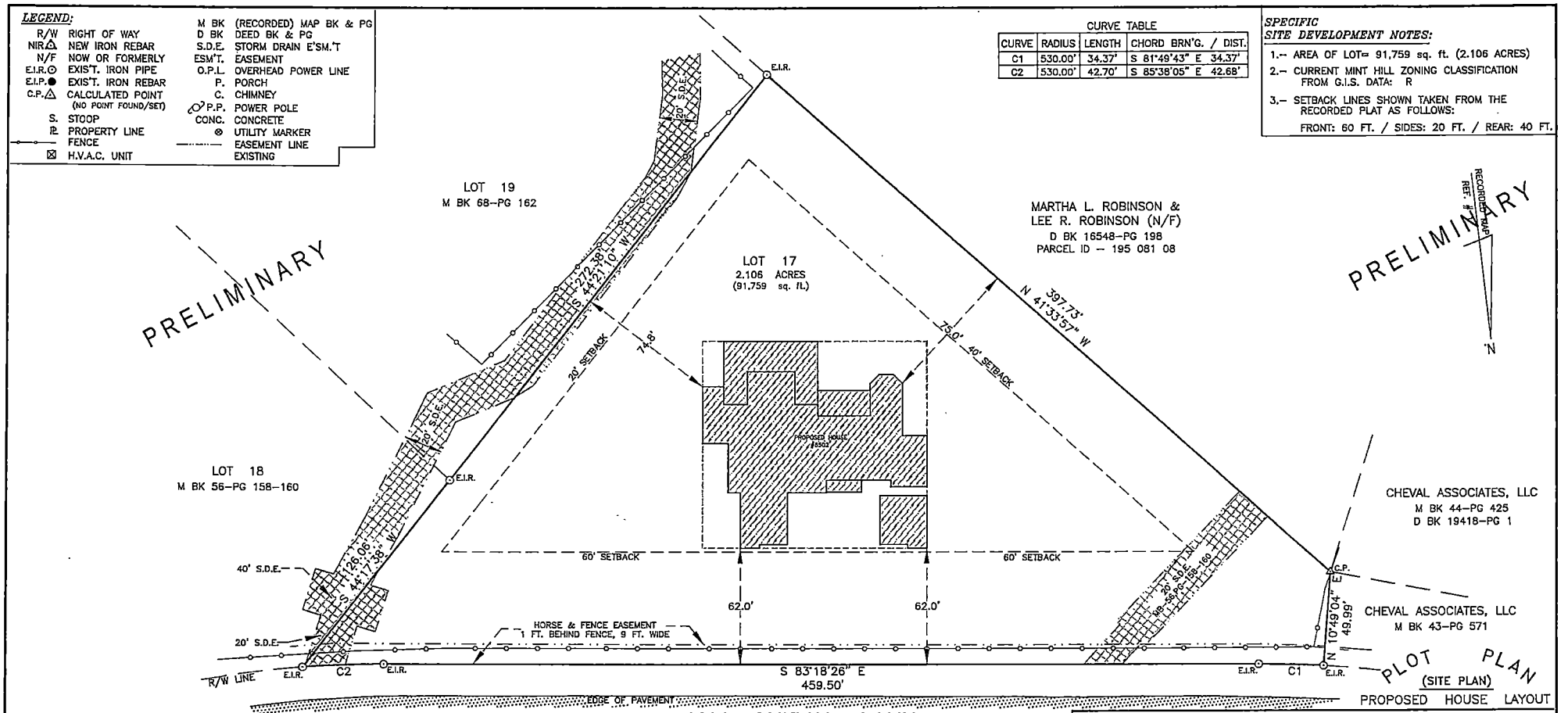
APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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



LEGAL REFERENCES USED FOR THIS PLOT PLAN:

1.– RECORDED MAP (PLAT) IN MAP BK 68, PG 162, on 12/16/2020.
2.– DEED RECORDED IN D BK 36651, PG 680. (Into LATIMER)

GENERAL NOTES:

1. DIMENSIONS SHOWN ARE IN FEET (FT.) & DECIMAL PARTS OF A FT. (').
(ex: 0.5' = 6 inches / 0.75' = 9 inches / 1.0' = 12 inches).
2. DIMENSIONS SHOWN ARE TO OUTSIDE FACE OF MASONRY FOUNDATION WALLS.
3. DEED RESTRICTIONS, NOR A LAND TITLE POLICY, IF ANY, WAS NOT FURNISHED TO THIS SURVEYOR, THEREFORE THERE MAY BE ITEMS OF RECORD NOT SHOWN HERE.

COORE Land Surveying
12323 LOWER ROCKY RIVER RD.
HARRISBURG, NC 28075
Ph. (704) 200–6454
coorelandsurveying@gmail.com NC FIRM # C–4602

NORTH CAROLINA PROFESSIONAL SEAL L-4324 LAND SURVEYOR ANDREW C. COORE

I HEREBY CERTIFY THAT THIS PLOT PLAN IS BASED ON AN ACCURATE PROPERTY SURVEY AS SHOWN.

ANDREW C. COORE, NC P.L.S. (signature) DATE

BAR SCALE 1"=50' 50 25 0 50 100 SCALE FEET

FOR RACHELLE LATIMER (Owner)

LEGAL LOCATION
LOT 17 – "Revisied Record Plat, LAND OF KWADWO SAPON & MORINA PROPERTIES"
TOWN OF MINT HILL MAP BK 68–PG 162
MECKLENBURG Co., No. CAROLINA

STREET ADDRESS 6502 JOLI CHEVAL LN., MINT HILL
RECORD OWNER RACHELLE LATIMER
MAP DATE: 12/13/2022 | FILE#: 2022-0291 | TAX I.d. # 195–073–28
drawn by: andrew c. field crew: andrew c.

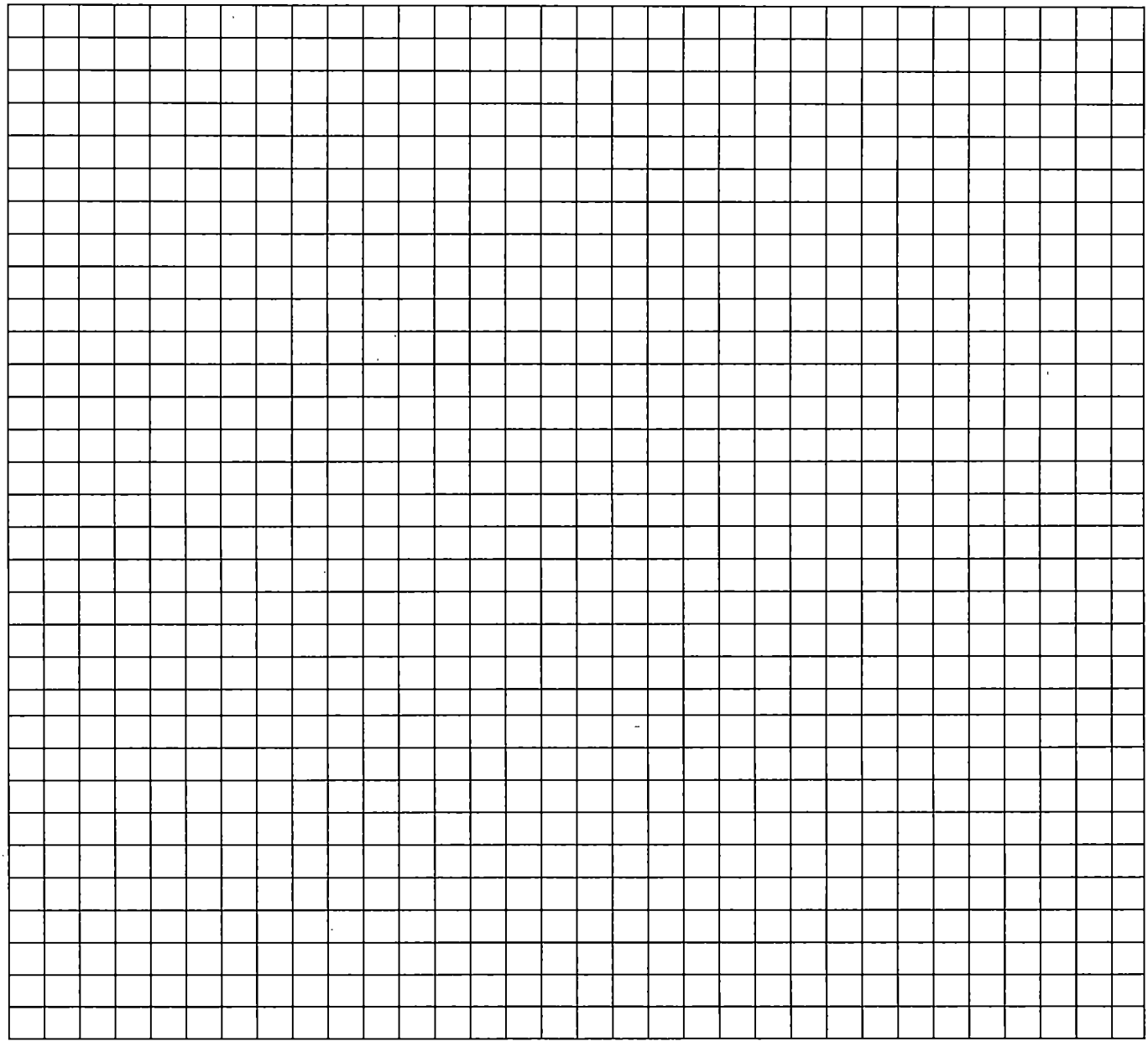
File #: _____

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: 6502 Joli Cheval Mint Hill NC 28227 Tax Parcel #: 19507328

Subdivision Name: Cheval Lot #: 17



Property Owner's or Owner's Legal Representative Signature

1/16/20
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 2
Property ID: 195-073-28
Lot #: 17
File #: 11561B
AppID: 13532

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Rachel Latimer
Address: 6502 Joli Cheval Ln, Mint Hill, NC 28227
Proposed Facility: 4 Bedroom House
Design Flow (.1949): 480 GPD
Location of Site: 6502 Joli Cheval Ln, Mint Hill, NC 28227
Water Supply: [ ] Public [ ] Individual [ ] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: owner
Date Evaluated: 12/28/2022
Property Size: 2.11 ac
Property Recorded: Unknown
[ ] Spring [X] 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 Trench Low Side
Boring #1	LS 3%	0 - 10 10 - 49	sbk SCL sbk/abk C	SS SP FR SEXP S P FI SEXP	>49"	49	NA	NA		PS IV 0.275	36"
Boring #2	LS 3%	0 - 15 15 - 49	sbk SCL sbk C	SS SP FR SEXP S P FI SEXP	>49"	49	NA	NA		PS IV 0.3	36"
Boring #3	LS 4%	0 - 8 8 - 43 43 - 47	sbk SCL abk/sbk C abk CL	SS SP FR SEXP S P FI SEXP SS SP FR SEXP	>47"	47	NA	NA		PS IV 0.275	34"
Boring #4	LS 3%	0 - 6 6 - 47	sbk SCL sbk C	SS SP FR SEXP S P FI SEXP	>47"	47	NA	NA		PS IV 0.3	34"
Boring #5	LS 3%	0 - 8 8 - 47	sbk SCL sbk C	SS SP FR SEXP S P FI SEXP	>47"	47	NA	NA	quartz gravel inclusions	PS IV 0.275	34"
Boring #6	LS 3%	0 - 10 10 - 47	sbk SCL sbk C	SS SP FR SEXP S P FI SEXP	>47"	47	NA	NA	quartz gravel inclusions	PS IV 0.275	34"

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III6	III6
Site LTAR (gpd/sq ft)	0.275	0.275

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

COMMENTS:

Sheet: 2 of 2
File #: 11561B
AppID: 13532

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		**Structure Prefixes**
D-Drainage Way		SiL-Silt Loam		w-weak
				m-moderate
				s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

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
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/14/22
Receipt #: 138936
Check / Auth #: CHARGE
Received By: PLACILJ

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: X44226
Contractor: NIA CONSTRUCTION
Attn:
Address: PO BOX 690670
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 6502 JOLI CHEVAL LN		1	250.00	250.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
250.00	3,546.45				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/08/23	**Amount:**	200.00
Receipt #:	143050	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	YORKZ		

Account Information

Account #: X44226
Contractor: NIA CONSTRUCTION
Attn:
Address: PO BOX 690670
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 6502 joli cheval ln		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
200.00	2,355.34	1,965.72	7.97		

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/08/23	**Amount:**	200.00
Receipt #:	143051	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	YORKZ		

Account Information

Account #: X44226
Contractor: NIA CONSTRUCTION
Attn:
Address: PO BOX 690670
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 6502 joli cheval ln		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00	2,355.34	1,965.72	7.97		

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 #: **30013532** GWS File #: **11561B** Tax Parcel #: **195-073-28**

- 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):** 1/5/2028

Type of Installation: Residential - New System Lot Number: 17

Structure Type: HOUSE Size (ft^2): 5457 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.275	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1309	Total Trench Length (ft):	436
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	.275	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	2	Trench Spacing (ft):	8	Absorption Area (ft^2):	873	Total Trench Length (ft):	~~436~~ 291
Maximum Trench Depth (in):	34	Depth of Media (in):	22	Distribution Device:	Distribution Box		

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: Bryan Davenport Owner/Legal Agent: _____
Print Name

Signature: Bryan Davenport Signature: _____

Date Issued: 1/5/2023

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

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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 waterlines must be located a minimum of 10 ft. from any part of the septic system.
- 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.
- This permit is issued pursuant to GS 130a-335(a2)/SL2022-11
- 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 10 feet from any foundation drain.
- The septic system shall be located at least 15 feet from any foundation drain.

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Authorized Agent: Bryan Davenport

Signature: Bryan Davenport

Date Issued: 1/5/2023

Owner/Legal Agent: _____
Print Name

Signature: _____

FEE: 200.00

DATE: 6/8/2023

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 11561B

PERMIT NUMBER: 30013532

PARCEL NUMBER: 19507328

JOB LOCATION INFORMATION

ADDRESS: 6502 JOLI CHEVAL LN

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

ISSUED TO: RACHELL LATIMER

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 6/8/2023

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30013532, 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 Bryan Dayton

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
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NC DHHS
Division of Environmental Health
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- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Bryan Davenport Owner/Legal Agent: Harry Seymour
Print Name

Signature: Bryan Davenport Signature:

Date Issued: 1/5/2023

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

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Authorized Agent: Bryan Davenport

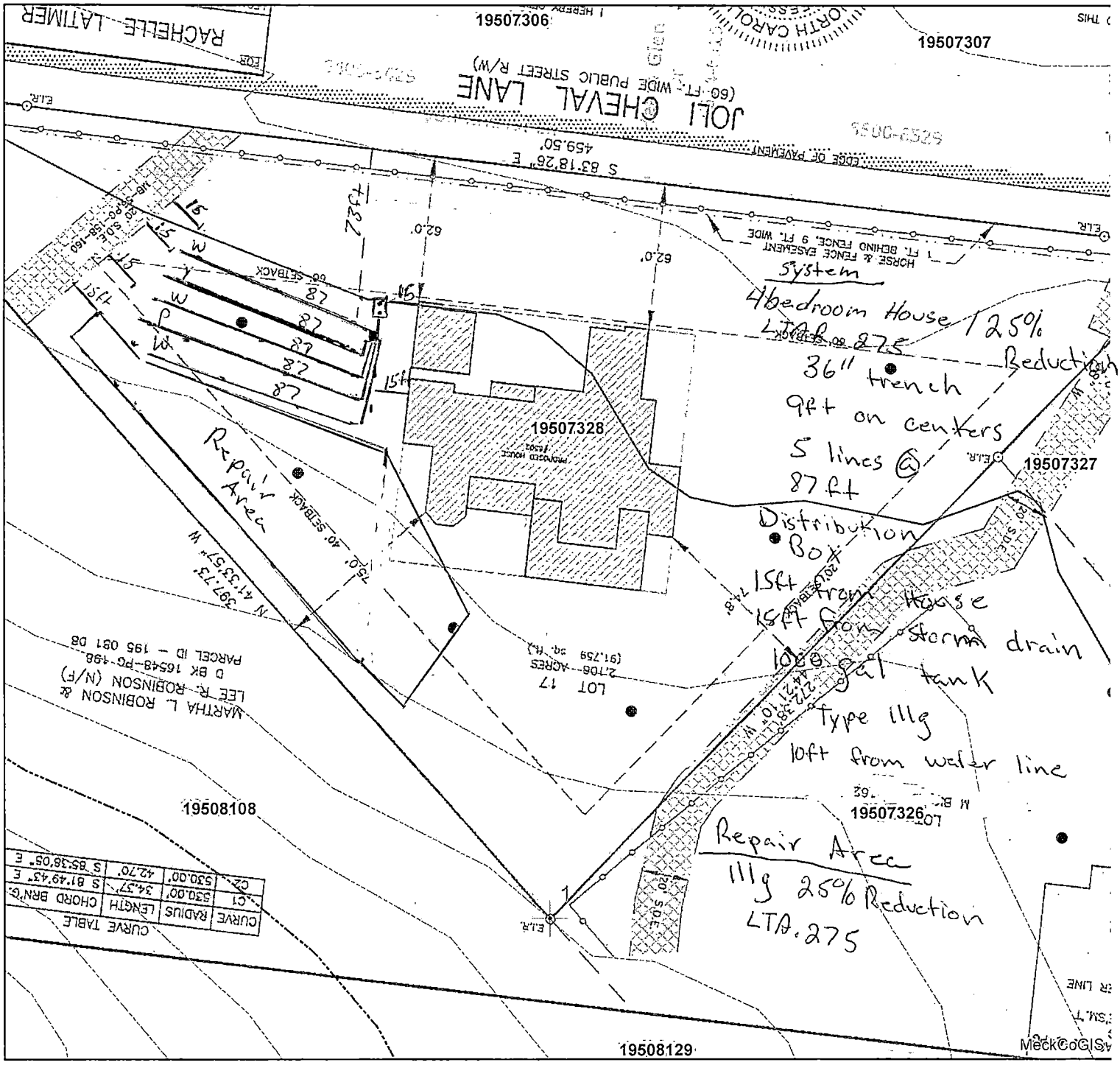
Signature: Bryan Davenport

Date Issued: 1/5/2023

Owner/Legal Agent: Harry Seymour
Print Name

Signature: Harry Seymour

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

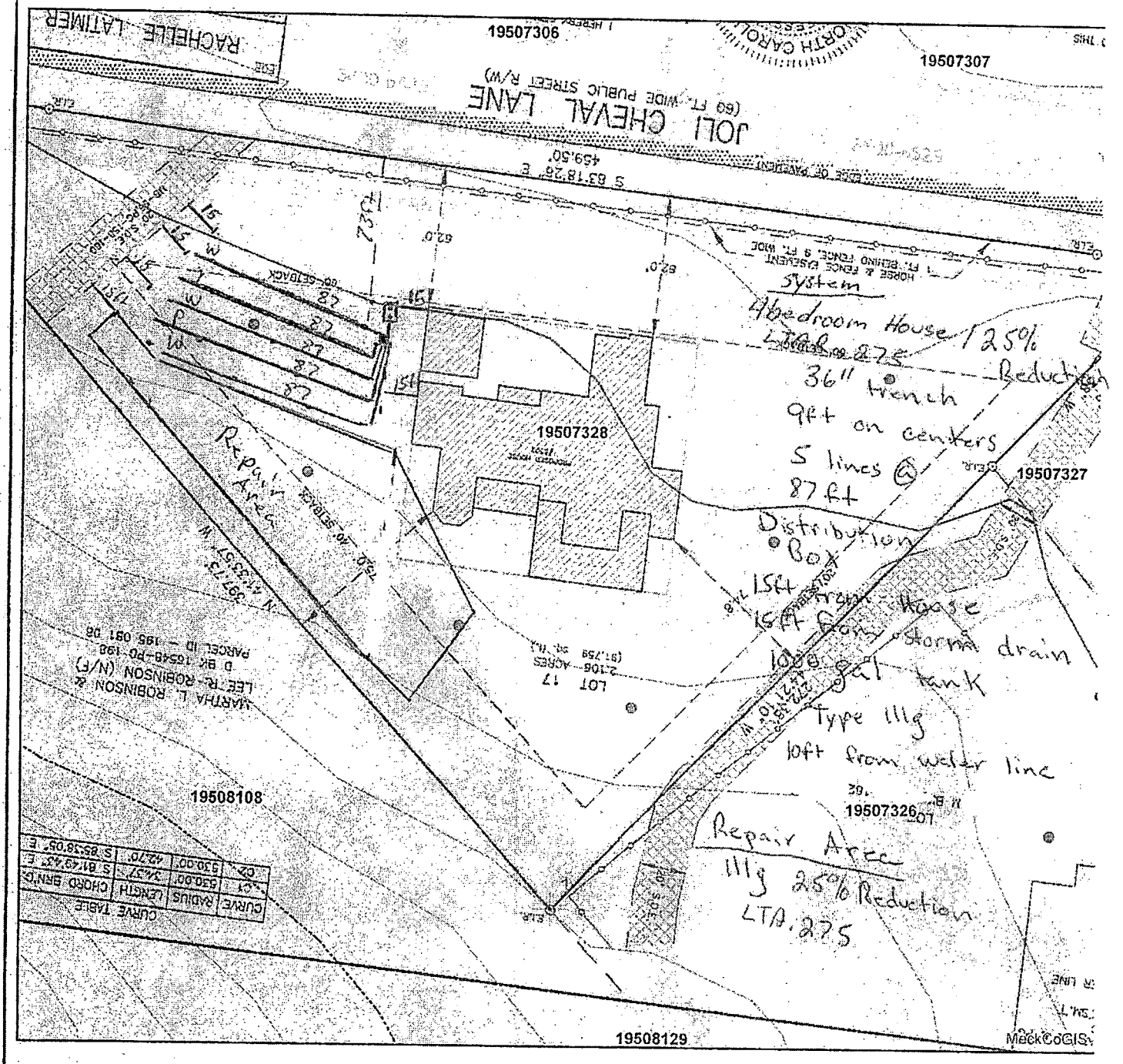
Permit #: 13532
PID #: 195-073-28
File #: 115618

Authorized Agent: Bryan Davenport Date: 1/6/23

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 fee

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 13532
PID #: 195-073-28
File #: 115618

Authorized Agent: Bryan Davenport Date: 1/6/23

Owner/ Legal Agent: Harry Seymour Date: 6-8-2023

1 inch = 60 fee