



DRAINFIELD & REPAIR AREA
SEE PAGES 4, 5 FOR DETAILS

TREATMENT SYSTEM
SEE PAGE 3 FOR DETAILS

PROPOSED WELL LOCATION

50' WELL SETBACK

**GROVES
ENGINEERING, PLLC**
NC FIRM P-2406
PO BOX 428
MARSHVILLE, NC 28103

HOUSE LOCATION DETAIL

TREATED DRIP SEPTIC SYSTEM DESIGN
FOUR CORNERS OF CHARLOTTE / ROMIL CHUDGAR
4206 OLD MONROE MARSHVILLE ROAD - LOT 1
WINGATE, NC 28174

REVISIONS

	DATE	DWG	CHK	REMARKS
1	05/21/2024	BNG	TEC	INITIAL DESIGN DRAWINGS.
2	06/02/2024	BNG	--	IFC DRAWING PACKAGE.
3	-/-/-	--	--	
4	-/-/-	--	--	
5	-/-/-	--	--	

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health



UC EOP # 24-31

COMMON FORM FOR ENGINEERED OPTION PERMIT

LHD USE ONLY: Initial submittal of this NOI received: 7-16-24 by [Signature]
Date Initials

PART 1: Notice of Intent to Construct (NOI) - Please check all that apply.

[X] Single System or [] Multiple Systems
AND

[X] New [] Expansion [] Relocation of all or part of the Existing System [] Relocation of Repair Area
[] Repair - LHD Permit Number [] Repair - EOP/LSS COVID 19/AOWE Permit Number

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.):
Four Corners of Charlotte LLC

Mailing address: 1612 Seattle Slew Court City: Waxhaw State: NC Zip: 28173
E-mail Address: romelle03@yahoo.com

2. Professional Engineer (PE) name: Brian Groves, PE License number: 44489
Mailing address: PO Box 428 City: Marshville State: NC Zip: 28103

Telephone number: 704-654-8850 E-mail Address: bngroves@gmail.com
3. Licensed Soil Scientist (LSS) name: Larry Thompson, LSS License number: 1287
Mailing address: PO Box 541 City: Midland State: NC Zip: 28107

Telephone number: 704-301-4881 E-mail Address: larry@thompsonenv.com
4. Licensed Geologist (LG) (if applicable) name: N/A License number:
Mailing address: City: State: Zip:

Telephone number: E-mail Address:
City: State: Zip:

5. On-Site Wastewater Contractor name: Carlos Rocha License number: 5240
Mailing address: 1902 New Salem Road City: Monroe State: NC Zip: 28110

Telephone number: 704-242-3402 E-mail Address: carfosseptic@gmail.com
6. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached

that includes the name of the insurer, name of the insured and the effective dates of coverage:
[X] PE [X] LSS [] LG [X] On-site Wastewater Contractor

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): Lot 1 - Old Monroe Marshville Road, Wingate, NC 28174
02-248-029

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH
LOCATION: 5605 SIX FORKS RD, RALEIGH NC 27609
MAILING ADDRESS: 1642 MAIL SERVICE CENTER, RALEIGH NC 27699-1642
www.ncdhhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

County Name: Union

- 8. Type of facility: Place of residence No. Bedrooms: 4 No. Occupants: 8
 Place of business Basis for flow calculation: _____
 Place of public assembly Basis for flow calculation: _____

9. Factors that would affect the wastewater load: Design is for domestic strength wastewater only.

10. Type and location of proposed wastewater system: Type Va - Pretreated Drip Dispersal System is located in front of the proposed residence

- 11. Design wastewater flow: 480 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)
 Design wastewater strength: domestic high strength industrial process
- 12. A plat as defined in G.S. 130A-334(7a) is attached: Yes No
- 13. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18E .0601: Yes No
 This is a septic system. Yes No

- 14. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: Yes No
- 15. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA
- 16. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, Brian Groves, PE hereby attest that the information required to be included with Registered Professional Engineer (Print Name) this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with G.S. 130A-336-.1(e)(6).

Brian Groves Jul 16, 2024 15:01 EDT
 Signature of Licensed Professional Engineer Date

Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:
 I, Four Corners of Charlotte LLC hereby designate Brian Groves, PE
Print Name of Owner Print Name of Registered Professional Engineer
 as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.
Print Name of Licensed PE
Jul 16, 2024
Signature of Owner Date

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____
Print Name of Owner Print Name of Licensed PE
 pursuant to G.S. 130A-336.1.

Signature of Owner Date