



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

COMMON FORM FOR ENGINEERED OPTION PERMIT

LHD USE ONLY: Initial submittal of this NOI received: _____ by _____
Date Initials

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

Single System or Multiple Systems

AND

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

Telephone number: _____ E-mail Address: _____

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: _____

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: carlosseptic@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:

PE LSS LG 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 7 - Old Monroe Marshville Road, Wingate, NC 28174

4218 Old Monroe Marshville Road, Wingate, NC 28174 (Parcel: 02248035)

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

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 behind 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 saprolite system. Yes No

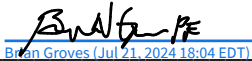
14. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: Yes No

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 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 21, 2024 18:04 EDT)

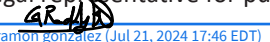
Signature of Licensed Professional Engineer

Jul 21, 2024

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 as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.


Ranton Gonzalez (Jul 21, 2024 17:46 EDT)

Signature of Owner

Jul 21, 2024

Date

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____ pursuant to G.S. 130A-336.1.

Print Name of Owner

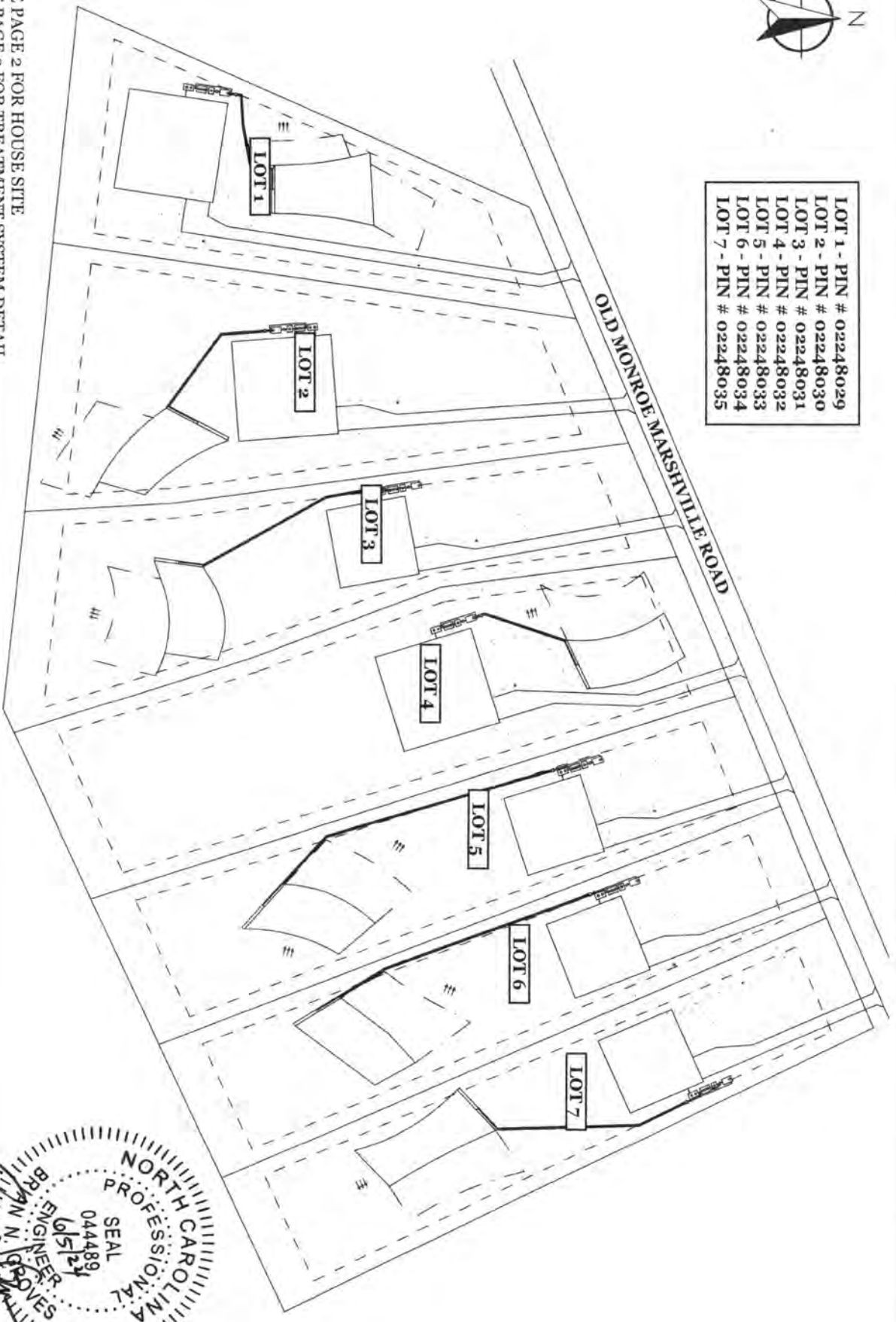
Print Name of Licensed PE

Signature of Owner

Date



LOT 1 - PIN # 02248029
 LOT 2 - PIN # 02248030
 LOT 3 - PIN # 02248031
 LOT 4 - PIN # 02248032
 LOT 5 - PIN # 02248033
 LOT 6 - PIN # 02248034
 LOT 7 - PIN # 02248035



SEE PAGE 2 FOR HOUSE SITE
 SEE PAGE 3 FOR TREATMENT SYSTEM DETAIL
 SEE PAGES 4, 5 FOR DRAINFIELD OVERVIEW

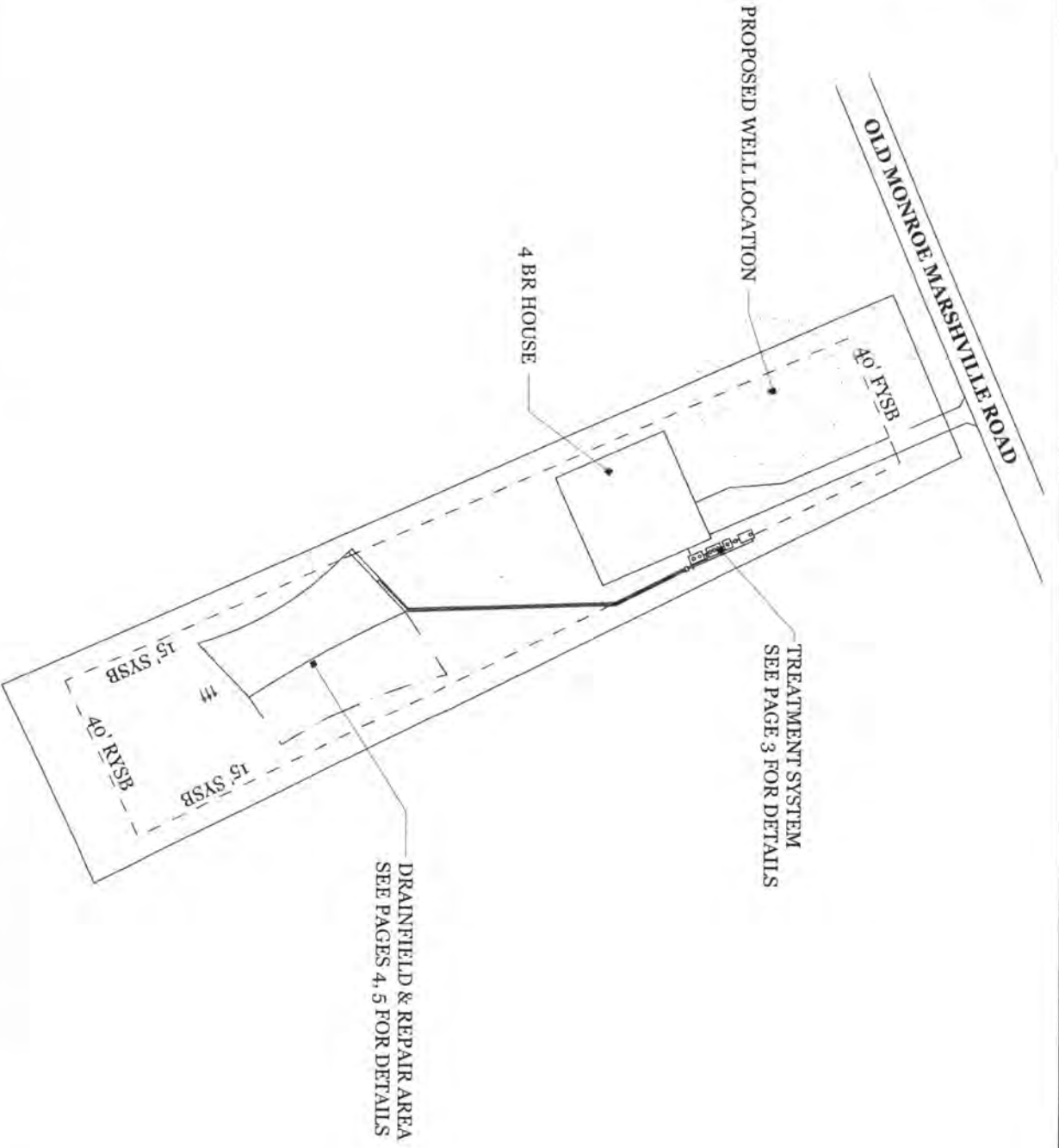
GROVES
ENGINEERING, PLLC
 NC FIRM P-2406
 PO BOX 428
 MARSHVILLE, NC 28103

SITE OVERVIEW
TREATED DRIP SEPTIC SYSTEM DESIGN
 FOUR CORNERS OF CHARLOTTE / ROMIL CHUDGAR
 4206 OLD MONROE MARSHVILLE ROAD - LOT 7
 WINGATE, NC 28174

REVISIONS		DATE	DWG	CHK	REMARKS
1		05/21/2024	BNG	TEC	INITIAL DESIGN DRAWINGS
2		06/05/2024	BNG		IPC DRAWING PACKAGE
3					
4					
5					



M 01



HOUSE LOCATION DETAIL

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

TREATED DRIP SEPTIC SYSTEM DESIGN
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3		--	--	--	--
4		--	--	--	--
5		--	--	--	--



PRELIMINARY

NOT FOR RECORDATION, SALES OR CONVEYANCE.

LINE	BEARING	DISTANCE
L1	S 31°09'51" E	30.50'

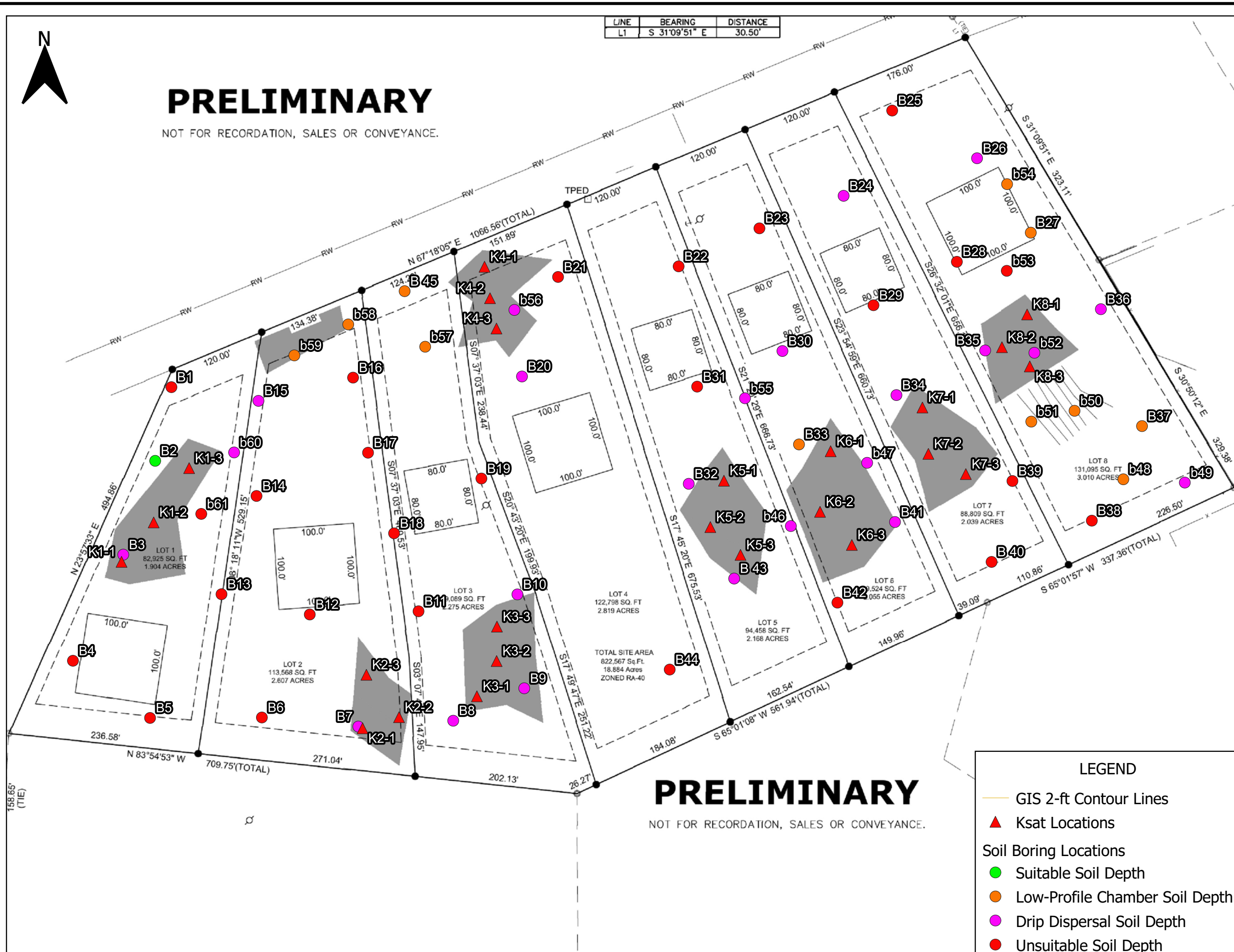


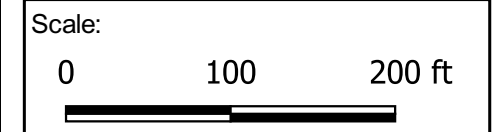
FIGURE 1

Prepared For:
Four Corners of Charlotte LLC

Ksat and Soil Borings

Parcel: 02248005
4206 Old Monroe-Marshville Rd.
Wingate, NC 28174

Union County



Date:
July 2024

TEC Job No.
23-450

