SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC A2

IP & CA

File Number: 12192B / 15335

Assigned Inspector: patrick / Troy

☑ IP & CA $180.00: MD 3/10/25 Initial/Date

☐ OP $200.00: MW 3/10/25 Initial/Date

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

☑ Floor plans reviewed

☑ Generate CA 3/12/25 MW ☑ Approve as Noted in Winchester did'nt see hold 3/12/25 MW

☐ 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: 10/3/25

☑ Release final hold in Winchester: _____

Comments:

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/10/25	**Amount:**	180.00
Receipt #:	154169	**Tendered:**	180.00
Check / Auth #:	VISA 034840	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: SAMARA HUNTLEY
Attn: WICKFORD PROPERTIES LLC
Address: 1545 WICKFORD PL
Address:
City/State/Zip: CHARLOTTE, NC 28203

Item	Description	Quantity	Unit Price	Total Price
0789	A2 Session Law IP/CA Combo 7913 LARGE OAK LN	1	180.00	180.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
			507.50	3,317.50	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/10/25	**Amount:**	200.00
Receipt #:	154170	**Tendered:**	200.00
Check / Auth #:	VISA 034840	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: SAMARA HUNTLEY
Attn: WICKFORD PROPERTIES LLC
Address: 1545 WICKFORD PL
Address:
City/State/Zip: CHARLOTTE, NC 28203

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 7913 LARGE OAK LN	1	200.00	200.00

Permit#

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
			507.50	3,317.50	

12192B / 15335

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: 13901117
STREET ADDRESS: 7913 Large Oak Lane
CITY: Charlotte
STATE: NC **ZIP:** 28227
SUBDIVISION NAME: CB Bartlett Property
LOT #: 22-25 **LOT SIZE (acres):** 0.42

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: 2,108
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 8

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? 5/27/46 ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Wickford Properties LLC
ADDRESS: 1545 Wickford Place
CITY: Charlotte
STATE: NC ZIP: 28203
WORK PHONE: _____
MOBILE PHONE: (704) 778-5775
FAX: _____
E-MAIL: samarabhuntley@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Larry Thompson
ADDRESS: PO Box 541
CITY: Midland
STATE: NC ZIP: 28107
WORK PHONE: _____
MOBILE PHONE: (704) 301-4881
FAX: _____
E-MAIL: larry@thompsonenv.com

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.

LT (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.

N/A (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

3/9/25
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 380 DATE FEE RECEIVED: 3/10/25

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

APPLICATION PROCESSED BY: MB

GWS FILE NUMBER ASSIGNED: 121928

APPLICATION ID NUMBER ASSIGNED: 15335

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

File #: 121928

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: 7913 Large Oak Lane

Tax Parcel #: 13901117

Subdivision Name: CB Bartlett Property

Lot #: 22-25

SEE ATTACHED SEPTIC PROPOSAL

Property Owner's or Owner's Legal Representative Signature

3/9/25
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

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

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:
☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):
☐ Accepted ☐ Conventional ☐ Innovative ☑ Other VPPBPS ☐ Any

☑ New Construction ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
☑ 5-Year Expiration Requested (site plan provided) ☐ Non-Expiring Permit Requested (plat provided, defined in G.S.130A-334(7a)
Requesting DHHS review? (systems >3000 GPD or IPWW) ☐ Yes ☑ No

Applicant: _____
Mailing Address: _____
_____
City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____

Owner: Wickford Properties, LLC
Mailing Address: 1545 Wickford Place
_____
City: Charlotte
State: NC Zip: 28203
Phone #: 704-778-5775
Email: samarabhuntley@gmail.com

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

☐ Yes	☑ No	Does the site contain any jurisdictional wetlands?
☐ Yes	☑ No	Is any wastewater going to be generated on the site other than domestic sewage?
☐ Yes	☑ No	Is the site subject to approval by any other public agency?
☐ Yes	☑ No	Are there any easements or right of ways on this property?

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. ***I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.***

Applicant Signature: _____ Date: _____

Owner's Signature: Samara Huntley Date: Mar 9, 2025

Permit/File #: 12192B

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

Submittal Includes: ☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ Fee $_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Mecklenburg

PIN/Lot Identifier: 13901117

Issued To: Wickford Properties LLC

Property Location: 7913 Large Oak Lane, Mint Hill, NC 28227

Subdivision (if applicable) CB Bartlett Property Lot #: 22-25 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Larry Thompson (NCLSS #1287)

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: Single-Family Residence

Number of bedrooms: 4 Number of Occupants: 8 Other: _____

Design Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): Exempt

Proposed Wastewater System Type*: Type IIIe - VPPBPS (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required

Proposed Wastewater System Type*: Exempt (Repair) Pump Required: ☐ Yes ☑ No ☐ May be required

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Saprolite System (Initial): ☐ Yes ☑ No Saprolite System (Repair): ☐ Yes ☑ No

Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (Repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Depth to LC (Initial)[x]: 43 Usable Depth to LC (Repair)[x]: Exempt ***[x] Limiting Condition***

Max. Trench Depth (Initial)[‡]: 31 Max. Trench Depth (Repair)[‡]: Exempt ***[‡] Measured on the downhill side of the trench***

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .0508: Yes ☑ No ☐ Drainfield location meets requirements of Rule .0601: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

Licensed Soil Scientist Print Name: Larry Thompson, LSS

Licensed Soil Scientist Signature: _____ Date: 03-09-25

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 12192B

This Section for Local Health Department Use Only

Initial submittal received: 3/11/25 (Date) by TW (Initials)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Troy King Date: 3/11/25

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 3/11/2030

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: _____

Re-submittal of Improvement Permit

LHD USE ONLY: This IP resubmittal received: _____ by _____
Date *Initials*

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

_____

_____

_____

_____

I, _____ hereby attest that the information required to be included with this re-submittal
Licensed Soil Scientist (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Licensed Soil Scientist *Date*

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Improvement Permit

The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: _____ Date: _____

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 121923

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Mecklenburg **Pre-Construction Conference Required:** Yes ☑ No ☐

PIN/Lot Identifier: 13901117

Issued To: Wickford Properties LLC

Property Location: 7913 Large Oak Lane, Mint Hill, NC 28227

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Larry Thompson (AOWE #10016E)

Facility Type: Single-Family Residence

Number of bedrooms: 4 Number of Occupants: 8 Other:

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☑ No

Crawl Space? ☐ Yes ☑ No Slab Foundation? ☑ Yes ☐ No

Type of Wastewater System* Type IIIe - VPPBPS (Initial) Exempt (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 480 GPD Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No
(if yes, please provide engineering documentation)

Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ☐ Private well ☑ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Installation Requirements/Conditions

Septic Tank Size: 1,000 gallons Total Trench/Bed Length: 268 feet Trench/Bed Spacing: 6 feet on center

Trench/Bed Width: 24 inches LTAR: 0.3 gpd/ft² Usable Depth to LC (Initial)ˣ: 43 ˣ***Limiting condition***

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth‡: 31 inches ‡ ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): N/A gallons Requires more than 1 pump? ☐ Yes ☑ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): N/A gallons

Distribution Method: ☐ Serial ☑ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other:

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.0204(g)]: ☐ Yes ☑ No Declaration of Restrictive Covenants: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: ☐ Yes ☑ No

Management Entity Required: ☐ Yes ☑ No Minimum O&M Requirements:

Permit conditions:

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: Larry Thompson, LSS, AOWE

AOWE/PE Signature: Larry Thompson Date: 03-09-25

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 12192B

This Section for Local Health Department Use Only

Initial submittal received: 3/11/25 (Date) by TLC (Initials)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Troy King Date of Issuance: 3/11/25

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 3/11/2030

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: _____

Re-submittal of Construction Authorization

LHD USE ONLY: This CA resubmittal received: _____ (Date) by _____ (Initials)

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

_____

_____

_____

_____

I, _____ (Authorized Onsite Wastewater Evaluator (Print Name)) hereby attest that the information required to be included with this re-submittal is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ (Signature of Authorized On-Site Wastewater Evaluator) _____ (Date)

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: _____ Date: _____

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: _____

ADDENDUM TO G.S. 130A-335(a2) SUBMITTAL

County: _____

PIN/Lot Identifier: _____

Issued To: _____

Additional Improvement Permit Conditions:

Additional Construction Authorization Conditions:

AGENT AUTHORIZATION FORM

Please note that multiple forms may be necessary if there are more than two owners of the property.

PROPERTY LEGAL DESCRIPTION:

STREET ADDRESS OF EXISTING HOME or LATITUDE/LONGITUDE OF NEW CONSTRUCTION:

Large Oak Lane

Mint Hill, NC 28227

Parcel ID: 13901117

Property Owner Name(s) – please print:

Property Owner: Wickford Properties LLC

Property Owner: _____

The undersigned, registered property owners of the above noted property, do hereby authorize

Larry Thompson, LSS, AOWE (Contractor/Agent) , of Thompson Environmental Consulting, Inc. (Name of company)

to act on my behalf and take all actions necessary for the processing, issuance and acceptance of this permit or certification and any and all standard and special conditions attached.

Property Owners Mailing Address (if different than property address above):

1545 Wickford Place

Charlotte, NC 28203

Property Owner(s) Telephone: 704-778-5775

We hereby certify that the above information submitted in this application is true and accurate to the best of our knowledge.

Authorized Signature

Mar 9, 2025

Date

Authorized Signature

Date

Residential Subsurface Wastewater Treatment and Disposal System G.S. 130A-335(a2) Proposal

for

7913 Large Oak Lane
Mint Hill, NC 28227

Tax Parcel: 13901117
March 7, 2025

Prepared for:

Wickford Properties LLC
1545 Wickford Place
Charlotte, NC 28203
704-778-5775



Prepared by:

Larry Thompson, REHS, LSS
Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541
Phone: 704-301-4881
larry@thompsonenv.com



Details

Wickford Properties LLC has contracted with Thompson Environmental Consulting, Inc. (TEC) to develop a G.S. 130A-335(a2) permit package for an on-site wastewater treatment and disposal system that would allow for the construction of 4-bedroom single family residence on 7913 Large Oak Lane, Mint Hill, NC 28227.

Based upon a soil and site evaluation performed by TEC, it was determined that a sufficient amount of "Suitable" Group IV soils are available within the project study area for the installation of a **Gravity Flow Vertically Installed Prefabricated Permeable Block Panel System** for the proposed 4-bedroom single-family residence. The residence will be served by a municipal water supply.

This property appears in a subdivision plat that was recorded with the Mecklenburg County Register of Deeds Office in May of 1946, and would be considered "repair exempt" per 15A NCAC 18E .0508 AVAILABLE SPACE.

The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3), and the plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6).

Location

From Charlotte, take US 74 E., to NC 24-27/Albemarle Road. Bear left onto Albemarle Road, turn right onto Lawyers Road, left onto Nelson Road, right onto Wilgrove Mint Hill Road, and left onto Large Oak Lane. Property is located on the left in 0.1 of a mile.

References

Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18E, Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, September 30, 2024.

Design, Installation and Maintenance of the T & J Panel Wastewater Treatment System; published by T & J Panel, 2021.

Primary Investigator's Credentials

NC Registered Sanitarian No. 1208
NC Licensed Soil Scientist No. 1287
NC Authorized Onsite Wastewater Evaluator No. 10016E
SC Certified Professional Soil Classifier No. 111
NC Subsurface Septic System Operator No. 22199
NC Grade IV Wastewater System Installer No. 1762
NC Certified Wastewater System Inspector No. 17621

Plans and Specifications

A. Septic Tank

1. The septic tank shall be State approved, watertight, structurally sound, and a minimum size of 1,000 gallons in capacity.
2. The septic tank will be fitted with an approved effluent filter.
3. It is the responsibility of the septic contractor to thoroughly inspect the septic tank prior to accepting delivery to assure that the tank has had time to properly cure and is free of cracks or other structural deficiencies.

B. Pipe, Fittings and Supply Line

1. All discharge piping, connectors and supply lines should be made of SCH 40 PVC.
2. All joints must be properly "welded" utilizing the appropriate PVC cement for each application.

C. Distribution Method

1. The system will be fed equally via a distribution box.
2. Distribution box shall be water tested at the time of the final inspection.

D. Drainfield Installation

1. The proposed drainfield location has been marked on-site utilizing metal stemmed flags. Once this area has been approved by the county, the property owner/builder should mark this area and isolate it as much as possible from construction traffic. Prior to the system installation, the septic contractor shall contact the county for a preconstruction conference at which time the drainfield area will be re-verified.
2. Under no circumstances shall any construction take place within the drainfield area while the soil is in a wet condition. If the installer has doubts as to whether the drainfield area is dry enough to begin construction, the environmental health specialist for this area should be contacted for permission to proceed with the installation.
3. The specified system is a Type IIIe prefabricated permeable block panel system – specifically the horizontal panel system manufactured by T&J Panel Wastewater Treatment System, Patent No. 4013559; telephone: 1-800-222-2577. The installer must follow the manufacturer's guidelines for installing the T&J Panel System and should request an installation manual from the manufacturer prior to beginning construction.
4. **The drainfield consists of four (4) lateral trenches, each being 2-feet wide by 67-feet in length. Total trench length is 268 feet.**
5. **The maximum trench depth for this system shall be 31-inches. Each trench shall be placed on a minimum of 6-foot on centers.**

6. It is essential that the lateral trenches be constructed on contour with the land, with each trench being excavated level from beginning to end. The use of a tripod mounted engineer's level is essential to assure that each trench is constructed as level as possible.
7. Once trenches are dug, the side walls shall be raked, and a light dusting of lime applied.
8. Backfill the trench with 6 inches of sand and level to grade. Once leveled, place 1 x 6-inch boards on top of the sand the entire length of each trench. Once the grade boards have been set, the panels may be set into the trench. The panels should be placed 6 inches apart.
9. Once the panels have been set, line the top portion of each chamber with the T&J supplied sand alternative product (SAP – geotextile fabric). GE Foam Sealer or tar seal rope should be placed in the bottom of the U outs to form seals around the pipe as shown in earlier drawings.
10. Tar seal rope, or approved foam, should be placed in the "U" outs of each end of the panel to form seals. Once the tar rope is in place, the Schedule 40 PVC connectors can be added, and the seal completed by the addition of more tar rope on the top and sides of the pipe. Now that the connection and seals are complete, a block cap is placed on each end of the panel so that all openings are covered.
11. Once the panels for each trench have been installed and the top of the panels closed, the trench is ready to be backfilled to the top with the sand used in the trench bottom. At this point, the trenches should be left open for the final inspection by the county environmental health specialist.

E. Backfill

1. Backfill sand shall be clean, washed, medium sand that is naturally occurring and falls within the gradation of ASTM C-33 specification (used in the ready-mix industry and is readily available).

F. Final Landscaping

1. As previously stated, the final soil cover over the drainfield shall be a minimum of 6 inches deep. Additional soil cover will be required for this system.
2. The drainfield shall be shaped to shed rainwater and be free from low spots.
3. The drainfield area should be planted with grass as soon as possible to prevent erosion. The soil should be properly tilled, limed (if necessary) and fertilized prior to planting. After applying grass seed, the area should be heavily mulched with straw or other suitable material.

G. Utility Conflicts

1. The builder and property owner must take special care in planning for water, power, gas, telephone, and cable lines. These utilities shall be kept clear of all parts of the septic system and its proposed repair area. Improper planning for underground utilities can negatively impact the installation and, in some cases, cause irreparable damage and permit revocation. If there are any questions

regarding preferred routes, contact the local health department as soon as possible.
2. Lawn irrigation should not be placed over the drainfield area.

Maintenance

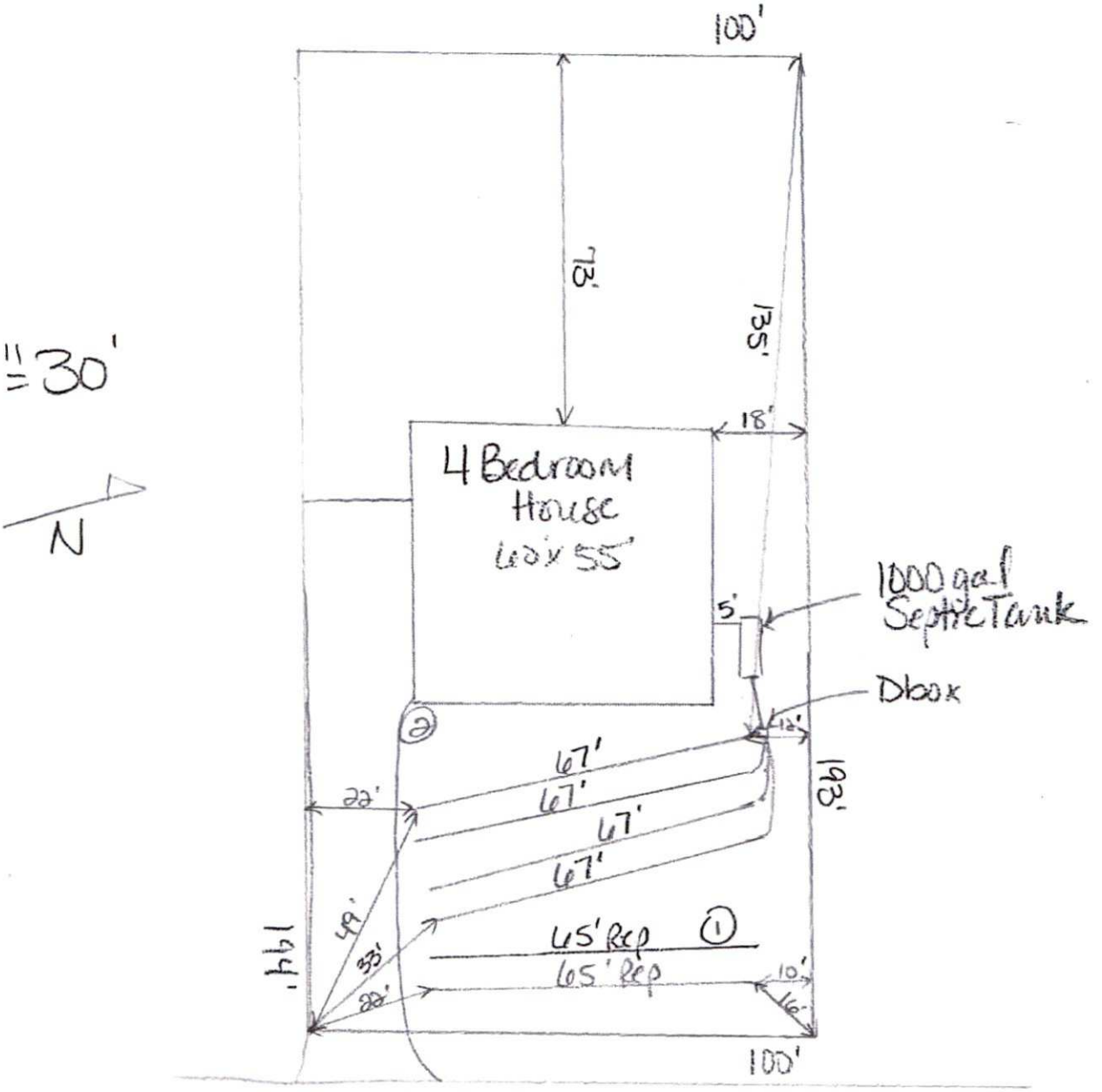
I. In General

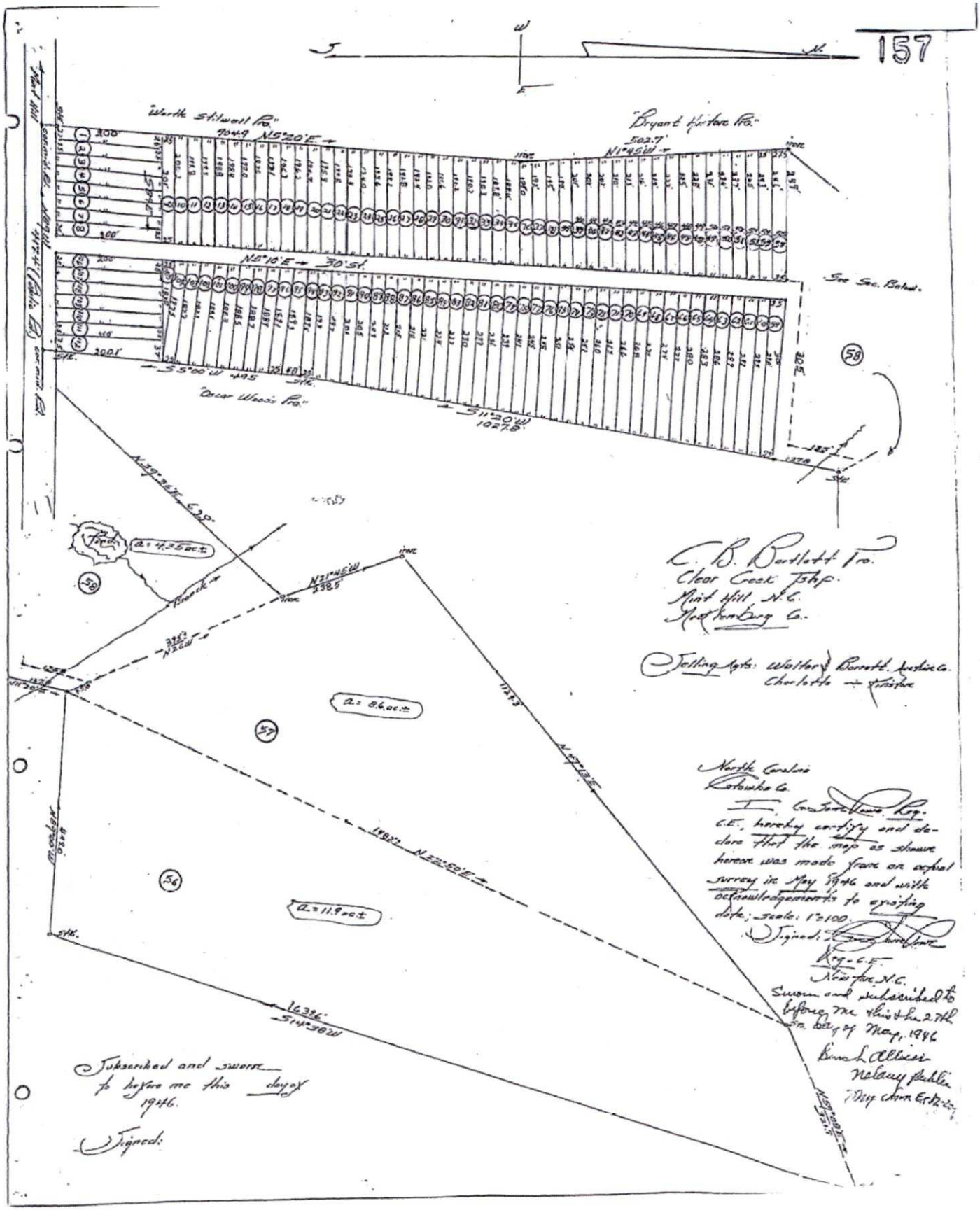
1. The homeowner must maintain the drainfield area through periodic mowing. The drainfield must not be allowed to become overgrown.
2. The septic tank should be pumped every 4 years or when the solids within the septic tank reach an elevation that is equivalent to 25 percent of the volume of the tank. In some situations, the tanks may need to be pumped more frequently. If using a garbage disposal, it is recommended that the homeowner has the septic and pump tanks cleaned out annually.
3. When it becomes necessary to clean the effluent filter, the filter should be removed, and the accumulated debris washed back into the septic tank – not onto the lawn.
4. Any damp areas, leakages, or malfunctions in the drainfield area should be addressed immediately.
5. Divert gutter downspouts and surface water runoff away from the septic and pump tanks.

Design Specifics

Daily Design Flow:	480 GPD – 4 bedroom house
Septic Tank Size:	1,000 gallons (minimum)
Effluent Loading Rate:	Design = 0.3 GPD per sq. ft.
Drain Field Type:	Vertical PPBPS
Distribution Method:	Distribution Box
Number of Drainlines:	4
Drainlines:	(4) 2-ft Wide x 67-ft Long
Total Trench Length:	268 Linear Feet
Total Number of Panels:	60 (15 per trench)
Maximum Trench Depth:	31 Inches
Final Cover Requirement:	6 Inches (minimum)

13901117


100'
72'
135'
18'
4 Bedroom House 60'x55'
1000 gal Septic Tank
5'
Dbox
12'
67'
67'
67'
67'
22'
49'
35'
28'
45' Rep
65' Rep
10'
16'
142'
142'
100'
1" = 30'
N
Large Oak Lane



C. B. Bartlett & Bro.
Clear Creek Tshp.
Mint Hill, N.C.
Mecklenburg Co.

Adjoining Lots: Walter & Barrett, Justice Co.
Charlotte & Pineville

North Carolina
Catawba Co.

I, [illegible], Reg. C.E., hereby certify and declare that the map as shown hereon was made from an actual survey in May 1946 and with acknowledgements to existing data; Scale: 1"=100'.

Signed: [illegible]
Reg. C.E.
Newton, N.C.

Sworn and subscribed to before me this the 27th day of May, 1946

Ernest L. Allison
Notary Public
My Comm. Exp. [illegible]

Subscribed and sworn to before me this day of 1946.

Signed:

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

PROPERTY ID #: 13401117
COUNTY: Mecklenburg

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Danielsen DATE EVALUATED: 1/14/2005
ADDRESS:
PROPOSED FACILITY: Res. PROPOSED DESIGN FLOW (.0400): 480 gpd PROPERTY SIZE: 0.42
LOCATION OF SITE: Large Oak Lane PROPERTY RECORDED:
WATER SUPPLY: ☐ Public ☑ Single Family Well ☐ Shared Well ☐ Spring ☐ Other _____ WATER SUPPLY SETBACK:
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
1	L 4	0-47 47	C sbk Sapp	fissp		47"			S 0.3	
2	L 2	0-43 43	C sbk Sapp	fissp		43"			S 0.3	
3	L 7	0-36 36	C sbk Sapp	fissp		36"			S 0.3	
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	S	Exempt
System Type(s)	VPPBPS	
Site LTAR	0.3	
Maximum Trench Depth	31"	

SITE CLASSIFICATION (.0509): Suitable
EVALUATED BY: Gloria Stone
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST — LARRY S. THOMPSON JR. — 1287 — STATE OF NORTH CAROLINA

Comments:

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	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

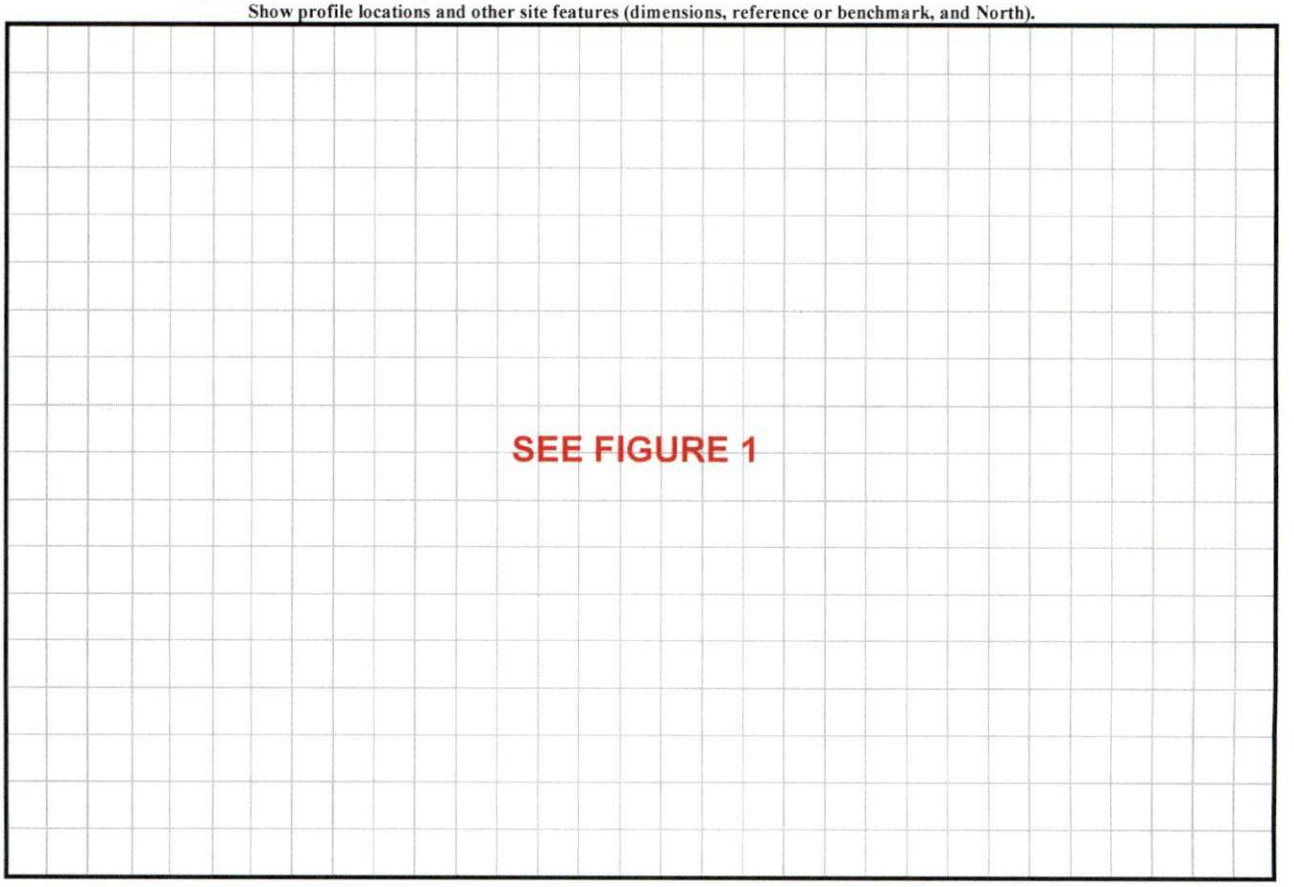
RESTRICTIVE HORIZON Thickness and depth from land surface

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)

Show profile locations and other site features (dimensions, reference or benchmark, and North).



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 # 121923 App# 15335 Tax Parcel# 139-011-17

Property Owner: Wickford Properties LLC

Job Location Address: 7913 Large Oak 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: Water meter in front yard

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☐ YES ☑ NO

   Comments: Flags missing, property corners not marked. Cannot reach Larry Thompson. Owner did not answer + mailbox full.

*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.**

TJ V — 9/22/25

Authorized Agent — Date

Others Present

* 9/26 - reflagged by Larry Thompson ok to install. water line not installed. water meter may encroach on repair but lot is repair exempt.

Phone: (980) 314-1680 Fax: (704) 336-6894

On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 121923 Permit #: 15335 Tax Parcel #: 139-011-17

Property Owner: Wickford Properties LLC

Job Location Address: 7913 Largedale Lane

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 10/2/25 Contractor Name: Dewey Grant

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

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture: Shoaf STB-760 Effluent Pump Model: /

Drainfield Installation ☐ N/A

Trench Depth: 31 inches

Trench Width: 2 feet

Line Spacing: 8 feet (O.C.)

Total line length: 268 feet

# of Lines: 4 @ 67 feet

Depth of Media: 22 inches (Type) VPPBPS

Depth of Cover: 6+ inches

Distribution Device: D-Box

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: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 710 feet

Inspection Dates

Tank(s) Inspected: 10/2/25

Excavation Inspected: 10/2/25

Pump & Controls Inspected: /

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

*Installed as designed - see original permit.

*Water meter may encroach on repair area - lot is repair exempt. If repair is required in the future, water meter must be relocated.

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☑ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: III e - gravity to VPPBPS

DENR Authorized Agent: Troy Kling Signature: Troy Kling

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 #: 12192B Permit #: 15335 Tax Parcel #: 139-011-17

Property Owner: Wickford Properties LLC

Job Location Address: 7913 Large Oak 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: III e

*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:

DENR Authorized Agent: Troy Kling Date: 10/2/25

Signature: Troy Kling