SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 18294

Assigned Inspector: Braedon

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

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

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☒ Septic file complete: 7/9/25

☐ Release final hold in Winchester: _____

Comments:

Repair Complete

DigiSign Verified - f90ad401-6c47-4d56-b34c-81fffdb88066

18294

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#15332

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: 11321130
STREET ADDRESS: 6735 Dixie River Rd
CITY: Charlotte
STATE: NC **ZIP:** 28278
SUBDIVISION NAME: N/A
LOT #: _____ **LOT SIZE (acres):** _____
TOWNSHIP:

MECKLENBURG CORNELIUS HUNTERSVILLE
DAVIDSON CHARLOTTE PINEVILLE
MATTHEWS MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:

SINGLE MOBILE HOME MODULAR HOME
DOUBLE WIDE MULTIPLE FAMILY
HOUSE OTHER _____

HEATED SQUARE FOOTAGE: 1290
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:

CONCRETE SLAB BASEMENT WITH PLUMBING
CRAWL SPACE BASEMENT WITH NO PLUMBING

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

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

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

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

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

N/A ANY TYPE ✓ CONVENTIONAL ✓ ACCEPTED INNOVATIVE ALTERNATIVE OTHER _____

8A. RANK: 1 2 ____ ____ ____

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

HAS 811 BEEN CONTACTED AND IDENTIFIED ANY UNDERGROUND UTILITIES ON THE PROPERTY IF YES, YES NO
PLEASE LIST TICKET REFERENCE NUMBER: _____ VISIT BY DATE: _____

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ✓ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Thomas ONeil
ADDRESS: 1333 Clifflure Ln
CITY: Fort Mill
STATE: SC ZIP: 29708
WORK PHONE: 4043724018
MOBILE PHONE: 4043724018
FAX: _____
E-MAIL: tomoneil83@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

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

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

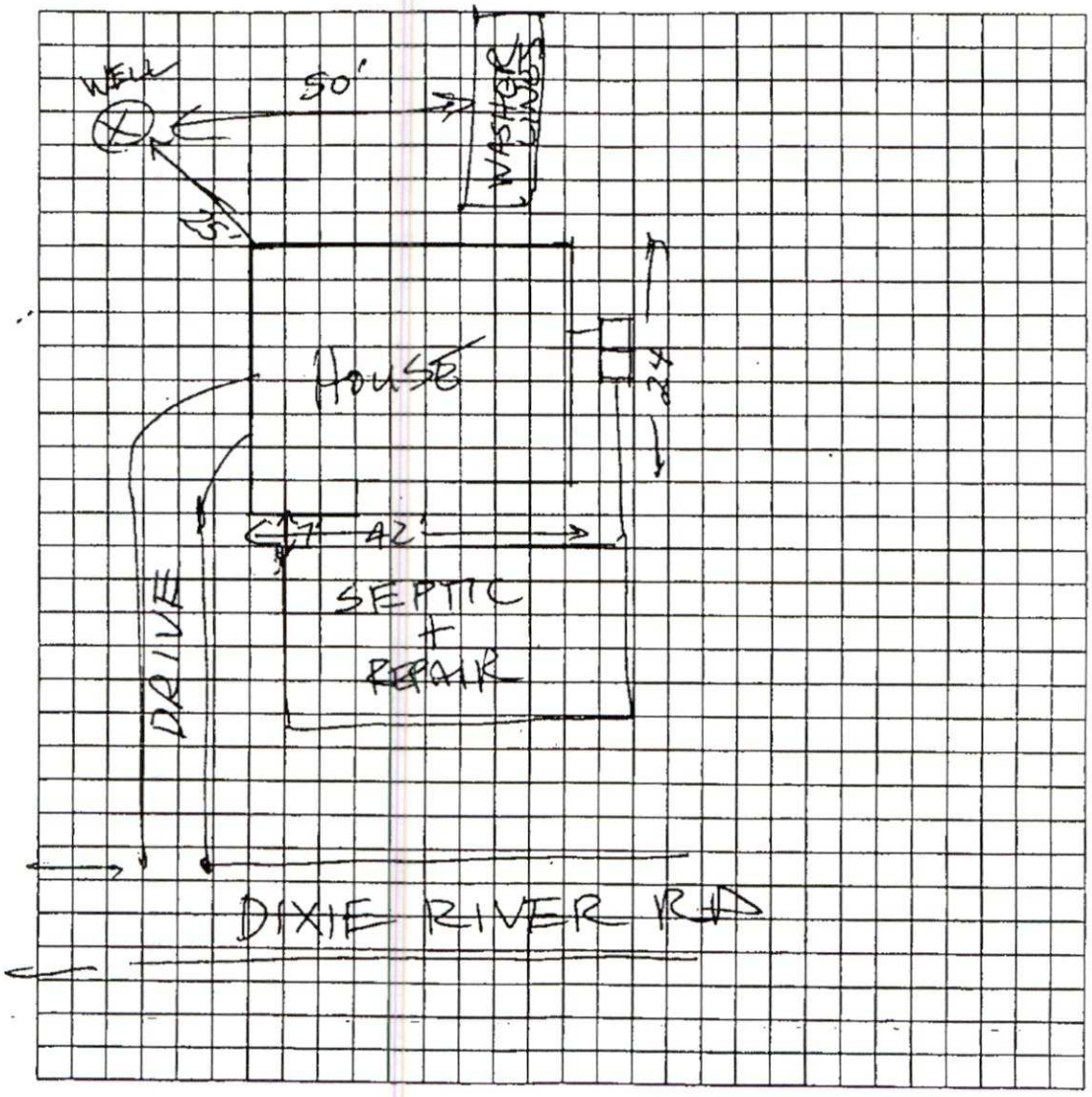
Revised on: 4/20/17

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature
Date

LBC 12/15/04

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14. SEPTIC SYSTEM PERMIT APPLICATION:

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. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)**

TO (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Thomas ONeil _____ 03/06/2025

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

---

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

LHD PERMIT NO. OR FILE REF: 18294

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by LHD or private licensed professional

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

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

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

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

REHS SIGNATURE (if applicable)

Shelton, Braedon P — Digitally signed by Shelton, Braedon P Date: 2025.04.02 14:42:53 -04'00'

Signature of Authorized Agent

04/02/2025

Date

OR

AOWE/PE SIGNATURE (if applicable)

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

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

x Repair

PROPERTY ID #: 113211 30
COUNTY: Mecklenburg

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

(Complete all fields in full)

OWNER: Thomas O' Neil DATE EVALUATED: 3/14/25
ADDRESS: 6735 Dixie River Rd
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.0400): — PROPERTY SIZE: —
LOCATION OF SITE: 6735 Dixie River Rd PROPERTY RECORDED: ≤ 1981
WATER SUPPLY: ☐ Public ☒ Single Family Well ☐ Shared Well ☐ Spring ☐ Other _____ WATER SUPPLY SETBACK: 50'
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	3% L	0-48"	Wblk, C	fi, S, P, Soxp	N/A	≥ 48"	—	—	*Repair	*Repair
2										
3										
4										

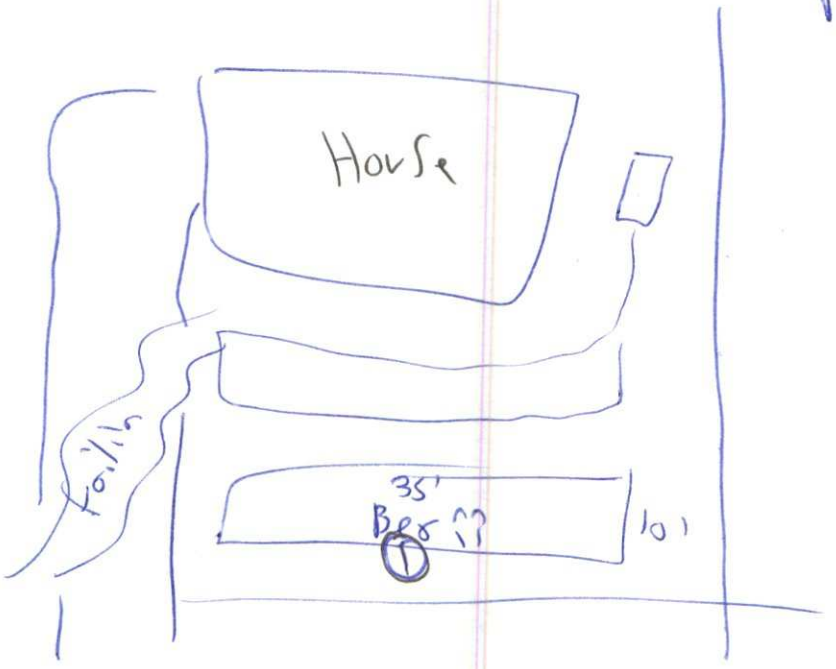
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	—	—
System Type(s)	—	—
Site LTAR	—	—
Maximum Trench Depth	—	—

SITE CLASSIFICATION (.0509): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

Comments: *Repair ≥48" soil, clay throughout. Very tight lot, limited space. Bob will be needed for this Repair

3/14

- Water consistantly flowing out of end of Line (Looks Clear)
- Check how much water is being used (on a well) it appears
- Check fixture for Leaks.
- Limited area for Repair



* poor soil

① 0-48" Clay 5%

* Repair 10' x 35' gravel deep

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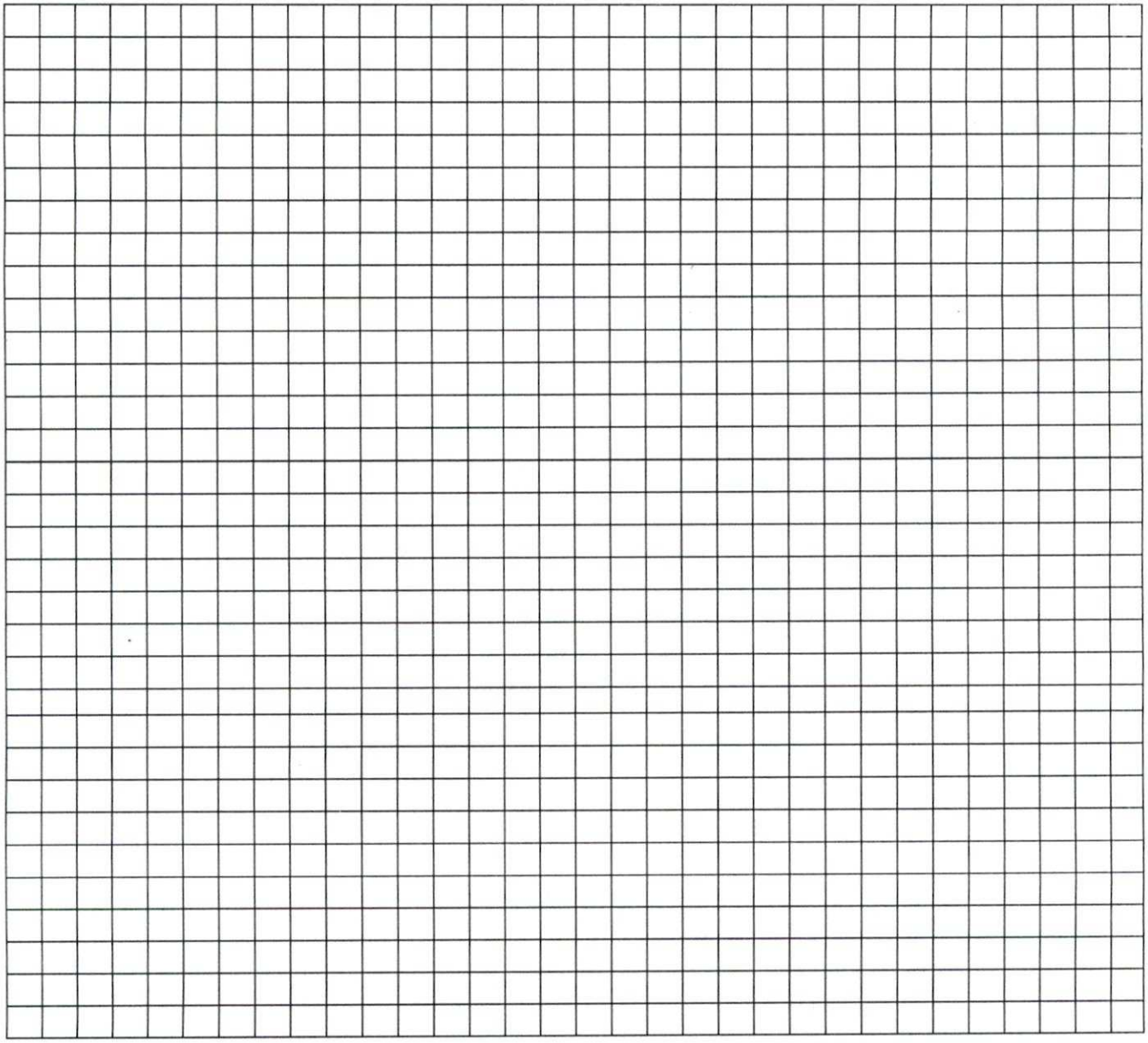
File #: _____

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: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

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

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

Revised on: 4/20/17

LHD PERMIT NO. OR FILE REF: 18294

OWNER REQUEST

for

BEST PROFESSIONAL JUDGMENT

for the repair of

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

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

DATE: April 2nd, **20** 25

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

Print Property Owner(s): O Neil Property Group LLC

Business/Organization/Contact: 4043724018

Mailing Address: 1333 Clifflure Ln

City: Fort Mill State: SC Zip Code: 29708 County: York

Telephone Number(s): 4043724018

Email Address: tomoneil83@gmail.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 11321130

Physical Address (if different than mailing address): 6735 Dixie River Rd

City: Charlotte State: NC Zip Code: 28208

OWNER ATTESTATION

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

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

Owner's Signature: Thomas ONeil Date: 04/03/2025

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

LHD PERMIT NO. OR FILE REF: 18294

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by LHD or private licensed professional

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

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

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

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

REHS SIGNATURE (if applicable)

Shelton, Braedon P — Digitally signed by Shelton, Braedon P Date: 2025.04.02 14:42:53 -04'00'

Signature of Authorized Agent

04/02/2025

Date

OR

AOWE/PE SIGNATURE (if applicable)

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

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

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

Repair

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for
REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 18294 Permit #: 15332 Tax Parcel #: 11321130

Property Owner: Thomas O'Neil

Job Location Address: 6735 Dixie River Rd

City: Charlotte State: NC Zip Code: 28209

Improvement Permit Issuance Date: 4/3/25 **Construction Authorization Issuance Date:** 4/3/25

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: 360 GPD Site LTAR: — GPD/ft²

Liquid Capacity of Septic Tank: (existing) gallons Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

• Check Condition of Septic TANK

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 48-50 inches

Bed Width: 10 feet

Total line length: — feet

# of Lines: 3 @ 35 feet

Depth of Media: 12" gravel 6" Sand inches (Type) _____

Distribution Device: Distribution Box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: ≥5 feet

Distance from Property Line: ≥10 feet

Distance from Water Supply Source: ≥50 feet

See Attached for Sketch

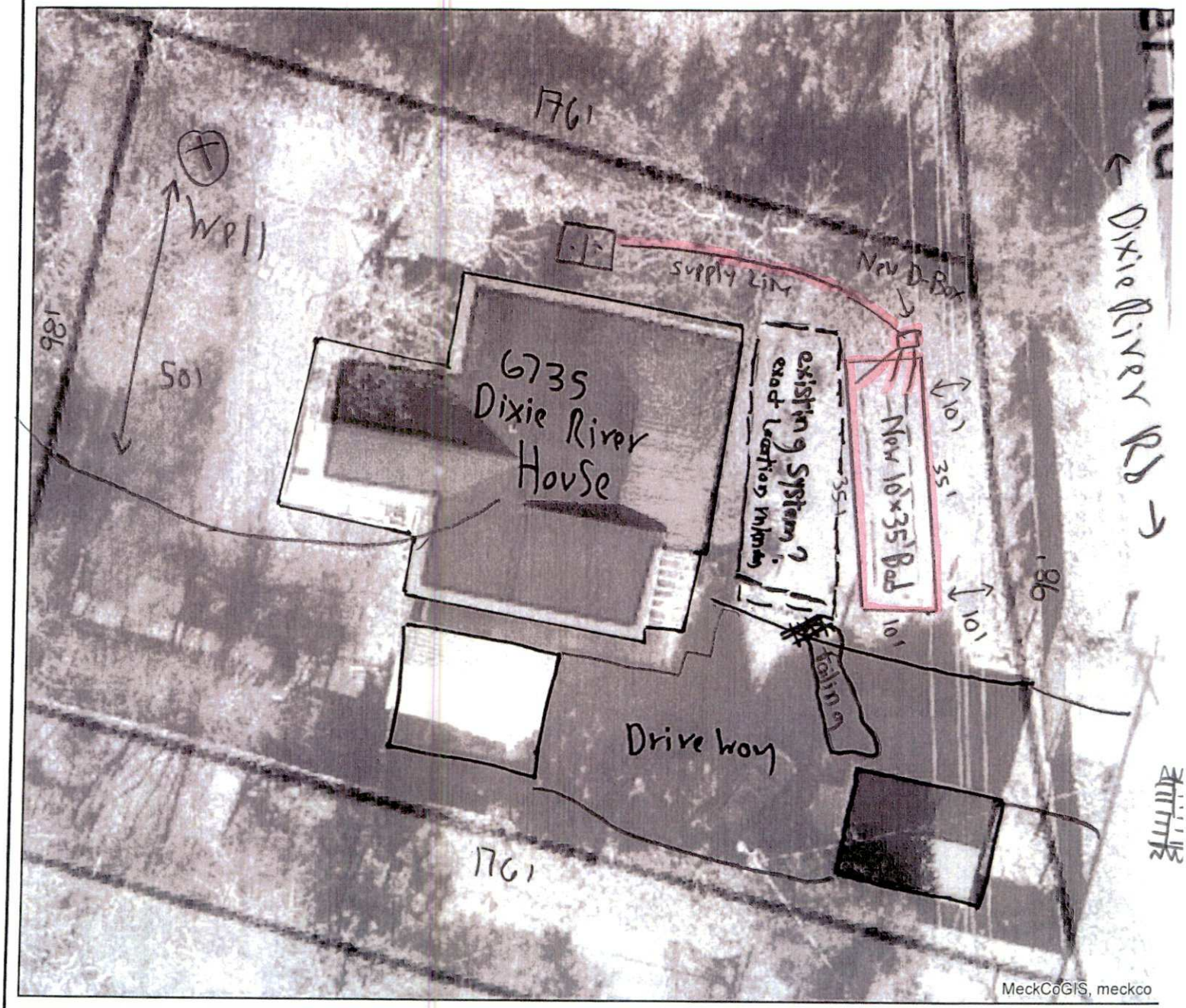
- Pre-Construction Meeting Required
- Very tight Lot. Stay 10ft off the property Line.
- Keep Bed Level
- Bed will need to be deeper closer to tank. (Backing grade)
- Check house for Leaks
- Low flow fixtures, recommended
- If existing System is encountered during installation. Dam off old System with Bentonite.

Comments: System Classification & Type: _____

Authorized Agent: Brandon Hult Signature: Brandon Hult

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



New 10'x 35' Bed, 48"- 50" deep, keep Bottom of Bed Level
- top of System (closer to tank) will need to be deeper to get level Bed Bucking grade.
- New D-Box

6"Sand Bed Bottom, 12" gravel on top of sand Corrugated pipe on gravel.

Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15332
PID #: 113 211 30
File #: 18294

Authorized Agent: Brandon Shutt Date: 4/3/25

Owner/ Legal Agent: _____ Date: _____

1 inch = 20 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 # 18294 App# 15332 Tax Parcel# 113 211 30

Property Owner: Thomas O' Neil

Job Location Address: 6735 Dixie River Rd

City: Charlotte State: NC Zip Code: 28209

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.**

Braedon Shelton — Authorized Agent

7/8/25 — Date

Steve Autry — Others Present

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

On-Site Wastewater Section

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

File #: 18294 Permit #: 15332 Tax Parcel #: 113-211-30

Property Owner: Thomas O'Neil

Job Location Address: 6735 Dixie River Rd

City: Charlotte State: NC Zip Code: 28208

Operation Permit Issuance Date: 7/8/25 Contractor Name: Steve Autry

Permitted Design Flow: — GPD Liquid Capacity of Dosing Tank: — gallons

Liquid Capacity of Septic Tank: existing gallons Tank Manufacture — Effluent Pump Model: —

Drainfield Installation ☒ N/A

Trench Depth: _____ inches * Repair

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: —

Excavation Inspected: —

Pump & Controls Inspected: 7/8/25

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 48 inches

Bed Width: 12 feet

Total line length: — feet

# of Lines: 2 @ 35 feet

Depth of Media: — inches (Type) Corrugated pipe

Depth of Cover: ≥6 inches

Distribution Device: D-Box

22" gravel 6" sand

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

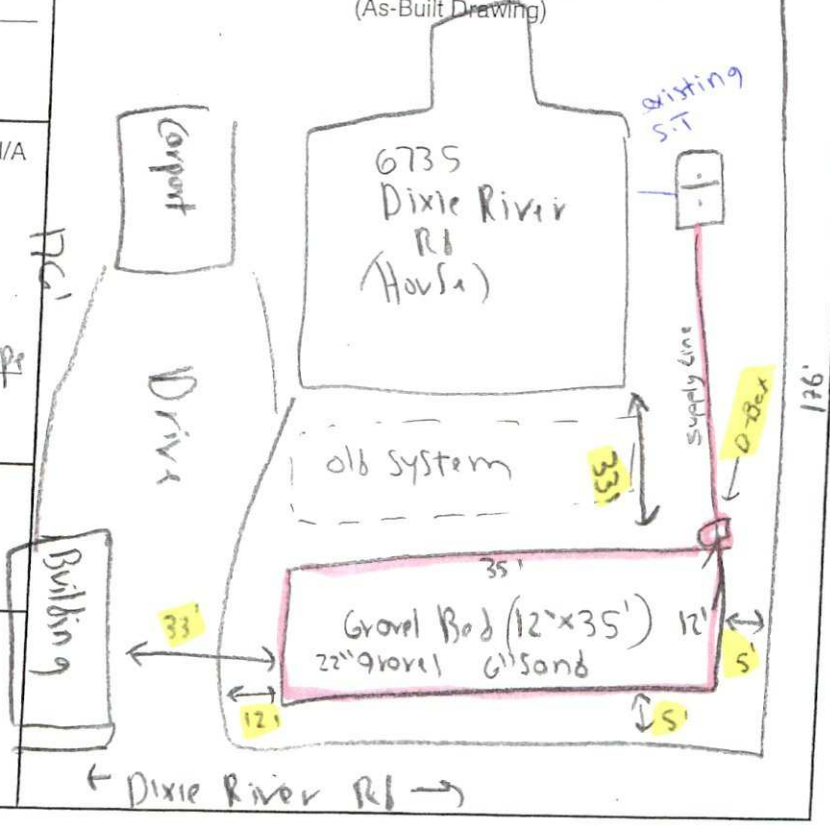
System Installation Setbacks

Distance from Building Foundation: ≥5 feet

Distance from Property Line: 5 feet Deeded prior 1981

Distance from Water Supply Source: ≥50 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 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: IIb, 9, N/A MA 12'x35' Bed 22" gravel 6" sand. Corrugated Pipe (old system Disconnected)

DENR Authorized Agent: Braedon Shelton Signature: Braedon Shelton

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 #: 18294 Permit #: 15332 Tax Parcel #: 113-211-30

Property Owner: Thomas O' Neil

Job Location Address: 6735 Dixie River Rd

City: Charlotte State: NC Zip Code: 28200

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: IIB

*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: Repair System. System was failing
New 12'x35' Bed 22" gravel, 6" Sand
(Corrugated Pipe)

DENR Authorized Agent: Braeden Shelton Date: 7/8/25

Signature: Braeden Shelton