SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 87860

Assigned Inspector: Tray.

☐ 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: 5/19/26

☐ Release final hold in Winchester/ Accela: _____

Comments:

Repair complete - Tank Replacement Only

878608/16216

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: 139-033-75
STREET ADDRESS: 9912 Stonebridge Way
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Stonebridge
LOT #: 73 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: 3600
NUMBER OF BEDROOMS: 4
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: -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 _____

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?** 9/20/2017 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Richard and Robin Bowers
ADDRESS: 9912 Stonebridge Way
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: 720.272.4592
FAX: _____
E-MAIL: richardkbowers@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

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

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.

_____ (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.

Richard K. Bowers
Property Owner's or Owner's Legal Representative Signature

March 17, 2026
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:

File #: _____

PROPOSED PLOT PLAN

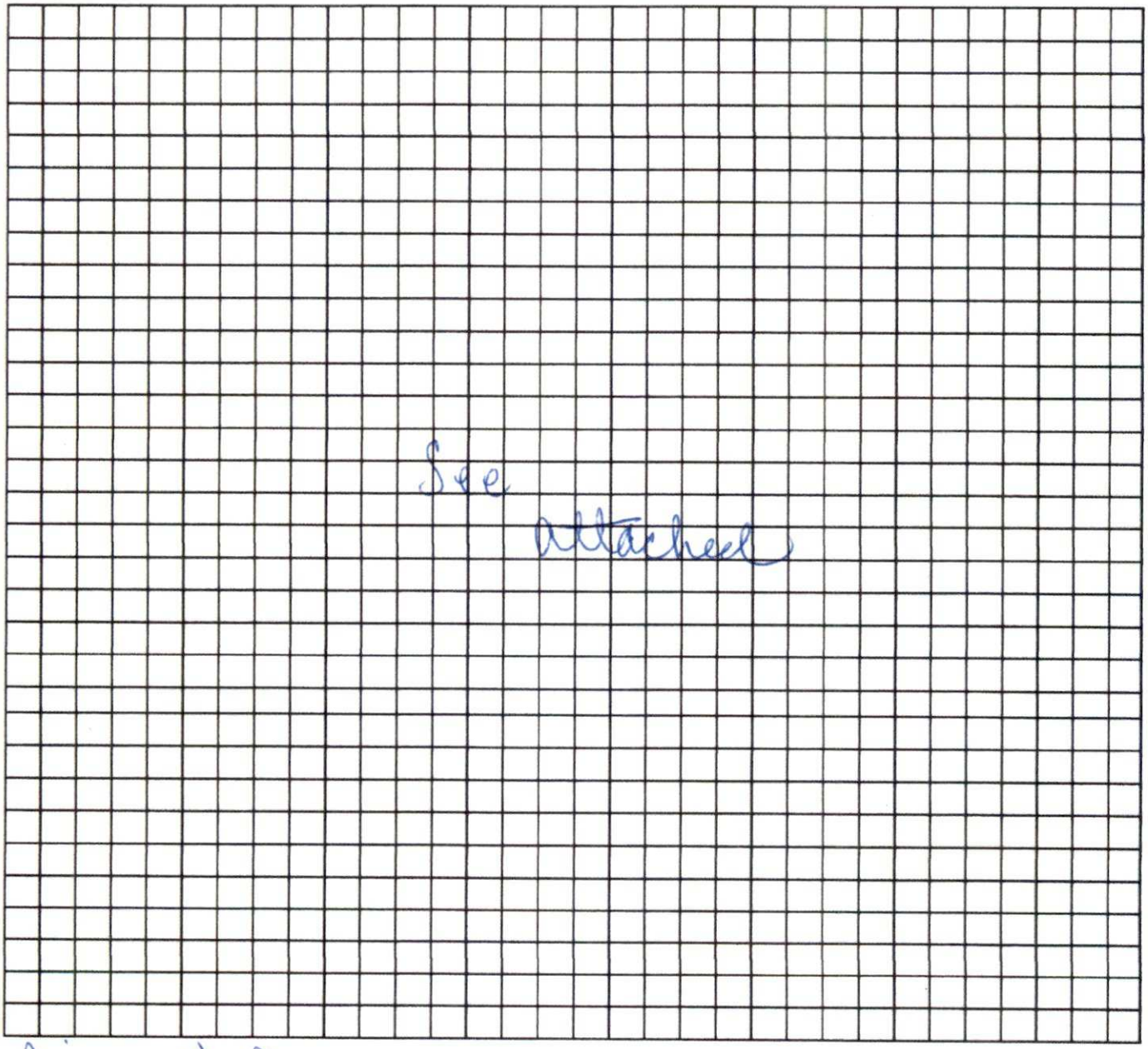
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 9912 Stonebridge Way

Tax Parcel #: 139-033-75

Subdivision Name: Stonebridge

Lot #: 73



Richard K. Powers

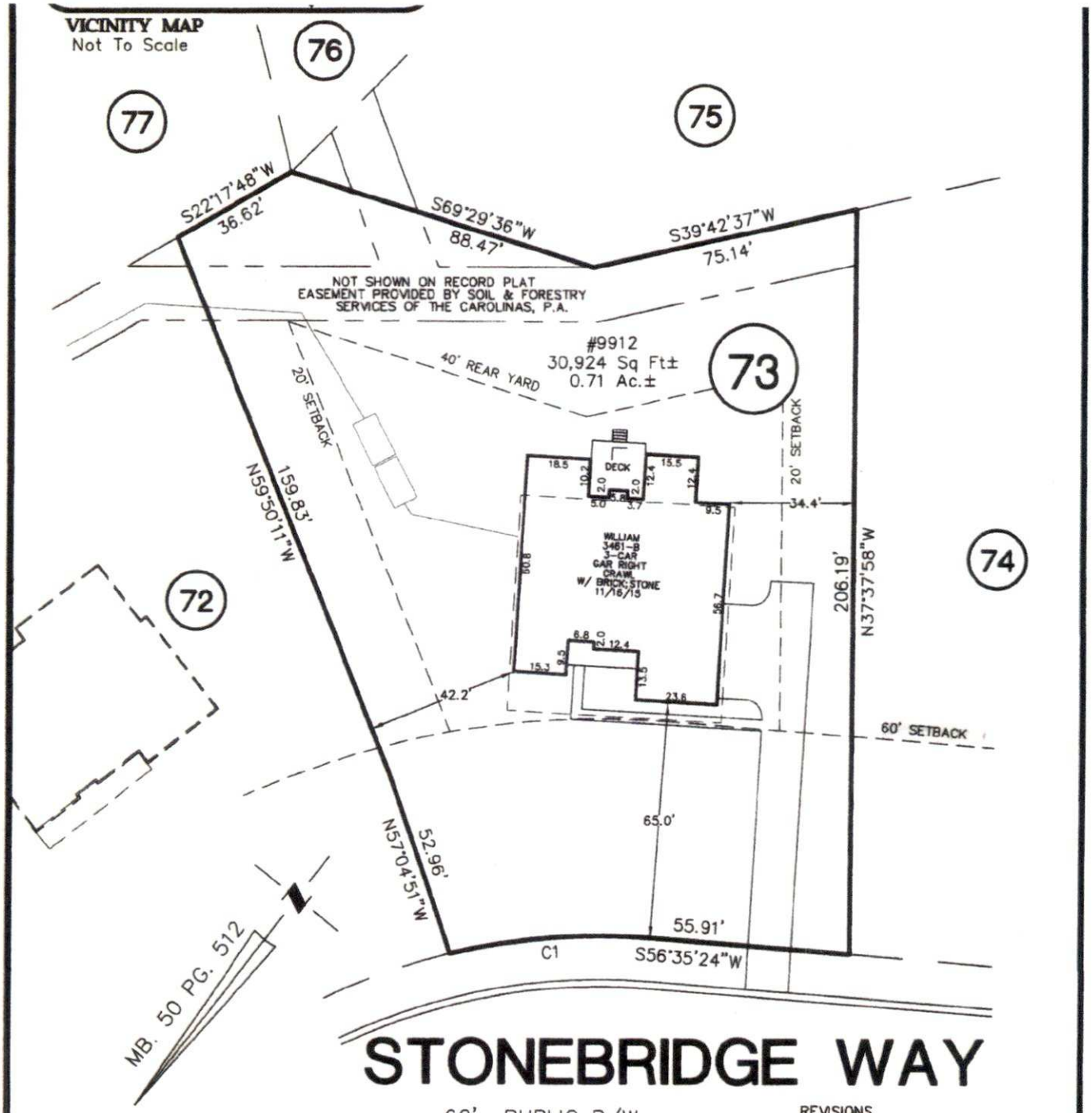
Property Owner's or Owner's Legal Representative Signature

March 17, 2026

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



REVISIONS

REV. #	DATE	COMMENT
REV. #1	5/10/16	UPDATED HOUSE PLAN

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

B

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

40 0 40
SCALE: 1" = 40'

HOUSE LOCATION PLOT PLAN
FOR

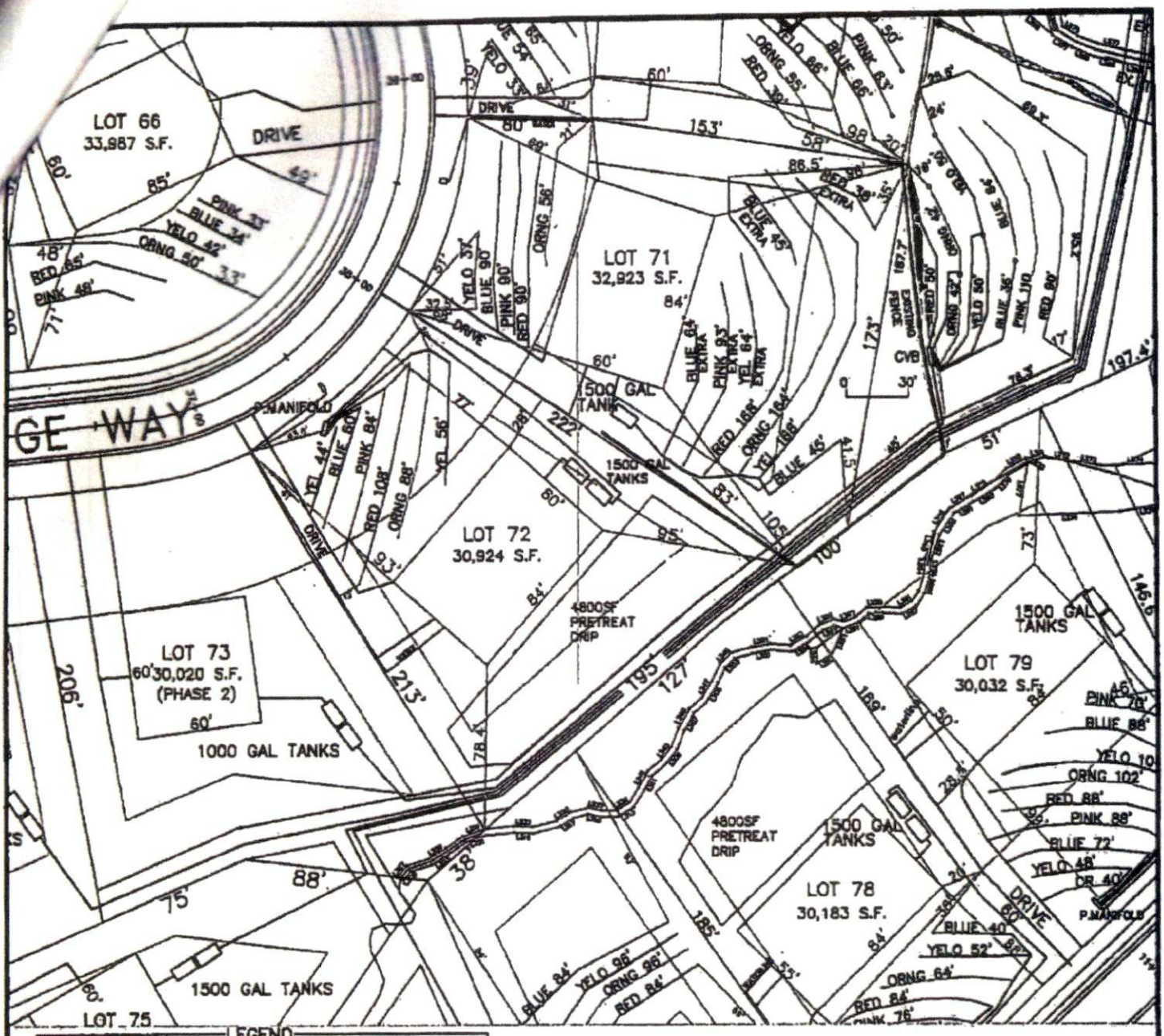
LOT 73, STONEBRIDGE, PHASE 2 MAP 3
Town of Mint Hill, Mecklenburg County, North Carolina

PROPERTY OF: LIVEWELL HOMES

MAP BOOK 50 PAGE 512 DEED REFERENCE

DRAWN BY: ERG | DATE: APRIL 20, 2016

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS (C-1833)
10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 927-8080
FAX (980) 309-0842



LEGEND

LINE #	COLOR	LENGTH
1	RED	57'
2	ORANGE	90'
3	YELLOW	110'
4	BLUE	120'
5	PINK	110'
6	RED	90'

SYSTEM INFO: PANEL BLOCK; .3 LTAR
REPAIR INFO: PANEL BLOCK; .3 LTAR

GRAPHIC SCALE
1" = 100'

100' 0 100' 200'

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

Figure 1. Septic System Layout and House Plan Layout performed by S&FS, PA

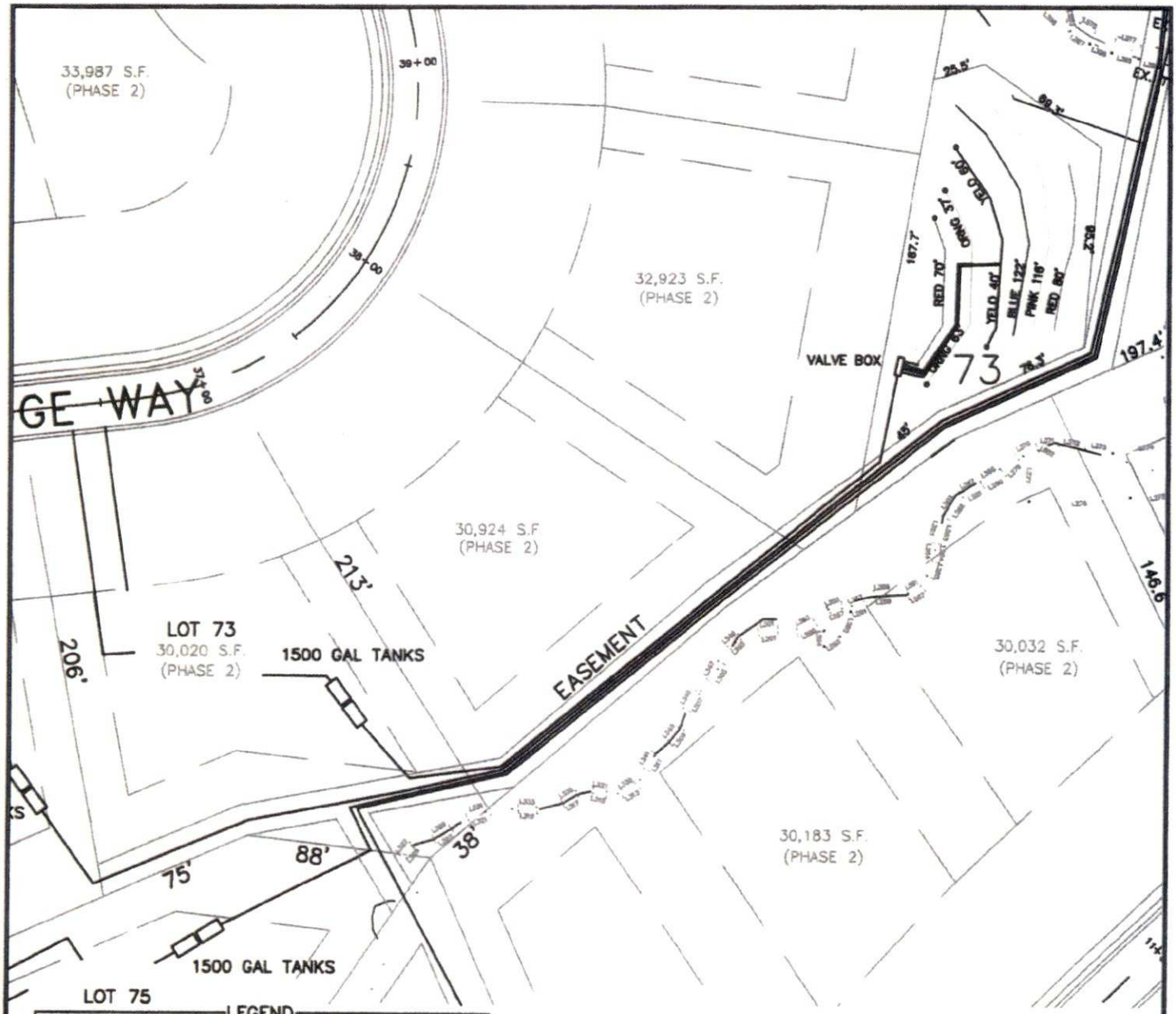
SHEET TITLE
SEPTIC SYSTEM LAYOUT/PRELIM SITE PLAN SKETCH MAP

PROJECT NAME
LIFEWELL HOMES
STONEBRIDGE LOT 73
MECKLENBURG COUNTY, NORTH CAROLINA
April 2007

Soil & Forestry Services of the Carolinas, PA
P.O. Box 832
Mooresville, NC 28115

SCALE: 1"=100'
PROJECT NO.

Septic Plans



LEGEND

LINE #	COLOR	LENGTH
1	RED	78'
2	ORANGE	114'
3	YELLOW	108'
4	BLUE	122'
5	PINK	116'
6	RED	80'

GRAPHIC SCALE
1" = 100'

100' 0 100' 200'

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

Figure 1. Septic System Layout and House Plan Layout performed by S&FS

SHEET TITLE:
SEPTIC SYSTEM LAYOUT/PRELIM SITE PLAN SKETCH MAP

PROJECT NAME:
HELMS CHARLOTTE HOUSING
STONEBRIDGE LOT 73
MECKLENBURG COUNTY, NORTH CAROLINA
December 2013

Soil & Forestry Services of the Carolinas, PA
P.O. Box 832
Mooresville, NC 28115

PROJECT NO.
13-1023
SCALE
1" =

For Registration Fredrick Smith
Register of Deeds
Mecklenburg County, NC
Electronically Recorded
2017 Sep 20 03:33 PM RE Excise Tax: $ 1030.00
Book: 32133 Page: 899 Fee: $ 26.00
Instrument Number: 2017127596

Fredrick Smith

NORTH CAROLINA SPECIAL WARRANTY DEED

Excise Tax: $1,030.00 Parcel Identifier No. 13903375 Verified by _____ County on the ____ day of _____, 20____
By: _____

Mail/Box to: Costner Law Office, PLLC, 10125 Berkeley Place Drive, Charlotte, NC 28262

This instrument was prepared by: Costner Law Office, PLLC, 10125 Berkeley Place Drive, Charlotte, NC 28262

Brief description for the Index: Lot 73, Stonebridge Subdivision, Phase 2, Map 3

THIS DEED made this 11 day of September, 20 17, by and between

GRANTOR	GRANTEE
Live Well Homes, LLC A SC Limited Liability Company	Richard Keith Bowers, Robin Taylor Bowers, Husband and Wife
Mailing Address: PO BOX 1345 Fort Mill, SC 29716	Property Address: 9912 Stonebridge Way Mint Hill, NC 28227

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot, parcel of land or condominium unit situated in the City of Mint Hill, Mecklenburg County, North Carolina and more particularly described as follows:

BEING all of Lot 73 as shown on plat entitled "Final Plat Stonebridge Subdivision Phase 2, Map 3" recorded in Map Book 50, Page 512, Mecklenburg County Registry.
TOGETHER WITH all appurtenant rights contained in Septic System Easement Agreements recorded in Book 29014, Page 632, Book 29014, Page 638; Book 29014, Page 644; Book 29014, Page 650; Book 29014, Page 656; Book 29014, Page 662; Book 29014, Page 668; Book 29175, Page 553; Book 31765, Page 853; Book 31765, page 857; Book 31765, Page 861; Book 31765, Page 865 and Book 31765, Page 869 in the Mecklenburg County Public Registry, in and to the Septic Easement Areas and Access Easement Areas shown on the plat recorded in Map Book 56 at Page 73 of the Mecklenburg Public Registry.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 29809 page 903.
All or a portion of the property herein conveyed ____ includes or ____ does not include the primary residence of a Grantor.
A map showing the above described property is recorded in Plat Book 50 page 512.

NC Bar Association Form No. 6 © 1/1/2010, 2013
Printed by Agreement with NC Bar Association

North Carolina Bar Association - NC Bar Form No. 6
North Carolina Association of Realtors, Inc. - Standard Form 6

Submitted electronically by "Costner Law Office, PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Mecklenburg County Register of Deeds.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor has done nothing to impair such title as Grantor received, and Grantor will warrant and defend the title against the lawful claims of all persons claiming by, under or through Grantor, other than the following exceptions:
All such valid and enforceable easements, restrictions and rights of way of record and the lien of ad valorem taxes for the current year which the grantee herein assumes and agrees to pay.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

Live Well Homes, LLC
(Entity Name)

By: _____
Print/Type Name & Title: Chris Robusto, President

By: _____
Print/Type Name & Title: _____

By: _____
Print/Type Name & Title: _____

_____ (SEAL)
Print/Type Name: _____

_____ (SEAL)
Print/Type Name:

_____ (SEAL)
Print/Type Name: _____

_____ (SEAL)
Print/Type Name: _____

State of North Carolina – County of Mecklenburg

I, the undersigned Notary Public of the County and State aforesaid, certify that Chris Robusto personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 11 day of September, 2017.

My Commission Expires: 6-14-2020

_____
Notary Public

State of North Carolina – County of Mecklenburg

I, Lauren Brinton, the undersigned Notary Public of the County and State aforesaid, certify that * Chris Robusto personally appeared before me this day and acknowledged that he is the President of Live Well Homes, LLC, and that by authority duly given and as the act of such entity, he/she signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this 11 day of September, 2017

My Commission Expires: 6-14-2020

LAUREN BRINTON NOTARY PUBLIC MECKLENBURG COUNTY, NC

_____
Notary Public

The foregoing Certificate(s) of _____ is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

_____ Register of Deeds for _____ County

By: _____ Deputy/Assistant –Register of Deeds

NC Bar Association Form No. 6 © 1/1/2010, 2013
Printed by Agreement with NC Bar Association –

North Carolina Bar Association - NC Bar Form No. 6
North Carolina Association of Realtors, Inc. - Standard Form 6

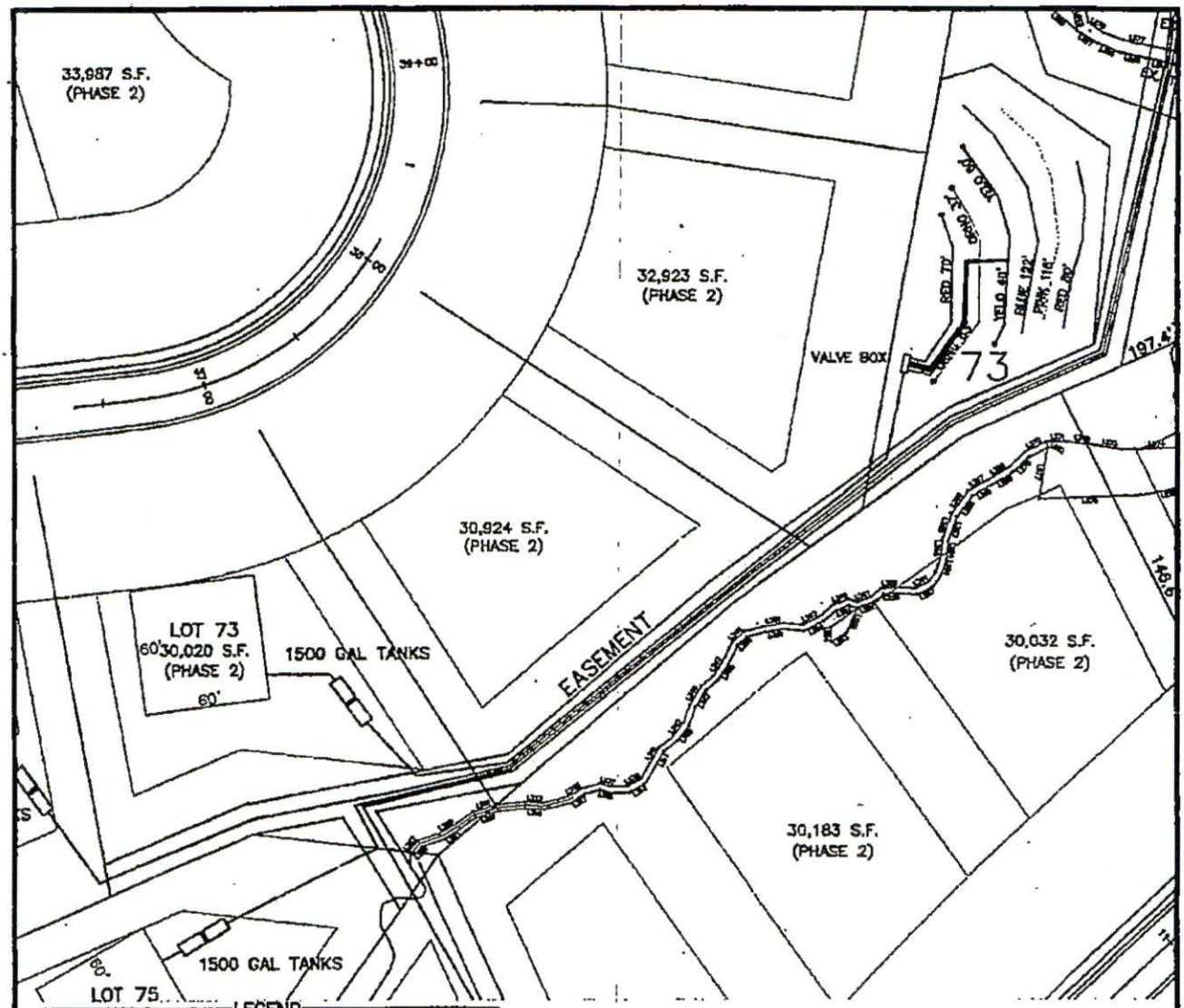


Figure 1. Septic System Layout and House Plan Layout performed by S&FS, PA

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 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 #: 8786B Permit #: 6414 Tax Parcel #: 139-033-75

Property Owner: Live Well Homes

Job Location Address: 9912 Stonebridg

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 9-5-17 Contractor Name: RCS

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 1500 gallons

Liquid Capacity of Septic Tank: 1500 gallons Infiltrator Manufacture Infiltrator Effluent Pump Model: Goulds 311 ½HP

Drainfield Installation ☐ N/A

Trench Depth: 30" inches

Trench Width: 3' feet

Line Spacing: 9' feet (O.C.)

Total line length: 270' feet

# of Lines: 6 @ Varios feet

Depth of Media: 22" inches (Type) PPBPS

Depth of Cover: 8"+ inches

Distribution Device: Valve 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: 14' feet

Distance from Property Line: 38' feet Tanks from Prop. Line

Distance from Water Supply Source: 10' feet

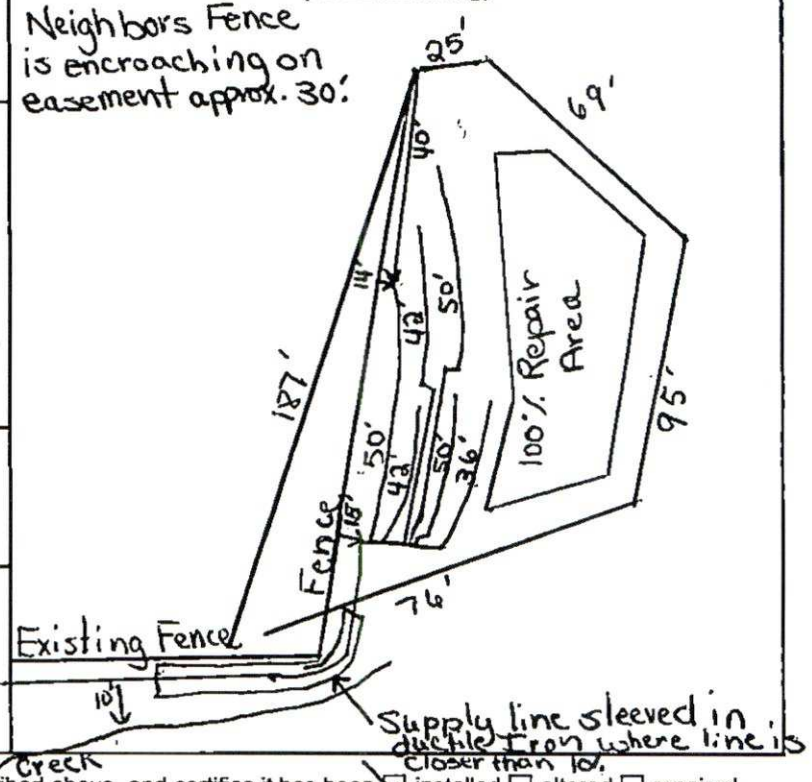
Inspection Dates

Tank(s) Inspected: 8-30-17

Excavation Inspected: 8-30-17

Pump & Controls Inspected: 8-30-17

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: IVa | PPBPS | p | NA | NA

DENR Authorized Agent: April Bumgarner Signature: April Bumgarner

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 8786B Permit #: 6414 Tax Parcel #: 139-033-75

Property Owner: Live Well Homes

Job Location Address: 9912 Stonebridge Way

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: IVa

*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: April Bumgarner Date: 9-5-17

Signature: April Bumgarner

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 #: **30006414** GWS File #: **8786B** Tax Parcel #: **139-033-75**

- 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):** 3/5/2019

Type of Installation: Residential - New System Lot Number: 73

Structure Type: HOUSE Size (ft^2): 3600 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: PPBPS-V (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	801	Total Trench Length (ft):	267
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

III. Repair System Type: Conventional **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	800	Total Trench Length (ft):	267
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

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: Jeremy Michael Owner/Legal Agent:_____
Print Name

Signature:_____ Signature:_____

Date Issued: 3/5/2014

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

PERMIT HAS EXPIRED

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30006414** GWS File #: **8786B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 3 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 septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- 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 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.

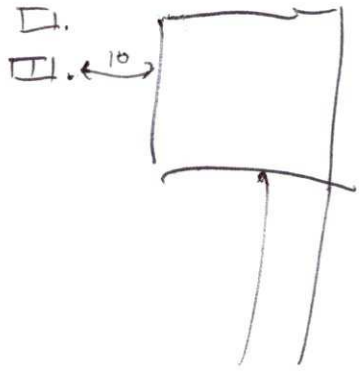
Authorized Agent: Jeremy Michael

Signature:_____

Date Issued: 3/5/2014

Owner/Legal Agent:_____
Print Name

Signature:_____


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

File #: 8786B Permit #: 16216 Tax Parcel #: 139-033-75

Property Owner: Richard & Robin Bowers

Job Location Address: 9912 Stonebridge Way

City: Mint Hill State: NC Zip Code: 28227

Improvement Permit Issuance Date: NA Construction Authorization Issuance Date: 3/19/26

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 3/19/27. 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: 480 GPD Site LTAR: NA GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: NA 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: _____

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

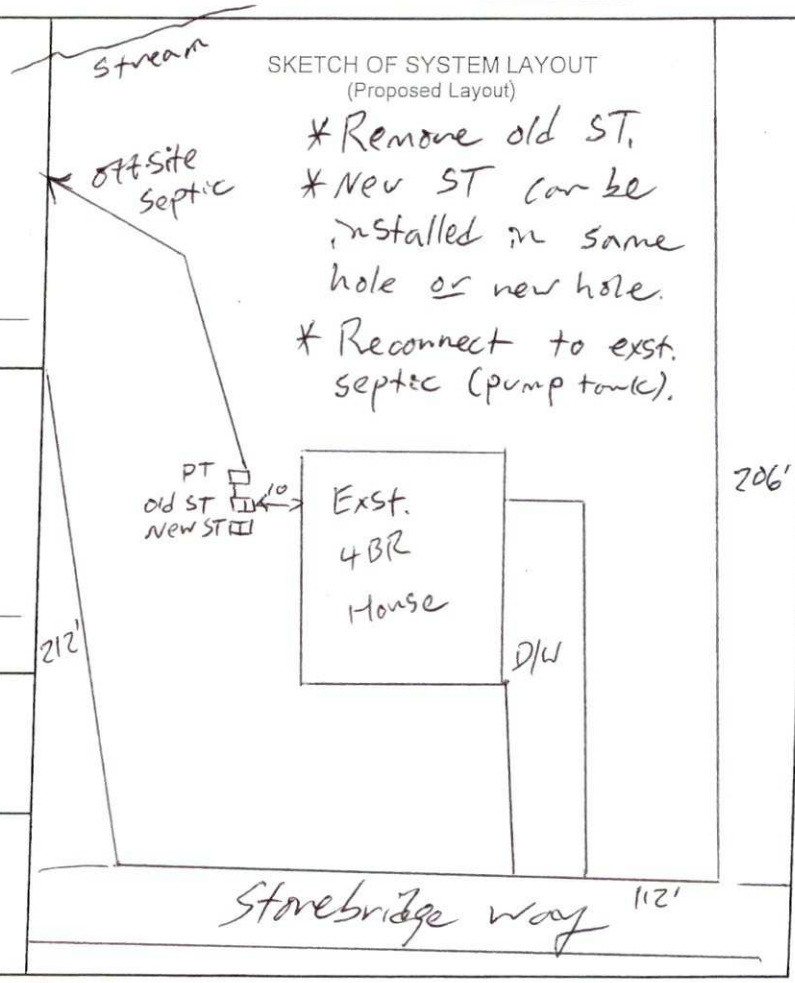
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Septic Tank only.

Authorized Agent: Troy Kling Signature: T K

Owner Signature: _____ Date: _____

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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 8786B Permit #: 16216 Tax Parcel #: 139-033-75

Property Owner: Richard + Robin Bowers

Job Location Address: 9912 Stonebridge Way

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 5/18/26 Contractor Name: Lathe & Son Plumbing Warren Shorey Lathe

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

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Infiltrator Effluent Pump Model: /

Drainfield Installation ☑ 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) _____

Depth of Cover: _____ inches

Distribution Device: _____

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

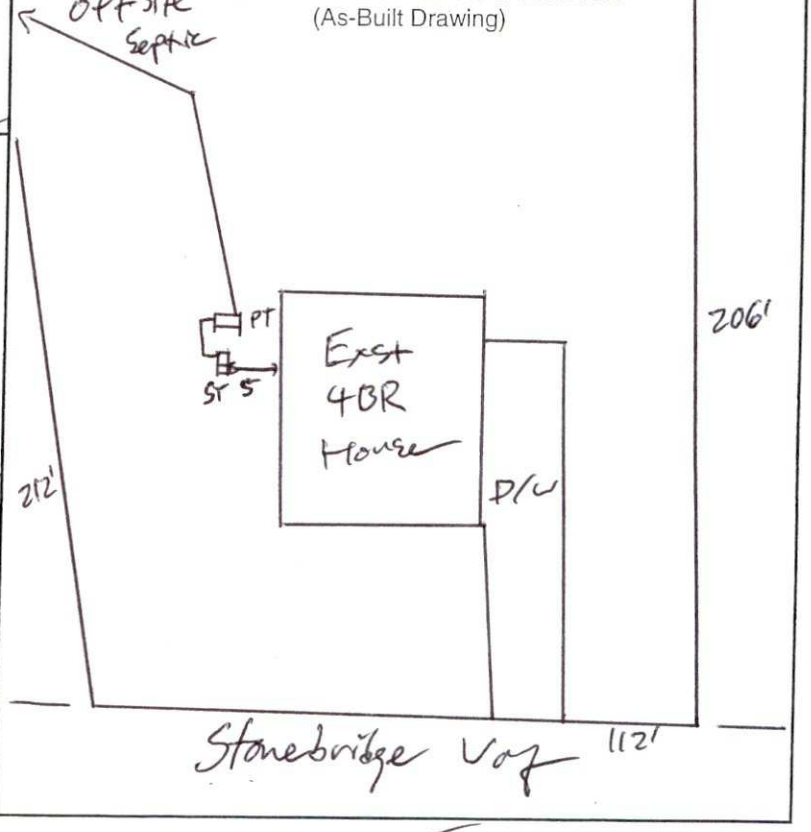
Inspection Dates

Tank(s) Inspected: 5/15/26

Excavation Inspected: /

Pump & Controls Inspected: /

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: IIIa (exst)
Septic Tank only

DENR Authorized Agent: Troy King Signature: T King

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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 8766B Permit #: 16216 Tax Parcel #: 139-033-75

Property Owner: Richard + Robin Bowers

Job Location Address: 9912 Stonebridge Way

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: IIIa

*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 Kilroy Date: 5/18/26

Signature: Ty K