SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: __12595B / 16393_____

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: 6/12/26

☐ Release final hold in Winchester: _____

Comments:

Tank Replacement Only - Caplock

Docusign Envelope ID: 94945C09-BD96-852A-82B6-5BA9DD7056A6

12595B / 16393

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 | X REPAIR | MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: X N/A | NEW WELL | MAJOR REPAIR | ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 055-141-08
STREET ADDRESS: 520 Carole Lane
CITY: Charlotte
STATE: NC ZIP: 28214
SUBDIVISION NAME: n/a
LOT #: 34328-99 LOT SIZE (acres): .47
TOWNSHIP: 34238-99

X MECKLENBURG | CORNELIUS | HUNTERSVILLE
DAVIDSON | CHARLOTTE | PINEVILLE
MATTHEWS | MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:
SINGLE MOBILE HOME | MODULAR HOME
DOUBLE WIDE | MULTIPLE FAMILY
X HOUSE | OTHER _____

HEATED SQUARE FOOTAGE: 1438
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

FOUNDATION TYPE:
CONCRETE SLAB | BASEMENT WITH PLUMBING
CRAWL SPACE | X 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: X MUNICIPAL | PRIVATE WELL | PUBLIC WELL | SHARED WELL | OTHER _____

7. PROPOSED USE OF WELL: X 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 X NO	GRADING/SOIL REMOVAL PERFORMED	YES X NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	YES X NO	JURISDICTIONAL WETLANDS	YES X NO
WELLS, SPRINGS, OR WATER LINES	YES X NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	YES X NO
EASEMENTS OR RIGHT-OF-WAYS	YES X NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	YES X NO
CHEMICAL/PETROLEUM STORAGE TANKS	X YES NO	KNOWN UNDERGROUND CONTAMINATION	O YES X NO
WASTE STORAGE	YES X NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	YES X NO

HAS 811 BEEN CONTACTED AND IDENTIFIED ANY UNDERGROUND UTILITIES ON THE PROPERTY IF YES, YES X 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? 6/11/2026 ☐ N/A

12. PROPERTY OWNER:

NAME: Mayastha Carolina Diaz
ADDRESS: 520 Carole Lane
CITY: Charlotte
STATE: NC ZIP: 28214
WORK PHONE: _____
MOBILE PHONE: 980 474 5409
FAX: _____
E-MAIL: diaz.may94@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

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)**

MCD
_____ (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.

DocuSigned by:
_____
B1DED793125245D...
Property Owner's or Owner's Legal Representative Signature

6/4/2026 | 12:48 PDT
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ N/A DATE FEE RECEIVED: 6/11/26

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

APPLICATION PROCESSED BY: MD

GWS FILE NUMBER ASSIGNED: 125958

APPLICATION ID NUMBER ASSIGNED: 16393

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

Docusign Envelope ID: 94945C09-BD96-852A-82B6-5BA9DD7056A6

File #: 12595B

PROPOSED PLOT PLAN

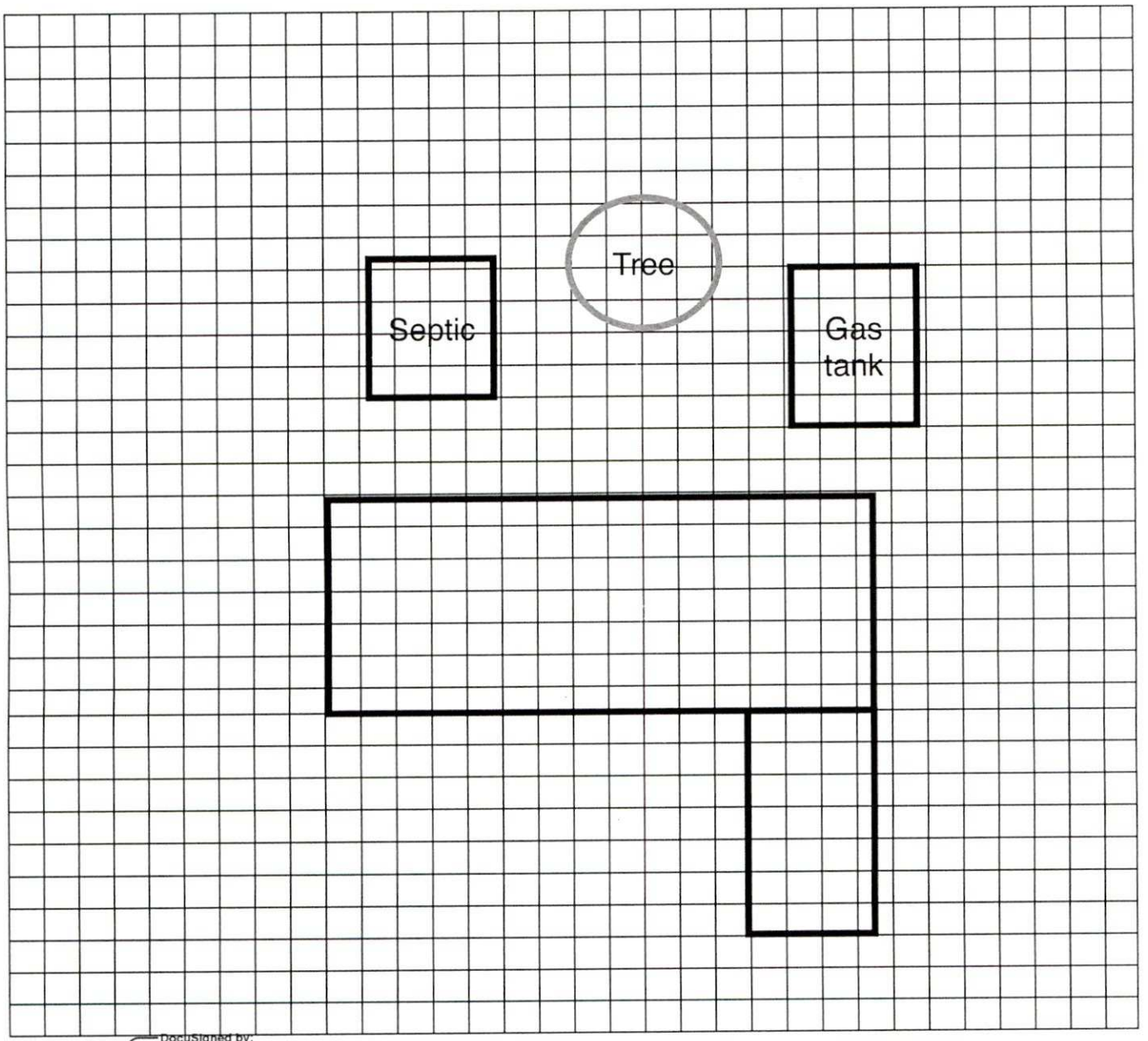
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 520 Carole Lane

Tax Parcel #: 055-141-08

Subdivision Name: n/a

Lot #: 34328-99



DocuSigned by:

Property Owner's or Owner's Legal Representative Signature

6/4/2026 | 12:48 PDT

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

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 #: 12595B Permit #: 16393 Tax Parcel #: 05514109

Property Owner: Mayastha Diaz

Job Location Address: 520 Carole Ln

City: Charlotte State: NC Zip Code: 28214

Improvement Permit Issuance Date: 6/8/24 Construction Authorization Issuance Date: 6/8/24

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: Existing GPD

Liquid Capacity of Septic Tank: 1000 gallons

Site LTAR: ~ GPD/ft²

Liquid Capacity of Dosing Tank: _____ gallons

Drainfield Design ☒ N/A Re-Connect to the existing Drainfield

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 _____

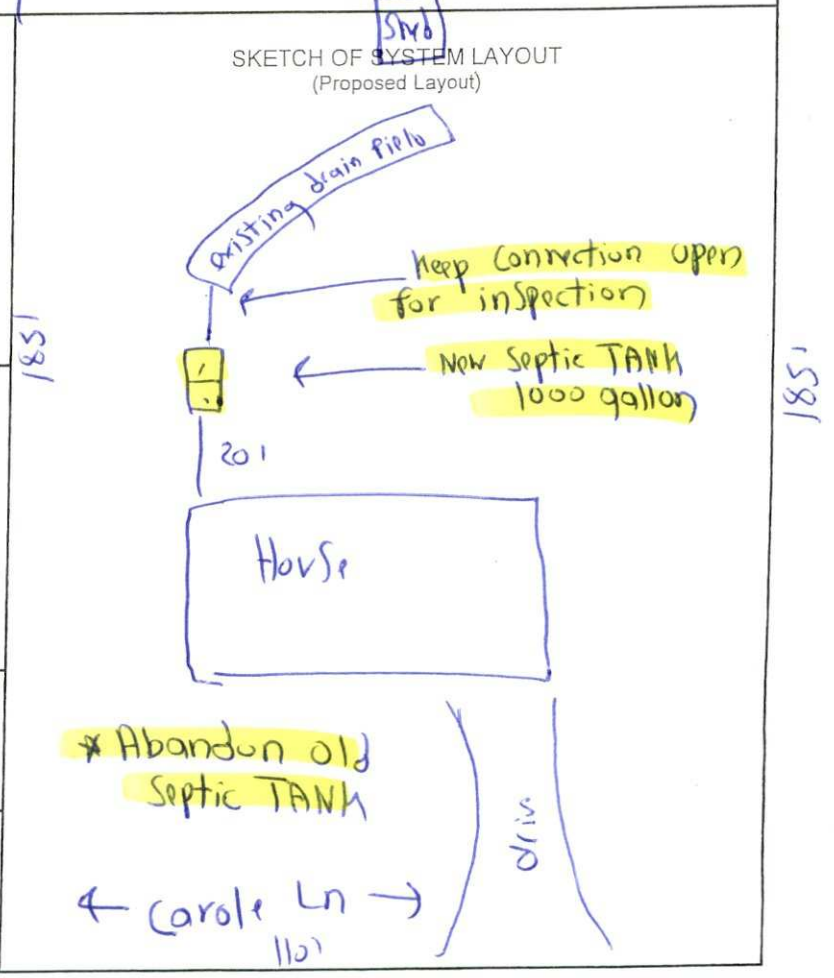
Minimum System Setbacks

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: TANK ONLY, reconnect into the existing drainfield. Keep the connection to the drainfield open for inspection.

Authorized Agent: Braedon Shelton Signature: Braedon Shelton

Owner Signature: _____ Date: _____

Phone: (980) 314-1650 Fax: (704) 336-6894

On-Site Wastewater Section

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

File #: 12595B Permit #: 16393 Tax Parcel #: 05514109

Property Owner: Mayostha Diaz

Job Location Address: 520 Carole Ln

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 6/11/24 Contractor Name: Carolina Septic Pro

Permitted Design Flow: Existing GPD

Liquid Capacity of Septic Tank: 1000 gallons

Liquid Capacity of Dosing Tank: — 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: ≥15 feet

Distance from Property Line: ≥10 feet

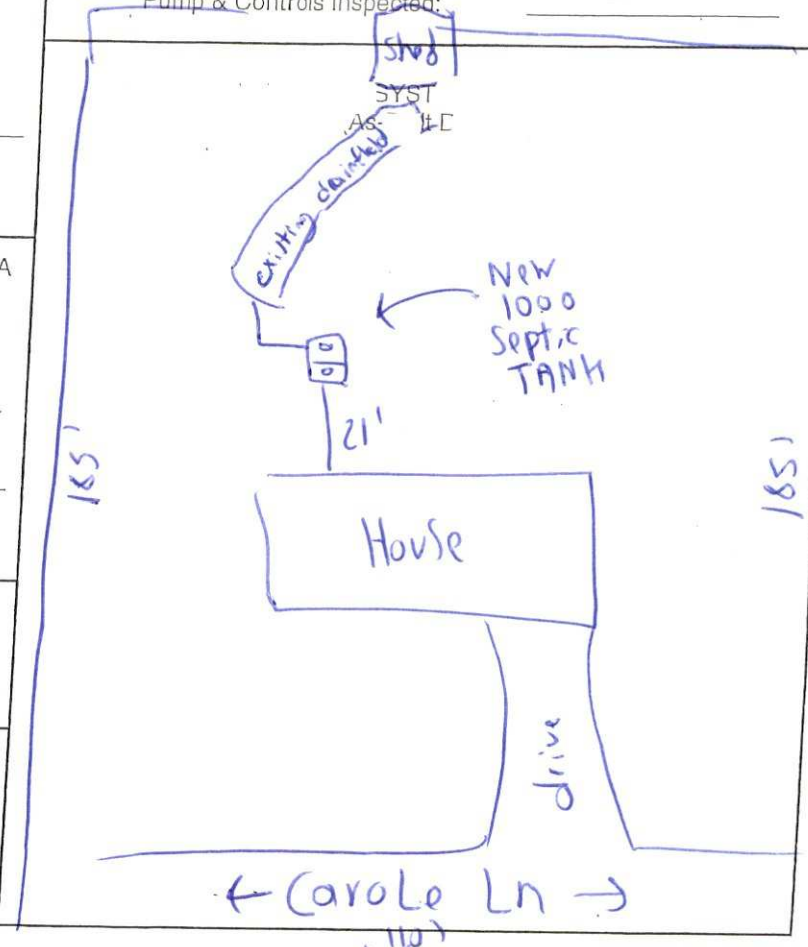
Distance from Water Supply Source: ≥10 feet

Inspection Dates

Tank(s) Inspected: 6/11/24

Excavation Inspected: —

Pump & Controls Inspected: —



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: Septic TANK, 9, NA, NA re-connected into the existing system.

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 #: 12595B Permit #: 16393 Tax Parcel #: 05514108

Property Owner: Mayostha Diaz

Job Location Address: 520 Carole Ln

City: Charlotte State: NC Zip Code: 28214

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: TANK ONLY

*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: Braedon Shelton Date: 6/11/26

Signature: Braedon Shelton