SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC A2

IP & CA

File Number: 119378 / 15075

Assigned Inspector: Patrick / Troy

☒ IP & CA $180.00: MM 11/5/24 Initial/Date

☒ OP $200.00: MM 11/5/24 Initial/Date

☐ ~~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: 8/26/25

☒ Release final hold in Winchester: _____

Comments:

Please let applicant know that the permit is approved. Thanks. ✓ 11/13/24 MM

119378 / 15075

5 NOV '24 AM 10:21

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: 13704246

STREET ADDRESS: 6141 and 6143 Wilgrove-Mint Hill Road

CITY: Charlotte

STATE: NC **ZIP:** 28227

SUBDIVISION NAME:

LOT #: _____ **LOT SIZE (acres):** 1.15

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 2 Houses

HEATED SQUARE FOOTAGE: 3,948

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 10

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? _____ ☑ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Napoli Farms Management Group LLC
ADDRESS: 2161 Wilgrove-Mint Hill Road
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE:
MOBILE PHONE: (704) 936-6987
FAX:
E-MAIL: joel@fortitudeins.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Larry Thompson
ADDRESS: PO Box 541
CITY: Midland
STATE: NC ZIP: 28173
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

11/4/24
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: 11/5/24

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

APPLICATION PROCESSED BY: MW

GWS FILE NUMBER ASSIGNED: 119378

APPLICATION ID NUMBER ASSIGNED: 15075

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 #: 11937B

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: 6141 and 6143 Wilgrove-Mint Hill Road

Tax Parcel #: 13704246

Subdivision Name: _____

Lot #: _____

SEE ATTACHED SEPTIC PROPOSAL

Property Owner's or Owner's Legal Representative Signature

11/4/24
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

Ortiz-Noga, Manuela

From: Larry Thompson <larry@thompsonenv.com>
Sent: Tuesday, November 5, 2024 9:01 AM
To: WellReg; Michelone, Jeremy
Cc: Joel Canino
Subject: [External]6141 and 6143 Wilgrove-Mint Hill Road A(2) Permit Package (11-05-24).pdf
Attachments: 6141 and 6143 Wilgrove-Mint Hill Road A(2) Permit Package (11-05-24).pdf; Residential Permit Application - Septic.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

Attached to this email you will find an A(2) permit package for the homes that are currently under construction at 6141 and 6143 Willgrove-Mint Hill Road, Charlotte. Also attached is a county septic permit application.

The owner (Joel Canino), Napoli Farms Management Group LLC is copied in this submittal.

Please let us know if you need anything additional to help with processing.

Thank you,

Larry Thompson, PWS, LSS
Thompson Environmental Consulting, Inc.
www.thompsonenv.com
704-301-4881 cell

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/05/24	**Amount:**	180.00
Receipt #:	151554	**Tendered:**	180.00
Check / Auth #:	MC 01820Q	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: NAPOLI FARMS MGT GRP LLC
Attn: JOEL CANINO
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0789	A2 Session Law IP/CA Combo 6141 WILGROVE-MINT HILL RD	1	180.00	180.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	580.00			2,737.50	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/05/24	**Amount:**	200.00
Receipt #:	151555	**Tendered:**	200.00
Check / Auth #:	MC 01820Q	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: NAPOLI FARMS MGT GRP LLC
Attn: JOEL CANINO
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 6141 WILGROVE-MINT HILL RD	1	200.00	200.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	580.00			2,737.50	

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: Napoli Farms Management Group LLC
Mailing Address: 6127 Wilgrove-Mint Hill Road
_____
City: Charlotte
State: NC Zip: 28227
Phone #: 704.936.6987
Email: joel@fortitudeins.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: Joel Canino Date: Nov 5, 2024

Permit/File #: 15075 / 11937B

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: 13704246

Issued To: Napoli Farms Management Group LLC

Property Location: 6141 and 6143 Wilgrove-Mint Hill Road, Charlotte, NC 28227

Subdivision (if applicable)_____ Lot #: _____ Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Larry Thompson, LSS

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: (2) Single-Family Residences

Number of bedrooms: 5 Number of Occupants: 10 Other: _____

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

Proposed Design Daily Flow: 600 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3

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

Proposed Wastewater System Type*: Type IIIb - VPPBPS (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: 47 Usable Depth to LC (Repair)ˣ: 47 ***ˣ Limiting Condition***

Max. Trench Depth (Initial)‡: 35 Max. Trench Depth (Repair)‡: 35 ***‡ 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: 11-04-24

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 #: 15075/11937B

This Section for Local Health Department Use Only

Initial submittal received: 11/8/24 (Date) by TK (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 Kling Date: 11/12/24

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: 11/12/29

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 #: 15075/11937-B

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

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

PIN/Lot Identifier: 13704246

Issued To: Napoli Farms Management Group LLC

Property Location: 6141 and 6143 Wilgrove-Mint Hill Road, Charlotte, NC 28227

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

Facility Type: (2) Single-Family Residences

Number of bedrooms: 5 Number of Occupants: 10 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 IIIb - VPPBPS (Initial) Type IIIb - VPPBPS (Repair)

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

Design Daily Flow: 600 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: 1,500 gallons Total Trench/Bed Length: 340 feet Trench/Bed Spacing: 2 feet on center

Trench/Bed Width: 24 inches LTAR: 0.3 gpd/ft² Usable Depth to LC (Initial)ˣ: 47 ˣ***Limiting condition***

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth‡: 35 inches ‡ ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): 1,500 gallons Requires more than 1 pump? ☐ Yes ☑ No

Pump Requirements: 15 ft. TDH vs. 27.4 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: _____ Date: 11-04-24

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 #: 15075/11937B

This Section for Local Health Department Use Only

Initial submittal received: 11/6/24 (Date) by TK (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 Kling Date of Issuance: 11/12/24

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: 11/12/29

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

PROPERTY LEGAL DESCRIPTION:

LOT NO. _____ PHASE _____ PARCEL ID: 13704246

STREET ADDRESS: 6141 and 6143 Wilgrove-Mint Hill Road
Charlotte, NC 28227

Please print:

Property Owner: Napoli Farms Management Group LLC

Property Owner: _____

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

Larry Thompson, LSS (Contractor / Agent), of Thompson Environmental Consulting (Name of consulting firm)

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 Owner's Address (if different than property above):
6121 Wilgrove-Mint Hill Road, Charlotte, NC 28227

Telephone: 704.936.6987

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

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).

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).

Owner Signature: Joel Canino

Date: Nov 5, 2024

Owner Signature: _____

Date: _____

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

for

6141 and 6143 Wilgrove-Mint Hill Road
Charlotte, NC 28227

Tax Parcel Number: 13704246
November 4, 2024

Prepared for:

Napoli Farms Management Group LLC
6121 Wilgrove-Mint Hill Road
Charlotte, NC 28227
704-936-6987

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

Napoli Farms Management Group LLC has contracted with Thompson Environmental Consulting, Inc, (TEC) to prepare a G.S. 130A-335(a2) permit package for two new single-family residences (5 bedrooms total) being constructed at 6141 and 6143 Wilgrove-Mint Hill Road, Charlotte, North Carolina. The residences will be served by a municipal water supply.

Based upon an investigation performed by Thompson Environmental Consulting, Inc., it was determined that a sufficient amount of "Suitable" Group IV soils is available within the project study area for the installation of a **Pump-To a Vertically Installed Prefabricated Permeable Block Panel System** for the initial and proposed repair system for the proposed 600 gallon per-day project.

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, US-74 E. to Exit 246. Bear left onto NC-27 E/Albemarle Road and travel 5.7 miles. Turn right onto Wilgrove-Mint Hill Road and the properties will be located on the right in 0.7 miles.

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, January 1, 2024.

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

Primary Investigator's Credentials

NC Registered Sanitarian No. 1208
NC Licensed Soil Scientist No. 1287
NC Authorized On-Site 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 1,000 gallons (minimum) 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. Pump Tank

1. The pump tank shall be State approved, of one-piece construction, watertight, structurally sound and 1,000 gallons in capacity. Again, it is the responsibility of the septic tank contractor to thoroughly inspect each pump tank prior to accepting delivery.
2. All pipe penetrations into the tank shall be booted (i.e., C-293 boot with a stainless-steel strap).
3. The pump tank shall have access risers that extend, at a minimum, 6 inches above finished grade and must have less than 36 inches of fill over its top once finished grade has been established (a reinforced concrete tank will be required if finished soil cover is 36 inches or greater in depth).
4. The pump and alarm controls shall be provided with manual circuit disconnects within a watertight, corrosion resistant, Nema 4x rated control panel. Pump and float control wiring should be long enough to reach from the tank to the control panel without splicing, routed through wire conduit, and sealed at the openings within the pump tank as well as the control panel enclosure. It is paramount that the conduit is properly sealed to prevent the escape of flammable gases from the pump tank. Furthermore, there must be two electrical circuits for the pump tank controls: one for the pump and one for the alarm controls.
5. Panel and control equipment shall include lightning protection, be protected from unauthorized access, and always remain accessible to the system operator.
6. The pump removal system will be via a pump tether made of nylon rope or its equivalent. The tether material should be resistant to mildew and rot.

C. Pipe, Fittings and Supply Line

1. All discharge piping, connectors and supply lines should be made of SCH 40 PVC and fitted with pressure rated couplings.
2. All joints must be properly "welded" utilizing the appropriate PVC cement for each application.
3. Supply line will consist of a 2-inch SCH 40 PVC pipe with pressure fittings.

D. Pressure Manifold

1. A pressure manifold shall be used to distribute wastewater to five drainlines.

2. The pressure manifold shall be contained within an adequately sized box/vault that will allow future repair lines to be installed and is designed to allow for drainage of effluent that may accumulate in it during flushing and head pressure adjustments. The box should be placed upon a gravel base.
3. A gate valve shall be provided at the pressure manifold box to allow for final pressure adjustment (2 foot of head pressure as per design).
4. The pressure manifold shall be constructed of SCH 80 PVC.
5. There shall be 5 taps (½ inch SCH. 80 PVC - direct thread or saddle).
6. The connecting pipe between the pressure manifold taps and the drainfield shall be constructed of PVC.

E. Drainfield Installation

1. The proposed drainfield location has been marked on-site utilizing metal stemmed flags. The property owner/builder should mark this area and isolate it 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 pump-to a vertically installedprefabricated permeable block panel system – specifically the 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 initial drain field consists of five (5) lateral trenches, each being 2-feet wide by 68-feet long.**
5. 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.
6. **The maximum trench depth for this system shall be 35 inches. Each trench shall be placed on a minimum of 6-foot on centers.**
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. Once the GE Foam Sealer or tar seal rope is in place, a section of 2 inch PR160 pipe is cut to span from inside of the two chambers to the next two chambers of the following panel. If tar seal rope is used, it should be of tar or butyl that is soft and pliable to obtain a watertight seal.
11. Once the connection and sealing are complete, a block cap is placed on each end of the panel covering all openings. (These will be delivered with the panels.) The cap block may well serve as an inspection port at some future date. The trench is then ready to be backfilled to the top of the panel with the same backfill sand used in the trench bottom. With the sand to the top of the panel, trenches should be left for the sanitarian to inspect. **Soil cover should be added after the final inspection**. (At grade installation systems are required to bring in 6 inches of topsoil; suited for vegetative growth).

F. Proper Operation Check

1. After all components of the wastewater disposal system have been installed and connected, the system shall be checked for proper operation.
2. With the electrical power turned off, fill the pump tank with water until the liquid rises to a level high enough to activate the high-water alarm float. Turn on the electrical power. The alarm, alarm light and pump should activate at this time. Turn off the electrical power once these checks have been performed and prepare to set the head pressure at the valve box.

G. Pressure Head Adjustment

1. The pressure head must be adjusted to match the design specifications (2-Feet). The pressure head is measured by the height of the liquid coming from the pressure manifold.
2. Prepare a length of pipe (standpipe), cut to the desired head pressure height and fitted with a threaded adapter that will screw into the pressure manifold. Turn on pump and adjust the manifold gate valve within the supply manifold box to achieve the specified head pressure (liquid height in the standpipe should equal the design head pressure).
3. Once the pressure head has been adjusted, allow the pump to run through the remainder of the cycle. The pump float switch will automatically turn the pump off if it is operating properly. Make sure that the effluent pump is completely submerged in the remaining water, adjusting the float switch(es) as needed. This completes the checks for proper operation of the pump, alarm and float switches.
4. At this point, the manifold standpipe may be removed and replaced with a threaded plug.

H. Final Landscaping

1. Final cover over the drainfield shall be at least 6 inches deep.
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.

I. 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

J. 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

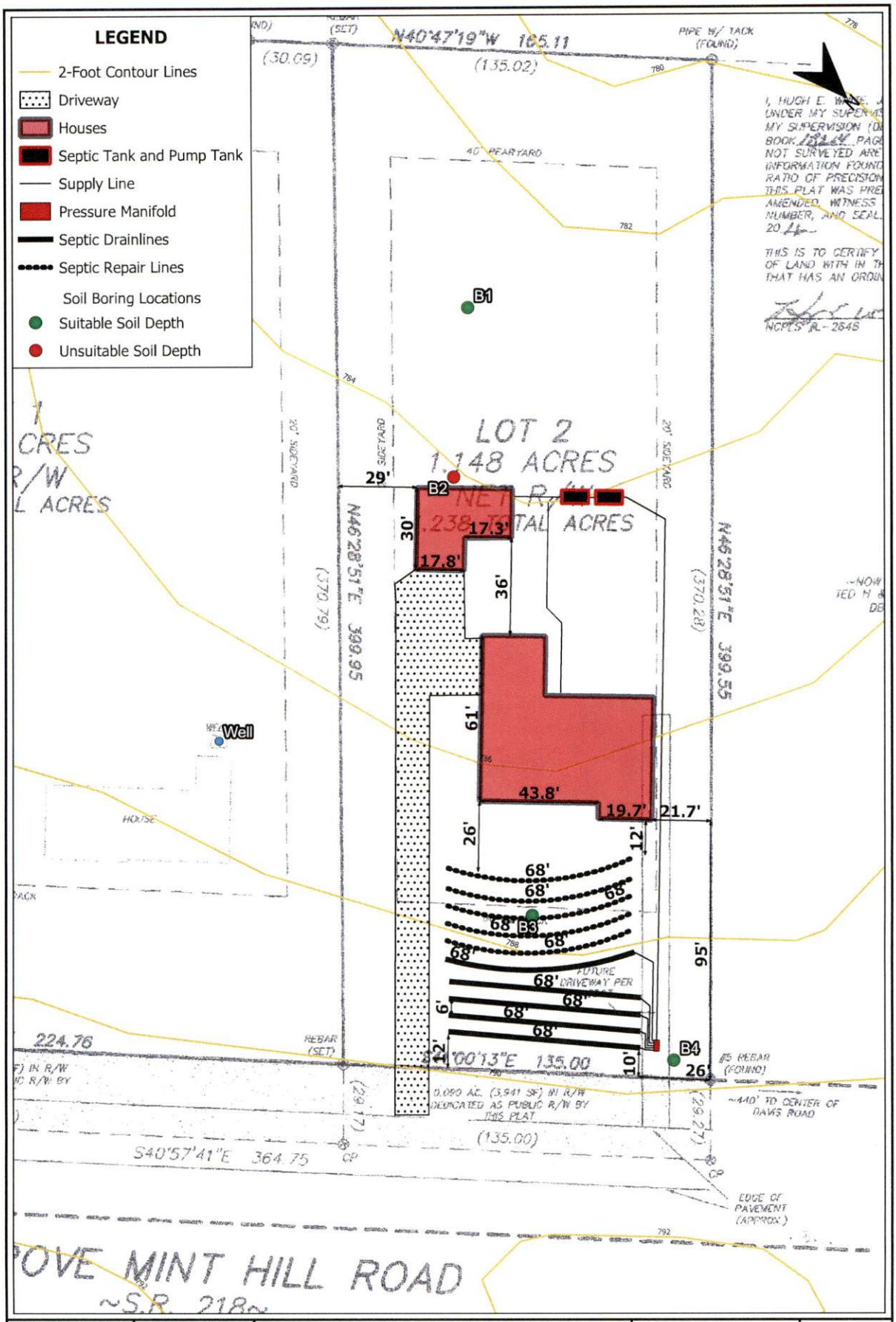
Daily Design Flow:	600 GPD – 5 bedrooms
Septic Tank Size:	1,500 Gallons (minimum)
Pump Tank Size:	1,500 Gallons (minimum)
Pump Requirements:	27.4 GPM at 15 Feet TDH
Recommended Pump:	Liberty LE40 or equiv.
Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	VPPBPS
Distribution Method:	Manifold

Number of Taps:	5 (½ Inch SCH 80 Taps)
Pressure Head:	2 Feet
Dosing Volume:	270 Gallons
Pump Run Time:	9.85 Minutes
Pump Tank Drawdown:	10.8 Inches
Number of Drainlines:	5
Drain Lines:	(5) 2-ft Wide x 68-ft Long
Total Trench Length:	340 Linear Feet
Total Number of Panels:	75
MaximimumTrench Depth:	35 Inches
Final Cover Requirement:	6 Inches

Repair Specifics

Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	VPPBPS
Required Linear Footage:	334 Linear Feet
Total Available Linear Footage:	450 Linear Feet
Maximum Trench Depth:	35 Inches
Trench Depth:	6 Inches

** See attached septic layout for more details*



Thompson Environmental Consulting	Prepared For: Napoli Farms Management Group LLC	Proposed Septic Layout County Tax Parcel: 13704246 6141 and 6143 Willgrove-Mint Hill Road Charlotte, NC 28227 Mecklenburg County	Date: November 2024 Scale: 0 20 40 ft TEC Job #: 24-404	Figure 1

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

Page 1 of 1
PROPERTY ID #: 13704246
COUNTY: Mecklenburg

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Nepal Farms Mgmt. DATE EVALUATED: 8/12/2024
ADDRESS:
PROPOSED FACILITY: 2 Homes PROPOSED DESIGN FLOW (.0400): 600 gpd PROPERTY SIZE: 1.18a
LOCATION OF SITE: 6141 Wilgrove Mint Hill Rd 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 2	0-20	SiC wbk	fissp		20"			S 0.3	
		20	Sapp							
2	L 2	0-4	fill C mass						U	
		4-12	SiC wbk	fisp						
		12-24	SiC mass wbk	fisvp						
3	L 3	0-48+	SiC sbk	fissp		48+			S 0.3	
4	L 3	0-48+	SiC sbk	fissp?		48+			S 0.3	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	S	S
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3
Maximum Trench Depth	35"	35"

SITE CLASSIFICATION (.0509): Suitable
EVALUATED BY: Gary B. Thompson, Jr.
OTHER(S) PRESENT: L. Thompson, LSS

Comments: need lot lines marked. mark water line

LICENSED SOIL SCIENTIST
GARY B. THOMPSON, JR.
1287
STATE OF NORTH CAROLINA

NCDHHS/DPH/EHS/OSWP

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).

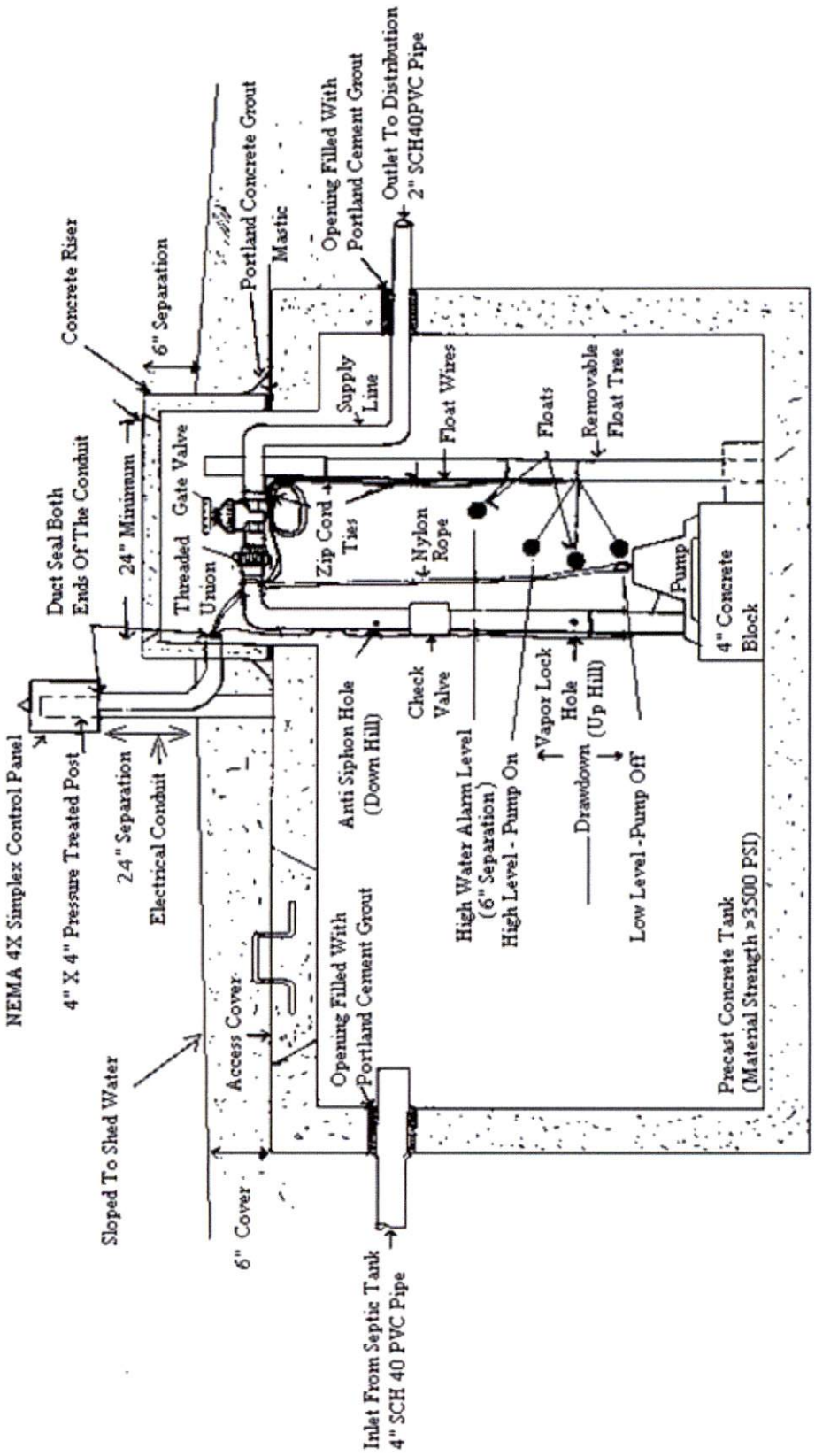
SEE FIGURE 1

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PO Box 541
Midland, NC 28107-0541

Tax ID Number: 13704246

Location: 6141 and 6143 Wilgrove-Mint Hill

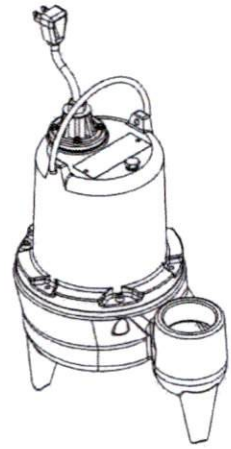
Recommended Pump Tank Design

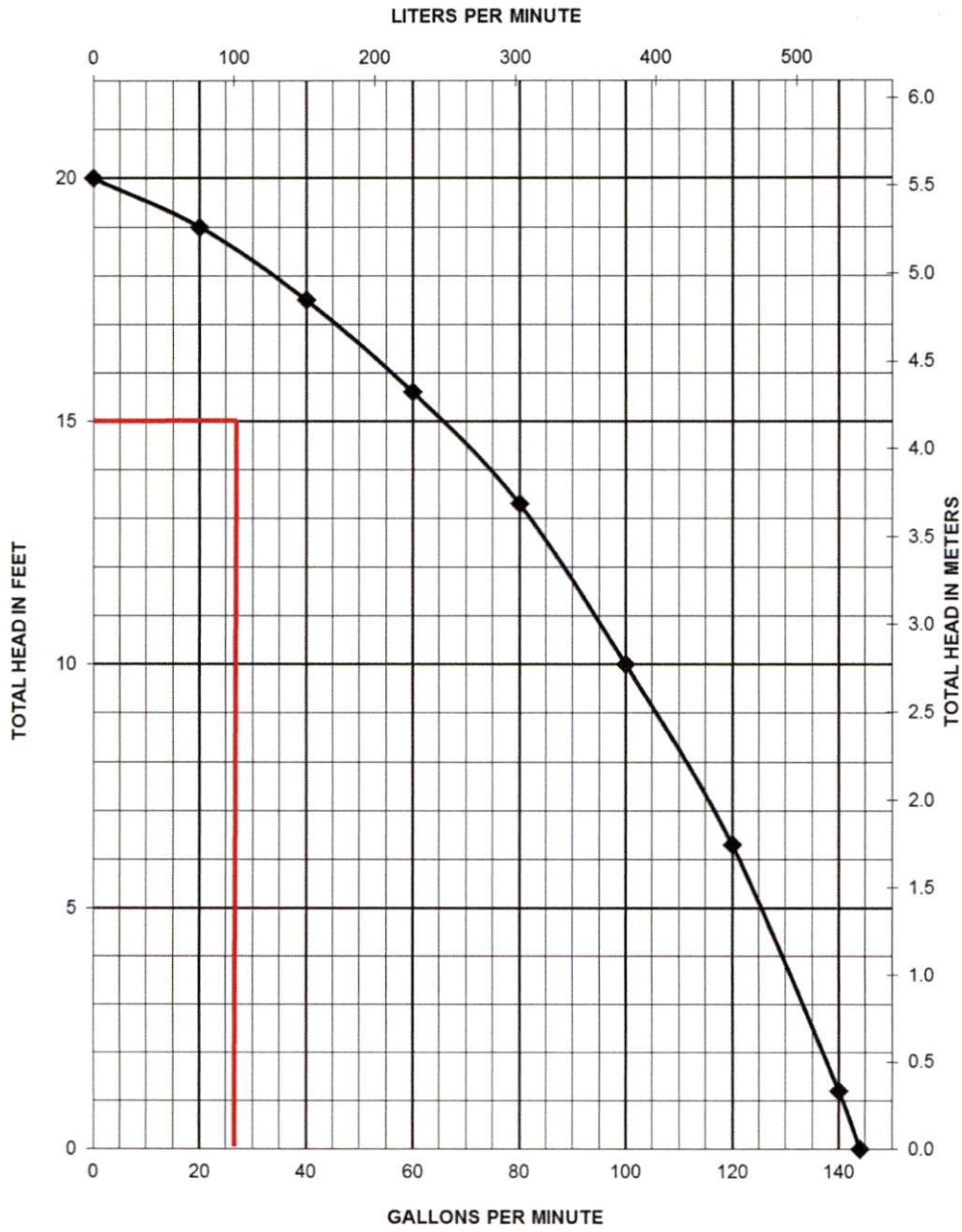


Liberty Pumps®

Pump Specifications

LE40 Series
4/10 HP Submersible Sewage Pump

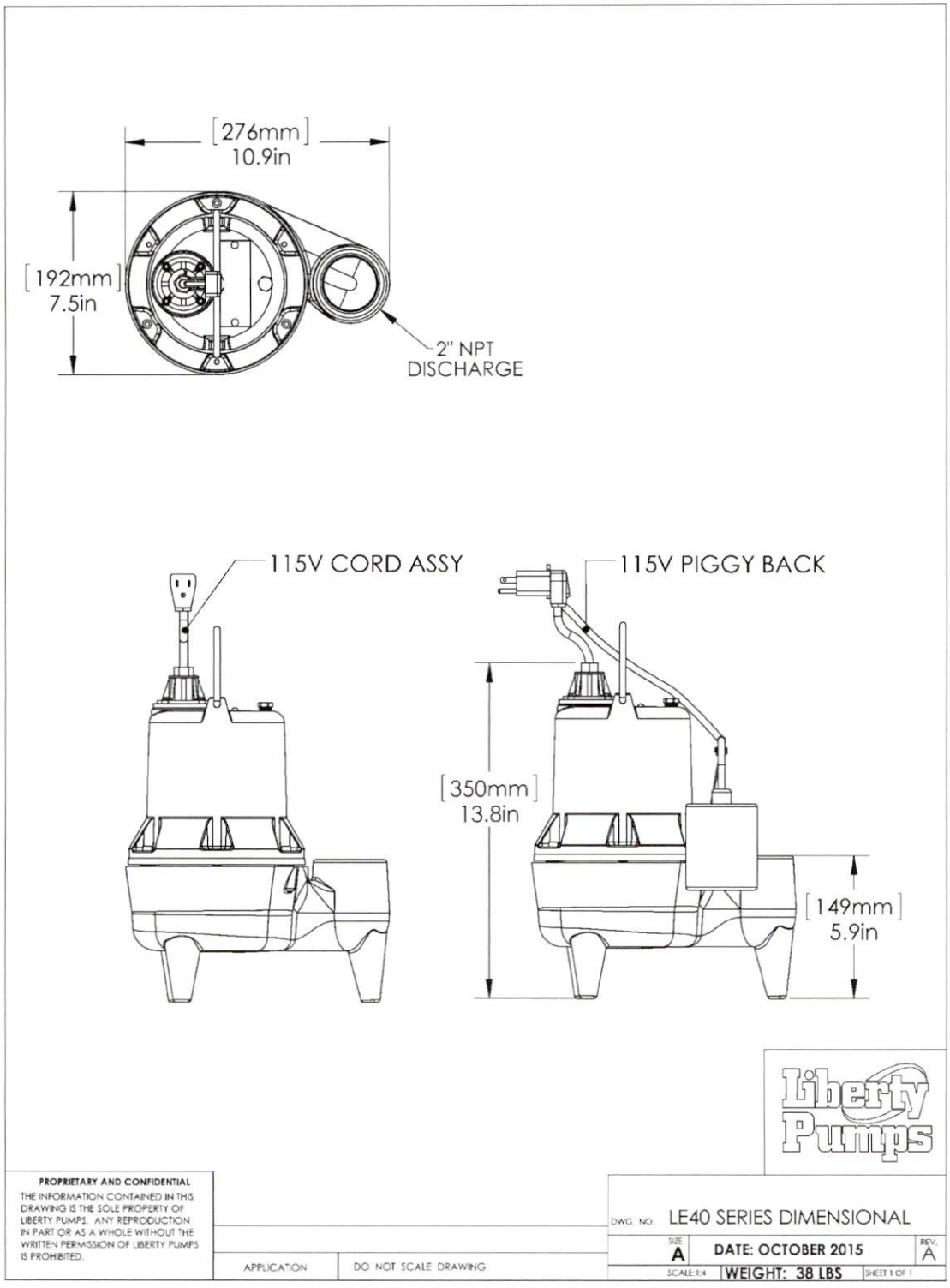




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Liberty Pumps®

LE40-Series Dimensional Data



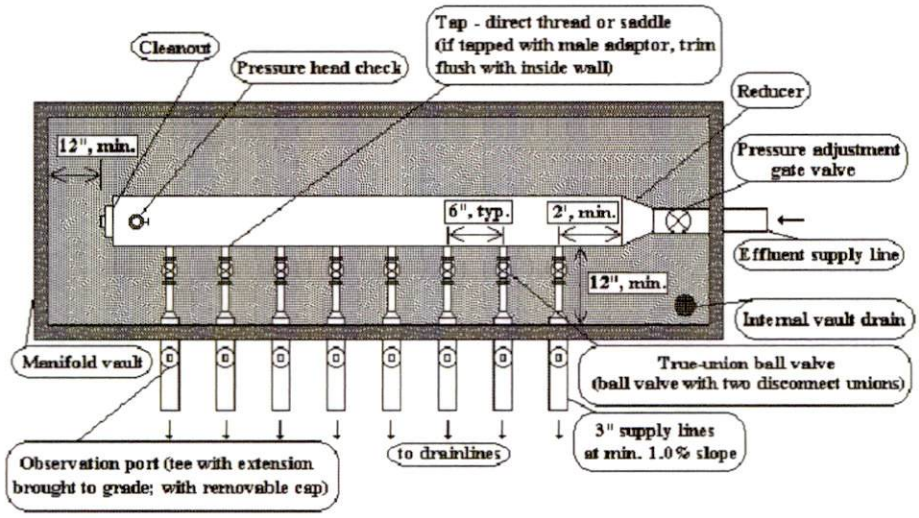
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Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541

Tax ID Number: 13704246

Location: 6141 and 6143 Wilgrove-Mint Hill Road

Recommended Pressure Manifold Design
(Number of Taps May Vary)



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 #: 11937B Permit #: 15075 Tax Parcel #: 137-042-46

Property Owner: Napoli Farms Management Group, LLC

Job Location Address: 6141 Wilgrove-Mint Hill Road

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 8/26/25 Contractor Name: LA60 VISTA

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: 1500 gallons

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture _____ Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 35 inches

Trench Width: 2 feet

Line Spacing: 8 feet (O.C.)

Total line length: 340 feet

# of Lines: 5 @ 68 feet

Depth of Media: 16 inches (Type) UPPBPS

Depth of Cover: 19 inches

Distribution Device: Pressure Manifold

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: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

Inspection Dates

Tank(s) Inspected: _____

Excavation Inspected: _____

Pump & Controls Inspected: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

System installed exactly as designed by Cary Thompson per (a2).

Bryon Davenport inspected system
- Did not draw permit
- Took a new job in another county

- Phone Conversation with LA60 Vista for verification 8/26/25

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: Type III-b / UPPBPS / P / NA / NA

DENR Authorized Agent: Jeremy Mecklenburg, REHS Signature: Jeremy Mecklenburg