SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12502B / 16123 MP

Assigned Inspector: April

☐ 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: 3/24/20

☐ Release final hold in Winchester: _____

Comments:

12502B 1/6/23

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: 197-033-29
STREET ADDRESS: 7523 McWhirter Rd.
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 2.91
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: ~~2037~~ 1975
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS:
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

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

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

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 2/11/26 ☐ N/A

12. PROPERTY OWNER:

NAME: Don Carver Jr.
ADDRESS: 7523 McWhirter Rd.
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

NAME: Nick Carson
ADDRESS: 1432 Downs Ave
CITY: Charlotte
STATE: NC ZIP: 28205
WORK PHONE:
MOBILE PHONE: (336) 430-8322
FAX:
E-MAIL: Ncarson0418@gmail.com

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)**

NC (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.

Nick Carson — Property Owner's or Owner's Legal Representative Signature

1/27/26 — Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ N/A DATE FEE RECEIVED: 1/29/26

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

APPLICATION PROCESSED BY: MN

GWS FILE NUMBER ASSIGNED: 125023

APPLICATION ID NUMBER ASSIGNED: 16123

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

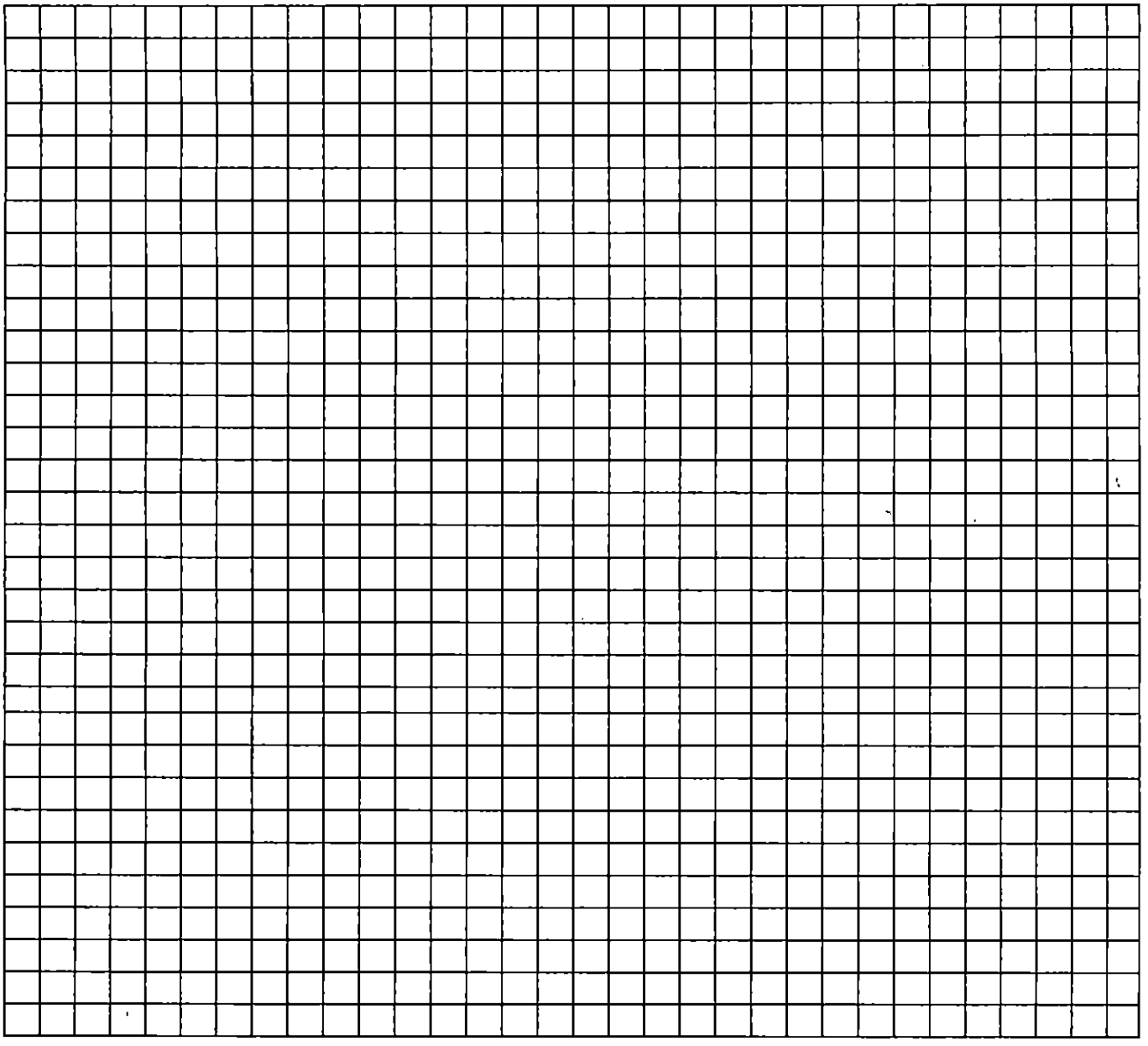
File #: 125028

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: 7523 McWhirter Rd., Mint Hill, NC,28227 Tax Parcel #: 19703329

Subdivision Name: _____ Lot #: _____



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

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

Revised on: 4/20/17

DigiSign Verified - bc862d0e-6f0e-4866-90f2-07415f4372e7

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

Addendum to Application for New Well or Septic System Installation Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1.The information on the application is true, complete and accurate.

2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.

3.I acknowledge that Nicholas Carson, Brianna Carson is acting as my legal representative(agent) in the submittal of the application for a water supply well or septic permit located at

7523	McWhirter Rd.	Mint Hill
Number	Street (Or Parcel Number)	Town

Don Carver
Property Owner (Print Name)

Don W Carver Jr.
Property Owner (Signature)

01/28/2026
Date

On-site Wastewater Inspection

☒ Pre-Inspection Contract, signed by Client is attached to Inspection

Property Address 7523 McWhirter Rd
Street
Mint Hill NC
City St Zip

Client Name: Don Carver

Current owner of Record Don Carver

Date of Inspection: 1-22-25

3 Bedrooms as stated in MLS 3

N/A Gallons per day or Bedroom stated on Permit No permit given

No System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44

Type of water supply ☐ Well ☑ Public Water ☐ Community Water ☐ Spring

Location of Septic Tank and Septic Tank Details:

0 ft from house or structure Inlet under deck

N/A ft from well if applicable

N/A ft. from property line if said property lines are known

16 distance from finished grade to top of tank or access riser

No Access riser(s) Buried lids

N/A Tank lids intact Outlid is very big, inlid lid under deck

No Tank has baffle wall

Yes Inflow to tank flushed toilet

No Water level in tank is relative to tank outlet Lower

Yes Outlet T is present

No Outlet has filter

Yes Effluent leaves the outlet but after running water for 20 min, started to drip back in.

Yes Roots present in tank

No Evidence of tank leakage

No Evidence of non-permitted connections, such as downspouts or sump pumps

Yes Connection present from house to tank inlet

Yes Connection present from tank to next component Outlet

No Tank was pumped out was recently pumped out

0 Percentage of solids in tank 99.9% water

N/A Unable to locate tank. System inspection cannot be completed until tank is located

No Is the property Occupied

9-month How long has the Property been Empty

Does system have pump tank? No

_____ ft from house or structure

_____ ft from well or spring if applicable

_____ ft. from property line if property lines are known

_____ ft from septic tank

_____ Distance from finished grade to top of tank or access riser

_____ Access risers in place

_____ Describe type of access risers:

Location of control panel:

Condition of control panel:

_____ Audible and visible alarms (as applicable) work

_____ Pump turns on and effluent is delivered to next component

_____ Unable to operate pump due to lack of electricity at site at time of Inspection

Dispersal field: Type of system: ☑ Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled Demonstration ☐ Pretreatment; Type of Pretreatment

Brief Description of System Type: Possibly ez flow, verified gravel on one line.

N/A ft. from property line if property lines are known

26 ft from septic/pump tank

N/A # of lines could only verify one 30 ft long

N/A length of lines

NO Evidence of past or current surfacing at time of inspection

Briefly describe:

NO Evidence of traffic over the dispersal field

NO Vegetation, grading and drainage noted that may affect the condition of the system or system components

NO Effluent is reaching the dispersal field, ran water for 20 min and it started to drip back in from outlet

Conditions present that prevented or hindered the inspection

Conditions present that require repair or further evaluation by the local health department. Description of condition:

Client should contact _____ County Environmental Health and /or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: _____

Inspector Name: Robert A Boy Jr Certification # 1159-I

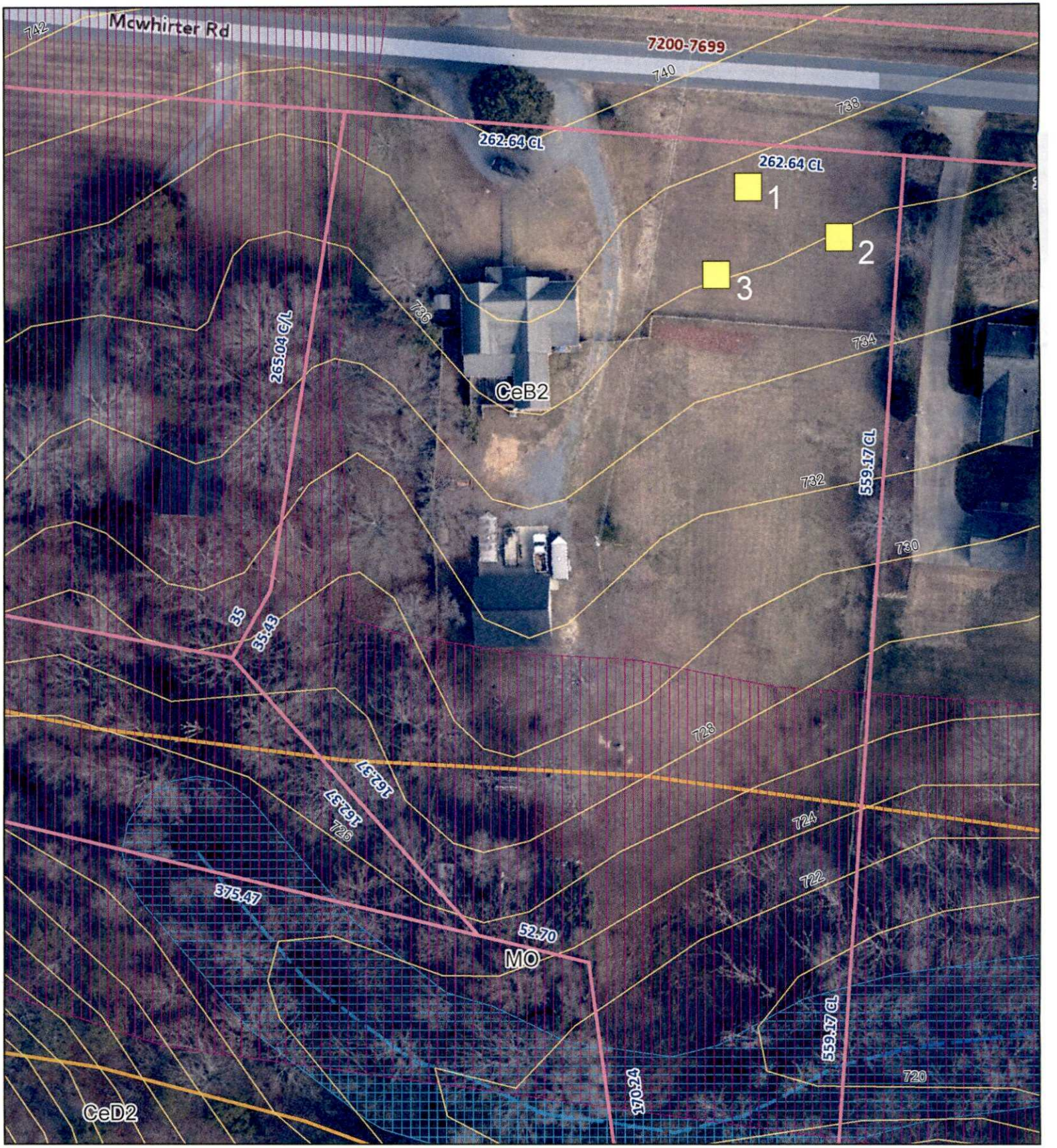
Address 315 N. Lincoln St, PO Box 53 High Shoals NC

Phone 704.922.5555

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Inspector Signature: _____ Date 1-22-25

Soil & Site Evaluation Map



Map Created by: P. Mitchell
Date: 2/24/2026

PROPERTY INFO
Address: 7523 McWhirter Rd.
PID No.: 19703329

1 inch = 60 feet

Mecklenburg County
Groundwater & Wastewater Services

Department of Health and Human Services
Environmental Health Section
On-site Water Protection Branch

Property ID: 19703329
Lot #:
File #:
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner:
Applicant:
Address: 7523 McWhirter Rd.
Date Evaluated: 2/24/2026
Facility: 3 BR SFR - Repair
Design Flow (.0400): 360 GPD
Property Size: 2.91 ac.
Location of Site: See file
Property Recorded:
Water Supply: [ ] Public [ ] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength
FoundationType: [X] Crawl Space [ ] Slab [ ] Basement

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments / Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction *(Low Side of trench)*
1	L / FS ~4%	0 - 6	Wk, Sbk, CL	Fr, SS, SP	B	C: YB & B mottles @ 6-22"	>67"	N/A	N/A	Water seeping out of pit walls @ 30"+	* BPJ Repair	- 1"
		6 - 22	Mo, Sbk, C	Fr, S, P, SE	R							
		22 - 35	Wk, Pl to Mo, Abk, C	Fr, S, P, SE	R	M: YB & C: G Chroma 2 deplet @ 22-35"						
		35 - 67	Wk, Abk, C	Fr, S, P, SE	R / YB							
						C-M: Chroma 2 @ 35"+						
2	L / FS ~4%	0 - 4	Wk, Sbk, CL	Fr, SS, SP	B	C: YB & B mottles @ 4-24"	>53"	N/A	N/A	Water seeping out of pit walls @ 29"+	* BPJ Repair	- 1"
		4 - 24	Mo, Sbk, C	Fr, S, P, SE	R							
		24 - 32	Wk, Pl to Mo, Abk, C	Fr, S, P, SE	R	M: YB & C: G Chroma 2 deplet @ 24-32"						
		32 - 53	Wk, Abk, C	Fr, S, P, SE	R / YB							
						M: Chroma 2 @ 32"+						
3	L / FS ~4%	0 - 4	Wk, Sbk, CL	Fr, SS, SP	B	C: YB & B mottles @ 4-24"	>60"	N/A	N/A	Water seeping out of pit walls @ 32"+	* BPJ Repair	- 1"
		4 - 24	Mo, Sbk, C	Fr, S, P, SE	R							
		24 - 30	Wk, Pl to Mo, Abk, C	Fr, S, P, SE	R	M: YB & C: G Chroma 2 deplet @ 24-30"						
		30 - 60	Wk, Abk, C	Fr, S, P, SE	R / YB							
						C: Chroma 2 @ 30"+						

Description		Repair System
Available Space (.0508)		BPJ Repair
System Type(s)		
Site LTAR		BPJ Repair, 0.20
Maximum Trench Depth (low side of trench)		BPJ Repair, 10" or 36"+

Soil Evaluation By: P. Mitchell, REHS, LSS
Soil Classification (.0502 - .0507): BPJ - Repair
Other(s) Present: A. Bumgarner, REHS ABB
Site Classification (.0509): BPJ - Repair

COMMENTS: ***Failing system repair:** Recommend repair drainfield be installed using a max 0.20 LTAR and one of the following: **1)** install using a 10" max trench depth or **2)** install using a 36" or greater trench depth below US soil structure. For both of the above options, it is recommended that a surface diversion swale and a subsurface intercept drain be installed upslope of the drainfield and down each side of the drainfield. The subsurface intercept drain should be installed with a trench bottom depth of a minimum of 12" deeper than the elevation of the trench bottom of the lowest septic drainline. The surface diversion swale and the subsurface intercept drain should be installed with sufficent fall to adequately intercept and drain surface water and subsurface lateral water movement, to daylight/discharge >25' downslope of the lowest septic drainline.

LHD PERMIT NO. OR FILE REF: 16123 | 12502B

OWNER REQUEST

for

BEST PROFESSIONAL JUDGMENT

for the repair of

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

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

DATE: 2-24, **20** 26

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

Print Property Owner(s): Don Carver

Business/Organization/Contact: Nick Carson (Authorized Agent)

Mailing Address: 7523 McWhirter Rd

City: Mint Hill State: NC Zip Code: 28227 County: Mecklenburg Co.

Telephone Number(s): 336-430-8322

Email Address: NCarson0418@gmail.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 197-033-29

Physical Address (if different than mailing address): _____

City: _____ State: NC Zip Code: _____

OWNER ATTESTATION

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

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

Owner's Signature: _____ Date: _____

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

LHD PERMIT NO. OR FILE REF: 16123 / 12502B

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by LHD or private licensed professional

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

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

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

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

REHS SIGNATURE (if applicable)

April Bumgarner — **Signature of Authorized Agent**

2/24/26 — **Date**

OR

AOWE/PE SIGNATURE (if applicable)

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

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

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 12502B Permit #: 16123 Tax Parcel #: 197-033-29

Property Owner: Don Carver

Job Location Address: 7523 McWhirter Rd

City: Mint Hill State: NC Zip Code: 28227

Improvement Permit Issuance Date: N/A **Construction Authorization Issuance Date:** 2/24/26

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 2/24/27. 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: 360 GPD Site LTAR: 0.2 GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons traffic Rated Liquid Capacity of Dosing Tank: 1000 gallons traffic Rate

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 8 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ 60 feet

Depth of Media: N/A inches (Type) H-PPBPS

Distribution Device: Pressure Manifold

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)

- Pump line must be 30" below drive + Power line) or sleeved 15' past Power line.
- Interceptor drain installed at 60" + daylight on both sides of the system.

*Recommend using low flow fixtures.

*Preconstruction meeting required before install.

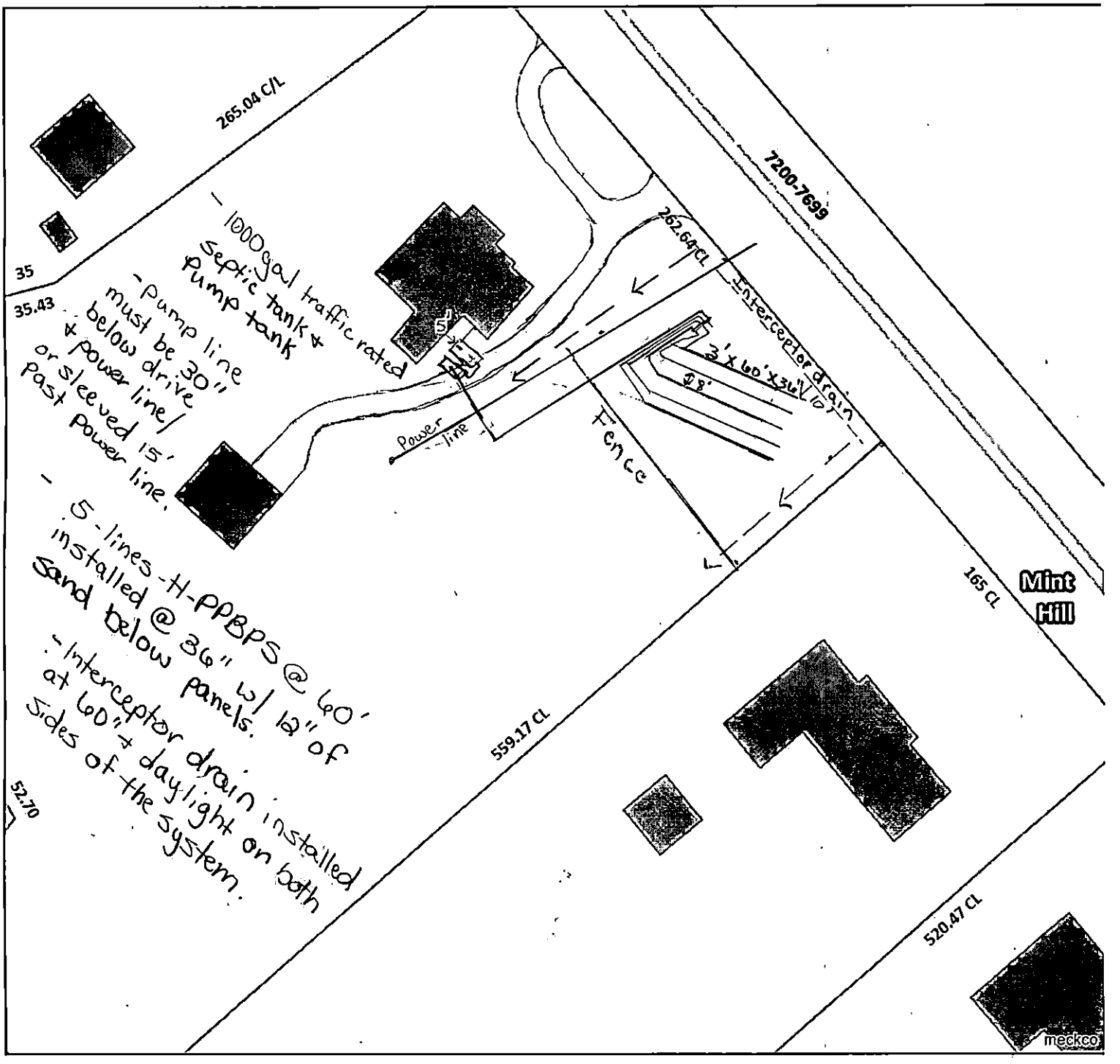
Comments: System Classification & Type: IIIbe / H-ppbps

*3 bedroom residence

Authorized Agent: April Bumgarner Signature: April Bumgarner

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 16123
PID #: 197-033-29
File #: 12602B

Authorized Agent: April Baumgarner Date: 2/24/26

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 fee

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

Septic System Pre-Construction Meeting Checklist

File # 12502B App# 16123 Tax Parcel# 197 033 29

Property Owner: Nicholas J Carson

Job Location Address: 7523 McWhirter Rd

City: Mint Hill State: NC Zip Code: 28227

1. Does System design match facility, flow & wastewater characteristics?

   ☒ YES ☐ NO

   Comments: _____

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☒ YES ☐ NO

   Comments: _____

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

   ☒ YES ☐ NO

   Comments: Moving tanks adjacent to back building, french drain under Power Line

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Braedon Shelton — Authorized Agent

3/13/26 — Date

Lago Vista — Others Present

Phone: (980) 314-1660 Fax: (704) 336-6894

On-Site Wastewater Section

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

File #: 12502B Permit #: 16123 Tax Parcel #: 197-033-29

Property Owner: Nicholas J Corson

Job Location Address: 7523 McAlpine Rd

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 3, 24, 26 Contractor Name: Lago Vista

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Effluent Pump Model: Liberty 29 0

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 8 feet (O.C.) 12" Sand in trench

Total line length: 300 feet

# of Lines: 5 @ 60 feet PPBPS H

Depth of Media: N/A inches (Type)

Depth of Cover: ≥6 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: ≥5 feet

Distance from Property Line: ≥10 feet

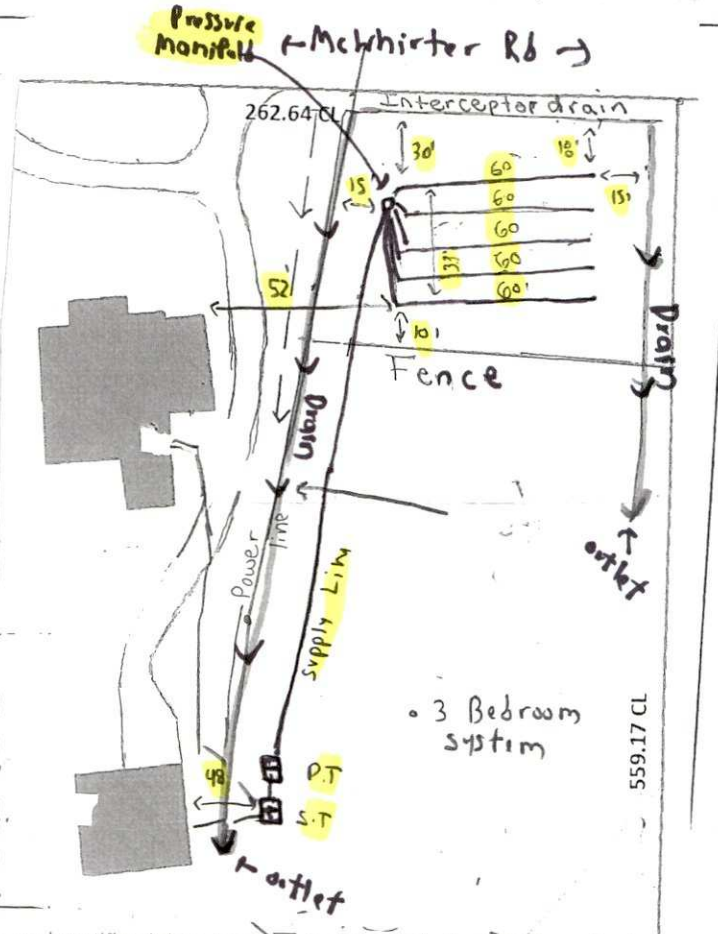
Distance from Water Supply Source: ≥10 feet

Inspection Dates

Tank(s) Inspected: 3/13/26

Excavation Inspected: 3/19/26

Pump & Controls Inspected: 3/19/26



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

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

Comments: System Classification & Type: III e, PPBPSH, 9, N/A, N/A 3 Bedroom pump to Pressure Manifold, 300' PPBPS H System. (french drain around system)

REHS/NR 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 #: 12502B Permit #: 16123 Tax Parcel #: 197-033-29

Property Owner: Nicholas J. Carson

Job Location Address: 7523 McWhirter Rd

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: IIIe, PPBPS(H)

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☒ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: *Repair, 3 Bedroom 300' PPBPS Horizontal system installed, Pump tank, Pressure Manifold. French drain Wrapped around System

DENR Authorized Agent: Braedon Shelton Date: 3/24/26

Signature: Braedon Shelton