SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 7042A

Assigned Inspector: TROY

☐ 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: LP 12/12/25 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: _____

☐ Release final hold in Winchester: _____

Comments:

7042A
#15963

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ◉ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
◉ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Spencer Credle
ADDRESS: P.O. Box 1466
CITY: Mt. Pleasant
STATE: NC ZIP: 28124
PHONE: (704) 269-8118
ALTERNATE PHONE:
E-MAIL:

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Rebeca Wilson
ADDRESS: 10700 Connell Mill Ln
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: (704) 626-0138
ALTERNATE PHONE:
E-MAIL: xrawrbeccax@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 13915229
STREET ADDRESS: 10700 Connell Mill Ln
CITY: Mint Hill
STATE: NC **ZIP:** 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
◉ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☒ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Spencer Credle
Owner's/Agent's Signature

12/11/25
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

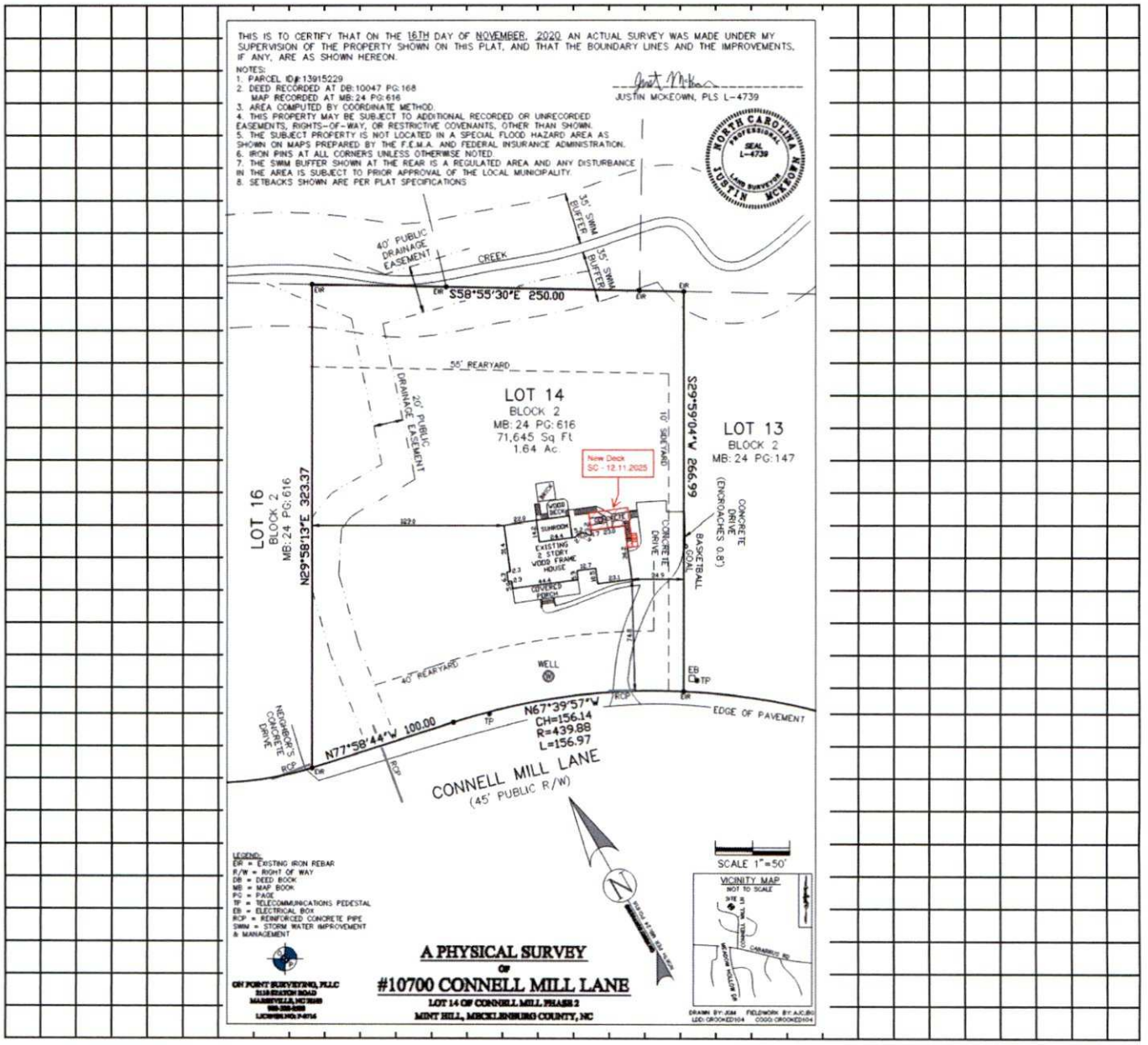
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

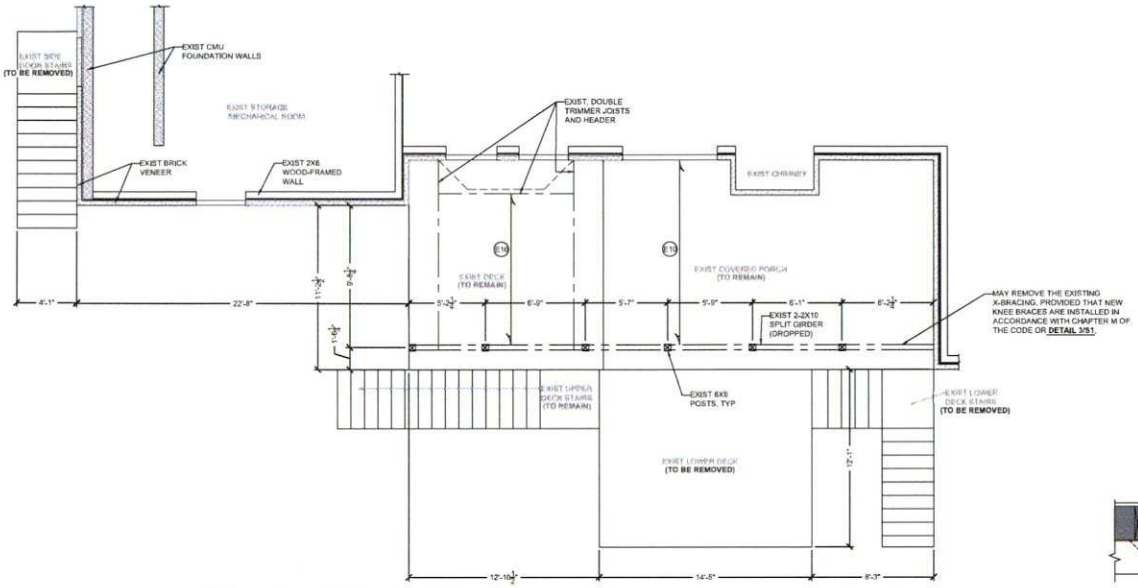
- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

REHS Signature _____ Date 12/30/25

#Footer moved - See updated site plan

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

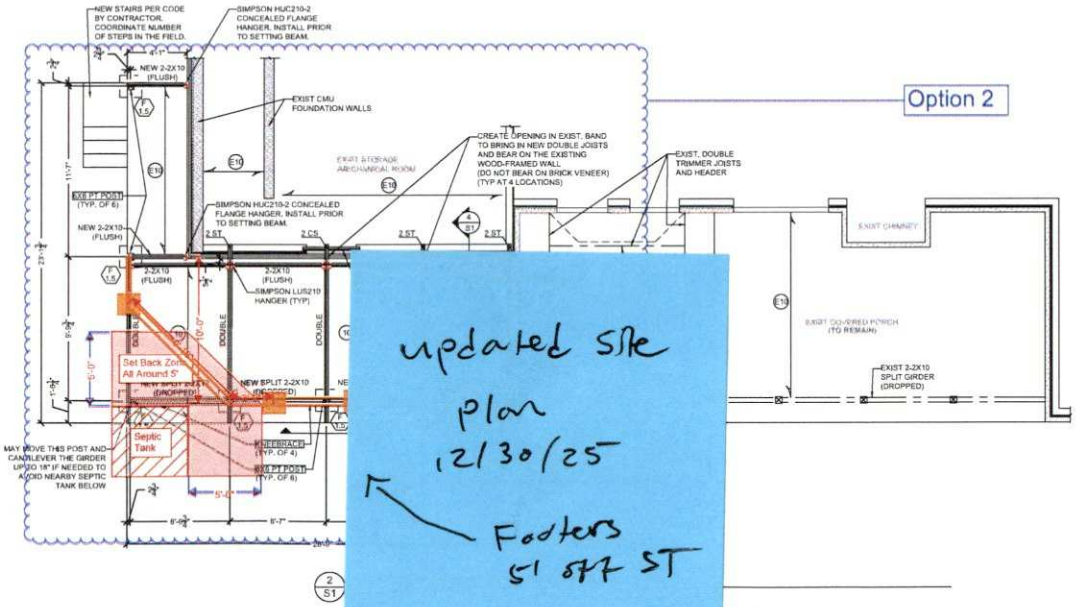


1 S1 EXISTING DECK FRAMING AND DEMO PLAN
SCALE: 1/4" = 1'-0"

1. CONTRACTOR TO PROVIDE TEMPORARY SHORING OF STRUCTURE AS NEEDED WHILE PERFORMING WORK.
2. THESE PLANS REPRESENT AN APPROXIMATION OF THE AS-BUILT CONDITIONS. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND FRAMING ASSUMPTIONS AND NOTIFY THE ENGINEER OF ANY DISCREPANCIES THAT COULD IMPACT THE DESIGN. THE ENGINEER SHALL NOT BE HELD RESPONSIBLE FOR THESE DISCREPANCIES OR ANY COSTS ASSOCIATED WITH REQUIRED DESIGN OR CONSTRUCTION CHANGES.
3. INFORMATION IS FOR STRUCTURAL INFORMATION AND MEMBER SIZES ONLY. NON-STRUCTURAL DETAILS AND ITEMS AND INFORMATION SHOWN SHALL NOT BE CONSTRUED AS BEING UNDER THE SCOPE OF THE DESIGN OR UNDER THE RESPONSIBILITY OF THE DESIGN ENGINEER.
4. ALL NEW DECK FRAMING TO BE PRESSURE-TREATED SPRUCE PINE FIR #2 OR SOUTHERN PINE #2.

LEGEND:

- INDICATES EXISTING BEAM OR GIRDER
- (E1) INDICATES EXISTING 2X10 JOIST @ 16" O.C.
- (16) INDICATES NEW 2X10 JOIST @ 16" O.C.
- (1.5) INDICATES NEW 18"X18"X10" CONCRETE FOOTING (ASSUMED ALLOWABLE SOIL BEARING CAPACITY = 2000 PSF)
- EXIST PT POST: 6X6 PRESSURE TREATED POST; SECURE TO FOUNDATION WITH SIMPSON ABW66Z BASE WITH ⅝Ø X8" TITEN HD ANCHOR SCREW OR EQUAL; FASTEN TO GIRDERS PER DETAIL 3/S1.
- KNEE BRACE: 6X6 PRESSURE TREATED KNEE BRACE INSTALLED PER APPENDIX M IN CODE OR DETAIL 3/S1.
- ST: STUD
- CS: CRIPPLE STUD

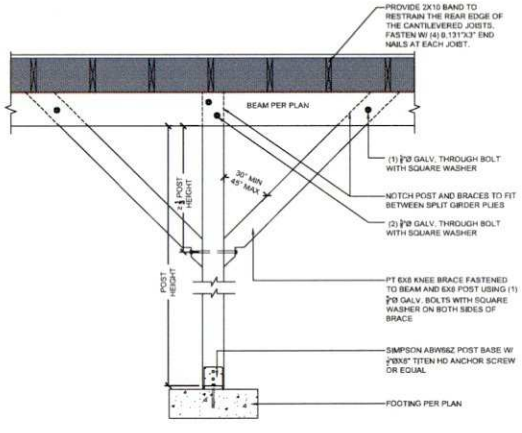


Option 2

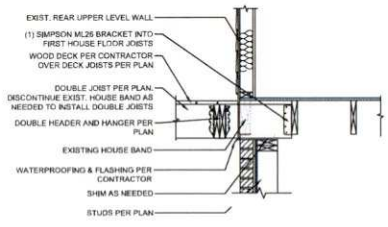
updated site plan 12/30/25

Footers 51 SFT ST

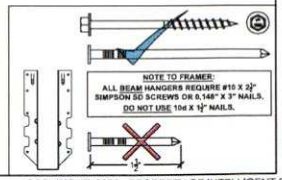
2 S1



3 S1 KNEE BRACING DETAIL
SCALE: 3/4" = 1'-0"



4 S1 DOUBLE JOIST INTO HOUSE DETAIL (TYP OF 4)
SCALE: 3/4" = 1'-0"



STRUCTURAL ENGINEERS
1945 JN PEASE PLACE, SUITE #204
CHARLOTTE, NC 28262
CORPORATE LIC #: C-3118
PHONE: 704-336-7200

SEAL 027399 MICHAEL P. GERVEIS
SEAL FOR STRUCTURAL ONLY

For structural questions:
Damian Mendez, P.E.
(980) 457-6440

DECK ADDITION PROJECT
10700 Connell Mill Ln
Charlotte, NC 28227

Structural Drawings

Drawn: 11/20/2025

S1

COPYRIGHT 2025 - PROPERTY OF INTELLIGENT DESIGN ENGINEERING P.

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 Spencer Credle is acting as my legal representative(agent) in the submittal of the application for a water supply well or septic permit located at

10700	Connell Mill Lane	Mint Hill
Number	Street (Or Parcel Number)	Town

Kendall Travis Wilson
Property Owner (Print Name)

Property Owner (Signature)

12 | 12 | 2025
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/12/25	**Amount:**	100.00
Receipt #:	158252	**Tendered:**	100.00
Check / Auth #:	MC 151601	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: SPENCER CREDLE
Attn:
Address: PO BOX 1466
Address:
City/State/Zip: MT PLEASANT, NC 28124

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 10700 CONNELL MILL LN	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7042A

TC: 139-152-29

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

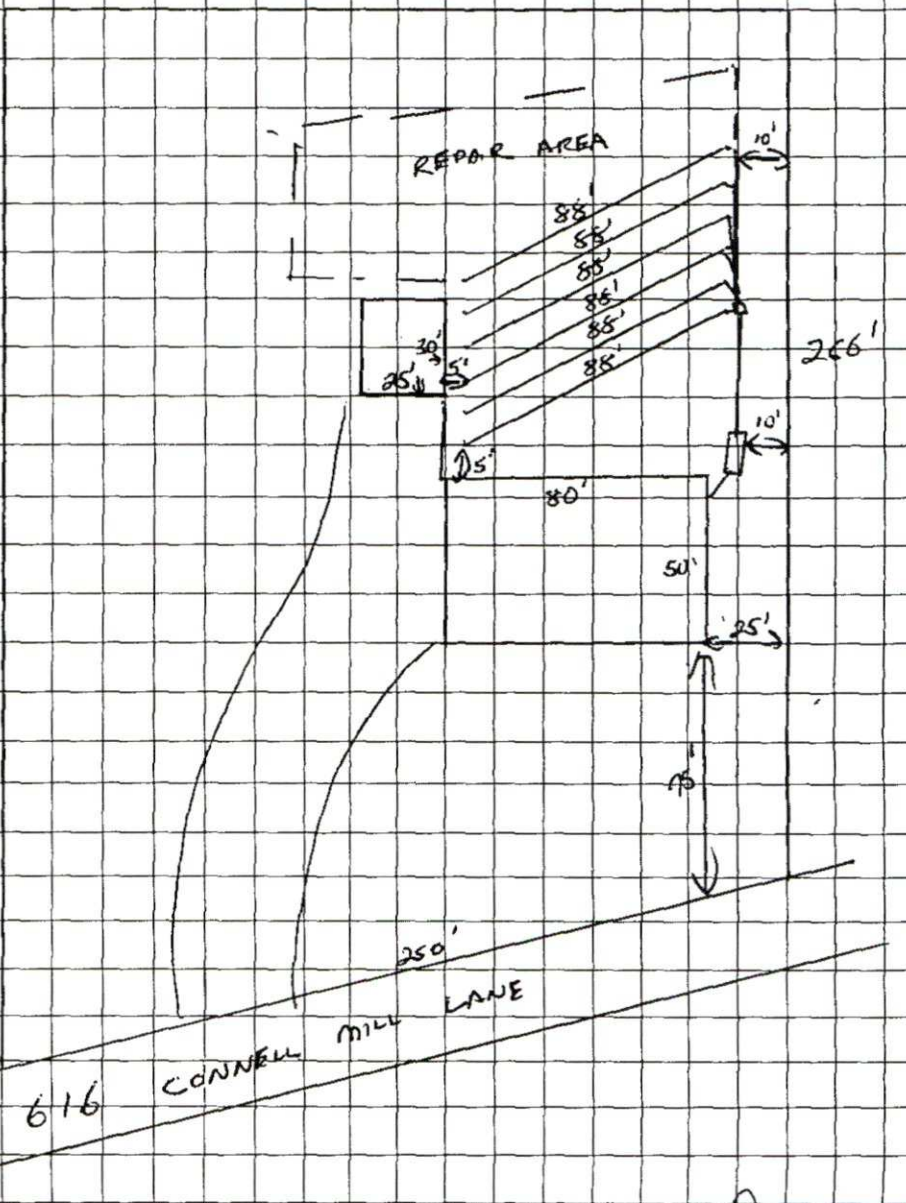
THIS IS NOT A PERMIT TO INSTALL THE SEPTIC SYSTEM
THE SEPTIC TANK INSTALLER IS REQUIRED TO OBTAIN AN INSTALLATION
FROM THE MECKLENBURG COUNTY HEALTH DEPARTMENT PRIOR TO
INSTALLATION OF THE SEPTIC TANK SYSTEM. THE SEPTIC TANK CONTRACTOR
MUST BE REGISTERED WITH MECKLENBURG COUNTY.

SCALE 1" = 60'

(1) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 100' FROM ALL WELLS, AT NO TIME LESS THAN 50'

(2) INSTALL DRAIN LINES SHALLOW 24" AND ON CONTOUR.

(3) IF THERE ARE ANY CHANGES TO THIS PLOT PLAN, PERMIT WILL BE VOIDED!!



X Charles H. Tatum
OWNER/AGENT SIGNATURE

DATE 12/7/98

APPROVAL DATE 12-2-98 D.W.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

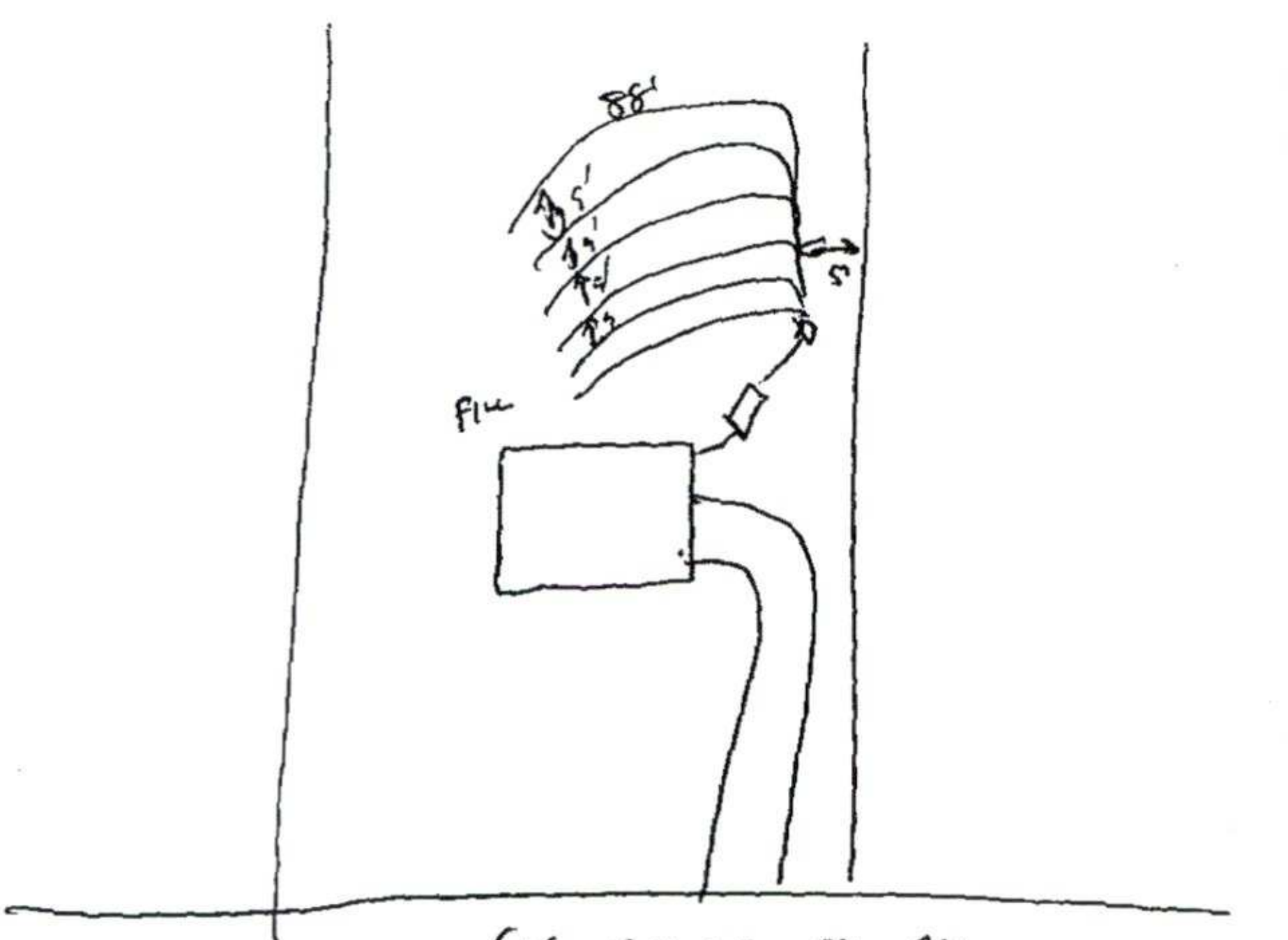
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7042A DATE: 7/27/00

TC: 139-152-29 X L

SERIAL No 18517

Permission is hereby given to ______ Install or Construct, ______ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10-9-95. All work shall be completed on or before ______, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous YES

Total Line Length 533' feet

Number of Lines 6

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 50 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER CHARLES CALDWELL

LOCATION OF PROPERTY 10700 616 CONNELL MILL ROAD.

Comments: (1) DRAINLINES MAXIMUM DEPTH 30"

Environmental Health Specialist