SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 955 / SP26-003955

Assigned Inspector: Heather

☐ 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 Accela/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 Accela/Winchester: _____

Comments:

955

SP26-003 - 955

Menu Reports Help

File Date: 08/03/2026

Application Status: Pending

App Type or Site Name: 955

Record Type: Septic Permit

Address: 4342 HAMILTON CR, CHARLOTTE, NC 28216

Owner Name: VARGAS JOSE MAURO GONZALEZ

Owner Address: 2030 BURGANDY DR, CHARLOTTE, NC 28262

Parcel No: 04122311

Contact Info:

Name	Organization Name	Contact Type	Contact Primary Address	Status
VARGAS JOSE MAURO GONZ...		Applicant	Mailing, 4241 STOUGH R...	Active

Total Fee Invoiced: $0.00

Balance: $0.00

Custom Fields:

CERTIFICATION

By checking this box, I agree to the above certification
√

Enter Full Name
KIM HIBBS

OWNER INFORMATION

Are you the owner of this property
No

PERMIT INFORMATION

Application Type
Improvement Permit Only

Type of Work
Repair

Septic Permit Type
–

Foundation Type
Slab

Basement Plumbing
No

Property Type
Residential

Description of Commercial Project
–

Square Footage of Facility
1162

Number of Employees per Shi
–

Number of Shifts
–

Number of Seats
–

Number of Bedrooms
3

Number of Occupants
2

Type of Wastewater Generated
–

Water Supply
Municipal

What date was the property originally deeded and recorded
–

What is the anticipated closing date for this property
–

FILE NUMBER

File #
955

PME Inspection Date
–

SUPPORTING DOCUMENTATION

Buried Cables, Landfills, Stumpholes
No

Existing Wastewater (Septic) Systems
Yes

Wells, Springs, or Water Lines
No

Easements or Right of Ways
No

Chemical or Petroleum Storage Tanks
No

Waste Storage
No

Grading or Soil Removal Performed
No

Jurisdictional Wetlands
No

Approval Required by Any Other Public Agency
No

Wastewater Other Than Domestic Sewage
No

Known Underground Contamination
No

Has 811 been contacted and identified any underground u
No

If yes, please list the ticket reference number
–

811 Visit Date
–

Charlotte Tree Ordinance Approval?
No

ADDITIONAL SEPTIC INFORMATION

1st Desired Septic System Type
Any Type

2nd Desired Septic System Type
–

3rd Desired Septic System Type
–

4th Desired Septic System Type
–

5th Desired Septic System Type
–

Other
–

ADDITIONAL INFORMATION

Subdivision Name
HAMILTON VILLAGE

Is there a coded gate
No

If yes, please provide code
–

Are there any dogs at the property
No

UNSUITABLE SITE INFO

Unsuitable soil topography and/or landscape position (Rule .0502)

Unsuitable soil characteristics (structure or clay mineralogy) (Rule .0503)

Unsuitable soil we

Unsuitable soil depth (Rule .0505)

Unsuitable saprolite (Rule .0506)

Presence of restri

Insufficient space for septic system and repair area (Rule .0508)

Unsuitable for meeting required setbacks (Rule .0601 or .0602)

Other

If other, cite applicable rule
–

TRUST ACCOUNT INFORMATION

Will you be using a Navision Account to pay for fees?
No

Navision Account Number
–

Navision Account Name
–

By selecting yes, you are certifying that this information is correct.

Workflow Status:

Task	Assigned To	Status	Status Date	Action By
Application Intake				
Soil Review				
Permit Issuance				
Construction Authoriza...				
Inspections				
Operation Permit				

Documents:

File Name	Document Group	Category	Description	Type	Docum
SEPTIC REPAIR APP	EH_SEPTIC	Other	SEPTIC REPAIR APP	application/pdf	Uploac
OWNERS AUTH	EH_SEPTIC	Owner's Authori...	OWNERS AUTH	application/pdf	Uploac
PROPOSED PLOT PLAN	EH_SEPTIC	Proposed Plot Plan		application/pdf	Uploac

Show all

Initiated by Product: AV360

Application Comments:

View ID	Comment	Date

955 / SP26-003

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: 041-223-11
STREET ADDRESS: 4342 Hamilton cir, Charlotte
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME: Hamilton village
LOT #: LOT SIZE (acres): .73
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: 1162
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
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 ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Jasmin Vargas
ADDRESS: 4342 hamilton circle
CITY: Charlotte
STATE: NC ZIP: 28216
WORK PHONE: 6789923193
MOBILE PHONE: 6789923193
FAX:
E-MAIL: Rapidrooterllc@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

NAME: Kim Hibbs
ADDRESS: 4241 Stough rd
CITY: Concord
STATE: NC ZIP: 28027
WORK PHONE: 6789923193
MOBILE PHONE: 6789923193
FAX:
E-MAIL: Rapidrooterllc@gmail.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6804 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)**

_____ (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.

Property Owner's or Owner's Legal Representative Signature

07/17/26
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ N/A DATE FEE RECEIVED: 8/3/26

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 955

APPLICATION ID NUMBER ASSIGNED: SP26-003 955

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

MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

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 Kim Hibbs - Rapid Rooter LLC is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

4342 Hamilton circle Charlotte NC 28216 .
Number Street Town
(Or Parcel Number)

Jasmin Vargas
Property Owner (print name)

Property Owner (signature)

7.28.26
Date

File #: 955

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: 4342 hamilton circle charlotte nc 28216

Tax Parcel #:

Subdivision Name: Hamilton village

Lot #:

Drawing attached on email

Property Owner's or Owner's Legal Representative Signature

07/17/26
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-8894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17





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

Property ID: 1935318
Lot #:
File #: 5478b
AppID: 16425

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

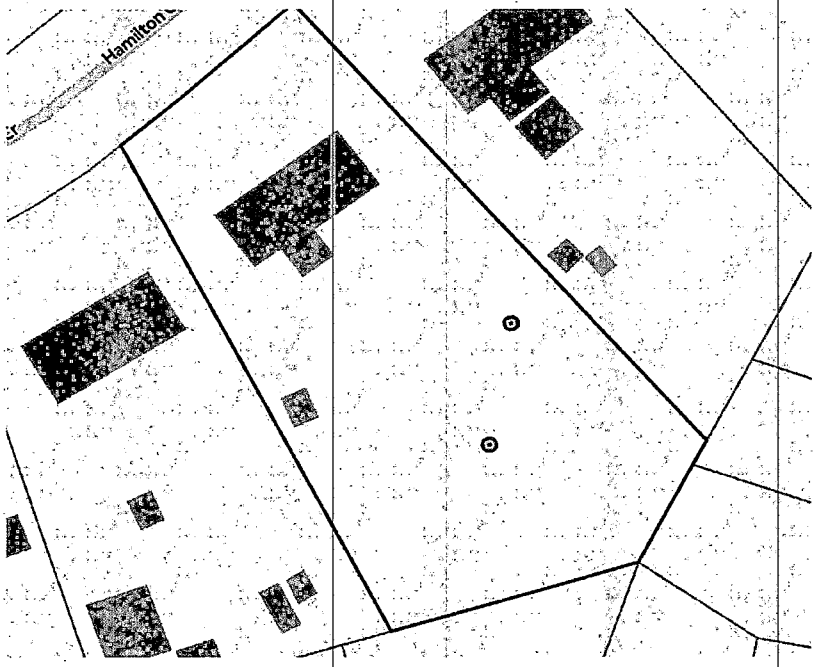
Owner: Vargas Jose Mauro Gonzalez
Applicant: Kim Hibbs
Address: 4342 Hamilton Circle Charlotte
Date Evaluated: 8/7/2026
Proposed Facility: 3 BDR SFR
Design Flow (.0400): 360
Property Size: 0.7
Location of Site: See file
Property Recorded: Nov-55
Water Supply: [x] Public [X] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength FoundationType: [ ] Crawl Space [ ] Slab [ ] Basement

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	SOIL MORPHOLOGY 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 3%	0-18	Wk Sbk CL	Fr SS SP SE			48	N/A		29" sap inclusions	.3	
		18-36	Mo Sbk C	Fr-Fi S SP-P SE								
		36-48	Wk Sbk CL	Fr SS SP SE								
2	L 2	0-22	Wk Sbk CL	Fr SS SP SE			48			29" sap inclusions	.3	
		22-38	Mo Sbk C	Fr-Fi S SP-P SE								
		38-48	Wk Sbk CL	Fr SS SP SE								
3												
4												
5												

Description	Initial System	Repair System
Available Space (.0508)		s
System Type(s)		Illeb
Site LTAR		.3
Maximum Trench Depth (low side of trench)		35

Soil Evaluation By: Heather Woods
Soil Classification (.0502 - .0507): S
Other(s) Present:
Site Classification (.0509): S

COMMENTS:


Hamilton

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File Number: 955
Permit Number: SP26-003
Expiration Date:

IMPROVEMENT PERMIT

Parcel Number: 04122311

Owner: JOSE MAURO GONZALEZ VARGAS Applicant: KIM HIBBS

Property Location: 4342 HAMILTON CR , CHARLOTTE, NC 28216

Subdivision (If applicatble): Lot #: Block: Section:

New ☐ Alteration ☐ Modified Plot Plan ☐ Repair ☑

Faciltiy Type: 3 Bedroom Home

Number of bedrooms: 3 Number of occupants: 3 Other:

Design Wastewater Strength: ☐ Domestic Sewage ☐ High Strength ☐ Industrial Wastewater

Proposed Design Daily Flow: ~~0~~ Tank Only GPD Proposed LTAR (Initial) Proposed LTAR (Repair)

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

Proposed Wastewater System Type*: Tank Only (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

Max. Trench Depth (Initial): Max. Trench Depth (Repair): **‡ Measured on the downhill side of the trench**

Artificial Drainage Required: ☐ Yes ☒ No

Type of Water Supply: ☒ Private Well ☒ Public Well ☐ Shared Well ☑ Municipal ☐ Other

Drainfield location meets requirements of Rule .0508: ☐ Yes

Permit Valid For: ☐ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☑ No expiration [plat submitted pursuant to GS 130A-334(7a)]

See attached site sketch

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.

Permit Conditions:
Tank only at this time.

Authorized Agent's Printed Name: Expiration Date:

Authorized Agent's Signature: Date: 08/10/2026

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File Number: 955 Expiration Date: 08/10/2031

Permit Number: SP26-003

CONSTRUCTION AUTHORIZATION

Parcel Number: 04122311

Owner: JOSE MAURO GONZALEZ VARGAS Applicant: KIM HIBBS

Property Location: 4342 HAMILTON CR , CHARLOTTE, NC 28216

Faciltiy Type: 3 SFR

Number of bedrooms: 3 Number of occupants: 3 Other:

☐ New ☐ Alteration ☐ Modified Plot Plan ☑ Repair

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☑ No

Crawl Space? ☐ Yes ☑ No Slab Foundation? ☑ Yes ☐ No

Type of Wastewater System*: (Initial) Tank only (Repair)

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

Design Daily Flow: 360 GPD Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Rule .0403(e) Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? ☐ 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

Installation Requirements/Conditions:

Septic Tank Size: 1000 gallons Total Trench/Bed Length: na feet Trench/Bed Spacing: na feet on center

Slope Corrected Maximum Trench/Bed Depth na inches **‡ Measured on the downhill side of the trench**

Pump Tank Size (if applicable): NA gallons Pump tank may be needed for drainfield repair

Grease Trap Size (if applicable): NA gallons

Distribution Method: ☐ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LLP

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 [Rule .0204(g)]: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [Rule .0204(d)]: ☐ Yes ☑ No

Declaration of Restrictive Covenants: ☐ Yes ☑ No Pre-Construction Conference Required: ☐ Yes ☑ No

Management Entity Required: ☐ Yes ☑ No Minimum O&M Requirements: NA

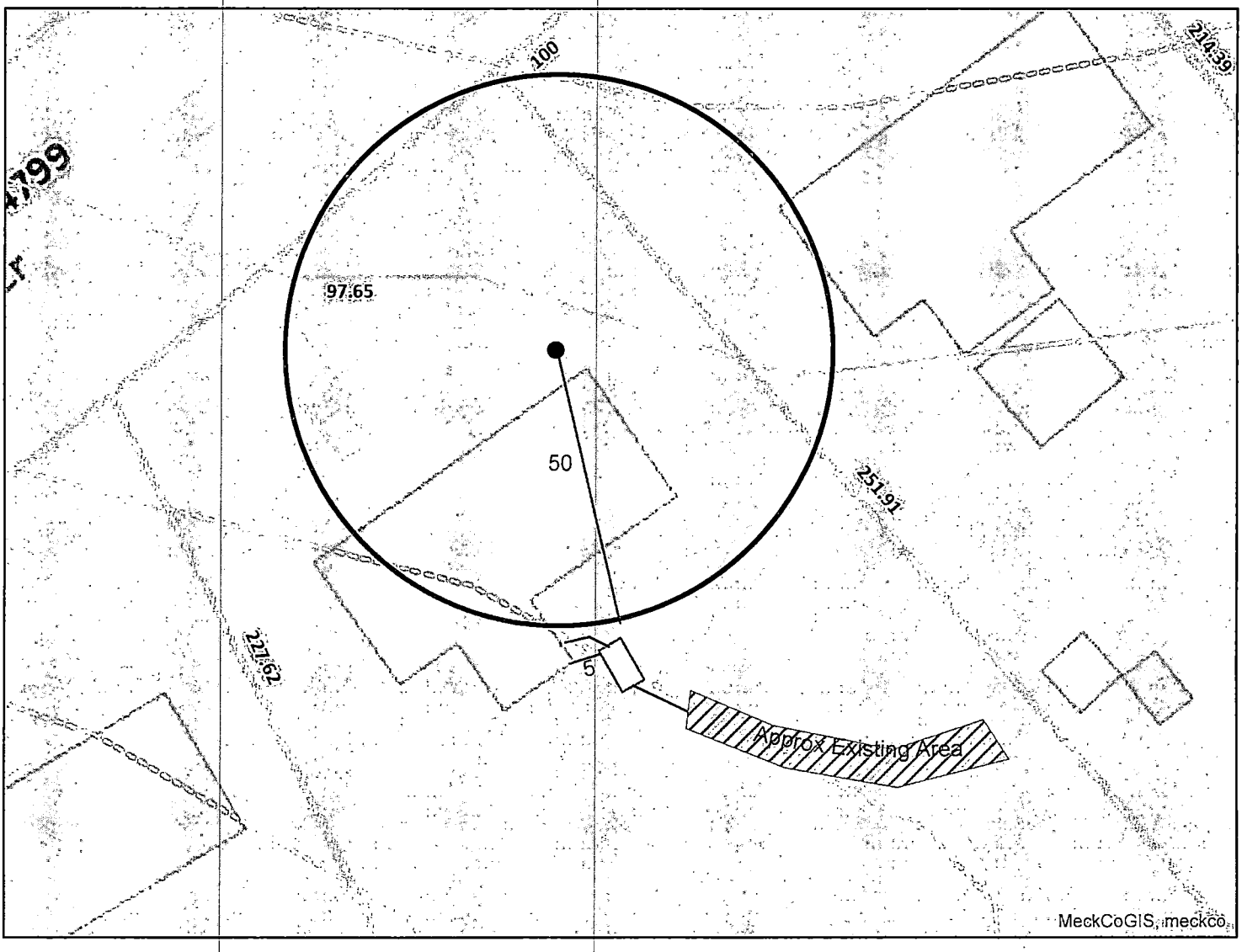
Conditions: Tank Only

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. <u>This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.</u> 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.

Authorized Agent's Printed Name: Heather Woods Expiration Date: 08/10/2031

Authorized Agent's Signature: Heather Woods Date: 08/10/2026

Permitted Well Location Area(s) Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:SP26-003
PID #:04122311
File #: 955

Well shall be sited according to Mecklenburg County Groundwater Well Regulations including but not limited to:

10' from property boundaries (unless otherwise noted)
25' from building perimeters, including any attached sturctures
50' from other potential source of contamination
50' from private lateral sewer lines
50' from surface water bodies
100' from sanitary sewer lines, septic tanks, drainfields and repair and shall not be located in any easement or right-of-way (unless otherwise noted).

Authorized Agent: _____ Date: 08-10-26

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 feet