SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12330B

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: LP 2/18/26 Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☒ Send IP permit for signature: MN 2/18/26 ☑ Signature received: MN 2/19/26

☐ 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: 4/21/26

☒ Release final hold in Winchester: _____

Comments:

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 for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30016156** GWS File #: **12330B** Tax Parcel #: **015-223-13**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 2/16/2031

Type of Installation: Residential - Modified Plot Plan Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2740 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: PPBPS-H (pressurized) **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	960	Total Trench Length (ft):	320
Maximum Trench Depth (in):	29	Depth of Media (in):	14	Distribution Device:	Pressure Manifold		

III. Repair System Type: PPBPS-H (pressurized) **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	960	Total Trench Length (ft):	320
Maximum Trench Depth (in):	24	Depth of Media (in):	14	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 2/16/2026

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 for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30016156** GWS File #: **12330B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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Authorized Agent: Heather Ray

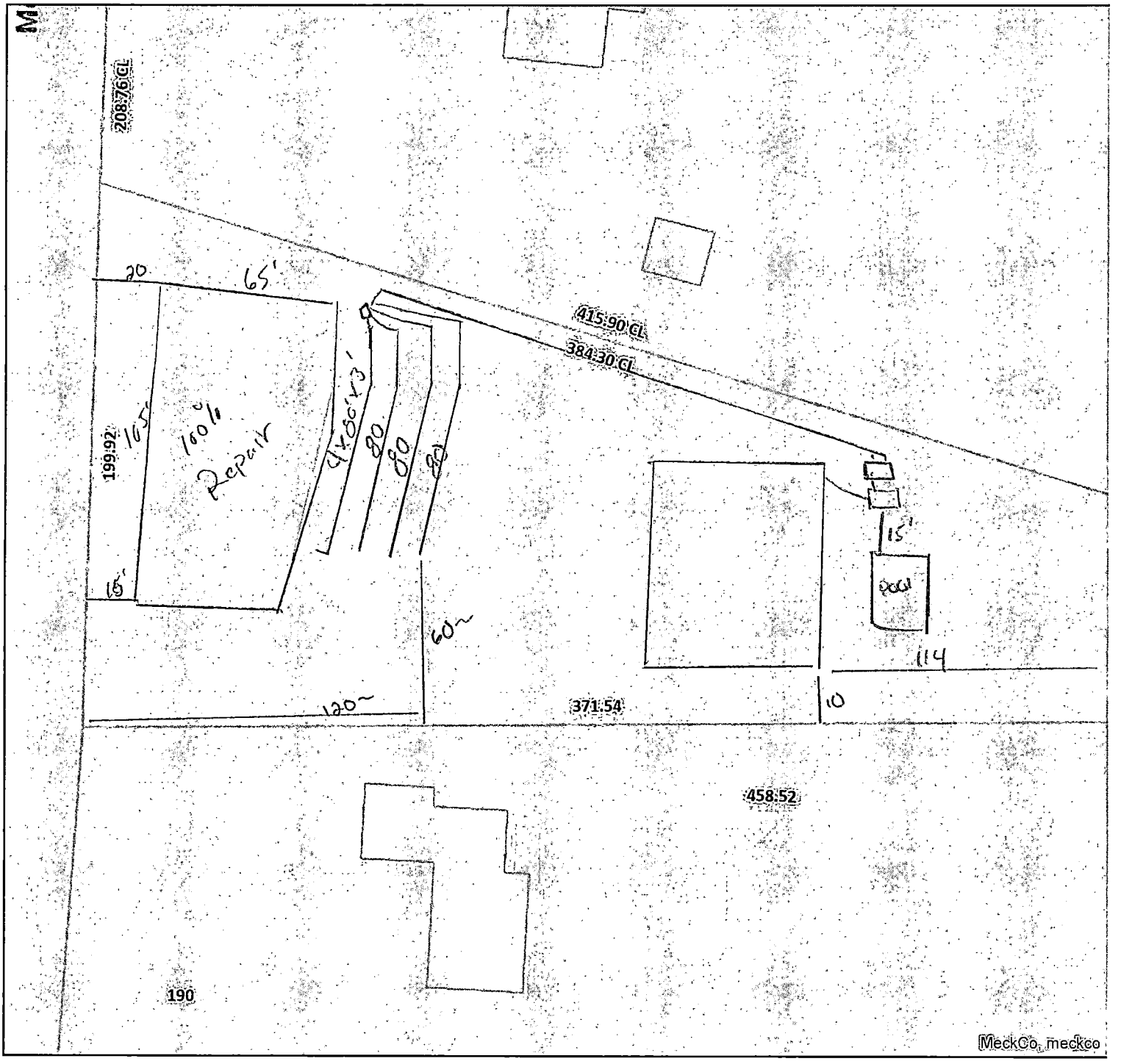
Signature: _____

Date Issued: 2/16/2026

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:30016156
PID #:01522313
File #:12330b

Authorized Agent: _____ Date: 2-16-26

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 fee

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 for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30016156 GWS File #: 12330B Tax Parcel #: 015-223-13

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III. Repair System Type: PPBPS-H (pressurized) **System Classification:** IIIb

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(Please See the Following Page for Permit Conditions.)

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- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray Owner/Legal Agent: Cliff Swingler
Print Name

Signature: Signature:

Date Issued: 2/16/2026

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6094

NC DHHS
Division of Environmental Health
On Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30016156 GWS File #: 12330B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.

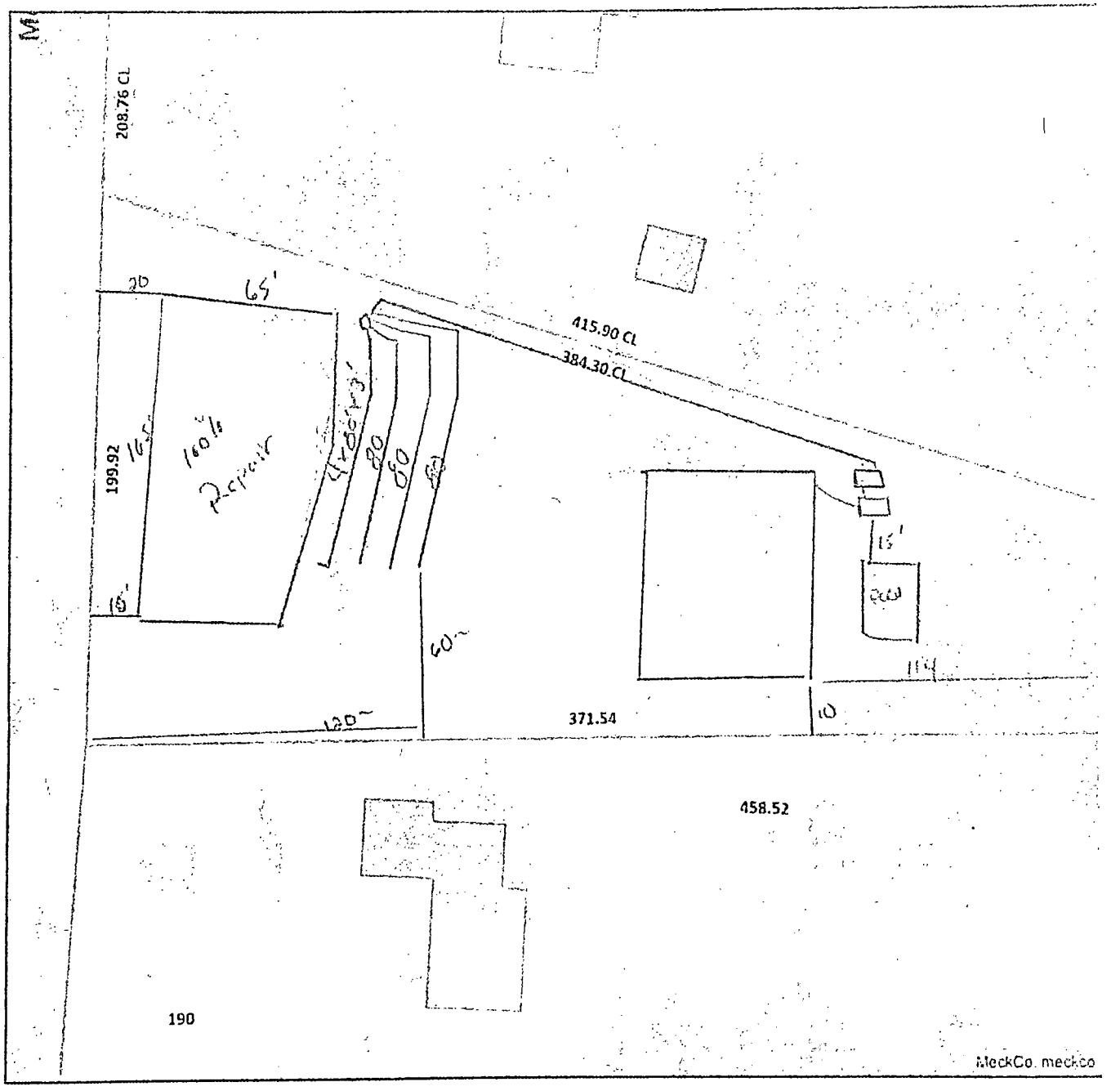
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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray
Signature:
Date Issued: 2/16/2026

Owner/Legal Agent: Cliff Swinger
Print Name
Signature:

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:30016156
PID #:01522313
File #:12330b

Authorized Agent: _____ Date: 2-16-26

Owner/ Legal Agent: _____ Date: 2-19-26

1 inch = 50 fee

12330B
#16156

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: 01522313
STREET ADDRESS: 10920 McCoy Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: —
LOT #: — LOT SIZE (acres): 1.34
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: 2740
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
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?** _____ ☒ N/A

12. **PROPERTY OWNER:**

NAME: JC Capital LLC
ADDRESS: 9618 Beatties Ford Rd
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704 929 2587
MOBILE PHONE: —
FAX: —
E-MAIL: CliffSwinger@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

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

NAME: _____
ADDRESS: _____
CITY: _____
STATE: ____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

CS (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.

MA (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 — Date: Feb 16, 2025

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

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

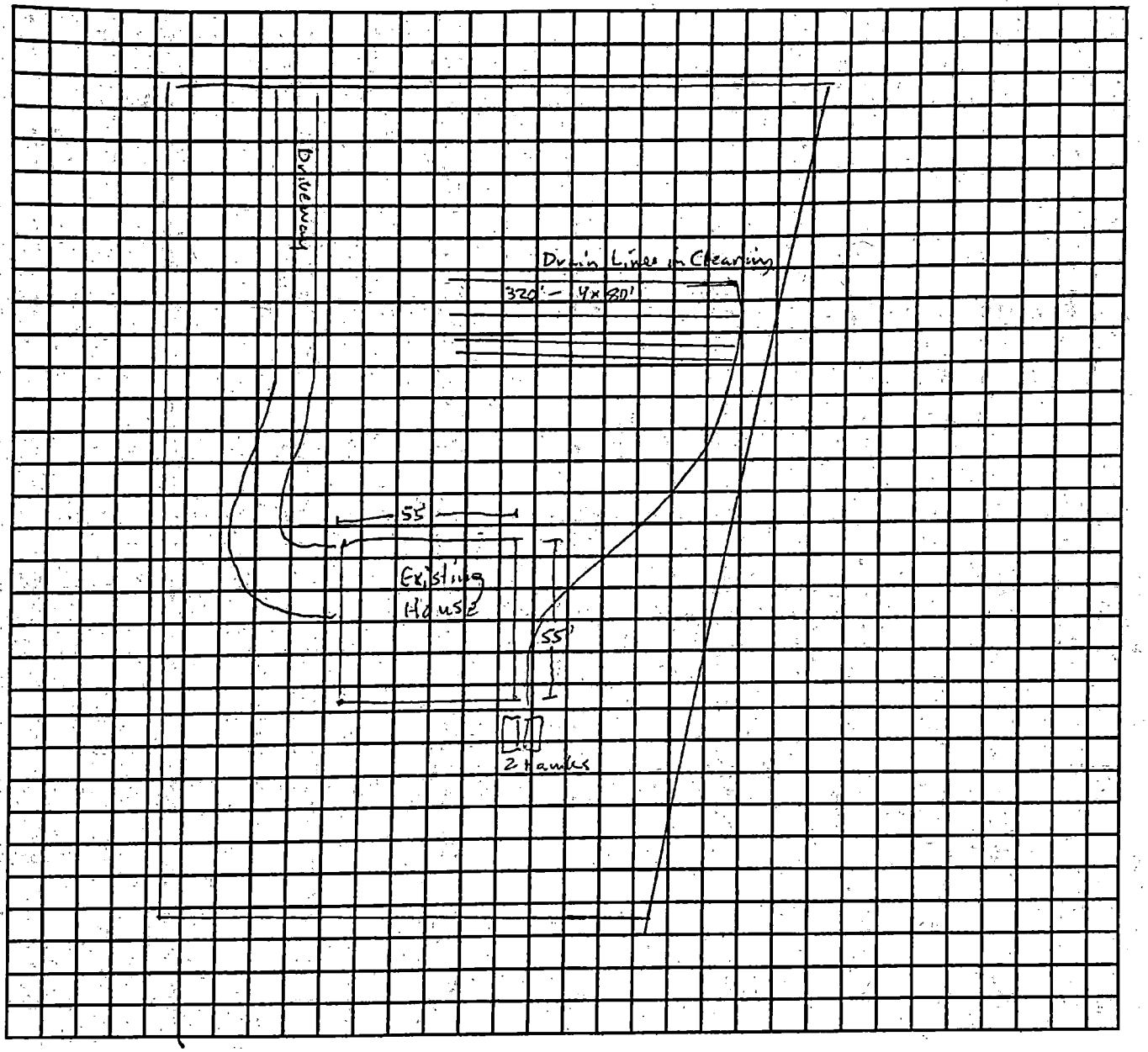
File #: _____

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: 10920 McCoy Rd Huntersville Tax Parcel #: 01522313

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

Feb 16, 2025
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

I, JIMMY R. FARRIS, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK ___, PAGE ___; BOOK ___, PAGE ___; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK ___, PAGE ___; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600); WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS ____ DAY OF ____, 2026.

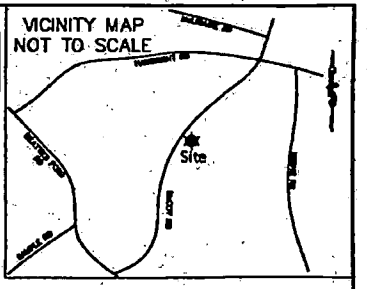
PRELIMINARY

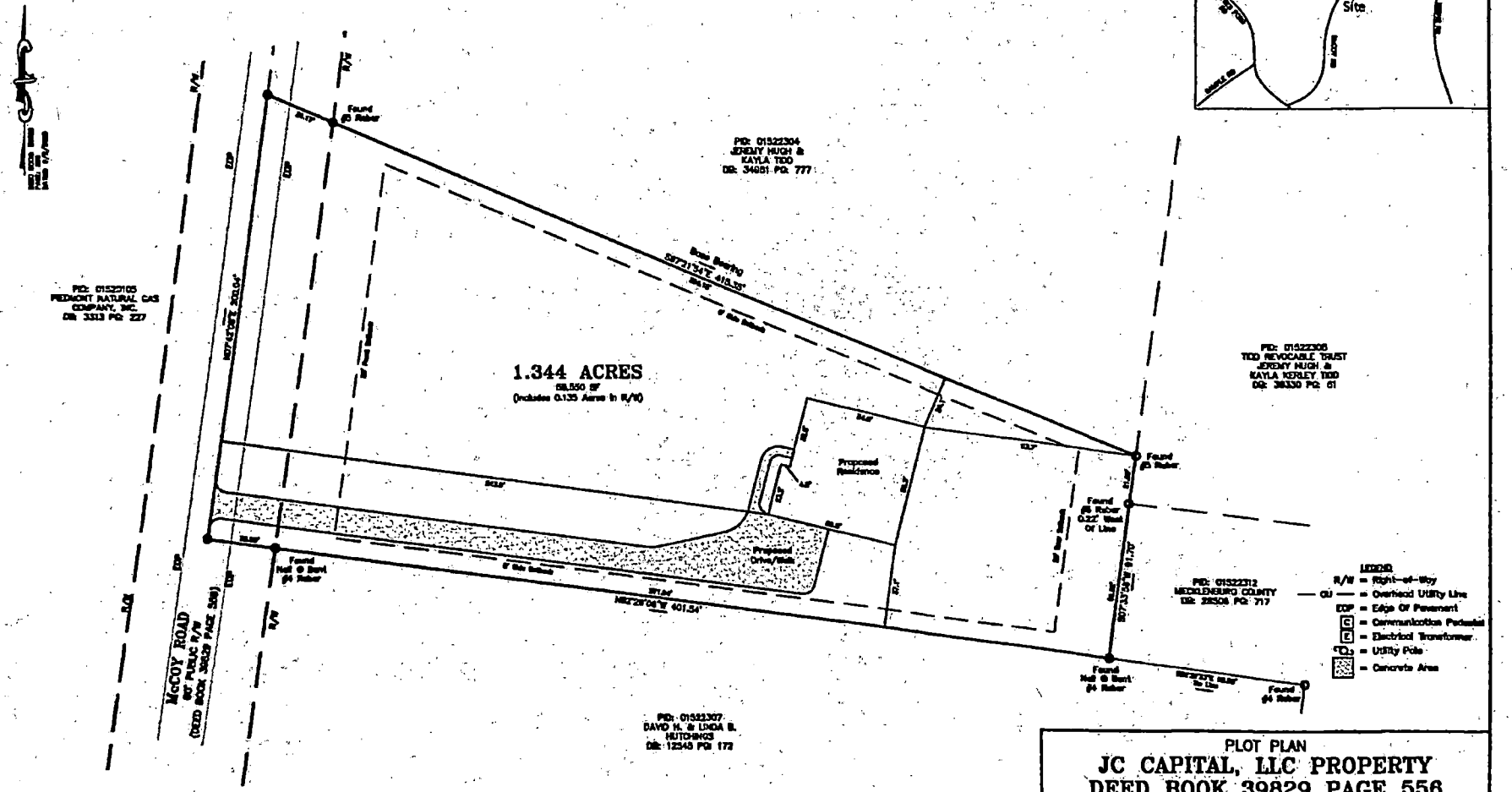
JIMMY R. FARRIS, PLS
LICENSE NUMBER: L-4391

PRELIMINARY PLAN
NOT FOR RECORDATION
CONVEYANCES
AND/OR SALES

PROPOSED IMPERVIOUS (CONCRETE DRIVE/WALK):	4,052 SF
PROPOSED IMPERVIOUS (RESIDENCE W/ COVERED PORCHES):	3,067 SF
TOTAL PROPOSED IMPERVIOUS:	7,119 SF
IMPERVIOUS ALLOWED (OUTSIDE R/W):	13,436 SF (24%)

VICINITY MAP
NOT TO SCALE





SURVEYOR NOTES:

1. ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2. THIS SURVEY IS BASED ON DEED BOOK 39829 PAGE 556 AND PLAT BOOK R/S PAGE R/S AS RECORDED AT THE MECKLENBURG COUNTY REGISTER OF DEEDS.
3. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT DEPICTED OR SHOWN HEREON.
4. SUBJECT PARCEL DOES NOT LIE WITHIN A SUBDIVISION PREVIOUSLY PLATTED TO BE USED.
5. SOURCE OF ELEVATIONS: DEED BOOK 39829, PAGE 556 — DATED 8/21/2025.
6. ALL CORNERS "FOUND" OR "SET" ARE FLUSH WITH THE GROUND, UNLESS OTHERWISE NOTED. POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS.
7. THE LOCATION OF UTILITIES (EXISTING HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT DISCOVERED AND NOT SHOWN HEREON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO NOTIFY THE LOCATOR PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. GEOMATIC CONCEPTS, PLLC CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
8. THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
9. THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANEL 4638, MAP NUMBER 3710463800K WITH AN EFFECTIVE DATE OF 9/2/2015.

GRAPHIC SCALE

(IN FEET)
1 inch = 60 feet

PLOT PLAN
JC CAPITAL, LLC PROPERTY
DEED BOOK 39829 PAGE 556
10920 McCOY ROAD, HUNTERSVILLE
HUNTERSVILLE TOWNSHIP, MECKLENBURG COUNTY, NC

Prepared For: (Owner)
JC CAPITAL, LLC
9818 BEATTIES FORD ROAD
HUNTERSVILLE, NC 28078

GEOMATIC CONCEPTS, PLLC
NC LICENSE #: P-1031
909 EASTSIDE DRIVE, STATESVILLE, NC 28625
PHONE: 704-864-1984 EMAIL: JIMMY.FARRIS@GEOMATICCONCEPTS.COM

Drawn By: JCB	Checked By: JRF	Scale: 1" = 30'	Project No.: 25060
Tax Parcel: 01522313			Sheet No.: 1 of 1
Date: October 31, 2025			
File: 25060-McCoy-Road-1-Acre-Huntersville.dwg			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/16/26	**Amount:**	100.00
Receipt #:	159270	**Tendered:**	100.00
Check / Auth #:	MC 90353Z	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: CLIFF SWINGER
Attn:
Address: 9618 BEATTIES FORD RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 10920 MCCOY RD	1	100.00	100.00

Permit#

Outstanding Balances

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

MECKLENBURG COUNTY
Raynard Washington, PhD, MPH **Public Health** **(704) 336-4700**
Health Director

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

Jc Capital LLC
9618 Beatties Ford rd
Hunterville

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(Specify Permit ID/owner's name/property location/site legal description):

15676/ JC Capital LLC , 01522313)

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 10/28/25 for a system located on the above site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

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 # 123303 App# 1615 Tax Parcel# 015-223-13

Property Owner: JC Captical

Job Location Address: 10920 McCoy Rd

City: Huntersville State: NC Zip Code:

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:

*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.**

Heather Ruy
Authorized Agent

4-20-26
Date

Others Present

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 #: 12330B Permit #: 16156 Tax Parcel #: 01522313

Property Owner: JC Captial

Job Location Address: 10920 McCoy Rd

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: _____ Contractor Name: Ryan Bryers

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Effluent Pump Model: 5 Hp Zoller

Drainfield Installation ☐ N/A

Trench Depth: 29 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 320 feet

# of Lines: 4 @ 80 feet

Depth of Media: 14 inches (Type) PPBPS (H)

Depth of Cover: 15 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: 10 feet

Distance from Property Line: 10 feet

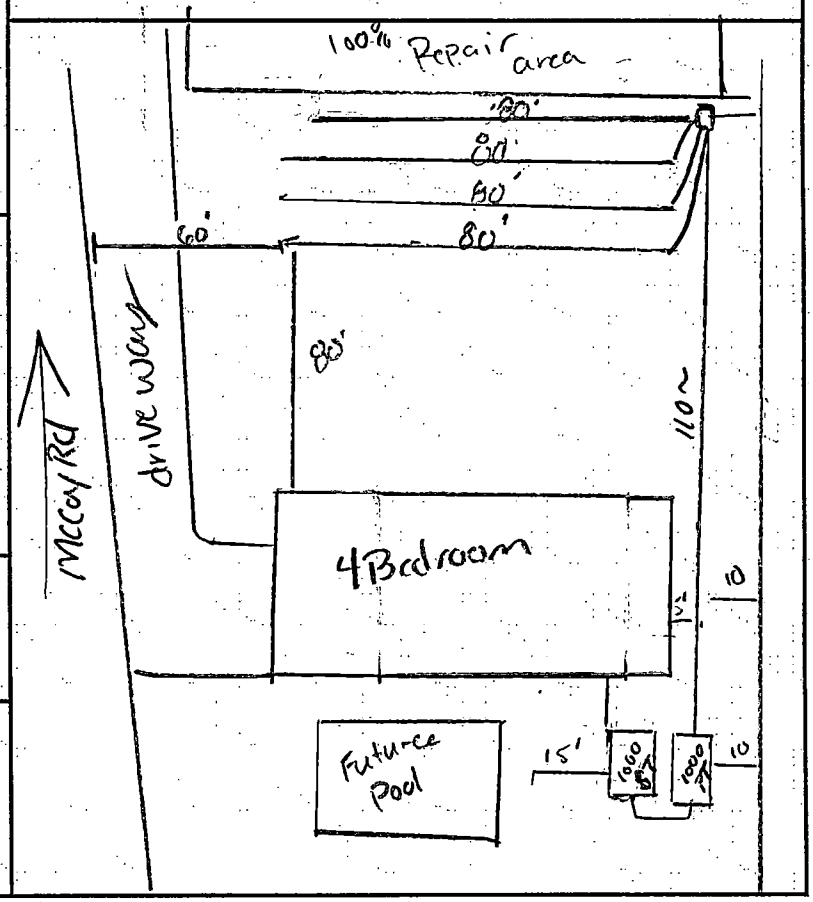
Distance from Water Supply Source: 10 feet

Inspection Dates

Tank(s) Inspected: 2/25/26

Excavation Inspected: 2/25&26/26

Pump & Controls Inspected: 4-17-26



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: IIIb/~~PPBPS~~P/Na/NA
PPBPS(H)

DENR Authorized Agent: Heather Ray Signature: Heather Ray

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 #: 12330B Permit #: 16156 Tax Parcel #: 01522313

Property Owner: JC Captial

Job Location Address: 10920 McCoy Rd

City: Huntersville State: NC Zip Code: 28078

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: IIIB

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

Subsurface system operator required: Yes ☐ No ☑

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

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

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

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

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

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

V. Other:

DENR Authorized Agent: Heather Ray Date: 2/26/26

Signature: Heather Ray

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/17/26
Receipt #: 159307
Check / Auth #: MC 05535Q
Received By: PLACILJ

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: DAVE KULP
Attn:
Address: 9432 SARDIS GLEN RD
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 10910 BEATTIES FORD RD	1	100.00	100.00

Permit#

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

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

Shed
3/C
5 HP
ST
760
PT
760
115
16'
15'
75'
60'
110~
90'
11'

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 123308

Assigned Inspector: Patrick - Heather

☑ IP $250.00: SM 8/8/25 Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☑ CA & OP $400.00: MR/10-29-25 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: MW 10/29/25 ☑ Signature received: MW 10/29/25

☑ 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: 10/29/25 Called Cliff @ 11:50 and left msg to pay $400 (CA+OP). Called phone # 704-929-2587. 10/29/25 1:53pm. Cliff called and made Payment

FEE: 200.00

DATE: 10/30/2025

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 12330B

PERMIT NUMBER: 30015676

PARCEL NUMBER: 01522313

JOB LOCATION INFORMATION

ADDRESS: 10920 MCCOY RD

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: JC CAPITAL LLC

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 10/30/2025

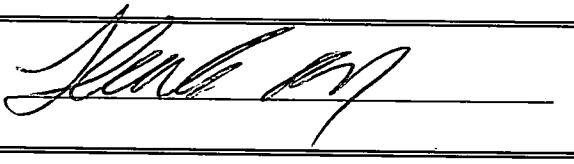
CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30015676, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature 

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 for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30015676 GWS File # 12330B Tax Parcel #: 015-223-13

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 10/28/2030

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2740 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1920 Total Trench Length (ft): 640

Maximum Trench Depth (in) 29 Depth of Media (in): 12 Distribution Device: Pressure Manifold

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1920 Total Trench Length (ft): 640

Maximum Trench Depth (in): 29 Depth of Media (in): 12 Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray

Signature:

Date Issued: 10/28/2025

Owner/Legal Agent: Clifford Swinger
Print Name

Signature:

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 for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30015676 GWS File #: 12330B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
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Authorized Agent: Heather Ray

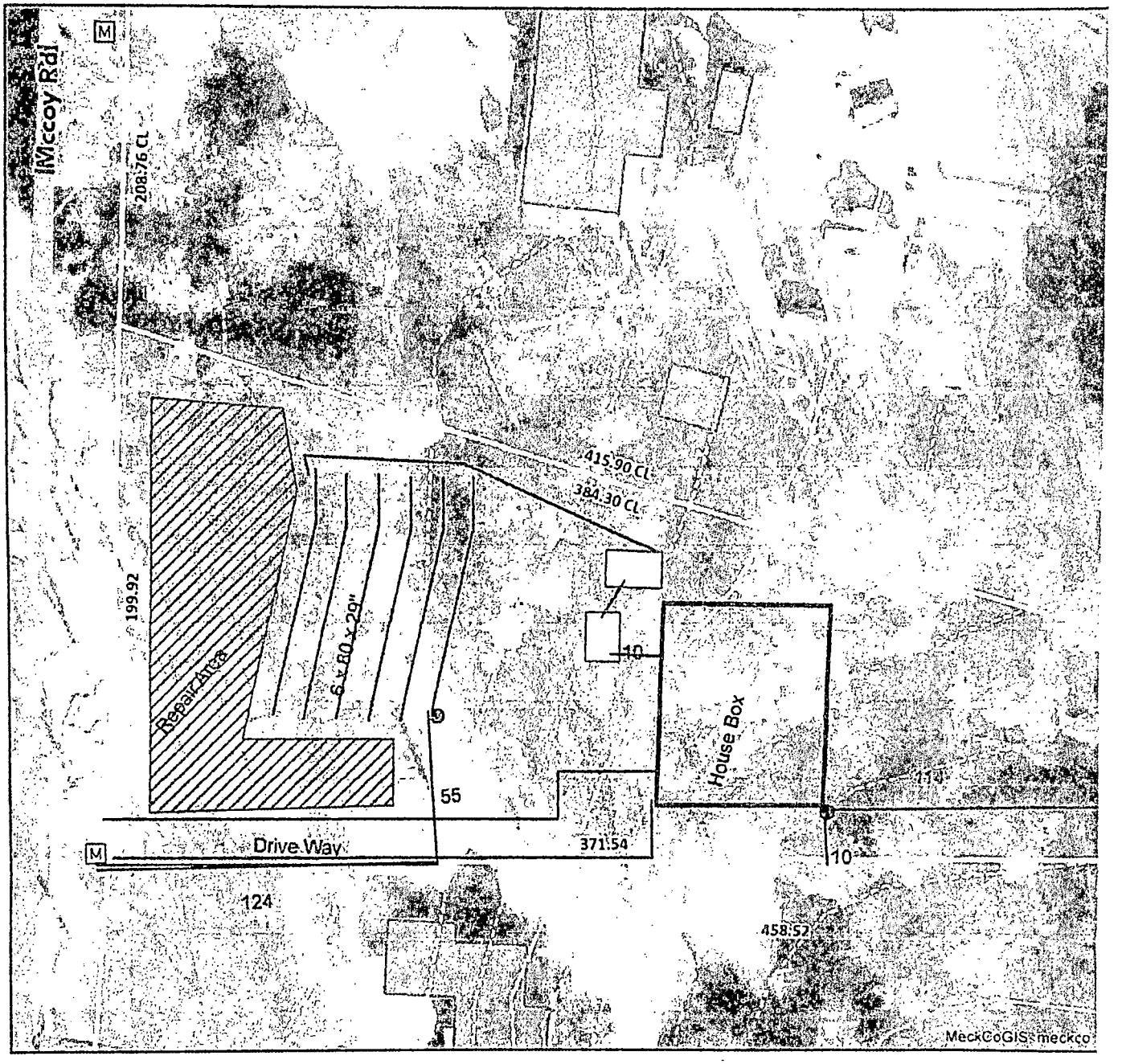
Signature:

Date Issued: 10/28/2025

Owner/Legal Agent: Clifford Swinger
Print Name

Signature:

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:15676
PID #:01522313
File #:12330b

Authorized Agent: _____ Date: 10-26-25

Owner/ Legal Agent: _____ Date: 10/29/2025

1 inch = 50 fee

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 for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30015676** GWS File #: **12330B** Tax Parcel #: **015-223-13**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

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Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2740 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1920	Total Trench Length (ft):	640
Maximum Trench Depth (in):	29	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1920	Total Trench Length (ft):	640
Maximum Trench Depth (in):	29	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 10/28/2025

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 for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30015676** GWS File #: **12330B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Heather Ray

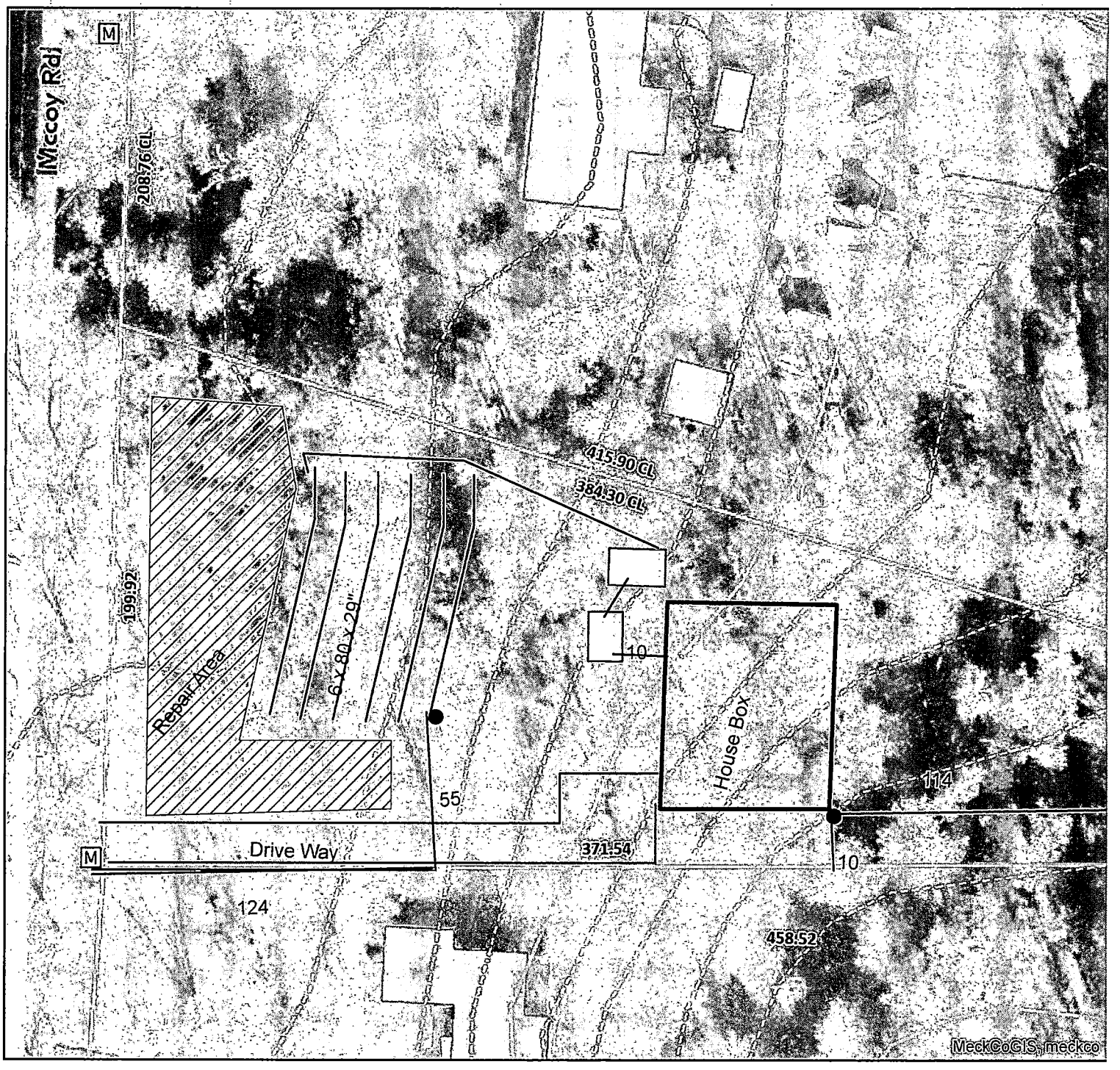
Signature: _____

Date Issued: 10/28/2025

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:15676
PID #:01522313
File #:12330b

Authorized Agent: _____ Date: 10-24-25

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 fee

12330B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

18676

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
City water available

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 01522313
STREET ADDRESS: None Assigned 10910 McCoy Rd Adjacent
CITY: Huntersville NC, 28078
STATE: NC ZIP: 28078
SUBDIVISION NAME: —
LOT #: — LOT SIZE (acres): 1.34
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: 2,740
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
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: 1 ___ ___ ___ ___

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? Sept. 1, 2025 ☐ N/A

12. PROPERTY OWNER:
NAME: David Hutchings
ADDRESS: 10910 McCoy Rd
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704 929 2587
MOBILE PHONE: _____
FAX: _____
E-MAIL: cliffswinger@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

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.

GS (Buyer) (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.

(Buyer) August 4, 2025

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

We have permission to access Property

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

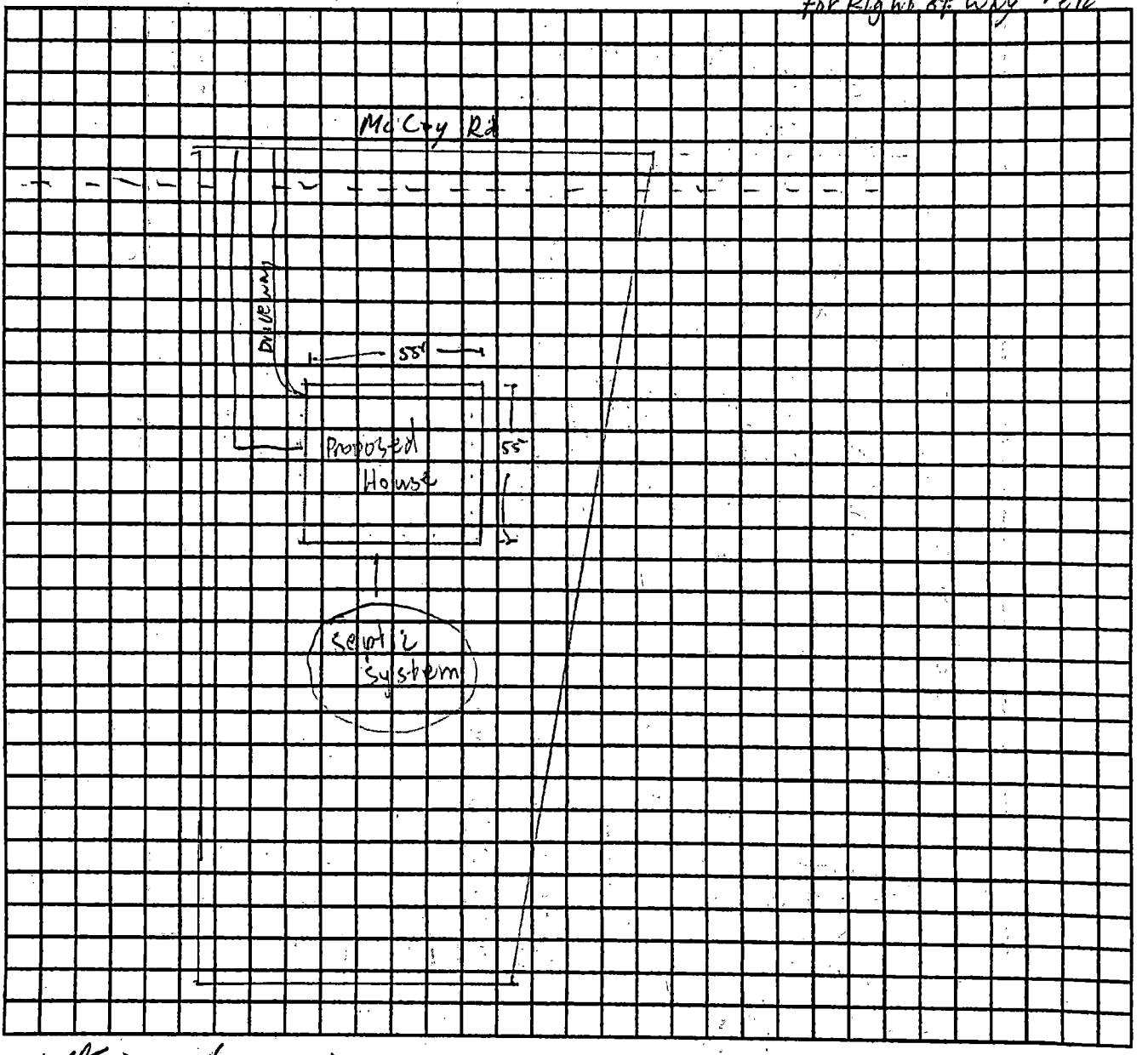
File #: _____

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.

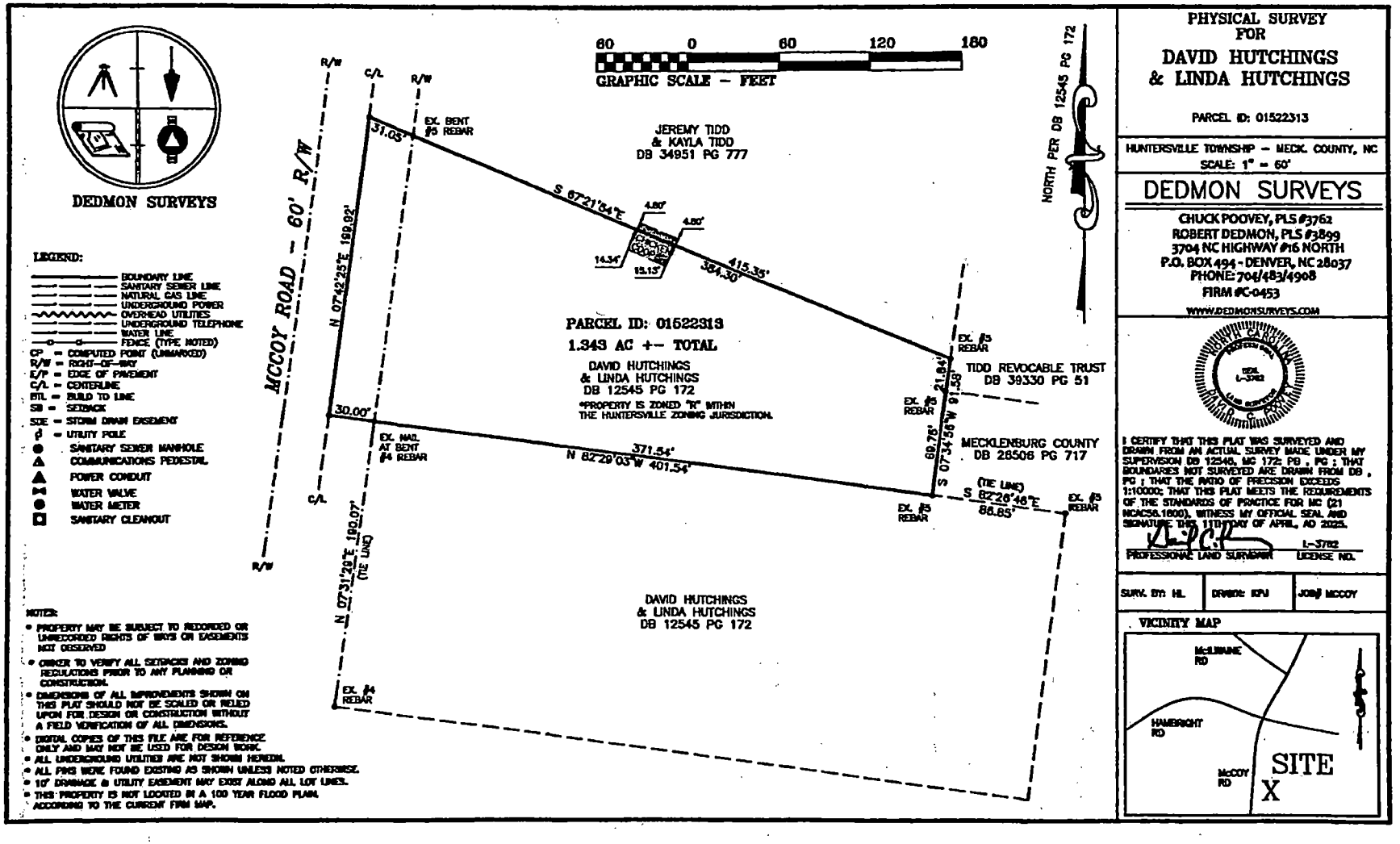
Street Address: None Assigned 10910 McCoy Rd Adjacent Tax Parcel #: 015 22313

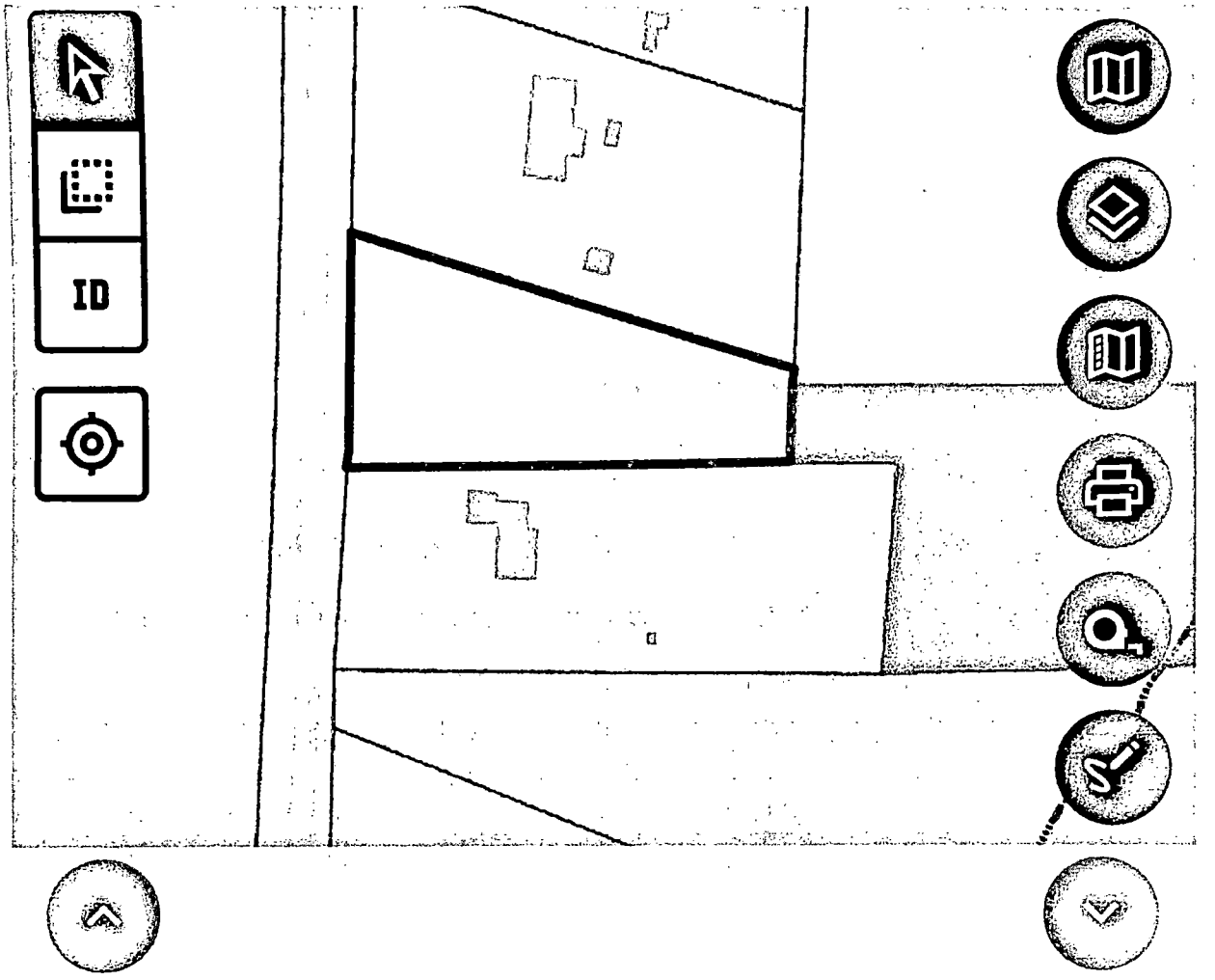
Subdivision Name: —— Lot #: ——



Chris Bruce (Buyer)
Property Owner's or Owner's Legal Representative Signature

August 4, 2025
Date


DEDMON SURVEYS
LEGEND:
BOUNDARY LINE
SANITARY SEWER LINE
NATURAL GAS LINE
UNDERGROUND POWER
OVERHEAD UTILITIES
UNDERGROUND TELEPHONE
WATER LINE
FENCE (TYPE NOTED)
CP = COMPUTED POINT (UNMARKED)
R/W = RIGHT-OF-WAY
E/P = EDGE OF PAVEMENT
C/L = CENTERLINE
BTL = BUILD TO LINE
SB = SETBACK
SDE = STORM DRAIN EASEMENT
UTILITY POLE
SANITARY SEWER MANHOLE
COMMUNICATIONS PEDESTAL
POWER CONDUIT
WATER VALVE
WATER METER
SANITARY CLEANOUT
NOTES:
• PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
• OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
• DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
• DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
• ALL UNDERGROUND UTILITIES ARE NOT SHOWN HEREON.
• ALL PINS WERE FOUND EXISTING AS SHOWN UNLESS NOTED OTHERWISE.
• 10' DRAINAGE & UTILITY EASEMENT MAY EXIST ALONG ALL LOT LINES.
• THIS PROPERTY IS NOT LOCATED IN A 100 YEAR FLOOD PLAIN, ACCORDING TO THE CURRENT FIRM MAP.
60 0 60 120 180
GRAPHIC SCALE – FEET
MCCOY ROAD – 60' R/W
R/W
C/L
EX. BENT #5 REBAR
JEREMY TIDD & KAYLA TIDD DB 34951 PG 777
S 67°21'54"E 415.35'
51.05'
N 07°42'25"E 199.92'
4.80'
4.80'
14.34'
15.13'
384.30'
PARCEL ID: 01522313
1.343 AC +- TOTAL
DAVID HUTCHINGS & LINDA HUTCHINGS DB 12545 PG 172
*PROPERTY IS ZONED "R" WITHIN THE HUNTERSVILLE ZONING JURISDICTION.
NORTH PER DB 12545 PG 172
EX. #5 REBAR
TIDD REVOCABLE TRUST DB 39330 PG 51
EX. #5 REBAR
21.84'
S 07°34'56"W 91.58'
69.76'
30.00'
EX. NAIL AT BENT #4 REBAR
371.54'
N 82°29'03"W 401.54'
MECKLENBURG COUNTY DB 28508 PG 717
(TIE LINE)
S 82°26'46"E 86.85'
EX. #5 REBAR
EX. #5 REBAR
N 07°31'29"E 190.07' (TIE LINE)
DAVID HUTCHINGS & LINDA HUTCHINGS DB 12545 PG 172
EX. #4 REBAR
PHYSICAL SURVEY FOR
DAVID HUTCHINGS & LINDA HUTCHINGS
PARCEL ID: 01522313
HUNTERSVILLE TOWNSHIP – MECK. COUNTY, NC
SCALE: 1" = 60'
DEDMON SURVEYS
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FIRM #C-0453
WWW.DEDMONSURVEYS.COM
NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR
I CERTIFY THAT THIS PLAT WAS SURVEYED AND DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DB 12545, MC 172; PB , PG ; THAT BOUNDARIES NOT SURVEYED ARE DRAWN FROM DB , PG ; THAT THE RATIO OF PRECISION EXCEEDS 1:10000; THAT THIS PLAT MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR NC (21 NCAC56.1600). WITNESS MY OFFICIAL SEAL AND SIGNATURE THIS 11TH DAY OF APRIL, AD 2025.
PROFESSIONAL LAND SURVEYOR
L-3762
LICENSE NO.
SURV. BY: HL
DRAWN: RPJ
JOB# MCCOY
VICINITY MAP
McELWAINE RD
HAMBRIGHT RD
McCOY RD
SITE
X



Property Key

Parcel ID	GIS ID
01522313	01522313

Address located on Property (Postal City)

NA

Owner Name	Mailing Address
DAVID H HUTCHINGS	10910 MCCOY RD HUNTERSVILLE NC 28078

Mecklenburg County

Environmental Health

Groundwater & Wastewater Services

How to Prepare Your Property for an Improvement Permit:

The following items must be done before a Mecklenburg County Health Department representative can visit your site:

- Identity and mark all property corners
    - **Note: For tracts larger than 2 acres contact this department for specific instructions relating to identifying property lines.**
- All property lines should be marked every 50 feet.
- You are responsible for marking all structures to be built on site.
- Clearing excessive underbrush (i.e., thick briars, pine thickets, broom sage bushes, kudzu, honeysuckle, weeds, etc.) is required to allow thorough inspection for soil and wastewater system layout.
    - **Note: Absolutely no grading, filling, or cutting shall occur on site prior to evaluation for permit issuance.**
- When lot is clearly marked as above instructions require, give our office a call at 980-314-1680. We will then connect you with the inspector who will complete the soil test.

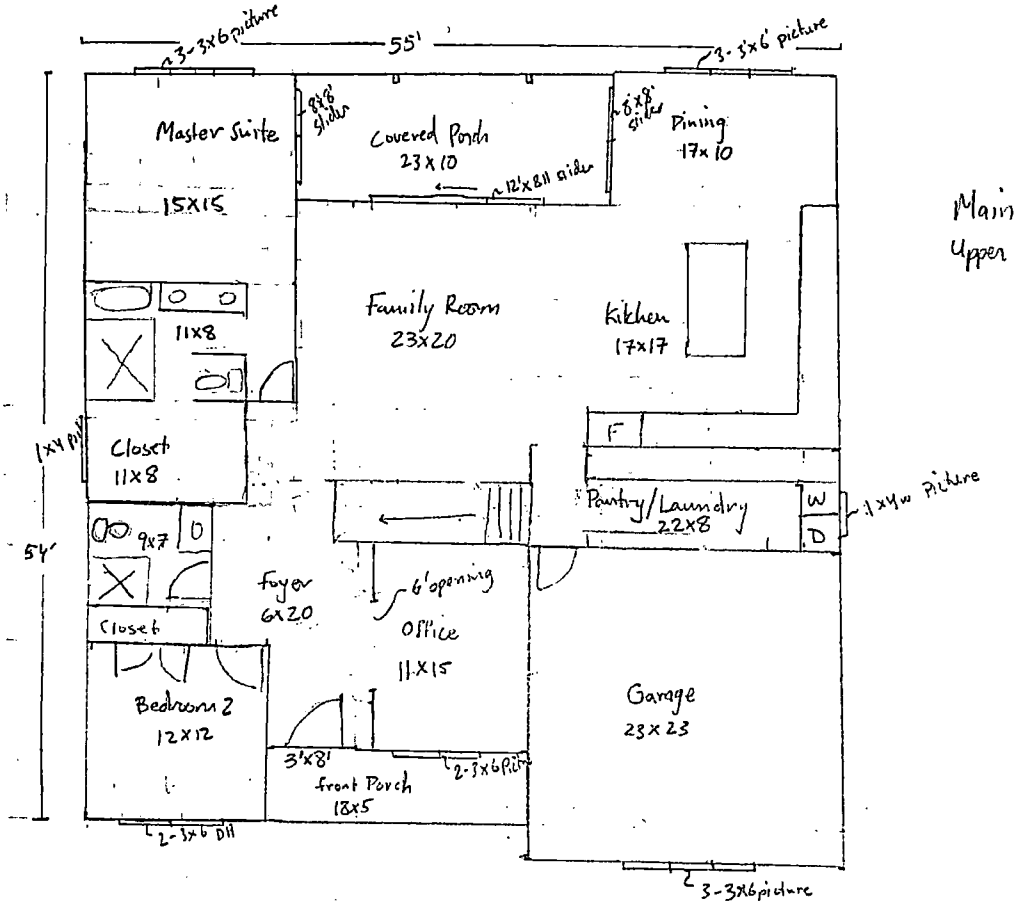
Note: Failure to follow these instructions properly can result in a 2-week delay in processing your application. If the lot is improperly marked and results in an additional trip a $100 extra trip fee may apply.

By signing below, I acknowledge that I have fully read and understand this document.

(Buyer)
Property Owner's or Owner's Legal Representative Signature

August 4, 2025
Date

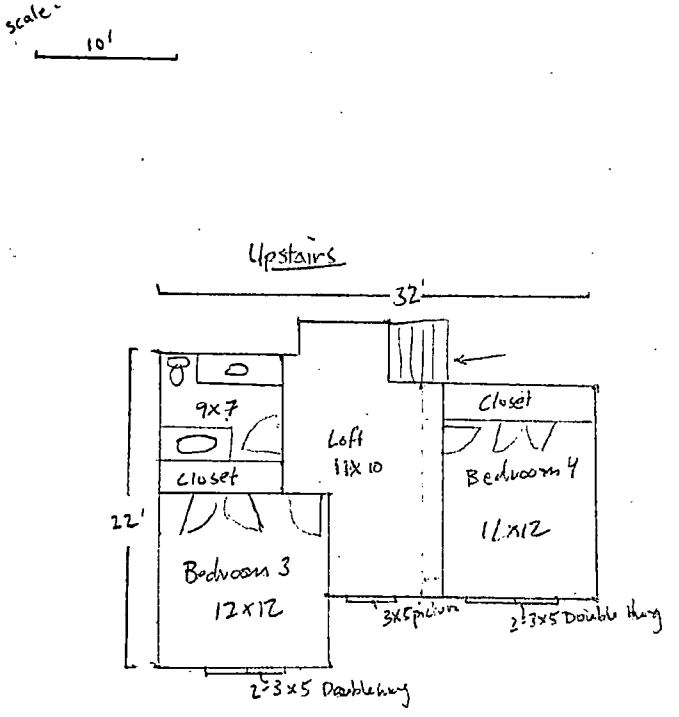
3205 Freedom Dr. Suite 8000 J, Charlotte NC • 28208 • (980) 314-1680 • Fax (704) 336-6894
Last Modified: 8/7/23



Front

Main - 2,200
Upper - 540

scale
10'


scale-
10'
Upstairs
32'
22'
9x7
closet
Loft
11x10
Closet
Bedroom 4
11x12
Bedroom 3
12x12
3x5 pictur
2-3x5 Double Hung
2-3x5 Double Hung

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/08/25	**Amount:**	250.00
Receipt #:	156553	**Tendered:**	250.00
Check / Auth #:	MC 73893Z	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: CLIFF SWINGER
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen PID 01522313	1	250.00	250.00

Permit#

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

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

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

Property ID: 01522313
Lot #:
File #: 12330b
AppID: 15676

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: David Hutchings
Applicant: Cliff Swinger
Address: Beside address: 10910 McCoy Rd.
Date Evaluated: AB 8/25, Pits 9/25, AB 10/20
Proposed Facility: 4 BR SFR
Design Flow (.0400): 480 GPD
Property Size: 1.34 ac.
Location of Site: See file
Property Recorded: After Jan. 1, 1983
Water Supply: [X] Public [ ] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [X] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength

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)
A	Edge of Broad H ~3%	0 - 9	Mo, Sbk, CL	Fr, SS, SP	RB	C: YB mottles @ 35"+	54"	N/A	N/A	C: Rock floaters @ 6-25" M: Sap. inclus. @ 35"+	S 0.25	35"
		9 - 35	Mo, Sbk, C	Fr, S, P, SE	R							
		35 - 54	Wk, Abk, CL	Fr, SS, SP	YR							
B	Edge of Broad H ~3%	0 - 7	Mo, Sbk, CL	Fr, SS, SP	RB	F-C: BI mottles @ 36"+	42"	US (rock content)	N/A	C: Rock floaters @ 36"+ One pit wall has a rock intrusion @ 18-42" in depth.	S 0.25 US @ 42"	29" Max
		7 - 36	Mo, Sbk, C	Fr, S, SP-P, SE	R							
		36 - 42	Wk, Sbk, CL & Sap.	mix Fr, SS, SP	R / M							
		42 - 53	M, L-Sap.	Fi-Fr, SS, SP	M							
C	L ~3%	0 - 5	Mo, Sbk, CL	Fr, SS, SP	RB	C: BI mottling @ 24-42" C: G Chroma 2 & M: BI mottling @ 42"+	50"	US	N/A	F: Rock floaters @ 0-12"	S 0.25 US @ 42"	29" Max
		5 - 42	Mo, Sbk, C	Fr, S, P, SE	R							
		42 - 53	Wk, Abk, CL & Sap.	mix Fr, SS, SP	R							

Description	Initial System	Repair System
Available Space (.0508)	S	S
System Type(s)	1116	1116
Site LTAR	0.25	0.25
Maximum Trench Depth (low side of trench)	24"	24"

Soil Evaluation By: P. Mitchell, REHS, LSS
Soil Classification (.0502 - .0507): S
Other(s) Present:
Site Classification (.0509): S

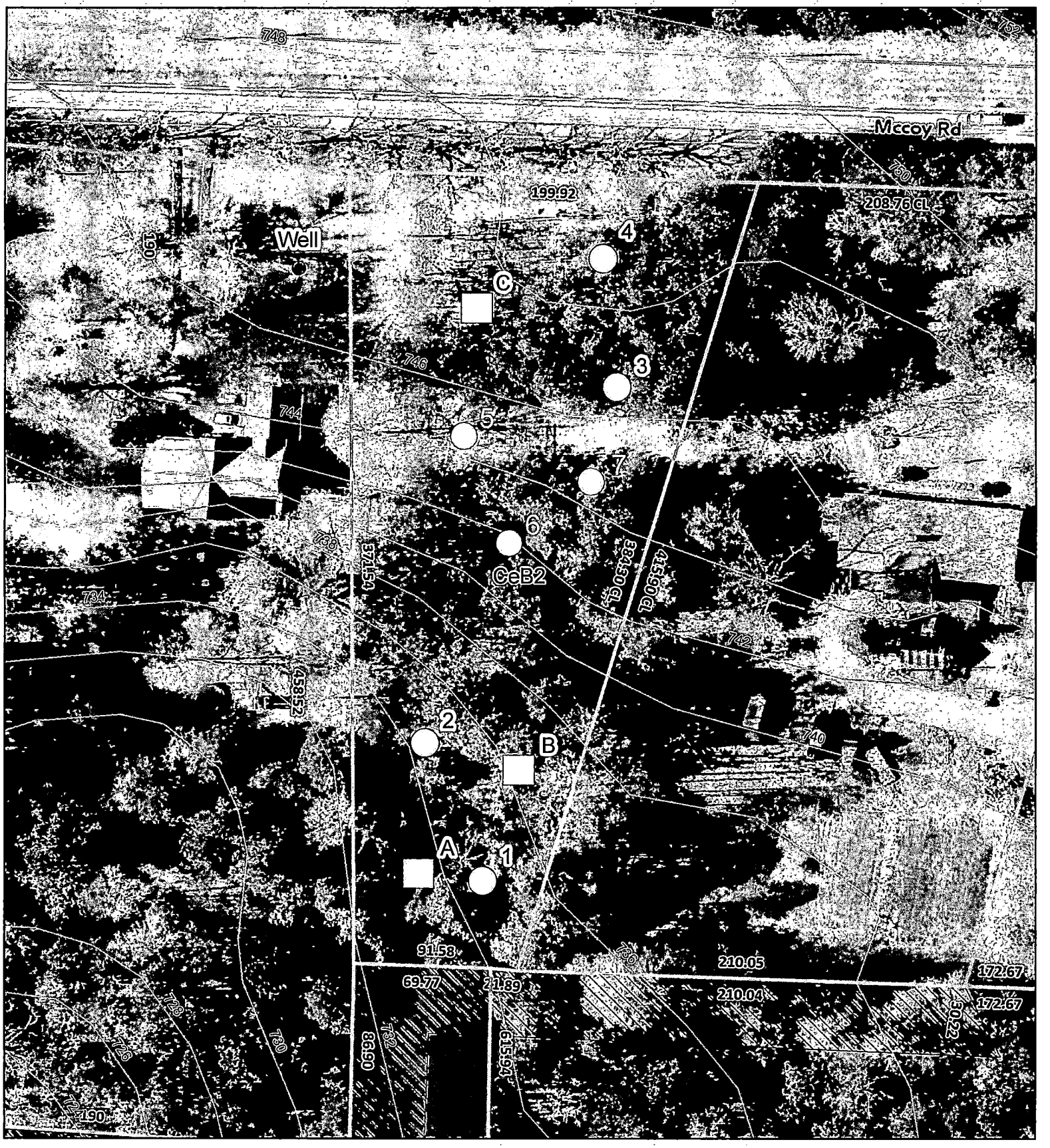
COMMENTS:

Auger Borings

Property ID: 01522313

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	Edge of Broad H ~3%	0 - 7	Mo, Sbk, CL	Fr, SS, SP	B	F-C: Bl mottles @ 12"+ increasing w/ depth	37"	N/A	N/A	F: Sap. inclus. @ 30"+ Hit rock or WR @ 37"	S 0.25 ≤25" US @ 37"	24" Max
		7 - 27	Mo, Sbk, C	Fr, S, P, SE	R							
		27 - 37	Wk, Sbk, CL	Fr, SS, SP	R							
		37	Auger Refusal									
2	Edge of Broad H ~4%	0 - 6	Mo, Sbk, CL	Fr, SS, SP	RB	F-C: Bl mottles @ 31"+ increasing w/ depth	>48"	N/A	N/A	F-C: Sap. inclus. @ 31"+	S 0.25	35"
		6 - 31	Mo, Sbk, C	Fr, SS-S, SP-P, SE	R							
		31 - 48	Wk, Sbk, CL	Fr, SS, SP	R							
3	L ~4%	0 - 5	Wk, Sbk, CL	Fr, SS, SP	RB	F: YB & Bl mottles @ 40"+	>48"	N/A	N/A	F-C: Sap. inclus. @ 20"+	S 0.275	35"
		5 - 25	Mo, Sbk, C	Fr, SS-S, SP-P, SE	R							
		25 - 48	Wk, Sbk, CL	Fr, SS, SP	R							
4	L ~2%	0 - 6	Mo, Sbk, CL	Fr, SS, SP	RB	C: YB & Bl mottling @ 30"+ C: G Chroma 2 mottling @ 36"+	48"	N/A	N/A	F: Sap. inclus. @ 23-30" C-M: Sap. inclus. @ 30-36"	S 0.25 ≤24" US @ 36"	24" Max
		6 - 30	Mo, Sbk, C	Fr, SS-S, SP-P, SE	R							
		30 - 36	Wk, Abk, CL	Fr, SS, SP	R							
		36 - 48	Wk, Abk, CL & Sap.	mix Fr, SS, SP	M							
5	L ~4%	0 - 5	Mo, Sbk, CL	Fr, SS, SP	RB	C: Bl mottles & F: YB mottles @ 30"+	42"	N/A	N/A	C: Sap. inclus. @ 38"+ Hit rock or WR @ 42"	S 0.25 ≤30" US @ 42"	30" Max
		5 - 30	Mo, Sbk, C	Fr, SS, SP, SE	R							
		30 - 42	Wk, Sbk, CL	Fr, SS, SP	R							
		42	Auger Refusal									
6	L ~4%	0 - 4	Mo, Sbk, CL	Fr, SS, SP	RB	C: YB & Bl mottling @ 30"+	36"	N/A	N/A	C: Sap. inclus. @ 33"+ Hit rock or WR @ 36"	S 0.25 ≤24" US @ 36"	24" Max
		4 - 33	Mo, Sbk, C	Fr, SS-S, SP-P, SE	R							
		33 - 36	Wk, Sbk, CL	Fr, SS, SP	R							
		36	Auger Refusal									
7	L ~4%	0 - 5	Wk, Sbk, CL	Fr, SS, SP	RB	F: Bl mottles @ 37"+ F: YB mottles @ 40"+	>48"	N/A	N/A	F-C: Sap. inclus. @ 27"+	S 0.275	35"
		5 - 27	Mo, Sbk, C	Fr, SS-S, SP-P, SE	R							
		27 - 48	Mo-Wk, Sbk, CL	Fr, SS, SP	R							

Soil & Site Evaluation Map



Map Created by: P. Mitchell
Date: 9/25/2025

PROPERTY INFO
Address: Beside 10910 McCoy Rd.
PID No.: 01522313

1 inch = 60 feet

Mecklenburg County
Groundwater & Wastewater Services

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/29/25	**Amount:**	200.00
Receipt #:	157651	**Tendered:**	200.00
Check / Auth #:	MC 18295Z	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: SWINGER CLIFFORD
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 10920 MCCOY RD	1	200.00	200.00

Permit#

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/29/25	**Amount:**	200.00
Receipt #:	157652	**Tendered:**	200.00
Check / Auth #:	MC 18295Z	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: SWINGER CLIFFORD
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 10920 MCCOY RD	1	200.00	200.00

Permit#

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

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