SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 10929B

Assigned Inspector: Braedon | Matt.

☐ 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: 7/18/23 Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☒ Septic file complete: 6/30/20

☐ Release final hold in Winchester/ Accela: _____

Comments:

Please make sure to collect the remaining $400 for the CA + OP before releasing occupancy hold

App. #: 14004

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY HEALTH DEPARTMENT GROUNDWATER & WASTEWATER SERVICES

Septic Fee: 100.00 Well Fee: Date:

Date: 7/18/2023

FILE # 10929B

SEPTIC / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ○ ALTERATION ○ REPAIR ◉ MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 13904221 ☐ PO

STREET ADDRESS: 8215 MAX MEADOWS DR

CITY: Charlotte

STATE: NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 18

TOWNSHIP: MINT HILL

General Comments:

BUILDING INFORMATION:

TYPE OF BUILDING:

○ SINGLE MOBILE HOME (S) ○ MODULAR HOME (M)

○ DOUBLE WIDE (D) ○ MULTIPLE FAMILY (U)

◉ HOUSE (H) ○ OTHER

HEATED SQUARE FOOTAGE: 4443

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☑ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ○ Yes ◉ No

TYPE:

WATER SUPPLY:

☐ MUNICIPAL ☑ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER

PROPOSED USE OF WELL:

○ N/A ○ IRRIGATION ◉ POTABLE (Drinking Water) ○ OTHER

PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST 5-LEAST DESIRED)*:

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

RANK: 0 0 0 0 0

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ Yes ◉ No	GRADING/SOIL REMOVAL PERFORMED	○ Yes ◉ No
EXISTING WASTEWATER SYSTEMS	○ Yes ◉ No	JURISDICTIONAL WETLANDS	○ Yes ◉ No
WELLS, SPRINGS, OR WATER LINES	○ Yes ◉ No	APPROVAL REQ'RD BY OTHER AGENCY	○ Yes ◉ No
EASEMENTS OR RIGHT-OF-WAYS	○ Yes ◉ No	WASTEWATER OTHER THAN DOM. SEWAGE	○ Yes ◉ No
CHEMICAL/PETROLEUM STORAGE TANKS	○ Yes ◉ No	KNOWN UNDERGROUND CONTAMINATION	○ Yes ◉ No
WASTE STORAGE	○ Yes ◉ No	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ Yes ◉ No

PROPERTY OWNER:

NAME: HOWARD & ELLA HOYLE JR

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:

ADDRESS:	8215 MAX MEADOWS DR	ADDRESS:	
CITY:	MINT HILL	CITY:	
STATE:	NORTH CAROLINA	ZIP: 28227	STATE: ZIP:
HOME PHONE:	WORK:	HOME PHONE:	WORK:
MOBILE:	980-263-0348 FAX:	MOBILE:	FAX:
EMAIL:	ELLAHOYLE@AOL.COM	EMAIL:	PRESIDENT@HHJCONSTRUCTION.COM

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

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

PRINT Update Go to Front Counter Duplicate

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 # 109293 App# 12026 Tax Parcel# 139-042-21

Property Owner: Karen Collier

Job Location Address: 8215 Mapl Meadows

City: Mint Hill State: NC Zip Code: 28227

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

   ☑ YES ☐ NO

   Comments: _____

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

   ☑ YES ☐ NO

   Comments: _____

   _____

3. Can the septic system be installed per the permit conditions

   ☑ YES ☐ NO

   Comments: _____

   _____

*If "NO" is checked for any of the above the existing permit

13904113

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treat
subsurface soil absorption and effluent discharge meeting all of the construction req
are in effect on the date of granting this approval. **System shall not be installed**

Matt Hall
Authorized Agent

5/27/26
Date

Lago Vista
Others Present

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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 10929B Permit #: 14004 Tax Parcel #: 13904221

Property Owner: Karen Collier

Job Location Address: 8215 Max Meadow

City: Mt Hill State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: ~~II~~ b

*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: Matt Hall Date: 6/29/26

Signature: Matt Hall

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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 092913 Permit #: 14004 Tax Parcel #: 13104221

Property Owner: Karen Collier

Job Location Address: 8215 May Meadows

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 6/5/26 Contractor Name: Lago Vista

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture SHoaf Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 29 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 545 feet 3 x 120' 1 x 100 1 x 85'

# of Lines: 5 @ Varies feet

Depth of Media: 12 inches (Type) CHM36

Depth of Cover: 17 inches

Distribution Device: D-Box

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: 750 feet

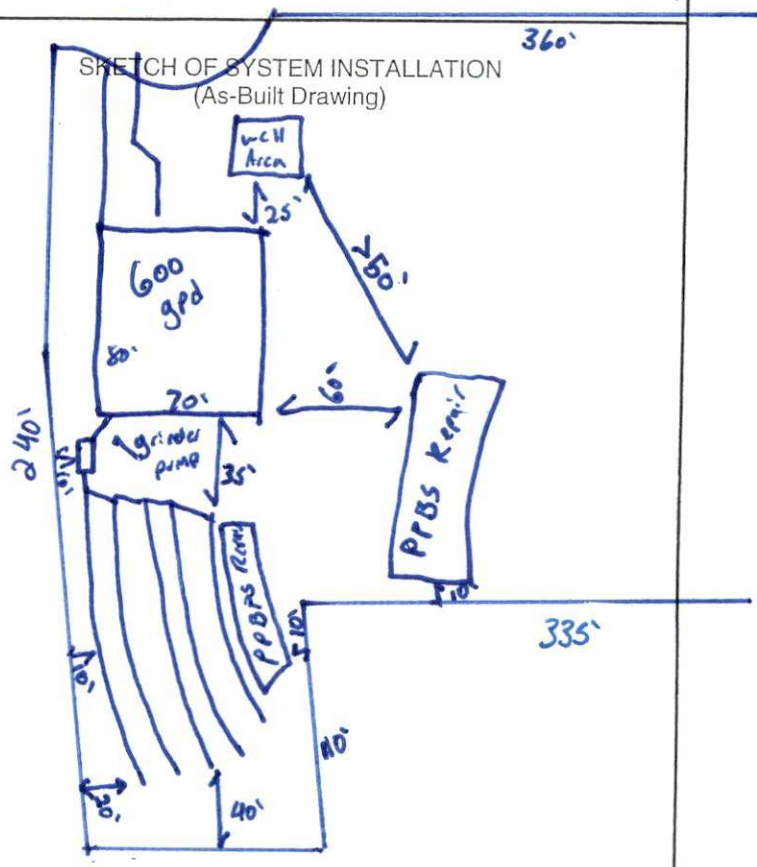
Inspection Dates

Tank(s) Inspected: 5/28/26

Excavation Inspected: 5/28/26

Pump & Controls Inspected: N/A

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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: IIb/gravity fed CHM36 Distribution box / NA/NA

DENR Authorized Agent: Matt Hall Signature: _____

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NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

139-042-21

Permit #: 30012026 GWS File #: 10929B Tax Parcel #: ~~139-041-13~~

- 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):** 2/7/2027

Type of Installation: Residential - New System Lot Number: 18

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): .275 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1636 Total Trench Length (ft): 545

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

III. Repair System Type: PP BPS (pressurized) Horizontal **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): .275 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1091 Total Trench Length (ft): 364

Maximum Trench Depth (in): 36 Depth of Media (in): N/A Distribution Device: Manifold (LPP Distri

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: Braedon Shelton Owner/Legal Agent: _____
Print Name

Signature: Braedon Shelton Signature: _____

Date Issued: 2/7/2022

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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 #: 30012026 GWS File #: 10929B

IV. Permit Conditions/Comments:

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections 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 septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.

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: Braedon Shelton

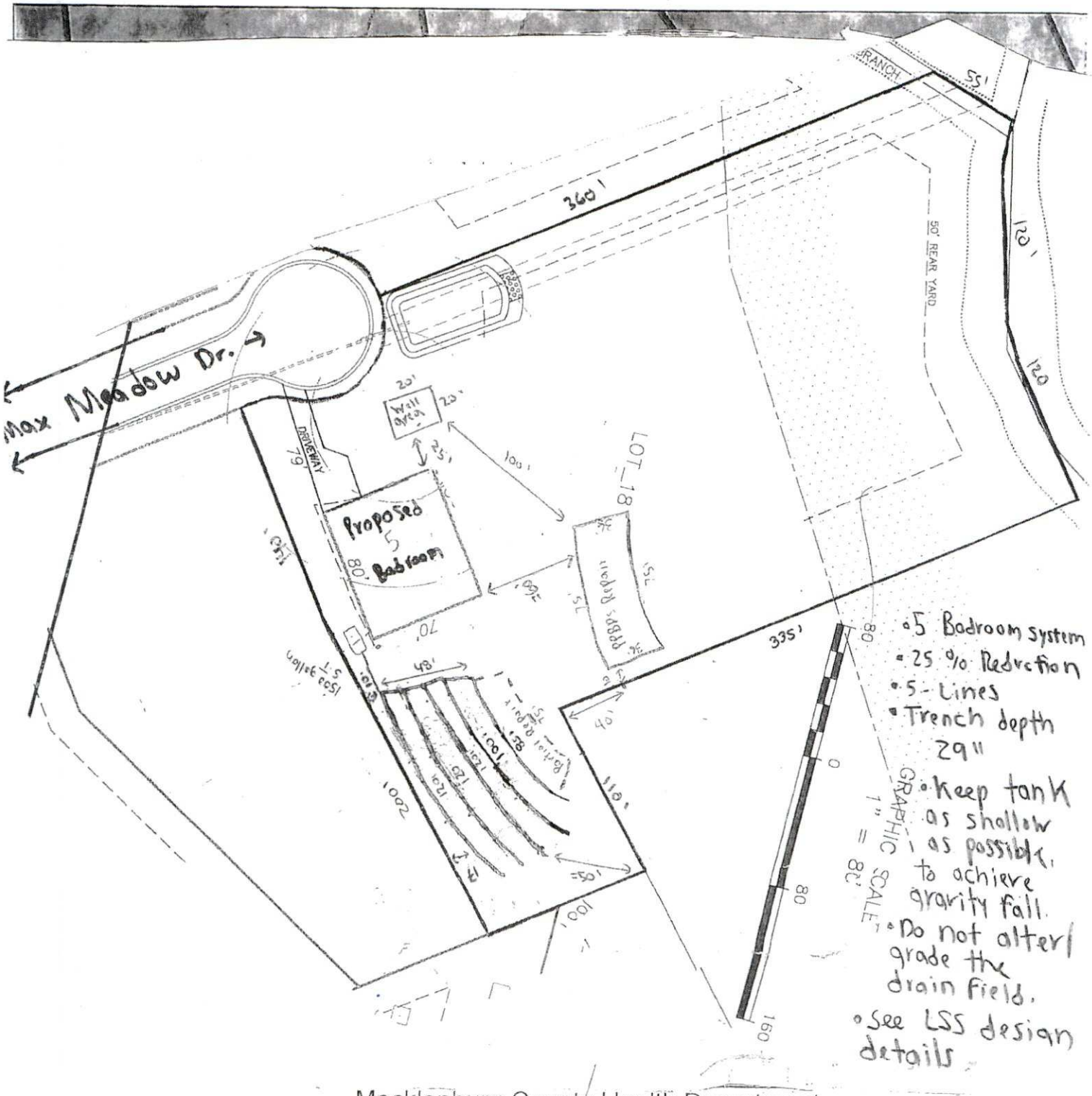
Signature: Braedon Shelton

Date Issued: 2/7/2022

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit 12026
PID #: 13904221
File # 10929B

Authorized Agent: Braislaw Shubb Date: 5/9/22

Owner/ Legal Agent: _____ Date: _____

1 inch = 80 fee