MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/07/26	**Amount:**	300.00
Receipt #:	161468	**Tendered:**	300.00
Check / Auth #:	VISA 8311	**Returned:**	0.00
Received By:	ALVARJS		

Account Information

Account #: 200000
Contractor: RUSSELL WILLIAMS
Attn: 20001 CALLAWAYS HILLS
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 20001 CALLAWAYS HILLS	1	300.00	300.00

Permit#

- Please send for signatures
MR 6/8/26

- Attention complete / File closed

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

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

24478 / 16335

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: 00308310
STREET ADDRESS: 20001 Callaway Hills Ln
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME:
LOT #: 32 LOT SIZE (acres): 0.88
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: 4,352
NUMBER OF BEDROOMS: 3
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: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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: Barbara hefner
ADDRESS: 20001 Callaway Hills Ln
CITY: Davidson,
STATE: NC ZIP: 28036
WORK PHONE:
MOBILE PHONE: (704) 641-3845
FAX:
E-MAIL: beheffner@hotmail.com

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

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

NAME: Russell B Williams
ADDRESS: 4919 E Maiden Rd
CITY: Maiden
STATE: NC ZIP: 28650
WORK PHONE:
MOBILE PHONE: (980) 429-1580
FAX:
E-MAIL: rwilliams9534@bellsouth.net

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)**

RW
_____ (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.

Russell Williams _____ 5/4/26

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

---

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

Revised on: 4/20/17

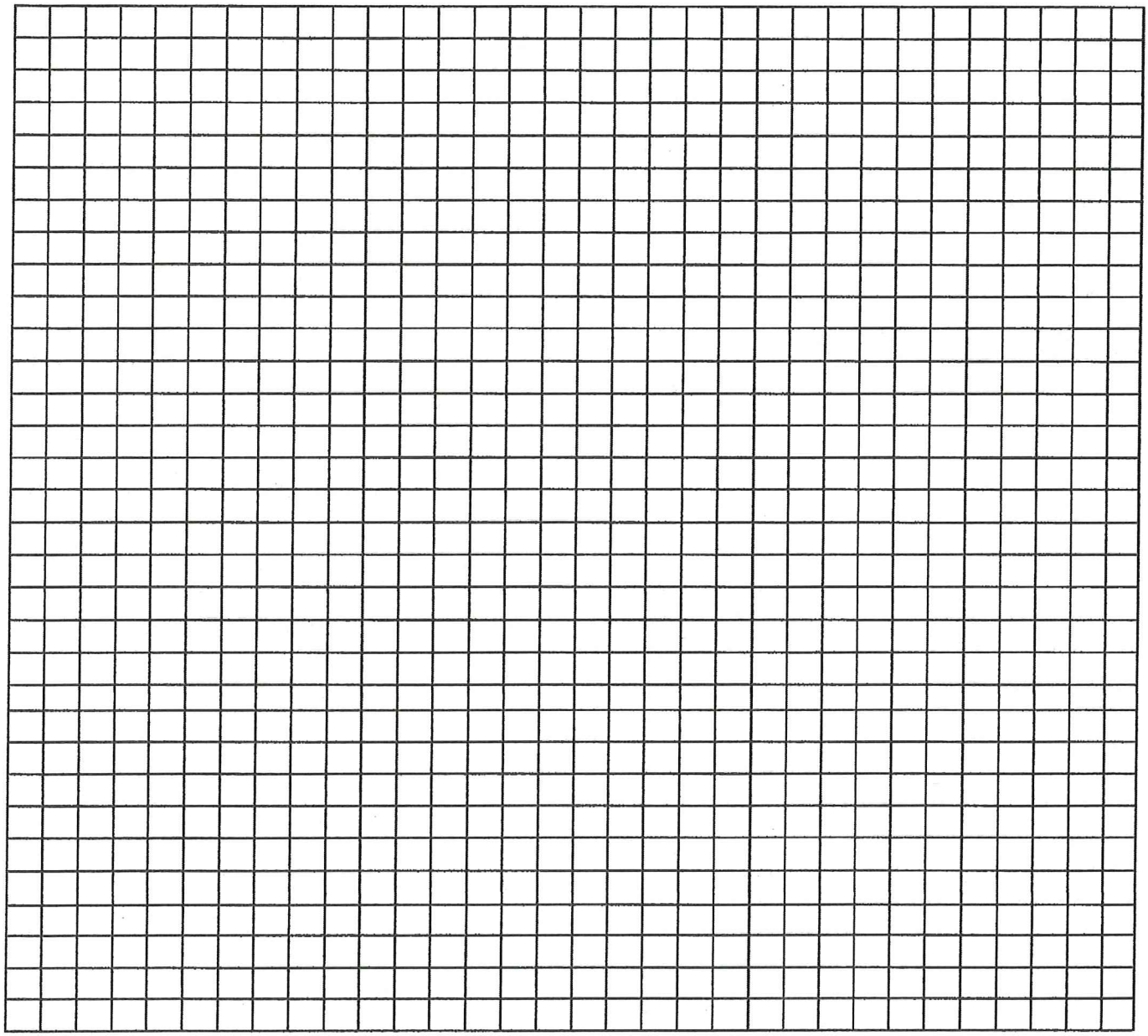
File #: _____

PROPOSED PLOT PLAN

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

Street Address: _____ Tax Parcel #: 00308310

Subdivision Name: _____ Lot #: 32



Russell Williams
Property Owner's or Owner's Legal Representative Signature

5/4/26
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

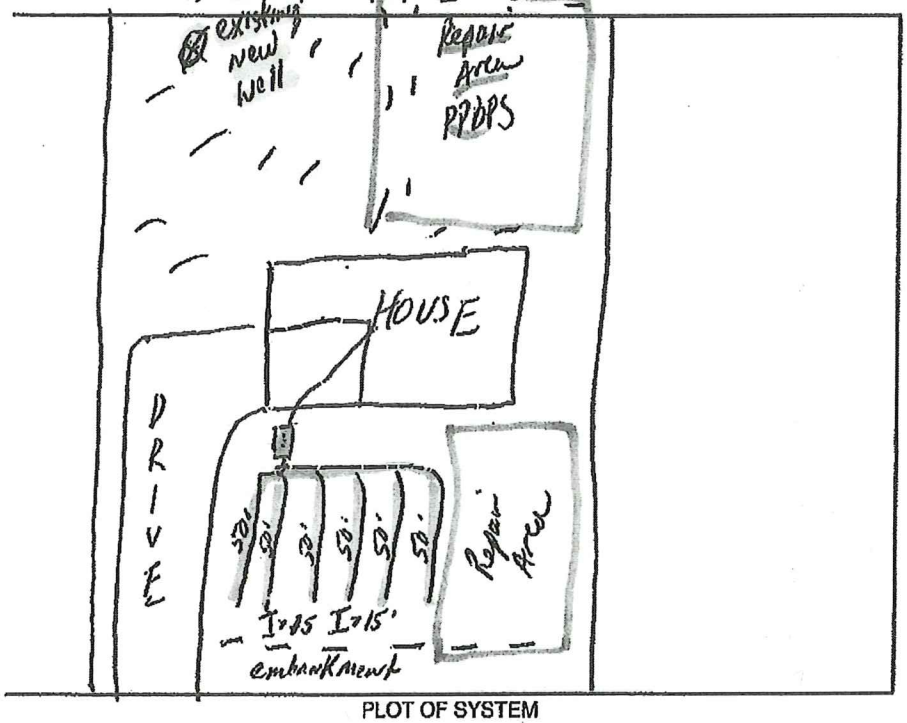
1 BR
Expansion.

CTION, ALTERATION, AND/OR REPAIR APPROVAL

IT
ALTH DIVISION
., SUITE 211
12

FILE: 24476 DATE: 6/15/2000
TC: 003 08131 X L
SERIAL No 18374

all or Construct, _____ Alter or Repair the Individual septic tank wastewater
n, effluent discharge as specified herein at the described location. This permit is granted
location dated 3/26/98. All work shall be completed
_____, after which date this permit shall be null and void. The system shall
ICAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate
obtained from the Mecklenburg County Health Department before any system can be
f this permit does not in any way guarantee that the system anticipated to be constructed
will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from
the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank NA gallons
Tank Construction PCC
Trench Depth 24"
Absorption and/or Nitrification Lines:
Trench Width 3' feet
Trench Walls Scored and Porous Yes
Total Line Length 300' feet
Number of Lines 6 (50')
Depth of Stone NA inches
Distance from House 5' feet
Distance from Property Line >10' feet
Distance from Well >100' feet
50' min

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

NAME OF OWNER John Heffner

LOCATION OF PROPERTY 20001 ~~2-0013~~ Calloway Hills Ln

Comments: Innovative septic system installation, 1500ST, 6 lines x 50' long x 3' wd. Keep the septic system >50' from the existing new well. PPBPS Repair Area, Agreement forms shall be recorded and on file before operations Permit Release.

Phila A. Walker RS.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

MECKLENBURG COUNTY, North Carolina
POLARIS 3G PARCEL OWNERSHIP AND GIS SUMMARY
Date Printed: 05/04/2026

Identity

Parcel ID	GIS ID
00308310	00308310

Postal Address on property

20001 CALLAWAY HILLS LN DAVIDSON NC 28036

Property Characteristics

Legal Desc	L32 B1 M24-963
Land Area	0.877 GIS AC
Fire District	Davidson Rural
Special District	NA
Account Type	Individual
Municipality	Uninc
Land Use	Single Family Residential

Land Analysis - Jurisdiction

Mecklenburg	0.877 GIS AC (100.00%)

Land Analysis - Zoning

R	0.877 GIS AC (100.00%)

Land Analysis - Other

Layer	IN	OUT
Utility ROW	0.000 GIS AC (0.00%)	0.877 GIS AC (100.00%)
Railroad ROW	0.000 GIS AC (0.00%)	0.877 GIS AC (100.00%)
FEMA Floodplain	0.000 GIS AC (0.00%)	0.877 GIS AC (100.00%)
Post Const Buffers	0.000 GIS AC (0.00%)	0.877 GIS AC (100.00%)
SWIM Buffers	0.000 GIS AC (0.00%)	0.877 GIS AC (100.00%)

Site Location

ETJ Area	Davidson
Historic District	No
Census Tract #	64.04
Inside BIP Opportunity Area	No

Ownership

Owner Name	Mailing Address
HEFFNER BARBARA E	20001 CALLOWAY HILLS LN DAVIDSON NC 28036

Deed Reference(s) and Sale Price

Deed	Sale Date	Sale Price
09665-250	05/07/1998	$42,500.00

Situs Addresses tied to Parcel

20001 CALLAWAY HILLS LN UNINC NC

Environmental Information (View map to verify)

FEMA Panel	3710466300K (03/03/2009)
FEMA Flood Zone	OUT
Comm Flood Zone	OUT
Water Quality Buffer	OUT
Post Construction District	Yadkin
Stream Watershed District	ROCKY RIVER

North View on 01/12/2026



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

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

20001 Calloway Hills Lane Davidson
Number Street Town
(Or Parcel Number)

Barbara Heffner
Property Owner (print name)

Barbara Heffner
Property Owner (signature)

5/6/26
Date

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 02755317
Lot #: NA
File #: 2447B
AppID:16335

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Barbara Hefner
Address: 20001 Callaway Hills
Proposed Facility: 360 to 480gpd expansion
Location: 20001 Callaway Hills
Water Supply: [ ] Public [] Individual
Evaluation Method: [X] Auger Boring
Type of Wastewater: [X] Sewage

Design Flow (.1949): 360 gpd+120gpd

[ ] Well
[ ] Pit
[ ] Industrial Process

Applicant: Barbera Hefner
Date Evaluated: 6/25/2025
Property Size: .877
Property Recorded: 1998
[ ] Spring [ ] Municipal
[ ] Cut
[ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	10% LS	0-4	gr l	ss/sp/vfr/sexp		48"	NA	NA		.3	42
		4-39	sbk c	s/p/fi/sexp							
		39-48	sbk cl	ss/sp/fr/sexp							
		48-60	sbk cL/grL	ss/sp/vfr/sexp							
Boring #2	10% LS	0-5	gr l	ss/sp/vfr/sexp		48"	NA	NA		.3	42
		6-40	sbk c	s/p/fi/sexp							
		40-49	sbk cl	ss/sp/fr/sexp							
		49-60	sbk cL/grL	ss/sp/vfr/sexp							
Boring #3											
Boring #4											
Boring #5											
Boring 6											

Description	Initial System	Repair System
Available Space (.1945)	S	S
System Type(s)	IIIe	IIIbe
Site LTAR (gpd/sq ft)	.3	.3

Other Factors (.1946):
Soil Evaluation By: Matthew Hall
Others Present:
Site Classification (.1948): S
Site Evaluation By: Matthew Hall
Others Present:

COMMENTS: Unsuitable soil, recommend deep 36" or lower sand lined trench or equivalent solely for repair

Sheet:
File:12020B
AppID:16335

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
		SiCL-Silty Clay Loam		
CV-Convex Slope				pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak m-moderate s-strong f-fine m-medium c-coarse
		Silt		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SiC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Soil Boring Location Sketch



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 #: **30016335** GWS File #: **2447B** Tax Parcel #: **003-083-10**

- 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):** 6/5/2031

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 4352 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: PPBPS-V (gravity) **System Classification:** IIIe

Initial System Specifications:

Design Flow (gpd): 360 - 480gpd LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 2 Trench Spacing (ft): 8 Absorption Area (ft^2): 800 Total Trench Length (ft): ~~400~~ 67'

Maximum Trench Depth (in): 42 Depth of Media (in): N/A Distribution Device: Distribution Box

III. Repair System Type: PPBPS-V (gravity) **System Classification:** IIIbe

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 2 Trench Spacing (ft): 8 Absorption Area (ft^2): 800 Total Trench Length (ft): ~~400~~ 267'

Maximum Trench Depth (in): 36 Depth of Media (in): N/A 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: Matthew Hall Owner/Legal Agent: _____
Print Name

Signature: Matt Hall Signature: _____

Date Issued: 6/5/2026

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 #: **30016335** GWS File #: **2447B**

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 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.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.
- Finished grade shall provide for positive surface drainage away from all system components – 1/2% grade

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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- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Matthew Hall

Signature: Matt Hall

Date Issued: 6/5/2026

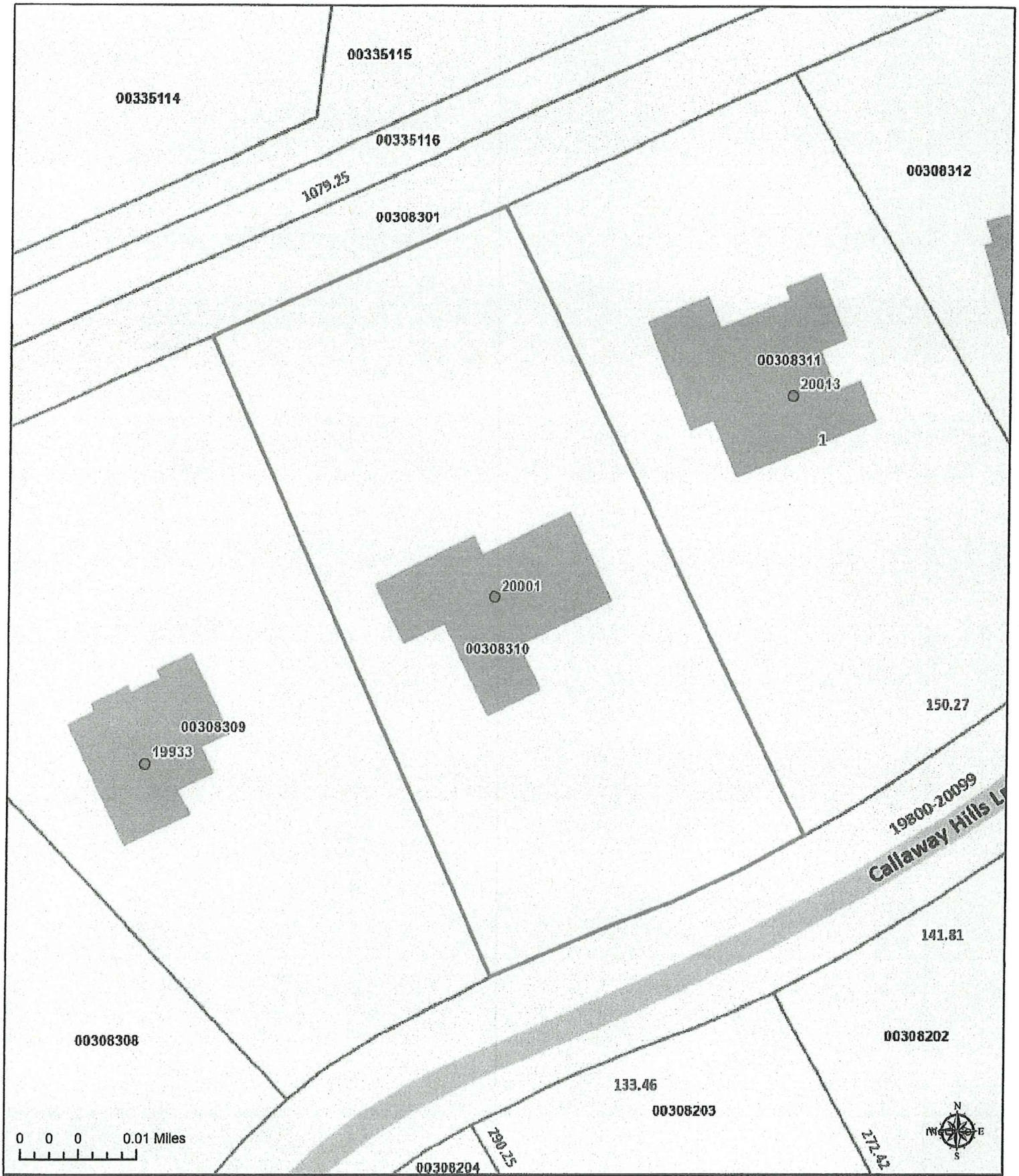
Owner/Legal Agent: _____
Print Name

Signature: _____

Polaris 3G Map – Mecklenburg County, North Carolina

Septic Site Plan

Date Printed: 5/4/2026 11:03 PM



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On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30016355
PID #: 003-083-10
File #: 2447B

Authorized Agent: _____ Date: 6/5/26

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 #: 30016335 GWS File #: 2447B Tax Parcel #: 003-083-10

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Building Foundation: Crawl Space Water Supply: Private Well

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Initial System Specifications:

Design Flow (gpd): 360 - 480gpd LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 2 Trench Spacing (ft): 8 Absorption Area (ft^2): 800 Total Trench Length (ft): ~~480~~ 67'

Maximum Trench Depth (in): 42 Depth of Media (in): N/A Distribution Device: Distribution Box

III. Repair System Type: PPBPS-V (gravity) **System Classification:** IIIb*e*

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 2 Trench Spacing (ft): 8 Absorption Area (ft^2): 800 Total Trench Length (ft): ~~400~~ 267'

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

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

Authorized Agent: Matthew Hall

Signature: Matt Hall

Date Issued: 6/5/2026

Owner/Legal Agent: Russell B. Williams
Print Name

Signature: Russell B. Williams

Mecklenburg County Groundwater & Wastewater Services
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IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30016335 GWS File #: 2447B

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 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.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.
- Finished grade shall provide for positive surface drainage away from all system components – 1/2% grade

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: Matthew Hall

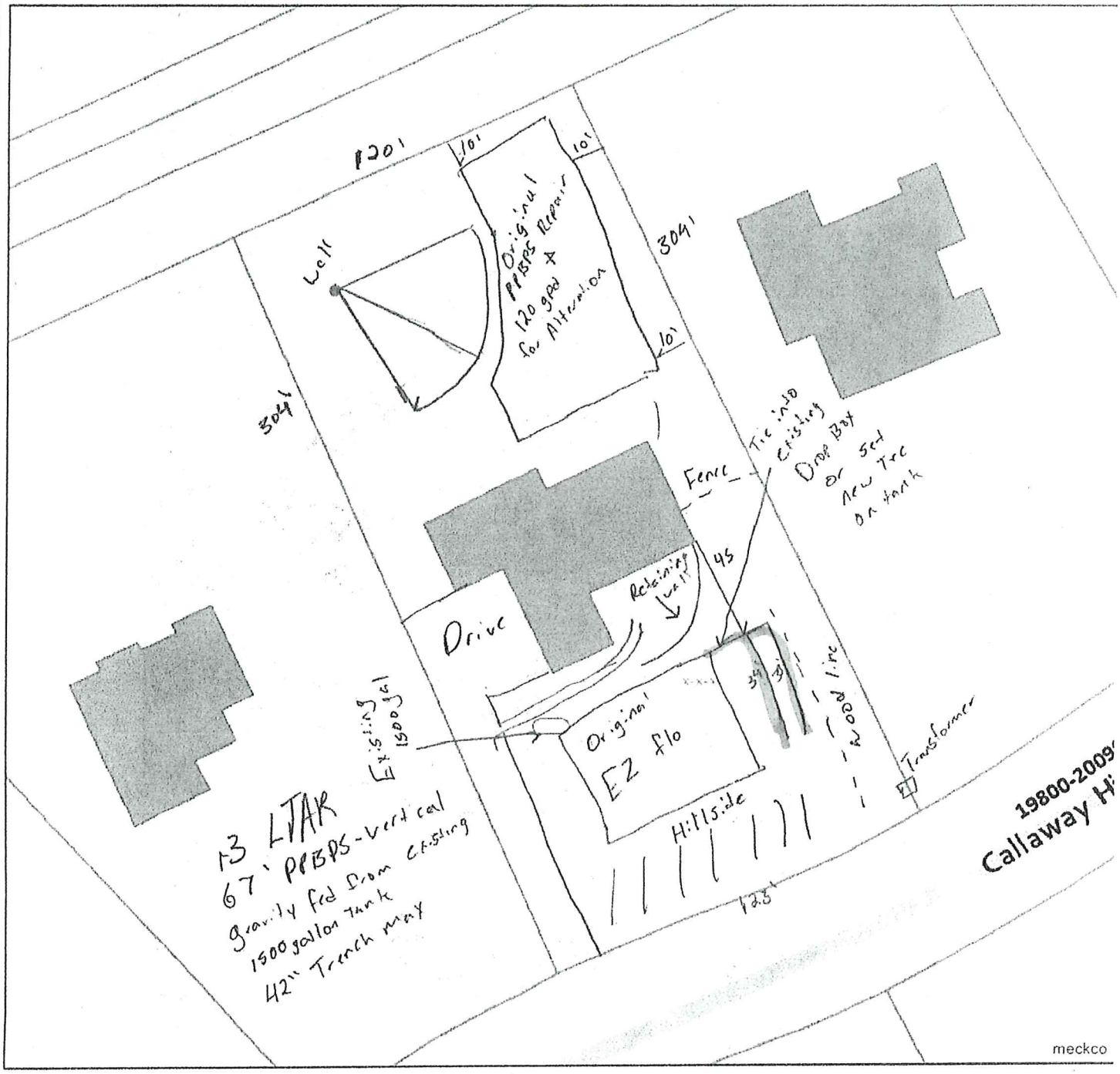
Signature: Matt Hall

Date Issued: 6/5/2026

Owner/Legal Agent: Russell B. Williams
Print Name

Signature: Russell B. Williams

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30016355
PID #: 003-083-10
File #: 24478

Authorized Agent: _____ Date: 6/5/26

Owner/ Legal Agent: Russell B. Williams Date: 6-8-26

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

Septic System Pre-Construction Meeting Checklist

File # 24478 App# 16335 Tax Parcel# 003-083-10

Property Owner: Barbara Heffner

Job Location Address: 20001 Callaway Hills

City: Davidson State: NC Zip Code: 28036

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.**

Matt Hall
Authorized Agent

6/24/26
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 #: 24473 Permit #: 16335 Tax Parcel #: 003-083-10

Property Owner: Barbara Heffner

Job Location Address: 20001 Callaway Hills

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 6/24/26 Contractor Name: Russell Williams

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: N/A gallons

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

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 2 feet

Line Spacing: 8 feet (O.C.)

Total line length: 67 feet 1x 37

# of Lines: 2 @ varies feet 1x 30

Depth of Media: NA inches (Type) VPPBPS

Depth of Cover: 12 inches

Distribution Device: Drop Tee

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: 75 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: 750 feet

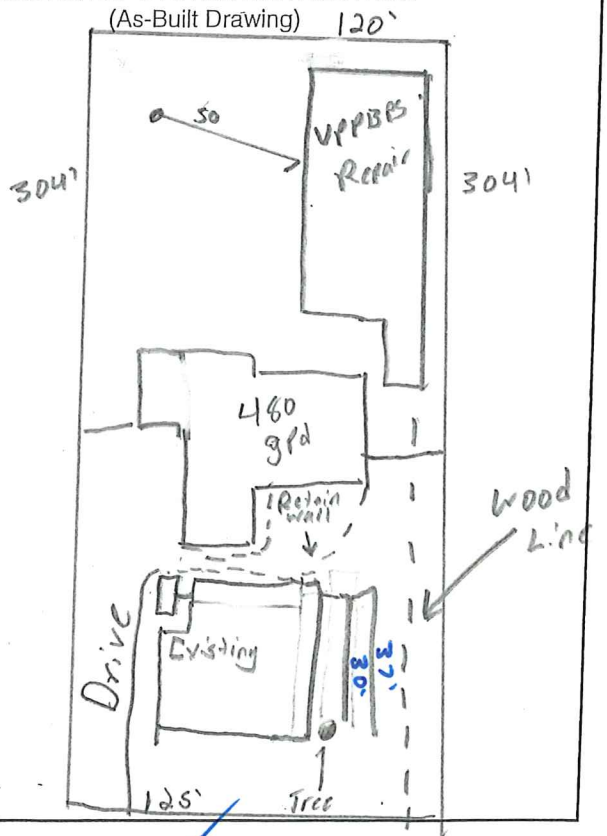
Inspection Dates

Tank(s) Inspected: N/A

Excavation Inspected: 6/24/26

Pump & Controls Inspected: _____

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: IIIc/ gravity fed from existing EZ flow line, Drop Tee set from Bottom existing line, VPP135 / NA/NA

DENR Authorized Agent: Matt Hall Signature: Matt Hall

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 #: 24473 Permit #: 10335 Tax Parcel #: 003-063-10

Property Owner: Barbara Heffner

Job Location Address: 20001 Callaway Hills

City: Davidson State: NC Zip Code: 28036

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: IIIc

*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: 6/24/24

Signature: