SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 11516B

Assigned Inspector: Braeclow

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☒ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☒ Send IP permit for signature: 3/21/23 ☒ Signature received: 3/21/23

☐ 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: 4/17/23

☐ Release final hold in Winchester: _____

Comments:

11516B

13661

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: 13709835
STREET ADDRESS: 8100 Lake Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: N/A
LOT #: _____ LOT SIZE (acres): 1.13
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: 1408
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
◉ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A
✓ NUMBER OF BEDROOMS TO BE ADDED: 1 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

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☒ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 3/24/23 ☐ N/A

12. PROPERTY OWNER:
NAME: Ruben Bak
ADDRESS: 1705 Lake Manor Rd
CITY: Monroe
STATE: NC ZIP: 28112
WORK PHONE: 704-904-5864
MOBILE PHONE: _____
FAX: _____
E-MAIL: Rubreal estate@outlook.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
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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: _____

STREET ADDRESS: 6100 Lake Rd

CITY: Mint Hill

STATE: NC ZIP: 28227

SUBDIVISION NAME: N/A

LOT #: _____ LOT SIZE (acres): 1.13

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: _____

NUMBER OF BEDROOMS: 3 2

NUMBER OF OCCUPANTS: 2

FOUNDATION TYPE:

(•) CONCRETE SLAB ( ) BASEMENT WITH PLUMBING
( ) CRAWL SPACE ( ) BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: (•) N/A

NUMBER OF BEDROOMS TO BE ADDED: 1 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

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ [•] UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 3/24/23 [ ] N/A

12. PROPERTY OWNER:

NAME: Kenny Beck

ADDRESS: 1205 Lake Monroe Rd

CITY: Monroe

STATE: NC ZIP: 28112

WORK PHONE: 704-904-5864

MOBILE PHONE: _____

FAX: _____

E-MAIL: Kenbrealestate@outlook.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

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. R.VS (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. R.VS (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

2/22/23
Date

OFFICE USE ONLY

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

RMB 2/24/23

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:

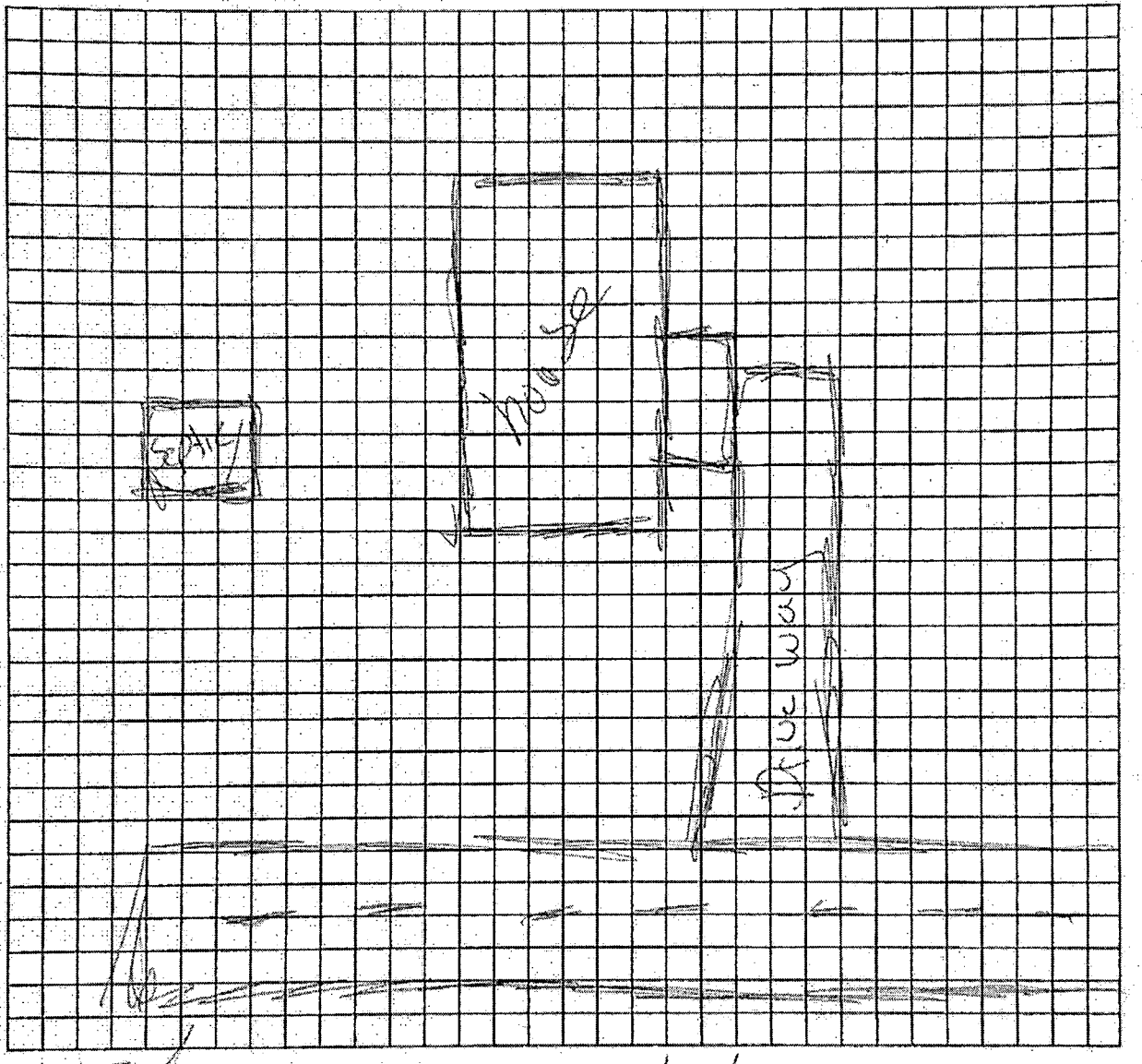
File #: _____

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: 6100 Lake Rd Tax Parcel #: 13709835

Subdivision Name: N/A Lot #: _____



Property Owner's or Owner's Legal Representative Signature Date 2/22/23

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

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

6100 Lake Rd Mint Hill.
Number Street Town
(Or Parcel Number)

Ruvim Bak
Property Owner (print name)

Property Owner (signature)

2/22/23
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/22/23	**Amount:**	300.00
Receipt #:	140358	**Tendered:**	300.00
Check / Auth #:	MC 152655	**Returned:**	0.00
Received By:	GALLOSE		

Account Information

Account #: 200000
Contractor: BAK RUVIM
Attn: SEPTIC ALTERATION PERMIT
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 6100 LAKE RD	11516B	1	300.00	300.00

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

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

Edit Response | Delete Response | Manage Permissions | Workflows | Alert Me

GWS File #:	11516B
WASPS App #:	13661
Primary ES assigned to project:	Braedon Shelton
Secondary ES assigned to project:	
Project Type:	Alteration
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	N/A
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	N/A
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization:	Yes

130A-336(a) - Facility/appurtenance setbacks shown from fixed points?

Corrections/modifications needed?	No
Comments:	Alteration for a bedroom addition.
IA issued date:	
OP Issued date:	
Review performed by:	Michelone
Date performed:	3/20/2023

Created at 3/20/2023 4:27 PM by Michelone, Jeremy
Last modified at 3/20/2023 4:27 PM by Michelone, Jeremy

Close

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

*Alteration

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Sheet: 1 of 3
Property ID: 13709835
Lot #: 2
File #: 11516B
AppID: 13661

Property Owner: East Coast Investment LLC
Address: 6100 LAKE Rd Charlotte, NC 28227
Proposed Facility: 2 Bedroom → 3 Bedroom Design Flow (.1949): 240 → 360
Location of Site: Adding Bedroom
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Municipal
Evaluation Method: Auger [x] Auger Boring [] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: owner
Date Evaluated: 3/9/23
Property Size:
Property Recorded: Pre 1969

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
Pit Auger #1	L 4%	0-34	C, wblk	fi, S, P, SoxP	30" 10YR 7/2	—	—	—	Outside of Septic Area 30" Wetness 34" Exp	IV PS .275	16"
		34"+	C, wblk	vfi, vS, vP, Exp							
Pit Auger #2	L 4%	0-34"	C, wblk	fi, S, P, SExP	—	—	—	—	Quartz Rock, 34"	IV PS .3	21"
		Auger Refusal (Rock)									
Auger #3	L 3%	0-34"	C, wblk	fi, S, P, SExP	—	48"+	-	-	BC/C1 Horizon 34-48" mixing with Sap	IV PS .275	34"
		34-48"+	BC/C1, wblk	fr, S, P, SExP							
Auger #4	L 5%	fill?	—	—	—	—	-	—	fill throughout	US	—
Auger #5	L 3%	0-36"	C, wblk	fi, S, P, SExP		43"			BC/C1 36-43" 43" Saprolite	IV PS .275	29"
		36-43"	C1/BC, wblk	fr, S, P, SExP							
		43"+									

Description	Initial System	Repair System
Available Space (.1945)	PS	—
System Type(s)	III b	—
Site LTAR (gpd/sq ft)	.275	—

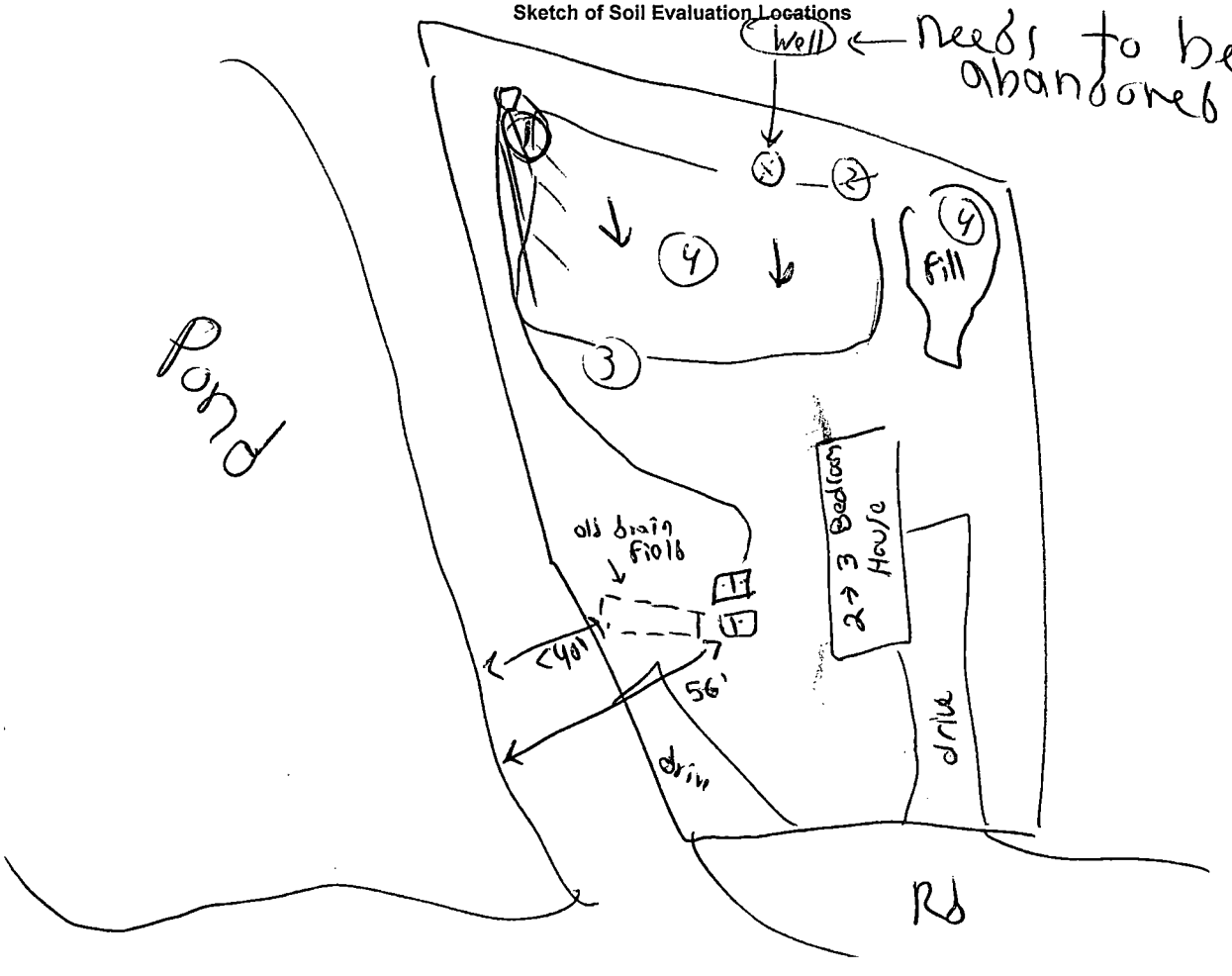
*Repair Exempt

Other Factors (.1946):
Soil Evaluation By: Braedon Shelton, REHS,
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Braedon Shelton
Others Present:

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
CV-Convex Slope		SiCL-Silty Clay Loam		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
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		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

Sketch of Soil Evaluation Locations



Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here: RUVIM BAK

Bill To:

RUVIM BAK

Single Payment

Transaction Date:	02/22/2023 1:25 PM Pacific Time
Pay Method:	**********4809
Approval #:	152655
Trace Number:	2e4ad762-effe-4f7b-86c5-ccd5b24de320
Amount:	$300.00

Payment Amount:	$300.00
Total:	**$300.00**

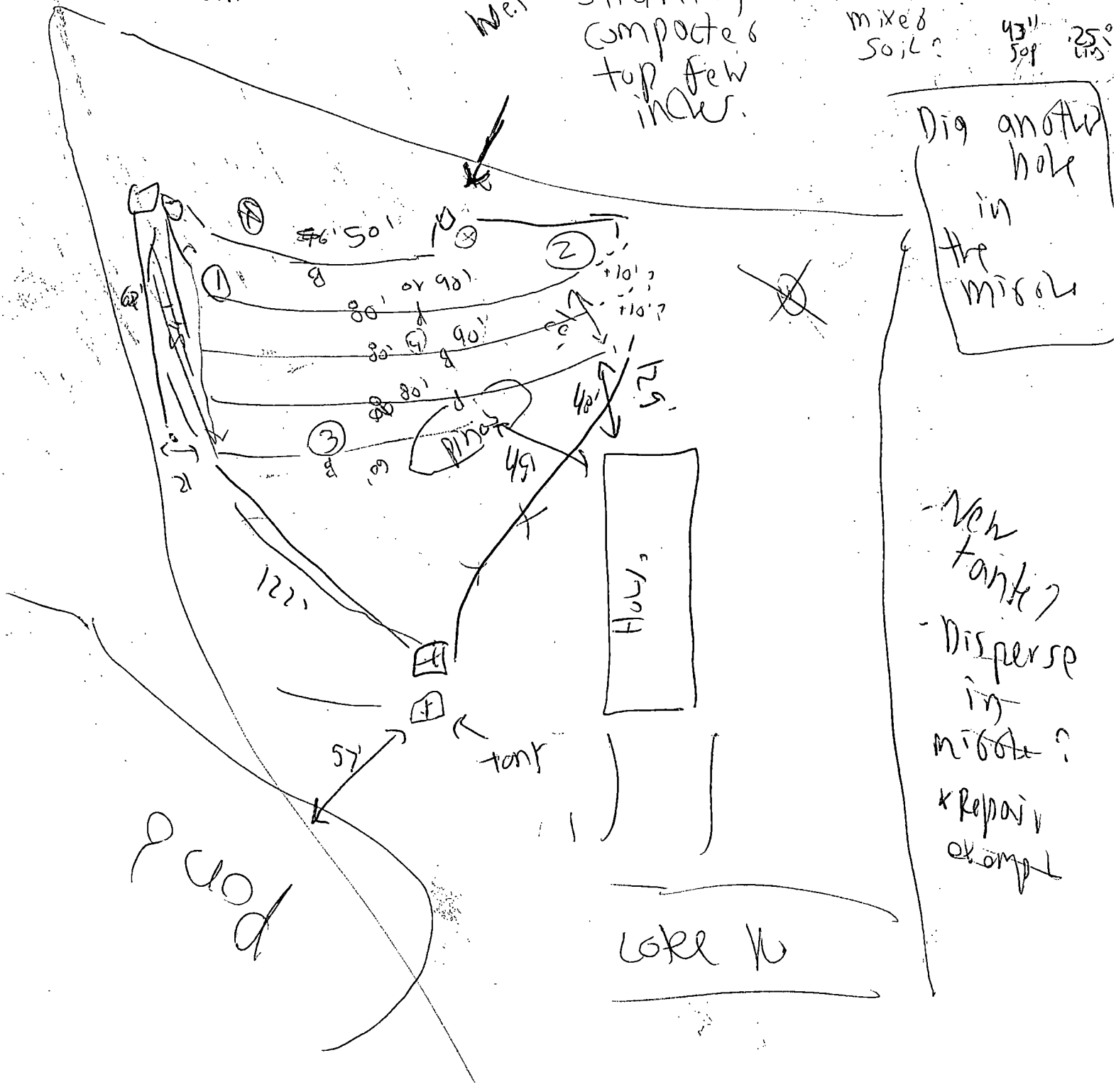
Thank you for your payment.

.275 375'
.25 300

3/8/22

- existing drain field is to close to pond ≤ 50'
- ext. well onsite will be used to be abandoned.
- Repair exempt?
- Areas been driven over slightly compacted top few inch.

1	2	3
0-28" C	0-32" C	0-34" C
28" mottled	32" Rock refusal	34"+
34" exp		4
4 fill		0-36" C
mixed soil:		36"+ C1
		43" Top 25° Lin



FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2001 APR 10 09:28 AM
BOOK:35 PAGE:113-114 FEE:$21 00
INSTRUMENT # 2001052833

JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration: 04/10/2001 09:28 AM

Book: MAP 35 Page: 113-114

Document No.: 2001052833

MAP/R 2 PGS $21.00

Recorder: MAXINE HAITH

Deed information
Repair Exempt

2001052833

2001052833 MAP BOOK 35 PAGE 113

FILED FOR REGISTRATION
APR 10 2001
AT 9:28
KEITH A. GIBSON
MECKLENBURG COUNTY, N. C.
REGISTER OF DEEDS

CERTIFIED TO BE TRUE AND CORRECT COPY OF THE ORIGINAL MAP RECORDED IN BOOK _____ PAGE _____
DATED: _____
JUDITH A. GIBSON, REGISTER OF DEEDS
BY: _____ DEPUTY

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG
I, Sherry Ashley, A REVIEW OFFICER OF MECKLENBURG COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.
REVIEW OFFICER
3/26/01
DATE

STATE OF NORTH CAROLINA MECKLENBURG COUNTY.
I SAMUEL P. MALONE JR. CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION. DEED DESCRIPTION RECORDED IN BOOK SEE NOTES AT PAGE SEE NOTES . THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1 : 20000± THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK SEE NOTES PAGE SEE NOTES, THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.
WITNESS MY HAND AND SEAL THIS 5th DAY OF FEBRUARY AD 20 01
PROFESSIONAL LAND SURVEYOR
SAMUEL P. MALONE JR. L-2610

NORTH CAROLINA PROFESSIONAL SEAL L-2610 LAND SURVEYOR SAMUEL P. MALONE, JR.

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE TOWN OF MINT HILL SUBDIVISION ORDINANCE ON, 3/26/01
Eric Miller
PLANNING BOARD

NOTES:
1. EIR=EXISTING IRON REBAR.
2. NIR=NEW IRON REBAR.
3. EIP = EXISTING IRON PIPE
4. PROPERTY IS ZONED R (MINT HILL) SETBACKS PER ZONING: FRONT = 60'
5. PROPERTY MAY BE SUBJECT TO EASEMENTS, RIGHTS OF WAY OR RESTRICTIONS EITHER RECORDED OR IMPLIED.
6. TOTAL SITE ACREAGE = 6.36 ACRES.
7. THE PURPOSE FOR THIS REVISED PLAT IS TO DIVIDE 6.36 ACRES IN TO TWO PARCELS. THE RECORDING OF THIS PLAT SUPERCEDES AND REPLACES ANY PREVIOUSLY RECORDED PLATS FOR THIS PROPERTY.
8. TAX REF: 137-098-22
9. DEED BOOK REF: DB 2897 PG 160 - MB 6 PG 395
10. NO USGS MONUMENTATION FOUND WITHIN 2000' OF SITE.
11. ALL AREAS WERE COMPUTED BY AUTODESK.
12. THIS PROPERTY IS LOCATED IN A MUNICIPALITY THAT REGULATES PARCELS OF LAND.
13. EOP = EDGE OF PAVEMENT
14. UP = UTILITY POLE
15. 35' PROTECTIVE AREA BUFFER ACCORDING TO MECKLENBURG CO., TAX MAP AND RUNS WITH DRAINAGE FLOW LINE.

CENTERLINE BRANCH
SWIM BUFFER DENOTES AREA THAT PROTECTS EXISTING BRANCH
NOW OR FORMERLY JAMES B. PATTERSON & WIFE LOUISE H. PATTERSON DB 3462 PG 37
WATER STANDING AT TIME OF SURVEY
NOW OR FORMERLY ALLEN WOODROW MARSHALL & WIFE EDNA DB 871 PG 023
NOW OR FORMERLY JAMES J. DAILEY AND WIFE PATRICIA R. DAILEY DB 3481 PG 519
EXISTING HOUSE
EDGE OF WATER AT TIME OF SURVEY.
10' GRAVEL ROAD
MINTBROOK DRIVE
25' R/W
TRACT 1 5.23 ACRES
TRACT 2 1.13 ACRES
LAKE
20' STREAM SIDE ZONE
15' UPLAND ZONE
DARB WIRE FENCE
WELL
CONTROL CORNER EIP
FENCE MEANDERS ALONG PROPERTY LINE
OVERHEAD UTILITY LINE
LAKE ROAD 40' R/W
NOW OR FORMERLY SHILOH TRUE LIGHT CHURCH OF CHRIST DB 9947 PG 678
CONC. WALK
60' MBL
80' SCE
N 23°40'01" W 195.00'
S 65°00'58" W 195.00'
N 23°40'01" W 195.80'
N 71°33'59" E 195.97'
N 17°01'39" W 125.13'
N 01°55'01" W 200.00'
S 41°30'00" E 439.13'
S 41°30'00" E 295.87'
S 41°30'00" E 99.99'
S 41°30'00" E 170.62'
N 79°57'45" W 447.38'
N 79°57'45" W 102.41'
S 61°46'22" E 19.34'
N 23°40'01" W 134.07'
N 23°40'01" W 60.31'
N 41°47'37" W 61.51'
N 23°25'59" W 100.00'
N 73°59'04" W 76.49'

GRAPHIC SCALE
60 0 30 60 120 240
(IN FEET)
1 inch = 60 ft.

Vicinity Map
n.t.s.
ASHLEMARLE ROAD
NORTH-SOUTHERN BY-PASS
OAK HILL ROAD
SITE
ENTRANCE DRIVE
LAKE ROAD
TWILIGHT CHURCH ROAD

A RECORD MAP
showing
TRACTS 1 & 2
OF THE JAMES B. PATTERSON PROPERTY
TOWN OF MINT HILL, MECKLENBURG CO., N.C.

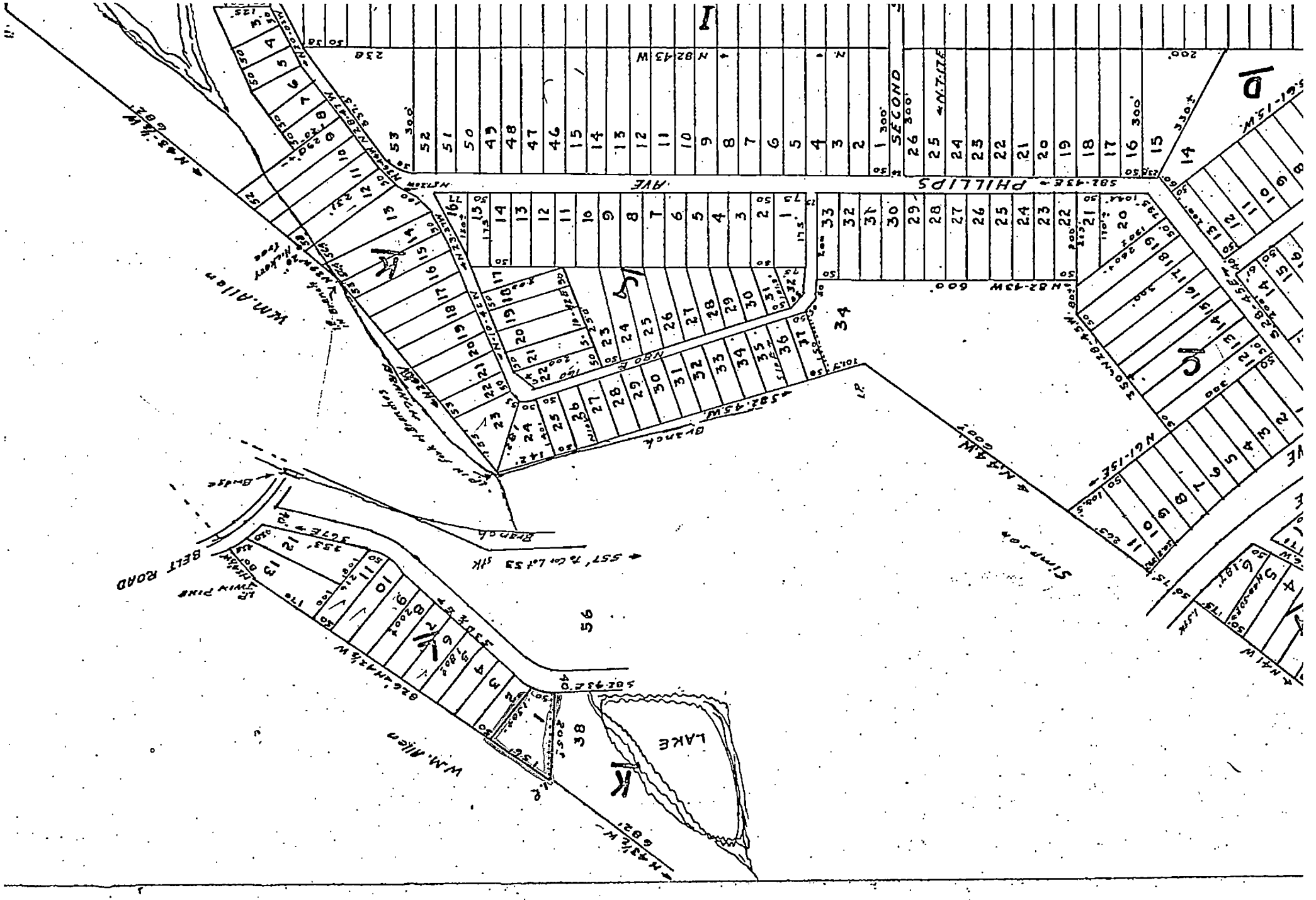
OWNER:
JAMES B. PATTERSON
AND WIFE LOUISE H. PATTERSON

SAM MALONE & ASSOCIATES
LAND SURVEYING - DESIGN - PLANNING
RESIDENTIAL & COMMERCIAL
116B WEST JOHN STREET
P.O. BOX 1132
MATTHEWS, NORTH CAROLINA 28106
OFFICE (704) 847-9026
TOLL FREES (800) 257-8976
FAX (704) 847-5168
SAM MALONE

DRAWN	JJM
APPROVED	SPM
SCALE	1" = 60'
DATE	2-5-2001
ACAD FILE	C:\D\2001\6100LR.DWG
MAP FILE	(26-90)
SHEET	1 OF 1

FOLDER: 25th JANUARY 2001

NO.	DATE	BY	REVISION
1.	3-21-2001	JM	CHANGE PROPERTY LINE.


SECOND
PHILLIPS AVE
WM. ALLEN
BELT ROAD
LAKE
Branch
Creek
Stream
I
J
K
D
C
34
56
38

Revenue Stamp affixed $ No Stamp

STATE OF NORTH CAROLINA—Mecklenburg County

THIS DEED, Made this 22nd day of August A. D., 19 67, by and between Jack W. Rollins and wife, Hettie W. Rollins,

of the County of Mecklenburg and State of North Carolina, parties of the first part, and James B. Patterson and wife, Louise H. Patterson,

of the County of Mecklenburg and State of North Carolina, parties of the second part.

WITNESSETH, That the said parties of the first part, in consideration of One Hundred and no/ 100ths. ($100.00) and other good and valuable considerations——— Dollars to them paid by the part ies of the second part, the receipt of which is hereby acknowledged, have bargained and sold, and by these presents do grant, bargain, sell and convey unto the said parties of the second part and their heirs, all those certain lots of land, situate, lying and being in Clear Creek Township, Mecklenburg County, State of North Carolina and more particularly described and defined as follows:

BEING all of Lots 1 through 9, inclusive, and Lot 38 in Block "K" of that certain Subdivisic known as WILGROVE FARMS according to map of plat thereof duly recorded in the Mecklenburg County Registry in Map Book 6 at Page 395.

BEING in all respects the same property conveyed to the parties of the first part herein by Deed, dated February 10, 1967, from Edwin E. Stanley, et al, and duly recorded in Book 2807 at Page 384 in the Mecklenburg County Public Registry, North Carolina.

TO HAVE AND TO HOLD the aforesaid lots of land and all privileges and appurtenances thereto belonging, to the said parties of the second part, their heirs and assigns, to them and their only use and behoof forever.

And the parties of the first part for themselves, their heirs, executors and administrators, covenant with the said parties of the second part, their heirs and assigns, that they are seized of said premises in fee and have right to convey the same in fee simple, that the same are free and clear from all incumbrances, and that they will warrant and defend the said title to the same against the lawful claims of all persons whomsoever. Except that this conveyance is made subject to enforceable restrictions and easements of record and 1967, taxes, which are not yet due and payable.

IN TESTIMONY WHEREOF, The said parties of the first part of these Presents have hereunto set their hands and seals the day and year above written.

Signed, Sealed and Delivered in presence of

Jack W. Rollins (Seal)

Hettie W. Rollins (Seal)

(Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

Revenue Stamp affixed $ 5.50

STATE OF NORTH CAROLINA—Mecklenburg County

THIS DEED, Made this 10th day of February A. D., 1967, by and between Edwin E. Stanley and wife, Sarah T. Stanley ;

and Jesse R. Stanley and wife, Mary G. Stanley

of the County of Mecklenburg and State of North Carolina, part ies of the first part, and

Jack W. Rollins and wife, Hettie W. Rollins

of the County of Mecklenburg and State of North Carolina, part ies of the second part.

WITNESSETH, That the said part ies of the first part, in consideration of

One Hundred and no/100ths ($100.00) and other good and valuable considerations Dollars

to them paid by the part ies of the second part, the receipt of which is hereby acknowledged, ha ve bargained and sold, and by these presents do grant, bargain, sell and convey unto the said parties of the second part and their heirs, all those certain lots

of land, situate, lying and being in Clear Creek Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

BEING all of Lots 1 through 9, inclusive, and Lot 38 in Block "K" of that certain Subdivision known as Wilgrove Farms according to map or plat thereof duly recorded in th Mecklenburg County Registry in Map Book 6 at Page 395.

BEING in all respects the same property conveyed herein to Edwin E. Stanley and Jesse R. Stanley by deed, dated September 19, 1961, and duly recorded in Book 2247 at Page 270 in the Mecklenburg County Public Registry, North Carolina.

TO HAVE AND TO HOLD the aforesaid lots of land and all privileges and appurtenances thereto belonging, to the said parties of the second part, their heirs and assigns, to them and their only use and behoof forever.

And the parties of the first part for themselves their heirs, executors and administrators, covenant with the said part ies of the second part, their heirs and assigns, that they are seized of said premises in fee and ha ve right to convey the same in fee simple, that the same are free and clear from all incumbrances, and that they will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

IN TESTIMONY WHEREOF, The said part ies of the first part of these Presents ha ve hereunto set the hands and seals the day and year above written.

Signed, Sealed and Delivered in presence of

Edwin E. Stanley (Seal)

Sarah T. Stanley (Seal)

Jesse R. Stanley (Seal)

Mary G. Stanley (Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

dotloop signature verification: dtlp.us/3JZ9-J4I6-qMGL

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 #: 30013661 GWS File #: 11516B Tax Parcel #: 137-098-35

- 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):** 3/16/2028

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 1408 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Concrete Slab Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.275	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	982	Total Trench Length (ft):	327
Maximum Trench Depth (in):	16	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: N/A **System Classification:**

Repair System Specifications:

Design Flow (gpd):	0	LTAR (gpd/ft^2):	0	Septic Tank Size (gal):	0	Pump Tank Size (gal):	0
Trench Width (ft):	0	Trench Spacing (ft):	0	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	0	Distribution Device:	N/A		

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.

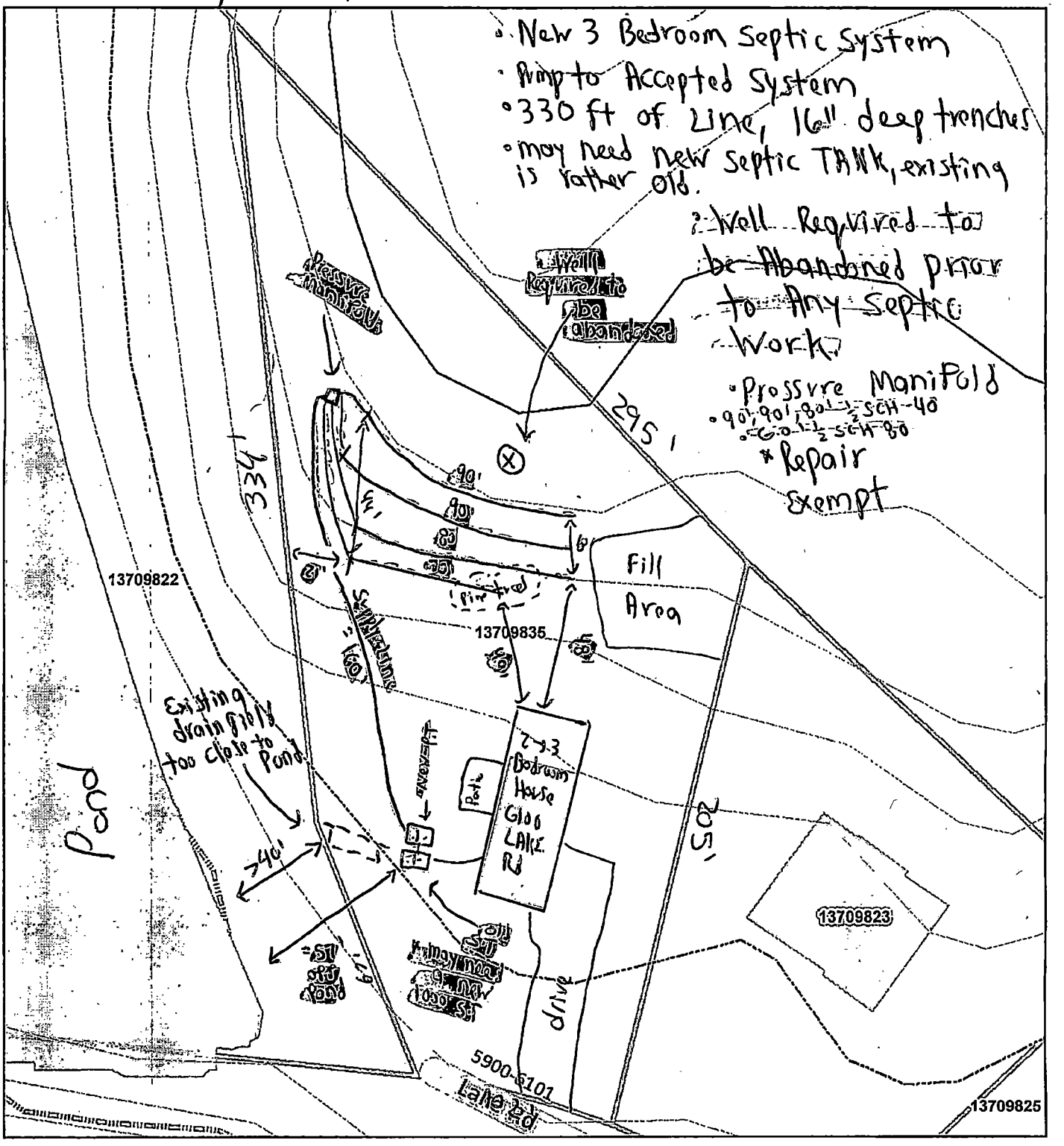
Authorized Agent: Braedon Shelton Owner/Legal Agent:

Signature: Braedon Shelton Signature dotloop verified 03/21/23 11:06 AM EDT BPTW-IFJF-XGJI-2ADR

Date Issued: 3/16/2023

dotloop signature verification: dtlp.us/3JZ9-J4I6-qMGL

Mecklenburg County Wastwater Improvement Sketch



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Authorized Agent: Brandon Shelton Date: 3/16/23

Owner/ Legal Agent: dotloop verified 03/21/23 11:06 AM EDT EFDG-V3DX-DXOI-9UUS Date:

1 inch = 50 feet

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 #: **30013661** GWS File #: **11516B** Tax Parcel #: **137-098-35**

- 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):** 3/16/2028

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 1408 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Concrete Slab Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.275	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	982	Total Trench Length (ft):	327
Maximum Trench Depth (in):	16	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: N/A **System Classification:**

Repair System Specifications:

Design Flow (gpd):	0	LTAR (gpd/ft^2):	0	Septic Tank Size (gal):	0	Pump Tank Size (gal):	0
Trench Width (ft):	0	Trench Spacing (ft):	0	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	0	Distribution Device:	N/A		

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: 3/16/2023

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 #: **30013661** GWS File #: **11516B**

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.
- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- Proper well abandonment is required prior to receiving an Installation Approval from our office to install the septic system.
- WELL REQUIRED TO BE ABANDONED PRIOR TO SEPTIC INSTALLATION

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

Signature: Braedon Shelton

Date Issued: 3/16/2023

Owner/Legal Agent: _____
Print Name

Signature: _____

dotloop signature verification: dtlp.us/3JZ9-J-H6-qMGL

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 #: 30013661 GWS File #: 11516B

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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

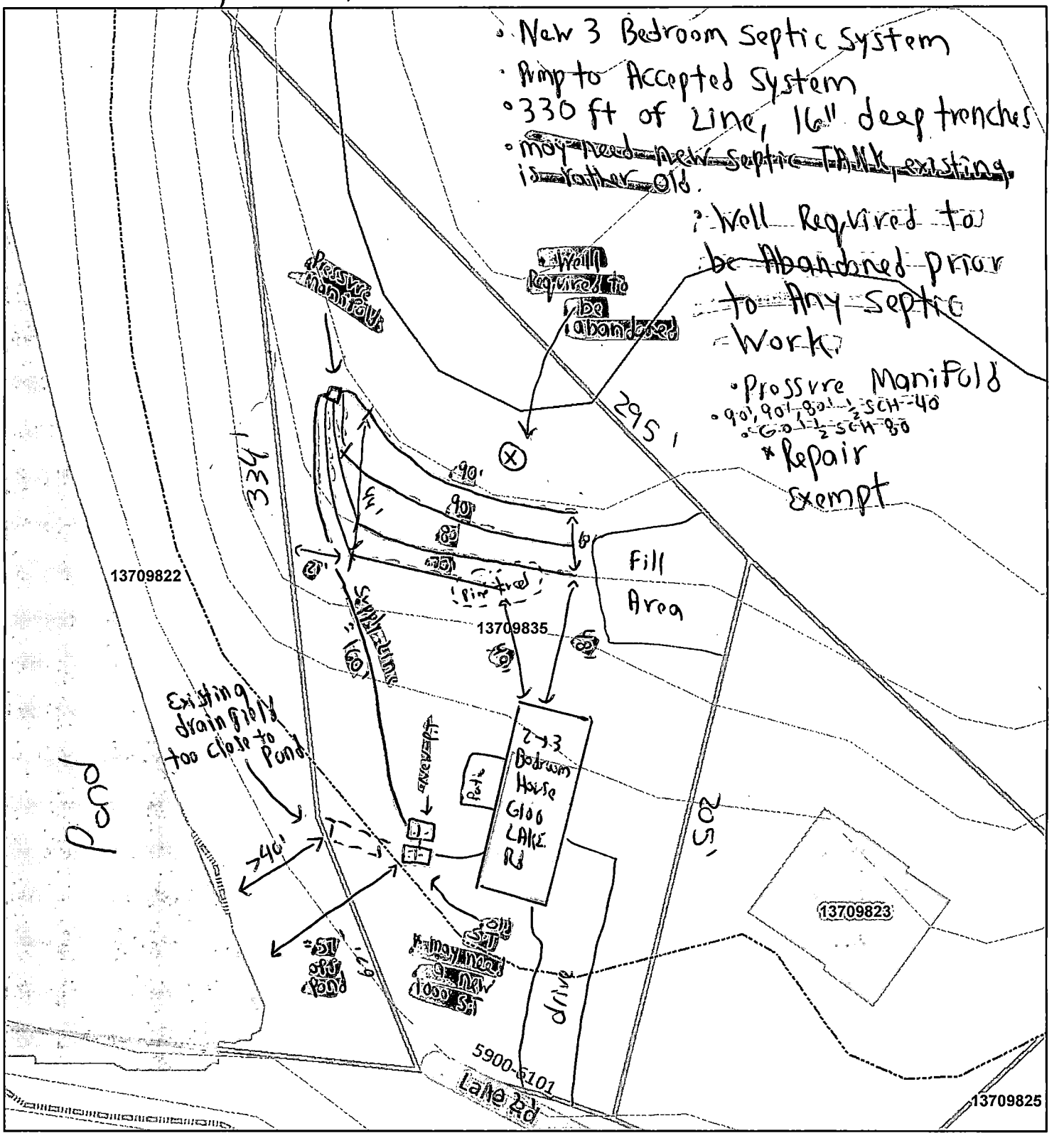
Signature: Braedon Shelton

Date Issued: 3/16/2023

Owner/Legal Agent:

Signature dotloop verified 03/21/23 11:06 AM EDT NEXQ-PN6H-PATD-Z4GI

Mecklenburg County Wastwater Improvement Sketch



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Authorized Agent: Brandon Shelton Date: 3/16/23

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 feet

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 # 11516B App# 3001360 Tax Parcel# 137-098-35

Property Owner: Adam Argo

Job Location Address: 6100 LAKE Rd

City: Charlotte 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 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.**

Braedon Shelton — Authorized Agent

4/11/23 — Date

Union Septic — 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 #: 11516B Permit #: 30013661 Tax Parcel #: 137-098-35

Property Owner: Adam Argo

Job Location Address: 6100 LAKE RD.

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 4/17/23 Contractor Name: Union Septic

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

Liquid Capacity of Septic Tank: existing gallons Tank Manufacture JTS Effluent Pump Model: 280

Tabbed new filter/tee

Drainfield Installation ☐ N/A

Trench Depth: 16 inches
Trench Width: 3 feet (90', 90', 80', 70')
Line Spacing: 9 feet (O.C.)
Total line length: 330 feet
# of Lines: 4 @ Varies feet Infiltrator
Depth of Media: 12 inches (Type) Quick-4
Depth of Cover: ≥ 6 inches
Distribution Device: Presswe Manifold

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

*Repair exempt Lot

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

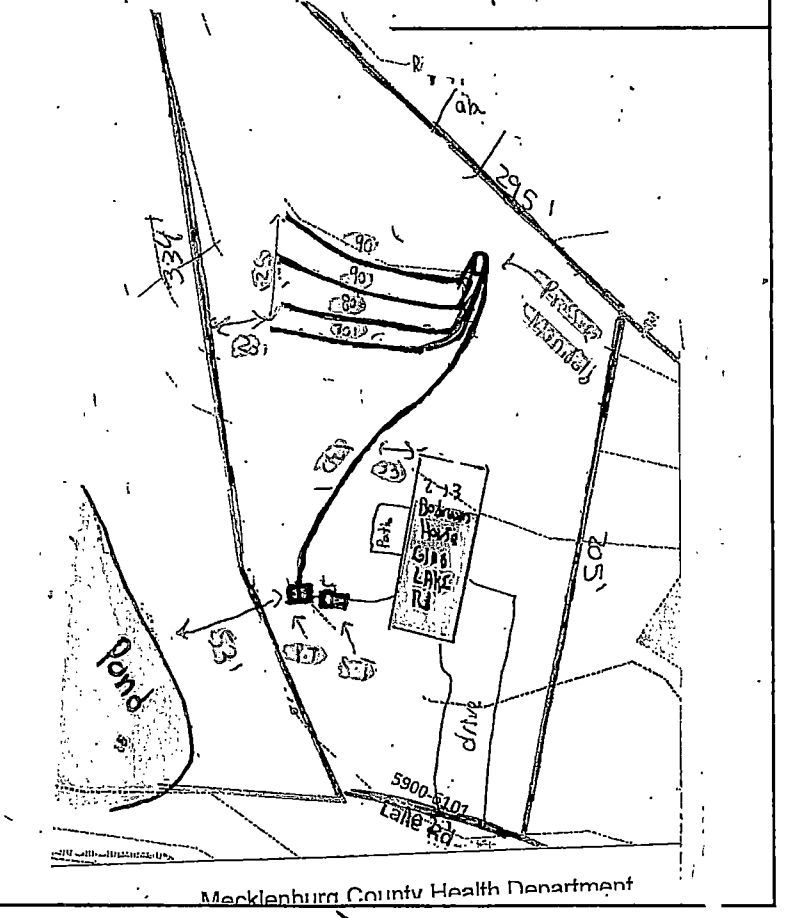
☒ Municipal ☐ Private Well ☐ Community Well
☐ Other _____

System Installation Setbacks

Distance from Building Foundation: ≥ 5 feet
Distance from Property Line: ≥ 10 feet
Distance from Water Supply Source: ≥ 10 feet

Inspection Dates

Tank(s) Inspected: 4/11/23
Excavation Inspected: 4/11/23
Pump & Controls Inspected: 4/11/23



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: IIIbg, CHM-36/9/N/A/N/A)
3 Bedroom Septic System. Pump to Presswe manifold, 330 ft of Accepted System

DENR Authorized Agent: Braedon Shelton Signature: Braedon Shelton

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 #: 11516B Permit #: 30013661 Tax Parcel #: 137-098-35

Property Owner: Adam Argo

Job Location Address: 6100 LAKE RD.

City: Charlotte 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: III B6/ CHM-36

*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:

3 Bedroom System

* Well was Abandoned prior to Septic Installation.

* Repair exempt Lot

DENR Authorized Agent: Braedon Shelton Date: 4/17/23

Signature: Braedon Shelton

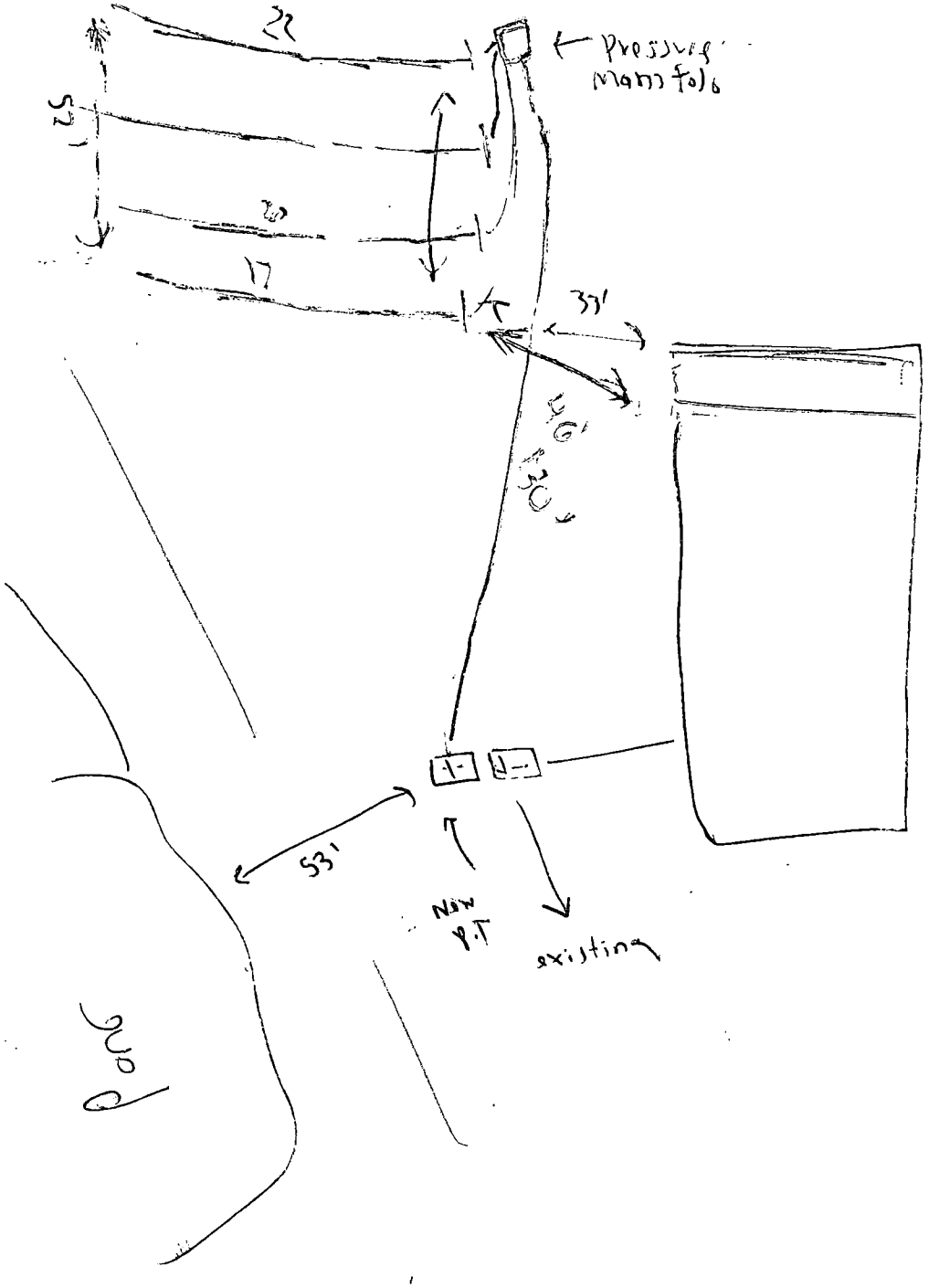
4/11/23

JTS 1000

PT - NC

* Pump hat

* existing tank gibbs
Tee / Filter



Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
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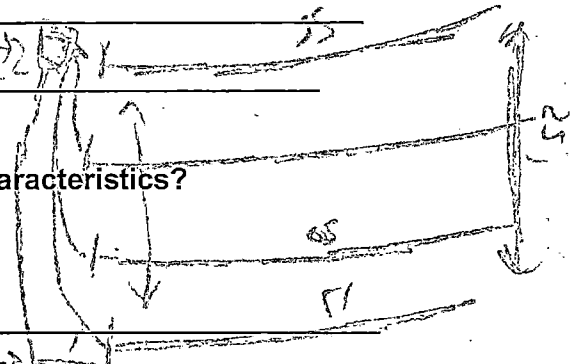
Septic System Pre-Construction Meeting Checklist

File # 41516B App# _____ Tax Parcel# 137-098-35

Property Owner: Abdullah Alnaqeeb

Job Location Address: 8700 LAKE RD

City: Charlotte State: NC Zip Code: 28212



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.**

Braedon Shelton — Authorized Agent

4/11/23 — Date

Union Septic — Others Present