SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: __12383B / 15806_____

Assigned Inspector: __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: _____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: 11/18/25

☐ Release final hold in Winchester: _____

Comments:

Tank REPLACEMENT – Completed.

12383B / 15806

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: 027 692 43
STREET ADDRESS: 3513 Mason Drive
CITY: Charlotte
STATE: NC ZIP: 28269
SUBDIVISION NAME: NIA
LOT #: _____ LOT SIZE (acres): 1.1 acres
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: 2314
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
✓ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
✓ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ○ MUNICIPAL ✓ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ✓ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:
☑ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ✓ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ✓ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	✓ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ✓ NO
WELLS, SPRINGS, OR WATER LINES	✓ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	✓ YES ✓ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ✓ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ✓ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ✓ NO
WASTE STORAGE	○ YES ✓ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ✓ NO

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: Whitney Williams
ADDRESS: 3513 Mason Dr.
CITY: Charlotte
STATE: NC ZIP: 28269
WORK PHONE: _____
MOBILE PHONE: 336-500-1570
FAX: _____
E-MAIL: Wwhitney29@gmail.com

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
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

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. MW (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.

MW
Property Owner's or Owner's Legal Representative Signature

10/13/25
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ N/A DATE FEE RECEIVED: 10/14/25

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

APPLICATION PROCESSED BY: MO

GWS FILE NUMBER ASSIGNED: 123833

APPLICATION ID NUMBER ASSIGNED: 158016

COMMENTS:

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

File #: 123833 Please see survey attached

PROPOSED PLOT PLAN

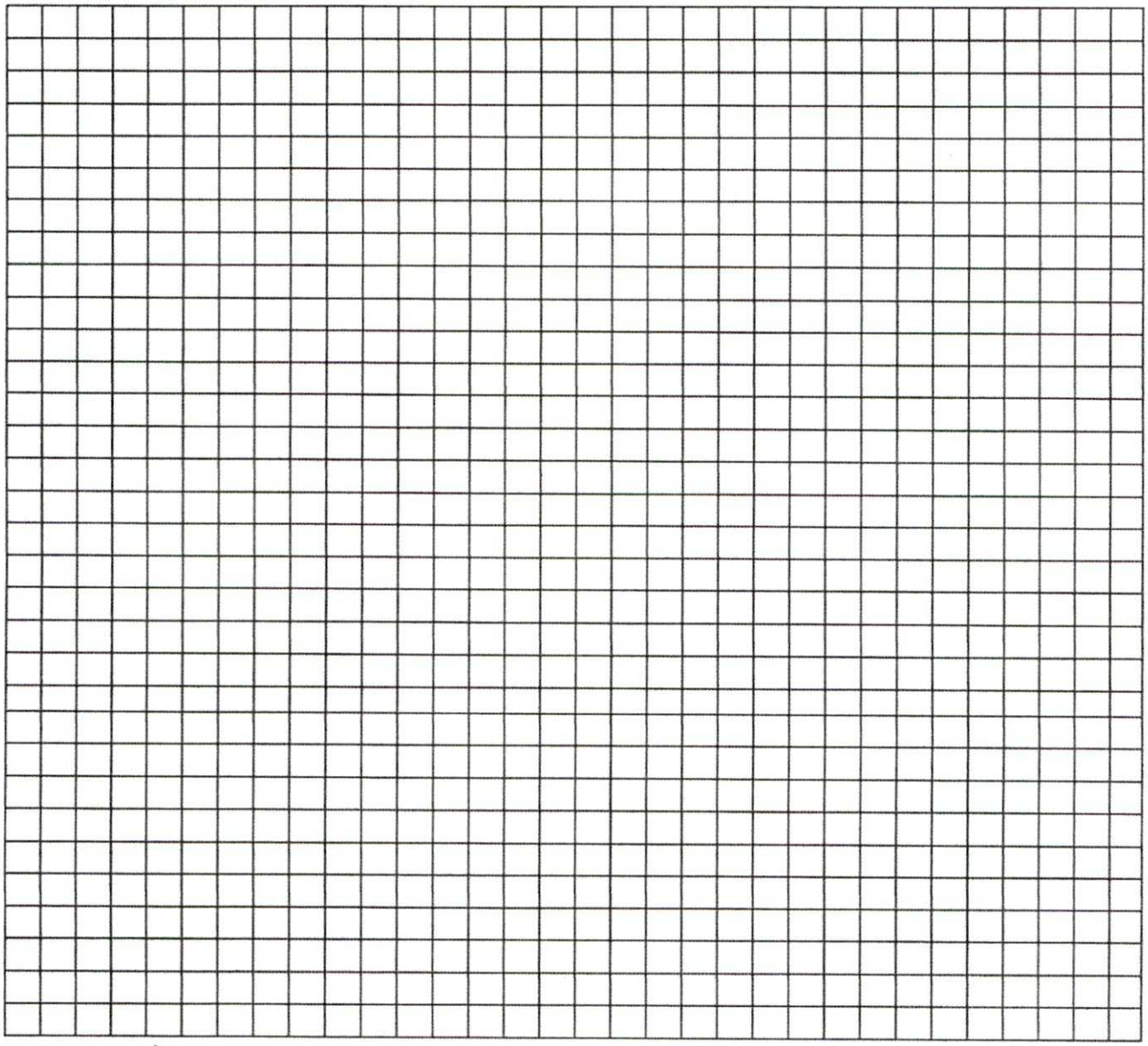
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 3513 Mason Drive

Tax Parcel #: 027-692-43

Subdivision Name: NIA

Lot #: _____

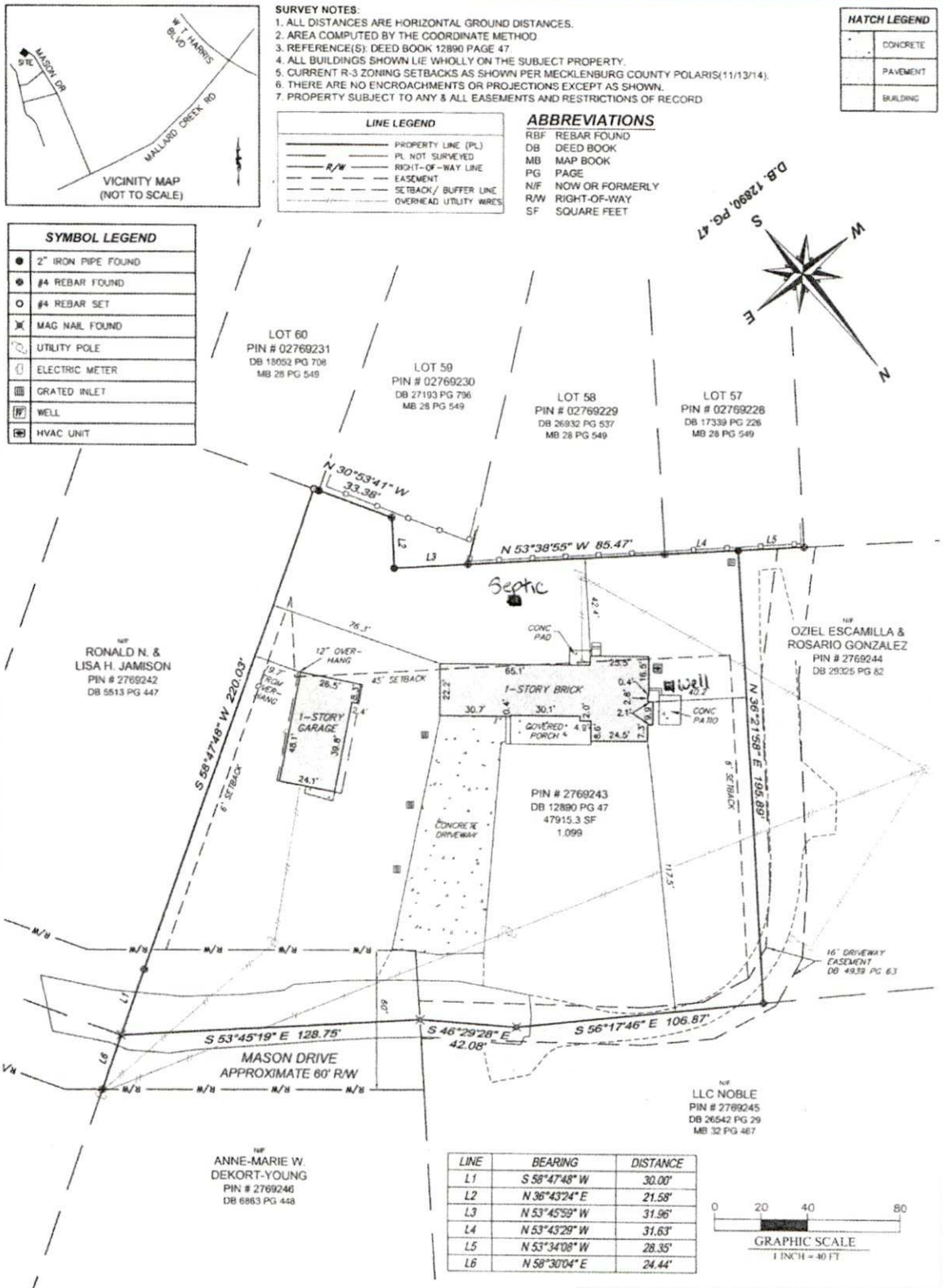


Property Owner's or Owner's Legal Representative Signature

10/13/25
Date

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



LINE	BEARING	DISTANCE
L1	S 58°47'48" W	30.00'
L2	N 36°43'24" E	21.58'
L3	N 53°45'59" W	31.96'
L4	N 53°43'29" W	31.63'
L5	N 53°34'08" W	28.35'
L6	N 58°30'04" E	24.44'

I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN DEED BOOK 12980, PAGE 47; THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10,000; THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL.
THIS 13th DAY OF November A.D. 2014

NORTH CAROLINA PROFESSIONAL SEAL L-4650 SURVEYOR

JAMES M. PEARSALL, PLS
NORTH CAROLINA REGISTRATION NUMBER L-4650

PHYSICAL SURVEY OF PROPERTY for:
DAVID MICHAEL SMITH

3513 MASON DRIVE
DB 12890, PG 47
CHARLOTTE, MALLARD CREEK TOWNSHIP
MECKLENBURG COUNTY, NC

Taylor Wiseman & Taylor
ENGINEERS / SURVEYORS / SCIENTISTS
700 FOREST POINT CIRCLE, SUITE 116, CHARLOTTE, NC 28273
TELEPHONE: (704) 527-2535 FAX: (704) 527-2537
N.C. Registration Number P0362 www.taylorwiseman.com

SCALE:	1" = 40'	DATE:	11/13/2014	FILE:	05337.5010.00
DRAWN BY:	ZRR	CHECKED BY:	JMP	SHEET:	1	1

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 12383B/15806

CONSTRUCTION AUTHORIZATION

County: Mecklenburg County PIN/Lot Identifier: 02769243

Owner: Whitney Williams Applicant: Whitney Williams

Property Location: 3513 Mason Dr

Facility Type: Single Family Residence

Number of bedrooms: Existing Number of Occupants: _____ Other: _____

☐ New ☐ Expansion ■ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ■ No

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

Type of Wastewater System* _____ (Initial) IIIB (Repair)

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

Design Daily Flow: existing GPD Wastewater Strength: ■ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Rule .0403(e) Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? ☐ Yes ☐ No
(if yes, please provide engineering documentation)

Effluent Standard: ■ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ■ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Installation Requirements/Conditions

Septic Tank Size: 1500 gallons Total Trench/Bed Length: na feet Trench/Bed Spacing: na feet on center

Trench/Bed Width: na inches LTAR: na gpd/ft² Usable Depth to LC (Initial)ˣ: na ˣ***Limiting condition***

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

Pump Tank Size (if applicable): 1500 gallons Requires more than one pump? ☐ Yes ■ No

Pump Requirements: existing ft. TDH vs. existing GPM Grease Trap Size (if applicable): na gallons

Distribution Method: ☐ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: existing

Artificial Drainage Required: Yes ☐ No ■ If yes, please specify details: _____

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [Rule .0204(g)]: ☐ Yes ■ No

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

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

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

Conditions: Pump and crush existing pump tank and septic tank. Install new 1500 gallon septic tank and pump tank
No existing permits to determine GPD. GPD can not be determined without drainfield being located and marked.

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Heather Ray Expiration Date: 10/16/2030

Authorized Agent's Signature: Heather Ray Date: 10/16/2025



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

3513 Mason Dr
02769243
12383b/15806

Tank replacement only

1 inch = 40 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 # 1238313 App# 15606 Tax Parcel# 02796243

Property Owner: Whitney Williams

Job Location Address: 3513 Mason Dr

City: Charlotte State: NC Zip Code: 28269

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

11/14/25
Date

Redline 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 #: 123813 Permit #: 15806 Tax Parcel #: 0279643

Property Owner: Whitney Williams

Job Location Address: 3513 Mason Dr

City: Charlotte State: NC Zip Code: 28269

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: IIIb (pre-existing), Pump installed before 1905

*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: 11/18/25

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 #: 12383B Permit #: 15806 Tax Parcel #: 02769243

Property Owner: Whitney Williams

Job Location Address: 3513 Mason Drive

City: Charlotte State: NC Zip Code: 28269

Operation Permit Issuance Date: 11/18/2025 Contractor Name: Redline Septic

Permitted Design Flow: ____ GPD (pre-existing system, based on Tax record) Liquid Capacity of Dosing Tank: 1500 gallons

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture Infiltrator Effluent Pump Model: Liberty 280

Drainfield Installation ☒ N/A

Trench Depth: ____ inches

Trench Width: ____ feet

Line Spacing: ____ feet (O.C.)

Total line length: ____ feet

# of Lines: ____ @ ____ feet

Depth of Media: ____ inches (Type) ____

Depth of Cover: ____ inches

Distribution Device: ____

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: >5 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

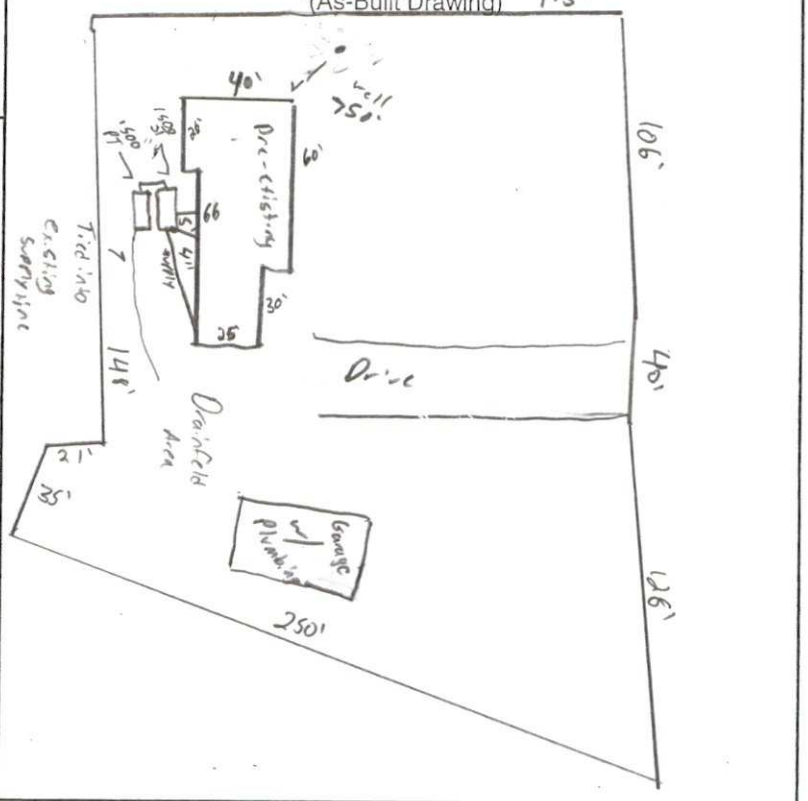
Inspection Dates

Tank(s) Inspected: 11/17/25

Excavation Inspected: N/A

Pump & Controls Inspected: 11/17/25

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: Tank only, replaced tanks, "like for like" pump replacement, tied into existing supply line.

DENR Authorized Agent: Matthew Hall Signature: Matthew Hall