SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 123183

Assigned Inspector: Heather

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☑ Alteration Fees $300: CP 2/9/26 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: MN 2/19/26 ☑ Signature received: MN 2/19/26

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☒ Septic file complete: 2/19/26

☒ Release final hold in Winchester: _____

Comments:

123183
#16142

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: 01540101
STREET ADDRESS: 14532 Beatties Ford Rd
CITY: Huntersville
STATE: NC **ZIP:** 28078
SUBDIVISION NAME:
LOT #: **LOT SIZE (acres):** 0.97
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: 1,672
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

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

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: Scarlet Oak Media LLC
ADDRESS: 15901 Sunset Drive
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: (513) 833-3433
MOBILE PHONE:
FAX:
E-MAIL: scarletoakmedia@outlook.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Dustin Sanders
ADDRESS: 15901 Sunset Drive
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE:
MOBILE PHONE: (513) 833-3433
FAX:
E-MAIL: scarletoakhomes@outlook.com

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.

DS
_____ (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.

_____ 2/7/26
Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

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

File #: _____

PROPOSED PLOT PLAN

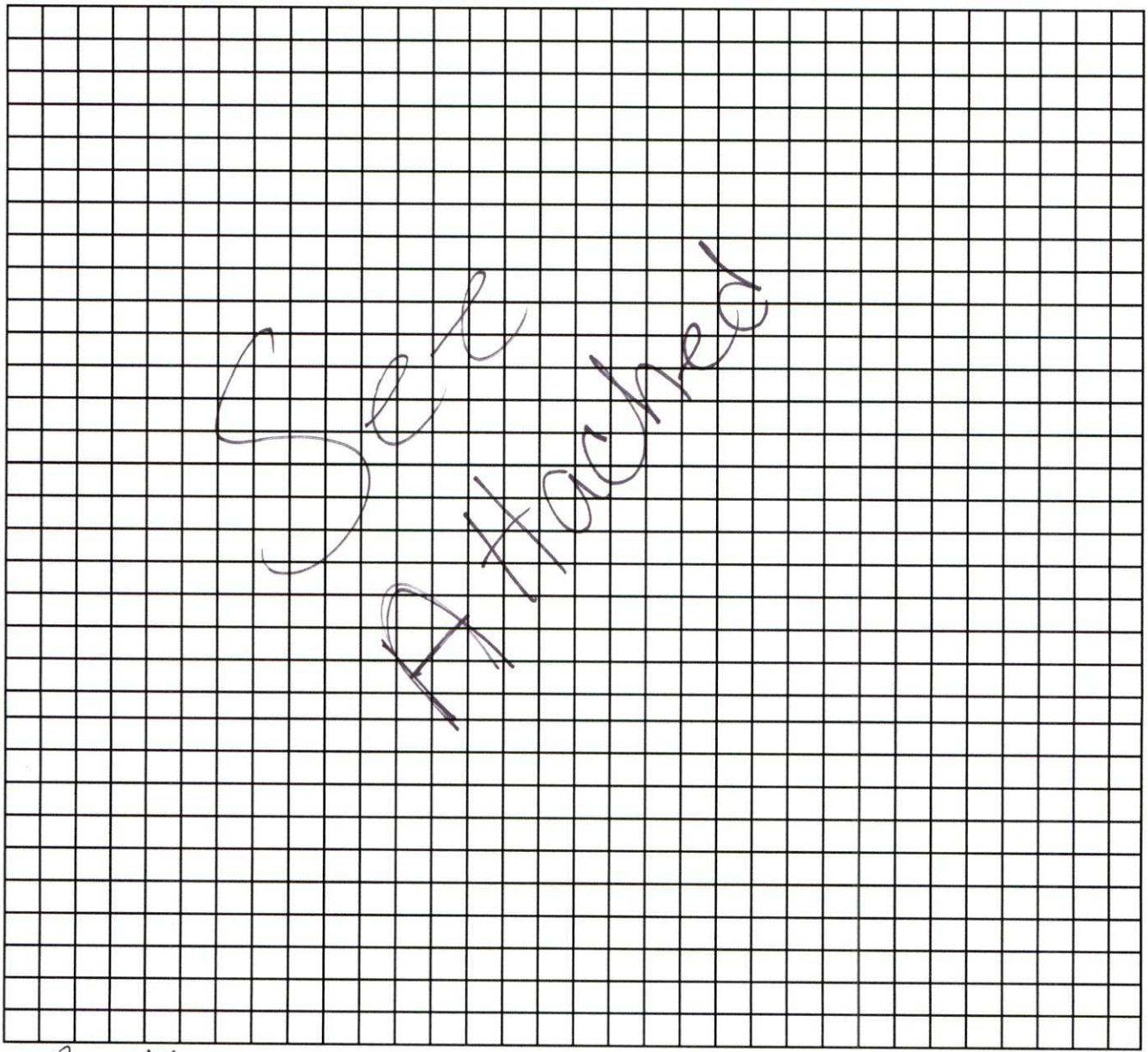
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 14532 Beatties Ford Rd

Tax Parcel #: 01540101

Subdivision Name: _____

Lot #: _____



Property Owner's or Owner's Legal Representative Signature

2/7/26
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

On-site Wastewater Improvement Permit Diagram



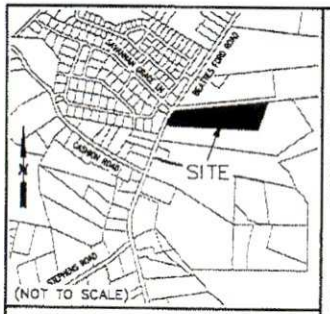
Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:15695
PID #01540101
File #:12318B

Authorized Agent: _____ Date 09-8-25

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fee



VICINITY MAP NO SCALE

NOTES:
1. AREA DETERMINED BY COORDINATE METHOD.
2. SUBJECT PROPERTY DESCRIPTION RECORDED IN DEED BOOK 31865 PAGE 618.
3. THIS SURVEY WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE REPORT. THIS PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED EASEMENTS, RIGHT OF WAYS, SETBACKS AND/OR RESTRICTIVE COVENANTS NOT SHOWN HEREON.
4. OTHER UTILITIES MAY EXIST, BUT THEIR LOCATIONS ARE NOT KNOWN.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. MONUMENTED.
7. A PORTION OF THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD ZONE AS PER FIRM PANEL 3710468211K, WITH AN EFFECTIVE DATE OF 09/02/2015.
8. THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED
9. SUBJECT PARCELS ARE LOCATED IN THE MOUNTAIN ISLAND LAKE WATERSHED
10. DRIVEWAYS AND GARAGES WILL MEET THE REQUIREMENTS OF ARTICLE 8.16.
11. COMPLIANCE WITH THE POST-CONSTRUCTION STORM WATER ORDINANCE IS REQUIRED.

"Any construction or use within the areas delineated by floodway fringe district boundary line and floodway district encroachment line is subject to the restrictions imposed by Floodway Regulations."

Stream Watershed Name: Mcdowell
Regulated Drinking Watershed Name: Mtn Island Lake
Regulated Drinking Watershed Class: PA-1

Owners Certification

I hereby certify that I am the owner of the property shown and described hereon and that I hereby adopt this plan of subdivision with my free consent, and dedicate all streets, alleys, walks, parks, and other sites and easements to public or private use as noted. Furthermore, I dedicate all sewer lines and all water lines to the Charlotte-Mecklenburg Utility Department, if applicable.

Owner _____ Date _____

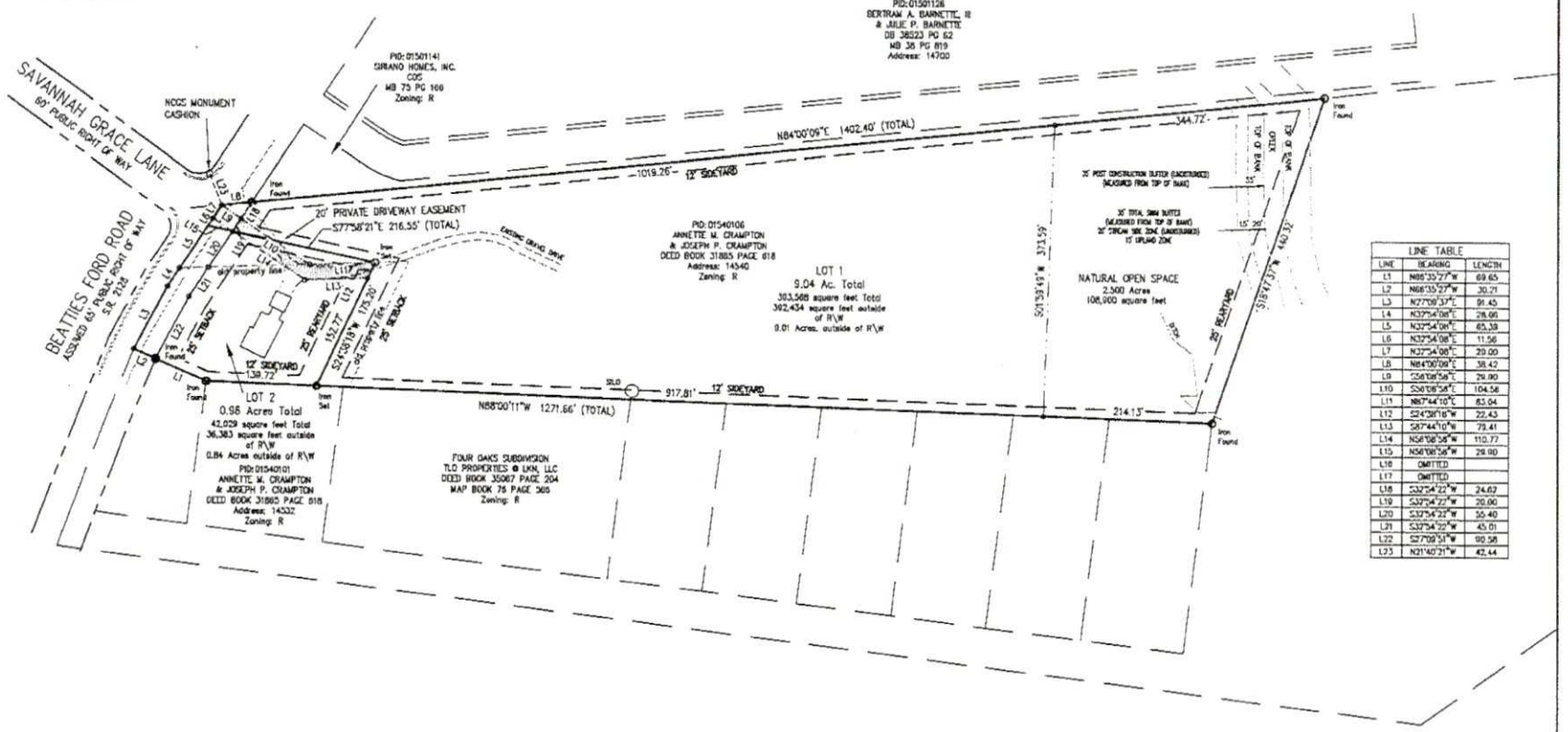
Owner _____ Date _____

Note:
- Natural Open Space Is Dedicated In Perpetuity.
- Property Owners Shall Be Responsible For Maintenance Of The Designated Open Space Areas.
Annette M. Crampton & Joseph P. Crampton
14532 Beatties Ford Road
Huntersville, NC 28078

NOTE: The purpose of the final plat is to indicate the enforceable restrictions on property usage that run with the land to ensure that future development and redevelopment maintains the site in compliance with Ordinance requirements. The restrictions on this recorded final plat shall be shown on any survey of any of the properties within the plat. Property owners have recent notice of these restrictions and shall maintain the site in compliance with Ordinance requirements.

NOTE: The subdivided property is considered a larger common plan of development and therefore will be subject to the applicable portions of the Town of Huntersville Post-Construction Storm Water Ordinance during development and redevelopment (including expansion).

COMMENT: When property is subdivided without building activity this notation serves to inform future "owners" or developers that the lot is part of a larger common plan of development and needs to be evaluated for post-construction storm water ordinance requirements when developed.



LINE TABLE		
LINE	BEARING	LENGTH
L1	N86°35'27"W	69.65
L2	N86°35'27"W	30.71
L3	N27°09'37"E	91.45
L4	N32°54'08"E	28.06
L5	N32°54'08"E	65.38
L6	N32°54'08"E	11.56
L7	N32°54'08"E	20.00
L8	N84°00'09"E	38.42
L9	S58°08'58"E	29.90
L10	S58°08'58"E	104.58
L11	N87°44'10"E	83.04
L12	S24°38'18"W	22.43
L13	S87°44'10"W	79.41
L14	N58°08'58"W	110.77
L15	N58°08'58"W	29.80
L16	OMITTED	
L17	OMITTED	
L18	S32°54'22"W	24.62
L19	S32°54'22"W	20.00
L20	S32°54'22"W	36.40
L21	S32°54'22"W	45.01
L22	S27°09'51"W	90.58
L23	N21°40'21"W	42.44

MAP BOOK 62 PG 973

This plat represents a division of property within the jurisdiction of the Town of Huntersville that may or may not result in the creation of tracts of land that are compliant with the standards of the zoning and subdivision ordinances. It is not subject to the provisions of the Huntersville Subdivision Ordinance and does not require the approval of the Huntersville Board of Commissioners. However any further subdivision of this property may be subject to these provisions.

Town of Huntersville

Town Planner _____ Date _____

Review Officer

I, _____, 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 _____ Date _____

SETBACKS: (ZONING: R)

25' - FRONT
12' - SIDEYARD
25' - REARYARD

GRAPHIC SCALE
1 inch = 100 feet

Property Owners:

ANNETTE M. CRAMPTON
& JOSEPH P. CRAMPTON
14532 BEATTIES FORD ROAD
HUNTERSVILLE, NC 28078
PID: 01540101

This is an equal area property line revision map of the Annette M. Crampton & Joseph P. Crampton Properties, PIDS: 01540101 & 1540106 (Deed Book 31865 Page 618). This map supercedes Map Boook 62 Page 973.

Exempt - Recombination - Preliminary

LOT1 AND LOT 2 MAP BOOK 62 PAGE 973
ANNETTE M. CRAMPTON & JOSEPH P. CRAMPTON PROPERTY
PIDS: 01540101 AND 01540106 (DEED BOOK 31865, PAGE 618)
TOWN OF HUNTERSVILLE
MECKLENBURG COUNTY, NORTH CAROLINA

PREPARED FOR: JOSEPH P. and ANETTE M. CRAMPTON

SCALE: 1" = 100'
DATE: 10/13/2025
DRAWN BY: MPM

MCMURRAY LAND SURVEYING, INC, C-3906
MICHAEL P. MCMURRAY, NCPLS L-4880
318 E. OLD HWY 74, MONROE, NC 28112
TELEPHONE NUMBER 704-254-2736

I hereby certify that this map was drawn under my supervision from an actual survey made under my supervision; that the ratio of precision or positional accuracy is 1:10,000+; that the boundaries not surveyed are shown as broken lines plotted from information found in (references as shown), and 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, license number and seal this ____ day of _____ 20__

PRELIMINARY - FOR REVIEW ONLY

Professional Land Surveyor _____ License Number _____

This survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

NORTH CAROLINA SEAL L-4880 MICHAEL P. MCMURRAY

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/09/26
Receipt #: 159080
Check / Auth #: VISA 571337
Received By: PLACILJ

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: DUSTIN SANDERS
Attn:
Address: 15901 SUNSET DR
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 14532 BEATTIES FORD RD	1	300.00	300.00

Permit#

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

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

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

Page 1
Property ID: 1540101
Lot #:
File #: 12318B
AppID: 16142

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Scarlet Oak Media LLC
Address:14532 beaties ford
Proposed Facility:4 Bdr Design Flow (.0400)480
Location of Site: :14532 beaties ford Rd

Applicant: Dustin Sanders
Date Evaluated: 9/8/2025
Property Size:
Property Recorded:

Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .0503 Structure/ Texture	SOIL MORPHOLOGY .1941 .0503 Consistence Mineralogy	b PROFILE FACTORS .0504 Soil Wetness/ Color	.0505 Soil Depth (IN.)	.0506 Sapro Class	.0507 Restr Horiz	0.0509 Profile Class & LTAR	0.0502 Slope Correction
1	2%	0-6	Cl,SBK	SS SP FR SEXP	sap inclusions at 13-48	48	na	na	.3	30
		6-26	C, SBK	S P FR SEXP						
		26-48	Cl,SBK	SS SP FR SEXP						
2	4%	0-6	Cl,SBK	SS SP FR SEXP	sap inclusion at 20-48	48	na	na	.3	30
		6-29	C, SBK	S P FR SEXP						
		29-48	Cl,SBK	SS SP FR SEXP						

Description	Initial System	Repair System
Available Space (.0508)	S	s
System Type(s)	s	s
Site LTAR	.3	.3

Soil Evaluation By: Heather Ray
Site Classificaton (.0509): S
Evaluated by: Heather Ray

COMMENTS:

FILE #:

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		M-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				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	



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 #: **30016142** GWS File #: **12318B** Tax Parcel #: **015-401-01**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 2/18/2031

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 1672 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 2 Trench Spacing (ft): 9 Absorption Area (ft^2): 800 Total Trench Length (ft): 267

Maximum Trench Depth (in): 30 Depth of Media (in): 22 Distribution Device: Drop Boxes

III. Repair System Type: PPBPS-H (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 800 Total Trench Length (ft): 267

Maximum Trench Depth (in): 30 Depth of Media (in): 22 Distribution Device: Drop Boxes

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

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

Signature: _____ Signature: _____

Date Issued: 2/18/2026

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 #: **30016142** GWS File #: **12318B**

IV. Permit Conditions/Comments:

- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

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

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Authorized Agent: Heather Ray

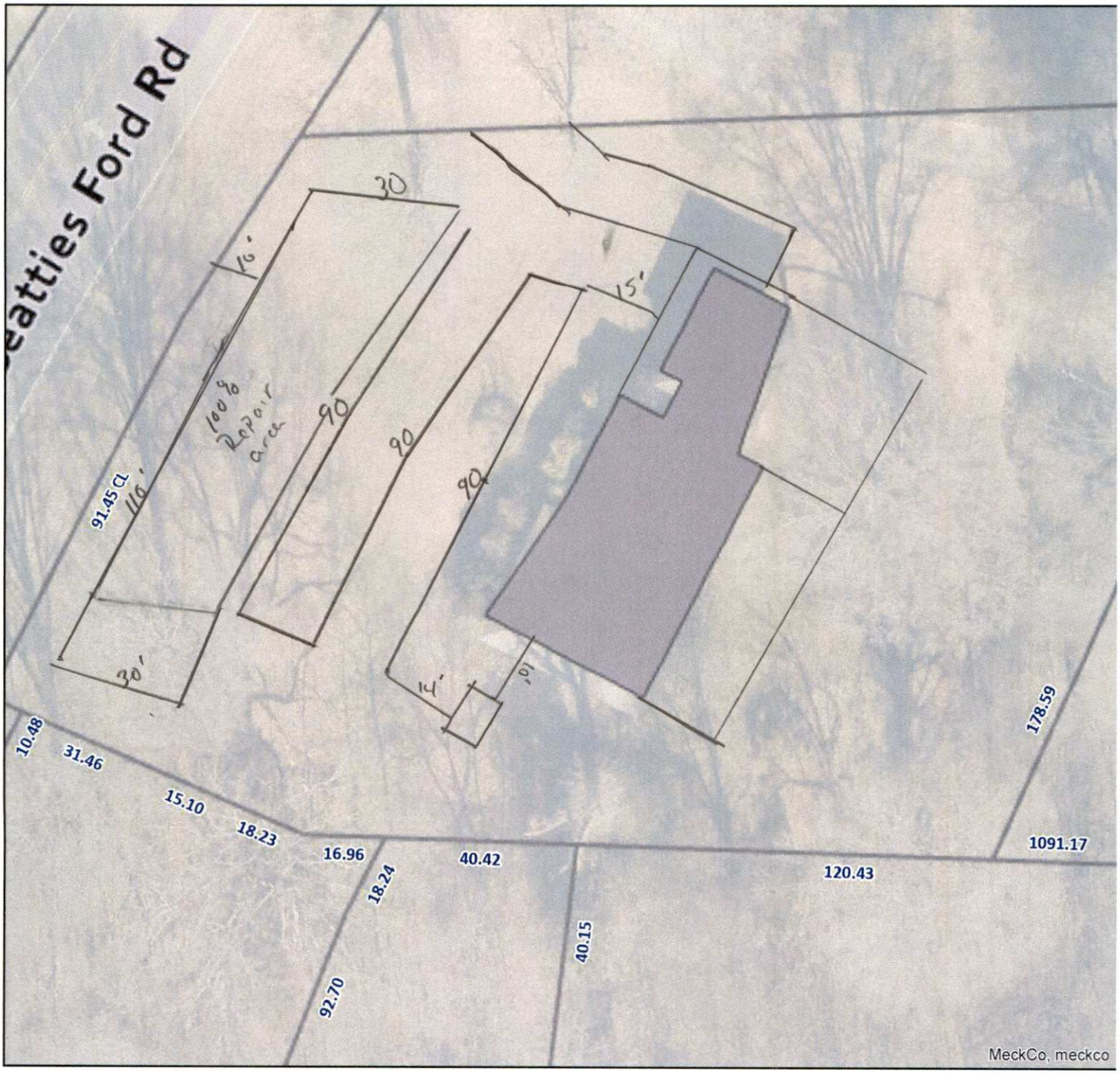
Signature:_____

Date Issued: 2/18/2026

Owner/Legal Agent:_____
Print Name

Signature:_____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:30016142
PID #:01540101
File #:12318B

Authorized Agent: _____ Date: 2-18-26

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 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

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

File #: 12318B Permit #: 16142 Tax Parcel #: 01540101

Property Owner: Scarlet Oak Media

Job Location Address: 14532 BEATTIES FORD R

City: Huntersville State: Nc Zip Code: 28078

Operation Permit Issuance Date: 3/6/26 Contractor Name: Cody Allen Kelly

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

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Effluent Pump Model: na

Drainfield Installation ☐ N/A

Trench Depth: 32 inches

Trench Width: 2 feet

Line Spacing: 8 feet (O.C.)

Total line length: 267 feet

# of Lines: 4 @ vary feet

Depth of Media: 22 inches (Type) PPBPS

Depth of Cover: 8 inches

Distribution Device: End to End

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: 12 feet

Distance from Property Line: 30 feet

Distance from Water Supply Source: 10 feet

Inspection Dates

Tank(s) Inspected: 3/5/26

Excavation Inspected: 3/5/26

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See attached

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: IIIe/PPBPSv/G/Na/Na

System design differs from CA due to location of gas line. System was redesigned onsite during precon

DENR Authorized Agent: Heather Ray Signature: Heather Ray

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 12318B Permit #: 16142 Tax Parcel #: 01540101

Property Owner: Scarlet Oak Media

Job Location Address: 14532 BEATTIES FORD R

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: IIIE

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

Subsurface system operator required: Yes ☐ No ☑

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

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

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

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

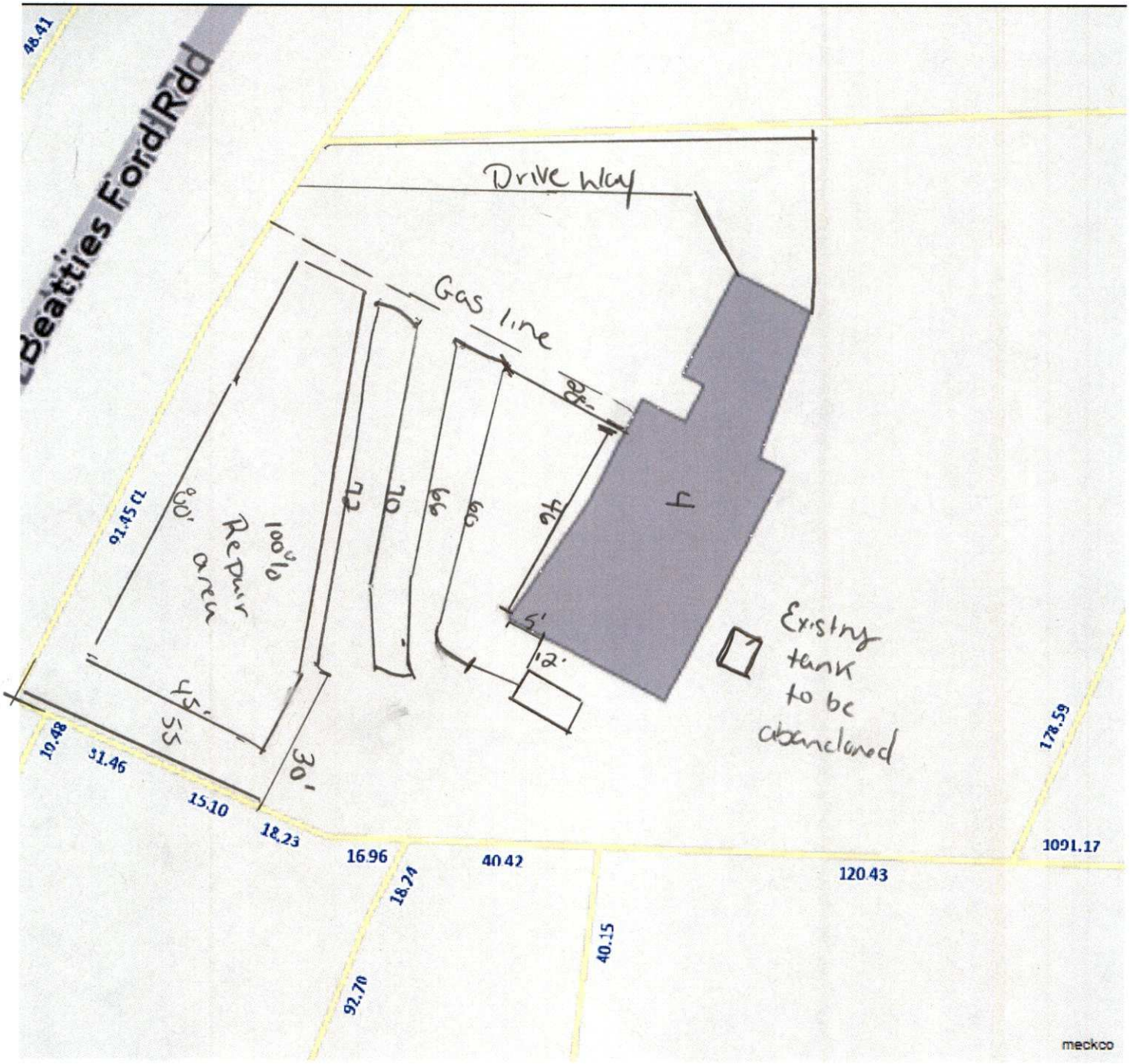
☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

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

V. Other:

DENR Authorized Agent: Heather Ray Date: 3/6/26

Signature: Heather Ray



14532 Beatties ford Rd

12318B

16142

01540101

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: __12318B / 15695_____

Assigned Inspector: __Heather_____

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____Initial/Date

☐ CA & OP $400.00: _____Initial/Date

☐ Alteration Fees $300: _____Initial/Date

☐ Modified Plot Plan Fees $100.00: _____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: _____

☐ Release final hold in Winchester: _____

Comments:

Revoked

DigiSign Verified - c5b9cf3a-f404-491e-b8b7-3fdf409e34e1 12318B / 15695

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: 015 401 01
STREET ADDRESS: 14532 Beatties Ford Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: None
LOT #: 2 LOT SIZE (acres): 0.97
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: ~1672
NUMBER OF BEDROOMS: 3
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: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ◉ OTHER N/A

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: Annette Crampton
ADDRESS: 15432 Beatties Ford Rd
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: _____
MOBILE PHONE: (414) 581-4565
FAX: _____
E-MAIL: annette.crampton@ensoelite.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
**Owner's Authorization form is required if legal representative is submitting application*
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

Revised on: 4/20/17

DigiSign Verified - c5b9cf3a-f404-491e-b8b7-3fdf409e34e1

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)**

AC (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.

Annette Crampton
Property Owner's or Owner's Legal Representative Signature

08/18/2025
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: 8/19/25

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

APPLICATION PROCESSED BY: MW

GWS FILE NUMBER ASSIGNED: 12318B

APPLICATION ID NUMBER ASSIGNED: 15695

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

DigiSign Verified - c5b9cf3a-f404-491e-b8b7-3fdf409e34e1

File #: 123183

PROPOSED PLOT PLAN

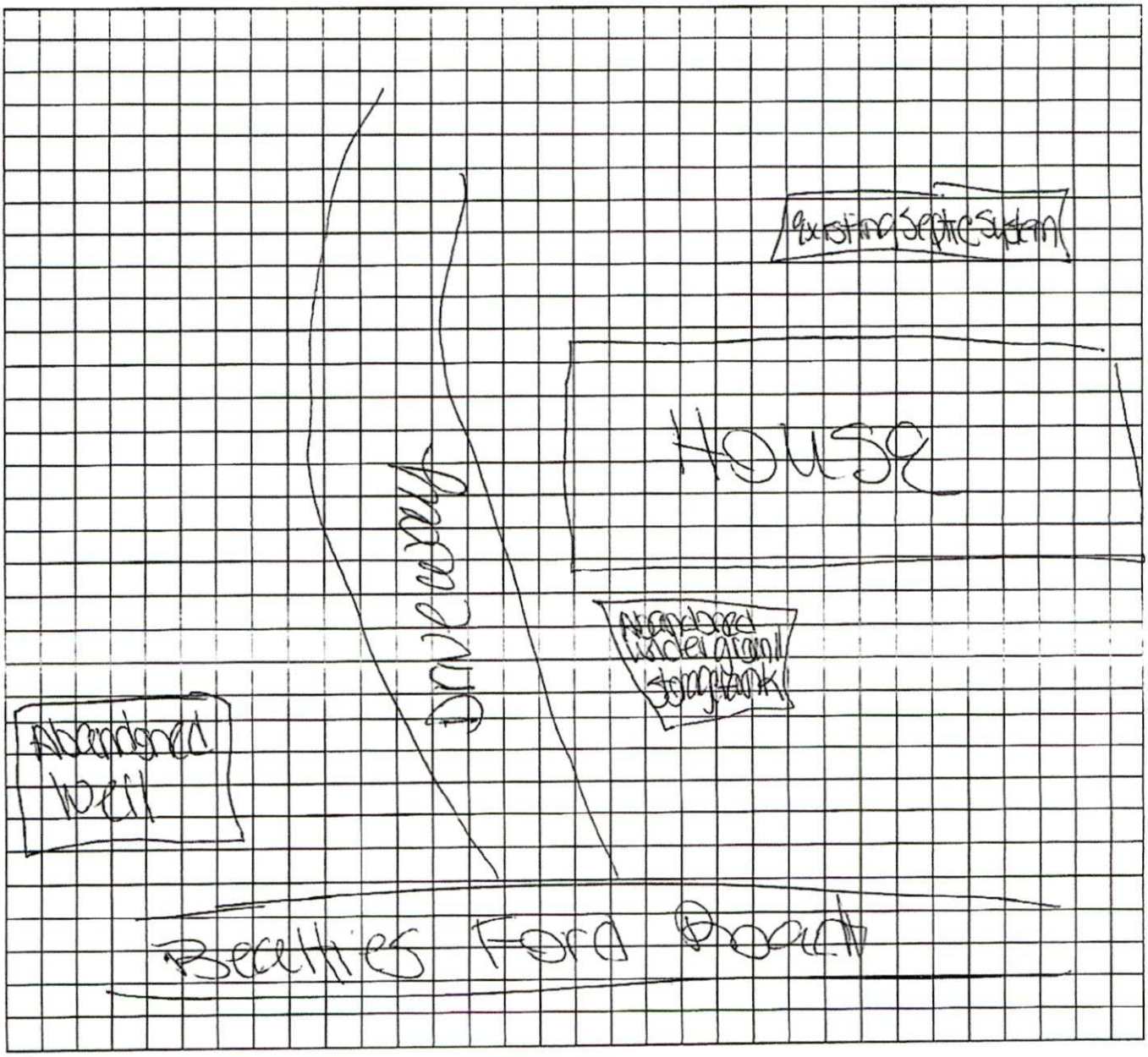
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 14532 Beatties Ford Rd

Tax Parcel #: 015 401 01

Subdivision Name: None

Lot #: 2



Annette Crampton

Property Owner's or Owner's Legal Representative Signature

08/18/2025

Date

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

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 12318b/15695

CONSTRUCTION AUTHORIZATION

County: Mecklenburg PIN/Lot Identifier: 01540101

Owner: Annette Crampton Applicant: Owner

Property Location: 14532 Beattie Ford Rd

Facility Type: Single Family Residence

Number of bedrooms: 3 Number of Occupants: 6 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) IIb (Repair)

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

Design Daily Flow: 360 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: 1000 gallons Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 3 inches LTAR: .3 gpd/ft² Usable Depth to LC (Initial)ˣ: 48 ˣ***Limiting condition***

Soil Cover: 6+ inches Slope Corrected Maximum Trench/Bed Depth‡: 35 inches ‡ ***Measured on the downhill side of the trench***

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

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

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

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 tank. Install new 1000 gallon tank and install 3 x 100'. 25% reduction system

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.

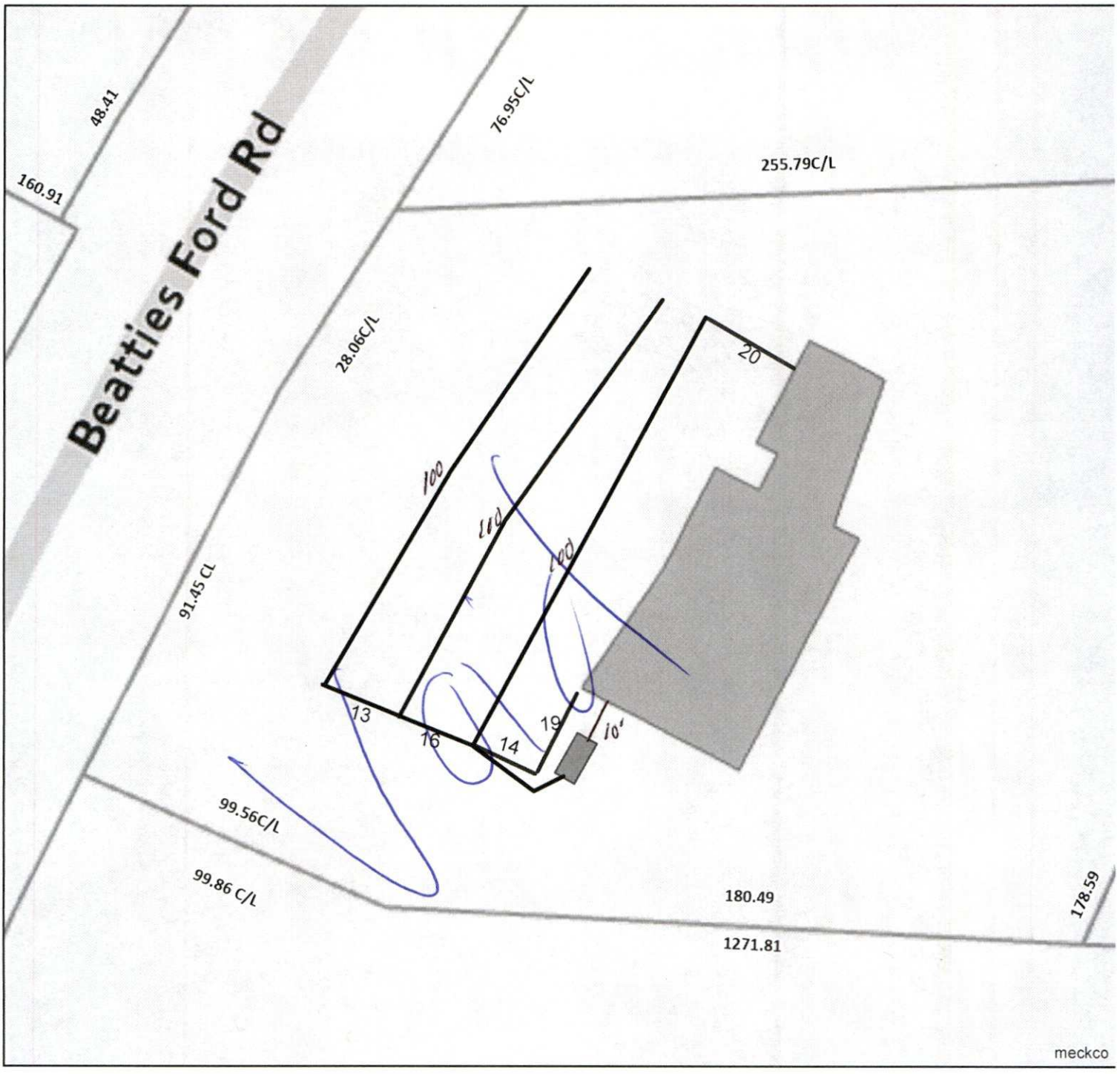
Authorized Agent's Printed Name: Heather Ray Expiration Date: 09/8/2030

Authorized Agent's Signature: Heather Ray Date: 09/08/2025

NCDHHS/DPH/EHS/OSWP

Revised January 2024
Form CA-24.1

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:15695
PID #01540101
File #:12318B

Authorized Agent: _____ Date: 09-8-25

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 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 #: 30016142 GWS File #: 12318B Tax Parcel #: 015-401-01

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 2/18/2031

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 1672 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 2 Trench Spacing (ft): 9 Absorption Area (ft^2): 800 Total Trench Length (ft): 267

Maximum Trench Depth (in): 30 Depth of Media (in): 22 Distribution Device: Drop Boxes

III. Repair System Type: PPBPS-H (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 800 Total Trench Length (ft): 267

Maximum Trench Depth (in): 30 Depth of Media (in): 22 Distribution Device: Drop Boxes

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

Authorized Agent: Heather Ray Owner/Legal Agent: Dustin Sanders

Signature: Signature:

Date Issued: 2/18/2026

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 #: **30016142** GWS File #: **12318B**

IV. Permit Conditions/Comments:

- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

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.
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Authorized Agent: Heather Ray

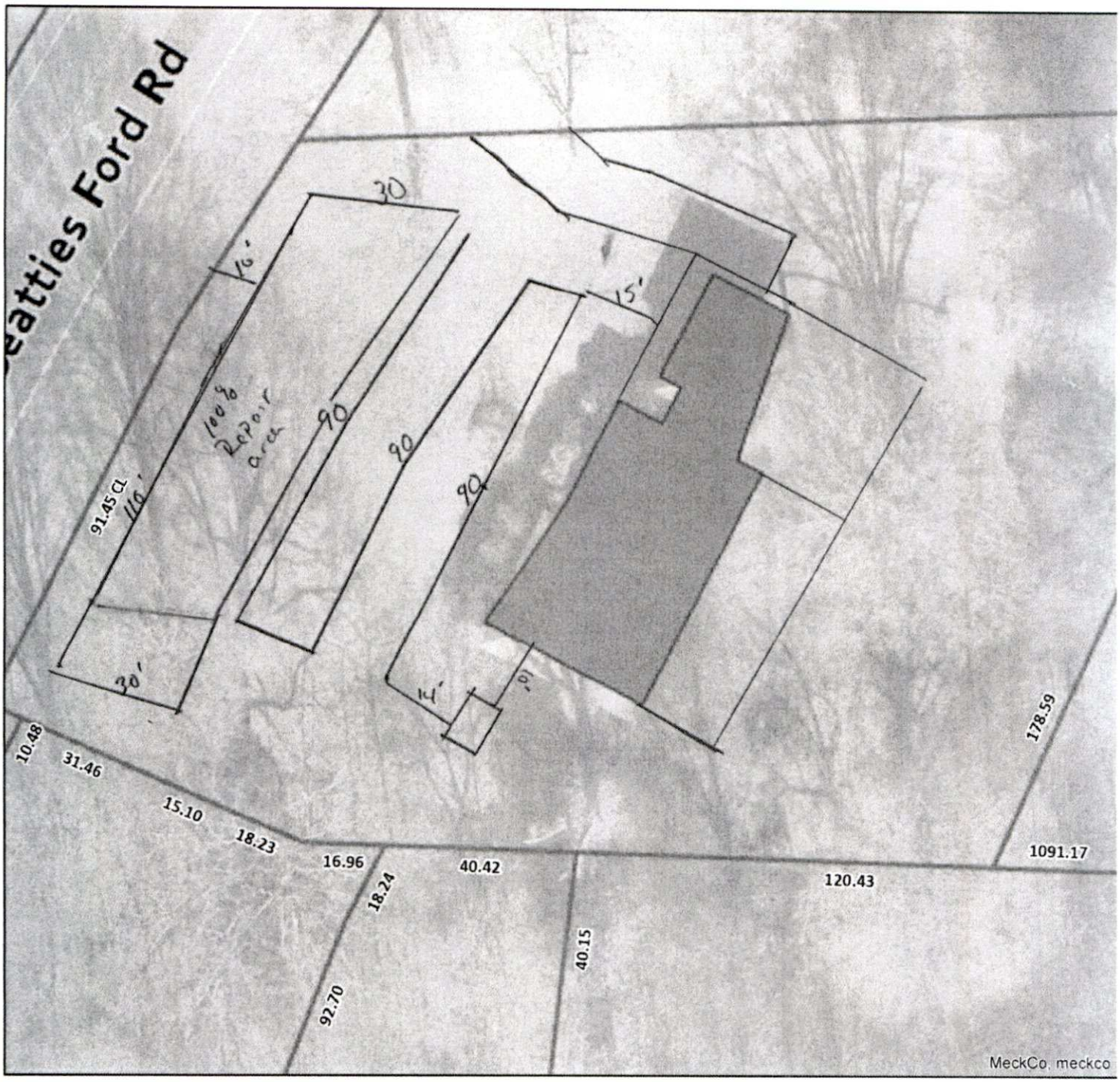
Signature:_____

Date Issued: 2/18/2026

Owner/Legal Agent: Dustin Sanders

Signature: Dustin Sanders

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:30016142
PID #:01540101
File #:12318B

Authorized Agent: _____ Date: 2-18-26

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

1 inch = 30 fee